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South Australia

Public Sector Management (Department of Health) Proclamation 2004

under section 7 of the *Public Sector Management Act 1995*

1—Short title

This proclamation may be cited as the *Public Sector Management (Department of Health) Proclamation 2004*.

2—Commencement

This proclamation will come into operation on 1 July 2004.

3—Change of name

The title of the Department of Human Services is altered to the *Department of Health.*

Made by the Governor

with the advice and consent of the Executive Council

on 10 June 2004

DHS37/04CS

South Australia

Public Sector Management (Department for Families and Communities—Transfer of Employees) Proclamation 2004

under section 7 of the *Public Sector Management Act 1995*

1—Short title

This proclamation may be cited as the *Public Sector Management (Department for Families and Communities—Transfer of Employees) Proclamation 2004*.

2—Commencement

This proclamation will come into operation on the 1 July 2004.

3—Transfer of employees

The employees of the Department of Human Services (to be called the Department of Health from 1 July 2004) referred to in Schedule 1 are transferred to the Department for Families and Communities.

Schedule 1—Employees being transferred

1 All employees of the Department of Human Services who, immediately before the commencement of this proclamation, are working in any of the following:

(a) the Office of the Minister for Families and Communities, the Minister for Housing, the Minister for Ageing and the Minister for Disability;

(b) the Office of the Chief Executive, Department for Families and Communities;

(c) the Deputy Chief Executive's Office;

(d) the South Australian Housing Trust;

(e) the South Australian Community Housing Association;

(f) the Aboriginal Housing Authority;

(g) HomeStart Finance;

(h) the Housing Management Council Secretariat, including the Building and Property Services Office;

(i) Family and Youth Services;

(j) the Disability Services Office;

(k) the Office for the Ageing;

(l) the Ageing and Community Care Branch;

(m) the Community Services Branch, other than those employees in the Exceptional Needs Unit;

(n) the Special Investigations Unit;

(o) the Child Protection Review Implementation Team;

(p) the Ministerial Liaison Unit of Families and Communities;

(q) the Office for Women;

(r) the Office for Youth;

(s) the Public Housing Appeals Unit in the Human Services Reform Branch of the Strategic Planning and Population Health Division;

(t) the Services Planning, Monitoring and Development team of the Gamblers Rehabilitation Fund program in the Metropolitan Health Division.

2 The employee holding the office of Deputy Chief Executive of the Department of Human Services immediately before the commencement of this proclamation.

Made by the Governor

with the advice and consent of the Executive Council

on 10 June 2004

DHSCS37/04

South Australia

South Australian Museum Regulations 2004

under the *South Australian Museum Act 1976*

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Schedule 1—Revocation and transitional provisions

Part 1—Preliminary

1—Short title

These regulations may be cited as the *South Australian Museum Regulations 2004*.

2—Commencement

These regulations come into operation on the day on which they are made.

3—Interpretation

In these regulations, unless the contrary intention appears—

Act means the *South Australian Museum Act 1976*;

Loading Zone means an area marked by signs or lines (or a combination of signs and lines) as a *Loading Zone*;

Museum grounds means land under the control of the Board;

No Parking Area means an area marked by signs or lines (or a combination of signs and lines) as a *No Parking Area*;

Permit Parking Area means an area marked by signs or lines (or a combination of signs and lines) as a *Permit Parking Area*.

4—Authorised officers

(1) The Board may appoint suitable persons to be authorised officers for the purposes of these regulations.

(2) The Board must provide an identity card to each authorised officer appointed by it.

(3) An authorised officer must produce his or her identity card at the request of a person in relation to whom the officer has exercised, or intends to exercise, powers under these regulations.

(4) A person must not hinder or obstruct an authorised officer in the exercise of powers under these regulations.

Maximum penalty: $500.

(5) No personal liability attaches to an authorised officer for an honest act or omission in the exercise or discharge or purported exercise or discharge of a power or function under these regulations.

(6) A liability that would, but for subregulation (5), lie against an authorised officer lies instead against the Crown.

Part 2—General controls

5—Interference with exhibits

A person must not, without the authority of the Board, interfere with an exhibit in the Museum or on the Museum grounds, a case containing such an exhibit or a sign associated with such an exhibit.

Maximum penalty: $500.

6—General behavioural controls

A person must not, without the authority of the Board—

(a) smoke while in the Museum; or

(b) consume food or a beverage while in the Museum except in an area set aside for that purpose; or

(c) bring an animal (other than a guide dog) into the Museum; or

(d) deposit litter in any part of the Museum or the Museum grounds except in a receptacle set aside for litter; or

(e) sell or offer for sale anything while in the Museum or on the Museum grounds; or

(f) distribute material or display a banner, placard or sign while in the Museum; or

(g) photograph, copy or reproduce an exhibit in the Museum or on the Museum grounds.

Maximum penalty: $200.

Part 3—Vehicular controls

7—Driving offences

(1) A person must not drive or ride a motor vehicle in the Museum grounds in a dangerous or careless manner or without reasonable consideration for others.

Maximum penalty: $500.

Expiation fee: $100.

(2) A person must not drive or ride a motor vehicle in the Museum grounds at a speed in excess of 10 kilometres per hour.

Maximum penalty: $200.

Expiation fee: $75.

8—Parking offences

(1) A person must not park a motor vehicle in the Museum grounds except in an area set aside for the parking of motor vehicles.

Maximum penalty:

(a) if the motor vehicle obstructs vehicular or pedestrian access to or egress from the Museum grounds—$500;

(b) in any other case—$200.

Expiation fee:

(a) if the motor vehicle obstructs vehicular or pedestrian access to or egress from the Museum grounds—$100;

(b) in any other case—$75.

(2) A person must not park a motor vehicle in the Museum grounds in a *No Parking Area*.

Maximum penalty: $100.

Expiation fee: $50.

(3) A person must not park a motor vehicle in the Museum grounds in a *Permit Parking Area* unless—

(a) a permit issued or recognised by the Board is displayed on the inside of the windscreen on the side opposite to the driver's position (or, if the vehicle does not have a windscreen, in some other prominent position) so that the permit is easily legible to a person standing beside the vehicle; and

(b) the vehicle is parked in accordance with the terms of that permit.

Maximum penalty: $100.

Expiation fee: $50.

(4) A person must not park a motor vehicle in the Museum grounds in a *Loading Zone* unless—

(a) the vehicle is being loaded or unloaded and the vehicle is parked for no longer than such time as is necessary to complete the loading or unloading (but in any event for no longer than 30 minutes); or

(b) the vehicle is parked only for the purpose of the immediate setting down or picking up of a passenger.

Maximum penalty: $100.

Expiation fee: $50.

(5) For the purposes of an offence against this regulation constituted of unlawfully parking in an area or zone, a vehicle will be taken to be parked in the area or zone if any part of the vehicle is within the area or zone.

Part 4—Enforcement

9—Suspected offender must state name and address

(1) If an authorised officer has reasonable cause to suspect that a person has committed, is committing or is about to commit an offence against the Act or these regulations, the authorised officer may require the person to state his or her name and address.

(2) A person must not—

(a) refuse or fail to comply with a requirement under subregulation (1); or

(b) make a statement in response to such a requirement that is false or misleading in a material particular.

Maximum penalty: $500.

10—Exclusion of certain persons from Museum and grounds

(1) If an authorised officer has reasonable cause to suspect—

(a) that a person who is not permitted to enter the Museum or the Museum grounds has done so or is about to do so; or

(b) that a person in the Museum or on the Museum grounds has committed, is committing or is about to commit an offence against the Act or these regulations; or

(c) that a person in the Museum or on the Museum grounds is so much under the influence of alcohol or a drug as to be visibly affected by it,

the authorised officer may require the person to leave or not to enter the Museum or the Museum grounds (as the case requires).

(2) A person must not—

(a) refuse or fail to comply with a requirement under subregulation (1); or

(b) in the case of a requirement under subregulation (1)(b)—return to the Museum or the Museum grounds within 24 hours of being requested to leave.

Maximum penalty: $500.

Schedule 1—Revocation and transitional provisions

Part 1—Revocation of *South Australian Museum Regulations 1993*

1—Revocation of *South Australian Museum Regulations 1993*

The *South Australian Museum Regulations 1993* are revoked.

Part 2—Transitional provisions

2—Interpretation

In this Part—

revoked regulations means the regulations revoked by clause 1.

3—Authorised persons

A person holding office as an authorised person under the revoked regulations immediately before the commencement of these regulations will be taken to be an authorised officer appointed under these regulations.

4—Parking controls

An area or zone in the Museum grounds marked out under the revoked regulations as an area set aside for parking, a *Loading Zone*, a *No Parking Area* or a *Permit Parking Area* immediately before the commencement of these regulations continues to be such an area or zone for the purposes of these regulations.

Note—

As required by section 10AA(2) of the *Subordinate Legislation Act 1978*, the Minister has certified that, in the Minister's opinion, it is necessary or appropriate that these regulations come into operation as set out in these regulations.

Made by the Governor

on the recommendation of the Museum Board and with the advice and consent of the Executive Council

on 10 June 2004

No 129 of 2004

ASACAB001/03

South Australia

Workers Rehabilitation and Compensation (Scales of Charges—Medical Practitioners) Variation Regulations 2004

under the *Workers Rehabilitation and Compensation Act 1986*

Contents

Part 1—Preliminary

1 Short title
2 Commencement
3 Variation provisions

Part 2—Variation of Workers Rehabilitation and Compensation (Scales of Charges—Medical Practitioners) Regulations 1999

4 Variation of regulation 4—Interpretation
5 Substitution of Schedules A and B

Schedule A—Clinical medical services

Schedule B—Workers compensation services

Part 1—Preliminary

1—Short title

These regulations may be cited as the *Workers Rehabilitation and Compensation (Scales of Charges—Medical Practitioners) Variation Regulations 2004*.

2—Commencement

These regulations will come into operation on 21 June 2004.

3—Variation provisions

In these regulations, a provision under a heading referring to the variation of specified regulations varies the regulations so specified.

Part 2—Variation of *Workers Rehabilitation and Compensation (Scales of Charges—Medical Practitioners) Regulations 1999*

4—Variation of regulation 4—Interpretation

Regulation 4(1), definition of ***MBS Book***—delete the definition and substitute:

> ***MBS Book*** means the *Medicare Benefits Schedule Book* as published 1 November 2003 by the Commonwealth Department of Health and Ageing;

5—Substitution of Schedules A and B

Schedules A and B—delete the Schedules and substitute:

Schedule A—Clinical medical services

Note—

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CATEGORY ONE: PROFESSIONAL ATTENDANCES
GROUP A1: GENERAL PRACTITIONER
ATTENDANCES TO WHICH NO OTHER ITEM APPLIES

Attendances — General Practitioner

Item No.	Description	Maximum Fee
	EMERGENCY ATTENDANCE - AFTER HOURS **(on not more than 1 patient on 1 occasion)**	
00001	Professional attendance at a place other than consulting rooms where the attendance is initiated by or on behalf of the patient in the same unbroken after hours period and where the patient's medical condition requires immediate treatment - each attendance other than an attendance between 11pm and 7am, on a public holiday, on a Sunday, before 8am or after 1pm on a Saturday, or at any time other than between 8am and 8pm on a day not being a Saturday, Sunday or public holiday, (*refer to the explanatory notes to this Category - MBS Book*)	$138.00
00002	Professional attendance at consulting rooms where the attendance is initiated by or on behalf of the patient in the same unbroken after hours period and where the patient's medical condition requires immediate treatment and where it is necessary for the doctor to return to, and specially open, consulting rooms for the attendance - each attendance other than an attendance between 11pm and 7am, on a public holiday, on a Sunday, before 8am or after 1pm on a Saturday, or at an time other than between 8am and 8pm on a day not being a Saturday, Sunday or public holiday *(refer to the explanatory notes to this Category - MBS Book)*	$138.00
00601	Professional attendance at a place other than consulting rooms, where the attendance is initiated by or on behalf of the patient in the same unbroken after hours period and where the patient's medical condition requires immediate treatment - each attendance on any day of the week between 11pm and 7am *(refer to the explanatory notes to this Category - MBS Book)*	$146.00
00602	Professional attendance at consulting rooms, where the attendance is initiated by or on behalf of the patient in the same unbroken after hours period and where the patient's medical condition requires immediate treatment and where it is necessary for the doctor to return to, and specially open, consulting rooms for the attendance - each attendance on any day of the week between 11pm and 7am *(refer to the explanatory notes to this Category - MBS Book)*	$146.00
	GENERAL PRACTITIONER ATTENDANCES **LEVEL 'A'** Professional attendance for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management	
	SURGERY CONSULTATION	
00003	Professional attendance at consulting rooms *(refer to the explanatory notes to this Category - MBS Book)*	$17.30
	HOME VISIT	
00004	Professional attendance on 1 or more patients on 1 occasion at a place other than consulting rooms, hospital, nursing home or institution *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** The fee for item 3, plus $26.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 3 plus $1.75 per patient	DF

Attendances — General Practitioner

Item No.	Description	Maximum Fee
00013	**CONSULTATION AT AN INSTITUTION - OTHER THAN A HOSPITAL OR RESIDENTIAL AGED CARE FACILITY** Professional attendance on 1 or more patients in 1 institution on 1 occasion - each patient *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** The fee for Item 3, plus $26.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 3 plus $1.75 per patient	DF
00019	**CONSULTATION AT A HOSPITAL** Professional attendance on 1 or more patients in 1 hospital on 1 occasion - each patient *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** The fee for Item 3, plus $26.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 3 plus $1.75 per patient	DF
00020	**CONSULTATION AT A RESIDENTIAL AGED CARE FACILITY** Professional attendance on 1 or more patients in 1 residential aged care facility (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 residential aged care facility (excluding accommodation in a self-contained unit) on 1 occasion - each patient *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** The fee for Item 3, plus $26.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 3 plus $1.75 per patient	DF
00023	**LEVEL 'B'** Professional attendance involving taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems, OR a professional attendance of less than 20 minutes duration involving components of a service to which item 36, 37, 38, 40, 43, 44, 47, 48, 50 or 51 applies **SURGERY CONSULTATION** Professional attendance at consulting rooms *(refer to the explanatory notes to this Category - MBS Book)*	$45.00
00024	**HOME VISIT** Professional attendance on 1 or more patients on 1 occasion at a place other than consulting rooms, hospital, nursing home or institution *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** The fee for item 23, plus $26.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 23 plus $1.75 per patient	DF
00025	**CONSULTATION AT AN INSTITUTION OTHER THAN A HOSPITAL OR RESIDENTIAL AGED CARE FACILITY** Professional attendance on 1 or more patients in 1 institution on 1 occasion - each patient *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** The fee for Item 23, plus $26.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 23 plus $1.75 per patient	DF
00033	**CONSULTATION AT A HOSPITAL** Professional attendance on 1 or more patients in 1 hospital on 1 occasion - each patient *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** The fee for Item 23, plus $26.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 23 plus $1.75 per patient	DF

Attendances — General Practitioner

Item No.	Description	Maximum Fee
	CONSULTATION AT A RESIDENTIAL AGED CARE FACILITY	
00035	Professional attendance on 1 or more patients in 1 residential aged care facility (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 residential aged care facility (excluding accommodation in a self-contained unit) on 1 occasion - each patient *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** The fee for Item 23, plus $26.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 23 plus $1.75 per patient	DF
	LEVEL 'C' Professional attendance involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes, OR a professional attendance of less than 40 minutes duration involving components of a service to which item 44, 47, 48, 50 or 51 applies	
	SURGERY CONSULTATION	
00036	Professional attendance at consulting rooms *(refer to the explanatory notes to this Category - MBS Book)*	$72.00
	HOME VISIT	
00037	Professional attendance on 1 or more patients on 1 occasion at a place other than consulting rooms, hospital, nursing home or institution *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** The fee for item 36, plus $26.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 36 plus $1.75 per patient	DF
	CONSULTATION AT AN INSTITUTION OTHER THAN A HOSPITAL OR RESIDENTIAL AGED CARE FACILITY	
00038	Professional attendance on 1 or more patients in 1 institution on 1 occasion - each patient *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** The fee for Item 36, plus $26.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 36 plus $1.75 per patient	DF
	CONSULTATION AT A HOSPITAL	
00040	Professional attendance on 1 or more patients in 1 hospital on 1 occasion - each patient *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** The fee for Item 36, plus $26.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 36 plus $1.75 per patient	DF
	CONSULTATION AT A RESIDENTIAL AGED CARE FACILITY	
00043	Professional attendance on 1 or more patients in 1 residential aged care facility (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 residential aged care facility (excluding accommodation in a self-contained unit) on 1 occasion - each patient *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** The fee for Item 36, plus $26.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 36 plus $1.75 per patient	DF

Attendances — General Practitioner

Item No.	Description	Maximum Fee
	LEVEL 'D' Professional attendance involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes, OR a professional attendance of at least 40 minutes duration for implementation of a management plan	
00044	**SURGERY CONSULTATION** Professional attendance at consulting rooms *(refer to the explanatory notes to this Category - MBS Book)*	$96.70
00047	**HOME VISIT** Professional attendance on 1 or more patients on 1 occasion at a place other than consulting rooms, hospital, nursing home or institution *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** The fee for item 44, plus $26.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 44 plus $1.75 per patient	DF
00048	**CONSULTATION AT AN INSTITUTION OTHER THAN A HOSPITAL OR RESIDENTIAL AGED CARE FACILITY** Professional attendance on 1 or more patients in 1 institution on 1 occasion - each patient *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** The fee for Item 44, plus $26.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 44 plus $1.75 per patient	DF
00050	**CONSULTATION AT A HOSPITAL** Professional attendance on 1 or more patients in 1 hospital on 1 occasion - each patient *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** The fee for Item 44, plus $26.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 44 plus $1.75 per patient	DF
00051	**CONSULTATION AT A RESIDENTIAL AGED CARE FACILITY** Professional attendance on 1 or more patients in 1 residential aged care facility (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 residential aged care facility (excluding accommodation in a self-contained unit) on 1 occasion - each patient *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** The fee for Item 44, plus $26.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 44 plus $1.75 per patient	DF

CATEGORY ONE: PROFESSIONAL ATTENDANCES

GROUP A2: OTHER NON-REFERRED ATTENDANCES TO WHICH NO OTHER ITEM APPLIES

Attendances		Other Non-Referred
Item No.	**Description**	**Maximum Fee**
	SURGERY CONSULTATIONS Professional attendance at consulting rooms	
00052	Brief consultation of not more than 5 minutes duration	N/A
00053	Standard consultation of more than 5 minutes duration but not more than 25 minutes duration	N/A
00054	Long consultation of more than 25 minutes duration but not more than 45 minutes duration	N/A
00057	Prolonged consultation of more than 45 minutes duration	N/A
	HOME VISITS (Professional attendance on 1 or more patients on 1 occasion at a place other than consulting rooms, hospital, residential aged care facility or institution)	
00058	Brief home visit of not more than 5 minutes duration **Derived Fee:** An amount equal to $10.90, plus $19.60 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - an amount equal to $10.90 plus $0.85 per patient	N/A
00059	Standard home visit of more than 5 minutes duration but not more than 25 minutes duration **Derived Fee:** An amount equal to $20.50, plus $22.10 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - an amount equal to $20.50 plus $0.85 per patient	N/A
00060	Long home visit of more than 25 minutes duration but not more than 45 minutes duration **Derived Fee:** An amount equal to $43.50, plus $19.60 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - an amount equal to $43.50 plus $0.85 per patient	N/A
00065	Prolonged home visit of more than 45 minutes **Derived Fee:** An amount equal to $67.50, plus $19.60 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - an amount equal to $67.50 plus $0.85 per patient	N/A
	CONSULTATION AT AN INSTITUTION - OTHER THAN A HOSPITAL OR RESIDENTIAL AGED CARE FACILITY Professional attendance on 1 or more patients in 1 institution on 1 occasion - each patient	
00081	Brief consultation of not more than 5 minutes duration *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** An amount equal to $10.90, plus $19.60 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - an amount equal to $10.90 plus $0.85 per patient	N/A
00083	Standard consultationan of more than 5 minutes duration but not more than 25 minutes duration *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** An amount equal to $20.50, plus $22.10 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - an amount equal to $20.50 plus $0.85 per patient	N/A

Attendances		Other Non-Referred
Item No.	**Description**	**Maximum Fee**
00084	Long consultation of more than 25 minutes duration but not more than 45 minutes duration *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** An amount equal to $43.50, plus $19.60 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - an amount equal to $43.50 plus $0.85 per patient	N/A
00086	Prolonged consultation of more than 45 minutes duration *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** An amount equal to $67.50, plus $19.60 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - an amount equal to $67.50 plus $0.85 per patient	N/A
	CONSULTATION AT A HOSPITAL Professional attendance on 1 or more patients at 1 hospital on 1 occasion - each patient	
00087	Brief consultation of not more than 5 minutes duration *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** An amount equal to $10.90, plus $19.60 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - an amount equal to $10.90 plus $0.85 per patient	N/A
00089	Standard consultation of more than 5 minutes duration but not more than 25 minutes duration *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** An amount equal to $20.50, plus $22.10 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - an amount equal to $20.50 plus $0.85 per patient	N/A
00090	Long consultation of more than 25 minutes duration but not more than 45 minutes duration *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** An amount equal to $43.50, plus $19.60 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - an amount equal to $43.50 plus $0.85 per patient	N/A
00091	Prolonged consultation of more than 45 minutes duration *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** An amount equal to $67.50, plus $19.60 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - an amount equal to $67.50 plus $0.85 per patient	N/A
	CONSULTATION AT A RESIDENTIAL AGED CARE FACILITY Professional attendance on 1 or more patients in 1 residential aged care facility (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 residential aged care facility (excluding accommodation in a self-contained unit) on 1 occasion - each patient	
00092	Brief consultation of not more than 5 minutes duration *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** An amount equal to $10.90, plus $19.60 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - an amount equal to $10.90 plus $0.85 per patient	N/A
00093	Standard consultation of more than 5 minutes duration but not more than 25 minutes duration *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** An amount equal to $20.50, plus $22.10 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - an amount equal to $20.50 plus $0.85 per patient	N/A

Attendances — Other Non-Referred

Item No.	Description	Maximum Fee
00095	Long consultation of more than 25 minutes duration but not more than 45 minutes duration *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** An amount equal to $43.50, plus $19.60 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - an amount equal to $43.50 plus $0.85 per patient	N/A
00096	Prolonged consultation of more than 45 minutes duration *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** An amount equal to $67.50, plus $19.60 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - an amount equal to $67.50 plus $0.85 per patient	N/A
	EMERGENCY ATTENDANCE - AFTER HOURS **(on not more than 1 patient on 1 occasion)**	
00097	Professional attendance after hours at a place other than consulting rooms where the attendance is initiated by or on behalf of the patient in the same unbroken after hours period and where the patient's medical condition requires immediate treatment - each attendance other than an attendance between 11pm and 7am, on a public holiday, on a Sunday, before 8am or after 1pm on a Saturday, or at any time other than between 8am and 8pm on a day not being a Saturday, Sunday or public holiday *(refer to the explanatory notes to this Category - MBS Book)*	$138.00
00098	Professional attendance at consulting rooms where the attendance is initiated by or on behalf of the patient in the same unbroken after hours period and where the patient's medical condition requires immediate treatment and where it is necessary for the doctor to return to, and specially open, consulting rooms for the attendance - each attendance other than an attendance between 11pm and 7am, on a public holiday, on a Sunday, before 8am or after 1pm on a Saturday, or at any time other than between 8am and 8pm on a day not being a Saturday Sunday or public holiday *(refer to the explanatory notes to this Category - MBS Book)*	$138.00
00697	Professional attendance at a place other than consulting rooms where the attendance is initiated by or on behalf of the patient in the same unbroken after hours period and where the patient's medical condition requires immediate treatment - each attendance on any day of the week between 11pm and 7am *(refer to the explanatory notes to this Category - MBS Book)*	$146.00
00698	Professional attendance at consulting rooms where the attendance is initiated by or on behalf of the patient in the same unbroken after hours period and where the patient's medical condition requires immediate treatment and where it is necessary for the doctor to return to, and specially open, consulting rooms for the attendance - each attendance on any day of the week between 11pm and 7am *(refer to the explanatory notes to this Category - MBS Book)*	$146.00

CATEGORY ONE: PROFESSIONAL ATTENDANCES

GROUP A3: SPECIALIST ATTENDANCES TO WHICH NO OTHER ITEM APPLIES

Attendances		Specialist
Item No.	**Description**	**Maximum Fee**
00104	**SPECIALIST, REFERRED CONSULTATION - SURGERY OR HOSPITAL** Professional attendance at consulting rooms or hospital by a specialist in the practice of his or her specialty where the patient is referred to him or her - **initial** attendance in a single course of treatment, not being a service to which item 106 applies Specialist, referred consultation of **25 minutes or less** - surgery or hospital	$105.00
0104A	**SPECIALIST, REFERRED CONSULTATION - SURGERY OR HOSPITAL** Professional attendance at consulting rooms or hospital by a specialist in the practice of his or her specialty where the patient is referred to him or her - **initial** attendance in a single course of treatment, not being a service to which item 106 applies Specialist, referred consultation of **more than 25 minutes** - surgery or hospital	$145.00
Note 1:	Item number 104A is not to be charged for independent medical examiners - please continue to charge item 104 for these examinations. **Note 2:** These item numbers are for initial consultations only. Doctors should bill subsequent consultations in the usual manner. **Note 3:** The majority of consultations should fall into the 104 category. The fact that a patient is a workers compensation claimant should not necessitate a longer consultation. Factors that would extend the length of the consultation include: - the need to obtain a more detailed history or perform a more extensive examination than usual - additional time is required to review previous investigations, results or reports - previous intervention or other related medical complaints necessitate increased time and effort in order to determine appropriate treatment - extensive advice/counselling regarding ongoing treatment is requried - a course of rehabilitation treatment is recommended to the worker for their discussion with their rehabilitation provider	
00105	- each attendance subsequent to the first in a single course of treatment	$60.00
00106	- initial attendance in a single course of treatment, being an attendance at which refraction is performed by a specialist ophthalmologist, and the attendance results in the issuing of a prescription for spectacles or contact lenses, including any consultation on the same occasion and any other attendance on the same day (other than a service to which item 10801 to 10815 apply	$93.40
00107	**SPECIALIST, REFERRED CONSULTATION - HOME VISITS** Professional attendance at a place other than consulting rooms or hospital by a specialist in the practice of his or her specialty where the patient is referred to him or her - initial attendance in a single course of treatment	$123.70
00108	- each attendance subsequent to the first in a single course of treatment	$79.90

CATEGORY ONE: PROFESSIONAL ATTENDANCES

GROUP A4: CONSULTANT PHYSICIAN ATTENDANCES TO WHICH NO OTHER ITEM APPLIES

Attendances		Consultant Physician
Item No.	**Description**	**Maximum Fee**
	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 or her specialty (other than psychiatry) where the patient is referred to him or her by a medical practitioner	
00110	- initial attendance in a single course of treatment	$175.00
00116	- each attendance (other than a service to which item 119 applies) subsequent to the first in a single course of treatment	$90.00
00119	- each minor attendance subsequent to the first in a single course of treatment *(refer to the explanatory notes to this Category - MBS Book)*	$46.40
	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 or her specialty (other than in psychiatry) where the patient is referred to him or her by a medical practitioner	
00122	- initial attendance in a single course of treatment	$195.50
00128	- each attendance (other than a service to which item 131 applies) subsequent to the first in a single course of treatment	$112.30
00131	- each minor attendance subsequent to the first in a single course of treatment *(refer to the explanatory notes to this Category - MBS Book)*	$84.80

CATEGORY ONE: PROFESSIONAL ATTENDANCES
GROUP A5: PROLONGED ATTENDANCES TO WHICH NO OTHER ITEM APPLIES

Attendances		Prolonged
Item No.	**Description**	**Maximum Fee**
	PROLONGED PROFESSIONAL ATTENDANCES Professional attendance (not being a service to which another item in this Category applies) on a patient in imminent danger of death requiring continuous attendance on the patient to the exclusion of all other patients	
00160	- for a period of not less than 1 hour but less than 2 hours *(refer to the explanatory notes to this Category - MBS Book)*	$227.00
00161	- for a period of not less than 2 hours but less than 3 hours *(refer to the explanatory notes to this Category - MBS Book)*	$368.00
00162	- for a period of not less than 3 hours but less than 4 hours *(refer to the explanatory notes to this Category - MBS Book)*	$495.00
00163	- for a period of not less than 4 hours but less than 5 hours *(refer to the explanatory notes to this Category - MBS Book)*	$616.00
00164	- for a period of 5 hours or more *(refer to the explanatory notes to this Category - MBS Book)*	$729.00

CATEGORY ONE: PROFESSIONAL ATTENDANCES
GROUP A6: GROUP THERAPY

Attendances		Group Therapy
Item No.	**Description**	**Maximum Fee**
	FAMILY GROUP THERAPY Professional attendance for the purpose of group therapy of not less than 1 hours duration given under the direct continuous supervision of a medical practitioner, other than a consultant physician in the practice of his or her specialty of psychiatry, involving members of a family and persons with close personal relationships with that family	
00170	- each group of 2 patients *(refer to the explanatory notes to this Category - MBS Book)*	$155.00
00171	- each group of 3 patients *(refer to the explanatory notes to this Category - MBS Book)*	$159.30
00172	- each group of 4 or more patients *(refer to the explanatory notes to this Category - MBS Book)*	$199.80

CATEGORY ONE: PROFESSIONAL ATTENDANCES
GROUP A7: ACUPUNCTURE

Attendances		Acupuncture
Item No.	**Description**	**Maximum Fee**
00173	Attendance at which acupuncture is performed by a medical practitioner by application of stimuli on or through the surface of the skin by acupuncture needle only, 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 *(refer to the explanatory notes to this Category - MBS Book)*	$35.00
00193	Professional attendance by a general practitioner who is a qualified medical acupuncturist, at a place other than a hospital, involving either: (i) taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems; OR (ii) a professional attendance of less than 20 minutes duration involving components of a service to which item 36, 37, 38, 40, 43, 44, 47, 48, 50, or 51 applies AND at which ACUPUNCTURE is performed by the general practitioner by the application of stimuli on or through the surface of the skin by acupuncture needle only, 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. *(refer to the explanatory notes to this Category - MBS Book)*	$45.00
00195	Professional attendance by a general practitioner who is a qualified medical acupuncturist on 1 or more patients at a hospital, on one occasion, involving either: (i) taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems; OR (ii) a professional attendance of less than 20 minutes duration involving components of a service to which item 36, 37, 38, 40, 43, 44, 47, 48, 50 or 51 applies AND at which ACUPUNCTURE is performed by the general practitioner by the application of stimuli on or through the surface of the skin by acupuncture needle only, 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 *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** The fee for item 193 plus $26.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for item 193 plus $1.75 per patient.	DF
00197	Professional attendance by a general practitioner who is a qualified acupuncturist, at a place other than a hospital, involving either: (i) taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes; OR (ii) a professional attendance of at least 20 minutes but less than 40 minutes duration involving components of a service to which item 44,47, 48, 50 or 51 applies AND at which acupuncture is performed by the generall practitioner by the application of stimuli on or through the surface of the skin by acupuncture needle only, 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 *(refer to the explanatory notes to this Category - MBS Book)*	$72.00
00199	Professional attendance by a general practitioner who is a qualified medical acupuncturist, at a place other than a hospital, involving either: (i) taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems and lasting at least 40 minutes; OR (ii) a professional attendance of at least 40 minutes duration for implementation of a management plan AND at which acupuncture is performed by the general practitioner by the application of stimuli on or through the surface of the skin by acupuncture needle only, 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 *(refer to the explanatory notes to this Category - MBS Book)*	$96.70

CATEGORY ONE: PROFESSIONAL ATTENDANCES
GROUP A8: CONSULTANT PSYCHIATRIST ATTENDANCES TO WHICH NO OTHER ITEM APPLIES

Attendances		Consultant Psychiatrist
Item No.	Description	Maximum Fee
	CONSULTANT PSYCHIATRIST, REFERRED CONSULTATION, CONSULTING ROOMS Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry where the patient is referred to him or her by a medical practitioner	
00300	An attendance of not more than 15 minutes duration at consulting rooms, where that attendance and any other attendance to which items 300, 302, 304, 306 or 308 apply have not exceeded the sum of 50 attendances in a calendar year	$58.00
00302	An attendance of more than 15 minutes duration but not more than 30 minutes duration at consulting rooms, where that attendance and any other attendance to which items 300, 302, 304, 306 or 308 apply have not exceeded the sum of 50 attendances in a calendar year	$117.00
00304	An attendance of more than 30 minutes duration but not more than 45 minutes duration at consulting rooms, where that attendance and any other attendance to which items 300, 302, 304, 306 or 308 apply have not exceeded the sum of 50 attendances in a calendar year	$173.00
00306	An attendance of more than 45 minutes duration but not more than 75 minutes duration at consulting rooms, where that attendance and any other attendance to which items 300, 302, 304, 306 or 308 apply have not exceeded the sum of 50 attendances in a calendar year	$250.00
00308	An attendance of more than 75 minutes duration at consulting rooms, where that attendance and any other attendance to which items 300, 302, 304, 306 or 308 apply have not exceeded the sum of 50 attendances in a calendar year	$290.00
00310	An attendance of not more than 15 minutes duration at consulting rooms, where that attendance and any other attendance to which items 300, 302, 304, 306, 308, 310, 312, 314, 316 or 318 apply exceed 50 attendances in a calendar year	$24.30
00312	An attendance of more than 15 minutes duration but not more than 30 minutes duration at consulting rooms, where that attendance and any other attendance to which items 300, 302, 304, 306, 308, 310, 312, 314, 316 or 318 apply exceed 50 attendances in a calendar year	$86.90
00314	An attendance of more than 30 minutes duration but not more than 45 minutes duration at consulting rooms, where that attendance and any other attendance to which items 300, 302, 304, 306, 308, 310, 312, 314, 316 or 318 apply exceed 50 attendances in a calendar year	$133.50
00316	An attendance of more than 45 minutes duration but not more than 75 minutes duration at consulting rooms, where that attendance and any other attendance to which items 300, 302, 304, 306, 308, 310, 312, 314, 316 or 318 apply exceed 50 attendances in a calendar year	$129.90
00318	An attendance of more than 75 minutes duration at consulting rooms, where that attendance and any other attendance to which items 300, 302, 304, 306, 308, 310, 312, 314, 316 or 318 apply exceed 50 attendances in a calendar year	$183.40

Attendances — Consultant Psychiatrist

Item No.	Description	Maximum Fee
00319	An attendance of more than 45 minutes duration at consulting rooms, where the patient has: (i) been diagnosed as suffering severe personality disorder, anorexia nervosa, bulimia nervosa, dysthymic disorder, substance-related disorder, somatoform disorder or a pervasive development disorder; and (ii) for persons 18 years and over, been rated with a level of functional impairment within the range 1 to 50 according to the Global Assessment of Functioning Scale where that attendance and any other attendance to which items 300 to 308 apply do not exceed 160 attendances in a calendar year. *(refer to the explanatory notes to this Category - MBS Book)*	$193.30
	CONSULTANT PSYCHIATRIST, REFERRED CONSULTATION, HOSPITAL OR NURSING HOME Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry where the patient is referred to him or her by a medical practitioner	
00320	An attendance of not more than 15 minutes duration at hospital or nursing home	$48.10
00322	An attendance of more than 15 minutes duration but not more than 30 minutes duration at hospital or nursing home	$96.70
00324	An attendance of more than 30 minutes duration but not more than 45 minutes duration at hospital or nursing home	$143.60
00326	An attendance of more than 45 minutes duration but not more than 75 minutes duration at hospital or nursing home	$193.30
00328	An attendance of more than 75 minutes duration at hospital or nursing home	$241.40
	CONSULTANT PSYCHIATRIST, REFERRED CONSULTATION, HOME VISITS Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry where the patient is referred to him or her by a medical practitioner	
00330	An attendance of not more than 15 minutes duration where that attendance is at a place other than consulting rooms, hospital or nursing home	$78.80
00332	An attendance of more than 15 minutes duration but not more than 30 minutes duration where that attendance is at a place other than consulting rooms, hospital or nursing home	$128.00
00334	An attendance of more than 30 minutes duration but not more than 45 minutes duration where that attendance is at a place other than consulting rooms, hospital or nursing home	$175.00
00336	An attendance of more than 45 minutes duration but not more than 75 minutes duration where that attendance is at a place other than consulting rooms, hospital or nursing home	$222.50
00338	An attendance of more than 75 minutes duration where that attendance is at a place other than consulting rooms, hospital or nursing home	$269.50

Attendances — Consultant Psychiatrist

Item No.	Description	Maximum Fee
	CONSULTANT PSYCHIATRIST - GROUP PSYCHOTHERAPY Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hours duration given under the continuous direct supervision of a consultant physician in the practice of his or her specialty of psychiatry where the patients are referred to him or her by a medical practitioner	
00342	Group psychotherapy on a group of 2 to 9 unrelated patients or family group psychotherapy on a group of more than 3 patients, each patient	$59.40
00344	Family group psychotherapy on a group of 3 patients, each patient	$77.80
00346	Family group psychotherapy on a group of 2 patients, each patient	$116.60
	CONSULTANT PSYCHIATRIST - INTERVIEW OF A PERSON OTHER THAN A PATIENT - SURGERY, HOSPITAL OR NURSING HOME	
00348	Professional attendance by a consultant physician in the practice of his or her recognised specialty of psychiatry, where the patient is referred to him or her 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 *(refer to the explanatory notes to this Category - MBS Book)*	$65.30
00350	Professional attendance by a consultant physician in the practice of his or her recognised specialty of psychiatry, where the patient is referred to him or her by a medical practitioner, involving an interview of a person other than the patient - an attendance of not less than 45 mintues duration, in the course of initial diagnostic evaluation of a patient, where that interview is at consulting rooms, hospital or nursing home *(refer to the explanatory notes to this Category - MBS Book)*	$143.60
	CONSULTANT PSYCHIATRIST - INTERVIEW OF A PERSON OTHER THAN A PATIENT - IN THE COURSE OF CONTINUING MANAGEMENT OF A PATIENT	
00352	Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry, where the patient is referred to him or her by a medical practitioner, involving an interview of a person other than the patient of not less than 20 minutes duration, in the course of continuing management of a patient - payable not more than 4 times in any 12 month period *(refer to the explanatory notes to this Category - MBS Book)*	$66.40
	CONSULTANT PSYCHIATRIST, REFERRED CONSULTATION VIA TELEPYCHIATRY FOR ASSESSMENT, DIAGNOSIS AND TREATMENT A telepsychiatry consultation by a consultant physician in the practice of his or her specialty of psychiatry (not being an attendance to which items 300 to 319 apply), where: - the patient is referred to him or her by a medical practitioner for assessment, diagnosis and/or treatment, - that consultation and any other consultation to which items 353 to 358 apply, have not exceeded 12 consultations in a calendar year, - a minimum of one face-to-face consultation (items 364 to 370) is conducted with the patient after every fourth telpsychiatry consultation, and - any other attendance to which items 300 to 308 and 353 to 370 aplly, have not exceeded the sum of 50 attendances in a calendar year	
00353	A telepsychiatry consultation of not more than 15 minutes duration *(refer to the explanatory notes to this Category - MBS Book)*	$60.60
00355	A telepschiatry consultation of more than 15 minutes duration but not more than 30 minutes duration *(refer to the explanatory notes to this Category - MBS Book)*	$121.00

Attendances — Consultant Psychiatrist

Item No.	Description	Maximum Fee
00356	A telepsychiatry consultation of moe than 30 minutes duration but not more than 45 minutes duration. *(refer to the explanatory notes to this Category - MBS Book)*	$177.40
00357	A telepsychiatry consultation of more than 45 minutes duration but not more than 75 minutes duration *(refer to the explanatory notes to this Category - MBS Book)*	$244.80
00358	A telepsychiatry consultation of more than 75 minutes duration *(refer to the explanatory notes to this Category - MBS Book)*	$298.20
	CONSULTANT PSYCHIATRIST, REFERRED CONSULTATION FOR ASSESSMENT, DIAGNOSIS AND TREATMENT FOLLOWING TELEPSYCHIATRY Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry, where: - patient is referred to him or her by a medical practitioner, - that attendance occurs following four telepsychiatry consultations (items 353 to 358), - where that attendance and any other attendance to which items 364 to 370 apply does not exceed three consultations per patient in a calendar year, - any other attendance to which items 300 to 308 and 353 to 370 apply, have not exceeded the sum of 50 attendances in a calendar year. These items may only be used after every fourth telepsychiatry consultation conducted in accordance with items 353 to 358.	
00364	A face-to-face attendance of not more than 15 minutes duration *(refer to the explanatory notes to this Category - MBS Book)*	$52.65
00366	A face-to-face attendance of more than 15 minutes duration but not more than 30 minutes duration *(refer to the explanatory notes to this Category - MBS Book)*	$105.20
00367	A face-to-face attnedance of more than 30 minutes duration but not more than 45 minutes duration *(refer to the explanatory notes to this Category - MBS Book)*	$154.20
00369	A face-to-face attendance of more than 45 minutes duration but not more than 75 minutes duration *(refer to the explanatory notes to this Category - MBS Book)*	$212.85
00370	A face-to-face attendance of more than 75 minutes duration *(refer to the explanatory notes to this Category - MBS Book)*	$259.30

CATEGORY ONE: PROFESSIONAL ATTENDANCES
GROUP A12: CONSULTANT OCCUPATIONAL PHYSICIAN
ATTENDANCES TO WHICH NO OTHER ITEM APPLIES

Attendances		Consult Occupational Physician
Item No.	**Description**	**Maximum Fee**
	CONSULTANT OCCUPATIONAL PHYSICIAN, REFERRED CONSULTATION - SURGERY OR HOSPITAL Professional attendance at consulting rooms or hospital by a consultant occupational physician in the practice of his or her speciality of occupational medicine where patient is referred to him or her by a medical practitioner	
00385	- initial attendance in a single course of treatment *(refer to the explanatory notes to this Category - MBS Book)*	$118.00
00386	- each attendance subsequent to the first in a single course in treatment *(refer to the explanatory notes to this Category - MBS Book)*	$62.00
	CONSULTANT OCCUPATIONAL PHYSICIAN, REFERRED CONSULTATION - HOME VISITS Professional attendance at a place other than consulting rooms or hospital by a consultant occupational physician in the practice of his or her speciality of occupational medicine where patient is referred to him or her by a medical practitioner	
00387	- initial attendance in a single course of treatment *(refer to the explanatory notes to this Category - MBS Book)*	$123.70
00388	- each attendance subsequent to the first in a single course in treatment *(refer to the explanatory notes to this Category - MBS Book)*	$79.90

CATEGORY ONE: PROFESSIONAL ATTENDANCES

GROUP A13: PUBLIC HEALTH PHYSICIAN ATTENDANCES TO WHICH NO OTHER ITEM APPLIES

The following services are classified as N/A – Not Applicable by the Corporation. In a circumstance where a service is deemed necessary and appropriate by the medical practitioner, please contact your patient's case manager to discuss payment.

PUBLIC HEALTH PHYSICIAN ATTENDANCES - SURGERY

Item No	Maximum Fee
00410	N/A
00411	N/A
00412	N/A
00413	N/A

PUBLIC HEALTH PHYSICIAN ATTENDANCES OTHER THAN AT CONSULTING ROOMS

Item No	Maximum Fee
00414	N/A
00415	N/A
00416	N/A
00417	N/A

CATEGORY ONE: PROFESSIONAL ATTENDANCES

GROUP A16: MEDICAL PRACTITIONER (SPORTS PHYSICIAN) ATTENDANCES TO WHICH NO OTHER ITEM APPLIES

The following services are classified as N/A – Not Applicable by the Corporation. In a circumstance where a service is deemed necessary and appropriate by the medical practitioner, please contact your patient's case manager to discuss payment.

SUBGROUP 1 - SURGERY CONSULTATIONS

Item No	Maximum Fee
00444	N/A
00445	N/A
00446	N/A
00447	N/A

SUBGROUP 2 - EMERGENCY ATTENDANCES - AFTER HOURS

Item No	Maximum Fee
00448	N/A
00449	N/A

GROUP A21 - MEDICAL PRACTITIONER (EMERGENCY PHYSICIAN) ATTENDANCE TO WHICH NO OTHER ITEM APPLIES

SUBGROUP 1 - CONSULTATIONS

Item No.	Description	Maximum Fee
	MEDICAL PRACTITIONER (EMERGENCY PHYSICIAN) ATTENDANCES - EMERGENCY DEPARTMENT **LEVEL 1** Professional attendance on a patient at a recognised emergency department of a private hospital by a medical practitioner who is an emergency physician in the practice of emergency medicine	
00501	Attendance for the unscheduled evaluation and management of a patient requiring the taking of a problem focussed history, limited examination, diagnosis and initiatin of appropriate treatment interventions involving straightforward medical decision making *(refer to the explanatory notes to this Category - MBS Book)*	$20.20
00503	**LEVEL 2** Attendance for the unscheduled evaluation and management of a patient requiring the taking of an expanded problem focussed history, expanded examination of one or more systems and the formulation and documentation of a diagnosis and management plan in relation to one or more problems, and the initiation of appropriate treatment interventions involving medical decision making of low complexity *(refer to the explanatory notes to this Category - MBS Book)*	$44.20
00507	**LEVEL 3** Attendance for the unscheduled evaluation and management of a patient requiring the taking of an expanded problem focussed history, expanded examination of one or more systems, ordering and evaluation of appropriate investigations, the formulation and documentation of a diagnosis and management plan in relation to one or more problems, and the initiation of appropriate treatment interventions involving medical decision making of moderate complexity *(refer to the explanatory notes to this Category - MBS Book)*	$83.90
00511	**LEVEL 4** Attendance for the unscheduled evaluation and management of a patient requiring the taking of a detailed history, detailed examination of one or more systems, ordering and evaluation of appropriate investigations, the formulation and documentation of a diagnosis and management plan in relation to one or more problems, the initiation of appropriate treatment interventions,liaison with relevant health care professionals and discussion with the patient, his/her agent/s and/or relatives, involving medical decision making of moderate complexity *(refer to the explanatory notes to this Category - MBS Book)*	$123.60
00515	**LEVEL 5** Attendance for the unscheduled evaluation and management of a patient requiring the taking of a comprehensive history, comprehensive examination of one or more systems, ordering and evaluation of appropriate investigations, the formulation and documentation of a diagnosis and management plan in relation to one or more problems, the initiation of appropriate treatment interventions, liaison with relevant health care professionals and discussion with the patient, his/her agent/s and/or relatives, involving medical decision making of high complexity *(refer to the explanatory notes to this Category - MBS Book)*	$197.70

SUBGROUP 2 - PROLONGED PROFESSIONAL ATTENDANCES TO WHICH NO OTHER GROUP APPLIES

Item No.	Description	Maximum Fee
	MEDICAL PRACTITIONER (EMERGENCY PHYSICIAN) ATTENDANCES - EMERGENCY DEPARTMENT Professional attendance on a patient at a recognised emergency department of a private hospital by a medical practitioner who is an emergency physician in the practice of emergency medicine. Attendance for emergency evaluation of a critically ill patient with an immediately life threatening problem requiring immediate and rapid assessment, initiation o resusciatation and electronic vital signs monitoring, comprehensive history and evaluation whilst undertaking resusciatative measures, ordering and evaluation of appropriate investigations, transitional evaluation and monitoring, the formulation and documentation of a diagnosis and management plan in relation to one or more problems, the initiatiion of appropriate treatmetn interventions, liaison with relevant health care professionals and discussion with the patient, his/her agent/s and/or relatives prior to admission to an in-patient hospital bed	
00519	For a period of not less than 30 minutes but less than 1 hours of total physician time spent with each patient *(refer to the explanatory notes to this Category - MBS Book)*	$132.00
00520	For a period of not less than 1 hour but less than 2 hors of total physician time spent with each patient *(refer to the explanatory notes to this Category - MBS Book)*	$264.10
00530	For a period of not less than 2 hours but less than 3 hours ot total physician time spent with each patient *(refer to the explanatory notes to this Category - MBS Book)*	$440.10
00532	For a period of not less than 3 hours but less than 4 hours of total physician time spent with each patient *(refer to the explanatory notes to this Category - MBS Book)*	$616.05
00534	For a period of not less than 4 hours but less than 5 hours of total physician time spent with each patient *(refer to the explanatory notes to this Category - MBS Book)*	$792.30
00536	For a period of 5 hours or more of total physician time spent with each patient *(refer to the explanatory notes to this Category - MBS Book)*	$880.35

CATEGORY ONE: PROFESSIONAL ATTENDANCES
GROUP A14: HEALTH ASSESSMENTS

Item No.	Description	Maximum Fee
00700	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) at consulting rooms for a health assessment - of a patient who is at least 75 years old - not being a health assessment of a patient in respect of whom, in the preceding 12 months, a payment has been made under this item or item 702, 704 or 706 *(refer to the explanatory notes to this Category - MBS Book)*	N/A
00702	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) not being an attendance at consulting rooms, a hospital or a residential aged care facility for a health assessment - of a patient who is at least 75 years old - not being a health assessment of a patient in respect of whom, in the preceding 12 months, a payment has been made under this item or item 700, 704 or 706 *(refer to the explanatory notes to this Category - MBS Book)*	N/A

Item No.	Description	Maximum Fee
00704	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) at consulting rooms for a health assessment - of a patient who is at least 55 years old and of Aboriginal or Torres Strait Islander descent - not being a health assessment of a patient in respect of whom, in the preceding 12 months, a payment has been made under this item or item 700, 702 or 706 *(refer to the explanatory notes to this Category - MBS Book)*	$165.40
00706	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) not being an attendance at consulting rooms, a hospital or a residential aged care facility, for a health assessment - of a patient who is at least 55 years old and of Aboriginal or Torres Strait Islander descent - not being a health assessment of a patient in respect of whom, in the preceding 12 months, a payment has been made under this item or item 700, 702 or 704 *(refer to the explanatory notes to this Category - MBS Book)*	$271.30

CATEGORY ONE: PROFESSIONAL ATTENDANCES

GROUP A15: MULTIDISCIPLINARY CARE PLANS AND CASE CONFERENCES

The following services are classified as N/A – Not Applicable by the Corporation. In a circumstance where a service is deemed necessary and appropriate by the medical practitioner, please contact your patient's case manager to discuss payment.

SUBGROUP 1 - MULTIDISCIPLINARY CARE PLANS

Item No	Maximum Fee
00720	N/A
00722	N/A
00724	N/A
00726	N/A
00728	N/A
00730	N/A

SUBGROUP 2 - CASE CONFERENCES

Item No	Maximum Fee
00734	N/A
00736	N/A
00738	N/A
00740	N/A
00742	N/A
00744	N/A
00746	N/A
00749	N/A
00757	N/A
00759	N/A
00762	N/A
00765	N/A
00768	N/A
00771	N/A
00773	N/A
00775	N/A
00778	N/A
00779	N/A
00801	N/A
00803	N/A
00805	N/A
00807	N/A
00809	N/A
00811	N/A
00813	N/A
00815	N/A
00855	N/A
00857	N/A
00858	N/A
00861	N/A
00864	N/A
00866	N/A

CATEGORY ONE: PROFESSIONAL ATTENDANCES

The following services are classified as N/A – Not Applicable by the Corporation. In a circumstance where a service is deemed necessary and appropriate by the medical practitioner, please contact your patient's case manager to discuss payment.

GROUP A17: DOMICILLIARY MEDICATION MANAGEMENT REVIEW

Item No	Maximum Fee
00900	N/A

GROUP A18: GENERAL PRACTITIONER ATTENDANCE ASSOCIATED WITH PIP INCENTIVE PAYMENTS

SUBGROUP 1: TAKING OF A CERVICAL SMEAR FROM AN UNSCREENED OR SIGNIFICANTLY UNDERSCREENED WOMAN

Item No	Maximum Fee
02501	N/A
02503	N/A
02504	N/A
02506	N/A
02507	N/A
02509	N/A

SUBGROUP 2: COMPLETION OF AN ANNUAL CYCLE OF CARE FOR PATIENTS WITH DIABETES MELLITUS

Item No	Maximum Fee
02517	N/A
02518	N/A
02521	N/A
02522	N/A
02525	N/A
02526	N/A

SUBGROUP 3: COMPLETION OF THE ASTHMA 3+ VISIT PLAN

Item No	Maximum Fee
02546	N/A
02547	N/A
02552	N/A
02553	N/A
02558	N/A
02559	N/A

SUBGROUP 4: COMPLETION OF THE 3 STEP MENTAL HEALTH PROCESS

Item No	Maximum Fee
02574	N/A
02575	N/A
02577	N/A
02578	N/A

GROUP A19: OTHER NON-REFERRED ATTENDANCES ASSOCIATED WITH PIP INCENTIVE PAYMENTS TO WHICH NO OTHER ITEM APPLIES

The following services are classified as N/A – Not Applicable by the Corporation. In a circumstance where a service is deemed necessary and appropriate by the medical practitioner, please contact your patient's case manager to discuss payment.

SUBGROUP 1: TAKING OF A CERVICAL SMEAR FROM AN UNSCREENED OR SIGNIFICANTLY UNDERSCREENED WOMAN

Item No	Maximum Fee
02600	N/A
02603	N/A
02606	N/A
02610	N/A
02613	N/A
02616	N/A

SUBGROUP 2: COMPLETION OF AN ANNUAL CYCLE OF CARE FOR PATIENTS WITH DIABETES MELLITUS

Item No	Maximum Fee
02620	N/A
02622	N/A
02624	N/A
02631	N/A
02633	N/A
02635	N/A

SUBGROUP 3: COMPLETION OF THE ASTHMA 3+ VISIT PLAN

Item No	Maximum Fee
02664	N/A
02666	N/A
02668	N/A
02673	N/A
02675	N/A
02677	N/A

SUBGROUP 4: COMPLETION OF THE 3 STEP MENTAL HEALTH PROCESS

Item No	Maximum Fee
02704	N/A
02705	N/A
02707	N/A
02708	N/A

GROUP A20 - FOCUSSED PSYCHOLOGICAL STRATEGIES

MEDICAL PRACTITIONER ATTENDANCE (INCLUDING A GENERAL PRACTITIONER, BUT NOT INCLUDING A SPECIALIST OR CONSULTANT PHYSICIAN) ASSOCIATED WITH PROVISION OF FOCUSSED PSYCHOLOGICAL STRATEGIES

Item No.	Description	Maximum Fee
	FPS ATTENDANCE	
	Professional attendance for the purpose of providing focussed psychological strategies *(refer to the MBS Book for full description)*	
02721	**SURGERY CONSULTATION** - professional attendance at consulting rooms *(refer to the explanatory notes to this Category - MBS Book)*	$94.90
02723	**OUT OF SURGERY CONSULTATION** - professional attendance at a place othe than consulting rooms *(refer to the explanatory notes to this Category - MBS Book)*	DF
	FPS EXTENDED ATTENDANCE	
02725	**SURGERY CONSULTATION** - professional attendance at consulting rooms *(refer to the MBS Book for full description and the explanatory notes to this Category)*	$122.75
02727	**OUT OF SURGERY CONSULTATION** - professional attendance at a place other than consulting rooms *(refer to the explanatory notes to this Category - MBS Book)*	DF

CATEGORY ONE: PROFESSIONAL ATTENDANCES

GROUP A9: CONTACT LENSES

The following services are classified as N/A – Not Applicable by the Corporation. In a circumstance where a service is deemed necessary and appropriate by the medical practitioner, please contact your patient's case manager to discuss payment.

Item No	Maximum Fee
10801	N/A
10802	N/A
10803	N/A
10804	N/A
10805	N/A
10806	N/A
10807	N/A
10808	N/A
10809	N/A
10816	N/A

CATEGORY EIGHT:
GROUP M2: SERVICES PROVIDED BY PRACTICE NURSES

Attendances		
Item No.	**Description**	**Maximum Fee**
10993	Immunisation provided to a person by a practice nurse: if (a) the immunisation is provided on behalf of, and under the supervision of a medical practitioner and (b) the immunisation is provided: (i) in the consulting rooms of a general practice; or (ii) in a residential aged facility: or (iii) during a home visit to the person: or (iv) in an institution	$15.00
10996	Treatment of a person's wound (other than normal aftercare) provided by a practice nurse if: (a) the treatment is provided on behalf of, and under the supervision of a medica practitioner: and (b) the person is not an admitted patient of a hospital or day-hospital facility	$15.00

CATEGORY TWO: DIAGNOSTIC PROCEDURES AND INVESTIGATIONS
GROUP D1: MISCELLANEOUS DIAGNOSTIC PROCEDURES AND INVESTIGATIONS
- SUBGROUP 1 - NEUROLOGY

Diagnostic		Neurology
Item No.	**Description**	**Maximum Fee**
11000	Electroencephalography, not being a service: (a) associated with a service to which item 11003, 11006 or 11009 applies; or (b) involving quantitative topographic mapping using neurometrics or similar devices (Anaes.)	$182.30
11003	Electroencephalography, prolonged recording of at least 3 hours duration, not being a service: (a) associated with a service to which item 11000, 11004, 11005, 11006 or 11009 applies; or (b) involving quantitative topographic mapping using neurometrics or similar devices *(refer to the explanatory notes to this Category - MBS Book)*	$364.10
11004	Electroencephalography, ambulatory or video, prolonged recording of at least 3 hours duration up to 24 hours duration, recording on the first day, not being a service: (a) associated with a service to which item 11000, 1103, 11005, 11006 or 11009 applies; or (b) involving quantitative topographic mapping using neurometrics or similar devices *(refer to the explanatory notes to this Category - MBS Book)*	$406.05
11005	Electroencephalography, ambulatory or video, prolonged recording of at least 3 hours duration up to 24 hours duration, recording on the each day subsequent to the first day, not being a service: (a) associated with a service to which item 11000, 1103, 11004, 11006 or 11009 applies; or (b) involving quantitative topographic mapping using neurometrics or similar devices *(refer to the explanatory notes to this Category - MBS Book)*	$406.05
11006	Electroencephalography, temporosphenoidal, not being a service involving quantitative topographic mapping using neurometrics or similar devices	$188.50
11009	Electrocorticography	$251.80
11012	Neuromuscular electrodiagnosis - conduction studies on 1 nerve or electromyography of 1 or more muscles using concentric needle electrodes or both these examinations (not being a service associated with a service to which item 11015 or 11018 applies) *(refer to the explanatory notes to this Category - MBS Book)*	$139.05
11015	Neuromuscular electrodiagnosis - conduction studies on 2 or 3 nerves with or without electromyography (not being a service associated with a service to which item 11012 or 11018 applies)	$190.55
11018	Neuromuscular electrodiagnosis - conduction studies on 4 or more nerves with or without electromyography or recordings from single fibres of nerves and muscles or both of these examinations (not being a service associated with a service to which item 11012 or 11015 applies)	$278.60

Diagnostic		Neurology
Item No.	**Description**	**Maximum Fee**
11021	Neuromuscular electrodiagnosis - repetitive stimulation for study of neuromuscular conduction or electromyography with quantitative computerised analysis or both of these examinations	$190.55
11024	Central nervous system evoked responses, investigation of, by computerised averaging techniques, not being a service involving quantitative topographic mapping of event-related potentials and not including multifocal multichannel objective perimetry - 1 or 2 studies *(refer to the explanatory notes to this Category - MBS Book)*	$126.20
11027	Central nervous system evoked responses, investigation of, by computerised averaging techniques not being a service involving quantitative topographic mapping of event-related potentials and not including multifocal multichannel objective perimetry - 3 or more studies *(refer to the explanatory notes to this Category - MBS Book)*	$186.40

CATEGORY TWO: DIAGNOSTIC PROCEDURES AND INVESTIGATIONS
GROUP D1: MISCELLANEOUS DIAGNOSTIC PROCEDURES AND INVESTIGATIONS - SUBGROUP 2 - OPHTHALMOLOGY

Diagnostic		Ophthalmology
Item No.	**Description**	**Maximum Fee**
11200	Provocative test or tests for glaucoma, including water drinking	$44.80
11203	Tonography - in the investigation or management of glaucoma, of 1 or both eyes - using an electrical tonography machine producing a directly recorded tracing	$75.20
11204	Electroretinography of one or both eyes by computerised averaging techniques, including 3 or more studies performed according to current professional guidelines or standards *(refer to the explanatory notes to this Category - MBS Book)*	N/A
11205	Electrooculography of one or both eyes performed according to current professional guidelines or standards *(refer to the explanatory notes to this Category - MBS Book)*	N/A
11210	Pattern electroretinography of one or both eyes by computerised averaging techniques, including 3 or more studies performed according to current professional guidelines or standards *(refer to the explanatory notes to this Category - MBS Book)*	N/A
11211	Dark adaptometry of one of both eyes with a quantitative (log cd/m2) estimation of threshold in log lumens at 45 minutes of dark adaptations *(refer to the explanatory notes to this Category - MBS Book)*	N/A
11212	Optic fundi, examination of following intravenous dye injection	$90.10
11215	Retinal photography, multiple exposures, of 1 eye with intravenous dye injection	$179.70
11218	Retinal photography, multiple exposures of both eyes with intravenous dye injection	$225.10
11221	Full quantitative computerised perimetry (automated absolute static threshold but not including multifocal multichannel objective perimetry), performed by or on behalf of a specialist in the practice of his or her specialty, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain with assessment and report, bilateral - to a maximum of 2 examinations (including examinations to which item 11224 applies) in any 12 month period *(refer to the explanatory notes to this Category - MBS Book)*	$128.75
11222	Full quantitative computerised perimetry (automated absolute static threshold but not including multifocal multichannel objective perimetry), performed by or on behalf of a specialist in the practice of his or her speciality, with assessment and report, bilateral, where it can be demonstrated that a further examination is indicated in the same 12 month period to which item 11221 applies due to presence of 1 of the following conditions:- - established glaucoma (where surgery is being considered) where there has been definite progression of damage over a 12 month period; established neurological disease which may be progressive and where a visual field is necessary for the management of the patient; or for the monitoring ocular disease caused by systemic drug toxicity, where there is also other disease such as glaucoma or neurologic disease - each additional examination *(refer to the explanatory notes to this Category - MBS Book)*	$121.50

Diagnostic | Ophthalmology

Item No.	Description	Maximum Fee
11224	Full quantitative computerised perimetry (automated absolute static threshold but not including multifocal multichannel objective perimetry), performed by or on behalf of a specialist in the practice of his or her specialty, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain with assessment and report, unilateral - to a maximum of 2 examinations (including examinations to which item 11221 applies) in any 12 month period *(refer to the explanatory notes to this Category - MBS Book)*	$70.60
11225	Full quantitative computerised perimetry (automated absolute static threshold but not including multifocal multichannel objective perimetry), performed by or on behalf of a specialist in the practice of his or her speciality, with assessment and report, unilateral, where it can be demonstrated that a further examination is indicated in the same 12 month period to which Item 11224 applies due to presence of one of the following conditions:- - established glaucoma (where surgery is being considered) where there has been definite progression of damage over a 12 month period; established neurological disease which may be progressive and where a visual field is necessary for the management of the patient; or for monitoring ocular disease caused by systemic drug toxicity, where there is also other disease such as glaucoma or neurologic disease - each additional examination *(refer to the explanatory notes to this Category - MBS Book)*	$66.95
11235	Examination of the eye by impression cytology of cornea for the investigation of ocular surface dysplasia, including the collection of cells, processing and all cytological examinations and preparation of report	$179.20
11237	Ocular contents, simultaneous ultrasonic echography by both unidimensional and bidimensional techniques, for the diagnosis, monitoring or measurement of choroidal and ciliary body melanomas, retinoblastoma or suspicious naevi or simulating lesions, one eye, not being a service associated with a service to which items in Group I1 apply	$101.50
11240	Orbital contents, ultrasonic echography of, unidimensional, for one eye, not being a service associated with a service to which items in Group I1 apply *(refer to the explanatory notes to this Category - MBS Book)*	$116.40
11241	Orbital contents, ultrasonic echography of, unidimensional, for both eyes, not being a servcie associated with a service to which items in Group I1 apply *(refer to the explanatory notes to this Category - MBS Book)*	N/A
11242	Orbital contents, ultrasonic echography of, unidimensional, for the measurement of an eye previously measured and on which lens surgery has been performed, and where further lens surgery is contemplated in that eye, not being a service associated with a service to which items in Group I1 apply *(refer to the explanatory notes to this Category - MBS Book)*	N/A
11243	Orbital contents, ultrasonic echography of, unidimensional, for the measurement of the second eye where surgery for the first eye has resulted in more than 1 dioptre of error or where more than 3 years have elapsed since the surgery for the first eye, not being a service associated with a service to which items in Group I1 apply *(refer to the explanatory notes to this Category - MBS Book)*	N/A

CATEGORY TWO: DIAGNOSTIC PROCEDURES AND INVESTIGATIONS
GROUP D1: MISCELLANEOUS DIAGNOSTIC PROCEDURES AND INVESTIGATIONS - SUBGROUP 3 - OTOLARYNGOLOGY

Diagnostic		Otolaryngology
Item No.	**Description**	**Maximum Fee**
11300	Brain stem evoked response audiometry Anaesthetic Item number for Specialist 17707	$219.40
11303	Electrocochleography, extratympanic method, 1 or both ears	$219.40
11304	Electrocochleography, transtympanic membrane insertion technique, 1 or both ears *(refer to the explanatory notes to this Category - MBS Book)*	$357.40
11306	Non-determinate audiometry *(refer to the explanatory notes to this Category - MBS Book)*	$24.70
11309	Audiogram, air conduction *(refer to the explanatory notes to this Category - MBS Book)*	$28.80
11312	Audiogram, air and bone conduction or air conduction and speech discrimination *(refer to the explanatory notes to this Category - MBS Book)*	$41.70
11315	Audiogram, air and bone conduction and speech *(refer to the explanatory notes to this Category - MBS Book)*	$54.60
11318	Audiogram, air and bone conduction and speech, with other cochlear tests *(refer to the explanatory notes to this Category - MBS Book)*	$68.50
11321	Glycerol induced cochlear function changes assessed by a minimum of 4 air conduction and speech discrimination tests (Klockoff's test) *(refer to the explanatory notes to this Category - MBS Book)*	$128.75
11324	Impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed by, or on behalf of, a specialist in the practice of his or her specialty, where the patient is referred by a medical practitioner - not being a service associated with a service to which item 11309, 11312, 11315 or 11318 applies	$41.70
11327	Impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed by, or on behalf of, a specialist in the practice of his or her specialty, where the patient is referred by a medical practitioner - being a service associated with a service to which item 11309, 11312, 11315 or 11318 applies	$26.30
11330	Impedance audiogram where the patient is not referred by a medical practitioner - 1 examination in any 4 week period	$21.10

Diagnostic — Otolaryngology

Item No.	Description	Maximum Fee
11332	Oto-acoustic emission audiometry for the detection of permanent congenital hearing impairment, performed by or on behalf of a specialist or consultant physician, on an infant or child who is at risk due to one or more of the following factors:- (i) admission to a neonatal intensive care unit; or (ii) family history of hearing impairment; or (iii) intra-uterine or perinatal infection (either suspected or confirmed); or (iv) birthweight less than 1.5kg; or (v) craniofacial deformity; or (vi) birth asphyxia; or (vii) chromosomal abnormality, including Down's Syndrome; or (viii) exchange transfusion; and where:- the patient is referred by another medical practitioner; and middle ear pathology has been excluded by specialist opinion *(refer to the explanatory notes to this Category - MBS Book)*	N/A
11333	Caloric test of labyrinth or labyrinths	$47.90
11336	Simultaneous bithermal caloric test of labyrinths	$47.90
11339	Electronystagmography	$47.90

CATEGORY TWO: DIAGNOSTIC PROCEDURES AND INVESTIGATIONS
GROUP D1: MISCELLANEOUS DIAGNOSTIC PROCEDURES AND INVESTIGATIONS
- SUBGROUP 4 - RESPIRATORY

Diagnostic		Respiratory
Item No.	**Description**	**Maximum Fee**
11500	Bronchospirometry, including gas analysis	$209.20
11503	Measurement of the mechanical or gas exchange function of the respiratory system, or of respiratory muscle function, or of ventilatory control mechanisms, using measurements of various parameters including pressures, volumes, flow, gas concentrations in inspired or expired air, alveolar gas or blood, electrical activity of muscles (the tests being performed under the supervision of a specialist or consultant physician or in the respiratory laboratory of a hospital) - each occasion at which 1 or more such tests are performed *(refer to the explanatory notes to this Category - MBS Book)*	$184.40
11506	Measurement of respiratory function involving a permanently recorded tracing performed before and after inhalation of bronchodilator - each occasion at which 1 or more such tests are performed	$23.20
11509	Measurement of respiratory function involving a permanently recorded tracing and written report, performed before and after inhalation of bronchodilator, with continuous technician attendance in a laboratory equipped to perform complex respiratory function tests (the tests being performed under the supervision of a specialist or consultant physician or in the respiratory laboratory of a hospital) - each occasion at which 1 or more such tests are performed	$45.80
11512	Continuous measurement of the relationship between flow and volume during expiration or inspiration involving a permanently recorded tracing and written report, performed before and after inhalation of bronchodilator, with continuous technician attendance in a laboratory equipped to perform complex lung function tests (the tests being performed under the supervision of a specialist or consultant physician or in the respiratory laboratory of a hospital) - each occasion at which 1 or more such tests are performed	$68.50

CATEGORY TWO: DIAGNOSTIC PROCEDURES AND INVESTIGATIONS
GROUP D1: MISCELLANEOUS DIAGNOSTIC PROCEDURES AND INVESTIGATIONS
- SUBGROUP 5 - VASCULAR

Diagnostic		Vascular
Item No.	**Description**	**Maximum Fee**
11600	Blood pressure monitoring (central venous, pulmonary arterial, systemic arterial or cardiac intracavity), by indwelling catheter - each day of monitoring for each type of pressure up to a maximum of 4 pressures (not being a service to which item 13876 applies and where not performed in association with the administration of anaesthesia)	$72.80
11602	Investigation of venous reflux or obstruction in one or more limbs at rest by CW Doppler or pulsed Doppler involving examination at multiple sites along the limb(s) using intermittent limb compression and/or Valsava manoeuvres to detect prograde and retrograde flow, not being a service associated with a servcie to which item 32500 or 32501 applies - hard copy trace and report, maximum of two examinations in a 12 month period *(refer to the explanatory notes to this Category - MBS Book)*	$64.40
11604	Plethysmographic assessment of chronic venous disease, assessment of chronic venous disease in the lower and upper extremities, or in the lower or upper extremities (unilateral or bilateral) using venous occlusion plethysmography, strain gauge plethysmography or air plethysmography, not being a service associated with a service to which item 32500 or 32501 applies - examination hard copy trace and report *(refer to the explanatory notes to this Category - MBS Book)*	$64.40
11605	Infrared photoplethysmographic assessment of complex chronic lower limb venous disease, assessment of chronic venous disease in the lower extremities (unilateral or bilateral) using infrared photoplethysmography, examination during and following exercise with and without superficial venous occlusion, to assess venous function (reflux and/or obstruction) to determine surgical intervention or the conservative management of deep venous thrombotic disease, not being a service associated with a service to which item 32500 or 32501 applies - hard copy trace calculation of 90% recovery tiem and report *(refer to the explanatory notes to this Category - MBS Book)*	$64.40
11610	Measurement of ankle: brachial indices and arterial waveform analysis, measurement of posterior tibial and dorsalis pedis (or toe) and brachial arterial pressures bilaterally using Doppler or plethysmographic techniques, the calculation of ankle (or toe) brachial systolic pressure indices and assessmetn of arterial waveforms for the evaluation of lower extremity arterial disease, examination, hard copy trace and report *(refer to the explanatory notes to this Category - MBS Book)*	$64.40
11611	Measurement of wrist: brachial indices and arterial waveform analysis, measurement of radial and ulnar (or finger) and brachial arterial pressures bilaterally using Doppler or plethysmographic techniques, the calculation of the wrist (or finger) brachial systolic pressure indices and assessment of arterial waveforms for the evaluation of upper extremity arterial disease, examination, hard copy trace and report *(refer to the explanatory notes to this Category - MBS Book)*	$64.40
11612	Exercise study for the evaluation of lower extremity arterial disease, measurement of posterior tibial and dorsalis pedis (or toe) and brachial arterial pressures bilaterally using Doppler or plethysmographic techniques, the calculation of ankle (or toe) brachial systolic pressure indices for the evaluation of lower extremity arterial disease at rest and following exercise using a treadmill or bicycle ergometer or other such equipment where the exercise workload is quantifialy documented, examination and report	$94.25

Diagnostic		Vascular
Item No.	**Description**	**Maximum Fee**
11614	Transcranial doppler, examination of the intracranial arterial circulation using CW Doppler or pulsed Doppler with hard copy recording of waveforms, examination and report, not associated with a servcie to which item 55280 applies *(refer to the explanatory notes to this Category - MBS Book)*	$64.40
11615	Measurement of digital temperature, 1 or more digits, (unilateral or bilateral) and report, with hard copy recording of temperature before and for 10 minutes or more after cold stress testing	$75.20
11627	Pulmonary artery pressure monitoring during open heart surgery, in a person under 12 years of age	N/A

CATEGORY TWO: DIAGNOSTIC PROCEDURES AND INVESTIGATIONS
GROUP D1: MISCELLANEOUS DIAGNOSTIC PROCEDURES AND INVESTIGATIONS
- SUBGROUP 6 - CARDIOVASCULAR

Diagnostic		Cardiovascular
Item No.	**Description**	**Maximum Fee**
11700	Twelve-lead electrocardiography, tracing and report *(refer to the explanatory notes to this Category - MBS Book)*	$54.60
11701	Twelve-lead electrocardiography, report only where the tracing has been forwarded to another medical practitioner, not in association with a consultation on the same occasion *(refer to the explanatory notes to this Category - MBS Book)*	$19.05
11702	Twelve-lead electrocardiography, tracing only	$19.05
11706	Phonocardiography with electrocardiograph lead with indirect arterial or venous pulse tracing, with or without apex cardiogram - interpretation and report	$83.40
11708	Continuous ECG recording of ambulatory patient for 12 or more hours (including resting ECG and the recording of parameters), not in association with ambulatory blood pressure monitoring, involving microprocessor based analysis equipment, interpretation and report of recordings by a specialist physician or consultant physician, not being a service to which item 11709 applies *(refer to the explanatory notes to this Category - MBS Book)*	$156.60
11709	Continuous ECG recording (Holter) of ambulatory patient for 12 or more hours (including resting ECG and the recording of parameters), not in association with ambulatory blood pressure monitoring, utilising a system capable of superimposition and full disclosure printout of at least 12 hours of recorded ECG data, microprocessor based scanning analysis, with interpretation and report by a specialist physician or consultant physician *(refer to the explanatory notes to this Category - MBS Book)*	$208.10
11710	Ambulatory ECG monitoring, patient activated, single or multiple event recording, utilising a looping memory recording device which is connected continuously to the patient for 12 hours or more and is capable of recording for a least 20 seconds prior to each activation and for 15 seconds after each activation, including transmission, analysis, interpretation and report - payable once in any 4 week period	$57.70
11711	Ambulatory ECG monitoring for 12 hours or more, patient activated, single or multiple event recording, utilising a memory recording device which is capable of recording for at least 30 seconds after each activation, including transmission, analysis, interpretation and report - payable once in any 4 week period	$31.40
11712	Multi channel ECG monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts) or pharmacological stress, involving the continuous attendance of a medical practitioner for not less than 20 minutes, with resting ECG, and with or without continuous blood pressure monitoring and the recording of other parameters, on premises equipped with mechanical respirator and defibrillator	$190.55

Diagnostic — Cardiovascular

Item No.	Description	Maximum Fee
11713	Signal averaged ECG recording involving not more than 300 beats, using at least 3 leads with data acquisition at not less than 1000Hz of at least 100 QRS complexes, including analysis, interpretation and report of recording by a specialist physician or consultant physician *(refer to the explanatory notes to this Category - MBS Book)*	$109.20
11715	Blood dye - dilution indicator test	$126.20
11718	Implanted pacemaker testing involving electrocardiography, measurement of rate, width and amplitude of stimulus, including reprogramming when required, not being a service associated with a service to which item 11700 or 11721 applies	$54.60
11721	Implanted pacemaker testing of atrioventricular (AV) sequential, rate responsive, or antitachycardia pacemakers, including reprogramming when required, not being a service associated with a service to which item 11700 or 11718 applies	$117.90
11724	Upright Tilt Table Testing for the investigation of syncope of suspected cardioathoracic origin, including blood pressure monitoring, continuous ECG monitoring and the recording of the parameters, and involving an established intravenous line and the continuous attendance of a specialist or consultant physician - on premises equipped with a mechanical respirator and defibrillator	$231.20

CATEGORY TWO: DIAGNOSTIC PROCEDURES AND INVESTIGATIONS
GROUP D1: MISCELLANEOUS DIAGNOSTIC PROCEDURES AND INVESTIGATIONS
- SUBGROUP 7 - GASTROENTEROLOGY & COLORECTAL

Diagnostic	Gastroenterology & Colorectal	
Item No.	**Description**	**Maximum Fee**
11800	Oesophageal motility test, manometric	$246.20
11810	Clinical assessment of gastro-oesophageal reflux disease involving 24 hour pH monitoring, including analysis, interpretation and report and including any associated consultation	$205.50
11830	Diagnosis of abnormalities of the pelvic floor involving anal manometry or measurement of anorectal sensation or measurement of the rectosphincteric reflex	$169.40
11833	Diagnosis of abnormalities of the pelvic floor and sphincter muscles involving electromyography or measurement of pudendal and spinal nerve motor latency	$289.40

CATEGORY TWO: DIAGNOSTIC PROCEDURES AND INVESTIGATIONS
GROUP D1: MISCELLANEOUS DIAGNOSTIC PROCEDURES AND INVESTIGATIONS
- SUBGROUP 8 - GENITO/URINARY PHYSIOLOGICAL INVESTIGATIONS

Diagnostic		Genito/Urinary
Item No.	**Description**	**Maximum Fee**
11900	Urine flow study including peak urine flow measurement, not being a service associated with a service to which item 11919 applies	$34.00
11903	Cystometrography, not being a service associated with a service to which item 11912, 11915, 11919, 11012-11027, 11921, 36800 or any item in Group I3 applies	$134.90
11906	Urethral pressure profilometry, not being a service associated with a service to which item 11909, 11919, 11012-11027 11921, 36800 or any item in Group I3 applies	$134.90
11909	Urethral pressure profilometry with simultaneous measurement of urethral sphincter electromyography, not being a service associated with a service to which item 11906, 11915, 11919, 36800 or any item in Group I3 applies	$201.40
11912	Cystometrography with simultaneous measurement of rectal pressure, not being a service associated with a service to which item 11903, 11915, 11919, 11012-11027, 11921, 36800 or any item in Group I3 applies (Anaes.)	$201.40
11915	Cystometrography with simultaneous measurement of urethral sphincter electromyography, not being a service associated with a service to which item 11903, 11909, 11912, 11919, 11012-11027, 11921, 36800 or any item in Group I3 applies (Anaes.)	$201.40
11917	Cystometrography in conjunction with ultrasound of 1 or more of components of the urinary tract, 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, 11919, 11921 and 36800 apply (Anaes.)	$520.90
11919	Cystometrography in conjunction with contrast micturating cystourethrography, 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, 11900-11917, 11921 and 36800 apply (Anaes.)	$520.90
11921	Bladder washout test for localisation of urinary infection - not including bacterial counts for organisms in specimens	$107.10

CATEGORY TWO: DIAGNOSTIC PROCEDURES AND INVESTIGATIONS
GROUP D1: MISCELLANEOUS DIAGNOSTIC PROCEDURES & INVESTIGATIONS
- SUBGROUP 9 - ALLERGY TESTING

Diagnostic		Allergy Testing
Item No.	**Description**	**Maximum Fee**
12000	Skin sensitivity testing for allergens, using 1 to 20 allergens, not being a service associated with a service to which item 12012, 12015, 12018 or 12021 applies	$51.50
12003	Skin sensitivity testing for allergens, using more than 20 allergens, not being a service associated with a service to which item 12012, 12015, 12018 or 12021 applies	$78.30
12012	Epicutaneous patch testing in the investigation of allergic dermatitis using less than the number of allergens included in a standard patch test battery *(refer to the explanatory notes to this Category - MBS Book)*	$27.80
12015	Epicutaneous patch testing in the investigation of allergic dermatitis using all of the allergens in a standard patch test battery *(refer to the explanatory notes to this Category - MBS Book)*	$83.40
12018	Epicutaneous patch testing in the investigation of allergic dermatitis using all of the allergens in a standard patch test battery and additional allergens to a total of up to and including 50 allergens *(refer to the explanatory notes to this Category - MBS Book)*	$106.60
12021	Epicutaneous patch testing in the investigation of allergic dermatitis, performed by a specialist in the practice of his or her specialty, using more than 50 allergens	$157.10

CATEGORY TWO: DIAGNOSTIC PROCEDURES AND INVESTIGATIONS
GROUP D1: MISCELLANEOUS DIAGNOSTIC PROCEDURES & INVESTIGATIONS
- SUBGROUP 10 - OTHER DIAGNOSTIC PROCEDURES & INVESTIGATIONS

Diagnostic	Other Diagnostic Procedures and Investigations	
Item No.	**Description**	**Maximum Fee**
12200	Collection of specimen of sweat by iontophoresis	$38.60
12203	Overnight investigation for sleep apnoea for a period of at least 8 hours duration, for an adult aged 18 years and over where: (a) continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of EEG, EOG, submental EMG, anterior tibial EMG, respiratory movement, airflow, oxygen saturation and ECG are performed; (b) a technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; (c) the patient is referred by a medical practitioner; (d) the necessity for the investigation is determined by a qualified adult sleep medicine practitioner prior to the investigation; (e) polygraphic records are analysed (for assessment of sleep stage, arousals, respiratory events and assessment of clinically significant alterations in heart rate and limb movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute, and stored for interpretation and preparation of report; and (f) interpretation and report are provided by a qualified adult sleep medicine practitioner based on reviewing the direct origina recording of polygraphic data from the patient - payable only in relation to each of the first 3 occasions the investigation is performed in any 12 month period *(refer to the explanatory notes to this Category - MBS Book)*	$637.60
12207	Overnight investigation for sleep apnoea for a period of at least 8 hours duration, for an adult aged 18 years and over where: (a) continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of EEG, EOG, submental EMG, anterior tibial EMG, respiratory movement, airflow, oxygen saturation and ECG are performed; (b) a technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; (c) the patient is referred by a medical practitioner; (d) the necessity for the investigation is determined by a qualified adult sleep medicine practitioner prior to the investigation; (e) polygraphic records are analysed (for assessment of sleep stage, arousals, respiratory events and assessment of clinically significant alterations in heart rate and limb movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute, and stored for interpretation and preparation of report; and (f) interpretation and report are provided by a qualified adult sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient *where it can be demonstrated that a further investigation is indicated in the same 12 month period to which Item 12203 applies* for the adjustment and/or testing of the effectiveness of a positive pressure ventilatory support device (other than nasal continuous positive airway pressure) in sleep, in a patient with severe cardio-respiratory failure, and where previous studies have demonstrated failure of continuous positive airway pressure or oxygen - each additional investigation *(refer to the explanatory notes to this Category - MBS Book)*	$637.60
12210	Overnight paediatric investigation for a period of at least 8 hours duration for a child aged 0 - 12 years where: *(refer to MBS Book for full service description)*	N/A
12213	Overnight paediatric investigation for a period of at least 8 hours duration for a child aged between 12 and 18 years, where: *(refer to MBS Book for full service description)*	N/A

Diagnostic	Other Diagnostic Procedures and Investigations	
Item No.	**Description**	**Maximum Fee**
12215	Overnight paediatric investigation for a period of at least 8 hours duration for a child aged 0 - 12 years where: *(refer to MBS Book for full service description)*	N/A
12217	Overnight paediatric investigation for a period of at least 8 hours duration for a child aged between 12 and 18 years, where: *(refer to MBS Book for full service description)*	N/A
12306	Bone densitometry (performed by a specialist or consultant physician where the patient is referred by another medical practitioner), using dual energy X-ray absorptiometry, for:- the confirmation of a presumptive diagnosis of low bone mineral density made on the basis of 1 or more fractures occurring after minimal trauma; or for the monitoring of low bone mineral density proven by bone densitometry at least 12 months previously. Measurement of 2 or more sites - 1 service only in a period of 24 months - including interpretation and report; not being a service associated with a service to which item 12309, 12312, 12315, 12318, 12321 or 12324 applies (Ministerial Determination) *(refer to the explanatory notes to this Category - MBS Book)*	$128.75
12309	Bone densitometry (performed by a specialist or consultant physician where the patient is referred by another medical practitioner), using quantitative computerised tomography, for:- the confirmation of a presumptive diagnosis of low bone mineral density on the basis of 1 or more fractures occurring after minimal trauma; or - for the monitoring of low bone mineral density proven by bone densitometry at least 12 months previously. Measurement of 2 or more sites - 1 service only in a period of 24 months - including interpretation and report; not being a service associated with a service to which item 12306, 12312, 12315, 12318, or 12321 applies (Ministerial Determination) *(refer to the explanatory notes to this Category - MBS Book)*	$128.75
12312	Bone densitometry (performed by a specialist or consultant physician where the patient is referred by another medical practitioner), using dual energy X-ray absorptiometry, for the diagnosis and monitoring of bone loss associated with 1 or more of the following conditions:- prolonged glucocorticoid therapy, conditions associated with excess glucocorticoid secretion, male hypogonadism, female hypogonadism lasting more than 6 months before age of 45 - where the bone density measurement will contribute to the management of a patient with any of the above conditions - measurement of 2 or more sites - 1 service only in a period of 12 consecutive months, including interpretation and report; not being a service associated with a service to which item 12306, 12309, 12315, 12318, or 12321 applies (Ministerial Determination) *(refer to the explanatory notes to this Category - MBS Book)*	$128.75
12315	Bone densitometry (performed by a specialist or consultant physician where the patient is referred by another medical practitioner), using dual energy X-ray absorptiometry, for the diagnosis and monitoring of bone loss associated with 1 or more of the following conditions - primary hyperparathyroidism, chronic liver disease, chronic renal disease, proven malabsorptive disorders, rheumatoid arthritis, or conditions associated with thyroxine excess - where the bone density measurement will contribute to the management of a patient with any of the above conditions - measurement of 2 or more sites - 1 service only in a period of 24 consecutive months - including interpretation and report; not being a service associated with a service to which item 12306, 12309, 12312, 12318 or 12321 applies (Ministerial Determination) *(refer to the explanatory notes to this Category - MBS Book)*	$128.75

Diagnostic	Other Diagnostic Procedures and Investigations	
Item No.	**Description**	**Maximum Fee**
12318	Bone densitometry (performed by a specialist or consultant physician where the patient is referred by another medical practitioner), using quantitative computerised tomography, for the diagnosis and monitoring of bone loss associated with 1 or more of the following conditions - prolonged glucocorticoid therapy, conditions associated with excess glucocorticoid secretion, male hypogonadism, female hypogonadism lasting more than 6 months before age 45, primary hyperparathyroidism, chronic liver disease, chronic renal disease, proven malabsorptive disorders, rheumatoid rheumatoid arthritis, or conditions associated with thyroxine excess - where the bone density measurement will contribute to the management of a patient with any of the above conditions - measurement of 2 or more sites - 1 service only in a period of 24 consecutive months - including interpretation and report: not being a service associated with a service to which item 12306, 12309, 12312, 12315 or 12321 applies (Ministerial Determination) *(refer to the explanatory notes to this Category - MBS Book)*	$128.75
12321	Bone densitometry (performed by a specialist or consultant physician where the patient is referred by another medical practitioner), using dual energy X-ray absorptiometry, for the measurement of bone density 12 months following a significant change in therapy for established low bone mineral density or measurement of 2 or more sites - 1 service only in a period of 12 consecutive months - including interpretation and report; not being a service associated with a service to which item 12306, 12309, 12312, 12315 or 12318 applies (Ministerial Determination) *(refer to the explanatory notes to this Category - MBS Book)*	$128.75

CATEGORY TWO: DIAGNOSTIC PROCEDURES AND INVESTIGATIONS
GROUP D2: NUCLEAR MEDICINE (NON-IMAGING)

Diagnostic		Nuclear Medicine
Item No.	**Description**	**Maximum Fee**
12500	Blood volume estimation	$241.00
12503	Erythrocyte radioactive uptake survival time test or iron kinetic test	$444.45
12506	Gastrointestinal blood loss estimation involving examination of stool specimens	$321.40
12509	Gastrointestinal protein loss	$241.00
12512	Radioactive B12 absorption test - 1 isotope	$143.70
12515	Radioactive B12 absorption test - 2 isotopes	$251.80
12518	Thyroid uptake (using probe)	$143.70
12521	Perchlorate discharge study	$162.70
12524	Renal function test (without imaging procedure)	$192.60
12527	Renal function test (with imaging and at least 2 blood samples)	$128.75
12530	Whole body count - not being a service associated with a service to which another item applies	$184.40
12533	Carbon-labelled urea breath test using oral C-13 or C-14 urea, performed by a specialist or consultant physician, including the measurement of exhaled $^{13}CO_2$ or $^{14}CO_2$ for either:- (a) the confirmation of Helicobactor pylori colonisation, where:- (i) suitable biopsy material for diagnosis cannot be obtained at endoscopy in patients with peptic ulcer disease, or where the diagnosis of peptic ulcer has been made on barium meal; or (ii) in patients with past history of duodenal ulcer, gastric ulcer or gastric neoplasia, where endoscopy is not indicated, or (b) the monitoring of the success of eradication of Helicobactor pylori in patients with peptic ulcer disease - where any request for the test by another medical practitioner who collects the breath sample specifically identifies in writing one or more of the clinical indications for the test	$114.85

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T1: MISCELLANEOUS THERAPEUTIC PROCEDURES
- SUBGROUP 1 - HYPERBARIC OXYGEN THERAPY

Miscellaneous		Hyperbaric Oxygen Therapy
Item No.	**Description**	**Maximum Fee**
13020	Hyperbaric oxygen therapy, for treatment of decompression illness, gas gangrene, air or gas embolism; diabetic wounds including diabetic ganagene and diabetic foot ulcers; necrotising soft tissue infections including necrotising fasciitis or Fournier's gangrene; or for the prevention and treatment of osteoradionecrosis, performed in a comprehensive hyperbaric medicine facility, under the supervision of a medical practitioner qualified in hyperbaric medicine, for a period in the hyperbaric chamber of between 1 hour 30 minutes and 3 hours, including any associated attendance *(refer to the explanatory notes to this Category - MBS Book)*	$377.50
13025	Hyperbaric oxygen therapy for treatment of decompression illness, air or gas embolism; performed in a comprehensive hyperbaric medicine facility, under the supervision of a medical practitioner qualified in hyperbaric medicine, for a period in the hyperbaric chamber greater than 3 hours, including any associated attendance - per hour (or part of an hour) *(refer to the explanatory notes to this Category - MBS Book)*	$168.90
13030	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) *(refer to the explanatory notes to this Category - MBS Book)*	$238.40

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T1: MISCELLANEOUS THERAPEUTIC PROCEDURES
- SUBGROUP 2 - DIALYSIS

Miscellaneous		Dialysis
Item No.	**Description**	**Maximum Fee**
13100	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 1 day *(refer to the explanatory notes to this Category - MBS Book)*	$199.30
13103	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 1 day *(refer to the explanatory notes to this Category - MBS Book)*	$105.10
13106	Declotting of an arteriovenous shunt	$130.80
13109	Indwelling peritoneal catheter (Tenckhoff or similar) for dialysis - insertion and fixation of (Anaes.)	$321.40
13110	Tenckhoff peritoneal dialysis catheter, removal of (including catheter cuffs) (Anaes.)	N/A
13112	Peritoneal dialysis, establishment of, by abdominal puncture and insertion of temporary catheter (including associated consultation) (Anaes.)	$151.90

CATEGORY THREE: THERAPEUTIC PROCEDURES

GROUP T1: MISCELLANEOUS THERAPEUTIC PROCEDURES

The following services are classified as N/A – Not Applicable by the Corporation. In a circumstance where a service is deemed necessary and appropriate by the medical practitioner, please contact your patient's case manager to discuss payment.

SUBGROUP 3 - ASSISTED REPRODUCTIVE SERVICES

Item No	Maximum Fee
13200	N/A
13203	N/A
13206	N/A
13209	N/A
13212	N/A
13215	N/A
13218	N/A
13221	N/A
13290	N/A
13292	N/A

SUBGROUP 4 - PAEDIATRIC & NEONATAL

Item No	Maximum Fee
13300	N/A
13303	N/A
13306	N/A
13309	N/A
13312	N/A
13318	N/A
13319	N/A

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T1: MISCELLANEOUS THERAPEUTIC PROCEDURES
- SUBGROUP 5 - CARDIOVASCULAR

Miscellaneous		Cardiovascular
Item No.	**Description**	**Maximum Fee**
13400	Restoration of cardiac rhythm by electrical stimulation (cardioversion), other than in the course of cardiac surgery. (Anaes.)	$113.30

- SUBGROUP 6 - GASTROENTEROLOGY

Miscellaneous		Gastroenterology
Item No.	**Description**	**Maximum Fee**
13500	Gastric hypothermia by closed circuit circulation of refrigerant in the absence of gastrointestinal haemorrhage	$203.40
13503	Gastric hypothermia by closed circuit circulation of refrigerant for upper gastrointestinal haemorrhage	$401.70
13506	Gastro-oesophageal balloon intubation, Minnesota, Sengstaken-Blakemore or similar, for control of bleeding from gastric oesophageal varices	$219.40

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T1: MISCELLANEOUS THERAPEUTIC PROCEDURES
- SUBGROUP 8 - HAEMATOLOGY

Miscellaneous | Haematology

Item No.	Description	Maximum Fee
13700	Harvesting of homologous (including allogeneic) or autologous bone marrow for the purpose of transplantation (Anaes.)	$369.80
13703	Administration of blood including collection from donor	$134.90
13706	Administration of blood or bone marrow already collected *(refer to the explanatory notes to this Category - MBS Book)*	$92.20
13709	Collection of blood for autologous transfusion or when homologous blood is required for immediate transfusion in emergency situation *(refer to the explanatory notes to this Category - MBS Book)*	$54.60
13750	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 - payable once per day	$150.90
13755	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 - payable once per day	$150.90
13757	Therapeutic venesection for the management of haemochromatosis, polycythemia vera or porphyria cutanea tarda	$72.90
13760	In vitro processing (and cryopreservation) of bone marrow or peripheral blood for autologous stem cell transplantation as an adjunct to high dose chemotherapy for: . chemosensitive intermediate or high-grade non-Hodgkin's lymphoma at high risk of relapse following first line chemotherapy; or . Hodgkin's disease which has relapsed following, or is refractory to, chemotherapy; or . acute myelogenous leukaemia in first remission, where suitable genotypically matched sibling donor is not available for allogenic bone marrow transplant; or . multiple myeloma in remission (complete or partial) following standard dose chemotherapy; or . small round cell sarcomas; or . primitive neuroectodermal tumour; or germ cell tumours which have relapsed following, or are refractory to, chemotherapy; or . germ cell tumours which have had an incomplete response to first line therapy. - performed under the supervision of a consultant physician - each day.	$849.75

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T1: MISCELLANEOUS THERAPEUTIC PROCEDURES
- SUBGROUP 9 - PROCEDURES ASSOCIATED WITH INTENSIVE CARE AND CARDIOPULMONARY SUPPORT

Miscellaneous	Intensive Care & Cardiopulmonary Support	
Item No.	**Description**	**Maximum Fee**
13815	Central vein catheterisation (via jugular, subclavian or femoral vein) by percutaneous or open exposure not being a service to which item 13318 applies (Anaes.)	$96.30
13818	Right heart balloon catheter, insertion of, including pulmonary wedge pressure and cardiac output measurement (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$267.80
13830	Intracranial pressure, monitoring of, by intraventricular or subdural catheter, subarachnoid bolt or similar, by a specialist or consultant physician - each day	$83.95
13839	Arterial puncture and collection of blood for diagnostic purposes	$36.05
13842	Intra-arterial cannulisation for the purpose of taking multiple arterial blood samples for blood gas analysis *(refer to the explanatory notes to this Category - MBS Book)*	$76.20
13845	Counterpulsation by intra-aortic balloon - management on the first day, including percutaneous insertion, initial and subsequent consultations and monitoring of parameters (Anaes.)	$647.90
13848	Counterpulsation by intra-aortic balloon - management on each day subsequent to the first, including associated consultations and monitoring of parameters	$154.50
13851	Circulatory support device, management of, on first day	$600.00
13854	Circulatory support device, management of, on each day subsequent to the first	$139.05
13857	Mechanical ventilation, initiation of (other than initiation of ventilation in the context of an anaesthetic for surgery), outside of an Intensive Care Unit, where subsequent management of ventilatory support is undertaken in an Intensive Care Unit *(refer to the explanatory notes to this Category - MBS Book)*	$172.00

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T1: MISCELLANEOUS THERAPEUTIC PROCEDURES
SUBGROUP 10 - MANAGEMENT AND PROCEDURES UNDERTAKEN IN AN INTENSIVE CARE UNIT

Miscellaneous		Intensive Care
Item No.	**Description**	**Maximum Fee**
	Note: refer to the explanatory notes to this Category - MBS Book for definition of an Intensive Care Unit	
13870	Management of a patient in an Intensive Care Unit by a specialist or consultant physician - including initial and subsequent attendances, electrocardiographic monitoring, arterial sampling, bladder catheterisation and blood sampling - management on the first day *(refer to the explanatory notes to this Category - MBS Book)*	$337.30
13873	Management of a patient in an Intensive Care Unit by a specialist or consultant physician - including all attendances, electrocardiographic monitoring, arterial sampling, bladder catheterisation and blood sampling management on each day subsequent to the first day *(refer to the explanatory notes to this Category - MBS Book)*	$251.80
13876	Central venous pressure, pulmonary arterial pressure, systemic arterial pressure or cardiac intracavity pressure, continuous monitoring by indwelling catheter by a specialist or consultant physician in an Intensive Care Unit - each day of monitoring for each pressure up to a maximum of 4 pressures *(refer to the explanatory notes to this Category - MBS Book)*	$75.20
13879	Mechanical ventilation, initiation of, by a specialist or consultant physician, in an Intensive Care Unit, including subsequent management of ventilatory support on the first day	$246.20
13882	Ventilatory support in an Intensive Care Unit, management of, by a specialist or consultant physician not being a service to which item 13879 applies - each day	$80.30
13885	Continuous arterio venous or veno venous haemofiltration, management by a specialist or consultant physician - on the first day in an Intensive Care Unit	$199.30
13888	Continuous arterio venous or veno venous haemofiltration, management by a specialist or consultant physician - on each day subsequent to the first day in an Intensive Care Unit	$105.10

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T1: MISCELLANEOUS THERAPEUTIC PROCEDURES
- SUBGROUP 11 - CHEMOTHERAPEUTIC PROCEDURES

Miscellaneous		Chemotherapeutic
Item No.	**Description**	**Maximum Fee**
13915	Cytotoxic chemotherapy, administration of, either by intravenous push technique (directly into a vein, or a butterfly needle, or the side-arm of an infusion) or by intravenous infusion of not more than 1 hours duration - payable once only on the same day, not being a service associated with photodynamic therapy with verteporfin	$79.30
13918	Cytotoxic chemotherapy, administration of, by intravenous infusion of more than 1 hours duration but not more than 6 hours duration - payable once only on the same day	$109.20
13921	Cytotoxic chemotherapy, administration of, by intravenous infusion of more than 6 hours duration - for the first day of treatment	$124.10
13924	Cytotoxic chemotherapy, administration of, by intravenous infusion of more than 6 hours duration - on each day subsequent to the first in the same continuous treatment episode	$72.60
13927	Cytotoxic chemotherapy, administration of, either by intra-arterial push technique (directly into an artery, a butterfly needle or the side-arm of an infusion) or by intra-arterial infusion of not more than 1 hours duration - payable once only on the same day	$95.30
13930	Cytotoxic chemotherapy, administration of, by intra-arterial infusion of more than 1 hours duration but not more than 6 hours duration - payable once only on the same day	$132.90
13933	Cytotoxic chemotherapy, administration of, by intra-arterial infusion of more than 6 hours duration - for the first day of treatment	$145.75
13936	Cytotoxic chemotherapy, administration of, by intra-arterial infusion of more than 6 hours duration - on each day subsequent to the first in the same continuous treatment episode	$95.30
13939	Implanted pump or reservoir, loading of, with a cytotoxic agent or agents, not being a service associated with a service to which item 13915, 13918, 13921, 13924, 13927, 13930, 13933, 13936 or 13945 applies *(refer to the explanatory notes to this Category - MBS Book)*	$109.20
13942	Ambulatory drug delivery device, loading of, with a cytotoxic agent or agents for the infusion of the agent or agents via the intravenous, intra-arterial or spinal routes, not being a service associated with a service to which item 13915, 13918, 13921, 13924, 13927, 13930, 13933, 13936 or 13945 applies *(refer to the explanatory notes to this Category - MBS Book)*	$72.60
13945	Long-term implanted drug delivery device for cytotoxic chemotherapy, accessing of	$58.70
13948	Cytotoxic agent, instillation of, into a body cavity	$72.60

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUPT1: MISCELLANEOUS THERAPEUTIC PROCEDURES
- SUBGROUP 12 - DERMATOLOGY

Miscellaneous		Dermatology
Item No.	**Description**	**Maximum Fee**
14050	PUVA therapy or UVB therapy administered in whole body cabinet (not being a service associated with a service to which item 14053 applies) including associated consultations other than an initial consultation *(refer to the explanatory notes to this Category - MBS Book)*	$67.50
14053	PUVA therapy or UVB therapy administered to localised body areas in a hand and foot cabinet (not being a service associated with a service to which item 14050 applies) including associated consultations other than an initial consultation *(refer to the explanatory notes to this Category - MBS Book)*	$67.50
14100	Laser photocoagulation using laser light within the wave length of 510-600nm in the treatment of severely disfiguring vascular lesions of the head or neck where abnormality is visible from 4 metres, including any associated consultation, up to a maximum of 6 sessions (including any sessions to which Items 14100 to 14118 and 30213 apply) in any 12 month period - session of at least 30 minutes duration (Anaes.)	$329.60
14103	Laser photocoagulation using laser light within the wave length of 510-600nm in the treatment of severely disfiguring vascular lesions of the head or neck where abnormality is visible from 4 metres, including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period - session of at least 60 minutes duration (Anaes.)	$400.70
14106	Laser photocoagulation using laser light within the wave length of 510-1064nm in the treatment of port wine stains and haemangiomas, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which item 14100 to 14118 and 30213 apply) in any 12 month period - area of treatment up to 50 cm2 (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$329.60
14109	Laser photocoagulation using laser light within the wave length of 510-1064nm in the treatment of port wine stains and haemangiomas, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period - area of treatment more than 50 cm2 and up to 100cm2. (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$400.70
14112	Laser photocoagulation using laser light within the wave length of 510-1064nm in the treatment of port wine stains and haemangiomas, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period - area of more than 100cm2 and up to 150cm2 (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$476.90
14115	Laser photocoagulation using laser light within the wave length of 510-1064nm in the treatment of port wine stains and haemangiomas, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period - area of treatment more than 150cm2 and up to 250cm2 (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$553.10

Miscellaneous | Dermatology

Item No.	Description	Maximum Fee
14118	Laser photocoagulation using laser light within the wave length of 510-1064nm in the treatment of port wine stains and haemangiomas, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles) including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 apply) in any 12 month period - area of treatment more than 250cm2 (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$699.90
14120	Laser photocoagulation using laser light within the wavelength of 510-600nm in the treatment of severely disfiguring vascular lesions of the head or neck where abnormality is visible from 4 metres, including any associated consultation - session of at least 30 minutes duration - where it can be demonstrated that a 7th or subsequent session (including any sessions to which Items 14100 to 14118 and 30213 apply) is indicated in a 12 month period (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$327.50
14122	Laser photocoagulation using laser light within the wavelength of 510-600nm in the treatment of severely disfiguring vascular lesions of the head or neck where abnormality is visible from 4 metres, including any associated consultation - session of at least 60 minutes duration - where it can be demonstrated that a 7th or subsequent session (including any sessions to which Items 14100 to 14118 and 30213 apply) is indicated in a 12 month period (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$402.20
14124	Laser photocoagulation using laser light within the wavelength of 510-1064nm in the treatment of port wine stains, haemangiomas, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles, including any associated consultation - area of treatment up to 50cm2 - where it can be demonstrated that a 7th or subsequent session (including any sessions to which Items 14100 to 14118 and 30213 apply) is indicated in a 12 month period (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$327.50
14126	Laser photocoagulation using laser light within the wavelength of 510-1064nm in the treatment of port wine stains, haemangiomas, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation - area of treatment more than 50cm2 and up to 100cm2 - where it can be demonstrated that a 7th or subsequent session (including any sessions to which Items 14100 to 14118 and 30213 apply is indicated in a 12 month period (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$402.20
14128	Laser photocoagulation using laser light within the wavelength of 510-1064nm in the treatment of port wine stains, haemangiomas, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation - area of treatment more than 100cm2 and up to 150cm2 - where it can be demonstrated that a 7th or subsequent session (including any sessions to which Items 14100 to 14118 and 30213 apply) is indicated in a 12 month period (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$476.90
14130	Laser photocoagulation using laser light within the wavelength of 510-1064nm in the treatment of port wine stains, haemangiomas, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation - area of treatment more than 150cm2 and up to 250cm2 - where it can be demonstrated that a 7th or subsequent session (including any sessions to which Items 14100 to 14118 and 30213 apply) is indicated in a 12 month period (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$552.10

Miscellaneous		Dermatology
Item No.	**Description**	**Maximum Fee**
14132	Laser photocoagulation using laser light within the wavelength of 510-1064nm in the treatment of port wine stains, haemangiomas, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation - area of treatment more than 250cm2 - where it can be demonstrated that a 7th or subsequent session (including any sessions to which Items 14100 to 14118 and 30213 apply) is indicated in a 12 month period (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$701.40

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUPT1: MISCELLANEOUS THERAPEUTIC PROCEDURES
- SUBGROUP 13 - OTHER THERAPEUTIC PROCEDURES

Miscellaneous		Other
Item No.	**Description**	**Maximum Fee**
14200	Gastric lavage in the treatment of ingested poison	$67.50
14203	Hormone or living tissue implantation, by direct implantation involving incision and suture (Anaes.)	$58.70
14206	Hormone or living tissue implantation - by cannula	$37.60
14209	Intra-arterial infusion or retrograde intravenous perfusion of a sympatholytic agent	$103.00
14212	Intussusception, management of fluid or gas reduction for (Anaes.)	$241.00
14215	Long-term implanted reservoir associated with the adjustable gastric band, accessing of to add or remove fluid	$119.00
14218	Implanted pump or reservoir, loading of, with a therapeutic agent or agents, for infusion to the subarachnoid or epidural space	$113.30
14221	Long-term implanted device for delivery of therapeutic agents, accessing of, not being a service associated with a service to which item 13945 applies	$63.90
14224	**ELECTROCONVULSIVE THERAPY** Electroconvulsive therapy, with or without the use of stimulus dosing techniques, including any electro-encephalographic monitoring and associated consultation (Anaes.)	$81.40

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T2: RADIATION ONCOLOGY - SUBGROUP 1 - SUPERFICIAL

Radiation Oncology		Superficial
Item No.	**Description**	**Maximum Fee**
	(Benefits for administration of general anaesthetic for radiotherapy are payable under item 17965)	
15000	Radiotherapy, superficial (including treatment with x-rays, radium rays or other radioactive substances), not being a service to which another item in this Group applies - each attendance at which fractionated treatment is given - 1 field	$54.60
15003	Radiotherapy, superficial (including treatment with x-rays, radium rays or other radioactive substances), not being a service to which another item in this Group applies - each attendance at which fractionated treatment is given - 2 or more fields up to a maximum of 5 additional fields **Derived Fee:** The fee for item 15000 plus for each field in excess of 1, an amount of $31.95	DF
15006	Radiotherapy, superficial - attendance at which a single dose technique is applied - 1 field	$154.35
15009	Radiotherapy, superficial - attendance at which a single dose technique is applied - 2 or more fields up to a maximum of 5 additional fields **Derived Fee:** The fee for Item 15006 plus for each field in excess of 1, an amount of $88.60	DF
15012	Radiotherapy, superficial - each attendance at which treatment is given to an eye	$80.30

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T2: RADIATION ONCOLOGY - SUBGROUP 2 - ORTHOVOLTAGE

Radiation Oncology		Orthovoltage
Item No.	**Description**	**Maximum Fee**
15100	Radiotherapy, deep or orthovoltage - each attendance at which fractionated treatment is given at 3 or more treatments per week - 1 field	$74.20
15103	Radiotherapy, deep or orthovoltage - each attendance at which fractionated treatment is given at 3 or more treatments per week - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) **Derived Fee:** The fee for item 15100 plus for each field in excess of 1, an amount of $44.30	DF
15106	Radiotherapy, deep or orthovoltage - each attendance at which fractionated treatment is given at 2 treatments per week or less frequently - 1 field	$86.50
15109	Radiotherapy, deep or orthovoltage - each attendance at which fractionated treatment is given at 2 treatments per week or less frequently - 2 or more fields up to a maximum of 5 additional fields (rotatinal therapy being 3 fields) **Derived Fee:** The fee for item 15106 plus for each field in excess of 1, an amount of $51.50	DF
15112	Radiotherapy, deep or orthovoltage - attendance at which a single dose technique is applied - 1 field	$192.60
15115	Radiotherapy, deep or orthovoltage - attendance at which a single dose technique is applied - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) **Derived Fee:** The fee for Item 15112 plus for each field in excess of 1, an amount of $115.35	DF

Radiation Oncology — Superficial

Item No.	Description	Maximum Fee

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T2: RADIATION ONCOLOGY
- SUBGROUP 3 - MEGAVOLTAGE

Radiation Oncology — Megavoltage

Item No.	Description	Maximum Fee
15211	Radiation oncology treatment, using cobalt unit or caesium teletherapy unit each attendance at which treatment is given - 1 field	$63.35
15214	2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) **Derived Fee:** the fee for item 15211 plus for each field in excess of 1, and amount of $26.80	DF
15215	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (lung)	$72.60
15218	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (prostate)	$72.60
15221	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (breast)	$72.60
15224	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site for diseases and conditions not covered by items 15215, 15218 and 15221	$72.60
15227	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to secondary site	$72.60
15230	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to privary site (lungs) **Derived Fee:** The fee for item 15215 plus for each field in excess of 1, an amount of $47.25	DF
15233	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to privary site (prostate) **Derived Fee:** The fee for item 15218 plus for each field in excess of 1, an amount of $47.25	DF
15236	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to privary site (breast) **Derived Fee:** The fee for item 15221 plus for each field in excess of 1, an amount of $47.25	DF

Radiation Oncology		Superficial
Item No.	**Description**	**Maximum Fee**
15239	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site for diseases and conditions not covered by items 15230, 15233 or 15236 **Derived Fee:** The fee for item 15224 plus for each field in excess of 1, an amount of $47.25	DF
15242	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) - treatment delivered to secondary site **Derived Fee:** The fee for item 15227 plus for each field in excess of 1, an amount of $47.25	DF
15245	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of 10 MV photons or greater, with electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (lung)	$72.60
15248	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of 10 MV photons or greater, with electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (prostrate)	$72.60
15251	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of 10 MV photons or greater, with electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (breast)	$72.60
15254	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10 MV photons, with electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site for diseases and conditions not covered by items 15245, 15248 or 15251	$72.60
15257	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of 10 MV photons or greater, with electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to secondary site	$72.60
15260	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of 10 MV photons or greater, with electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum fo 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site (lung) **Derived Fee:** The fee for item 15245 plus for each field in excess of 1, an amount of $47.25	DF
15263	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of 10 MV photons or greater, with electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum fo 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site (prostate) **Derived Fee:** The fee for item 15248 plus for each field in excess of 1, an amount of $47.25	DF
15266	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of 10 MV photons or greater, with electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum fo 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site (breast) **Derived Fee:** The fee for item 15251 plus for each field in excess of 1, an amount of $47.25	DF

Radiation Oncology		Superficial
Item No.	**Description**	**Maximum Fee**
15269	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10 MV photons, with electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum fo 5 additional fields (rotational therapy being 3 fields) - treatment delivered to primary site for diseases and conditions not covered by items 15260, 15263 or 15266 **Derived Fee:** The fee for item 15254 plus for each field in excess of 1, an amount of $47.25	DF
15272	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of 10 MV photons or greater, with electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum fo 5 additional fields (rotational therapy being 3 fields) - treatment delivered to secondary site **Derived Fee:** The fee for item 15257 plus for each field in excess of 1, an amount of $47.25	DF

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T2: RADIATION ONCOLOGY
- SUBGROUP 4 - BRACHYTHERAPY

Radiation Oncology		Brachytherapy
Item No.	**Description**	**Maximum Fee**
15303	Intrauterine treatment alone using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques (Anaes.)	$433.60
15304	Intrauterine treatment alone using radioactive sealed sources having a half life greater than 115 days using automatic afterloading techniques (Anaes.)	$433.60
15307	Intrauterine treatment alone using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum using manual afterloading techniques (Anaes.)	$819.40
15308	Intrauterine treatment alone using radioactive sealed sources having a half life of less than 115 days including iodine, gold, iridium or tantalum using automatic afterloading techniques (Anaes.)	$819.40
15311	Intravaginal treatment alone using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques (Anaes.)	$406.85
15312	Intravaginal treatment alone using radioactive sealed sources having a half-life greater than 115 days using automatic afterloading techniques (Anaes.)	$406.85
15315	Intravaginal treatment alone using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum using manual afterloading techniques (Anaes.)	$792.60
15316	Intravaginal treatment alone using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum using automatic afterloading techniques (Anaes.)	$792.60
15319	Combined intrauterine and intravaginal treatment using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques (Anaes.)	$492.90

Radiation Oncology		Superficial
Item No.	**Description**	**Maximum Fee**
15320	Combined intrauterine and intravaginal treatment using radioactive sealed sources having a half-life greater than 115 days using automatic afterloading techniques (Anaes.)	$492.90
15323	Combined intrauterine and intravaginal treatment using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium, or tantalum using manual afterloading techniques (Anaes.)	$878.60
15324	Combined intrauterine and intravaginal treatment using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium, or tantalum using automatic afterloading techniques (Anaes.)	$878.60
15327	Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a region, under general anaesthesia, or epidural or spinal (intrathecal) nerve block, requiring surgical exposure and using manual afterloading techniques (Anaes.)	$953.30
15328	Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a region, under general anaesthesia, or epidural or spinal (intrathecal) nerve block, requiring surgical exposure and using automatic afterloading techniques (Anaes.)	$953.30
15331	Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site (including the tongue, mouth, salivary gland, axilla, subcutaneous sites), where the volume treated involves multiple planes but does not require surgical exposure and using manual afterloading techniques (Anaes.)	$905.40
15332	Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site (including the tongue, mouth, salivary gland, axilla, subcutaneous sites), where the volume treated involves multiple planes but does not require surgical exposure and using automatic afterloading techniques (Anaes.)	$905.40
15335	Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site where the volume treated involves only a single plane but does not require surgical exposure and using manual afterloading techniques (Anaes.)	$819.40
15336	Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site where the volume treated involves only a single plane but does not require surgical exposure and using automatic afterloading techniques (Anaes.)	$819.40
15338	Prostate, readiactive seed implantation of, radiation oncology component, using transrectal ultrasound guidance, for localised prostatic malignancy at clinical stages T1, T2A or T2B, with a Gleason score of less than or equal to 6 and a prostate specific antigen (PSA) of less than or equal to 10ng/ml at the time of diagnosis. The procedure must be performed at an approved site in association with a urologist. *(refer to the explanatory notes to this Category - MBS Book)*	N/A
15339	Removal of a sealed radioactive source under general anaesthesia, or under epidural or spinal nerve block (Anaes.)	$92.20
15342	Construction and application of a radioactive mould using a sealed source having a half-life of greater than 115 days, to treat intracavity, intraoral or intranasal site	$230.20
15345	Construction and application of a radioactive mould using a sealed source having a half-life of less than 115 days including iodine, gold, iridium or tantalum to treat intracavity, intraoral or intranasal sites	$615.90
15348	Subsequent applications of radioactive mould referred to in item 15342 or 15345 - each attendance	$70.60

Radiation Oncology		Superficial
Item No.	**Description**	**Maximum Fee**
15351	Construction and initial application of radioactive mould not exceeding 5 cm in diameter to an external surface	$186.40
15354	Construction and initial application of radioactive mould 5 cm or more in diameter to an external surface	$214.20
15357	Subsequent applications of radioactive mould referred to in item 15351 or 15354 - each attendance	$62.30
15360	Catheter based intravascular brachytherapy for the treatment of in-stent restenoses of 1 coronary artery, administration of radioactive sealed sources having a half life or 115 days or less using automated intravascular brachytherapy systems approved by the Therapeutic Goods Administration. The procedure must be performed by a radiation oncologist in association with a cardiologist and be associated with a service to which item 35347, 35350, 35353, or 35356 applies *(refer to the explanatory notes to this Category - MBS Book)*	$450.00
15363	Catheter based intravascular brachytherapy for the treatment of in-stent restenoses of 1 coronary artery, administration of radioactive sealed sources having a half life of greater than 115 days using automated intravascular brachytherapy systems approved by the Therapeutic Goods Administration. The procedure must be performed by a radiation oncologist in association with a cardiologist and be associated with a service to which item 35347, 35350, 35353, or 35356 applies *(refer to the explanatory notes to this Category - MBS Book)*	

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T2: RADIATION ONCOLOGY
- SUBGROUP 5 - COMPUTERISED PLANNING

Radiation Oncology		Computerised Planning
Item No.	**Description**	**Maximum Fee**
15500	Radiation field setting using a simulator or isocentric x-ray or megavoltage machine or CT of a single area for treatment by a single field or parallel opposed fields (not being a service associated with a service to which item 15509 applies) *(refer to the explanatory notes to this Category - MBS Book)*	$262.65
15503	Radiation field setting using a simulator or isocentric x-ray or megavoltage machine or CT of a single area, where views in more than 1 plane are required for treatment by multiple fields, or of 2 areas (not being a service associated with a service to which item 15512 applies) *(refer to the explanatory notes to this Category - MBS Book)*	$359.00
15506	Radiation field setting using a simulator or isocentric x-ray or megavoltage machine or CT of 3 or more areas, or of total body or half body irradiation, or of mantle therapy or inverted Y fields, or of irregularly shaped fields using multiple blocks, or of offaxis fields or several joined fields (not being a service associated with a service to which item 15515 applies) *(refer to the explanatory notes to this Category - MBS Book)*	$562.40
15509	Radiation field setting using a diagnostic x-ray unit of a single area for treatment by a single field or parallel opposed fields (not being a service associated with a service to which item 15500 applies) *(refer to the explanatory notes to this Category - MBS Book)*	$250.00

Radiation Oncology		Superficial
Item No.	**Description**	**Maximum Fee**
15512	Radiation field setting using a diagnostic x-ray unit of a single area, where views in more than 1 plane are required for treatment by multiple fields, or of 2 areas (not being a service associated with a service to which item 15503 applies) *(refer to the explanatory notes to this Category - MBS Book)*	$205.50
15513	Radiation source localisation using a simulator or x-ray machine or CT of a single area, where views in more than 1 plane are required, for brachytherapy treatment planning for I125 seed implantation of localised prostate cancer, in association with item 15338	N/A
15515	Radiation field setting using a diagnostic x-ray unit of 3 or more areas, or of total body or half body irradiation, or of mantle therapy or inverted Y fields, or of irregularly shaped fields using multiple blocks, or of off-axis fields or several joined fields (not being a service associated with a service to which item 15506 applies) *(refer to the explanatory notes to this Category - MBS Book)*	$337.30
15518	Radiation Dosimetry by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to 1 area with up to 2 shielding blocks *(refer to the explanatory notes to this Category - MBS Book)*	$235.90
15521	Radiation Dosimetry by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to a single area by 3 or more fields, or by a single field or parallel opposed fields to 2 areas, or where wedges are used *(refer to the explanatory notes to this Category - MBS Book)*	$466.10
15524	Radiation Dosimetry by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to 3 or more areas, or by mantle fields or inverted Y fields or tangential fields or irregularly shaped fields using multiple blocks, or off-axis fields, or several joined fields *(refer to the explanatory notes to this Category - MBS Book)*	$926.50
15527	Radiation Dosimetry by a non-CT interfacing planning computer for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to 1 area with up to 2 shielding blocks *(refer to the explanatory notes to this Category - MBS Book)*	$225.10
15530	Radiation Dosimetry by a non-CT interfacing planning computer for megavoltage or teletherapy radiotherapy to a single area by 3 or more fields, or by a single field or parallel opposed fields to 2 areas, or where wedges are used *(refer to the explanatory notes to this Category - MBS Book)*	$369.80
15533	Radiation Dosimetry by a non-CT interfacing planning computer for megavoltage or teletherapy radiotherapy to 3 or more areas, or by mantle fields or inverted Y fields, or tangential fields or irregularly shaped fields using multiple blocks, or off-axis fields, or several joined fields *(refer to the explanatory notes to this Category - MBS Book)*	$728.20
15536	Brachytherapy planning, computerised radiation dosimetry *(refer to the explanatory notes to this Category - MBS Book)*	$466.10
15539	Brachyterapy planning, computerised radiation dosimetry for I125 seed implantation of localised prostate cancer, in association with item 15338	N/A

Radiation Oncology		Superficial
Item No.	**Description**	**Maximum Fee**
15541	Catheter based intravascular brachytherapy planning computerised radiation dosimetry performed by a radiation oncologist in association with a cardiologist and be associated with a service to which item 35347, 35350, 35353 or 35356 applies *(refer to the explanatory notes to this Category - MBS Book)*	$332.60

CATEGORY THREE: THERAPEUTIC PROCEDURES

GROUP T2: RADIATION ONCOLOGY
- SUBGROUP 6 - STEREOTACTIC RADIOSURGERY

Radiation Oncology		Stereotactic Radiosurgery
Item No.	**Description**	**Maximum Fee**
15600	Stereotactic radiosurgery, including all radiation oncology consultations, planning, simulation, dosimetry and treatment	$2,258.80

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T3: THERAPEUTIC NUCLEAR MEDICINE

Therapeutic Nuclear Medicine		Therapeutic Nuclear Medicine
Item No.	**Description**	**Maximum Fee**
16003	Intracavitary administration of a therapeutic dose of Yttrium 90 not including preliminary paracentesis and not being a service associated with selective internal radiation therapy (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$803.40
16006	Administration of a therapeutic dose of Iodine 131 for thyroid cancer by single dose technique	$615.90
16009	Administration of a therapeutic dose of Iodine 131 for thyrotoxicosis by single dose technique	$417.70
16012	Intravenous administration of a therapeutic dose of Phosphorous 32	$364.10
16015	Administration of Strontium 89 for painful bony metastases from carcinoma of the prostate where hormone therapy has failed and either: (i) the disease is poorly controlled by conventional radiotherapy; or (ii) conventional radiotherapy is inappropriate, due to the wide distribution of sites of bone pain	$4,295.10
16018	Administration of SM-Lexidronam for the relief of bone pain due to skeletal metastases (as indicated by a positive bone scan) from either: (i) carcinoma of the prostate, where hormonal therapy has failed; or (ii) carcinoma of the breast, where both hormonal therapy and chemotherapy have failed; and either: (a) the disease is poorly controlled by conventional radiotherapy; or (b) conventional radiotherapy is inappropriate, due to the wide distribution of sites of bone pain.	N/A

CATEGORY THREE: THERAPEUTIC PROCEDURES

GROUP T4: OBSTETRICS

The following services are classified as N/A – Not Applicable by the Corporation. In a circumstance where a service is deemed necessary and appropriate by the medical practitioner, please contact your patient's case manager to discuss payment.

ANTENATAL CARE

Item No	Maximum Fee
16500	N/A
16501	N/A
16502	N/A
16504	N/A
16505	N/A
16508	N/A
16509	N/A
16511	N/A
16512	N/A
16514	N/A
16515	N/A
16518	N/A
16519	N/A
16520	N/A
16522	N/A
16525	N/A
16564	N/A
16567	N/A
16570	N/A
16571	N/A
16573	N/A
16600	N/A
16603	N/A
16606	N/A
16609	N/A
16612	N/A
16615	N/A
16618	N/A
16621	N/A
16624	N/A
16627	N/A
16633	N/A
16636	N/A

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T6: ANAESTHETICS
- SUBGROUP 1 - EXAMINATION BY AN ANAESTHETIST

Anaesthetics		Examination
Item No.	**Description**	**Maximum Fee**
	(refer to the explanatory notes to this Category - MBS Book)	
17603	Examination of a patient in preparation for the administration of an anaesthetic relating to a clinically relevant service being an examination carried out at a place other than an operating theatre or an anaesthetic induction room	$71.30

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T7: REGIONAL OR FIELD NERVE BLOCKS

Therapeutic Procedures		Regional or Field Nerve Blocks
Item No.	**Description**	**Maximum Fee**
18213	Intravenous regional anaesthesia of limb by retrograde perfusion	$119.90
18216	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 (Anaes.)	$255.00
18219	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 (Anaes.) **Derived fee:** The fee for item 18216 plus $29.70 for each additional 15 minutes or part thereof beyond the first hour of attendance by the medical practitioner	DF
18222	Infusion of a therapeutic substance to maintain regional anaesthesia or analgesia, subsequent injection or revision of, where the period of continuous medical practitioner attendance is 15 minutes or less *(refer to the explanatory notes to this Category - MBS Book)*	$89.10
18225	Infusion of a therapeutic substance to maintain regional anaesthesia or analgesia, subsequent injection or revision of, where the period of continuous medical practitioner attendance is more than 15 minutes *(refer to the explanatory notes to this Category - MBS Book)*	$118.80
18226	Intrathecal or epicural infusion of a therapeutic substance, initial injection or commencement of, including up to 1 hour of continuous attendance by the medical practitioner, for a patient in labour, where the service is provided in the after hours period, being the period from 8pm to 8am on any weekday, or any time on a Saturday, a Sunday or a public holiday. *(refer to the explanatory notes to this Category - MBS Book)*	$365.00
18227	Intrathecal or epicural infusion of a therapeutic substance, initial injection or commencement of, where continuous attendance by a medical practitioner extends beyond the first hour, for a patient in labour, where the service is provided in the after hours period, being the period from 8pm to 8am on any weekday, or any time on a Saturday, a Sunday or a public holiday *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** The fee for item 18226 plus $29.70 for each additional 15 minutes or part there of beyond the first hour of attendance by the medical practitioner.	DF
18228	Interpleural block, initial injection or commencement of infusion of a therapeutic substance	$149.00
18230	Intrathecal or epidural injection of neurolytic substance (Anaes.)	$595.10
18232	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 (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$238.10
18233	Epidural injection of blood for blood patch (Anaes.)	$239.30
18234	Trigeminal nerve, primary division of, injection of an anaesthetic agent (Anaes.)	$297.50
18236	Trigeminal nerve, peripheral branch of, injection of an anaesthetic agent (Anaes.)	$149.00

Therapeutic Procedures	Regional or Field Nerve Blocks	
Item No.	**Description**	**Maximum Fee**
18238	Facial nerve, injection of an anaesthetic agent, not being a service associated with a service to which item 18240 applies	$89.10
18240	Retrobulbar or peribulbar injection of an anaesthetic agent	$149.00
18242	Greater occipital nerve, injection of an anaesthetic agent (Anaes.)	$89.10
18244	Vagus nerve, injection of an anaesthetic agent	$238.10
18246	Glossopharyngeal nerve, injection of an anaesthetic agent	$238.10
18248	Phrenic nerve, injection of an anaesthetic agent	$208.40
18250	Spinal accessory nerve, injection of an anaesthetic agent	$149.00
18252	Cervical plexus, injection of an anaesthetic agent	$238.10
18254	Brachial plexus, injection of an anaesthetic agent	$238.10
18256	Suprascapular nerve, injection of an anaesthetic agent	$149.00
18258	Intercostal nerve (single), injection of an anaesthetic agent	$149.00
18260	Intercostal nerves (multiple), injection of an anaesthetic agent	$208.40
18262	Ilio-inguinal, iliohypogastric or genitofemoral nerves, 1 or more of, injection of an anaesthetic agent (Anaes.)	$149.00
18264	Pudendal nerve, injection of an anaesthetic agent	$238.10
18266	Ulnar, radial or median nerve, main trunk of, 1 or more of, injection of an anaesthetic agent, not being associated with a brachial plexus block	$149.00
18268	Obturator nerve, injection of an anaesthetic agent	$208.40
18270	Femoral nerve, injection of an anaesthetic agent	$208.40
18272	Saphenous, sural, popliteal or posterior tibial nerve, main trunk of, 1 or more of, injection of an anaesthetic agent	$149.00
18274	Paravertebral, cervical, thoracic, lumbar, sacral or coccygeal nerves, injection of an anaesthetic agent, (single vertebral level)	$208.40
18276	Paravertebral nerves, injection of an anaesthetic agent, (multiple levels)	$297.50
18278	Sciatic nerve, injection of an anaesthetic agent	$208.40
18280	Sphenopalatine ganglion, injection of an anaesthetic agent (Anaes.)	$297.50
18282	Carotid sinus, injection of an anaesthetic agent, as an independent percutaneous procedure	$238.10

Therapeutic Procedures	Regional or Field Nerve Blocks	
Item No.	**Description**	**Maximum Fee**
18284	Stellate ganglion, injection of an anaesthetic agent, (cervical sympathetic block) (Anaes.)	$238.10
18286	Lumbar or thoracic nerves, injection of an anaesthetic agent, (paravertebral sympathetic block) (Anaes.)	$238.10
18288	Coeliac plexus or splanchnic nerves, injection of an anaesthetic agent (Anaes.)	$297.50
18290	Cranial nerve other than trigeminal, destruction by a neurolytic agent, not being a service associated with the injection of botulinum toxin (Anaes.)	$595.10
18292	Nerve branch, destruction by a neurolytic agent, not being a service associated with the injection of botulinum toxin or a service to which any other item in this Group applies (Anaes.)	$297.50
18294	Coeliac plexus or splanchnic nerves, destruction by a neurolytic agent (Anaes.)	$595.10
18296	Lumbar sympathetic chain, destruction by a neurolytic agent (Anaes.)	$446.60
18298	Cervical or thoracic sympathetic chain, destruction by a neurolytic agent (Anaes.)	$595.10
18350	Botulinum toxin (Botox), injection of, for hemifacial spasm in adults, including all injections on any one day *(refer to the explanatory notes to this Category - MBS Book)*	$151.80
18352	Botulinum toxin (Botox or Dysport), injection of, for cervical dystonia (spasmodic torticollis), including all injections on any one day *(refer to the explanatory notes to this Category - MBS Book)*	$303.75
18354	Botulinum toxin (Botox or Dysport), injection of, for dynamic equinus foot deformity due to spasticity in an ambulant cerebral palsy patient, between the ages of 2 years and 17 years inclusive, including all injections for all or any of the muscles subserving one functional activity, supplied by one motor nerve, with a maximum of 4 treatments per patient on any one day (2 per limb) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	N/A
18356	Botulinum toxin (Botox or Dysport), injection of, for dynamic equinovarus foot deformity due to spasticity in an ambulant cerebral palsy patient, between the ages of 2 years and 17 years inclusive, including all injections for all or any of the muscles subserving one functional activity, supplied by one motor nerve, with a maximum of 4 treatments per patient on any one day (2 per limb) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	N/A
18358	Botulinum toxin (Botox or Dysport), injection of, for dynamic equinovalgus foot deformity due to spasticity in an ambulant cerebral palsy patient, between the ages of 2 years and 17 years inclusive, including all injections for all or any of the muscles subserving one functional activity, supplied by one motor nerve, with a maximum of 4 treatments per patient on any one day (2 per limb) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	N/A
18370	Botulinum toxin (Botox), injection of, for blepharospasm, including all such injections on any one day. (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$54.80

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T10: RELATIVE VALUE GUIDE FOR ANAESTHETICS
- SUBGROUP 1 - HEAD

Benefits are only payable for anaesthesia performed in association with an eligible service

Relative Value Guide		
Item No.	**Description**	**Maximum Fee**
20100	Initiation of management of anaesthesia for procedures on the skin, subcutaneous tissue, muscles, salivary glands or superficial vessels of the head including biopsy not being a service to which another item in this Subgroup applies (5 basic units)	$167.50
20102	Initiation of management of anaesthesia for plastic repair of cleft lip (6 basic units)	$201.00
20104	Initiation of management of anaesthesia for electroconvulsive therapy (4 basic units)	$134.00
20120	Initiation of management of anaesthesia for procedures on external, middle or inner ear, including biopsy, being a service to which another item in this Subgroup applies (5 basic units)	$167.50
20124	Initiation of management of anaesthesia for otoscopy (4 basic units)	$134.00
20140	Initiation of management of anaesthesia for procedures on eye, not being a service to which another item in this Subgroup applies (5 basic units)	$167.50
20142	Initiation of management of anaesthesia for lens surgery (6 basic units)	$201.00
20143	Initiation of management of anaesthesia for retinal surgery (6 basic units)	$201.00
20144	Initiation of management of anaesthesia for corneal transplant (8 basic units)	$268.00
20145	Initiation of management of anaesthesia for vitrectomy (8 basic units)	$268.00
20146	Initiation of management of anaesthesia for biopsy of conjunctiva (5 basic units)	$167.50
20148	Initiation of management of anaesthesia for ophthalmoscopy (4 basic units)	$134.00
20160	Initiation of management of anaesthesia for procedures on nose or accessory sinuses, not being a service to which another item in this Subgroup applies (5 basic units)	$167.50
20162	Initiation of management of anaesthesia for radical surgery on the nose and accessory sinuses (7 basic units)	$234.50
20164	Initiation of management of anaesthesia for biopsy of soft tissue of the nose and accessory sinuses (4 basic units)	$134.00
20170	Initiation of management of anaesthesia for intraoral procedures, including biopsy, not being a service to which another item in this Subgroup applies (5 basic units)	$167.50
20172	Initiation of management of anaesthesia for repair of cleft palate (7 basic units)	$234.50

Relative Value Guide

Item No.	Description	Maximum Fee
20174	Initiation of management of anaesthesia for excision of retropharyngeal tumour (9 basic units)	$301.50
20176	Initiation of management of anaesthesia for radical intraoral surgery (10 basic units)	$335.00
20190	Initiation of management of anaesthesia for procedures on facial bones, not being a service to which another item in this Subgroup applies (5 basic units)	$167.50
20192	Initiation of management of anaesthesia for extensive surgery on facial bones (including prognathism and extensive facial bone reconstruction) (10 basic units)	$335.00
20210	Initiation of management of anaesthesia for intracranial procedures, not being a service to which another item in this Subgroup applies (15 basic units)	$502.50
20212	Initiation of management of anaesthesia for subdural taps (5 basic units)	$167.50
20214	Initiation of management of anaesthesia for burr holes of the cranium (9 basic units)	$301.50
20216	Initiation of management of anaesthesia for intracranial vascular procedures including those for aneurysms or arterio-venous abnormalities (20 basic units)	$670.00
20220	Initiation of management of anaesthesia for spinal fluid shunt procedures (10 basic units)	$335.00
20222	Initiation of management of anaesthesia for ablation of an intracranial nerve (6 basic units)	$201.00
20225	Initiation of management of anaesthesia for all cranial bone procedures (12 basic units)	$402.00

- SUBGROUP 2 - NECK

Item No.	Description	Maximum Fee
20300	Initiation of management of anaesthesia for procedures on the skin, or subcutaneous tissue of the neck not being a service to which another item in this Subfroup applies (5 basic units)	$167.50
20305	Initiation of management of anaesthesia for incision and drainage of large haematoma, large abscess, cellulitis or similar lesion or epiglottitis causing life threatening airway obstruction (15 basic units)	$502.50
20320	Initiation of management of anaesthesia for procedures on oesophagus, thyroid, larynx, trachea, lymphatic system, muscles, nerves or other deep tissues of the neck, not being a service to which another item in this Subgroup applies (6 basic units)	$201.00
20321	Initiation of management of anaesthesia for laryngectomy, hemi laryngectomy, laryngopharyngectomy or pharyngectomy (10 basic units)	$335.00
20330	Initiation of management of anaesthesia for laser surgery to the airway (excluding nose and mouth) (8 basic units)	$268.00
20350	Initiation of management of anaesthesia for procedures on major vessels of neck, not being a service to which another item in this Subgroup applies (10 basic units)	$335.00

Relative Value Guide

Item No.	Description	Maximum Fee
20352	Initiation of management of anaesthesia for simple ligation of major vessels of neck (5 basic units)	$167.50

- SUBGROUP 3 - THORAX

Item No.	Description	Maximum Fee
20400	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the anterior part of the chest, not being a servcie to which another item in this Subgroup applies (3 basic units)	$100.50
20401	Initiation of management of anaesthesia for procedures on the breast, not being a service to which another item in this Subgroup applies (4 basic units)	$134.00
20402	Initiation of management of anaesthesia for reconstructive procedures on breast (5 basic units)	$167.50
20403	Initiation of management of anaesthesia for removal of breast lump or for breats segmentectomy with axillary node dissection is performed (5 basic units)	$167.50
20404	Initiation of management of anaesthesia for mastectomy (6 basic units)	$201.00
20405	Initiation of management of anaesthesia for reconstructive procedures on the breast using myocutaneous flaps (8 basic units)	$268.00
20406	Initiation of management of anaesthesia for radical or modified radical procedure on breast with internal mammary node dissection (13 basic units)	$435.50
20410	Initiation of management of anaesthesia for electrical conversion of arrhythmias (5 basic units)	$167.50
20420	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the posterior part of the chest not being aservice towhich another item in this Subgroup applies (5 basic units)	$167.50
20440	Initiation of management of anaesthesia for percutaneous bone marrow biopsy of the sternum (4 basic units)	$134.00
20450	Initiation of management of anaesthesia for procedures on clavicle, scapula or sternum, not being a service to which another item in this Subgroup applies (5 basic units)	$167.50
20452	Initiation of management of anaesthesia for radical surgery on clavicle, scapula or sternum (6 basic units)	$201.00
20470	Initiation of management of anaesthesia for partial rib resection, not being a service to which another item in this Subgroup applies (6 basic units)	$201.00
20472	Initiation of management of anaesthesia for thoracoplasty (10 basic units)	$335.00
20474	Initiation of management of anaesthesia for radical procedures on chest wall (13 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$435.50

Relative Value Guide

Item No.	Description	Maximum Fee
	- SUBGROUP 4 - INTRATHORACIC	
20500	Initiation of management of anaesthesia for open procedures on the oesophagus (15 basic units)	$502.50
20520	Initiation of management of anaesthesia for all closed chest procedures (including rigid oesophagoscopy or bronchoscopy), not being a service to which another item in this Subgroup applies (6 basic units)	$201.00
20522	Initiation of management of anaesthesia for needle biopsy of pleura (4 basic units)	$134.00
20524	Initiation of management of anaesthesia for pneumocentesis (4 basic units)	$134.00
20526	Initiation of management of anaesthesia for thoracoscopy (10 basic units)	$335.00
20528	Initiation of management of anaesthesia for mediastinoscopy (8 basic units)	$268.00
20540	Initiation of management of anaesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, or mediastinum, not being a service to which another item in this Subgroup appies (13 basic units)	$435.50
20542	Initiation of management of anaesthesia for pulmonary decortication (15 basic units)	$502.50
20546	Initiation of management of anaesthesia for pulmonary resection with thoracoplasty (15 basic units)	$502.50
20548	Initiation of management of anaesthesia for intrathoracic repair of trauma to trachea and bronchi (15 basic units)	$502.50
20560	Initiation of management of anaesthesia for open procedures on heart, pericardium or great vessels of chest (20 basic units)	$670.00
	- SUBGROUP 5 - SPINE AND SPINAL CORD	
20600	Initiation of management of anaesthesia for procedures on cervical spine and/or cord, not being a service to which another item in this Subgroup applies (for myelography and discography see items 21906 and 21914) (10 basic units)	$335.00
20604	Initiation of management of anaesthesia for posterior cervical laminectomy with the patient in the sitting position (13 basic units)	$435.50
20620	Initiation of management of anaesthesia for procedures on thoracic spine and/or cord, not being a service to which another item in this Subgroup applies (10 basic units)	$335.00
20622	Initiation of management of anaesthesia for thoracolumbar sympathectomy (13 basic units)	$435.50
20630	Initiation of management of anaesthesia for procedures in lumbar region, not being a service to which another item in this Subgroup applies (8 basic units)	$268.00
20632	Initiation of management of anaesthesia for lumbar sympathectomy (7 basic units)	$234.50
20634	Initiation of management of anaesthesia for chemonucleolysis (10 basic units)	$335.00

Relative Value Guide

Item No.	Description	Maximum Fee
20670	Initiation of management of anaesthesia for extensive spine and/or spinal cord procedures (13 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$435.50
20680	Initiation of management of anaesthesia for manipulation of spine when performed in the operating theatre of a hospital or day day hospital facility (3 basic units)	$100.50
20690	Initiation of management of anaesthesia for percutaneous spinal procedures, not being a service to which another item in this Subgroup applies (5 basic units)	$167.50

- SUBGROUP 6 - UPPER ABDOMEN

Item No.	Description	Maximum Fee
20700	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the upper anterior abdominal wall, not being a service to which another item in this Subgroup applies (3 basic units)	$100.50
20702	Initiation of management of anaesthesia for percutaneous liver biopsy (4 basic units)	$134.00
20705	Initiation of management of anaesthesia for diagnostic laparoscopy procedures (6 basic units)	$201.00
20706	Initiation of management of anaesthesia for laparoscopic procedures of the upper abdomen, not being a service to which another item in this Subgroup applies (7 basic units)	$234.50
20730	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the upper posterior abdominal wall, not being a service to which another item in this Subgroup applies (5 basic units)	$167.50
20740	Initiation of management of anaesthesia for upper gastrointestinal endoscopic procedures (5 basic units)	$167.50
20745	Initiation of management of anaesthesia for upper gastrointestinal endoscopic procedures in association with acute gastrointestinal haemorrhage (6 basic units)	$201.00
20750	Initiation of management of anaesthesia for hernia repairs in upper abdomen, not being a service to which another item in this Subgroup applies (4 basic units)	$134.00
20752	Initiation of management of anaesthesia for repair of incisional hernia and/or wound dehiscence (6 basic units)	$201.00
20754	Initiation of management of anaesthesia for procedures on an omphalocele (7 basic units)	$234.50
20756	Initiation of management of anaesthesia for transabdominal repair of diaphragmatic hernia (9 basic units)	$301.50
20770	Initiation of management of anaesthesia for procedures on major upper abdominal blood vessels (15 basic units)	$502.50
20790	Initiation of management of anaesthesia for procedures within the peritoneal cavity in upper abdomen including cholecystectomy, gastrectomy, laparoscopic nephrectomy or bowel shunts (8 basic units)	$268.00
20791	Initiation of management of anaesthesia for gastric reduction or gastrophasty for the treatment of morbid obesity (10 basic units)	$335.00

Relative Value Guide

Item No.	Description	Maximum Fee
20792	Initiation of management of anaesthesia for partial hepatectomy (excluding liver biopsy) (13 basic units)	$435.50
20793	Initiation of management of anaesthetic for extended or trisegmental hepatectomy (15 basic units)	$502.50
20794	Initiation of management of anaesthesia for pancreatectomy, partial or total (12 basic units)	$402.00
20798	Initiation of management of anaesthesia for neuro endocrine tumour removal in the upper abdomen (10 basic units)	$335.00
20799	Initiation of management of anaesthesia for percutaneous procedures on an intra-abdominal organ in the upper abdomen (6 basic units)	$201.00

- SUBGROUP 7 - LOWER ABDOMEN

Item No.	Description	Maximum Fee
20800	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the lower anterior abdominal walls, not being a service to which another item in this Subgroup applies (3 basic units)	$100.50
20802	Initiation of management of anaesthesia for lipectomy of the lower abdomen (5 basic units)	$167.50
20805	Initiation of management of anaesthesia for diagnostic laparoscopic procedures (6 basic units)	$201.00
20806	Initiation of management of anaesthesia for laparoscopic procedures of the lower abdomen (7 basic units)	$234.50
20810	Initiation of management of anaesthesia for lower intestinal endoscopic procedures (4 basic units)	$134.00
20815	Initiation of management of anaesthesia for extracorporal shock wave lithotripsy to urinary tract (6 basic units)	$201.00
20820	Initiation of management of anaesthesia for procedures on the skin, its derivatives or subcutaneous tissue of the lower posterior abdominal wall (5 basic units)	$167.50
20830	Initiation of management of anaesthesia for hernia repairs in lower abdomen, not being a service to which another item in this Subgroup applies (4 basic units)	$134.00
20832	Initiation of management of anaesthesia for repair of incisional herniae and/or wound dehiscence of the lower abdomen (6 basic units)	$201.00
20840	Initiation of mangement of anaesthesia for all procedures within the peritoneal cavity in lower abdomen including appendicectomy, not being a service to which another item in this Subgroup applies (6 basic units)	$201.00
20841	Initiation of management of anaesthesia for bowel resection, including laparoscopic bowel resection, not being a service to which another item in this Subgroup applies (8 basic units)	$268.00
20842	Initiation of management of anaesthesia for amniocentesis (4 basic units)	$134.00
20844	Initiation of management of anaesthesia for abdominoperineal resection, including pull through procedures, ultra low anterior resection and formation of bowel reservoir (10 basic units)	$335.00

Relative Value Guide

Item No.	Description	Maximum Fee
20845	Initiation of management of anaesthesia for radical prostatectomy (10 basic units)	$335.00
20846	Initiation of management of anaesthesia for radical hysterectomy (10 basic units)	$335.00
20848	Initiation of management of anaesthesia for pelvic exenteration (10 basic units)	$335.00
20850	Initiation of management of anaesthesia for caesarean section (12 basic units)	$402.00
20855	Initiation of management of anaesthesia for caesarean hysterectomy or hysterectomy within 24 hours of delivery (15 basic units)	$502.50
20860	Initiation of management of anaesthesia for extraperitoneal procedures in lower abdomen, including those on the urinary tract, not being a service to which another item in this Subgroup applies (6 basic units)	$201.00
20862	Initiation of management of anaesthesia for renal procedures, including upper 1/3 of ureter (7 basic units)	$234.50
20864	Initiation of management of anaesthesia for total cystectomy (10 basic units)	$335.00
20866	Initiation of management of anaesthesia for adrenalectomy (10 basic units)	$335.00
20867	Initiation of management of anaesthesia for neuro endocrine tumour removal in the lower abdomen (10 basic units)	$335.00
20880	Initiation of management of anaesthesia for procedures on major lower abdominal vessels, not being a service to which another item in this Subgroup applies (15 basic units)	$502.50
20882	Initiation of management of anaesthesia for inferior vena cava ligation (10 basic units)	$335.00
20884	Initiaiton of management of anaesthesia for percutaneous umbrella insertion (5 basic units)	$167.50
20886	Initiation of management of anaesthesia for percutaneous procedures on an intra-abdominal organ in the lower abdomen (6 basic units)	$201.00

- SUBGROUP 8 - PERINEUM

Item No.	Description	Maximum Fee
20900	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the perineum (including biopsy of male genital system), not being a service to which another item in this Subgroup applies (3 basic units)	$100.50
20902	Initiation of management of anaesthesia for anorectal procedure (including endoscopy and/or biopsy) (4 basic units)	$134.00
20904	Initiation of management of anaesthesia for radical perineal procedure including radical perineal prostatectomy or radical vulvectomy (7 basic units)	$234.50
20906	Initiation of management of anaesthesia for vulvectomy (4 basic units)	$134.00
20910	Initiation of management of anaesthesia for transurethral procedures (including urethrocystoscopy), not being a service to which another item in this Subgroup applies (4 basic units)	$134.00

Relative Value Guide		
Item No.	**Description**	**Maximum Fee**
20912	Initiation of management of anaesthesia for transurethral resection of bladder tumour(s) (5 basic units)	$167.50
20914	Initiation of management of anaesthesia for transurethral resection of prostate (7 basic units)	$234.50
20916	Initiation of management of anaesthesia for bleeding post-transurethral resection (7 basic units)	$234.50
20920	Initiation of management of anaesthesia for procedures on male external genitalia, not being a service to which another item in this Subgroup applies (3 basic units)	$100.50
20924	Initiation of management of anaesthesia for procedures on undescended testis, unilateral or bilateral (4 basic units)	$134.00
20926	Initiation of management of anaesthesia for radical orchidectomy, inguinal approach (4 basic units)	$134.00
20928	Initiation of management of anaesthesia for radical orchidectomy, abdominal approach (6 basic units)	$201.00
20930	Initiation of management of anaesthesia for orchiopexy, unilateral or bilateral (4 basic units)	$134.00
20932	Initiation of management of anaesthesia for complete amputation of penis (4 basic units)	$134.00
20934	Initiation of management of anaesthesia for complete amputation of penis with bilateral inguinal lymphadenectomy (6 basic units)	$201.00
20936	Initiation of management of anaesthesia for complete amputation of penis with bilateral inguinal and iliac lymphadenectomy (8 basic units)	$268.00
20938	Initiation of management of anaesthesia for insertion of penile prosthesis (4 basic units)	$134.00
20940	Initiation of management of anaesthesia for per vagina and vaginal procedures (including biopsy of labia, vagina, cervix or endometrium) not being a service to which another item in this Subgroup applies (3 basic units)	$100.50
20942	Initiaiton of management of anaesthesia for colpotomy, colpectomy or colporrhaphy (4 basic units)	$134.00
20943	Initiation of management of anaesthesia for transvaginal assisted reproductive services (4 basic units)	$134.00
20944	Initiation of management of anaesthesia for vaginal hysterectomy (6 basic units)	$201.00
20946	Initiation of management of anaesthesia for vaginal delivery (8 basic units)	$268.00
20948	Initiation of management of anaesthesia for purse string ligation of cervix, or removal of purse string ligature (4 basic units)	$134.00
20950	Initiation of management of anaesthesia for culdoscopy (5 basic units)	$167.50
20952	Initiation of management of anaesthesia for hysteroscopy (4 basic units)	$134.00
20954	Initiation of management of anaesthesia for correction of inverted uterus (10 basic units)	$335.00

Relative Value Guide

Item No.	Description	Maximum Fee
20956	Initiation of management of anaesthesia for evacuation of retained products of conception, as a complication of confinement (4 basic units)	$134.00
20958	Initiation of management of anaesthesia for manual removal of retained placenta or for repair of vaginal or perineal tear following delivery (5 basic units)	$167.50
20960	Initiation of management of anaesthesia for vaginal procedures in the management of post partum haemorrhage (blood loss . 500mls) (7 basic units)	$234.50

- SUBGROUP 9 - PELVIS (EXCEPT HIP)

Item No.	Description	Maximum Fee
21100	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the anterior pelvic region (anterior to iliac crest), except external genitalia (3 basic units)	$100.50
21110	Initiation of management of anaesthesia for procedures on the skin, its derivatives or subcutaneous tissue of the pelvic region (posterior to iliac crest), except perineum (5 basic units)	$167.50
21112	Initiation of management of anaesthesia for percutaneous bone marrow biopsy of the anterior iliac crest (4 basic units)	$134.00
21114	Initiation of management of anaesthesia for percutaneous bone marrow biopsy of the posterior iliac crest (5 basic units)	$167.50
21116	Initiation of management of anaesthesia for percutaneous bone marrow harvesting from the pelvis (6 basic units)	$201.00
21120	Initiation of management of anaesthesia for procedures on the bony pelvis (6 basic units)	$201.00
21130	Initiation of management of anaesthesia for body cast application or revision when performed in the operating theatre of a hospital or day hospital facility (3 basic units)	$100.50
21140	Initiation of management of anaesthesia for interpelviabdominal (hind quarter) amputation (15 basic units)	$502.50
21150	Initiation of management of anaesthesia for radical procedures for tumour of the pelvis, except hind quarter amputation (10 basic units)	$335.00
21160	Initiation of management of anaesthesia for closed procedures involving symphysis pubis or sacroiliac joint performed in the operating theatre of a hospital or day hospital facility (4 basic units)	$134.00
21170	Initiation of management of anaesthesia for open procedures involving symphysis pubis or sacroiliac joint (8 basic units)	$268.00

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T10: RELATIVE VALUE GUIDE FOR ANAESTHETICS
- SUBGROUP 10 - UPPER LEG (EXCEPT KNEE)

Benefits are only payable for anaesthesia performed in association with an eligible service

Relative Value Guide		
Item No.	**Description**	**Maximum Fee**
21195	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the upper leg (3 basic units)	$100.50
21199	Initiation of management of anaesthesia for procedures on nerves, muscles, tendons, fascia or bursae of the upper leg (4 basic units)	$134.00
21200	Initiation of management of anaesthesia for closed procedures involving hip joint when performed in the operating theatre of a hospital or day hospital facility (4 basic units)	$134.00
21202	Initiation of management of anaesthesia for arthroscopic procedures of the hip joint (4 basic units)	$134.00
21210	Initiation of management of anaesthesia for open procedures involving hip joint, not being a service to which another item in this Subgroup applies (6 basic units)	$201.00
21212	Initiation of management of anaesthesia for hip disarticulation (10 basic units)	$335.00
21214	Initiation of management of anaesthesia for total hip replacement or revision (10 basic units)	$335.00
21220	Initiation of management of anaesthesia for closed procedures involving upper 2/3 of femur when performed in the operating theatre of a hospital or day hospital facility (4 basic units)	$134.00
21230	Initiation of management of anaesthesia for open procedures involving upper 2/3 of femur, not being a service to which another item in this Subgroup applies (6 basic units)	$201.00
21232	Initiation of management of anaesthesia for above knee amputation (5 basic units)	$167.50
21234	Initiation of management of anaesthesia for radical resection of the upper 2/3 of femur (8 basic units)	$268.00
21260	Initiation of management of anaesthesia for procedures involving veins of upper leg, including exploration (4 basic units)	$134.00
21270	Initiation of management of anaesthesia for procedures involving arteries of upper leg, including bypass graft, not being a service to which another item in this Subgroup applies (8 basic units)	$268.00
21272	Initiation of management of anaesthesia for femoral artery ligation (4 basic units)	$134.00
21274	Initiation of management of anaesthesia for femoral artery embolectomy (6 basic units)	$201.00
21280	Initiation of management of anaesthesia for microsurgical reimplantation of upper leg (15 basic units)	$502.50

Relative Value Guide

Item No.	Description	Maximum Fee
	- SUBGROUP 11 - KNEE AND POPLITEAL AREA	
21300	Initiation of management of anaesthesia for procedure on the skin or subcutaneous tissue of the knee and/or popliteal area (3 basic units)	$100.50
21321	Initiation of management of anaesthesia for procedures on nerves, muscles, tendons, fascia or bursae of knee and/or popliteal area (4 basic units)	$134.00
21340	Initiation of management of anaesthesia for closed procedures on lower 1/3 of femur when performed in the operating theatre of a hospital or day hospital facility (4 basic units)	$134.00
21360	Initiation of management of anaesthesia for open procedures on lower 1/3 of femur (5 basic units)	$167.50
21380	Initiation of management of anaesthesia for closed procedures on knee joint when performed in the operating theatre of a hospital or day hospital facility (3 basic units)	$100.50
21382	Initiation of management of anaesthesia for arthroscopy procedures of knee joint (4 basic units)	$134.00
21390	Initiation of management of anaesthesia for closed procedures on upper ends of tibia, fibula, and/or patella when performed in the operating theatre of a hospital or day hospital facility (3 basic units)	$100.50
21392	Initiation of management of anaesthesia for open procedures on upper ends of tibia, fibula, and/or patella (4 basic units)	$134.00
21400	Initiation of management of anaesthesia for open procedures on knee joint, not being a service to which another item in this Subgroup applies (4 basic units)	$134.00
21402	Initiation of management of anaesthesia for knee replacement (7 basic units)	$234.50
21403	Initiation of management of anaesthesia for bilateral knee replacement (10 basic units)	$335.00
21404	Initiation of management of anaesthesia for disarticulation of knee (5 basic units)	$167.50
21420	Initiation of management of anaesthesia for cast application, removal or repair involving knee joint, undertaken in a hospital or approved day hospital facililty (3 basic units)	$100.50
21430	Initiation of management of anaesthesia for procedures on veins of knee or popliteal area, not being a service to which another item in this Subgroup applies (4 basic units)	$134.00
21432	Initiation of management of anaesthesia for repair of arteriovenous fistula of knee or popliteal area (5 basic units)	$167.50
21440	Initiation of management of anaesthesia for procedures on arteries of knee or popliteal area, not being a service to which another item in this Subgroup applies (8 basic units)	$268.00

Relative Value Guide

Item No.	Description	Maximum Fee

- SUBGROUP 12 - LOWER LEG (BELOW KNEE)

Item No.	Description	Maximum Fee
21460	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of lower leg, ankle or foot (3 basic units)	$100.50
21461	Initiation of management of anaesthesia for procedures on nerves, muscles, tendons, or fascia of lower leg, ankle or foot, not being a service to which another item in this Subgroup applies (4 basic units)	$134.00
21462	Initiation of management of anaesthesia for closed procedures on lower leg, ankle or foot (3 basic units)	$100.50
21464	Initiation of management of anaesthesia for arthroscopic procedure of ankle joint (4 basic units)	$134.00
21472	Initiation of management of anaesthesia for repair of Achilles tendon (5 basic units)	$167.50
21474	Initiation of management of anaesthesia for gastrocnemius recession (5 basic units)	$167.50
21480	Initiation of management of anaesthesia for open procedures on bones of lower leg, ankle, or foot, including amputation, not being a service to which another item in this Subgroup applies (4 basic units)	$134.00
21482	Initiation of management of anaesthesia for radical resection of bone involving lower leg, ankle or foot (5 basic units)	$167.50
21484	Initiation of management of anaesthesia for osteotomy or osteoplasty of tibia or fibula (5 basic units)	$167.50
21486	Initiation of management of anaesthesia for total ankle replacement (7 basic units)	$234.50
21490	Initiation of management of anaesthesia for lower leg cast application, removal or repair, undertaken in a hospital or approved day hospital facility (3 basic units)	$100.50
21500	Initiation of management of anaesthesia for procedures on arteries of lower leg, including bypass graft, not being a service to which another item in this Subgroup applies (8 basic units)	$268.00
21502	Initiation of management of anaesthesia for embolectomy of the lower leg (6 basic units)	$201.00
21520	Initiation of management of anaesthesia for procedures on veins of lower leg, not being a service to which another item in this Subgroup applies (4 basic units)	$134.00
21522	Initiation of management of anaesthesia for venous thrombectomy of the lower leg (5 basic units)	$167.50
21530	Initiation of management of anaesthesia for microsurgical reimplantation of lower leg, ankle or foot (15 basic units)	$502.50
21532	Initiation of management of anaesthesia for microsurgical reimplantation of toe (8 basic units)	$268.00

Relative Value Guide

Item No.	Description	Maximum Fee

- SUBGROUP 13 - SHOULDER AND AXILLA

Item No.	Description	Maximum Fee
21600	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the shoulder or axilla (3 basic units)	$100.50
21610	Initiation of management of anaesthesia for procedures on nerves, muscles, tendons, fascia or bursae of shoulder or axilla including axillary dissection (5 basic units)	$167.50
21620	Initiation of management of anaesthesia for closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, or shoulder joint when performed in the operating theatre of a hospital or day hospital facility (4 basic units)	$134.00
21622	Initiation of management of anaesthesia for arthroscopic procedures of shoulder joint (5 basic units)	$167.50
21630	Initiation of management of anaesthesia for open shoulders on humeral head and neck, sternoclavicular joint, acromioclavicular joint, or shoulder joint, not being a service to which another item in this Subgroup applies (5 basic units)	$167.50
21632	Initiation of management of anaesthesia for radical resection involving humeral head and neck, sternoclavicular joint, acromioclavicular joint or shoulder joint (6 basic units)	$201.00
21634	Initiation of management of anaesthesia for shoulder disarticulation (9 basic units)	$301.50
21636	Initiation of management of anaesthesia for interthoracoscapular (forequarter) amputation (15 basic units)	$502.50
21638	Initiation of management of anaesthesia for total shoulder replacement (10 basic units)	$335.00
21650	Initiation of management of anaesthesia for procedures on arteries of shoulder or axilla, not being a service to which another item in this Subgroup applies (8 basic units)	$268.00
21652	Initiation of management of anaesthesia for procedures for axillary-brachial aneurysm (10 basic units)	$335.00
21654	Initiation of management of anaesthesia for bypass graft of arteries of shoulder or axilla (8 basic units)	$268.00
21656	Initiation of management of anaesthesia for axillary-femoral bypass graft (10 basic units)	$335.00
21670	Initiation of management of anaesthesia for procedures on veins of shoulder or axilla (4 basic units)	$134.00
21680	Initiation of management of anaesthesia for shoulder cast application, removal or repair, not being a service to which another item in the Subgroup applies, when undertaken in a hospital or approved day hospital facility (3 basic units)	$100.50
21682	Initiation of management of anaesthesia for shoulder spica application when undertaken in a hospital or approved day hospital facility (4 basic units)	$134.00

Relative Value Guide

Item No.	Description	Maximum Fee

- SUBGROUP 14 - UPPER ARM AND ELBOW

Item No.	Description	Maximum Fee
21700	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the upper arm or elbow (3 basic units)	$100.50
21710	Initiation of management of anaesthesia for procedures on nerves, muscles, tendons, fascia or bursae of upper arm or elbow, not being a service to which another item in this Subgroup applies (4 basic units)	$134.00
21712	Initiation of management of anaesthesia for open tenotomy of the upper arm or elbow (5 basic units)	$167.50
21714	Initiation of management of anaesthesia for tenoplasty of the upper arm or elbow (5 basic units)	$167.50
21716	Initiation of management of anaesthesia for tenodesis for rupture of long tendon of biceps (5 basic units)	$167.50
21730	Initiation of management of anaesthesia for closed procedures on the upper arm or elbow when performed in the operating theatre of a hospital or day hospital facility (3 basic units)	$100.50
21732	Initiation of management of anaesthesia for arthroscopic procedures of elbow joint (4 basic units)	$134.00
21740	Initiation of management of anaesthesia for open procedures on the upper arm or elbow, not being a service to which another item in this Subgroup applies (5 basic units)	$167.50
21756	Initiation of management of anaesthesia for radical procedures on the upper arm or elbow (6 basic units)	$201.00
21760	Initiation of management of anaesthesia for total elbow replacement (7 basic units)	$234.50
21770	Initiation of management of anaesthesia for procedures on arteries of upper arm, not being a service to which another item in this Subgroup applies (8 basic units)	$268.00
21772	Initiation of management of anaesthesia for embolectomy of arteries of the upper arm (6 basic units)	$201.00
21780	Initiation of management of anaesthesia for procedures on veins of upper arm, not being a service to which another item in this Subgroup applies (4 basic units)	$134.00
21790	Initiation of management of anaesthesia for microsurgical reimplantation of upper arm (15 basic units)	$502.50

- SUBGROUP 15 - FOREARM WRIST AND HAND

Item No.	Description	Maximum Fee
21800	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the forearm, wrist or hand (3 basic units)	$100.50
21810	Initiation of management of anaesthesia for procedures on the nerves, muscles, tendons, fascia, or bursae of the forearm, wrist or hand (4 basic units)	$134.00

Relative Value Guide

Item No.	Description	Maximum Fee
21820	Initiation of management of anaesthesia for closed procedures on the radius, ulna, wrist, or hand bones when performed in the operating theatre of a hospital or day hospital facility (3 basic units)	$100.50
21830	Initiation of management of anaesthesia for open procedures on the radius, ulna, wrist, or hand bones, not being a service to which another item in this Subgroup applies (4 basic units)	$134.00
21832	Initiation of management of anaesthesia for total wrist replacement (7 basic units)	$234.50
21834	Initiation of management of anaesthesia for arthroscopic procedures of the wrist joint (4 basic units).	$134.00
21840	Initiation of management of anaesthesia for procedures on the arteries of forearm, wrist or hand, not being a service to which another item in this Subgroup applies (8 basic units)	$268.00
21842	Initiation of management of anaesthesia for embolectomy of artery of forearm, wrist or hand (6 basic units)	$201.00
21850	Initiation of management of anaesthesia for procedures on the veins of forearm, wrist or hand, not being a service to which another item in ths Subgroup applies (4 basic units)	$134.00
21860	Initiation of management of anaesthesia for forearm, wrist, or hand cast application, removal, or repair when undertaken in a hospital or approved day hospital facility (3 basic units)	$100.50
21870	Initiation of management of anaesthesia for microsurgical reimplantation of forearm, wrist or hand (15 basic units)	$502.50
21872	Initiation of management of anaesthesia for microsurgical reimplantation of a finger (8 basic units)	$268.00

- SUBGROUP 16 - ANAESTHESIA FOR BURNS

21878	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves not more than 3% of total body surface (3 basic units)	$100.50
21879	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves more than 3% but less than 10% of total body surface (5 basic units)	$167.50
21880	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 10% or more but less than 20% of total body surface (7 basic units)	$234.50
21881	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 20% or more but less than 30% of total body surface (9 basic units)	$301.50
21882	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 30% or more but less than 40% of total body surface (11 basic units)	$368.50
21883	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 40% or more but less than 50% of total body surface (13 basic units)	$435.50

Relative Value Guide

Item No.	Description	Maximum Fee
21884	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 50% or more but less than 60% of total body surface (15 basic units)	$502.50
21885	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 60% or more but less than 70% of total body surface (17 basic units)	$569.50
21886	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 70% or more but less than 80% of total body surface (19 basic units)	$636.50
21887	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 80% or more of total body surface (21 basic units)	$703.50

- SUBGROUP 17 - ANAESTHESIA FOR RADIOLOGICAL OR OTHER DIAGNOSTIC OR THERAPEUTIC PROCEDURES

Item No.	Description	Maximum Fee
21900	Initiation of management of anaesthesia for injection procedure for hysterosalpingography (3 basic units)	$100.50
21906	Initiation of management of anaesthesia for injection procedure for myelography: lumbar or thoracic (5 basic units)	$167.50
21908	Initiation of management of anaesthesia for injection procedure for myelography: cervical (6 basic units)	$201.00
21910	Initiation of management of anaesthesia for injection procedure for myelography: posterior fossa (9 basic units)	$301.50
21912	Initiation of management of anaesthesia for injection procedure for discography: lumbar or thoracic (5 basic units)	$167.50
21914	Initiation of management of anaesthesia for injection procedure for discography: cervical (6 basic units)	$201.00
21915	Initiation of management of anaesthesia for peripheral arteriogram (5 basic units)	$167.50
21916	Initiation of management of anaesthesia for arteriograms: cerebral, carotid or vertebral (5 basic units)	$167.50
21918	Initiation of management of anaesthesia for retrograde arteriogram: brachial or femoral (5 basic units)	$167.50
21922	Initiation of management of anaesthesia for computerised axial tomography scanning, magnetic resonance scanning or digital subtraction angiography scanning (7 basic units)	$234.50
21925	Initiation of management of anaesthesia for retrograde cystography, retrograde urethrography or retrograde cystourethrography (4 basic units)	$134.00
21926	Initiation of management of anaesthesia for fluoroscopy (5 basic units)	$167.50
21927	Initiation of management of anaesthesia for barium enema or other opaque study of the small bowel (5 basic units)	$167.50
21930	Initiation of management of anaesthesia for bronchography (6 basic units)	$201.00
21935	Initiation of management of anaesthesia for phlebography (5 basic units)	$167.50

Relative Value Guide

Item No.	Description	Maximum Fee
21936	Initiation of management of anaesthesia for heart, 2 dimensional real time transoesophageal examination (6 basic units *(refer to the explanatory notes to this Category - MBS Book)*	$201.00
21939	Initiation of management of anaesthesia for peripheral venous cannulation (3 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$100.50
21941	Initiation of management of anaesthesia for cardiac catheterisation including coronary arteriography, ventriculography, cardiac mapping, insertion of automatic defibrillator or transvenous pacemaker (7 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$234.50
21942	Initiation of management of anaesthesia for cardiac electrophysiological procedures including radio frequency ablation (10 basic units)	$335.00
21943	Initiation of management of anaesthesia for central vein catheterisation or insertion of right heart balloon catheter (via jugular, subclavian or femoral vein) by percutaneous or open exposure (5 basic units)	$167.50
21945	Initiation of management of anaesthesia for lumbar puncture, cisternal puncture, or epidural injection (5 basic units)	$167.50
21949	Initiation of management of anaesthesia for harvesting of bone marrow for the purpose of transplantation (5 basic units	$167.50
21952	Initiation of management of anaesthesia for muscle biopsy for malignant hyperpyrexia (10 basic units)	$335.00
21955	Initiation of management of anaesthesia for electroencephalography (5 basic units)	$167.50
21959	Initiation of management of anaesthesia for brain stem evoked response audiometry (5 basic units)	$167.50
21962	Initiation of management of anaesthesia for electrocochleography by extratympanic method or transtympanic membrane insertion method (5 basic units)	$167.50
21965	Initiation of management of anaesthesia as a therapeutic procedure where it can be demonstrated that there is a clinical need for anaesthesia (5 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$167.50
21969	Initiation of management of anaesthesia during hyperbaric therapy where the medical practitioner is not confined in the chamber (including the administration of oxygen) (8 basic units)	$268.00
21970	Initiation of management of anaesthesia during hyperbaric therapy where the medical practitioner is confined in the chamber (including the administration of oxygen) (15 basic units)	$502.50
21973	Initiation of management of anaesthesia for brachytherapy using radioactive sealed sources (5 basic units)	$167.50
21976	Initiation of management of anaesthesia for therapeutic nuclear medicine (5 basic units)	$167.50
21980	Initiation of management of anaesthesia for radiotherapy (5 basic units)	$167.50

Relative Value Guide

Item No.	Description	Maximum Fee

- SUBGROUP 18 - MISCELLANEOUS

Item No.	Description	Maximum Fee
21990	Initiation of management of anaesthesia when no procedure ensues (3 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$100.50
21992	Initiation of management of anaesthesia performed on a person under the age of 10 years in connection with a procedure covered by an item which has not been identified as attracting an anaesthetic (4 basic units)	$134.00
21997	Initiation of management of anaesthesia in connection with a procedure covered by an item which has not been identifed as attracting an anaesthetic rebate, not being a service to which item 21992 or 21965 applies where it can be demonstrated that there is a clinical need for anaesthesia (4 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$134.00

- SUBGROUP 19 - THERAPEUTIC AND DIAGNOSTIC SERVICES

Item No.	Description	Maximum Fee
22001	Collection of blood for autologous transfusion or when homologous blood is required for immediate transfusion in an emergency situation, when performed in association with the administration of anaesthesia (3 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$100.50
22002	Administration of blood or bone marrow already collected when performed in association with the administration of anaesthesia (4 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$134.00
22007	Awake endotracheal intubation with flexible fibreoptic scope associated with difficult airway when performed in association with the administration of anaesthesia (4 basic units)	$134.00
22008	Double lumen endobronchial tube or bronchial blocker, insertion of when performed in association with the administration of anaesthesia (4 basic units)	$134.00
22012	Blood pressure monitoring (central venous, pulmonary arterial, systemic arterial or cardiac intracavity), by indwelling catheter - for each type of pressure up to a maximum of 4 pressures (not being a service to which item 13876 applies) when peformed in association with the administration of anaesthesia (3 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$100.50
22014	Blood pressure monitoring (central venous, pulmonary arterial, systemic arterial or cardiac intracavity), by indwelling catheter - for each type of pressure up to a maximum of 4 pressures (not being a service to which item 13876 applies) when performed in association with the administration of anaesthesia relating to another discrete operation on the same day (3 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$100.50
22015	Right heart balloon catheter, insertion of, including pulmonary wedge pressure and cardiac output measurement, when performed in association with the administration of anaesthesia (6 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$201.00

Relative Value Guide

Item No.	Description	Maximum Fee
22020	Central vein catheterisation (via jugular, subclavian or femoral vein) by percutaneous or open exposure, not being a service to which item 13318 applies, when performed in association with the administration of anaesthesia (4 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$134.00
22025	Intraarterial cannulation when performed in association with the administration of anaesthesia (4 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$134.00
22030	Introduction of a narcotic, for the control of postoperative pain, into the epidural or intrathecal space in conjunction with an operation (2 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$67.00
22035	Introduction of a local anaesthetic, for control of postoperative pain, into the epidural or intrathecal space, in conjunction with an operation (2 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$67.00
22040	Introduction of a regional or field nerve block peri-operatively performed in the induction room theatre or recovery room for the control of post operative pain via the femoral OR sciatic nerves, in conjunction with hip, knee, ankle or foot surgery (2 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$67.00
22045	Introduction of a regional or field nerve block peri-operatively performed in the induction room, theatre or recovery room for the control of post operative pain via the femoral AND sciatic nerves, in conjunction with hip, knee, ankle or foot surgery (3 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$100.50
22050	Introduction of a regional or field nerve block peri-operatively performed in the induction room, theatre or recovery room for the control of post operative pain via the brachial plexus in conjunction with shoulder surgery (2 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$67.00
22055	Perfusion of limb or organ using heart-lung machine or equivalent (12 basic units)	$402.00
22060	Whole body perfusion, cardiac bypass, using heart-lung machine or equivalent *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** an amount of $421.00 (20 basic units), plus the fee for perfusion time (an item in the range 23010 - 24136), plus where applicable, the fee for patient modifiers (an item or items in the range 25000 - 25020)	$670.00
22065	Induced controlled hypothermia total body (5 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$167.50
22070	Cardioplegia, blood or crystalloid, administration by any route (10 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$335.00
22075	Deep hypothermic circulatory arrest, with core temperature less than 22°C, including management of retrograde cerebral perfusion if performed (15 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$502.50

Relative Value Guide

Item No.	Description	Maximum Fee

- SUBGROUP 20 - ADMINISTRATION OF ANAESTHESIA IN CONNECTION WITH A DENTAL SERVICE

Item No.	Description	Maximum Fee
22900	Initiation of management by a medical practitioner of anaesthesia for extraction of tooth or teeth with or without incision of soft tissue or removal of bone (5 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$167.50
22905	Initiation of management of anaesthesia for restorative dental work (5 basic units) *(refer to the explanatory notes to this Category - MBS Book)*	$167.50

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T10: RELATIVE VALUE GUIDE FOR ANAESTHETICS
- SUBGROUP 21 - ANAESTHESIA/PERFUSION TIME UNITS

Relative Value Guide		
Item No.	**Description**	**Maximum Fee**
	Anaesthetic, perfusion or assistance at anaesthesia (a) administration of anaesthesia performed in association with an item in the range 20100 to 21997 or 22900 to 22905; or (b) perfusion performed in association with item 22060; or (c) for assistance at anaesthesia performed in association with items 25200 to 25205 For a period of:	
23010	Fifteen minutes or less *(refer to the explanatory notes to this Category - MBS Book)*	$33.50
23021	16 minutes to 20 minutes (2 units)	$67.00
23022	21 minutes to 25 minutes (2 units)	$67.00
23023	26 minutes to 30 minutes (2 units)	$67.00
23031	31 minutes to 35 minutes (3 units)	$100.50
23032	36 minutes to 40 minutes (3 units)	$100.50
23033	41 minutes to 45 minutes (3 units)	$100.50
23041	46 minutes to 50 minutes (4 units)	$134.00
23042	51 minutes to 55 minutes (4 units)	$134.00
23043	56 minutes to 1:00 hour (4 units)	$134.00
23051	1:01 hours to 1:05 hours (5 units)	$167.50
23052	1:06 to 1:10 hours (5 units)	$167.50
23053	1:11 hours to 1:15 hours (5 units)	$167.50
23061	1:16 hours to 1:20 hours (6 units)	$201.00
23062	1:21 hours to 1:25 hours (6 units)	$201.00
23063	1:26 hours to 1:30 hours (6 units)	$201.00
23071	1:31 hours to 1:35 hours (7 units)	$234.50

Relative Value Guide		
Item No.	**Description**	**Maximum Fee**
23072	1:36 hours to 1:40 hours (7 units)	$234.50
23073	1:41 hours to 1:45 hours (7 units)	$234.50
23081	1:46 hours to 1:50 hours (8 units)	$268.00
23082	1:51 hours to 1:55 hours (8 units)	$268.00
23083	1:56 hours to 2:00 hours (8 units)	$268.00
23090	2:01 hours to 2:15 hours (9 units)	$301.50
23100	2:16 hours to 2:30 hours (10 units)	$335.00
23110	2:31 hours to 2:45 hours (11 units)	$368.50
23120	2:46 hours to 3:00 hours (12 units)	$402.00
23130	3:01 hours to 3:15 hours (13 units)	$435.50
23140	3:16 hours to 3:30 hours (14 units)	$469.00
23150	3:31 hours to 3:45 hours (15 units)	$502.50
23160	3:46 hours to 4:00 hours (16 units)	$536.00
23170	4:01 hours to 4:10 hours (17 units)	$569.50
23180	4:11 hours to 4:20 hours (18 units)	$603.00
23190	4:21 hours to 4:30 hours (19 units)	$636.50
23200	4:31 hours to 4:40 hours (20 units)	$670.00
23210	4:41 hours to 4:50 hours (21 units)	$703.50
23220	4:51 hours to 5:00 hours (22 units)	$737.00
23230	5:01 hours to 5:10 hours (23 units)	$770.50
23240	5:11 hours to 5:20 hours (24 units)	$804.00
23250	5:21 hours to 5:30 hours (25 units)	$837.50
23260	5:31 hours to 5:40 hours (26 units)	$871.00

Relative Value Guide		
Item No.	**Description**	**Maximum Fee**
23270	5:41 hours to 5:50 hours (27 units)	$904.50
23280	5:51 hours to 6:00 hours (28 units)	$938.00
23290	6:01 hours to 6:10 hours (29 units)	$971.50
23300	6:11 hours to 6:20 hours (30 units)	$1,005.00
23310	6:21 hours to 6:30 hours (31 units)	$1,038.50
23320	6:31 hours to 6:40 hours (32 units)	$1,072.00
23330	6:41 hours to 6:50 hours (33 units)	$1,105.50
23340	6:51 hours to 7:00 hours (34 units)	$1,139.00
23350	7:01 hours to 7:10 hours (35 units)	$1,172.50
23360	7:11 hours to 7:20 hours (36 units)	$1,206.00
23370	7:21 hours to 7:30 hours (37 units)	$1,239.50
23380	7:31 hours to 7:40 hours (38 units)	$1,273.00
23390	7:41 hours to 7:50 hours (39 units)	$1,306.50
23400	7:51 hours to 8:00 hours (40 units)	$1,340.00
23410	8:01 hours to 8:10 hours (41 units)	$1,373.50
23420	8:11 hours to 8:20 hours (42 units)	$1,407.00
23430	8:21 hours to 8:30 hours (43 units)	$1,440.50
23440	8:31 hours to 8:40 hours (44 units)	$1,474.00
23450	8:41 hours to 8:50 hours (45 units)	$1,507.50
23460	8:51 hours to 9:00 hours (46 units)	$1,541.00
23470	9:01 hours to 9:10 hours (47 units)	$1,574.50
23480	9:11 hours to 9:20 hours (48 units)	$1,608.00
23490	9:21 hours to 9:30 hours (49 units)	$1,641.50

Relative Value Guide

Item No.	Description	Maximum Fee
23500	9:31 hours to 9:40 hours (50 units)	$1,675.00
23510	9:41 hours to 9:50 hours (51 units)	$1,708.50
23520	9:51 hours to 10:00 hours (52 units)	$1,742.00
23530	10:01 hours to 10:10 hours (53 units)	$1,775.50
23540	10:11 hours to 10:20 hours (54 units)	$1,809.00
23550	10:21 hours to 10.30 hours (55 units)	$1,842.50
23560	10:31 hours to 10:40 hours (56 units)	$1,876.00
23570	10:41 hours to 10:50 hours (57 units)	$1,909.50
23580	10:51 hours to 11:00 hours (58 units)	$1,943.00
23590	11:01 hours to 11:10 hours (59 units)	$1,976.50
23600	11:11 hours to 11:20 hours (60 units)	$2,010.00
23610	11:21 hours to 11:30 hours (61 units)	$2,043.50
23620	11:31 hours to 11:40 hours (62 units)	$2,077.00
23630	11:41 hours to 11:50 hours (63 units)	$2,110.50
23640	11:51 hours to 12:00 hours (64 units)	$2,144.00
23650	12:01 hours to 12:10 hours (65 units)	$2,177.50
23660	12:11 hours to 12:20 hours (66 units)	$2,211.00
23670	12:21 hours to 12:30 hours (67 units)	$2,244.50
23680	12:31 hours to 12:40 hours (68 units)	$2,278.00
23690	12:41 hours to 12:50 hours (69 units)	$2,311.50
23700	12:51 hours to 13:00 hours (70 units)	$2,345.00
23710	13:01 hours to 13:10 hours (71 units)	$2,378.50
23720	13:11 hours to 13:20 hours (72 units)	$2,412.00

Relative Value Guide		
Item No.	**Description**	**Maximum Fee**
23730	13:21 hours to 13:30 hours (73 units)	$2,445.50
23740	13:31 hours to 13:40 hours (74 units)	$2,479.00
23750	13:41 hours to 13:50 hours (75 units)	$2,512.50
23760	13:51 hours to 14:00 hours (76 units)	$2,546.00
23770	14:01 hours to 14:10 hours (77 units)	$2,579.50
23780	14:11 hours to 14:20 hours (78 units)	$2,613.00
23790	14:21 hours to 14:30 hours (79 units)	$2,646.50
23800	14:31 hours to 14:40 hours (80 units)	$2,680.00
23810	14:41 hours to 14:50 hours (81 units)	$2,713.50
23820	14:51 hours to 15:00 hours (82 units)	$2,747.00
23830	15:01 hours to 15:10 hours (83 units)	$2,780.50
23840	15:11 hours to 15:20 hours (84 units)	$2,814.00
23850	15:21 hours to 15:30 hours (85 units)	$2,847.50
23860	15:31 hours to 15:40 hours (86 units)	$2,881.00
23870	15:41 hours to 15:50 hours (87 units)	$2,914.50
23880	15:51 hours to 16:00 hours (88 units)	$2,948.00
23890	16:01 hours to 16:10 hours (89 units)	$2,981.50
23900	16:11 hours to 16:20 hours (90 units)	$3,015.00
23910	16:21 hours to 16:30 hours (91 units)	$3,048.50
23920	16:31 hours to 16:40 hours (92 units)	$3,082.00
23930	16:41 hours to 16:50 hours (93 units)	$3,115.50
23940	16:51 hours to 17:00 hours (94 units)	$3,149.00
23950	17:01 hours to 17:10 hours (95 units)	$3,182.50

Relative Value Guide

Item No.	Description	Maximum Fee
23960	17:11 hours to 17:20 hours (96 units)	$3,216.00
23970	17:21 hours to 17:30 hours (97 units)	$3,249.50
23980	17:31 hours to 17:40 hours (98 units)	$3,283.00
23990	17:41 hours to 17:50 hours (99 units)	$3,316.50
24100	17:51 hours to 18:00 hours (100 units)	$3,350.00
24101	18:01 hours to 18:10 hours (101 units)	$3,383.50
24102	18:11 hours to 18:20 hours (102 units)	$3,417.00
24103	18:21 hours to 18:30 hours (103 units)	$3,450.50
24104	18:31 hours to 18:40 hours (104 units)	$3,484.00
24105	18:41 hours to 18:50 hours (105 units)	$3,517.50
24106	18:51 hours to 19:00 hours (106 units)	$3,551.00
24107	19:01 hours to 19:10 hours (107 units)	$3,584.50
24108	19:11 hours to 19:20 hours (108 units)	$3,618.00
24109	19:21 hours to 19:30 hours (109 units)	$3,651.50
24110	19:31 hours to 19:40 hours (110 units)	$3,685.00
24111	19:41 hours to 19:50 hours (111 units)	$3,718.50
24112	19:51 hours to 20:00 hours (112 units)	$3,752.00
24113	20:01 hours to 20:10 hours (113 units)	$3,785.50
24114	20:11 hours to 20:20 hours (114 units)	$3,819.00
24115	20:21 hours to 20:30 hours (115 units)	$3,852.50
24116	20:31 hours to 20:40 hours (116 units)	$3,886.00
24117	20:41 hours to 20:50 hours (117 units)	$3,919.50
24118	20:51 hours to 21:00 hours (118 units)	$3,953.00

Relative Value Guide

Item No.	Description	Maximum Fee
24119	21:01 hours to 21:10 hours (119 units)	$3,986.50
24120	21:11 hours to 21:20 hours (120 units)	$4,020.00
24121	21:21 hours to 21:30 hours (121 units)	$4,053.50
24122	21:31 hours to 21:40 hours (122 units)	$4,087.00
24123	21:41 hours to 21:50 hours (123 units)	$4,120.50
24124	21:51 hours to 22:00 hours (124 units)	$4,154.00
24125	22:01 hours to 22:10 hours (125 units)	$4,187.50
24126	22:11 hours to 22:20 hours (126 units)	$4,221.00
24127	22:21 hours to 22:30 hours (127 units)	$4,254.50
24128	22:31 hours to 22:40 hours (128 units)	$4,288.00
24129	22:41 hours to 22:50 hours (129 units)	$4,321.50
24130	22:51 hours to 23:00 hours (130 units)	$4,355.00
24131	23:01 hours to 23:10 hours (131 units)	$4,388.50
24132	23:11 hours to 23:20 hours (132 units)	$4,422.00
24133	23:21 hours to 23:30 hours (133 units)	$4,455.00
24134	23:31 hours to 23:40 hours (134 units)	$4,489.00
24135	23:41 hours to 23:50 hours (135 units)	$4,522.50
24136	23:51 hours to 24:00 hours (136 units)	$4,556.00

- SUBGROUP 22 - ANAESTHESIA/PERFUSION MODIFYING UNITS - PHYSICAL STATUS

25000	Anaesthesia, perfusion or assistance at anaesthesia (a) for anaesthesia performed in association with an item in the range of 20100 to 21997 or 22900 to 22905; or (b) for perfusion performed in association with item 22060; or (c) for assistance at anaesthesia performed in association with items 25200 to 25205 where the patient has severe systemic disease equivalent to ASA physical status indicator 3 (1 unit) *(refer to the explanatory notes to this Category - MBS Book)*	$33.50

Relative Value Guide

Item No.	Description	Maximum Fee
25005	Where the patient has severe systemic disease which is a constant threat of life equivalent to ASA physical status indicator 4 (2 units) *(refer to the explanatory notes to this Category - MBS Book)*	$67.00
25010	For a patient who is not expected to survive for 24 hours with or without the operation, equivalent to ASA physical status indicator 5 (3 units) *(refer to the explanatory notes to this Category - MBS Book)*	$100.50

- SUBGROUP 23 - ANAESTHESIA/PERFUSION MODIFYING UNITS - OTHER

Item No.	Description	Maximum Fee
25015	Anaesthesia, perfusion or assistance at anaesthesia where the patient is less than 12 months, or 70 years or greater (1 unit)	$33.50
25020	Anaesthesia, perfusion or assistance at anaesthesia Where the patient requires immediate treatment without which there would be significant threat to life or body part, not being a service associated with a service to which item 25025 or 25030 or 25050 applies (2 units) *(refer to the explanatory notes to this Category - MBS Book)*	$67.00

- SUBGROUP 24 - ANAESTHESIA AFTER HOURS EMERGENCY MODIFIER

Item No.	Description	Maximum Fee
25025	Emergency anaesthesia performed in the after hours period where the patient requires immediate treatment without which there would be significant threat to life or body part and where more than 50% of the time for the emergency anaesthesia service is provided in the after hours period, being the period from 8pm to 8am on any weekday, or at any time on a Saturday, a Sunday or a public holdiay - not being a service associated with a service to which item 25020, 25030 or 25050 applies *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** an additional amount of 50% of the fee for the anaesthetic service. That is: (a) an anaesthesia item/s in the range 20100 - 21997 or 22900 plus, (b) an item in the range 23010 - 24136 plus, (c) where applicable, an item or items in the range 25000 - 25015, (d) where performed, any associated therapeutic or diagnostic service/s in the range 22001 - 22050	DF
25030	Assistance at after hours emergency anaesthesia where the patient requires immediate treatment without which there would be significant threat to life or body part and where more than 50% of the time for which the assistant is in professional attendance on the patient is provided in the after hours period, being the period from 8pm to 8am on any weekday, or at any time on a Saturday, a Sunday or a public holdiay - not being a service associated with a service to which item 25020, 25025 or 25050 applies *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** an additional amount of 50% of the fee for the assistance at anaesthesia. That is: (a) an assistant anaesthesia item in the range 25200 - 25205 or 22900 plus, (b) an item in the range 23010 - 24136, plus (c) where applicable, an item or items in the range 25000 - 25015 plus, (d) where performed, any associated therapeutic or diagnostic service/s in the range 22001 - 22050	DF

Relative Value Guide

Item No.	Description	Maximum Fee

- SUBGROUP 25 - PERFUSION AFTER HOURS EMERGENCY MODIFIER

Item No.	Description	Maximum Fee
25050	After hours emergency perfusion where the patient requires immediate treatment without which there would be significant threat to life or body part and where more than 50% of the perfusion service is provided in the after hours period, being the period from 8pm to 8am on any weekday, or at any time on a Saturday, a Sunday or a public holdiay - not being a service associated with a service to which item 25020, 25025 or 25030 applies *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** an additional amount of 50% of the fee for the perfusion service. That is: (a) item 22060, plus (b) an item in the range 23010 - 24136, plus (c) where applicable, an item or items in the range 25000 - 25015, (d) where performed, any associated therapeutic or diagnostic service/s in the range 22001 - 22050 and 22065 - 22075	DF

- SUBGROUP 26 - ASSISTANCE AT ANAESTHESIA

Item No.	Description	Maximum Fee
25200	Assistance in the administration of anaesthesia on a patient in imminent danger of death requiring continuous life saving emergency treatment, to the exclusion of all other patients (5 basic units) *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** An amount of $167.50 (5 basic units) plus an item in the range 23010 - 24136 plus, where applicable, an item or items in the range 25000 - 25020	DF
25205	Assistance in the administration of elective anaesthesia where: (I) the patient has complex airway problems; or (ii) the patient is a neonate or a complex paediatric case; or (iii) there is anticipated to be massive blood loss (greater than 50% of blood volume) during the procedure; or (iv) the patient is critically ill, with multiple organ failure; or (v) where the anaesthesia time exceeds 6 hours and the assistance is provided to the exclusion of all other patients (5 basic units) *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** An amount of $167.50 (5 basic units), plus an item in the range 23010 - 24136, plus, where applicable an item or items in the range 25000 - 25020	DF

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T8: SURGICAL OPERATIONS
- SUBGROUP 1 - GENERAL

Surgical Operations		General
Item No.	**Description**	**Maximum Fee**
30001	Operative procedure, not being a service to which any other item in this Group applies, being a service to which an item in this Group would have applied had the procedure not been discontinued on medical grounds *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** 50% of the fee which would have applied had the procedure not been discontinued	DF
30003	Localised burns, dressing of, (not involving grafting) - each attendance at which the procedure is performed, including any associated consultation	$37.30
30006	Extensive burns, dressing of, without anaesthesia (not involving grafting) - each attendance at which the procedure is performed, including any associated consultation	$64.30
30009	Localised burns, dressing of, under general anaesthesia (not involving grafting) (G) (Anaes.)	$104.20
30010	Localised burns, dressing of, under general anaesthesia (not involving grafting) (S) (Anaes.)	$104.20
30013	Extensive burns, dressing of, under general anaesthesia (not involving grafting) (G) (Anaes.)	$220.30
30014	Extensive burns, dressing of, under general anaesthesia (not involving grafting) (S) (Anaes.)	$220.30
30017	Burns, excision of, under general anaesthesia, involving not more than 10% of body surface, where grafting is not carried out during the same operation (Anaes.) (Assist.)	$443.90
30020	Burns, excision of, under general anaesthesia, involving more than 10% of body surface, where grafting is not carried out during the same operation (Anaes.) (Assist.)	$881.30
30023	Wound of soft tissue, deep or extensively contaminataed, debridement of, under general anaesthesia or regional or field block, including suturing of that wound when performed (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$443.90
30026	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, small (not more than 7cms long), superficial, not being a service to which another item in Group T4 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$76.10
30029	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, small (not more than 7cm long), involving deeper tissue, not being a service to which another item in Group T4 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$114.50
30032	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery on face or neck, small (not more than 7cm long), superficial (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$102.10
30035	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, small (not more than 7cm long), involving deeper tissue (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$152.30

Surgical Operations		General
Item No.	**Description**	**Maximum Fee**
30038	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, time of surgery, not on face or neck, large (more than 7cm long), superficial, not being a service to which another item in Group T4 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$114.50
30041	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, large (more than 7cm long), involving deeper tissue, not being a service which another item in Group T4 applies (G) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$252.70
30042	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, large (more than 7cm long), involving deeper tissue, not being a service to which another item in Group T4 applies (S) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$252.70
30045	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, large (more than 7cm long), superficial (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$152.30
30048	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, large (more than 7cm long), involving deeper tissue (G) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$258.10
30049	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, other than wound closure at time of surgery, on face or neck, large (more than 7cm long), involving deeper tissue (S) (Anaes.)	$258.10
30052	Full thickness laceration of ear, eyelid, nose or lip, repair of, with accurate apposition of each layer of tissue (Anaes.) (Assist.)	$354.20
30055	Wounds, dressing of, under general anaesthesia, with or without removal of sutures, not being a service associated with a service to which another item in this Group applies (Anaes.)	$104.20
30058	Post-operative haemorrhage, control of, under general anaesthesia, as an independent procedure (Anaes.)	$197.60
30061	Superficial foreign body, removal of, (including from cornea or sclera) as an independent procedure (Anaes.)	$30.20
30064	Subcutaneous foreign body, removal of, requiring incision and exploration, including closure of wound if performed, as an independent procedure (Anaes.)	$137.20
30067	Foreign body in muscle, tendon or other deep tissue, removal of, as an independent procedure (G) (Anaes.)	$382.30
30068	Foreign body in muscle, tendon or other deep tissue, removal of, as an independent procedure (S) (Anaes.)	$382.30
30071	Diagnostic biopsy of skin or mucous membrane, as an independent procedure, where the biopsy specimen is sent for pathological examination (Anaes.) *(refer to the explanatory notes to this Catetory - MBS Book)*	$95.60
30074	Diagnostic biopsy of lymph gland, muscle or other deep tissue or organ, as an independent procedure, where the biopsy specimen is sent for pathological examination (G) (Anaes.) *(refer to the explanatory notes to this Catetory - MBS Book)*	$241.90

Surgical Operations		General
Item No.	**Description**	**Maximum Fee**
30075	Diagnostic biopsy of lymph gland, muscle or other deep tissue or organ, as an independent procedure, where the biopsy specimen is sent for pathological examination (S) (Anaes.) *(refer to the explanatory notes to this Catetory - MBS Book)*	$241.90
30078	Diagnostic drill biopsy of lymph gland, deep tissue or organ, as an independent procedure, where the biopsy specimen is sent for pathological examination (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$61.60
30081	Diagnostic biopsy of bone marrow by trephine using an open approach, where the biopsy specimen is sent for pathological examination (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$137.20
30084	Diagnostic biopsy of bone marrow by trephine using a percutaneous approach with a Jamshidi needle or similar device, where the biopsy is sent for pathological examination (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$76.10
30087	Diagnostic biopsy of bone marrow by aspiration or punch biopsy of synovial membrane, where the biopsy is sent for pathological examination (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$38.30
30090	Diagnostic biopsy of pleura, percutaneous 1 or more biopsies on any 1 occasion,where the biopsy is sent for pathological examination (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$166.30
30093	Diagnostic needle biopsy of vertebra, where the biopsy is sent for pathological examination (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$176.20
30094	Diagnostic percutaneous aspiration biopsy of deep organ using interventional imaging techniques - but not including imaging, where the biopsy is sent for pathological examination (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$263.50
30096	Scalene node biopsy (Anaes.)	$258.10
30099	Sinus, excision of, involving superficial tissue only (Anaes.)	$114.50
30102	Sinus, excision of, involving muscle and deep tissue (G) (Anaes.)	$258.10
30103	Sinus, excision of, involving muscle and deep tissue (S) (Anaes.)	$258.10
30104	Pre-auricular sinus, excision of (Anaes.)	$152.30
30106	Ganglion or small bursa, excision of, not being a service associated with a service to which an item in this group applies (G) (Anaes.)	$275.40
30107	Ganglion or small bursa, excision of, not being a service associated with a service to which an item in this group applies (S) (Anaes.)	$275.40
30110	Bursa (large), including olecranon, calcaneum or patella, excision of (G) (Anaes.) (Assist.)	$443.90
30111	Bursa (large), including olecranon, calcaneum or patella, excision of (S) (Anaes.) (Assist.)	$443.90
30114	Bursa, semimembranosus (Baker's cyst), excision of (Anaes.) (Assist.)	$516.20

Surgical Operations		General
Item No.	**Description**	**Maximum Fee**
30165	Lipectomy transverse wedge excision of abdominal apron, not being a service performed within 12 months after the end of a pregnancy and not being a service associated with a service to which item 45564, 45565 or 45533 applies (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$567.00
30168	Lipectomy wedge excision of skin or fat, not being a service associated with items 45564, 45565 or 45533 and not being a service to which item 30165 applies, 1 excision (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$567.00
30171	Lipectomy wedge excision of skin or fat, not being a service associated with iems 45564, 45565 or 45533 and not being service to which item 30165 applies, 2 or more excisions (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$847.80
30174	Lipectomy - subumbilical excision with undermining of skin edges and strengthening of musculo-aponeurotic wall not being a service associated with items 45564 or 45565 or 45533 (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$896.30
30177	Lipectomy radical abdominoplasty (Pitanguy type or similar) with excision of skin and subcutaneous tissue, repair of musculoaponeurotic layer and transposition of umbilicus, not being a service performed within 12 months after the end of a pregnancy andnot being a service associated with a service to which item 45564, 45565 or 45533 applies (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,274.40
30178	Closure of abdomen with reconstruction of umbilicus, with or without lipectomy, being a service associated with items 45564, 45565 or 45533 (Anaes.) (Assist.)	$862.40
30180	Axillary hyperhidrosis, partial excision for (Anaes.)	$170.60
30183	Axillary hyperhidrosis, total excision of sweat gland bearing area (Anaes.)	$342.40
30185	Palmar or plantar warts (10 or more), definitive removal of, excluding ablative methods alone, not being a service to which item 30186 or 30187 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$227.50
30186	Palmar or plantar warts (less than 10), definitive removal of, excluding ablative methods alone, not being a service to which item 30185 or 30187 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$61.60
30187	Palmar or plantar warts, removal of, by carbon dioxide laser or erbium laser, requiring admission to a hospital or day hospital facility, or when performed by a specialist in the practice of his/her specialty (5 or more warts) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$257.80
30189	Warts or molluscum contagiosum, (one or more), removal of, by any method (other than by chemical means), where undertaken in the operating theatre of a hospital or approved day hospital facility, not being a service associated with a service to which another item in this Group applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$177.10
30190	Angiofibromas, trichoepitheliomas or other severely disfiguring tumours suitable for laser excision as confirmed by specialist opinion, of the face or neck, removal of, by carbon dioxide laser or erbium laser excision-ablation including associated resurfacing (10 or more tumours) (Anaes.) (Assist.)	$479.50

Surgical Operations		General
Item No.	**Description**	**Maximum Fee**
30192	Premalignant skin lesions, (including solar keratoses), treatment of, by ablative technique (10 or more lesions) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$47.50
30195	Benign neoplasm of skin, other than viral verrucae (common warts) and seborrheic keratoses, treatment by electrosurgical destruction, simple curettage or shave excision, or laser photocoagulation, not being a service to which item 30196, 30197, 30202, 30203 or 30205 applies - (1 or more lesions) (Anaes.)	$76.10
30196	Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by a specialist opinion, removal of, by serial curettage or carbon dioxide laser or erbium laser excision-ablation, including any associated cryotherapy, or diathermy, not being a service to which item 30197 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$150.10
30197	Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by a specialist opinion, removal of, by serial curettage or carbon dioxide laser excision-ablation, including any associated cryotherapy or diathermy, (10 or more lesions) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$528.10
30202	Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by a specialist opinion, removal of, by liquid nitrogen cryotherapy using repeat freeze-thaw cycles, not being a service to which item 30203 applies *(refer to the explanatory notes to this Category - MBS Book)*	$57.20
30203	Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by a specialist opinion, removal of, by liquid nitrogen cryotherapy using repeat freeze-thaw cycles (10 or more lesions) *(refer to the explanatory notes to this Category - MBS Book)*	$204.10
30205	Malignant neoplasm of skin proven by histopathology, removal of, by liquid nitrogen cryotherapy using repeat freeze-thaw cycles where the malignant neoplasm extends into cartilage (Anaes.)	$150.10
30207	Skin lesions, multiple injections with hydrocortisone or similar preparations (Anaes.)	$52.40
30210	Keloid and other skin lesions, extensive, multiple injections of hydrocortisone or similar preparations where undertaken in the operating theatre of a hospital or approved day-hospital facility (Anaes.)	$206.30
30213	Telangiectases or starburst vessels on the head or neck where lesions are visible from 4 metres, diathermy or sclerosant injection of, including associated consultation - limited to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period - for a session of at least 20 minutes duration (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$145.80
30214	Telangiectases or starburst vessels on the head or neck where lesions are visible from 4 metres, diathermy or sclerosant injection of, including associated consultation - session of at least 20 minutes duration - where it can be demonstrated that a 7th or subsequent session (including any sessions to which items 14100 to 14118 and 30213 apply) is indicated in a 12 month period *(refer to the explanatory notes to this Category - MBS Book)*	$145.80
30216	Haematoma, aspiration of (Anaes.)	$31.90
30219	Haematoma, furuncle, small abscess or similar lesion not requiring admission to a hospital or day-hospital facility, incision with drainage of (excluding after-care)	$31.90
30223	Large haematoma, large abscess, carbuncle, cellulitis or similar lesion requiring admission to a hospital or day-hospital facility, incision with drainage of (excluding after-care) (Anaes.)	$206.30

Surgical Operations — General

Item No.	Description	Maximum Fee
30224	Percutaneous drainage of deep abscess using interventional techniques - but not including imaging (Anaes.)	$331.60
30225	Abscess drainage tube, exchange of using interventional techniques - but not including imaging (Anaes.)	$370.40
30226	Muscle, excision of (limited) or fasciotomy (Anaes.)	$208.40
30229	Muscle, excision of (extensive) (Anaes.)	$375.80
30232	Muscle, ruptured, repair of (limited), not associated with external wound (Anaes.)	$308.90
30235	Muscle, ruptured, repair of (extensive), not associated with external wound (Anaes.) (Assist.)	$415.80
30238	Fascia, deep, repair of, for herniated muscle (Anaes.)	$208.40
30241	Bone tumour, innocent, excision of, not being a service to which another item in this Group applies (Anaes.)(Assist.)	N/A
30244	Styloid process of temporal bone, removal of (Anaes.) (Assist.)	N/A
30246	Parotid duct, repair of, using micro-surgical techniques (Anaes.) (Assist.)	$979.60
30247	Parotid gland, total extirpation of (Anaes.) (Assist.)	N/A
30250	Parotid gland, total extirpation of, with preservation of facial nerve (Anaes.) (Assist.)	N/A
30251	Recurrent parotid tumour, excision of, with preservation of facial nerve (Anaes.) (Assist.)	N/A
30253	Parotid gland, superficial lobectomy of, with exposure of facial nerve (Anaes.) (Assist.)	N/A
30255	Submandibular ducts, relocation of, for surgical control of drooling (Anaes.) (Assist.)	N/A
30256	Submandibular gland, extirpation of (Anaes.) (Assist.)	N/A
30259	Sublingual gland, extirpation of (Anaes.)	N/A
30262	Salivary gland, dilatation or diathermy of duct (Anaes.)	N/A
30265	Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, 1 or more such procedures (G)(Anaes.	N/A
30266	Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, 1 or more such procedures (S)(Anaes.	N/A
30269	Salivary gland, repair of cutaneous fistula of (Anaes.)	$208.40
30272	Tongue, partial excision of (Anaes.) (Assist.)	N/A
30275	Radical excision of intra-oral tumour involving resection of mandible and lymph glands of neck (commando-type operation) (Anaes.) (Assist.)	N/A
30278	Tongue tie, repair of, not being a service to which another item in this Group applies (Anaes.)	N/A
30281	Tongue tie, mandibular frenulum or maxillary frenulum, repair of, in a person aged 2 years and over, under general anaesthesia (Anaes.)	N/A
30282	Ranula or mucous cyst of mouth, removal of (G) (Anaes.)	N/A

Surgical Operations		General
Item No.	**Description**	**Maximum Fee**
30283	Ranula or mucous cyst of mouth, removal of (S) (Anaes.)	N/A
30286	Branchial cyst, removal of (Anaes.) (Assist.)	N/A
30289	Branchial fistula, removal of (Anaes.) (Assist.)	N/A
30293	Cervical oesophagostomy or closure of cervical oesophagostomy with or without plastic repair (Anaes.) (Assist.)	N/A
30294	Cervical oesophagectomy with tracheostomy and oesophagostomy, with or without plastic reconstruction; or laryngopharyngectomy with tracheostomy and plastic reconstruction (Anaes.) (Assist.)	N/A
30296	Thyroidectomy, total (Anaes.) (Assist.)	N/A
30297	Thyroidectomy following previous thyroid surgery (Anaes.) (Assist.)	N/A
30306	Total hemithyroidectomy (Anaes.) (Assist.)	N/A
30308	Bilateral subtotal thyroidectomy (Anaes.) (Assist.)	N/A
30309	Thyroidectomy, subtotal for thyrotoxicosis (Anaes.) (Assist.)	N/A
30310	Thyroid, unilateral sub-total thyroidectomy or equivalent partial thyroidectomy (Anaes.) (Assist.)	N/A
30313	Thyroglossal cyst, removal of (Anaes.) (Assist.)	$544.30
30314	Thyroglossal cyst or fistula or both, radical removal of, including thyroglossal duct and portion of hyoid bone (Anaes.) (Assist.)	$791.60
30315	Parathyroid operation for hyperparathyroidism (Anaes.) (Assist.)	$1,718.30
30317	Cervical re-exploration for recurrent or persistent hyperparathyroidism (Anaes.) (Assist.)	$1,876.00
30318	Mediastinum, exploration of, via the cervical route, for hyperparathyroidism (including thymectomy) (Anaes.) (Assist.)	$1,246.30
30320	Mediastinum, exploration of, via mediastinotomy, for hyperparathyroidism (including thymectomy) (Anaes.) (Assist.)	$1,876.00
30321	Retroperitoneal neuroendocrine tumour, removal of (Anaes.) (Assist.)	$1,246.30
30323	Retroperitoneal neuroendocrine tumour, removal of, requiring complex and extensive dissection (Anaes.) (Assist.)	$1,876.00
30324	Adrenal gland tumour, excision of (Anaes.) (Assist.)	$1,876.00
30329	Lymph glands of groin, limited excision of (Anaes.)	$337.00
30330	Lymph glands of groin, radical excision of (Anaes.) (Assist.)	$988.20
30332	Lymph nodes of axilla, limited excision of (sampling) (Anaes.) (Assist.)	$337.00
30335	Lymph nodes of axilla, complete excision of, to level I (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	N/A

Surgical Operations — General

Item No.	Description	Maximum Fee
30336	Lymph nodes of axilla, complete excision of, to level II or level III (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	N/A
30373	Laparotomy (exploratory), including associated biopsies, where no other intra-abdominal procedure is performed (Anaes.) (Assist.)	$668.50
30375	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, pyloroplasty (adult) or drainage of pancreas (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$758.20
30376	Laparotomy involving division of peritoneal adhesions (where no other intra-abdominal procedure is performed) (Anaes.) (Assist.)	$758.20
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.) (Assist.)	$758.20
30379	Laparotomy with division of extensive adhesions (duration greater than 2 hours) with or without insertion of long intestinal tube (Anaes.) (Assist.)	$1,274.40
30382	Enterocutaneous fistula, radical repair of, involving extensive dissection and resection of bowel (Anaes.) (Assist.)	$1,797.10
30384	Laparotomy for grading of lymphoma, including splenectomy, liver biopsies, lymph node biopsies and oophoropexy (Anaes.) (Assist.)	$1,527.10
30385	Laparotomy for control of post-operative haemorrhage, where no other procedure is performed (Anaes.) (Assist.)	$780.80
30387	Laparotomy involving operation on abdominal viscera (including pelvic viscera), not being a service to which another item in this Group applies (Anaes.) (Assist.)	$887.80
30388	Laparotomy for trauma involving 3 or more organs (Anaes.) (Assist.)	$2,195.60
30390	Laparoscopy, diagnostic (Anaes.)	$303.50
30391	Laparoscopy, with biopsy (Anaes.) (Assist.)	$387.70
30392	Radical or debulking operation for advanced intra-abdominal malignancy, with or without omentectomy, as an independent procedure (Anaes.) (Assist.)	$801.40
30393	Laparoscopic division of adhesions in association with another intra-abdominal procedure where the time taken to divide the adhesions exceeds 45 minutes (Anaes.) (Assist.)	$761.40
30394	Laparotomy for drainage of subphrenic abscess, pelvic abscess, appendiceal abscess, ruptured appendix or for peritonitis from any cause, with or without appendicectomy (Anaes.) (Assist.)	$684.70
30396	Laparotomy for gross intra peritoneal sepsis requiring debridement of fibrin, with or without removal of foreign material or enteric contents, with lavage of the entire peritoneal cavity via a major abdominal incision, with or without closure of abdomen and with or without mesh or zipper insertion (Anaes.) (Assist)	$1,398.60
30397	Laparostomy, via wound previously made and left open or closed with zipper, involving change of dressings or packs, and with or without drainage of loculated collections (Anaes.)	$319.70

Surgical Operations — General

Item No.	Description	Maximum Fee
30399	Laparostomy, final closure of wound made at previous operation, after removal of dressings or packs and removal of mesh or zipper if previously inserted (Anaes.) (Assist.)	$438.50
30400	Laparotomy with insertion of portacath for administration of cytotoxic therapy including placement of reservoir (Anaes.) (Assist.)	$870.50
30402	Retroperitoneal abscess, drainage of, not involving laparotomy (Anaes.) (Assist.)	$640.40
30403	Ventral, incisional, or recurrent hernia or burst abdomen, repair of (Anaes.) (Assist.)	$763.60
30405	Ventral, or incisional hernia, repair of requiring muscle transposition, mesh hernioplasty or resection of strangulated bowel (Anaes.) (Assist.)	$1,258.20
30406	Paracentesis abdominis (Anaes.)	$76.10
30408	Peritoneo venous (Leveen) shunt, insertion of (Anaes.) (Assist.)	$538.90
30409	Liver biopsy, percutaneous (Anaes.)	$270.00
30411	Liver biopsy by wedge excision when performed in conjunction with another intra-abdominal procedure (Anaes.)	$121.00
30412	Liver biopsy by core needle, when performed in conjunction with another intra-abdominal procedure (Anaes.)	$71.80
30414	Liver, subsegmental resection of, (local excision), other than for trauma (Anaes.) (Assist.)	$949.30
30415	Liver, segmental resection of, other than for trauma (Anaes.) (Assist.)	$1,892.20
30416	Liver cyst, laparoscopic marsupialisation of, where the size of the cyst is greater than 5cm in diameter (Anaes.) (Assist.)	$1,028.20
30417	Liver cysts, laparoscopic marsupialisation of 5 or more, including any cyst greater than 5cm in diameter (Anaes.) (Assist.)	$1,542.20
30418	Liver, lobectomy of, other than for trauma (Anaes.) (Assist.)	$2,195.60
30419	Liver tumours, destruction of, by hepatic cryotherapy (Anaes.) (Assist.)	$1,134.00
30421	Liver, tri-segmental resection (extended lobectomy) of, other than for trauma (Anaes.) (Assist.)	$2,741.00
30422	Liver, repair of superficial laceration of, for trauma (Anaes.) (Assist.)	$926.60
30425	Liver, repair of deep multiple lacerations of, or debridement of, for trauma (Anaes.) (Assist.)	$1,797.10
30427	Liver, segmental resection of, for trauma (Anaes.) (Assist.)	$2,144.90
30428	Liver, lobectomy of, for trauma (Anaes.) (Assist.)	$2,291.80
30430	Liver, extended lobectomy (tri-segmental resection) of, for trauma (Anaes.) (Assist.)	$3,190.30
30431	Liver abscess, open abdominal drainage of (Anaes.) (Assist.)	$763.60
30433	Liver abscess (multiple), open abdominal drainage of (Anaes.) (Assist.)	$1,000.10

Surgical Operations — General

Item No.	Description	Maximum Fee
30434	Hydatid cyst of liver, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles (Anaes.) (Assist.)	$808.90
30436	Hydatid cyst of liver, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles, with omentoplasty or myeloplasty (Anaes.) (Assist.)	$898.60
30437	Hydatid cyst of liver, total excision of, by cysto pericystectomy (membrane plus fibrous wall) (Anaes.) (Assist.)	$1,117.80
30438	Hydatid cyst of liver, excision of, with drainage and excision of liver tissue (Anaes.) (Assist.)	$1,582.20
30439	Operative cholangiography or operative pancreatography or intra operative ultrasound of the biliary tract (including 1 or more examinations performed during the 1 operation) (Anaes.) (Assist.)	$252.70
30440	Cholangiogram, percutaneous transhepatic, and biliary drainage, using interventional techniques - but not including imaging (Anaes.) (Assist.)	$724.70
30441	Intra operative ultrasound for staging of intra abdominal tumours (Anaes.)	$187.90
30442	Choledochoscopy in conjunction with another procedure (Anaes.)	$252.70
30443	Cholecystectomy (Anaes.) (Assist.)	$1,016.30
30445	Laparoscopic cholecystectomy (Anaes.) (Assist.)	$1,123.20
30446	Laparoscopic cholecystectomy when procedure is completed by laparotomy (Anaes.) (Assist.)	$1,117.80
30448	Laparoscopic cholecystectomy, involving removal of common duct calculi via the cystic duct (Anaes.) (Assist.)	$1,337.00
30449	Laparoscopic cholecystectomy with removal of common duct calculi via laparoscopic choledochotomy (Assist.)	$1,488.20
30450	Calculus of biliary or renal tract, extraction of, using interventional imaging techniques - not being a service associated with a service to which items 36627, 36630, 36645 or 36648 applies (Anaes.) (Assist.)	$720.40
30451	Biliary drainage tube, exchange of, using interventional techniques - but not including imaging (Anaes.) (Assist.)	$370.40
30452	Choledochoscopy with balloon dilatation of a stricture or passage of stent or extraction of calculi (Anaes.) (Assist.)	$516.20
30454	Choledochotomy (with or without cholecystectomy), with or without removal of calculi (Anaes.) (Assist.)	$1,269.00
30455	Choledochotomy (with or without cholecystectomy), with removal of calculi including biliary intestinal anastomosis (Anaes.) (Assist.)	$1,409.40
30457	Choledochotomy, intrahepatic, involving removal of intrahepatic bile duct calculi (Anaes.) (Assist.)	$1,892.20
30458	Transduodenal operation on sphincter of Oddi, involving 1 or more of, removal of calculi, sphincterotomy, sphincteroplasty, biopsy, local excision of peri-ampullary or duodenal tumour, sphincteroplasty of the pancreatic duct, pancreatic duct septoplasty, with or without choledochotomy (Anaes.) (Assist.)	$1,409.40
30460	Cholecystoduodenostomy, cholecystoenterostomy, choledochojejunostomy or Roux-en-Y as a bypass procedure when no prior biliary surgery performed (Anaes.) (Assist.)	$1,184.80

Surgical Operations — General

Item No.	Description	Maximum Fee
30461	Radical resection of porta hepatis with biliary-enteric anastomoses, not being a service associated with a service to which item 30443, 30454, 30455, 30458 or 30460 applies (Anaes.) (Assist.)	$2,067.10
30463	Radical resection of common hepatic duct and right and left hepatic ducts, with 2 duct anastomoses (Anaes.) (Assist.)	$2,493.70
30464	Radical resection of common hepatic duct and right and left hepatic ducts, involving more than 2 anastomoses or resection of segment or major portion of segment of liver (Anaes.) (Assist.)	$2,993.80
30466	Intrahepatic biliary bypass of left hepatic ductal system by Roux-en-Y loop to peripheral ductal system (Anaes.) (Assist.)	$1,723.70
30467	Intraheptic bypass of right hepatic ductal system by Roux-en-Y loop to peripheral ductal system (Anaes.) (Assist.)	$2,134.10
30469	Biliary stricture, repair of, after 1 or more operations on the biliary tree (Anaes.) (Assist.)	$2,364.10
30472	Hepatic or common bile duct, repair of, as the primary procedure subsequent to partial or total transection of bile duct or ducts (Anaes.) (Assist.)	$1,274.40
30473	Oesophagoscopy (not being a service to which item 41816 or 41822 applies), gastroscopy, duodenoscopy or panendoscopy (1 or more such procedures), with or without biopsy, not being a service associated with a service to which item 30476 or 30478 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$303.50
30475	Endoscopy with balloon dilatation of gastric or gastroduodenal stricture (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$494.60
30476	Oesophagoscopy (not being a service to which item 41816 or 41822 applies), gastroscopy, duodenoscopy or panendoscopy (1 or more such procedures), with endoscopic sclerosing injection or banding of oesophageal or gastric varices, not being a service associated with a service to which item 30473 or 30478 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$375.80
30478	Oesophagoscopy (not being a service to which item 41816, 41822 or 41825 applies), gastroscopy, duodenoscopy or panendoscopy (1 or more such procedures), with 1 or more of the following endoscopic procedures - polypectomy, removal of foreign body, diathermy, heater probe or laser coagulation, or sclerosing injection of bleeding upper gastrointestinal lesions, not being a service associated with a service to which item 30473 or 30476 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$449.30
30479	Endoscopic laser therapy for neoplasia and benign vascular lesions or strictures of the gastrointestinal tract (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$663.10
30481	Percutaneous gastrostomy (initial procedure), including any associated imaging services (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$488.20
30482	Percutaneous gastrostomy (repeat procedure), including any associated imaging services (Anaes.)	$347.80
30483	Gastrostomy button, non-endoscopic insertion of, or non-endoscopic replacement of (Anaes.)	$241.90
30484	Endoscopic retrograde cholangio-pancreatography (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$500.00

Surgical Operations		General
Item No.	**Description**	**Maximum Fee**
30485	Endoscopic sphincterotomy with or without extraction of stones from common bile duct (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$780.80
30487	Small bowel intubation with biopsy (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$247.30
30488	Small bowel intubation - as an independent procedure (Anaes.)	$123.10
30490	Oesophageal prosthesis, insertion of, including endoscopy and dilatation (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$719.30
30491	Bile duct, endoscopic stenting of (including endoscopy and dilatation) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$758.20
30493	Biliary manometry (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$460.10
30494	Endoscopic biliary dilatation (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$578.90
30496	Vagotomy, truncal or selective, with or without pyloroplasty or gastroenterostomy (Anaes.) (Assist.)	$825.10
30497	Vagotomy and antrectomy (Anaes.) (Assist.)	$965.50
30499	Vagotomy, highly selective (Anaes.) (Assist.)	$1,174.00
30500	Vagotomy, highly selective with duodenoplasty for peptic stricture (Anaes.) (Assist.)	$1,224.70
30502	Vagotomy, highly selective, with dilatation of pylorus (Anaes.) (Assist.)	$1,365.10
30503	Vagotomy or antrectomy, or both, for peptic ulcer following previous operation for peptic ulcer (Anaes.) (Assist.)	$1,516.30
30505	Bleeding peptic ulcer, control of, involving suture of bleeding point or wedge excision (Anaes.) (Assist.)	$758.20
30506	Bleeding peptic ulcer, control of, involving suture of bleeding point or wedge excision, and vagotomy and pyloroplasty or gastroenterostomy (Anaes.) (Assist.)	$1,325.20
30508	Bleeding peptic ulcer, control of, involving suture of bleeding point or wedge excision, and highly selective vagotomy (Anaes.) (Assist.)	$1,398.60
30509	Bleeding peptic ulcer, control of, involving gastric resection (other than wedge resection) (Anaes.) (Assist.)	$1,398.60
30511	*(see item 31441 for repair, revision or replacement of implanted reservori associated with adjustable gastric band)* Morbid obesity, gastric reduction or gastroplasty for, by any method (Anaes.) (Assist.)	$1,207.40
30512	Morbid obesity, gastric bypass for, by any method including anastomosis (Anaes.) (Assist.)	$1,667.50
30514	Morbid obesity, surgical reversal of procedure to which item 30511 or 30512 applies (Anaes.) (Assist.)	$2,111.40
30515	Gastroenterostomy (including gastroduodenostomy) or enterocolostomy or enteroenterostomy (Anaes.) (Assist.)	$965.50
30517	Gastroenterostomy, pyloroplasty or gastroduodenostomy, reconstruction of (Anaes.) (Assist.)	$1,224.70

Surgical Operations — General

Item No.	Description	Maximum Fee
30518	Partial gastrectomy (Anaes.) (Assist.)	$1,365.10
30520	Gastric tumour, removal of, by local excision, not being a service to which item 30518 applies (Anaes.) (Assist.)	$926.60
30521	Gastrectomy, total, for benign disease (Anaes.) (Assist.)	$1,718.30
30523	Gastrectomy, sub-total radical, for carcinoma, (including splenectomy when performed) (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,718.30
30524	Gastrectomy, total radical, for carcinoma (including extended node dissection and distal pancreatectomy and splenectomy when performed) (Anaes.) (Assist.)	$2,067.10
30526	Gastrectomy, total, and including lower oesophagus, performed by left thoraco-abdominal incision or opening of diaphragmatic hiatus, (including splenectomy when performed) (Anaes.) (Assist.)	$2,959.20
30527	Antireflux operation by fundoplasty, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus - not being a service to which item 30601 applies (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,235.50
30529	Antireflux operation by fundoplasty, with oesophagoplasty for stricture or short oesophagus(Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,797.10
30530	Antireflux operation by cardiopexy, with or without fundoplasty (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,077.80
30532	Oesophagogastric myotomy (Heller's operation) via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus, by laparoscopy or open operation (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,252.80
30533	Oesophagogastric myotomy (Heller's operation) via abdominal or thoracic approach, with fundoplasty, with or without closure of the diaphragmatic hiatus, by laparoscopy or open operation (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,482.80
30535	Oesophagectomy with gastric reconstruction by abdominal mobilisation and thoracotomy (Anaes.) (Assist.)	$2,336.00
30536	Oesophagectomy involving gastric reconstruction by abdominal mobilisation, thoracotomy and anastomosis in the neck or chest - 1 surgeon (Anaes.) (Assist.)	$2,364.10
30538	Oesophagectomy involving gastric reconstruction by abdominal mobilisation, thoracotomy and anastomosis in the neck or chest - conjoint surgery, principal surgeon (including aftercare) (Anaes.) (Assist.)	$1,639.40
30539	Oesophagectomy involving gastric reconstruction by abdominal mobilisation, thoracotomy and anastomosis in the neck or chest - conjoint surgery, co-surgeon (Assist.)	$1,202.00
30541	Oesophagectomy, by trans-hiatal oesophagectomy (cervical and abdominal mobilisation, anastomosis) with posterior or anterior mediastinal placement - 1 surgeon (Anaes.) (Assist.)	$2,083.30
30542	Oesophagectomy, by trans-hiatal oesophagectomy (cervical and abdominal mobilisation, anastomosis) with posterior or anterior mediastinal placement - conjoint surgery, principal surgeon (including aftercare) (Anaes.)(Assist.)	$1,414.80
30544	Oesophagectomy, by trans-hiatal oesophagectomy (cervical and abdominal mobilisation, anastomosis) with posterior or anterior mediastinal placement - conjoint surgery, co-surgeon (Assist.)	$1,039.00

Surgical Operations — General

Item No.	Description	Maximum Fee
30545	Oesophagectomy with colon or jejunal anastomosis, (abdominal and thoracic mobilisation with thoracic anastomosis) - 1 surgeon (Anaes.) (Assist.)	$2,521.80
30547	Oesophagectomy with colon or jejunal anastomosis, (abdominal and thoracic mobilisation with thoracic anastomosis) - conjoint surgery, principal surgeon (including aftercare) (Anaes.) (Assist.)	$1,735.60
30548	Oesophagectomy with colon or jejunal anastomosis, (abdominal and thoracic mobilisation with thoracic anastomosis) - conjoint surgery, co-surgeon (Assist.)	$1,297.10
30550	Oesophagectomy with colon or jejunal replacement (abdominal and thoracic mobilisation with anastomosis of pedicle in the neck) - 1 surgeon (Anaes.) (Assist.)	$2,830.70
30551	Oesophagectomy with colon or jejunal replacement (abdominal and thoracic mobilisation with anastomosis of pedicle in the neck) - conjoint surgery, principal surgeon (including aftercare) (Anaes.) (Assist.)	$1,954.80
30553	Oesophagectomy with colon or jejunal replacement (abdominal and thoracic mobilisation with anastomosis of pedicle in the neck) - conjoint surgery, co-surgeon (Assist.)	$1,449.40
30554	Oesophagectomy with reconstruction by free jejunal graft - 1 surgeon (Anaes.) (Assist.)	$3,150.40
30556	Oesophagectomy with reconstruction by free jejunal graft - conjoint surgery, principal surgeon (including aftercare) (Anaes.) (Assist.)	$2,173.00
30557	Oesophagectomy with reconstruction by free jejunal graft - conjoint surgery, co-surgeon (Assist)	$1,606.00
30559	Oesophagus, local excision for tumour of (Anaes.) (Assist.)	$1,168.60
30560	Oesophageal perforation, repair of, by thoracotomy (Anaes.) (Assist.)	$1,297.10
30562	Enterostomy or colostomy, closure of - not involving resection of bowel (Anaes.) (Assist.)	$819.70
30563	Colostomy or ileostomy, refashioning of (Anaes.) (Assist.)	$819.70
30564	Small bowel strictureplasty for chronic inflammatory bowel disease (Anaes.) (Assist.)	$1,074.60
30565	Small intestine, resection of, without anastomosis (including formation of stoma) (Anaes.) (Assist.)	$1,196.60
30566	Small intestine, resection of, with anastomosis (Anaes.) (Assist.)	$1,325.20
30568	Intraoperative enterotomy for visualisation of the small intestine by endoscopy (Anaes.) (Assist.)	$1,000.10
30569	Endoscopic examination of small bowel with flexible endoscope passed at laparotomy, with or without biopsies (Anaes.) (Assist.)	$510.80
30571	Appendicectomy, not being a service to which item 30574 applies (Anaes.) (Assist.)	$607.00
30572	Laparoscopic appendicectomy (Anaes.) (Assist.)	$656.60
30574	*Note: 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 (Anaes.)	$170.60

Surgical Operations		General
Item No.	**Description**	**Maximum Fee**
30575	Pancreatic abscess, laparotomy and external drainage of, not requiring retro-pancreatic dissection (Anaes.) (Assist.)	$712.80
30577	Pancreatic necrosectomy for pancreatic necrosis or abscess formation requiring major pancreatic or retro pancreatic dissection, excluding aftercare (Anaes.) (Assist.)	$1,493.60
30578	Endocrine tumour, exploration of pancreas or duodenum, followed by local excision of pancreatic tumour (Anaes.) (Assist.)	$1,577.90
30580	Endocrine tumour, exploration of pancreas or duodenum, followed by local excision of duodenal tumour (Anaes.) (Assist.)	$1,437.50
30581	Endocrine tumour, exploration of pancreas or duodenum for, but no tumour found (Anaes.) (Assist.)	$1,044.40
30583	Distal pancreatectomy (Anaes.) (Assist.)	$1,634.00
30584	Pancreatico-duodenectomy, Whipple's operation, with or without preservation of pylorus (Anaes.) (Assist.)	$2,425.70
30586	Pancreatic cyst - anastomosis to stomach or duodenum - by open or endoscopic means (Anaes.) (Assist.)	$965.50
30587	Pancreatic cyst, anastomosis to Roux loop of jejunum (Anaes.) (Assist.) Anaesthetic Item number for Specialist 17716 (Assist.)	$1,000.10
30589	Pancreatico-jejunostomy for pancreatitis or trauma (Anaes.) (Assist.)	$1,718.30
30590	Pancreatico-jejunostomy following previous pancreatic surgery (Anaes.) (Assist.)	$1,892.20
30593	Pancreatectomy, near total or total (including duodenum), with or without splenectomy (Anaes.) (Assist.)	$2,594.20
30594	Pancreatectomy for pancreatitis following previously attempted drainage procedure or partial resection (Anaes.) (Assist.)	$2,993.80
30596	Splenorrhaphy or partial splenectomy (Anaes.) (Assist.)	$1,235.50
30597	Splenectomy (Anaes.) (Assist.)	$988.20
30599	Splenectomy, for massive spleen (weighing more than 1500gms) or involving thoraco-abdominal incision (Anaes.) (Assist.)	$1,797.10
30600	Diaphragmatic hernia, traumatic, repair of (Anaes.) (Assist.)	$1,077.80
30601	Diaphragmatic hernia, congenital, repair of, by thoracic or abdominal approach (Anaes.) (Assist.)	$1,314.40
30602	Portal hypertension, porto-caval shunt for (Anaes.) (Assist.)	$2,134.10
30603	Portal hypertension, meso-caval shunt for (Anaes.) (Assist.)	$2,251.80
30605	Portal hypertension, selective spleno-renal shunt for (Anaes.) (Assist.)	$2,560.70
30606	Portal hypertension, oesophageal transection via stapler or oversew of gastric varices with or without devascularisation (Anaes.) (Assist.)	$1,527.10

Surgical Operations		General
Item No.	**Description**	**Maximum Fee**
30609	Femoral or inguinal hernia, laparoscopic repair of, not being a service associated with a service to which item 30612 or 30614 applies (Anaes.) (Assist.)	$584.30
30612	Femoral or inguinal hernia or infantile hydrocele, repair of, not being a service to which item 30403 or 30615 applies (G) (Anaes.) (Assist.)	$584.30
30614	Femoral or inguinal hernia or infantile hydrocele, repair of, not being a service to which item 30403 or 30615 applies (S) (Anaes.) (Assist.)	$584.30
30615	Strangulated, incarcerated or obstructed hernia, repair of, without bowel resection (Anaes.) (Assist.)	$763.60
30616	Umbilical, epigastric or linea alba hernia, repair of, in a person under 10 years of age (G) (Anaes.)	N/A
30617	Umbilical, epigastric or linea alba hernia, repair of, in a person under 10 years of age (S) (Anaes.)	N/A
30620	Umbilical, epigastric or linea alba hernia, repair of, in a person 10 years of age or over (G) (Anaes.) (Assist.)	$516.20
30621	Umbilical, epigastric or linea alba hernia, repair of, in a person 10 years of age or over (S) (Anaes.) (Assist.)	$516.20
30628	Hydrocele, tapping of	$44.30
30631	Hydrocele, removal of, not being a service associated with a service to which items 30638, 30641and 30644 apply (Anaes.)	$298.10
30634	Varicocele, surgical correction of, not being a service associated with a service to which items 30638, 30641 and 30644 apply, 1 procedure (G) (Anaes.) (Assist.)	$415.80
30635	Varicocele, surgical correction of, not being a service associated with a service to which items 30638, 30641 and 30644 apply, 1 procedure (S) (Anaes.) (Assist.)	$415.80
30638	Orchidectomy, simple or subcapsular, unilateral with or without insertion of testicular prosthesis (G) (Anaes.) (Assist.)	$516.20
30641	Orchidectomy, simple or subcapsular, unilateral with or without insertion of testicular prosthesis (S) (Anaes.) (Assist.)	$516.20
30644	Exploration of spermatic cord, inguinal approach, with or without testicular biopsy and with or without excision of spermatic cord and testis (Anaes.) (Assist.)	$763.60
30653	Circumcision of a male under 6 months of age (Anaes.)	N/A
30656	Circumcision of a male under 10 years of age but not less than 6 months of age (Anaes.)	N/A
30659	Circumcision of a male 10 years of age or over (G) (Anaes.)	N/A
30660	Circumcision of a male 10 years of age or over (S) (Anaes.)	N/A
30663	Haemorrhage, arrest of, following circumsicion requiring general anaesthesia (Anaes.)	N/A
30666	Paraphimosis, reduction of, under general anaesthesia, with or without dorsal incision, not being a service associated with a service to which another item in this Group applies (Anaes.)	$64.30

Surgical Operations		General
Item No.	**Description**	**Maximum Fee**
30672	Coccyx, excision of (Anaes.) (Assist.)	$538.90
30675	Pilonidal sinus or cyst, or sacral sinus or cyst, excision of (G) (Anaes.)	$528.10
30676	Pilonidal sinus or cyst, or sacral sinus or cyst, excision of (S) (Anaes.)	$528.10
30679	Pilonidal sinus, injection of sclerosant fluid under anaesthesia (Anaes.)	$123.10
31000	Micrographically controlled serial excision of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure - 6 or fewer sections (Anaes.)	$740.90
31001	Micrographically controlled serial excision of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure - 7 to 12 sections (inclusive) (Anaes.)	$928.80
31002	Micrographically controlled serial excision of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure - 13 or more sections (Anaes.)	$1,111.30
31200	Tumour (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach to an operation), removal by surgical excision and suture from cutaneous or subcutaneous tissue or from mucous membrane, not being a service to which another item in this Group applies *(refer to the explanatory notes to this Category - MBS Book)*	$43.20
31205	Tumour (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), lesion size up to 10mm in diameter, removal by surgical excision (other than by shave excision) and suture from cutaneous or subcutaneous tissue or from mucous membrane, including excision to establish the diagnosis of tumours covered by items 31300 to 31335, where the specimen excised is sent for histological examination (not being a service to which item 30195 applies) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$116.60
31210	Tumour (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), lesion size more than 10mm and up to 20mm in diameter, removal by surgical excision (other than by shave excision) and suture from cutaneous or subcutaneous tissue or from mucous membrane, including excision to establish the diagnosis of tumours covered by items 31300 to 31335, where the specimen excised is sent for histological examination (not being a service to which item 30195 applies) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$175.00
31215	Tumour (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), lesion size more than 20mm in diameter, removal by surgical excision (other than by shave excision) and suture from cutaneous or subcutaneous tissue or from mucous membrane, including excision to establish the diagnosis of tumours covered by items 31300 to 31335, where the specimen excised is sent for histological examination (not being a service to which item 30195 applies) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$206.30
31220	Tumours (other than viral verrucae [common warts] and seborrheic keratoses), cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), lesion size up to 10mm in diameter, removal of 4 to 10 lesions by surgical excision (other than by shave excision) and suture from cutaneous or subcutaneous tissue or from mucous membrane, including excision to establish the diagnosis of tumours covered by items 31300 to 31335, where the specimen excised is sent for histological examination (not being a service to which item 30195 applies) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$262.40

Surgical Operations — General

Item No.	Description	Maximum Fee
31225	Tumours, (other than viral verrucae [common warts] and seborrheic keratoses), cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), lesion size up to 10mm in diameter, removal of more than 10 lesions by surgical excision (other than by shave excision) and suture from cutaneous or subcutaneous tissue or from mucous membrane, including excision to establish the diagnosis of tumours covered by items 31300 to 31335 - where the specimen excised is sent for histological examination (not being a service to which item 30195 applies) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$468.70
31230	Tumour, (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach at an operations), removal by surgical excision (other than by shave excision) and suture from nose, eyelid, lip, digit or genitalia, including excision to establish the diagnosis of tumours covered by items 31300 to 31335 - where the specimen excised is sent for histological examination (not being a service to which item 30195 applies) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$241.90
31235	Tumour, (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal by surgical excision (other than by shave excision) and suture from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), including excision to establish the diagnosis of tumours covered by items 31300 to 31335, lesion size up to 10mm in diameter - where the specimen excised is sent for histological examination (not being a service to which item 30195 applies) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$206.30
31240	Tumour, (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal by surgical excision (other than by shave excision) and suture from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), including excision to establish the diagnosis of tumours covered by items 31300 to 31335, lesion size more than 10mm in diameter where the specimen excised is sent for histological examination (not being a service to which item 30195 applies) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$241.90
31245	Skin and subcutaneous tissue, extensive excision of, in the treatment of suppurative hydradenitis (excision from axilla, groin or natal cleft) or sycoses barbae or nuchae (excision from face or neck) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$529.20
31250	Giant hairy or compound naevus, excision of an area at least 1 percent of body surface where the specimen excised is sent for histological confirmation of diagnosis (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$529.20
31255	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from nose, eyelid, lip, ear, digit or genitalia, tumour size up to 10mm in diameter - where removal is by surgical excision and suture and where the initial specimen removed is sent for histological examination and malignancy confirmed, and any subsequently excised specimen is sent for histological examination (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$317.50
31260	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from nose, eyelid, lip, ear, digit or genitalia, tumour size more than 10mm in diameter - where removal is by surgical excision and suture and where the initial specimen removed is sent for histological examination and malignancy confirmed, and any subsequently excised specimen is sent for histological examination (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$448.20
31265	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from face, neck (anterior to sternomastoid muscles) or lower leg (mid calf to ankle), tumour size up to 10mm in diameter - where removal is by surgical excision and suture, where the initial specimen removed is sent for histological examination and malignancy confirmed, and any subsequently excised specimen is sent for histological examination (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$262.40

Surgical Operations — General

Item No.	Description	Maximum Fee
31270	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from face, neck (anterior to sternomastoid muscles) or lower leg (mid calf to ankle), tumour size more than 10mm and up to 20mm in diameter and where removal is by surgical excision and suture, where the initial specimen removed is sent for histological examination and malignancy confirmed, and any subsequently excised specimen is sent for histological examination (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$368.30
31275	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from face, neck (anterior to sternomastoid muscles) or lower leg (mid calf to ankle), tumour size more than 20mm in diameter and where removal is by surgical excision and suture, where the initial specimen removed is sent for histological examination and malignancy confirmed, and any subsequently excised specimen is sent for histological examination (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$428.80
31280	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from areas of the body not covered by items 31255 and 31265, tumour size up to 10mm in diameter and where removal is by surgical excision and suture, where the initial specimen removed is sent for histological examination and malignancy confirmed, and any subsequently excised specimen is sent for histological examination (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$221.40
31285	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from areas of the body not covered by items 31260 and 31270, tumour size more than 10mm and up to 20mm in diameter and where removal is by surgical excision and suture, where the initial specimen removed is sent for histological examination and malignancy confirmed, and any subsequently excised specimen is sent for histological examination (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$302.40
31290	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from areas of the body not covered by items 31260 and 31275, tumour size more than 20mm in diameter and where removal is by surgical excision and suture, where the initial specimen removed is sent for histological examination and malignancy confirmed, and any subsequently excised specimen is sent for histological examination (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$353.20
31295	Basal cell carcinoma or squamous cell carcinoma, residual or recurrent (where lesion treated by previous surgery, serial cautery and curettage, radiotherapy or two prolonged freeze/thaw cycles of liquid nitrogen therapy), performed by a specialist in the practice of his or her specialty or by a practitioner other than the practitioner who provided the previous treatment, removal from the head or neck (anterior to the sternomastoid muscles), where removal is by surgical excision and suture, where the specimen excised is sent for histological examination and confirmation of malignancy has been obtained (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$399.60
	TREATMENT OF MALIGNANT MELANOMA AND LOCALLY AGGRESSIVE SKIN TUMOURS Definitive surgical excision for items 31300-31335 is defined as "surgical removal with an adequate margin and as a result, no further surgery is indicated at the site of the primary tumour"	
31300	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle - removal from nose, eyelid, lip, ear, digit or genitalia, tumour size up to 10mm in diameter amd where removal is by definitive surgical excision (as defined above and in the relevant paragraph of explanatory notes to this category) and suture, where the specimen excised is sent for histological examination and confirmation of malignancy has been obtained (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$459.00

Surgical Operations		General
Item No.	**Description**	**Maximum Fee**
31305	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle - removal from nose, eyelid, lip, ear, digit or genitalia, tumour size more than 10mm in diameter and where removal is by definitive surgical excision (as defined above and in the relevant paragraph of the explanatory notes to this category) and suture, where the specimen excised is sent for histological examination and confirmation of malignancy has been obtained (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$564.80
31310	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle - removal from face, neck (anterior to sternomastoid muscles) or lower leg (mid calf to ankle), tumour size up to 10mm in diameter and where removal is by definitive surgical excision (as defined above in the relevant paragraph of the explanatory notes to this category) and suture, where the specimen excised is sent for histological examination and confirmation of malignancy has been obtained (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$398.50
31315	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle - removal from face, neck (anterior to sternomastoid muscles) or lower leg (mid calf to ankle), tumour size more than 10mm and up to 20mm in diameter and where removal is by definitive surgical excision (as defined above in the relevant paragraph of the explanatory notes to this category) and suture, where the specimen excised is sent for histological examination and confirmation of malignancy has been obtained (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$504.40
31320	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle - removal from face, neck (anterior to sternomastoid muscles) or lower leg (mid calf to ankle), tumour size more than 20mm in diameter and where removal is by definitive surgical excision (as defined above in the relevant paragraph of the explanatory notes to this category) and suture, where the specimen excised is sent for histological examination and confirmation of malignancy has been obtained (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$564.80
31325	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle - removal from areas of the body not covered by items 31300 and 31310 - tumour size up to 10mm in diameter and where removal is by definitive surgical excision (as defined above and in the relevant paragraph of the explanatory notes to this category) and suture, where the specimen excised is sent for histological examination and confirmation of malignancy has been obtained (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$387.70
31330	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle - removal from areas of the body not covered by items 31305 and 31310 - tumour size more than 10mm and up to 20mm in diameter and where removal is by definitive surgical excision (as defined above and in the relevant paragraph of the explanatory notes to this category) and suture, where the specimen excised is sent for histological examination and confirmation of malignancy has been obtained (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$459.00
31335	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle - removal from areas of the body not covered by items 31305 and 31320 - tumour size more than 20mm in diameter and where removal is by definitive surgical excision (as defined above and in the relevant paragraph of the explanatory notes to this category) and suture, where the specimen excised is sent for histological examination and confirmation of malignancy has been obtained (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$529.20

Surgical Operations General

Item No.	Description	Maximum Fee
31340	*Note: Multiple Operation and Multiple Anaesthetic rules apply to this item* Muscle, bone or cartilage, excision of one or more of, where clinically indicated, performed in association with excision of malignant tumour of skin covered by item 31255, 31260, 31265, 31270, 31275, 31280, 31285, 31290, 31295, 31300, 31305, 31310, 31315, 31320, 31325, 31330, 31335 (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** 75% of the fee for excision of malignant tumour	DF
31345	Lipoma, removal of by surgical excision or liposuction, where lesion is subcutaneous and greater than 50mm in diameter, or is sub-fascial, where specimen is sent for histological confirmation of diagnosis (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$286.20
31346	Liposuction (sunction assisted lipolysis) to 1 regional area for treatment of contour problems of abdominal fat due to repeated insulin injections, where the lesion is subcutaneous andgreater than 50mm indiameter, not being a service to which items 45584 or 45585 apply (Anaes.)	$256.40
31350	Benign tumour of soft tissue, removal of by surgical excision, where specimen excised is sent for histological confirmation of diagnosis, not being a service to which another item in this Group applies (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$543.20
31355	Malignant tumour of soft tissue, removal of by surgical excision, where histological proof of malignancy has been obtained, not being a service to which another item in this Group applies (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,134.00
31400	Malignant upper aerodigestive tract tumour up to 20mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained (Anaes.) (Assist.)	$459.00
31403	Malignant upper aerodigestive tract tumour more than 20mm and up to 40mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained (Anaes.) (Assist.)	$529.20
31406	Malignant upper aerodigestive tract tumour more than 40mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained (Anaes.) (Assist.)	N/A
31409	Parapharyngeal tumour, excision of, by cervical approach (Anaes.) (Assist.)	N/A
31412	Recurrent or persistent parapharyngeal tumour, excision of, by cervical approach (Anaes.) (Assist.)	N/A
31420	Lymph node of neck, biopsy of (Anaes.)	N/A
31423	Lymph nodes of neck, selective dissection of 1 or 2 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	N/A
31426	Lymph nodes of neck, selective dissection of 3 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	N/A
31429	Lymph nodes of neck, selective dissection of 4 lymph node levels on one side of the neck with preservation of one or more of: internal jugular vein, sternocleido-mastoid muscle, or spinal accessory nerve (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	N/A

Surgical Operations		General
Item No.	**Description**	**Maximum Fee**
31432	Lymph nodes of neck, bilateral selective dissection of levels I, II and III (bilateral supraomohyoid dissections) (Anaes.) (Assist) *(refer to the explanatory notes to this Category - MBS Book)*	N/A
31435	Lymph nodes of neck, comprehensive dissection of all 5 lymph node levels on one side of the neck (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	N/A
31438	Lymph nodes of neck, comprehensive dissection of all 5 lymph node levels on one side of the neck with preservation of one or more of: internal jugular vein, sternocleido-mastoid muscle, or spinal accessory nerve (Anaes.) (Assist) *(refer to the explanatory notes to this Category - MBS Book)*	N/A
31441	Long-term implanted reservoir associated with the adjustable gastric band, repair, revision or replacement of (Anaes.)	N/A
31450	Laparoscopic division of adhesions, as an independent procedure, where the time taken is 1 hour or less (Anaes.) (Assist)	N/A
31452	Laparoscopic division of adhesions, as an independent procedure, where the time taken is more than 1 hour (Anaes.) (Assist)	N/A
31454	Laparoscopy with drainage of pus, bile or blood, as an independent procedure (Anaes.) (Assist.)	N/A
31456	Gastroscopy and insertion of nasogastric or nasoenteral feeding tube, where blind insertion of the feeding tube has failed or is inappropriate due to the patient's medical condition (Anaes.)	N/A
31458	Gastroscopy and insertion of nasogastric or nasoenteral feeding tube, where blind insertion of the feeding tube has failed or is inappropriate due to the patient's medical condition, and where the use of imaging intensification is clinically indicated (Anaes.)	N/A
31460	Percutaneous gastrostomy tube, jejunal extension to, including any associated imaging services (Anaes.) (Assist.)	N/A
31462	Operative feeding jejunostomy performed in conjunction with major upper gastro-intestinal resection (Anaes.) (Assist)	N/A
31464	Antireflux operation by fundoplasty, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus, by laparoscopic technique - not being a service to which item 30601 applies (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,220.40
31466	Antireflux operation by fundoplasty, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus, revision procedure, by laparoscopy or open operation (Anaes.) (Assist.)	$1,830.60
31468	Para-oesophageal hiatus hernia, repair of, with complete reduction of hernia, resection of sac and repair of hiatus with or without fundoplication (Anaes.) (Assist.)	$2,010.40
31470	Laparoscopic splenectomy (Anaes.) (Assist.)	$1,015.20
31472	Cholecystoduodenostomy, cholecystoenterostomy, choledochojejunostomy or roux-en-y as a bypass procedure where prior biliary surgery has been performed (Anaes.) (Assist.)	N/A
31500	Breast, benign lesion up to and including 50mm in diameter, including simple cyst, fibroadenoma or fibrocystic disease, open surgical biopsy or excision of, with or without frozen section histology (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$316.30

Surgical Operations		General
Item No.	**Description**	**Maximum Fee**
31503	Breast, benign lesion more than 50mm in diameter, excision of (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$421.70
31506	Breast, abnormality detected by mammography or ultrasound where guidewire or other localisation procedure is performed, excision biopsy of (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$474.45
31509	Breast, malignant tumour, open surgical biopsy of, with or without frozen section histology (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$421.70
31512	Breast, malignant tumour, complete local excision of, with or without frozen section histology (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$790.70
31515	Breast, tumour site, re-excision of following open biopsy or incomplete excision of malignant tumour (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$530.40
31518	Breast (female), total mastectomy (Anaes.) (Assist.)	$895.40
31521	Breast (male), total mastectomy, not being a service associated with a service to which item 45585 applies (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$527.20
31524	Breast (female), subcutaneous mastectomy (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,265.20
31527	Breast (male), subcutaneous mastectomy, not being a service associated with a service to which item 45585 applies (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$632.60
31530	Breast, biopsy of solid tumour or tissue of, using a vacuum-assisted breast biopsy device under imaging guidance, for histological examination, where imaging has demonstrated: (a) microcalcification of lesion; or (b) impalpable lesion less than 1cm in diameter - including pre-operative localisation of lesion where performed, not being a service to which items 31539, 31545 or 31548 apply	$724.40
31533	Fine needle aspiration of an impalpable breast lesion detected by mammography or ultrasound, imaging guided - but not including imaging (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$167.70
31536	Breast, preoperative localisation of lesion of, by hookwire or similar device, using interventional imaging techniques - but not including imaging, not being a service to which item 31539, 31542 or 31545 applies (Anaes.)	$230.30
31539	Breast, biopsy of solid tumour or tissue of, using advanced breast biopsy instrumentation (ABBI), for histological examination, when conducted by a surgeon as determined by the Royal Australasian College of Surgeons, and where imaging has demonstrated an impalpable lesion of less than 15mm in diameter, not being a service to which items 31530, 31536 or 31548 apply (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$485.00
31542	Breast, initial guidewire localisation of lesion, by hookwire or similar device, when conducted by a radiologist as determined by the Royal Australian and New Zealand College of Radiologists, using interventional imaging techniques prior to advanced breast biopsy instrumentation (ABBI) - including imaging not being a service to which item 31536 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$239.40

Surgical Operations		General
Item No.	**Description**	**Maximum Fee**
31545	Breast, biopsy of solid tumour or tissue of, using advanced breast biopsy instrumentation (ABBI), for histological examination, when conducted by a surgeon as determined by the Royal Australasian College of Surgeons, and where imaging has demonstrated an impalpable lesion of less than 15mm in diameter, including initial guidewire localisation of lesion, by hookwire or similar device, using interventional imaging techniques and including imaging not being a service to which item 31530, 31536 or 31548 apply (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$724.40
31548	Breast, biopsy of solid tumour or tissue of, using mechanical biopsy device, for histological examination, not being a service to which items 31530, 31539 or 31545 apply (Anaes.)	$167.70
31551	Breast, haematoma, seroma or inflammatory condition including abscess, granulomatous, mastitis or similar, exploration and drainage of when undertaken in the operating theatre of a hospital or day-hospital facility, excluding aftercare (Anaes.)	$263.55
31554	Breast, microdochotomy of, for benign or malignant condition (Anaes.) (Assist.)	$527.20
31557	Breast central ducts, excision of, for benign condition (Anaes.) (Assist.)	$421.70
31560	Accessory breast tissue, excision of (Anaes.) (Assist.)	$421.70
31563	Inverted nipple, surgical eversion of (Anaes.)	$316.00
31566	Accessory nipple, excision of (Anaes.)	$158.10

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T8: SURGICAL OPERATIONS
- SUBGROUP 2 - COLORECTAL

Surgical Operations		Colorectal
Item No.	**Description**	**Maximum Fee**
32000	Large intestine, resection of, without anastomosis, including right hemicolectomy (including formation of stoma) (Anaes.) (Assist.)	$1,375.90
32003	Large intestine, resection of, with anastomosis, including right hemicolectomy (Anaes.) (Assist.)	$1,437.50
32004	Large intestine, subtotal colectomy (resection of right colon, transverse colon and splenic flexure) without anastomosis, not being a service associated with a service to which item 32000, 32003, 32005 or 32006 applies (Anaes.) (Assist.)	$1,577.90
32005	Large intestine, subtotal colectomy (resection of right colon, transverse colon and splenic flexure) with anastomosis, not being a service associated with a service to which item 32000, 32003, 32004 or 32006 applies (Anaes.) (Assist.)	$1,786.30
32006	Left hemicolectomy, including the descending and sigmoid colon (including formation of stoma) (Anaes.) (Assist.)	$1,577.90
32009	Total colectomy and ileostomy (Anaes.) (Assist.)	$1,814.40
32012	Total colectomy and ileo-rectal anastomosis (Anaes.) (Assist.)	$2,004.50
32015	Total colectomy with excision of rectum and ileostomy - 1 surgeon (Anaes.) (Assist.)	$2,369.50
32018	Total colectomy with excision of rectum and ileostomy, combined synchronous operation; abdominal resection (including after-care) (Anaes.) (Assist.)	$2,095.20
32021	Total colectomy with excision of rectum and ileostomy, combined synchronous operation; perineal resection (Assist.)	$747.40
32024	Rectum, high restorative anterior resection with intraperitoneal anastomosis (of the rectum) greater than 10cm from the anal verge - excluding resection of sigmoid colon alone (Anaes.) (Assist.)	$1,814.40
32025	Rectum, low restorative anterior resection with extraperitoneal anastomosis (of the rectum) less than 10cm from the anal verge, with or without covering stoma (Anaes.) (Assist.)	$2,430.00
32026	Rectum, ultra low restorative resection, with or without covering stoma, where the anastomosis is sited in the anorectal region and is 6cm or less from the anal verge (Anaes.) (Assist.)	$2,619.00
32028	Rectum, low or ultra low restorative resection, with peranal sutured coloanal anastomosis, with or without covering stoma (Anaes.) (Assist.)	$2,806.90
32029	Colonic reservoir, construction of, being a service associated with a service to which any other item in this Subgroup applies (Anaes.) (Assist.)	$559.40
32030	Rectosigmoidectomy - (Hartmann's operation) (Anaes.) (Assist.)	$1,414.80
32033	Restoration of bowel following Hartmann's or similar operation, including dismantling of the stoma (Anaes.) (Assist.)	$2,072.50
32036	Sacrococcygeal and presacral tumour - excision of (Anaes.) (Assist.)	$2,549.90

Surgical Operations		Colorectal
Item No.	**Description**	**Maximum Fee**
32039	Rectum and anus, abdomino-perineal resection of - 1 surgeon (Anaes.) (Assist.)	$2,004.50
32042	Rectum and anus, abdomino-perineal resection of, combined synchronous operation, abdominal resection (Anaes.) (Assist.)	$1,723.70
32045	Rectum and anus, abdomino-perineal resection of, combined synchronous operation - perineal resection (Assist).	$645.80
32046	Rectum and anus, abdomino-perineal resection of, combined synchronous operation - perineal resection where the perineal surgeon also provides assistance to the abdominal surgeon (Assist).	$1,028.20
32047	Perineal proctectomy (Anaes.) (Assist.)	$1,196.60
32051	Total colectomy with excision of rectum and ileoanal anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomy - 1 surgeon (Anaes.) (Assist.)	$3,083.40
32054	Total colectomy with excision of rectum and ileoanal anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomy - conjoint surgery, abdominal surgeon (including aftercare) (Anaes.) (Assist.)	$2,825.30
32057	Total colectomy with excision of rectum and ileoanal anastomosis with formation of ileal reservoir - conjoint surgery, perineal surgeon (Assist).	$747.40
32060	Ileostomy closure with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy - 1 surgeon (Anaes.) (Assist.)	$3,083.40
32063	Ileostomy closure with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy - conjoint surgery, abdominal surgeon (including aftercare) (Anaes.) (Assist.)	$2,825.30
32066	Ileostomy closure with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy - conjoint surgery, perineal surgeon (Assist).	$747.40
32069	Ileostomy reservoir, continent type, creation of, including conversion of existing ileostomy where appropriate (Anaes.)	$2,279.90
32072	Sigmoidoscopic examination (with rigid sigmoidoscope), with or without biopsy	$76.10
32075	Sigmoidoscopic examination (with rigid sigmoidoscope), under general anaesthesia, with or without biopsy, not being a service associated with a service to which another item in this Group applies (Anaes.)	$137.20
32078	Sigmoidoscopic examination with diathermy or resection of 1 or more polyps where the time taken is less than or equal to 45 minutes (Anaes.)	$247.30
32081	Sigmoidoscopic examination with diathermy or resection of 1 or more polyps where the time taken is greater than 45 minutes (Anaes.) Anaesthetic Item number for Specialist 17708	$342.40
32084	Flexible fibreoptic sigmoidoscopy or fibreoptic colonoscopy up to the hepatic flexure, with or without biopsy (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$166.30
32087	Flexible fibreoptic sigmoidoscopy or fibreoptic colonoscopy up to the hepatic flexure with removal of 1 or more polyps - not being a service to which item 32078 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$303.50

Surgical Operations		Colorectal
Item No.	**Description**	**Maximum Fee**
32090	Fibreoptic colonoscopy - examination of colon beyond the hepatic flexure with or without biopsy (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$494.60
32093	Fibreoptic colonoscopy - examination of colon beyond the hepatic flexure with removal of 1 or more polyps (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$696.60
32094	Endoscopic dilatation of colorectal strictures including colonoscopy (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$758.20
32095	Endoscopic examination of small bowel with flexible endoscope passed by stoma, with or without biopsies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$175.00
32096	Rectal biopsy, full thickness, under general anaesthesia, or under epidural or spinal (intrathecal) nerve block where undertaken in a hospital or approved day-hospital facility (Anaes.) (Assist.)	$342.40
32099	Rectal tumour of 5cm or less in diameter, per anal submucosal excision of (Anaes.) (Assist.)	$460.10
32102	Rectal tumour of greater than 5cm in diameter, indicated by pathological examination, per anal submucosal excision of (Anaes.) (Assist.)	$870.50
32105	Anorectal carcinoma - per anal full thickness excision of (Anaes.) (Assist.)	$645.80
32108	Rectal tumour, trans-sphincteric excision of (Kraske or similar operation) (Anaes.) (Assist.)	$1,337.00
32111	Rectal prolapse, Delorme procedure for (Anaes.) (Assist.)	$842.40
32112	Rectal prolapse, perineal recto-sigmoidectomy for (Anaes.) (Assist.)	$1,029.20
32114	Rectal stricture, per anal release of (Anaes.)	$230.00
32115	Rectal stricture, dilation of (Anaes.)	$167.40
32117	Rectal prolapse, abdominal rectopexy of (Anaes.) (Assist.)	$1,337.00
32120	Rectal prolapse, perineal repair of (Anaes.) (Assist.)	$342.40
32123	Anal stricture, anoplasty for (Anaes.) (Assist.)	$443.90
32126	Anal incontinence, Parks' intersphincteric procedure for (Anaes.) (Assist.)	$724.70
32129	Anal sphincter, direct repair of (Anaes.) (Assist.)	$842.40
32131	Rectocele, transanal repair of rectocele (Anaes.) (Assist.)	$709.60
32132	Haemorrhoids or rectal prolapse - sclerotherapy for (Anaes.)	$60.50
32135	Haemorrhoids or rectal prolapse rubber band ligation of, with or without sclerotherapy, cryotherapy or infra red therapy for (Anaes.)	$89.60
32138	Haemorrhoidectomy including excision of anal skin tags when performed (Anaes.)	$538.90
32139	Haemorrhoidectomy involving third or fourth degree haemorrhoids, including excision of anal skin tags when performed (Anaes.) (Assist.)	$538.90

Surgical Operations		Colorectal
Item No.	**Description**	**Maximum Fee**
32142	Anal skin tags or anal polyps, excision of 1 or more of (Anaes.)	$93.40
32145	Anal skin tags or anal polyps, excision of 1 or more of, undertaken in the operating theatre of a hospital or approved day-hospital facility (Anaes.)	$186.80
32147	Perianal thrombosis, incision of (Anaes.)	$60.50
32150	Operation for fissure-in-ano, including excision or sphincterotomy but excluding dilatation only (Anaes.) (Assist.)	$382.30
32153	Anus, dilatation of, under general anaesthesia, with or without disimpaction of faeces, not being a service associated with a service to which another item in this Group applies (Anaes.)	$88.60
32156	Fistula-in-ano, subcutaneous, excision of (Anaes.)	$224.60
32159	Anal fistula, excision of, involving lower half of the anal sphincter mechanism (Anaes.) (Assist.)	$550.80
32162	Anal fistula, excision of, involving the upper half of the anal sphincter mechanism (Anaes.) (Assist.)	$645.80
32165	Anal fistula, repair of by mucosal flap advancement (Anaes.) (Assist.)	$842.40
32166	Anal fistula - readjustment of Seton (Anaes.)	$280.80
32168	Fistula wound, review of, under general or regional anaesthetic, as an independent procedure (Anaes.)	$181.40
32171	Anorectal examination, with or without biopsy, under general anaesthetic, not being a service associated with a service to which another item in this Group applies (Anaes.)	$118.80
32174	Intra-anal, perianal or ischio-rectal abscess, drainage of (excluding aftercare) (Anaes.)	$118.80
32175	Intra-anal, perianal or ischio-rectal abscess, draining of, undertaken in the operating theatre of a hospital or approved day-hospital facility (excluding aftercare) (Anaes.)	$222.50
32177	Anal warts, removal of, under general anaesthesia, or under regional or field nerve block (excluding pudendal block) requiring admission to a hospital or approved day-hospital facility, where the time taken is less than or equal to 45 minutes - not being a service associated with a service to which item 35507 or 35508 applies (Anaes.)	$230.00
32180	Anal warts, removal of, under general anaesthesia, or under regional or field nerve block (excluding pudendal block) requiring admission to a hospital or approved day-hospital facility, where the time taken is greater than 45 minutes - not being a service associated with a service to which item 35507 or 35508 applies (Anaes.)	$337.00
32183	Intestinal sling procedure prior to radiotherapy (Anaes.) (Assist.)	$482.80
32186	Colonic lavage, total, intra-operative (Anaes.) (Assist.)	$398.50
32200	Distal muscle, devascularisation of (Anaes.)(Assist.)	$426.60
32203	Anal or perineal graciloplasty (Anaes.) (Assist.)	$842.40
32206	Stimulator and electrodes, insertion of, following previous graciloplasty (Anaes.) (Assist.)	$761.40
32209	Anal or perineal graciloplasty with insertion of stimulator and electrodes (Anaes.) (Assist.)	$1,204.20

Surgical Operations		Colorectal
Item No.	**Description**	**Maximum Fee**
32210	Gracilis Neosphincter Pacemaker, replacement of (Anaes.)	$349.90
32212	Ano-rectal application of formalin in the treatment of radiation proctitis, where performed in the operating theatre of a hospital or approved day-hospital facility, excluding aftercare (Anaes.)	$224.60

CATEGORY THREE : THERAPEUTIC PROCEDURES
GROUP T8: SURGICAL OPERATIONS
- SUBGROUP 3 - VASCULAR

Surgical Operations — Vascular

Item No.	Description	Maximum Fee
	VARICOSE VEINS	
32500	Varicose veins where varicosity measures 2.5mm or greater in diameter, multiple injections of sclerosant using continuous compression techniques, including associated consultation - 1 or both legs - not being a service associated with any other varicose vein operation on the same leg (excluding after-care) to a maximum of 6 treatments in a 12 month period (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$178.20
32501	Varicose veins where varicosity measures 2.5mm or greater in diameter, multiple injections of sclerosant using continuous compression techniques, including associated consultation - 1 or both legs - not being a service associated with any other varicose vein operation on the same leg (excluding after-care) - where it can be demonstrated that a 7th or subsequent treatment (including any treatments to which Item 32500 applies) is indicated in a 12 month period *(refer to the explanatory notes to this Category - MBS Book)*	$153.40
32504	Varicose veins, multiple excision of tributaries, with or without division of 1 or more perforating veins - 1 leg - not being a service associated with a service to which item 32507, 32508, 32511, 32514 or 32517 applies on the same leg (Anaes.)	$383.40
32507	Varicose veins, sub-fascial surgical exploration of one or more incompetent perforating veins - 1 leg - not being a service associated with a service to which item 32508, 32511, 32514 or 32517 applies on the same leg (Anaes.) (Assist.)	$760.30
32508	Varicose veins, complete dissection at the sapheno-femoral or sapheno-popliteal junction, 1 leg - with or without either ligation or stripping, or both, of the long or short saphenous veins, for the first time on the same leg, including excision or injection of either tributaries or incompetent perforating veins, or both (Anaes.) (Assist.)	$760.30
32511	Varicose veins, complete dissection at the sapheno-femoral and sapheno-popliteal junction, 1 leg - with or without either ligation or stripping, or both, of the long or short saphenous veins, for the first time on the same leg, including excision or injection of either tributaries or incompetent perforating veins, or both (Anaes.) (Assist.)	$1,134.00
32514	Varicose veins, ligation of the long or short saphenous vein on the same leg, with or without stripping, by re-operation for recurrent veins in the same territory - 1 leg - including excision or injection of either tributaries or incompetent perforating veins, or both (Anaes.) (Assist.)	$1,323.00
32517	Varicose veins, ligation of the long and short saphenous vein on the same leg, with or without stripping, by re-operation for recurrent veins in either territory - 1 leg - including excision or injection of either tributaries or incompetent perforating veins, or both (Anaes.) (Assist.)	$1,701.00
	BYPASS OR ANASTOMOSIS FOR OCCLUSIVE ARTERIAL DISEASE	
32700	Artery of neck, bypass using vein or synthetic material (Anaes.) (Assist.)	$2,060.60
32703	Internal carotid artery, transection and reanastomosis of, or resection of small length and reanastomosis of - with or without endarterectomy (Anaes.) (Assist.)	$1,763.60
32708	Aortic Bypass for occlusive disease using a straight non-bifurcated graft (Anaes.) (Assist.)	$2,081.20

Surgical Operations		Vascular
Item No.	**Description**	**Maximum Fee**
32710	Aortic Bypass for occlusive disease using a bifurcated graft with 1 or both anastomoses to the iliac arteries (Anaes.) (Assist.)	$2,310.10
32711	Aortic Bypass for occlusive disease using a bifurcated graft with 1 or both anastomoses to the common femoral or profunda femoris arteries (Anaes.) (Assist.)	$2,540.20
32712	Ilio-femoral bypass grafting (Anaes.) (Assist.)	$1,807.90
32715	Axillary or subclavian to femoral bypass grafting to 1 or both femoral arteries (Anaes.) (Assist.)	$1,807.90
32718	Femoro-femoral or ilio-femoral cross-over bypass grafting (Anaes.) (Assist.)	$1,707.50
32721	Renal artery, bypass grafting to (Anaes.) (Assist.)	$2,706.50
32724	Renal arteries (both), bypass grafting to (Anaes.) (Assist.)	$3,078.00
32730	Mesenteric vessel (single), bypass grafting to (Anaes.) (Assist.)	$2,336.00
32733	Mesenteric vessels (multiple), bypass grafting to (Anaes.) (Assist.)	$2,706.50
32736	Inferior mesenteric artery, operation on, when performed in conjunction with another intra-abdominal vascular operation (Anaes.) (Assist.)	$595.10
32739	Femoral artery bypass grafting using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with above knee anastomosis (Anaes.) (Assist.)	$1,858.70
32742	Femoral artery bypass grafting using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis to below knee popliteal artery (Anaes.) (Assist.)	$2,134.10
32745	Femoral artery bypass grafting using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis to tibio peroneal trunk or tibial or peroneal artery (Anaes.) (Asssit.)	$2,432.20
32748	Femoral artery bypass grafting using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis within 5cms of the ankle joint (Anaes.) (Assist.)	$2,628.70
32751	Femoral artery bypass grafting using synthetic graft, with lower anastomosis above or below the knee (Anaes.) (Assist.)	$1,707.50
32754	Femoral artery bypass grafting, using a composite graft (synthetic material and vein) with lower anastomosis above or below the knee, including use of a cuff or sleeve of vein at 1 or both anastomoses (Anaes.) (Assist.)	$2,134.10
32757	Femoral artery sequential bypass grafting (using a vein or synthetic material) where an additional anastomosis is made to separately revascularise more than 1 artery - each additional artery revascularised beyond a femoral bypass (Anaes.) (Assist.)	$595.10
32760	Vein, harvesting of, from leg or arm for bypass or replacement graft when not performed on the limb which is the subject of the bypass or graft - each vein (Anaes.) (Assist.)	$595.10
32763	Arterial bypass grafting, using vein or synthetic material, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)	$1,707.50

Surgical Operations — Vascular

Item No.	Description	Maximum Fee
32766	Arterial or venous anastomosis, not being a service to which another item in this Sub-group applies, as an independent procedure (Anaes.) (Assist.)	$1,937.50
32769	Arterial or venous anastomosis not being a service to which another item in this Sub-group applies, when performed in combination with another vascular operation (including graft to graft anastomosis) (Anaes.) (Assist.)	$393.10
	BYPASS, REPLACEMENT, LIGATION OF ANEURYSMS	
33050	Bypass grafting to replace a popliteal aneurysm using vein, including harvesting vein (when it is the ipsilateral long saphenous vein) (Anaes.) (Assist.)	$2,096.30
33055	Bypass grafting to replace a popliteal aneurysm using a synthetic graft (Anaes.) (Assist.)	$1,679.40
33070	Aneurysm in the extremities, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	$1,209.60
33075	Aneurysm in the neck, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	$1,543.30
33080	Intra-abdominal or pelvic aneurysm, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	$1,882.40
33100	Aneurysm of common or internal carotid artery, or both, replacement by graft of vein or synthetic material (Anaes.) (Assist.)	$2,060.60
33103	Thoracic aneurysm, replacement by graft (Anaes.) (Assist.)	$2,892.20
33109	Thoraco-abdominal aneurysm, replacement by graft including re-implantation of arteries (Anaes.) (Assist.)	$3,504.60
33112	Suprarenal abdominal aortic aneurysm, replacement by graft including re-implantation of arteries (Anaes.) (Assist.)	$3,027.20
33115	Infrarenal abdominal aortic aneurysm, replacement by tube graft, not being a service associated with a service to which item 33116 applies (Anaes.) (Assist.)	$2,134.10
33116	Infrarenal abdominal aortic aneurysm, replacement by tube graft using endovascular repair procedure, excluding associated radiological services (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	N/A
33118	Infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to iliac arteries (with or without excision of common iliac aneurysms) not being a service associated with a service to which item 33119 applies (Anaes.) (Assist.)	$2,432.20
33119	Infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to one or both iliac arteries using endovascular repair procedure, excluding associated radiological services (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	N/A
33121	Infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to 1 or both femoral arteries (with or without excision or bypass of common iliac aneurysms) (Anaes.) (Assist.)	$2,432.20
33124	Aneurysm of iliac artery (common, external or internal), replacement by graft - unilateral (Anaes.) (Assist.)	$1,735.60
33127	Aneurysms of iliac arteries (common, external or internal), replacement by graft - bilateral (Anaes.) (Assist.)	$2,285.30
33130	Aneurysm of visceral artery, excision and repair by direct anastomosis or replacement by graft (Anaes.) (Assist.)	$1,982.90
33133	Aneurysm of visceral artery, dissection and ligation of arteries without restoration of continuity (Anaes.) (Assist.)	$1,488.20

Surgical Operations		Vascular
Item No.	**Description**	**Maximum Fee**
33136	False aneurysm, repair of, at aortic anastomosis following previous aortic surgery (Anaes.) (Assist.)	$3,757.30
33139	False aneurysm, repair of, in iliac artery and restoration of arterial continuity (Anaes.) (Assist.)	$2,285.30
33142	False aneurysm, repair of, in femoral artery and restoration of arterial continuity (Anaes.) (Assist.)	$2,134.10
33145	Ruptured thoracic aortic aneurysm, replacement by graft (Anaes.) (Assist.)	$3,645.00
33148	Ruptured thoraco-abdominal aortic aneurysm, replacement by graft (Anaes.) (Assist.)	$4,543.60
33151	Ruptured suprarenal abdominal aortic aneurysm, replacement by graft (Anaes.) (Assist.)	$4,318.90
33154	Ruptured infrarenal abdominal aortic aneurysm, replacement by tube graft (Anaes.) (Assist.)	$3,201.10
33157	Ruptured infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to iliac arteries (with or without excision or bypass of common iliac aneurysms) (Anaes.) (Assist.)	$3,571.60
33160	Ruptured infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to 1 or both femoral arteries (Anaes.) (Assist.)	$3,757.30
33163	Ruptured iliac artery aneurysm, replacement by graft (Anaes.) (Assist.)	$3,015.40
33166	Ruptured aneurysm of visceral artery, replacement by anastomosis or graft (Anaes.) (Assist.)	$3,015.40
33169	Ruptured aneurysm of visceral artery, simple ligation of (Anaes.) (Assist.)	$2,353.30
33172	Aneurysm of major artery, replacement by graft, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)	$1,830.60
33175	Ruptured Aneurysm in the extremities, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	$1,695.60
33178	Ruptured Aneurysm in the neck, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	$2,158.90
33181	Ruptured Inter-Abdominal or Pelvic Aneurysm, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	$2,639.50
	ENDARTERECTOMY AND ARTERIAL PATCH	
33500	Artery or arteries of neck, endarterectomy of, including closure by suture (where endarterectomy of 1 or more arteries is undertaken through 1 arteriotomy incision) (Anaes.) (Assist.)	$1,465.60
33506	Innominate or subclavian artery, endarterectomy of, including closure by suture (Anaes.) (Assist.)	$1,814.40
33509	Aortic endarterectomy, including closure by suture, not being a service associated with another procedure on the aorta (Anaes.) (Assist.)	$1,881.40
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.) (Assist.)	$2,032.60
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.) (Assist.)	$2,179.40

Surgical Operations — Vascular

Item No.	Description	Maximum Fee
33518	Iliac endarterectomy, including closure by suture, not being a service associated with another procedure on the iliac artery (Anaes.) (Assist.)	$1,814.40
33521	Ilio-femoral endarterectomy (1 side), including closure by suture (Anaes.) (Assist.)	$1,965.60
33524	Renal artery, endarterectomy of (Anaes.) (Assist.)	$2,336.00
33527	Renal arteries (both), endarterectomy of (Anaes.) (Assist.)	$2,706.50
33530	Coeliac or superior mesenteric artery, endarterectomy of (Anaes.) (Assist.)	$2,336.00
33533	Coeliac and superior mesenteric artery, endarterectomy of (Anaes.) (Assist.)	$2,634.10
33536	Inferior mesenteric artery, endarterectomy of, not being a service associated with a service to which another item in this Sub-group applies (Anaes.) (Assist.)	$1,937.50
33539	Artery of extremities, endarterectomy of, including closure by suture (Anaes.) (Assist.) .	$1,381.30
33542	Extended deep femoral endarterectomy where the endarterectomy is at least 7cms long (Anaes.) (Assist.)	$1,982.90
33545	Artery, vein or bypass graft, patch grafting to by vein or synthetic material where patch is less than 3cm long (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$398.50
33548	Artery, vein or bypass graft, patch grafting to by vein or synthetic material where patch is 3cm long or greater (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$803.50
33551	Vein, harvesting of from leg or arm for patch when not performed through same incision as operation (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$398.50
33554	Endarterectomy, in conjunction with an arterial bypass operation to prepare the site for anastomosis-each site (Anaes.) (Assist.)	$197.60
	EMBOLECTOMY, THROMBECTOMY AND VASCULAR TRAUMA	
33800	Embolus, removal of, from artery of neck (Anaes.) (Assist.)	$1,690.20
33803	Embolectomy or thrombectomy, by abdominal approach, of an artery or bypass graft of trunk (Anaes.) (Assist.)	$1,606.00
33806	Embolectomy or thrombectomy, including the infusion of thrombolytic or other agents, from an artery or bypass graft of extremities, or embolectomy of abdominal artery via the femoral artery (Anaes.) (Assist.)	$1,168.60
33810	Inferior vena cava or iliac vein, closed thrombectomy by catheter via the femoral vein (Anaes.) (Assist.)	$818.60
33811	Inferior vena cava or iliac vein, open removal of thrombus or tumour (Anaes.) (Assist.)	$2,446.20
33812	Thrombus, removal of, from femoral or other similar large vein (Anaes.) (Assist.)	$1,337.00
33815	Major artery or vein of extremity, repair of wound of, with restoration of continuity, by lateral suture (Anaes.) (Assist.)	$1,151.30

Surgical Operations — Vascular

Item No.	Description	Maximum Fee
33818	Major artery or vein of extremity, repair of wound of, with restoration of continuity, by direct anastomosis (Anaes.) (Assist.)	$1,342.40
33821	Major artery or vein of extremity, repair of wound of, with restoration of continuity, by interposition graft of synthetic material or vein (Anaes.) (Assist.)	$1,533.60
33824	Major artery or vein of neck, repair of wound of, with restoration of continuity, by lateral suture (Anaes.) (Assist.)	$1,465.60
33827	Major artery or vein of neck, repair of wound of, with restoration of continuity, by direct anastomosis (Anaes.) (Assist.)	$1,606.00
33830	Major artery or vein of neck, repair of wound of, with restoration of continuity, by interposition graft of synthetic material or vein (Anaes.) (Assist.)	$1,971.00
33833	Major artery or vein of abdomen, repair of wound of, with restoration of continuity by lateral suture (Anaes.) (Assist.)	$1,909.40
33836	Major artery or vein of abdomen, repair of wound of, with restoration of continuity by direct anastomosis (Anaes.) (Assist.)	$2,285.30
33839	Major artery or vein of abdomen, repair of wound of, with restoration of continuity by means of interposition graft (Anaes.) (Assist.)	$2,656.80
33842	Artery of neck, re-operation for bleeding or thrombosis after carotid or vertebral artery surgery (Anaes.) (Assist.)	$1,314.40
33845	Laparotomy for control of post operative bleeding or thrombosis after intra-abdominal vascular procedure, where no other procedure is performed (Anaes.) (Assist.)	$921.20
33848	Extremity, re-operation on, for control of bleeding or thrombosis after vascular procedure, where no other procedure is performed (Anaes.) (Assist.)	$921.20
	LIGATION, EXCISION, ELECTIVE REPAIR, DECOMPRESSION OF VESSELS	
34100	Major artery of neck, elective ligation or exploration of, not being a service associated with any other vascular procedure (Anaes.) (Assist.)	$1,016.30
34103	Great artery or great vein (including subclavian, axillary, iliac, femoral or popliteal), ligation of, or exploration of, not being a service associated with any other vascular procedure except those services to which items 32508, 32511, 32514 or 32517 apply (Anaes.) (Assist.)	$600.50
34106	Artery or vein (including brachial, radial, ulnar or tibial), ligation of, by elective operation, or exploration of, not being a service associated with any other vascular procedure except those services to which items 32508, 32511, 32514 or 32517 apply (Anaes.) (Assist.)	$415.80
34109	Temporal artery, biopsy of (Anaes.) (Assist.)	$449.30
34112	Arterio-venous fistula of an extremity, dissection and ligation (Anaes.) (Assist.)	$1,230.10
34115	Arterio-venous fistula of the neck, dissection and ligation (Anaes.) (Assist.)	$1,381.30
34118	Arterio-venous fistula of the abdomen, dissection and ligation (Anaes.) (Assist.)	$1,982.90
34121	Arterio-venous fistula of an extremity, dissection and repair of, with restoration of continuity (Anaes.) (Assist.)	$1,589.80

Surgical Operations — Vascular

Item No.	Description	Maximum Fee
34124	Arterio-venous fistula of the neck, dissection and repair of, with restoration of continuity (Anaes.) (Assist.)	$1,741.00
34127	Arterio-venous fistula of the abdomen, dissection and repair of, with restoration of continuity (Anaes.) (Assist.)	$2,285.30
34130	Surgically created arterio-venous fistula of an extremity, closure of (Anaes.) (Assist.)	$719.30
34133	Scalenotomy (Anaes.) (Assist.)	$803.50
34136	First rib, resection of portion of (Anaes.) (Assist.)	$1,280.90
34139	Cervical rib, removal of, or other operation for removal of thoracic outlet compression, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)	$1,280.90
34142	Coeliac artery, decompression of, for coeliac artery compression syndrome, as an independent procedure (Anaes.) (Assist.)	$1,465.60
34145	Popliteal artery, exploration of, for popliteal entrapment, with or without division of fibrous tissue and muscle (Anaes.) (Assist.)	$1,151.30
34148	Carotid associated tumour, resection of, with or without repair or reconstruction of internal or common carotid arteries, when tumour is 4cm or less in maximum diameter (Anaes.) (Assist.)	$2,060.60
34151	Carotid associated tumour, resection of, with or without repair or reconstruction of internal or common carotid arteries, when tumour is greater than 4cm in maximum diameter (Anaes.) (Assist.)	$2,808.00
34154	Recurrent carotid associated tumour, resection of, with or without repair or replacement of portion of internal or common carotid arteries (Anaes.) (Assist.)	$3,369.60
34157	Neck, excision of infected bypass graft, including closure of vessel or vessels (Anaes.) (Assist.)	$1,707.50
34160	Aorto-duodenal fistula, repair of, by suture of aorta and repair of duodenum (Anaes.) (Assist.)	$3,201.10
34163	Aorto-duodenal fistula, repair of, by insertion of aortic graft and repair of duodenum (Anaes.) (Assist.)	$4,094.30
34166	Aorto-duodenal fistula, repair of, by oversewing of abdominal aorta, repair of duodenum and axillo bifemoral grafting (Anaes.) (Assist.)	$4,094.30
34169	Infected bypass graft from trunk, excision of, including closure of arteries (Anaes.) (Assist.)	$2,285.30
34172	Infected axillo-femoral or femoro-femoral graft, excision of, including closure of arteries (Anaes.) (Assist.)	$1,858.70
34175	Infected bypass graft from extremities, excision of including closure of arteries (Anaes.) (Assist.)	$1,707.50
	OPERATIONS FOR VASCULAR ACCESS	
34500	Arteriovenous shunt, external, insertion of (Anaes.) (Assist.)	$449.30
34503	Arteriovenous anastomosis of upper or lower limb, in conjunction with another venous or arterial operation (Anaes.) (Assist.)	$589.70
34506	Arteriovenous shunt, external, removal of (Anaes.) (Assist.)	$298.10

Surgical Operations — Vascular

Item No.	Description	Maximum Fee
34509	Arteriovenous anastomosis of upper or lower limb, not in conjunction with another venous or arterial operation (Anaes.) (Assist.)	$1,398.60
34512	Arteriovenous access device, insertion of (Anaes.) (Assist.)	$1,544.40
34515	Arteriovenous access device, thrombectomy of (Anaes.) (Assist.)	$1,100.50
34518	Stenosis of arteriovenous fistula or prosthetic arteriovenous access device, correction of (Anaes.) (Assist.)	$1,847.90
34521	Intra-abdominal artery or vein, cannulation of for infusion chemotherapy, by open operation (excluding aftercare) (Anaes.) (Assist.)	$747.40
34524	Arterial cannulation for infusion chemotherapy by open operation, not being a service to which item 34521 applies (excluding after-care) (Anaes.) (Assist.)	$595.10
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.)	$617.30
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.)	$381.20
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 Anaesthetic Item number for Specialist 17709	$595.10
34533	Isolated limb perfusion, including cannulation of artery and vein at commencement of procedure, regional perfusion for chemotherapy, or other therapy, repair of arteriotomy and venotomy at conclusion of procedure (excluding aftercare) (Anaes.)	$1,774.40
	COMPLEX VENOUS OPERATIONS	
34800	Inferior vena cava, plication, ligation, or application of caval clip (Anaes.) (Assist.)	$1,168.60
34803	Inferior vena cava, reconstruction of or bypass by vein or synthetic material (Anaes.) (Assist.)	$2,583.40
34806	Cross leg bypass grafting, saphenous to iliac or femoral vein (Anaes.) (Assist.)	$1,381.30
34809	Saphenous vein anastomosis to femoral or popliteal vein for femoral vein bypass (Anaes.) (Assist.)	$1,381.30
34812	Venous stenosis or occlusion, vein bypass for, using vein or synthetic material, not being a service associated with a service to which item 34806 or 34809 applies (Anaes.) (Assist.)	$1,684.80
34815	Vein stenosis, patch angioplasty for, (excluding vein graft stenosis) - using vein or synthetic material (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,381.30
34818	Venous valve, plication or repair to restore valve competency (Anaes.) (Assist.)	$1,533.60
34821	Vein transplant to restore valvular function (Anaes.) (Assist.)	$2,083.30
34824	External stent, application of, to restore venous valve competency to superficial vein - 1 stent (Anaes.) (Assist.)	$719.30

Surgical Operations — Vascular

Item No.	Description	Maximum Fee
34827	External stents, application of, to restore venous valve competency to superficial vein or veins - more than 1 stent (Anaes.) (Assist.)	$865.10
34830	External stent, application of, to restore venous valve competency to deep vein (1 stent) (Anaes.) (Assist.)	$1,016.30
34833	External stents, application of, to restore venous valve competency to deep vein or veins (more than 1 stent) (Anaes.) (Assist.)	$1,314.40
	SYMPATHECTOMY	
35000	Lumbar sympathectomy (Anaes.) (Assist.)	$1,016.30
35003	Cervical or upper thoracic sympathectomy by any surgical approach (Anaes.) (Assist.)	$1,314.40
35006	Cervical or upper thoracic sympathectomy, where operation is a reoperation for previous incomplete sympathectomy by any surgical approach (Anaes.) (Assist.)	$1,544.40
35009	Lumbar sympathectomy, where operation is following chemical sympathectomy or for previous incomplete surgical sympathectomy (Anaes.) (Assist.)	$1,280.90
35012	Sacral or pre-sacral sympathectomy (Anaes.) (Assist.)	$995.80
	DEBRIDEMENT AND AMPUTATIONS FOR VASCULAR DISEASE	
35100	Ischaemic limb, debridement of necrotic material, gangrenous tissue, or slough in, in the operating theatre of a hospital, when debridement includes muscle, tendon or bone (Anaes.) (Assist.)	$488.20
35103	Ischaemic limb, debridement of necrotic material, gangrenous tissue, or slough in, in the operating theatre of a hospital, superficial tissue only (Anaes.)	$314.30
	MISCELLANEOUS VASCULAR PROCEDURES	
35200	Operative arteriography or venography, 1 or more of, performed during the course of an operative procedure on an artery or vein, 1 site (Anaes.)	$263.50
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.) (Assist.)	$1,240.90
	ENDOVASCULAR INTERVENTIONAL PROCEDURES	
35300	Transluminal balloon angioplasty of 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	$730.10
35303	Transluminal balloon angioplasty of aortic arch branches, aortic visceral branches, or more than 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	$937.40
35304	Transluminal balloon angioplasty of 1 coronary artery, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	$735.50
35305	Transluminal balloon angioplasty of more than 1 coronary artery, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	$943.90
35306	Transluminal stent insertion including associated balloon dilatation for 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	$943.90

Surgical Operations — Vascular

Item No.	Description	Maximum Fee
35309	Transluminal stent insertion including associated balloon dilatation for visceral arteries or veins, or more than 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	$1,084.30
35310	Transluminal stent insertion including associated balloon dilatation for coronary artery, percutaneous or by open exposure, excluding associated radiological services and preparation, and excluding aftercare (Anaes.) (Assist.)	$1,089.70
35312	Peripheral arterial atherectomy including associated balloon dilatation of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	$1,230.10
35315	Peripheral laser angioplasty including associated balloon dilatation of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	$1,230.10
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 and not being a service associated withphotodynamic therapy with verteporfin) *(Anaes.) (Assist.) (refer to the explanatory notes to this Category - MBS Book)*	$510.80
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 and not being a service associated with photodynamic therapy with verteporfin) (Anaes.) (Assist.)	$912.60
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 and not being a service associated with photodynamic therapy with verteporfin) (Anaes.) (Assist.)	$1,225.80
35321	Peripheral arterial or venous catheterisation to administer agents to occlude arteries, veins or arterio-venous fistulae or to arrest haemorrhage, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare, not being a service associated with photodynamic therapy with verteporfin (Anaes.) (Assist.)	$1,151.30
35324	Angioscopy not combined with any other procedure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	$432.00
35327	Angioscopy combined with any other procedure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	$213.80
35330	Insertion of inferior vena caval filter, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)	$1,100.50
35335	Percutaneous transluminal rotational atherectomy of 1 coronary artery, including balloon angioplasty without stent insertion where each coronary artery lesion: - has not already been stented; and - is complex and heavily calcified and balloon angioplasty with or without stenting is not suitable, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,076.85

Surgical Operations — Vascular

Item No.	Description	Maximum Fee
35338	Percutaneous transluminal rotational atherectomy of 1 coronary artery, including balloon angioplasty and insertion of one or more stents, where each coronary artery lesion: - has not already been stented; and - is complex and heavily calcified and balloon angioplasty with or without stenting is not suitable, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,377.20
35341	Percutaneous transluminal rotational atherectomy of more than 1 coronary artery, including balloon angioplasty without stent insertion where each coronary artery lesion: - has not already been stented; and - is complex and heavily calcified and balloon angioplasty with or without stenting is not suitable, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,478.60
35344	Percutaneous transluminal rotational atherectomy of more than 1 coronary artery, including balloon angioplasty and insertion of one or more stents, where each coronary artery lesion: - has not already been stented; and - is complex and heavily calcified and balloon angioplasty with or without stenting is not suitable, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,929.20
35347	Catheter based intravascular brachytherapy treatment of in-stent restenoses in 1 coronary artery, catheterisation for using automated intravascular brachytherapy systems approved by the Therapeutic Goods Administration, including in the same artery; balloon angioplasty, excluding associated radiological services or preparation, and excluding aftercare. The procedure must be performed by a cardiologist in association with a radiation oncologist, and be performed in association with items 15360 and 15541, or items 15363 and 15541 (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$963.75
35350	Catheter based intravascular brachytherapy treatment of in-stent restenoses in 1 coronary artery, catheterisation for using automated intravascular brachytherapy systems approved by the Therapeutic Goods Administration, including in the same artery; balloon angioplasty and intravascular ultrasound, excluding associated radiological services or preparation, and excluding aftercare. The procedure must be performed by a cardiologist in association with a radiation oncologist, and be performed in association with items 15360 and 15541, or items 15363 and 15541 (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,285.05
35353	Catheter based intravascular brachytherapy treatment of in-stent restenoses in 1 coronary artery, catheterisation for using automated intravascular brachytherapy systems approved by the Therapeutic Goods Administration, including in the same artery; balloon angioplasty and percutaneous transluminal rotational artherectomy excluding associated radiological services or preparation, and excluding aftercare. The procedure must be performed by a cardiologist in association with a radiation oncologist, and be performed in association with items 15360 and15541, or items 15363 and 15541 (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,425.00
35356	Catheter based intravascular brachytherapy treatment of in-stent restenoses in 1 coronary artery, catheterisation for using automated intravascular brachytherapy systems approved by the Therapeutic Goods Administration, including in the same artery; balloon angioplasty and percutaneous transluminal rotational artherectomy and intravascular ultrasound, excluding associated radiological services or preparation, and excluding aftercare. The procedure must be performed by a cardiologist in association with a radiation oncologist, and be performed in association with items 15360 and 15541, or items 15363 and 15541 (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,746.30

CATEGORY THREE: THERAPEUTIC PROCEDURES

GROUP T8: SURGICAL OPERATIONS

The following services are classified as N/A – Not Applicable by the Corporation. In a circumstance where a service is deemed necessary and appropriate by the medical practitioner, please contact your patient's case manager to discuss payment.

SUBGROUP 4 - GYNAECOLOGICAL

Item No	Maximum Fee
35500	N/A
35503	N/A
35506	N/A
35507	N/A
35508	N/A
35509	N/A
35512	N/A
35513	N/A
35516	N/A
35517	N/A
35518	N/A
35520	N/A
35523	N/A
35526	N/A
35527	N/A
35530	N/A
35533	N/A
35536	N/A
35539	N/A
35542	N/A
35545	N/A
35548	N/A
35551	N/A
35554	N/A
35557	N/A
35560	N/A
35561	N/A
35562	N/A
35564	N/A
35565	N/A
35566	N/A
35567	N/A
35569	N/A
35572	N/A
35576	N/A
35580	N/A
35584	N/A
35587	N/A
35590	N/A
35593	N/A

SUBGROUP 4 - GYNAECOLOGICAL (continued)

Item No	Maximum Fee
35596	N/A
35599	$973.10
35600	$819.70
35602	$968.80
35605	$536.80
35608	N/A
35611	N/A
35612	N/A
35613	N/A
35614	N/A
35615	N/A
35616	N/A
35617	N/A
35618	N/A
35620	N/A
35622	N/A
35623	N/A
35626	N/A
35627	N/A
35630	N/A
35633	N/A
35634	N/A
35635	N/A
35636	N/A
35637	N/A
35638	N/A
35639	N/A
35640	N/A
35641	N/A
35643	N/A
35644	N/A
35645	N/A
35646	N/A
35647	N/A
35648	N/A
35649	N/A
35653	N/A
35657	N/A
35658	N/A
35661	N/A
35664	N/A
35667	N/A
35670	N/A
35673	N/A
35674	N/A
35676	N/A
35677	N/A
35678	N/A

SUBGROUP 4 - GYNAECOLOGICAL (continued)

Item No	Maximum Fee
35680	N/A
35683	N/A
35684	N/A
35687	N/A
35688	N/A
35691	N/A
35694	N/A
35697	N/A
35700	N/A
35703	N/A
35706	N/A
35709	N/A
35710	N/A
35712	N/A
35713	N/A
35716	N/A
35717	N/A
35720	N/A
35723	N/A
35726	N/A
35729	N/A
35750	N/A
35753	N/A
35754	N/A
35756	N/A
35759	N/A

Surgical Procedures — Cardio-Thoracic

Item No.	Description	Maximum Fee
38270	Balloon valvuloplasty or spetostomy, including cardiac catheterisations before and after balloon dilation (Anaes.) (Assist.)	$1,174.00
38275	Myocardial biopsy, by cardiac catheterisation (Anaes.)	$378.00
38278	Single chamber permanent transvenous electrode, insertion, removal or replacement of (Anaes.)	$719.30
38281	Permanent cardiac pacemaker, insertion, removal or replacement of (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$286.20
38284	Permanent dual chamber transvenous electrodes, insertion, removal or replacement of (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$943.90
	ARRHYTHMIA ABLATION	
38287	Ablation of arrhythmia circuit or focus or isolation procedure involving 1 atrial chamber (Anaes.) (Assist.)	$2,665.40
38290	Ablation of arrhythmia circuits or foci, or isolation procedure involving both atrial chambers and including curative procedures for atrial fibrillation (Anaes.) (Assist.)	$3,392.30
38293	Ventricular arrhythmia with mapping and ablation, including all associated electrophysiological studies performed on the same day (Anaes.) (Assist.)	$3,642.80
	THORACIC SURGERY	
38400	Thoracic cavity, aspiration of, for diagnostic purposes, not being a service associated with a service to which item 38403 applies	$55.60
38403	Thoracic cavity, aspiration of, with therapeutic drainage (paracentesis), with or without diagnostic sample	$98.80
38406	Pericardium, paracentesis of (excluding after-care) (Anaes.)	$191.20
38409	Intercostal drain, insertion of, not involving resection of rib (excluding after-care) (Anaes.)	$191.20
38410	Intercostal drain, insertion of, with pleurodesis and not involving resection of rib (excluding after-care) (Anaes.)	$220.30
38412	Percutaneous needle biopsy of lung (Anaes.)	$291.60
38415	Empyema, radical operation for, involving resection of rib (Anaes.) (Assist.)	$550.80
38418	Thoracotomy, exploratory, with or without biopsy (Anaes.) (Assist.)	$1,235.50
38421	Thoracotomy, with pulmonary decortication (Anaes.) (Assist.)	$1,971.00
38424	Thoracotomy, with pleurectomy or pleurodesis, or enucleation of hydatid cysts (Anaes.) (Assist.)	$1,235.50
38427	Thoracoplasty (complete) - 3 or more ribs (Anaes.) (Assist.)	$1,623.20
38430	Thoracoplasty (in stages) - each stage (Anaes.) (Assist.)	$847.80
38436	Thoracoscopy, with or without division of pleural adhesions, including insertion of intercostal catheter, with or without biopsy (Anaes.)	$331.60

Surgical Procedures — Cardio-Thoracic

Item No.	Description	Maximum Fee
38225	Selective coronary angiography, placement of catheters and injection of opaque material into the native coronary arteries and placement of catheter(s) and injection of opaque material into free coronary graft(s) attached to the aorta (irrespective of the number of grafts), not being a service associated with a service to which item 38215, 38218, 38220, 38222, 38228, 38231, 38234, 38237, 38240 or 38246 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$818.50
38228	Selective coronary angiography, placement of catheters and injection of opaque material into the native coronary arteries and placement of catheter(s) and injection of opaque material into direct internal mammary artery graft(s) to one or more coronary arteries (irrespective of the number of grafts), not being a service associated with a service to which item 38215, 38218, 38220, 38222, 38225, 38231, 38234, 38237, 38240 or 38246 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,091.30
38231	Selective coronary angiography, placement of catheters and injection of opaque material into the native coronary arteries and placement of catheter(s) and injection of opaque material into the free coronary graft(s) attached to the aorta (irrespective of the number of grafts), and placement of catheter(s) and injection of opaque material into direct internal mammary artery graft(s) to one or more coronary arteries (irrespective of the number of grafts), not being a service associated with a service to which item 38215, 38218, 38220, 38222, 38225, 38228, 38234, 38237, 38240 or 38246 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,364.10
38234	Selective coronary angiography, placement of catheters and injection of opaque material with right or left heart catheterisation or both, or aortography and placement of catheter(s) and injection of opaque material into the free coronary graft(s) attached to the aorta (irrespective of the number of grafts), not being a service associated with a service to which item 38215, 38218, 38220, 38222, 38225, 38228, 38231, 38237, 38240 or 38246 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,091.20
38237	Selective coronary angiography, placement of catheters and injection of opaque material with right or left heart catheterisation or both, or aortography and placement of catheter(s) and injection of opaque material into direct internal mammary artery graft(s) to one or more coronary arteries (irrespective of the number of grafts), not being a service associated with a service to which item 38215, 38218, 38220, 38222, 38225, 38228, 38231, 38234, 38240 or 38246 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,364.00
38240	Selective coronary angiography, placement of catheters and injection of opaque material with right or left heart catheterisation or both, or aortography and placement of catheter(s) and injection of opaque material into free coronary graft(s) attached to the aorta (irrespective of the number of grafts), and placement of catheter(s) and injection of opaque material into direct internal mammary artery graft(s) to one or more coronary arteries (irrespective of the number of grafts), not being a service associated with a service to which item 38215, 38218, 38220, 38222, 38225, 38228, 38231, 38234, 38237 or 38246 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,636.90
38243	Placement of catheter(s) and injection of opaque material into any coronary vessel(s) or graft(s) prior to any coronary interventional procedure, not being a service associated with a service to which item 38246 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$545.60
38246	Selective coronary angiography, placement of catheters and injection of opaque material with right or left heart catheterisation or both, or aortography followed by placement of catheters prior to any coronary interventional procedure, not being a service associated with a service to which item 38215, 38218, 38220, 38222, 38225, 38228, 38231, 38234, 38237, 38240 or 38243 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,364.00
38256	Temporary transvenous pacemaking electrode, insertion of (Anaes.)	$298.10

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T8: SURGICAL OPERATIONS
- SUBGROUP 6 - CARDIO-THORACIC

Surgical Procedures		Cardio-Thoracic
Item No.	**Description**	**Maximum Fee**
	MISCELLANEOUS CARDIAC PROCEDURES	
38200	Right heart catheterisation, including fluoroscopy, oximetry, dye dilution curves, cardiac output measurement by any method, shunt detection and exercise stress test (Anaes.)	$510.80
38203	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 (Anaes.)	$635.00
38206	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 (Anaes.)	$769.00
38209	Cardiac electrophysiological study - up to and including 3 catheter investigation of any 1 or more of - syncope, atrio-ventricular conduction, sinus node function or simple ventricular tachycardia studies, not being a service associated with a service to which item 38212 or 38213 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$865.10
38212	Cardiac electrophysiological study - 4 or more catheter supraventricular tachycardia investigation; or complex tachycardia inductions, or multiple catheter mapping, or acute intravenous anti-arrhythmic drug testing with pre and post drug inductions; or catheter ablation to intentionally induce complete AV block; or intra-operative mapping; or electrophysiological services during defibrillator implantation - not being as service associated with a service to which item 38209 or 38213 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,358.60
38213	Cardiac Electrophysiological study, for follow-up testing of implanted defibrillator - not being a service associated with a service to which item 38209 or 38212 applies (Anaes.)	$867.20
38215	Selective coronary angiography placement of catheters and injection of opaque material into the native coronary arteries, not being a service associated with a service to which item 38218, 38220, 38222, 38225, 38228, 38231, 38234, 38237, 38240 or 38246 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$510.80
38218	Selective coronary angiography, placement of catheters and injection of opaque material with right or left heart catheterisation, or both, or aortography, not being a service associated with a service to which item 38215, 38220, 38222, 38225, 38228, 38231, 38234, 38237, 38240 or 38246 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$881.30
38220	Selective coronary graft angiography placement of catheter(s) and injection of opaque material into free coronary graft(s) attached to the aorta (irrespective of the number of grafts) not being a service associated with a service to which item 38215, 38218, 38222, 38225, 38228, 38231, 38234, 38237, 38240 or38246 applies (Anaes) *(refer to the explanatory notes to this Category - MBS Book)*	$252.00
38222	Selective coronary graft angiography, placement of catheter(s) and injection of opaque material into direct internal mammary artery graft(s) to one or more coronary arteries (irrespective of the number of grafts) not being a service associated with a service to which item 38215, 38218, 38220, 38225, 38228, 38231, 38234, 38237, 38240 or 38246 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$510.80

Surgical Operations — Urological

Item No.	Description	Maximum Fee
37806	Undescended testis in inguinal canal close to deep inguinal ring or within abdominal cavity, orchidopexy for (Anaes.) (Assist.)	N/A
37809	Undescended testis, revision orchidopexy for (Anaes.) (Assist.)	N/A
37812	Impalpable testis, exploration of groin for, not being a service associated with a service to which items 37803 to 37809 apply (Anaes.) (Assist.)	N/A
37815	Hypospadias, examination under anaesthesia with erection test (Anaes.)	N/A
37818	Hypospadias, glanuloplasty incorporating meatal advancement (Anaes.) (Assist.) Anaesthetic Item number for Specialist 17709 (Assist.)	N/A
37821	Hypospadias, distal, 1 stage repair (Anaes.) (Assist.)	N/A
37824	Hypospadias, proximal, 1 stage repair (Anaes.) (Assist.)	N/A
37827	Hypospadias, staged repair, first stage (Anaes.) (Assist.)	N/A
37830	Hypospadias, staged repair, second stage (Anaes.) (Assist.)	N/A
37833	Hypospadias, repair of post operative urethral fistula (Anaes.) (Assist.)	N/A
37836	Epispadias, staged repair, first stage (Anaes.) (Assist.)	N/A
37839	Epispadias, staged repair, second stage (Anaes.) (Assist.)	N/A
37842	Exstrophy of bladder or epispadias, secondary repair with bladder neck tightening, with or without ureteric reimplantation (Anaes.) (Assist.)	N/A
37845	Ambiguous genitalia with urogenital sinus, reduction clitoroplasty, with or without endoscopy (Anaes.) (Assist.)	N/A
37848	Ambiguous genitalia with urogenital sinus, reduction clitoroplasty, with endoscopy and vaginoplasty (Anaes.) (Assist.)	N/A
37851	Congenital adrenal hyperplasia, mixed gonadal dysgenesis or similar condition, vaginoplasty for, with or without endoscopy (Anaes.) (Assist.)	N/A
37854	Urethral valve, destruction of, including cystoscopy and urethroscopy (Anaes.) (Assist.)	N/A

Surgical Operations — Urological

Item No.	Description	Maximum Fee
37418	Penis, correction of chordee, with or without excision of fibrous plaque or plaques and with or without grafting, involving mobilization of the urethra (Anaes.) (Assist.)	N/A
37420	Penis, surgery to inhibit rapid penile drainage causing impotence, by ligation of veins deep to Buck's fascia including 1 or more deep cavernosal veins, with or without pharmacological erection test (Anaes.) (Assist.)	$477.40
37423	Penis, lengthening by translocation of corpora (Anaes.) (Assist.)	$1,184.80
37426	Penis, artificial erection device, insertion of, into 1 or both corpora (Anaes.) (Assist.)	$1,246.30
37429	Penis, artificial erection device, insertion of pump and pressure regulating reservoir (Anaes.) (Assist.)	$415.80
37432	Penis, artificial erection device, complete or partial revision or removal of components, with or without replacement (Anaes.) (Assist.)	$1,184.80
37435	Penis, frenuloplasty as an independent procedure (Anaes.)	$118.80
37438	Scrotum, partial excision of (Anaes.) (Assist.)	$354.20
37444	Ureterolithotomy complicated by previous surgery at the same site of the same ureter (Anaes.) (Assist.)	$1,258.20
	OPERATIONS ON TESTES, VASA OR SEMINAL VESICLES	
37601	Spermatocele or epididymal cyst, excision of, 1 or more of, on 1 side (Anaes.)	$354.20
37604	Exploration of scrotal contents, with or without fixation and with or without biopsy, unilateral, not being a service associated with sperm harvesting for IVF (Anaes.)	$354.20
37607	Retroperitoneal lymph node dissection, unilateral, not being a service associated with a service to which item 36528 applies (Anaes.) (Assist.)	$1,184.80
37610	Retroperitoneal lymph node dissection, unilateral, not being a service associated with a service to which item 36528 applies, following previous similar retroperitoneal dissection, retroperitoneal irradiation or chemotherapy (Anaes.) (Assist.)	$1,774.40
37613	Epididymectomy (Anaes.)	$354.20
37616	Vasovasostomy or vasoepididymostomy, unilateral, using operating microscope, for other than reversal of previous elective sterilisation, not being a service associated with sperm harvesting for IVF (Anaes.) (Assist.)	$887.80
37619	Vasovasostomy or vasoepididymostomy, unilateral, for other than reversal of previous elective sterilisation, not being a service associated with sperm harvesting for IVF (Anaes.) (Assist.)	$354.20
37622	Vasotomy or vasectomy, unilateral or bilateral (G) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$298.10
37623	Vasotomy or vasectomy, unilateral or bilateral (S) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$298.10
	PAEDIATRIC GENITOURINARY SURGERY	
37800	Patent urachus, excision of (Anaes.) (Assist.)	N/A
37803	Undescended testis, orchidopexy for, not being a service to which item 37806 applies (Anaes.) (Assist.)	N/A

Surgical Operations		Urological
Item No.	**Description**	**Maximum Fee**
37341	Urethral sling, division or removal of, for urethral obstruction or erosion, following previous surgery for urinary incontinence, suprapubic or combined suprapubic/vaginal approach, not being a service associated with a service to which item 37340 applies (Anaes.) (Assist.)	N/A
37342	Urethroplasty - single stage operation (Anaes.) (Assist.)	$1,067.00
37343	Urethroplasty, single stage operation, transpubic approach via separate incisions above and below the symphysis pubis, excluding laparotomy, symphysectomy and suprapubic cystotomy, with or without re-routing of the urethra around the crura (Anaes.) (Assist.)	N/A
37345	Urethroplasty - 2 stage operation - first stage (Anaes.) (Assist.)	$887.80
37348	Urethroplasty - 2 stage operation - second stage (Anaes.) (Assist.)	$887.80
37351	Urethroplasty, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$354.20
37354	Hypospadias, meatotomy and hemi-circumcision (Anaes.) (Assist.)	$415.80
37369	Urethra, excision of prolapse of (Anaes.)	$235.40
37372	Urethral diverticulum, excision of (Anaes.) (Assist.)	$595.10
37375	Urethral sphincter, reconstruction by bladder tubularisation technique or similar procedure (Anaes.) (Assist.)	$1,482.80
37381	Artificial urinary sphincter, insertion of cuff, perineal approach (Anaes.) (Assist.)	$949.30
37384	Artificial urinary sphincter, insertion of cuff, abdominal approach (Anaes.) (Assist.)	$1,482.80
37387	Artificial urinary sphincter, insertion of pressure regulating balloon and pump (Anaes.) (Assist.)	$415.80
37390	Artificial urinary sphincter, revision or removal of, with or without replacement (Anaes.) (Assist.)	$1,184.80
37393	Priapism, decompression by glanular stab caverno sospongiosum shunt or penile aspiration with or without lavage (Anaes.)	$298.10
37396	Priapism, shunt operation for, not being a service to which item 37393 applies (Anaes.) (Assist.)	$949.30
37402	Penis, partial amputation of (Anaes.) (Assist.)	$595.10
37405	Penis, complete or radical amputation of (Anaes.) (Assist.)	$1,184.80
37408	Penis, repair of laceration of cavernous tissue, or fracture involving cavernous tissue (Anaes.) (Assist.)	$595.10
37411	Penis, repair of avulsion (Anaes.) (Assist.)	$1,184.80
37415	Penis, injection of, for the investigation and treatment of impotence - 2 services only in a period of 36 consecutive months	$59.40
37417	Penis, correction of chordee, with or without excision of fibrous plaque or plaques and with or without grafting (Anaes.) (Assist.)	$712.80

Surgical Operations — Urological

Item No.	Description	Maximum Fee
37212	Prostate, open perineal biopsy or open drainage of abscess (Anaes.) (Assist.)	$354.20
37215	Prostate, biopsy of, endoscopic, with or without cystoscopy (Anaes.) (Assist.)	$533.50
37218	Prostate, needle biopsy of, or injection into (Anaes.)	$177.10
37219	Prostate, transrectal needle biopsy of, using transrectal prostatic ultrasound techniques and obtaining 1 or more prostatic specimens, being a service associated with a service to which item 55300 or 55303 applies (Anaes.) (Assist.)	$359.60
37220	Prostate, radioactive seed implantation of, urological component, using transrectal ultrasound guidance, for *(refer to the MBS Book for full description)*	$1,301.70
37221	Prostatic abscess, endoscopic drainage of (Anaes.) (Assist.)	$595.10
37223	Prostatic coil, insertion of, under ultrasound control (Anaes.)	$258.10
37224	Prostae, diathermy or visual laser destruction of lesion of, not being a service associated with a service to which item 37201, 37202, 37203, 37206, 37207 or 37215 applies (Anaes.)	$393.10
	OPERATIONS ON URETHRA, PENIS OR SCROTUM	
37300	Urethral sounds, passage of, as an independent procedure (Anaes.)	$59.40
37303	Urethral stricture, dilatation of (Anaes.)	$95.60
37306	Urethra, repair of rupture of distal section (Anaes.) (Assist.)	$831.60
37309	Urethra, repair of rupture of prostatic or membranous segment (Anaes.) (Assist.)	$1,184.80
37315	Urethroscopy, as an independent procedure (Anaes.)	$177.10
37318	Urethroscopy, with any 1 or more of; biopsy, diathermy, visual laser destruction of stone or removal of foreign body or stone (Anaes.) (Assist.)	$354.20
37321	Urethral meatotomy, external (Anaes.)	$118.80
37324	Urethrotomy or urethrostomy, internal or external (Anaes.)	$298.10
37327	Urethrotomy, optical, for urethral stricture (Anaes.) (Assist.)	$415.80
37330	Urethrectomy, partial or complete, for removal of tumour (Anaes.) (Assist.)	$831.60
37333	Urethro-vaginal fistula, closure of (Anaes.) (Assist.)	$712.80
37336	Urethro-rectal fistula, closure of (Anaes.) (Assist.)	$949.30
37339	Peri-urethral or transurethral injection of materials for the treatment of urinary incontinence including cystoscopy and urethroscopy (Anaes.)	$308.90
37340	Urethral sling, division or removal of, for urethral obstruction or erosion, following previous surgery for urinary incontinence, vaginal approach, not being a service associated with a service to which item 37341 applies (Anaes.) (Assist.)	N/A

Surgical Operations — Urological

Item No.	Description	Maximum Fee
37045	Mitrofanoff continent valve, formation of (Anaes.) (Assist.)	$1,779.80
37047	Bladder enlargement using intestine (Anaes.) (Assist.)	$2,134.10
37050	Bladder exstrophy closure, not involving sphincter reconstruction (Anaes.) (Assist.)	$949.30
37053	Bladder transection and re-anastomosis to trigone (Anaes.) (Assist.)	$1,067.00
	OPERATIONS ON THE PROSTATE	
37200	Prostatectomy, open (Anaes.) (Assist.)	$1,302.50
37201	Prostate, transurethral radio-frequency needle ablation of the, with or without cystoscopy and with or without urethroscopy, in patients with moderate to severe lower urinary tract symptoms who are not medically fit for transurethral resection of the prostate (that is, prostatectomy using diathermy or cold punch) and including services to which item 36854, 37203, 37206, 37207, 37208, 37303, 37321 or 37324 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,008.15
37202	Prostate, transurethral radio-frequency needle ablation of the, with or without cystoscopy and with or without urethroscopy, in patients with moderate to severe lower urinary tract symptoms who are not medically fit for transurethral resection of the prostate (that is, prostatectomy using diathermy or cold punch) and including services to which item 36854, 37303, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by item 37203, 37207, 37201 which had to be discontinued for medical reasons (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$505.95
37203	Prostatectomy (endoscopic using diathermy or cold punch) with or without cystoscopy, and with or without urethroscopy, and including services to which item 36854, 37201, 37202, 37207, 37208, 37303, 37321 or 37324 applies (Anaes.)	$1,482.80
37206	Prostatectomy (endoscopic using diathermy or cold punch), with or without cystoscopy, and with or without urethroscopy, and including services to which item 36854, 37303, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by item 37201, 37203, 37208 or which had to be discontinued for medical reasons (Anaes.)	$712.80
37207	Prostate, endoscopic non-contact (side firing) visual laser ablation, with or without cystoscopy and with or without urethroscopy, and including services to which items 36854, 37201, 37202, 37203, 37206, 37321 or 37324 applies (Anaes.)	$1,111.30
37208	Prostate, endoscopic non-contact (side firing) visual laser ablation, with or without cystoscopy and with or without urethroscopy, and including services to which items 36854, 37203, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by items 37201, 37203, 37207 or which had to be discontinued for medical reasons (Anaes.)	$531.40
37209	Prostate, and/or seminal vesicle/ampulla or vas, unilateral or bilateral, total excision of, not being a service associated with a service to which item number 37210 or 37211 applies (Anaes.) (Assist.)	$1,662.10
37210	Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the bladder and bladder neck reconstruction, not being a service associated with a service to which item 35551, 36502 or 37375 applies (Anaes.) (Assist.)	$2,031.50
37211	Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the bladder and bladder neck reconstruction, with pelvic lymphadenectomy, not being a service associated with a service to which item 35551, 36502 or 37375 applies (Anaes.) (Assist.)	$2,468.90

Surgical Operations — Urological

Item No.	Description	Maximum Fee
36842	Cystoscopy with lavage of blood clots from bladder including any associated diathermy of prostate or bladder and not being a service associated with a service to which item 36812, items 36827 to 36863 or items 37203 and 37206 apply (Anaes.) (Assist.)	$415.80
36845	Cystoscopy with diathermy or resection or visual laser destruction of multiple tumours in more than 2 quadrants of the bladder or solitary tumour greater than 2 cm in diameter (Anaes.)	$887.80
36848	Cystoscopy with resection of ureterocele (Anaes.)	$298.10
36851	Cystoscopy with injection into bladder wall (Anaes.)	$298.10
36854	Cystoscopy with endoscopic incision or resection of external sphincter, bladder neck or both (Anaes.)	$595.10
36857	Endoscopic manipulation or extraction of ureteric calculus (Anaes.)	$477.40
36860	Endoscopic examination of intestinal conduit or reservoir (Anaes.)	$213.80
36863	Litholapaxy, with or without cystoscopy (Anaes.) (Assist.)	$595.10
	OPERATIONS ON THE BLADDER (OPEN)	
37000	Bladder, partial excision of (Anaes.) (Assist.)	$949.30
37004	Bladder, repair of rupture (Anaes.) (Assist.)	$831.60
37008	Cystostomy or cystotomy, suprapubic, not being a service to which item 37011 applies and not being a service associated with other open bladder procedure (Anaes.)	$533.50
37011	Suprapubic stab cystotomy, not beiing associated with a service to which items 37200 to 37221 apply (Anaes.)	$118.80
37014	Bladder, total excision of (Anaes.) (Assist.)	$1,365.10
37020	Bladder diverticulum, excision or obliteration of (Anaes.) (Assist.)	$949.30
37023	Vesical fistula, cutaneous, operation for (Anaes.)	$533.50
37026	Cutaneous vesicostomy, establishment of (Anaes.) (Assist.)	$533.50
37029	Vesico-vaginal fistula, closure of, by abdominal approach (Anaes.) (Assist.)	$1,184.80
37038	Vesico-intestinal fistula, closure of, excluding bowel resection (Anaes.) (Assist.)	$887.80
37041	Bladder aspiration, by needle	$59.40
37042	Bladder stress incontinence, sling procedure for, using autologous fascial sling, including harvesting of sling, not being a service to which item 35599 applies (Anaes.) (Assist.)	N/A
37043	Bladder stress incontinence, Stamey or similar type needle colposuspension, not being a service to which item 35599 applies (Anaes.) (Assist.)	N/A
37044	Bladder stress incontinence, suprapubic procedure for, e.g. Burch colposuspension, not being a service to which item 35599 applies (Anaes.) (Assist.)	N/A

Surgical Operations — Urological

Item No.	Description	Maximum Fee
36803	Ureteroscopy, of one ureter, with or without any 1 or more of; cystoscopy, ureteric meatotomy, ureteric dilatation, not being a service associated with a service to which item 36652, 36654, 36656, 36806, 36809, 36812, 36824, 36848 or 36857 applies (Anaes.) (Assist.)	$595.10
36806	Ureteroscopy, of one ureter, with or without any one or more of, cystoscopy, ureteric meatotomy, ureteric dilatation, plus one or more of extraction of stone from the ureter, or biopsy or diathermy of the ureter, not being a service associated with a service to which item 36803 or 36812 applies, or a service associated with a service to which item 36809, 36824, 36848 or 36857 applies to a procedure performed on the same ureter (Anaes.) (Assist.)	$831.60
36809	Ureteroscopy, of one ureter, with or without any one or more of, cystoscopy, ureteric meatotomy or.ureteric dilatation, plus destruction of stone in the ureter with ultrasound, electrohydraulic or kinetic lithotripsy, or laser, with or without extraction of fragments, not being a servcie associated with a service to which item 36803 or 36812 apllies, or a service associated with a service to which item 36806, 36824, 36848 or 36857 applies to a procedure performed on the same ureter (Anaes.) (Assist.)	$1,067.00
36811	Cystoscopy with insertion of urethral prosthesis (Anaes.)	$415.80
36812	Cystoscopy with urethroscopy, with or without urethral dilatation, not being a service associated with any other urological endoscopic procedure on the lower urinary tract except a service to which item 37327 applies (Anaes.)	$213.80
36815	Cystoscopy, with or without urethroscopy, for the treatment of penile warts or urethral warts, not being a service associated with a service to which item 30189 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$303.50
36818	Cystoscopy, with ureteric catheterisation including fluoroscopic imaging of the upper urinary tract, unilateral or bilateral, not being a service associated with a service to which item 36824 or 36830 applies (Anaes.) (Assist.)	$354.20
36821	Cystoscopy with 1 or more of; ureteric dilatation, insertion of ureteric stent, or brush biopsy of ureter or of renal pelvis, unilateral, not being a service associated with a service to which item 36824 or 36830 applies (Anaes.) (Assist.)	$415.80
36824	Cystoscopy with ureteric catheterisation, unilateral or bilateral, not being a service associated with a service to which item 36818 or 36821 applies (Anaes.)	$275.40
36825	Cystoscopy, with endoscopic incision of pelviureteric junction or ureteric stricture, including removal or replacement of ureteric stent, not being a service associated with a service to which item 36818, 36821, 36824, 36830 or 36833 applies(Anaes.) (Assist.)	$797.00
36827	Cystoscopy, with controlled hydro-dilatation of the bladder (Anaes.)	$298.10
36830	Cystoscopy, with ureteric meatotomy (Anaes.)	$258.10
36833	Cystoscopy with removal of ureteric stent or other foreign body (Anaes.) (Assist.)	$354.20
36836	Cystoscopy, with biopsy of bladder, not being a service associated with a service to which item 36812, 36830, 36840, 36845, 36848, 36854, 37203, 37206 or 37215 applies (Anaes.)	$298.10
36840	Cystoscopy, with resection, diathermy or visual laser destruction of bladder tumour or other lesion of the bladder, not being a service to which item 36845 applies (Anaes.)	$393.10

Surgical Operations — Urological

Item No.	Description	Maximum Fee
36618	Reduction ureteroplasty (Anaes.) (Assist.)	$831.60
36621	Closure of cutaneous ureterostomy (Anaes.) (Assist.)	$595.10
36624	Nephrostomy, percutaneous, using interventional imaging techniques (Anaes.) (Assist.)	$712.80
36627	Nephroscopy, percutaneous, with or without any 1 or more of; stone extraction, biopsy or diathermy, not being a service to which item 36639, 36642, 36645 or 36648 applies (Anaes.)	$887.80
36630	Nephroscopy, being a service to which item 36627 applies, where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation due to bleeding (Anaes.) (Assist.)	$438.50
36633	Nephroscopy, percutaneous, with incision of any 1 or more of; renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, not being a service associated with a service to which item 36627, 36639, 36642, 36645 or 36648 applies (Anaes.) (Assist.)	$949.30
36636	Nephroscopy, percutaneous, with incision of any 1 or more of; renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, being a service associated with a service to which item 36627, 36639, 36642, 36645 or 36648 applies (Anaes.) (Assist.)	$510.80
36639	Nephroscopy, percutaneous, with destruction and extraction of 1 or 2 stones using ultrasound or electrohydraulic shock waves or lasers (not being a service to which item 36645 or 36648 applies) (Anaes.)	$1,067.00
36642	Nephroscopy, being a service to which item 36639 applies, where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation due to bleeding (Anaes.) (Assist.)	$533.50
36645	Nephroscopy, percutaneous, with removal or destruction of a stone greater than 3 cm in any dimension, or for 3 or more stones (Anaes.) (Assist.)	$1,365.10
36648	Nephroscopy, being a service to which item 36645 applies, where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation (Anaes.) (Assist.)	$1,218.20
36649	Nephrostomy drainage tube, exchange of - but not including imaging (Anaes.) (Assist.)	$347.80
36652	Pyeloscopy, retrograde, of one collecting system, with or without any one or more of, cystoscopy, ureteric meatotomy, ureteric dilation, not being a service associated with a service to which item 36803, 36812 or 36824 applies (Anaes.) (Assist.)	$831.60
36654	Pyeloscopy, retrograde, of one collecting system, being a service to which item 36652 applies, plus 1 or more of extraction of stone from the renal pelvis or calyces, or biopsy or diathermy of the renal pelvis or calyces not being a service associated with a service to which item 36656 applies to a procedure performed in the same collecting system (Assist.)	$1,067.00
36656	Pyeloscopy, retrograde, of one collecting system, being a service to which item 36652 applies, plus extraction of 2 or more stones in the renal pelvis or calyces or destruction of stone with ultrasound, electrohydraulic or kinetic lithotripsy, or laser in the renal pelvis or calyces, with or without extraction of fragments, not being a service associated with a service to which item 36654 applies to a procedure performed in the same collecting system (Anaes.) (Assist.)	$1,365.10
	OPERATIONS ON THE BLADDER (CLOSED)	
36800	Bladder, catheterisation of, where no other procedure is performed (Anaes.)	$35.60

Surgical Operations — Urological

Item No.	Description	Maximum Fee
36546	Extracorporeal shock wave lithotripsy (ESWL) to urinary tract and post-treatment care for 3 days, including pre-treatment consultations, unilateral (Anaes.)	$887.80
36549	Ureterolithotomy (Anaes.) (Assist.)	$1,067.00
36552	Nephrostomy or pyelostomy, open, as an independent procedure (Anaes.) (Assist.)	$949.30
36558	Renal cyst or cysts, excision or unroofing of (Anaes.) (Assist.)	$831.60
36561	Renal biopsy (closed) (Anaes.)	$216.00
36564	Pyeloplasty, by open exposure (Anaes.) (Assist.)	$1,184.80
36567	Pyeloplasty in a kidney that is congenitally abnormal in addition to the presence of PUJ obstruction, or in a solitary kidney, by open exposure (Anaes.) (Assist.)	$1,302.50
36570	Pyeloplasty, complicated by previous surgery on the same kidney, by open exposure (Anaes.) (Assist.)	$1,662.10
36573	Divided ureter, repair of (Anaes.) (Assist.)	$1,184.80
36576	Kidney, exposure and exploration of, including repair or nephrectomy, for trauma, not being a service associated with any other procedure performed on the kidney, renal pelvis or renal pedicle (Anaes.) (Assist.)	$1,482.80
36579	Ureterectomy, complete or partial, with or without associated bladder repair, not being a service associated with a service to which item 37000 applies (Anaes.) (Assist.)	$949.30
36585	Ureter, transplantation of, into skin (Anaes.) (Assist.)	$949.30
36588	Ureter, reimplantation into bladder (Anaes.) (Assist.)	$1,184.80
36591	Ureter, reimplantation into bladder with psoas hitch or Boari flap or both (Anaes.) (Assist.)	$1,426.70
36594	Ureter, transplantation of, into intestine (Anaes.) (Assist.)	$1,184.80
36597	Ureter, transplantation of, into another ureter (Anaes.) (Assist.)	$1,184.80
36600	Ureter, transplantation of, into isolated intestinal segment, unilateral (Anaes.) (Assist.)	$1,426.70
36603	Ureters, transplantation of, into isolated intestinal segment, bilateral (Anaes.) (Assist.)	$1,662.10
36604	Ureteric stent, passage of through percutaneous nephrostomy tube, using interventional imaging techniques (Anaes.)	$347.80
36606	Intestinal urinary reservoir, continent, formation of, including formation of non-return valves and implantation of ureters (1 or both) into reservoir (Anaes.) (Assist.)	$2,965.70
36609	Intestinal urinary conduit or ureterostomy, revision of (Anaes.) (Assist.)	$949.30
36612	Ureter, exploration of, with or without drainage of, as an independent procedure (Anaes.) (Assist.)	$831.60
36615	Ureterolysis, with or without repositioning of ureter, for obstruction of the ureter, evident either radiologically or by proximal ureteric dilatation at operation, secondary to retroperitoneal fibrosis, or similar condition (Anaes.) (Assist.)	$949.30

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T8: SURGICAL OPERATIONS
- SUBGROUP 5 - UROLOGICAL

Surgical Operations		Urological
Item No.	**Description**	**Maximum Fee**
	GENERAL	
36500	Adrenal gland, excision of - partial or total (Anaes.) (Assist.)	$1,184.80
36502	Pelvic lymphadenectomy, open or laparoscopic, or both, unilateral or bilateral (Anaes.) (Assist.)	$913.70
36503	Renal transplant, not being a service to which item 36506 or 36509 applies (Anaes.) (Assist.)	$1,779.80
36506	Renal transplant, performed by vascular surgeon and urologist operating together - vascular anastomosis, including after-care (Anaes.) (Assist.)	$1,184.80
36509	Renal transplant, performed by vascular surgeon and urologist operating together - ureterovesical anastomosis, including after-care (Assist.)	$1,010.90
36516	Nephrectomy, complete (Anaes.) (Assist.)	$1,184.80
36519	Nephrectomy, complete, complicated by previous surgery on the same kidney (Anaes.) (Assist.)	$1,662.10
36522	Nephrectomy, partial (Anaes.) (Assist.)	$1,426.70
36525	Nephrectomy, partial, complicated by previous surgery on the same kidney (Anaes.) (Assist.)	$2,016.40
36528	Nephrectomy, radical, with enbloc dissection of lymph nodes, with or without adrenalectomy, for a tumour less than 10 cms in diameter (Anaes.) (Assist.)	$1,662.10
36529	Nephrectomy, radical, with enbloc dissection of lymph nodes, with or without adrenalectomy, for a tumour 10 cms or more in diameter, or complicated by previous open or laparoscopic surgery on the same kidney (Anaes.) (Assist.)	$2,031.50
36531	Nephro-ureterectomy, complete, including associated bladder repair and any associated endoscopic procedure (Anaes.) (Assist.)	$1,482.80
36532	Nephro-ureterectomy, for tumour, with or without en bloc dissection of lymph nodes, including associated bladder repair and any associated endoscopic procedures (Anaes.) (Assist.)	$2,134.10
36533	Nephro-ureterectomy, for tumour, with or without en bloc dissection of lymph nodes, including associated bladder repair and any associated endoscopic procedures, complicated by previous open or laparoscopic surgery on the same kidney or ureter (Anaes.) (Assist.)	$2,468.90
36537	Kidney or perinephric area, exploration of, with or without drainage of, by open exposure, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)	$887.80
36540	Nephrolithotomy or pyelolithotomy, or both, through the same skin incision, for 1 or 2 stones (Anaes.) (Assist.)	$1,426.70
36543	Nephrolithotomy or pyelolithotomy, or both, extended, for staghorn stone or 3 or more stones, including 1 or more of the following: nephrostomy, pyelostomy, pedicle control with or without freezing, calyorrhaphy or pyeloplasty (Anaes.) (Assist.)	$1,662.10

CATEGORY THREE; THERAPEUTIC PROCEDURES
GROUP T8: SURGICAL OPERATIONS
- SUBGROUP 4 - GYNAECOLOGICAL

Surgical Operations		Gynaecological
Item No.	**Description**	**Maximum Fee**
35599	Stress incontinence, sling operation for (Anaes.) (Assist.)	$973.10
35600	Stress incontinence, vaginal procedure for (Anaes.) (Assist.)	$819.70
35602	Stress incontinence, combined synchronous abdomino-vaginal operation for; abdominal procedure (including after-care) (Anaes.) (Assist.)	$968.80
35605	Stress incontinence, combined synchronous abdomino-vaginal operation for; vaginal procedure (including after-care) (Assist.)	$536.80

Surgical Procedures — Cardio-Thoracic

Item No.	Description	Maximum Fee
38438	Pneumonectomy or lobectomy or segmentectomy not being a service associated with a service to which Item 38418 applies (Anaes.) (Assist.)	$1,971.00
38440	Lung, wedge resection of (Anaes.) (Assist.)	$1,477.40
38441	Radical lobectomy or pneumonectomy including resection of chest wall, diaphragm, pericardium, or formal mediastinal node dissection (Anaes.) (Assist.)	$2,336.00
38446	Thoracotomy or sternotomy, for removal of thymus or mediastinal tumour (Anaes.) (Assist.)	$1,521.70
38447	Pericardiectomy via sternotomy or anterolateral thoracotomy without cardiopulmonary bypass (Anaes.) (Assist.)	$2,039.00
38448	Mediastinum, cervical exploration of, with or without biopsy (Anaes.) (Assist.)	$488.20
38449	Pericardiectomy via sternotomy or anterolateral thoracotomy with cardiopulmonary bypass (Anaes.) (Assist.)	$2,853.40
38450	Pericardium, transthoracic drainage of (Anaes.) (Assist.)	$1,174.00
38452	Pericardium, sub-xyphoid drainage of (Anaes.) (Assist.)	$735.50
38453	Tracheal excision and repair without cardiopulmonary bypass (Anaes.) (Assist.)	$2,212.90
38455	Tracheal excision and repair of, with cardiopulmonary bypass (Anaes.) (Assist.)	$3,099.60
38456	Intrathoracic operation on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than 1 of those organs, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$2,039.00
38457	Pectus excavatum or pectus carinatum, repair or radical correction of (Anaes.) (Assist.)	$1,909.40
38458	Pectus excavatum, repair of, with implantation of subcutaneous prosthesis (Anaes.) (Assist.)	$1,010.90
38460	Sternal wires or wires, removal of (Anaes.)	$365.00
38462	Sternotomy wound, debridement of, not involving reopening of the mediastinum (Anaes.)	$432.00
38464	Sternotomy wound, debridement of, involving curettage of infected bone with or without removal of wires but not involving reopening of the mediastinum (Anaes.)	$472.00
38466	Sternum, reoperation on for dehiscence or infection involving reopening of the mediastinum, with or without rewiring (Anaes.) (Assist.)	$1,274.40
38468	Sternum and mediastinum, reoperation for infection of, involving muscle advancement flaps or greater omentum (Anaes.) (Assist.)	$1,965.60
38469	Sternum and mediastinum, reoperation for infection of, involving muscle advancement flaps and greater omentum (Anaes.) (Assist.)	$2,285.30
	PACEMAKER PROCEDURES	
38470	Permanent myocardial electrode, insertion of, by thoracotomy or sternotomy (Anaes.) (Assist.)	$1,432.10
38473	Permanent pacemaker electrode, insertion by sub xyphoid approach (Anaes.) (Assist.)	$735.50

Surgical Procedures — Cardio-Thoracic

Item No.	Description	Maximum Fee
	VALVULAR PROCEDURES	
38475	Valve annuloplasty without insertion ring, not being associated with a service to which item 38480 or 38481 applies (Anaes.) (Assist.)	$1,186.90
38477	Valve annuloplasty with insertion ring, not covered by item 38478 (Anaes.) (Assist.)	$2,858.80
38478	Valve annuloplasty with insertion ring performed in conjunction with item 38480 or 38481 (Anaes.) (Assist.)	$1,384.60
38480	Valve repair, 1 leaflet (Anaes.) (Assist.)	$2,853.40
38481	Valve repair, 2 or more leaflets (Anaes.) (Assist.)	$3,199.00
38483	Aortic valve leaflet or leaflets, decalcification of, not being a service to which item 38475, 38477, 38480, 38481 38488 or 38489 applies (Anaes.) (Assist.)	$2,451.60
38485	Mitral annulus, reconstruction of, after decalcification, when performed in association with valve surgery (Anaes.) (Assist.)	$1,165.30
38487	Mitral valve, open valvotomy of (Anaes.) (Assist.)	$2,134.10
38488	Valve replacement with bioprosthesis or mechanical prosthesis (Anaes.) (Assist.)	$2,376.00
38489	Valve replacement with allograft (subcoronary or cylindrical implant), or unstented xenograft (Anaes.) (Assist.)	$2,935.40
38490	Sub-valvular structures, reconstruction and re-implantation of, associated with mitral and tricuspid valve replacement (Anaes.) (Assist.)	$789.50
38493	Operative management of acute infective endocarditis, in association with heart valve surgery (Anaes.) (Assist.)	$2,555.30
	SURGERY FOR ISCHAEMIC HEART DISEASE	
38496	Artery harvesting (other than internal mammary), for coronary artery bypass (Anaes.) (Assist.)	$794.90
38497	Coronary artery bypass with cardiopulmonary bypass, using saphenous vein graft or grafts only, including harvesting of vein graft material where performed, not being a service to which items 38498, 38500, 38501, 38503 or 38504 apply (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$2,634.10
38498	Coronary artery bypass with the aid of tissue stabilisers, performed without cardiopulmonary bypass, using saphenous vein graft or grafts only, including harvesting of vein graft material where performed, either via a median sternotomy or other minimally invasive technique and where a stand-by perfusionist is present, not being a service associated with a service to which items 38497, 38500, 38501, 38503, 38504 or 38600 apply (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$2,429.40
38500	Coronary artery bypass with cardiopulmonary bypass, using single arterial graft, with or without vein graft or grafts, including harvesting of internal mammary artery or vein graft material where performed, not being a service associated with a service to which items 38497, 38498, 38501, 38503 or 38504 apply (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$2,830.70

Surgical Procedures — Cardio-Thoracic

Item No.	Description	Maximum Fee
38501	Coronary artery bypass with the aid of tissue stabilisers, performed without cardiopulmonary bypass, using single arterial graft, with or without vein graft or grafts, including harvesting of internal mammary artery or vein graft material where performed, either via a median sternotomy or other minimally invasive technique and where a stand-by perfusionist is present, not being a servcie associated with a service to which items 38497, 38498, 38500, 38503, 38504 or 38600 apply (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$2,610.20
38503	Coronary artery bypass with cardiopulmonary bypass, using 2 or more arterial grafts, with or without vein graft or grafts, including harvesting of internal mammary artery or vein graft material where performed, not being a service associated with a servcie to which items 38497, 38498, 38500, 38501 or 38504 apply (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$3,071.50
38504	Coronary artery bypass with the aid of tissue stabilisers, performed without cardiopulmonary bypass, using 2 or more arterial grafts, with or without vein graft or grafts, including harvesting of internal mammary artery or vein graft material where performed, either via a median sternotomy or other minimally invasive technique and where a stand-by perfusionist is present, not being a service associated with a service to which items 38497, 39498, 38500, 38501, 38503 or 38600 apply (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$2,834.20
38505	Coronary endarterectomy, by open operation, including repair with 1 or more patch grafts, each vessel (Anaes.) (Assist.)	$349.90
38506	Left ventricular aneurysm, plication of (Anaes.) (Assist.)	$2,285.30
38507	Left ventricular aneurysm, resection with primary repair (Anaes.) (Assist.)	$2,424.60
38508	Left ventricular aneurysm resection with patch reconstruction of the left ventricle (Anaes.) (Assist.)	$3,037.00
38509	Ischaemic ventricular septal rupture, repair of (Anaes.) (Assist.)	$3,071.50
	ARRHYTHMIA SURGERY	
38512	Division of accessory pathway, isolation procedure, procedure on atrioventricular node or perinodal tissues involving 1 atrial chamber only (Anaes.) (Assist.)	$2,701.10
38515	Division of accessory pathway, isolation procedure, procedure on atrioventricular node or perinodal tissues involving both atrial chambers and including curative surgery for atrial fibrillation (Anaes.) (Assist.)	$3,436.60
38518	Ventricular arrhythmia with mapping and muscle ablation, with or without aneurysmeotomy (Anaes.) (Assist.)	$3,689.30
38521	Automatic defibrillator, insertion of patches for, or insertion of transvenous endocardial defibrillation electrode for, not being a service associated with a service to which item 38213 applies (Anaes.) (Assist.)	$1,353.20
38524	Automatic defibrillator generator, insertion or replacement of, not beiing a service associated with a service to which item 38213 applies (Anaes.) (Assist.)	$370.40
	PROCEDURES ON THE THORACIC AORTA	
38550	Ascending thoracic aorta, repair or replacement of, not involving valve replacement or repair or coronary artery implantation (Anaes.) (Assist.)	$2,453.80
38553	Ascending thoracic aorta, repair or replacement of, with aortic valve replacement or repair, without implantation of coronary arteries (Anaes.) (Assist.)	$3,195.70

Surgical Procedures — Cardio-Thoracic

Item No.	Description	Maximum Fee
38556	Ascending thoracic aorta, repair or replacement of, with aortic valve replacement or repair, and implantation of coronary arteries (Anaes.) (Assist.)	$3,689.30
38559	Aortic arch and ascending thoracic aorta, repair or replacement of, not involving valve replacement or repair or coronary artery implantation (Anaes.) (Assist.)	$2,948.40
38562	Aortic arch and ascending thoracic aorta, repair or replacement of, with aortic valve replacement or repair, without implantation of coronary arteries (Anaes.) (Assist.)	$3,689.30
38565	Aortic arch and ascending thoracic aorta, repair or replacement of, with aortic valve replacement or repair, and implantation of coronary arteries (Anaes.) (Assist.)	$4,173.10
38568	Descending thoracic aorta, repair or replacement of, without shunt or cardiopulmonary bypass (Anaes.) (Assist.)	$2,095.20
38571	Descending thoracic aorta, repair or replacement of, using shunt or cardiopulmonary bypass (Anaes.) (Assist.)	$2,336.00
38572	Operative management of acute rupture or dissection, in conjunction with procedures on the thoracic aorta (Anaes.) (Assist.)	$2,555.30
38577	Cannulation for, and supervision and monitoring of, the administration of retrograde cerebral perfusion during deep hypothermic arrest (Assist.)	$705.20
	TECHNIQUES FOR PRESERVATION OF THE ARRESTED HEART	
38588	Cannulation of the coronary sinus for, and supervision of, the retrograde administration of blood or crystalloid for cardioplegia, including pressure monitoring (Assist.)	$705.20
	CIRCULATORY SUPPORT PROCEDURES	
38600	Central cannulation for cardiopulmonary bypass excluding post-operative management, not being a service associated with a service to which another item in this Subgroup applies (Anaes.) (Assist.)	$1,971.00
38603	Peripheral cannulation for cardiopulmonary bypass excluding post-operative management (Anaes.) (Assist.)	$1,235.50
38606	Intra-aortic balloon pump, percutaneous insertion of (Anaes.)	$494.60
38609	Intra-aortic balloon pump, insertion of, by arteriotomy (Anaes.) (Assist.)	$617.80
38612	Intra-aortic balloon pump, removal of, with closure of artery by direct suture (Anaes.) (Assist.)	$691.20
38613	Intra-aortic balloon pump, removal of, with closure of artery by patch graft (Anaes.) (Assist.)	$865.10
38615.	Left or right ventricular assist device, insertion of (Anaes.) (Assist.)	$1,971.00
38618	Left and right ventricular assist device, insertion of (Anaes.) (Assist.)	$2,453.80
38621	Left or right ventricular assist device, removal of, as an independent procedure (Anaes.) (Assist.)	$982.80
38624	Left and right ventricular assist device, removal of, as an independent procedure (Anaes.) (Assist.)	$1,100.50
38627	Extra-corporeal membrane oxygenation, bypass or ventricular assist device cannulae, adjustment and re-positioning of, by open operation, in patients supported by these devices (Anaes.) (Assist.)	$1,100.50

Surgical Procedures — Cardio-Thoracic

Item No.	Description	Maximum Fee
	RE-OPERATION	
38637	Patent diseased coronary artery bypass vein graft or grafts, dissection, disconnection and oversewing of (Anaes.) (Assist.)	$705.20
38640	Re-operation via median sternotomy, for any procedure, including any divisions of adhesions where the time taken to divide the adhesions is 45 minutes or less (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,235.50
	MISCELLANEOUS PROCEDURES	
38643	Thoracotomy or sternotomy involving division of adhesions where the time taken to divide the adhesions exceeds 45 mins (Anaes.) (Assist.)	$1,353.20
38647	Thoracotomy or sternotomy involving division of extensive adhesions where the time taken to divide the adhesions exceeds 2 hours (Anaes.) (Assist.)	$2,713.00
38650	Myomectomy or myotomy for hypertrophic obstructive cardiomyopathy (Anaes.) (Assist.)	$2,453.80
38653	Open heart surgery, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$2,453.80
38656	Thoracotomy or median sternotomy for post-operative bleeding (Anaes.) (Assist.)	$1,235.50
	CARDIAC TUMOURS	
38670	Cardiac tumour, excision of, involving the wall of the atrium or inter-arterial septum, without patch or conduit reconstruction (Anaes.) (Assist.)	$2,424.60
38673	Cardiac tumour, excision of, involving the wall of the atrium or inter-arterial septum, requiring reconstruction with patch or conduit (Anaes.) (Assist.)	$2,728.10
38677	Cardiac tumour arising from ventricular myocardium, partial thickness excision of (Anaes.) (Assist.)	$2,555.30
38680	Cardiac tumour arising from ventricular myocardium, full thickness excision of including repair or reconstruction (Anaes.) (Assist.)	$3,031.60
	CONGENITAL CARDIAC SURGERY	
38700	Patent ductus arteriosus, shunt, collateral or other single large vessel, division or ligation of, without cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	$1,375.90
38703	Patent ductus arteriosus, shunt, collateral or other single large vessel, division or ligation of, with cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	$2,476.40
38706	Aorta, anastomosis or repair of, without cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	$2,341.40
38709	Aorta, anastomosis or repair of, with cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	$2,746.40
38712	Aortic interruption, repair of, for congenital heart disease (Anaes.) (Assist.)	$3,296.20
38715	Main pulmonary artery, banding, debanding or repair of, without cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	$2,195.60
38718	Main pulmonary artery, banding, debanding or repair of, with cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	$2,746.40

Surgical Procedures — Cardio-Thoracic

Item No.	Description	Maximum Fee
38721	Vena cava, anastomosis or repair of, without cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	$1,926.70
38724	Vena cava, anastomosis or repair of, with cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	$2,746.40
38727	Intrathoracic vessels, anastomosis or repair of, without cardiopulmonary bypass, not being a service to which item 38700, 38703, 38706, 38709, 38712, 38715, 38718, 38721 or 38724 applies, for congenital heart disease (Anaes.) (Assist.)	$1,926.70
38730	Intrathoracic vessels, anastomosis or repair of, with cardiopulmonary bypass, not being a service to which items 38700, 38703, 38706, 38709, 38712, 38715, 38718, 38721 or 38724 applies, for congenital heart disease (Anaes.) (Assist.)	$2,746.40
38733	Systemic pulmonary or cavo-pulmonary shunt, creation of, without cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	$1,926.70
38736	Systemic pulmonary or cavo-pulmonary shunt, creation of, with cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	$2,746.40
38739	Atrial septectomy, with or without cardiopulmonary bypass, for congenital heart disease (Anaes.) (Assist.)	$2,476.40
38742	Atrial septal defect, closure by open exposure direct suture or patch, for congenital heart disease (Anaes.) (Assist.)	$2,476.40
38745	Intra-atrial baffle, insertion of, for congenital heart disease (Anaes.) (Assist.)	$2,746.40
38748	Ventricular septectomy, for congenital heart disease (Anaes.) (Assist.)	$2,746.40
38751	Ventricular septal defect, closure by direct suture or patch, for congenital heart disease (Anaes.) (Assist.)	$2,746.40
38754	Intraventricular baffle or conduit, insertion of, for congenital heart disease (Anaes.) (Assist.)	$3,436.60
38757	Extracardiac conduit, insertion of, for congenital heart disease (Anaes.) (Assist.)	$2,746.40
38760	Extracardiac conduit, replacement of, for congenital heart disease (Anaes.) (Assist.)	$2,746.40
38763	Ventricular myectomy, for relief of ventricular obstruction, right or left, for congenital heart disease (Anaes.) (Assist.)	$2,746.40
38766	Ventricular augmentation, right or left, for congenital heart disease (Anaes.) (Assist.)	$2,746.40

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T8: SURGICAL OPERATIONS
- SUBGROUP 7 - NEUROSURGICAL

Surgical Operations		Neurosurgical
Item No.	**Description**	**Maximum Fee**
	GENERAL	
39000	Lumbar puncture (Anaes.)	$149.00
39003	Cisternal puncture (Anaes.)	$141.50
39006	Ventricular puncture (not including burr-hole) (Anaes.)	$235.40
39009	Subdural haemorrhage, tap for, each tap (Anaes.)	$93.40
39012	Burr-hole, single, preparatory to ventricular puncture or for inspection purpose - not being a service to which another item applies (Anaes.)	$354.20
39013	Injection under image intensification with 1 or more of contrast media, local anaesthetic or corticosteroid into 1 or more zygo-apophyseal or costo-transverse joints or 1 or more primary posterior rami of spinal nerves (Anaes.)	$145.80
39015	Ventricular reservoir, external ventricular drain or intracranial pressure monitoring device, insertion of - including burr-hole (excluding after-care) (Anaes.) (Assist.)	$505.40
39018	Cerebrospinal fluid reservoir, insertion of (Anaes.) (Assist.)	$466.60
	PROCEDURES FOR PAIN RELIEF	
39100	Injection of primary branch of trigeminal nerve with alcohol, cortisone, phenol, or similar substance (Anaes.)	$354.20
39106	Neurectomy, intracranial, for trigeminal neuralgia (Anaes.) (Assist.)	$1,881.40
39109	Trigeminal gangliotomy by radiofrequency, balloon or glycerol (Anaes.)	$707.40
39112	Cranial nerve, intracranial decompression of, using microsurgical techniques (Anaes.) (Assist.)	$1,881.40
39115	Percutaneous neurotomy of posterior divisions (or rami) of spinal nerves by any method, including any associated spinal, epidural or regional nerve block (payable once only in a 30 day period) (Anaes.)	$145.80
39118	Percutaneous neurotomy for facet joint denervation by radio-frequency probe or cryoprobe using radiological imaging control (Anaes.) (Assist.)	$432.00
39121	Percutaneous cordotomy (Anaes.) (Assist.)	$1,056.20
39124	Cordotomy or myelotomy, laminectomy for, or operation for dorsal root entry zone (Drez) lesion (Anaes.) (Assist.)	$2,173.00
39125	Spinal catheter, insertion of - for an automated infusion device (Anaes.) (Assist.)	$438.50
39126	Automated subcutaneous infusion device, insertion of (Anaes.) (Assist.)	$533.50
39127	Subcutaneous reservoir and spinal catheter for pain, insertion of (Anaes.)	$881.30
39128	Automated subcutaneous infusion device and spinal catheter, insertion of (Anaes.) (Assist.)	$977.40

Surgical Operations		Neurosurgical
Item No.	**Description**	**Maximum Fee**
39130	Percutaneous epidural electrode, insertion of 1 or more of - for spinal stimulation (Anaes.)	$904.00
39131	Percutaneous epidural electrodes, management, adjustment, electronic programming and trial of stimulation of, by a medical practitioner - each day	$189.00
39133	Epidural stimulator or intrathecal infusion device, revision of (Anaes.)	$235.40
39134	Spinal neurostimulator receiver or pulse generator, subcutaneous placement of, not being a service associated with deep brain stimulation for Parkinson's disease (Anaes.) (Assist.)	$505.40
39136	Percutaneous epidural implant for management of pain, removal of (Anaes.)	$235.40
39139	Epidural electrode for management of pain, insertion of 1 or more of by laminectomy, including implantation of pulse generator (1 or 2 stages) (Anaes.) (Assist.)	$1,595.20
39140	Epidural catheter, insertion of, under imaging control, with epidurogram and epidural therapeutic injection for lysis of adhesions (Anaes.)	$432.00
	PERIPHERAL NERVES	
39300	Cutaneous nerve (including digital nerve), primary repair of, using microsurgical techniques (Anaes.) (Assist.)	$466.60
39303	Cutaneous nerve (including digital nerve), secondary repair of, using microsurgical techniques (Anaes.) (Assist.)	$645.80
39306	Nerve trunk, primary repair of, using microsurgical techniques (Anaes.) (Assist.)	$1,000.10
39309	Nerve trunk, secondary repair of, using microsurgical techniques (Anaes.) (Assist.)	$1,056.20
39312	Nerve trunk, internal (interfascicular), neurolysis of, using microsurgical techniques (Anaes.) (Assist.)	$584.30
39315	Nerve trunk, nerve graft to, (cable graft) including harvesting of nerve graft using microsurgical techniques (Anaes.) (Assist.)	$1,527.10
39318	Cutaneous nerve (including digital nerve), nerve graft to, using microsurgical techniques (Anaes.) (Assist.)	$937.40
39321	Nerve, transposition of (Anaes.) (Assist.)	$707.40
39323	Percutaneous neurotomy by cryotherapy or radiofrequency lesion generator, not being a service to which another item applies (Anaes.) (Assist.)	$403.90
39324	Neurectomy, neurotomy or removal of tumour from superficial peripheral nerve, by open operation (Anaes.) (Assist.)	$415.80
39327	Neurectomy, neurotomy or removal of tumour from deep peripheral nerve, by open operation (Anaes.) (Assist.)	$707.40
39330	Neurolysis by open operation without transposition, not being a service associated with a service to which item 39312 applies (Anaes.) (Assist.)	$415.80
39331	Carpal tunnel release (division of transverse carpal ligament), by any method (Anaes.)	$415.80
39333	Brachial plexus, exploration of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$584.30
	CRANIAL NERVES	
39500	Vestibular nerve, section of, via posterior fossa (Anaes.) (Assist.)	$1,881.40

Surgical Operations — Neurosurgical

Item No.	Description	Maximum Fee
39503	Facio-hypoglossal nerve or facio-accessory nerve, anastomosis of (Anaes.) (Assist.)	$1,409.40
	CRANIO-CEREBRAL INJURIES	
39600	Intracranial haemorrhage, burr-hole craniotomy for - including burr holes (Anaes.) (Assist.)	$707.40
39603	Intracranial haemorrhage, osteoplastic craniotomy or extensive craniectomy and removal of haematoma (Anaes.) (Assist.)	$1,758.20
39606	Fractured skull, depressed or comminuted, operation for (Anaes.) (Assist.)	$1,174.00
39609	Fractured skull, compound, without dural penetration, operation for (Anaes.) (Assist.)	$1,527.10
39612	Fractured skull, compound, depressed or complicated, with dural penetration and brain laceration, operation for (Anaes.) (Assist.)	$1,758.20
39615	Fractured skull with rhinorrhoea or otorrhoea, cranioplasty and repair of (Anaes.) (Assist.)	$1,758.20
	SKULL BASE SURGERY	
39640	Tumour involving anterior cranial fossa, removal of, involving craniotomy, radical excision of the skull base, and dural repair (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$4,486.30
39642	Tumour involving anterior cranial fossa, removal of, involving frontal craniotomy with lateral rhinotomy for clearance of paranasal sinus extension (intracranial procedure) (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$4,685.00
39646	Tumour involving anterior cranial fossa, removal of, involving frontal craniotomy with lateral rhinotomy and radical clearance of paranasal sinus and orbital fossa extensions, with intracranial decompression of the optic nerve (intracranial procedure) (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$5,370.80
39650	Tumour involving middle cranial fossa and infra-temporal fossa, removal of, craniotomy and radical or sub-total radical excision, with division and reconstruction of zygomatic arch, (intracranial procedure) (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$3,892.30
39653	Petro-clival and clival tumour, removal of, by supra and infratentorial approaches for radical or sub-total radical excision (intracranial procedure) not being a service to which item 39654 or 39656 applies (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$6,281.30
39654	Petro-clival and clival tumour, removal of, by supra and infratentorial approaches for radical or sub-total radical excision (intracranial procedure), conjoint surgery, principal surgeon (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$5,030.60
39656	Petro-clival and clival tumour, removal of, by supra and infratentorial approaches for radical or sub-total radical excision, (intracranial procedure) conjoint surgery, co-surgeon (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$3,770.30
39658	Tumour involving the clivus, radical or sub-total radical excision of, involving transoral or transmaxillary approach (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$4,456.10

Surgical Operations — Neurosurgical

Item No.	Description	Maximum Fee
39660	Tumour or Vascular Lesion Cavernous sinus, radical excision of, involving craniotomy with or without intracranial carotid artery exposure (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$4,456.10
39662	Tumour or Vascular Lesion of Foramen Magnum, radical excision of, via transcondylar or far lateral suboccipital approach (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$4,456.10
	INTRACRANIAL NEOPLASMS	
39700	Skull tumour, benign or malignant, excision of, excluding cranioplasty (Anaes.) (Assist.)	$937.40
39703	Intracranial tumour, cyst or other brain tissue, burr-hole and biopsy of, or drainage of, or both (Anaes.) (Assist.)	$763.60
39706	Intracranial tumour, biopsy or decompression of via osteoplastic flap or biopsy and decompression of via osteoplastic flap (Anaes.) (Assist.)	$1,639.40
39709	Craniotomy for removal of glioma, metastatic carcinoma or any other tumour in cerebrum, cerebellum or brain stem - not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)	$2,347.90
39712	Craniotomy for removal of meningioma, pinealoma, cranio-pharyngioma, intraventricular tumour or any other intracranial tumour, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)	$3,359.20
39715	Pituitary tumour, removal of, by transcranial or transphenoidal approach (Anaes.) (Assist.)	$2,931.10
39718	Arachnoidal cyst, craniotomy for (Anaes.) (Assist.)	$1,291.70
39721	Craniotomy, involving osteoplastic flap, for re opening post-operatively for haemorrhage, swelling, etc (Anaes.) (Assist.)	$1,174.00
	CEREBROVASCULAR DISEASE	
39800	Aneurysm, clipping or reinforcement of sac (Anaes.) (Assist.)	$3,167.60
39803	Intracranial arteriovenous malformation, excision of (Anaes.) (Assist.)	$3,346.90
39806	Aneurysm, or arteriovenous malformation, intracranial proximal artery clipping of (Anaes.) (Assist.)	$2,111.40
39812	Intracranial aneurysm or arteriovenous fistula, ligation of cervical vessel or vessels (Anaes.) (Assist.)	$1,056.20
39815	Carotid-cavernous fistula, obliteration of - combined cervical and intracranial procedure (Anaes.) (Assist.)	$2,701.10
39818	Extracranial to intracranial bypass using superficial temporal artery or saphenous vein graft (Anaes.) (Assist.)	$2,701.10
39821	Extracranial to Intracranial bypass using saphenous vein graft (Anaes.) (Assist.)	$3,160.10
	INFECTION	
39900	Intracranial infection, drainage of, via burr-hole including burr-hole (Anaes.) (Assist.)	$758.20
39903	Intracranial abscess, excision of (Anaes.) (Assist.)	$2,347.90
39906	Osteomyelitis of skull or removal of infected bone flap, craniectomy for (Anaes.) (Assist.)	$1,174.00

Surgical Operations — Neurosurgical

Item No.	Description	Maximum Fee
	CEREBRO-SPINAL FLUID CIRCULATION DISORDERS	
40000	Ventriculo-cisternostomy (Torkildsen's operation) (Anaes.) (Assist.)	$1,174.00
40003	Cranial or cisternal shunt diversion, insertion of (Anaes.) (Assist.)	$1,174.00
40006	Lumbar shunt diversion, insertion of (Anaes.) (Assist.)	$937.40
40009	Cranial, cisternal or lumbar shunt, revision or removal of (Anaes.) (Assist.)	$707.40
40012	Third ventriculostomy (open or endoscopic) with or without endoscopic septum pellucidotomy (Anaes.) (Assist.)	$1,527.10
40015	Subtemporal decompression (Anaes.) (Assist.)	$870.50
40018	Lumbar cerebrospinal fluid drain, insertion of (Anaes.)	$235.40
	CONGENITAL DISORDERS	
40100	Meningocele, excision and closure of (Anaes.) (Assist.)	$847.80
40103	Myelomeningocele, excision and closure of, including skin flaps or Z plasty where performed (Anaes.) (Assist.)	$1,269.00
40106	Arnold-Chiari malformation, decompression of (Anaes.) (Assist.)	$1,527.10
40109	Encephalocoele, excision and closure of (Anaes.) (Assist.)	$1,639.40
40112	Tethered cord, release of, including lipomeningocele or diastematomyelia (Anaes.) (Assist.)	$2,111.40
40115	Craniostenosis, operation for - single suture (Anaes.) (Assist.)	$937.40
40118	Craniostenosis, operation for - more than 1 suture (Anaes.) (Assist.)	$1,409.40
	SPINAL DISORDERS	
40300	Intervertebral disc or discs, laminectomy for removal of (Anaes.) (Assist.)	$1,174.00
40301	Intervertebral disc or discs, microsurgical discectomy of (Anaes.) (Assist.)	$1,140.50
40303	Recurrent disc lesion or spinal stenosis, or both, laminectomy for - 1 level (Anaes.) (Assist.)	$1,357.55
40306	Spinal stenosis, laminectomy for, involving more than 1 vertebral interspace (disc level) (Anaes.) (Assist.)	$1,770.45
40309	Extradural tumour or abscess, laminectomy for (Anaes.) (Assist.)	$1,758.20
40312	Intradural lesion, laminectomy for, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$2,173.00
40315	Craniocervical junction lesion, transoral approach for (Anaes.) (Assist.)	$2,347.90
40316	Odontoid screw fixation (Anaes.) (Assist.)	$3,058.60
40318	Intramedullary tumour or arteriovenous malformation, laminectomy and radical excision of (Anaes.) (Assist.)	$2,931.10
40321	Posterior spinal fusion, not being a service to which items 40324 and 40327 apply (Anaes.) (Assist.)	$1,409.40

Surgical Operations — Neurosurgical

Item No.	Description	Maximum Fee
40324	Laminectomy followed by posterior fusion, performed by neurosurgeon and orthopaedic surgeon operating together - laminectomy, including aftercare (Anaes.) (Assist.)	$937.40
40327	Laminectomy followed by posterior fusion, performed by neurosurgeon and orthopaedic surgeon operating together - posterior fusion, including aftercare (Assist.)	$937.40
40330	Spinal rhizolysis involving exposure of spinal nerve roots, for lateral recess of exit foraminal stenosis or adhesive radiculopathy or extensive epidural fibrosis at 1 or more levels - with or without laminectomy (Anaes.) (Assist.)	$1,881.40
40331	Cervical Decompression of spinal cord with or without involvement of nerve roots, without fusion, 1 level, by any approach, not being a service to which item 40330 applies (Anaes.) (Assist.)	$1,402.90
40332	Cervial Decompression of spinal cord with or without involvement of nerve roots, including anterior fusion, 1 level not being a service to which item 40330 applies (Anaes.) (Assist.)	$2,291.80
40333	Cervical discectomy (anterior), without fusion (Anaes.) (Assist.)	$1,174.00
40334	Cervical Decompression of spinal cord with or without involvement of nerve roots, without fusion, more than 1 level, by any approach, not being a service to which item 40330 applies (Anaes.) (Assist.)	$1,549.80
40335	Cervical Decompression of spinal cord with or without involvement of nerve roots, including anterior fusion, more than 1 level, by any approach, not being a service to which item 40330 applies (Anaes.) (Assist.)	$2,845.80
40336	Intradiscal injection of chymopapain (discase) - 1 disc (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$466.60
40339	Hydromyelia, plugging of obex for, with or without duroplasty (Anaes.) (Assist.)	$2,347.90
40342	Hydromyelia, craniotomy and laminectomy for, with cavity packing and CSF shunt (Anaes.) (Assist.)	$2,173.00
40345	Thoracic Decompression of spinal cord with or without involvement of nerve roots, via pedicle or costotransversectomy (Anaes.) (Assist.)	$2,006.60
40348	Thoracic Decompression of spinal cord via thoracotomy with vertebrectomy, not including stabilisation procedure (Anaes.) (Assist.)	$2,545.60
40351	Thoraco-Lumbar or high lumbar anterior decompression of spinal cord, not including stabilisation procedure (Anaes.) (Assist.)	$2,545.60
	SKULL RECONSTRUCTION	
40600	Cranioplasty, reconstructive (Anaes.) (Assist.)	$1,409.40
	EPILEPSY	
40700	Corpus callosum, anterior section of, for epilepsy (Anaes.) (Assist.)	$2,583.40
40703	Corticectomy, topectomy or partial lobectomy for epilepsy (Anaes.) (Assist.)	$2,173.00
40706	Hemispherectomy for intractable epilepsy (Anaes.) (Assist.)	$3,167.60
40709	Burr-hole placement of intracranial depth or surface electrodes (Anaes.) (Assist.)	$758.20
40712	Intracranial electrode placement via craniotomy (Anaes.) (Assist.)	$1,539.00

Surgical Operations — Neurosurgical

Item No.	Description	Maximum Fee
	STEREOTACTIC PROCEDURES	
40800	Stereotactic anatomical localisation, as an independent procedure (Anaes.) (Assist.)	$943.90
40801	Functional stereotactic procedure including computer assisted anatomical localisation, physiological localisation and lesion production in the basal ganglia, brain stem or deep white matter tracts, not being a service associated with deep brain stimulation for Parkinson's disease (Anaes.) (Assist.)	$2,578.00
40803	Intracranial stereotactic procedure by any method, not being a service to which item 40800 or 40801 applies (Anaes.) (Assist.)	$1,758.20
	MISCELLANEOUS	
40903	Neuroendoscopy, for inspection of an intraventricular lesion, with or without biopsy including burr hole (Anaes.) (Assist.)	$813.20

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T8: SURGICAL OPERATIONS
- SUBGROUP 8 - EAR, NOSE AND THROAT

Surgical Operations		Ear, Nose and Throat
Item No.	**Description**	**Maximum Fee**
41500	Ear, foreign body (other than ventilating tube) in, removal of, other than by simple syringing (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$98.80
41503	Ear, removal of foreign body in, involving incision of external auditory canal (Anaes.)	$303.50
41506	Aural polyp, removal of (Anaes.)	$199.80
41509	External auditory meatus, surgical removal of keratosis obturans from, not being a service to which another item in this Group applies (Anaes.)	$206.30
41512	Meatoplasty involving removal of cartilage or bone or both cartilage and bone, not being a service to which item 41515 applies (Anaes.) (Assist.)	$752.80
41515	Meatoplasty involving removal of cartilage or bone or both cartilage and bone, being a service associated with a service to which item 41530, 41548, 41557, 41560 or 41563 applies (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$488.20
41518	External auditory meatus, removal of exostoses in (Anaes.) (Assist.)	$1,196.60
41521	Correction of auditory canal stenosis, including meatoplasty, with or without grafting (Anaes.) (Assist.)	$1,258.20
41524	Reconstruction of external auditory canal, being a service associated with a service to which items 41557, 41560 and 41563 apply (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$365.00
41527	Myringoplasty, trans-canal approach (Rosen incision) (Anaes.) (Assist.)	$730.10
41530	Myringoplasty, post-aural or endaural approach with or without mastoid inspection (Anaes.)	$1,207.40
41533	Atticotomy without reconstruction of the bony defect, with or without myringoplasty (Anaes.) (Assist.)	$1,454.80
41536	Atticotomy with reconstruction of the bony defect with or without myringoplasty (Anaes.) (Assist.)	$1,634.00
41539	Ossicular chain reconstruction (Anaes.) (Assist.)	$1,337.00
41542	Ossicular chain reconstruction and myringoplasty (Anaes.) (Assist.)	$1,460.20
41545	Mastoidectomy (cortical) (Anaes.) (Assist.)	$702.00
41548	Obliteration of the mastoid cavity (Anaes.) (Assist.)	$825.10
41551	Mastoidectomy, intact wall technique, with myringoplasty (Anaes.) (Assist.)	$2,027.20
41554	Mastoidectomy, intact wall technique, with myringoplasty and ossicular chain reconstruction (Anaes.)(Assist.)	$2,386.80
41557	Mastoidectomy (radical or modified radical) (Anaes.) (Assist.)	$1,337.00

Surgical Operations — Ear, Nose and Throat

Item No.	Description	Maximum Fee
41560	Mastoidectomy (radical or modified radical) and myringoplasty (Anaes.) (Assist.)	$1,460.20
41563	Mastoidectomy (radical or modified radical), myringoplasty and ossicular chain reconstruction (Anaes.) (Assist.)	$1,842.50
41564	Mastoidectomy (radical or modified radical), obliteration of the mastoid cavity, blind sac closure of external auditory canal and obliteration of eustachian tube (Anaes.) (Assist.)	$2,062.00
41566	Revision of mastoidectomy (radical, modified radical or intact wall), including myringoplasty (Anaes.) (Assist.)	$1,386.70
41569	Decompression of facial nerve in its mastoid portion (Anaes.) (Assist.)	$1,460.20
41572	Labyrinthotomy or destruction of labyrinth (Anaes.) (Assist.)	$1,337.00
41575	Cerebello-pontine angle tumour, removal of by 2 surgeons operating conjointly, by transmastoid, translabyrinthine or retromastoid approach - transmastoid, translabyrinthine or retromastoid procedure (including aftercare) (Anaes.) (Assist.)	$3,021.80
41576	Cerebello-pontine angle tumour, removal of, by transmastoid, translabyrinthine or retromastoid approach, intracranial procedure (including aftercare) not being a service to which item 41578 or 41579 applies (Anaes.) (Assist.)	$4,520.90
41578	Cerebello-pontine angle tumour, removal of by transmastoid, translabyrinthine or retromastoid approach, (intracranial procedure), conjoint surgery, principal surgeon (Anaes.) (Assist.)	$3,021.80
41579	Cerebello-Pontine Angle Tumour, removal of, by transmastoid or translabyrinthine or retromastoid approach, (intracranial procedure) conjoint surgery, co-surgeon (Assist.)	$2,260.40
41581	Tumour involving infra-temporal fossa, removal of , involving craniotomy and radical excision of (Anaes.) (Assist.)	$3,476.50
41584	Partial temporal bone resection for removal of tumour involving mastoidectomy with or without decompression of facial nerve (Anaes.) (Assist.)	$2,386.80
41587	Total temporal bone resection for removal of tumour (Anaes.) (Assist.)	$3,246.50
41590	Endolymphatic sac, transmastoid decompression with or without drainage of (Anaes.) (Assist.)	$1,462.30
41593	Translabyrinthine vestibular nerve section (Anaes.) (Assist.)	$1,932.10
41596	Retrolabyrinthine vestibular nerve section or cochlear nerve section, or both (Anaes.) (Assist.)	$2,156.80
41599	Internal auditory meatus, exploration by middle cranial fossa approach with cranial nerve decompression (Anaes.) (Assist.)	$2,156.80
41608	Stapedectomy (Anaes.) (Assist.)	$1,337.00
41611	Stapes mobilisation (Anaes.) (Assist.)	$893.20
41614	Round window surgery including repair of cochleotomy (Anaes.) (Assist.)	$1,344.30
41615	Oval window surgery, including repair of fistula, not being a service associated with a service to which any other item in this Group applies (Anaes.) (Assist.)	$1,388.90

Surgical Operations	Ear, Nose and Throat	
Item No.	**Description**	**Maximum Fee**
41617	Cochlear implant, insertion of, including mastoidectomy (Anaes.) (Assist.)	$2,414.90
41620	Glomus tumour, transtympanic removal of (Anaes.) (Assist.)	$1,016.30
41623	Glomus tumour, transmastoid removal of, including mastoidectomy (Anaes.) (Assist.) Anaesthetic Item number for Specialist 17713 (Assist.)	$1,460.20
41626	Abscess or inflammation of middle ear, operation for (excluding after-care) (Anaes.) (Assist.)	$197.60
41629	Middle ear, exploration of (Anaes.) (Assist.)	$635.00
41632	Middle ear, insertion of tube for drainage of (including myringotomy) (Anaes.)	$303.50
41635	Clearance of middle ear for granuloma, cholesteatoma and polyp, 1 or more, with or without myringoplasty (Anaes.)	$1,454.80
41638	Clearance of middle ear for granuloma, cholesteatoma and polyp, 1 or more, with or without myringoplasty with ossicular chain reconstruction (Anaes.) (Assist.)	$1,819.80
41641	Perforation of tympanum, cauterisation or diathermy of (Anaes.)	$59.40
41644	Excision of rim of eardrum perforation, not being a service associated with myringoplasty (Anaes.)	$181.40
41647	Ear toilet requiring use of operating microscope and microinspection of tympanic membrane with or without general anaesthesia (Anaes.)	$137.20
41650	Tympanic membrane, microinspection of 1 or both ears under general anaesthesia, not being a service associated with a service to which another item in this Group applies (Anaes.)	$137.20
41653	Examination of nasal cavity or post-nasal space or nasal cavity and post-nasal space, under general anaesthesia, not being a service associated with a service to which another item in this Group applies (Anaes.)	$102.10
41656	Nasal haemorrhage, posterior, arrest of, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding after-care) (Anaes.)	$168.50
41659	Nose, removal of foreign body in, other than by simple probing (Anaes.)	$98.80
41662	Nasal polyp or polypi (simple), removal of *(refer to the xplanatory notes to this Category - MBS Book)*	$102.10
41665	Nasal polyp or polypi (requiring admission to hospital), removal of (G) (Anaes.) *(refer to the xplanatory notes to this Category - MBS Book)*	$303.50
41668	Nasal polyp or polypi (requiring admission to hospital), removal of (S) (Anaes.) *(refer to the xplanatory notes to this Category - MBS Book)*	$303.50
41671	Nasal septum, septoplasty, submucous resection or closure of septal perforation (Anaes.)	$607.00
41672	Nasal septum, reconstruction of (Anaes.) (Assist.)	$650.30

Surgical Operations		Ear, Nose and Throat
Item No.	**Description**	**Maximum Fee**
41674	Cauterisation (other than by chemical means) or cauterisation by chemical means when performed under general anaesthesia or diathermy of septum, turbinates or pharynx - 1 or more of these procedures (including any consultation on the same occasion) not being a service associated with any other operation on the nose (Anaes.)	$168.50
41677	Nasal haemorrhage, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both (Anaes.)	$128.50
41680	Cryotherapy to nose in the treatment of nasal haemorrhage (Anaes.)	$206.30
41683	Division of nasal adhesions, with or without stenting not being a service associated with any other operation on the nose and not performed during the post-operative period of a nasal operation (Anaes.)	$150.10
41686	Dislocation of turbinate or turbinates, 1 or both sides, not being a service associated with a service to which another item in this Group applies (Anaes.)	$102.10
41689	Turbinectomy or turbinectomies, partial or total, unilateral (Anaes.)	$166.30
41692	Turbinates, submucous resection of, unilateral (Anaes.)	$224.60
41695	Turbinates, cryotherapy to (Anaes.)	$128.50
41698	Maxillary antrum, proof puncture and lavage of (Anaes.)	$40.50
41701	Maxillary antrum, proof puncture and lavage of - under general anaesthesia (requiring admission to hospital), not being a service associated with a service to which another item in this Group applies (Anaes.)	$128.50
41704	Maxillary antrum, lavage of - each attendance at which the procedure is performed, including any associated consultation (Anaes.)	$37.30
41707	Maxillary artery, transantral ligation of (Anaes.) (Assist.)	$533.50
41710	Antrostomy (radical) (Anaes.) (Assist.)	$668.50
41713	Antrostomy (radical) with transantral ethmoidectomy or transantral vidian neurectomy (Anaes.) (Assist.)	$825.10
41716	Antrum, intranasal operation on, or removal of foreign body from (Anaes.) (Assist.)	$347.80
41719	Antrum, drainage of, through tooth socket (Anaes.)	$150.10
41722	Oro-antral fistula, plastic closure of (Anaes.) (Assist.)	$752.80
41725	Ethmoidal artery or arteries, transorbital ligation of (unilateral) (Anaes.) (Assist.)	$572.40
41728	Lateral rhinotomy with removal of tumour (Anaes.) (Assist.)	$1,140.50
41729	Dermoid of nose, excision of, with intranasal extension (Anaes.) (Assist.)	$725.80
41731	Fronto-nasal ethmoidectomy by external approach with or without sphenoidectomy (Anaes.) (Assist.)	$1,077.80
41734	Radical fronto-ethmoidectomy with osteoplastic flap (Anaes.) (Assist.)	$1,432.10
41737	Frontal sinus or ethmoidal sinuses on the one side, intranasal operation on (Anaes.) (Assist.)	$572.40

Surgical Operations — Ear, Nose and Throat

Item No.	Description	Maximum Fee
41740	Frontal sinus, catheterisation of (Anaes.)	$76.10
41743	Frontal sinus, trephine of (Anaes.) (Assist.)	$472.00
41746	Frontal sinus, radical obliteration of (Anaes.) (Assist.)	$1,077.80
41749	Ethmoidal sinuses, external operation on (Anaes.) (Assist.)	$786.20
41752	Sphenoidal sinus, intranasal operation on (Anaes.) (Assist.)	$375.80
41755	Eustachian tube, catheterisation of (Anaes.)	$56.20
41758	Division of pharyngeal adhesions (Anaes.)	$150.10
41761	Post nasal space, direct examination of, with or without biopsy (Anaes.)	$170.60
41764	Nasendoscopy or sinoscopy or fibreoptic examination of nasopharynx and larynx, 1 or more of these procedures (Anaes.)	$157.70
41767	Nasopharyngeal angiofibroma, transpalatal removal (Anaes.) (Assist.)	$932.00
41770	Pharyngeal pouch, removal of, with or without cricopharyngeal myotomy (Anaes.) (Assist.)	$893.20
41773	Pharyngeal pouch, endoscopic resection of (Dohlman's operation) (Anaes.) (Assist.)	$730.10
41776	Cricopharyngeal myotomy with or without inversion of pharyngeal pouch (Anaes.) (Assist.)	$752.80
41779	Pharyngotomy (lateral), with or without total excision of tongue (Anaes.) (Assist.)	$893.20
41782	Partial pharyngectomy via pharyngotomy (Anaes.) (Assist.)	$1,212.80
41785	Partial pharyngectomy via pharyngotomy with partial or total glossectomy (Anaes.) (Assist.)	$1,505.50
41786	Uvulopalatopharyngoplasty, with or without tonsillectomy, by any means (Anaes.) (Assist.)	$988.20
41787	Uvulectomy and partial palatectomy with laser incision of the palate, with or without tonsillectomy, one or more stages, including any revision procedures within 12 months (Anaes.) (Assist.)	$725.80
41788	Tonsils or tonsils and adenoids, removal of, in a person aged less than 12 years (G) (Anaes.)	N/A
41789	Tonsils or tonsils and adenoids, removal of, in a person aged less than 12 years (S) (Anaes.)	N/A
41792	Tonsils or tonsils and adenoids, removal of, in a person 12 years of age or over (G) (Anaes.)	$472.00
41793	Tonsils or tonsils and adenoids, removal of, in a person 12 years of age or over (S) (Anaes.)	$472.00
41796	Tonsils or tonsils and adenoids, arrest of haemorrhage requiring general anaesthesia, following removal of (G) (Anaes.)	$199.80
41797	Tonsils or tonsils and adenoids, arrest of haemorrhage requiring general anaesthesia, following removal of (S) (Anaes.)	$199.80

Surgical Operations — Ear, Nose and Throat

Item No.	Description	Maximum Fee
41800	Adenoids, removal of (G) (Anaes.)	$199.80
41801	Adenoids, removal of (S) (Anaes.)	$199.80
41804	Lingual tonsil or lateral pharyngeal bands, removal of (Anaes.)	$111.20
41807	Peritonsillar abscess (quinsy), incision of (Anaes.)	$88.60
41810	Uvulotomy or uvulectomy (Anaes.)	$44.30
41813	Vallecular or pharyngeal cysts, removal of (Anaes.) (Assist.)	$443.90
41816	Oesophagoscopy (with rigid oesophagoscope) (Anaes.)	$235.40
41819	Dilatation of stricture of upper gastro-intestinal tract using bougie or balloon over endoscopically inserted guidewire, including endoscopy with flexible or rigid endoscope (Anaes.)	$466.60
41820	Dilatation of stricture of upper gastro-intestinal tract using bougie or balloon over endoscopically inserted guidewire, including endoscopy with flexible or rigid endoscope, where the use of imaging intensification is clinically indicated (Anaes.)	$596.20
41822	Oesophagoscopy (with rigid oesophagoscope), with biopsy (Anaes.)	$275.40
41825	Oesophagoscopy (with rigid oesophagoscope), with removal of foreign body (Anaes.) (Assist.)	$443.90
41828	Oesophageal stricture, dilatation of, without oesophagoscopy (Anaes.)	$69.70
41831	Oesophagus, endoscopic pneumatic dilatation of (Anaes.) (Assist.)	$477.40
41832	Oesophagus, balloon dilation of, using interventional imaging techniques (Anaes.)	N/A
41834	Laryngectomy (total) (Anaes.) (Assist.)	$1,779.80
41837	Vertical hemi-laryngectomy including tracheostomy (Anaes.) (Assist.)	$1,572.50
41840	Supraglottic laryngectomy including tracheostomy (Anaes.) (Assist.)	$1,932.10
41843	Laryngopharyngectomy or primary restoration of alimentary continuity after laryngopharyngectomy using stomach or bowel (Anaes.) (Assist.)	$1,779.80
41846	Larynx, direct examination of the supraglottic, glottic and subglottic regions, not being a service associated with any other procedure on the larynx or with the administration of a general anaesthetic (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$235.40
41849	Larynx, direct examination of, with biopsy (Anaes.) (Assist.)	$337.00
41852	Larynx, direct examination of, with removal of tumour (Anaes.) (Assist.)	$398.50
41855	Microlaryngoscopy (Anaes.) (Assist.)	$398.50
41858	Microlaryngoscopy with removal of juvenile papillomata (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$628.60

Surgical Operations — Ear, Nose and Throat

Item No.	Description	Maximum Fee
41861	Microlaryngoscopy with removal of papillomata by laser surgery (Anaes.) (Assist.)	$769.00
41864	Microlaryngoscopy with removal of tumour (Anaes.) (Assist.)	$533.50
41867	Microlaryngoscopy with arytenoidectomy (Anaes.) (Assist.)	$780.80
41868	Laryngeal web, division of, using microlarygoscopic techniques (Anaes.)	$419.20
41870	Injection of vocal cord by teflon, fat, collagen or gelfoam (Anaes.) (Assist.)	$567.00
41873	Larynx, fractured, operation for (Anaes.) (Assist.)	$752.80
41876	Larynx, external operation on, or laryngofissure, with or without cordectomy (Anaes.) (Assist.)	$752.80
41879	Laryngoplasty or tracheoplasty, including tracheostomy (Anaes.) (Assist.)	$1,212.80
41880	Tracheostomy by a percutaneous technique using sequential dilatation or partial splitting method to allow insertion of a cuffed tracheostomy tube (Anaes.)	$382.30
41881	Tracheostomy by open exposure of the trachea, including separation of the strap muscles or division of the thyroid isthmus, where performed (Anaes.) (Assist.)	$382.30
41884	Cricothyrostomy by direct stab or Seldinger technique, using Minitrach or similar device (Anaes.)	$118.80
41885	Trache-oesophageal fistula, formation of, as a secondary procedure following laryngectomy, including associated endoscopic procedures (Anaes.) (Assist.)	$367.20
41886	Trachea, removal of foreign body in (Anaes.)	$224.60
41889	Bronchoscopy, as an independent procedure (Anaes.)	$224.60
41892	Bronchoscopy with 1 or more endobronchial biopsies or other diagnostic or therapeutic procedures (Anaes.)	$303.50
41895	Bronchus, removal of foreign body in (Anaes.) (Assist.)	$438.50
41898	Fibreoptic bronchoscopy with 1 or more transbronchial lung biopsies, with or without bronchial or broncho-alveolar lavage, with or without the use of interventional imaging (Anaes.) (Assist.)	$331.60
41901	Endoscopic laser resection of endobronchial tumours for relief of obstruction including any associated endoscopic procedures (Anaes.) (Assist.)	$786.20
41904	Bronchoscopy with dilatation of tracheal stricture (Anaes.)	$291.60
41905	Trachea or bronchus, dilatation of stricture and endoscopic insertion of stent (Anaes.) (Assist.)	$533.50
41907	Nasal septum button, insertion of (Anaes.)	$155.50
41910	Duct of major salivary gland, transposition of (Anaes.) (Assist.)	$500.00

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T8: SURGICAL OPERATIONS
- SUBGROUP 9 - OPHTHALMOLOGY

Surgical Operations		Ophthalmology
Item No.	Description	Maximum Fee
42503	Ophthalmological examination under general anaesthesia, not being a service associated with a service to which another item in this Group applies (Anaes.)	$145.80
42506	Eye, enucleation of, with or without sphere implant (Anaes.) (Assist.)	$668.50
42509	Eye, enucleation of, with insertion of integrated implant (Anaes.) (Assist.)	$825.10
42510	Eye, enucleation of, with insertion of hydroxy apatite implant or similar coralline implant (Anaes.) (Assist.)	$919.10
42512	Globe, evisceration of (Anaes.) (Assist.)	$668.50
42515	Globe, evisceration of, and insertion of intrascleral ball or cartilage (Anaes.) (Assist.)	$730.10
42518	Anophthalmic orbit, insertion of cartilage or artificial implant as a delayed procedure, or removal of implant from socket, or placement of a motility integrating peg by drilling into an existing orbital implant (Anaes.) (Assist.)	$472.00
42521	Anophthalmic socket, treatment of, by insertion of a wired-in conformer, integrated implant or dermofat graft, as a secondary procedure (Anaes.) (Assist.)	$1,510.90
42524	Orbit, skin graft to, as a delayed procedure (Anaes.)	$291.60
42527	Contracted socket, reconstruction including mucous membrane grafting and stent mould (Anaes.) (Assist.)	$584.30
42530	Orbit, exploration with or without biopsy, requiring removal of bone (Anaes.) (Assist.)	$825.10
42533	Orbit, exploration of, with drainage or biopsy not requiring removal of bone (Anaes.) (Assist.)	$494.60
42536	Orbit, exenteration of, with or without skin graft and with or without temporalis muscle transplant (Anaes.) (Assist.)	$1,174.00
42539	Orbit, exploration of, with removal of tumour or foreign body, requiring removal of bone (Anaes.) (Assist.)	$1,679.40
42542	Orbit, exploration of anterior aspect with removal of tumour or foreign body (Anaes.) (Assist.)	$702.00
42543	Orbit, exploration of retrobulbar aspect with removal of tumour or foreign body (Anaes.) (Assist.)	$702.00
42545	Orbit, decompression of, for dysthyroid eye disease, by fenestration of 2 or more walls, or by the removal of intraorbital peribulbar and retrobulbar fat from each quadrant of the orbit, 1 eye (Anaes.) (Assist.)	$1,567.10
42548	Optic nerve meninges, incision of (Anaes.) (Assist.)	$1,409.40
42551	Eyeball, perforating wound of, not involving intraocular structures - repair involving suture of cornea or sclera, or both, not being a service to which item 42632 applies (Anaes.) (Assist.)	$893.20

Surgical Operations — Ophthalmology

Item No.	Description	Maximum Fee
42554	Eyeball, perforating wound of, with incarceration or prolapse of uveal tissue - repair (Anaes.) (Assist.)	$1,049.80
42557	Eyeball, perforating wound of, with incarceration of lens or vitreous - repair (Anaes.) (Assist.)	$1,460.20
42560	Intraocular foreign body, magnetic removal from anterior segment (Anaes.) (Assist.)	$584.30
42563	Intraocular foreign body, nonmagnetic removal from anterior segment (Anaes.) (Assist.)	$763.60
42566	Intraocular foreign body, magnetic removal from posterior segment (Anaes.) (Assist.)	$1,049.80
42569	Intraocular foreign body, nonmagnetic removal from posterior segment (Anaes.) (Assist.)	$1,460.20
42572	Orbital abscess or cyst, drainage of (Anaes.)	$139.30
42573	Dermoid, periorbital, excision of (Anaes.)	$280.80
42574	Dermoid, orbital, excision of (Anaes.) (Assist.)	$595.10
42575	Tarsal cyst, extirpation of (Anaes.)	$116.60
42578	Tarsal cartilage, excision of (Anaes.) (Assist.)	$635.00
42581	Ectropion or entropion, tarsal cauterisation of (Anaes.)	$145.80
42584	Tarsorrhaphy (Anaes.) (Assist.)	$382.30
42587	Trichiasis, treatment of by cryotherapy, laser or electrolysis - each eyelid (Anaes.)	$64.30
42590	Canthoplasty, medial or lateral (Anaes.) (Assist.)	$472.00
42593	Lacrimal gland, excision of palpebral lobe (Anaes.)	$291.60
42596	Lacrimal sac, excision of, or operation on (Anaes.) (Assist.)	$702.00
42599	Lacrimal canalicular system, establishment of patency by closed operation using silicone tubes or similar, 1 eye (Anaes.) (Assist.)	$752.80
42602	Lacrimal canalicular system, establishment of patency by open operation, 1 eye (Anaes.) (Assist.)	$893.20
42605	Lacrimal canaliculus, immediate repair of (Anaes.) (Assist.)	$635.00
42608	Lacrimal drainage by insertion of glass tube, as an independent procedure (Anaes.) (Assist.)	$382.30
42610	Nasolacrimal tube (unilateral), removal or replacement of, or lacrimal passages, probing for obstruction, unilateral, with or without lavage - under general anaesthesia (Anaes.)	$126.40

Surgical Operations — Ophthalmology

Item No.	Description	Maximum Fee
42611	Nasolacrimal tube (bilateral), removal or replacement of, or lacrimal passages, probing for obstruction, bilateral, with or without lavage - under general anaesthesia (Anaes.)	$204.10
42614	Nasolacrimal tube (unilateral), removal or replacement of, or lacrimal passages, probing to establish patency of the lacrimal passage and/or site of obstruction, unilateral, including lavage, not being a service associated with a service to which item 42610 applies (excluding aftercare)	$66.40
42615	Nasolacrimal tube (bilateral), removal or replacement of, or lacrimal passages, probing to establish patency of the lacrimal passage and/or site of obstruction, bilateral, including lavage, not being a service associated with a service to which item 42611 applies (excluding after-care)	$95.00
42617	Punctum snip operation (Anaes.)	$152.30
42620	Punctum, occlusion of, by use of a plug (Anaes.)	$106.90
42621	Punctum, temporary occlusion of, by use of electrical cautery (Anaes.)	$69.70
42622	Punctum, permanent occlusion of, by use of electrical cautery (Anaes.)	$109.10
42623	Dacryocystorhinostomy (Anaes.) (Assist.)	$1,218.20
42626	Dacryocystorhinostomy where a previous dacryocystorhinostomy has been performed (Anaes.) (Assist.)	$1,393.20
42629	Conjunctivorhinostomy including dacryocystorhinostomy and fashioning of conjunctival flaps (Anaes.) (Assist.)	$1,291.70
42632	Conjunctival peritomy or repair of corneal laceration by conjunctival flap (Anaes.)	$139.30
42635	Corneal perforations, sealing of, with tissue adhesive (Anaes.) (Assist.)	$814.30
42638	Conjunctival graft over cornea (Anaes.) (Assist.)	$528.10
42641	Autoconjunctival transplant, or mucous membrane graft (Anaes.) (Assist.)	$567.00
42644	Cornea or sclera, removal of imbedded foreign body from (excluding after-care) (Anaes.)	$102.10
42647	Corneal scars, removal of, by partial keratectomy, not being a service associated with a service to which item 42686 applies (Anaes.)	$291.60
42650	Cornea, epithelial debridement for corneal ulcer or corneal erosion (excluding after-care) (Anaes.)	$102.10
42651	Cornea, epithelial debridement for eliminating band kareatopathy (Anaes.)	$102.10
42653	Cornea, transplantation of, full thickness (Anaes.) (Assist.)	$1,746.40
42656	Cornea, transplantation of, second and subsequent procedures (Anaes.) (Assist.)	$1,937.50
42659	Cornea, transplantation of, superficial or lamellar (Anaes.) (Assist.)	$1,049.80

Surgical Operations — Ophthalmology

Item No.	Description	Maximum Fee
42662	Sclera, transplantation of, full thickness, including collection of donor material (Anaes.) (Assist.)	$1,005.50
42665	Sclera, transplantation of, superficial or lamellar, including collection of donor material (Anaes.) (Assist.)	$752.80
42667	Running corneal suture, manipulation of, performed within 4 months of corneal grafting, to reduce astigmatism where a reduction of 2 dioptres of astigmatism is obtained, including any associated consultation	$157.60
42668	Corneal sutures, removal of, not earlier than 6 weeks after operation requiring use of slit lamp or operating microscope (Anaes.)	$101.00
42672	Corneal incisions, to correct corneal astigmatism of more than 1 1/2 diopters following anterior segment surgery, including appropriate measurements and calculations, performed as an independent procedure (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,124.85
42673	Additional corneal incisions, to correct corneal astigmatism of more than 1 1/2 diopter, including appropriate measurements and calculations, performed in conjunction with other anterior segment surgery (Anaes.) (Assist.)	$562.40
42676	Conjunctiva, biopsy of, as an independent procedure	$128.50
42677	Conjunctiva, cautery of, including treatment of pannus - each attendance at which treatment is given including any associated consultation (Anaes.)	$72.90
42680	Conjunctiva, cryotherapy to, for melanotic lesions or similar using CO^2 or N^20 (Anaes.)	$382.30
42683	Conjunctival cysts, removal of, requiring admission to hospital or approved day hospital facility (Anaes.)	$155.50
42686	Pterygium, removal of (Anaes.)	$347.80
42689	Pinguecula, removal of, not being a service associated with the fitting of contact lenses (Anaes.)	$145.80
42692	Limbic tumour, removal of, excluding Pterygium (Anaes.) (Assist.)	$382.30
42695	Limbic tumour, excision of, requiring keratectomy or sclerectomy, excluding Pterygium (Anaes.) (Assist.)	$584.30
42698	Lens extraction, excluding surgery performed for the correction of refractive error except for anisometropia greater than 3 dioptres following the removal of cataract in the first eye (Anaes.)	$1,611.40
42701	Artificial lens, insertion of, excluding surgery performed for the correction of refractive error except for anisometropia greater than 3 dioptres following the removal of cataract in the first eye (Anaes.)	$893.20
42702	Lens extraction and insertion of artificial lens, excluding surgery performed for the correction of refractive error only except for anisometropia greater than 3 dioptres following the removal of cataract in the first eye (Anaes.)	$2,057.40
42703	Artificial lens, insertion of, into the posterior chamber and suture to the iris and sclera (Anaes.) (Assist.)	$1,372.70
42704	Artificial lens, removal or repositioning of by open operation - not being a service associated with a service to which item 42701 applies (Anaes.)	$538.90

Surgical Operations — Ophthalmology

Item No.	Description	Maximum Fee
42707	Artificial lens, removal of and replacement with a different lens (Anaes.)	$937.40
42710	Artificial lens, removal of, and replacement with a lens inserted into the posterior chamber and sutured to the iris or sclera (Anaes.) (Assist.)	$1,010.90
42713	Intraocular lenses, repositioning of, by the use of a McCannell suture or similar (Anaes.) (Assist.)	$438.50
42716	Cataract, juvenile, removal of, including subsequent needlings (Anaes.) (Assist.)	$1,623.20
42719	Capsulectomy or removal of vitreous via the anterior chamber by any method, not being a service associated with a service to which item 42698, 42702 or 42716 applies (Anaes.) (Assist.)	$730.10
42722	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 being a service associated with a service to which item 42698, 42702 or 42716 applies, 1 or both procedures (Anaes.) (Assist.)	$775.40
42725	Vitrectomy by 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 (Anaes.) (Assist.)	$1,746.40
42728	Cryotherapy of retina or other intraocular structures with an internal probe, being a service associated with a service to which item 42725 applies (Anaes.)	$258.10
42731	Capsulectomy or lensectomy by posterior chamber sclerotomy in conjunction 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 being a service associated with any other intraocular operation (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,982.90
42734	Capsulotomy, other than by laser (Anaes.) (Assist.)	$438.50
42737	Needling of posterior capsule (Anaes.) (Assist.)	$438.50
42740	Paracentesis of anterior or posterior chamber or both, for the injection of therapeutic substances, or the removal of aqueous or vitreous for diagnostic purposes, 1 or more of (Anaes.) (Assist.)	$438.50
42743	Anterior chamber, irrigation of blood from, as an independent procedure (Anaes.) (Assist.)	$893.20
42746	Glaucoma, filtering operation for (Anaes.) (Assist.)	$1,302.50
42749	Glaucoma, filtering operation for, where previous filtering operation has been performed (Anaes.) (Assist.)	$1,617.80
42752	Glaucoma, insertion of Molteno valve for, 1 or more stages (Anaes.) (Assist.)	$1,807.90
42755	Glaucoma, removal of Molteno valve (Anaes.)	$224.60

Surgical Operations — Ophthalmology

Item No.	Description	Maximum Fee
42758	Goniotomy (Anaes.) (Assist.)	$954.70
42761	Division of anterior or posterior synechiae, as an independent procedure, other than by laser (Anaes.) (Assist.)	$730.10
42764	Iridectomy (including excision of tumour of iris) or iridotomy, as an independent procedure, other than by laser (Anaes.) (Assist.)	$635.00
42767	Tumour, involving ciliary body or ciliary body and iris, excision of (Anaes.) (Assist.)	$1,460.20
42770	Cyclodestructive procedures for the treatment of intractable glaucoma, treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.) (Assist.)	$382.30
42771	Cyclodestructive procedures for the treatment of intractable glaucoma, treatment to 1 eye - where it can be demonstrated that a 3rd or subsequent treatment to that eye (including any treatments to which 42770 applies) is indicated in a 2 year period (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$376.30
42773	Detached retina, diathermy or cryotherapy for, not being a service associated with a service to which item 42776 applies (Anaes.) (Assist.)	$1,049.80
42776	Detached retina, buckling or resection operation for (Anaes.) (Assist.)	$1,589.80
42779	Detached retina, revision operation for (Anaes.) (Assist.)	$1,744.20
42782	Laser trabeculoplasty - each treatment to 1 eye, to a maximum of 4 treatments to that eye in a 2 year period (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$415.80
42783	Laser Trabeculoplasty - each treatment to 1 eye - where it can be demonstrated that a 5th or subsequent treatment to that eye (including any treatments to which Item 42782 applies) is indicated in a 2 year period (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$524.90
42785	Laser iridotomy - each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$415.80
42786	Laser iridotomy - each treatment to 1 eye - where it can be demonstrated that a 3rd or subsequent treatment to that eye (including any treatments to which Item 42785 applies) is indicated in a 2 year period (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$415.80
42788	Laser capsulotomy - each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$415.80

Surgical Operations — Ophthalmology

Item No.	Description	Maximum Fee
42789	Laser capsulotomy - each treatment to 1 eye - where it can be deomonstrated that a 3rd or subsequent treatment to that eye (including any treatments to which Item 42788 applies) is indicated in a 2 year period (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$415.80
42791	Laser vitreolysis or corticolysis of lens material or fibrinolysis - each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$415.80
42792	Laser vitreolysis or corticolysis of lens material or fibrinolysis - each treatment to 1 eye - where it can be demonstrated that a 3rd or subsequent treatment to that eye (including any treatments to which item 42791 applies) is indicated in a 2 year period (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$415.80
42794	Division of suture by laser following trabeculoplasty, each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$77.80
42797	Laser coagulation of corneal or scleral blood vessels - each treatment to 1 eye, to a maximum of 4 treatments to that eye in a 2 year period (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$77.80
42806	Iris tumour, laser photocoagulation of (Anaes.) (Assist.)	$415.80
42807	Photomydriasis, laser	$395.00
42808	Photoiridosyneresis, laser	$395.00
42809	Retina, photocoagulation of, not being a service associated with photodynamic therapy with verteporfin (Anaes.) (Assist.)	$572.40
42810	Phototherapeutic keratectomy, by laser, for corneal scarring or disease, excluding surgery for refractive error (Anaes.)	$751.70
42812	Detached retina, removal of encircling silicone band from (Anaes.)	$235.40
42815	Posterior chamber, removal of silicone oil from (Anaes.) (Assist.)	$758.20
42818	Retina, cryotherapy to, as an independent procedure, with external probe (Anaes.)	$702.00
42821	Ocular transillumination, for the diagnosis and measurement of intraocular tumours, as independent procedure (Anaes.)	$116.60
42824	Retrobulbar injection of alcohol or other drug, as an independent procedure	$88.60
42833	Squint, operation for, on 1 or both eyes, the operation involving a total of 1 or 2 muscles (Anaes.) (Assist.)	$825.10

Surgical Operations — Ophthalmology

Item No.	Description	Maximum Fee
42836	Squint, operation for, on 1 or both eyes, the operation involving a total of 1 or 2 muscles where there have been 2 or more previous squint operations on the eye or eyes (Anaes.) (Assist.)	$977.40
42839	Squint, operation for, on 1 or both eyes, the operation involving a total of 3 or more muscles (Anaes.) (Assist.)	$954.70
42842	Squint, operation for, on 1 or both eyes, the operation involving a total of 3 or more muscles where there have been 2 or more previous squint operations on the eye or eyes (Anaes.) (Assist.)	$1,162.10
42845	Readjustment of adjustable sutures, 1 or both eyes, as an independent procedure following an operation for correction of squint (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$241.90
42848	Squint, muscle transplant for (Hummelsheim type, or similar operation) (Anaes.) (Assist.)	$954.70
42851	Squint, muscle transplant for (Hummelsheim type, or similar operation) where there have been 2 or more previous squint operations on the eye or eyes (Anaes.) (Assist.)	$954.70
42854	Ruptured medial palpebral ligament or ruptured extra-ocular muscle, repair of (Anaes.) (Assist.)	$477.40
42857	Resuturing of wound following intraocular procedures with or without excision of prolapsed iris (Anaes.) (Assist.)	$528.10
42860	Eyelid (upper or lower), scleral or Goretex or other non-autogenous graft to, with recession of the lid retractors (Anaes.) (Assist.)	$1,128.60
42863	Eyelid, recession of (Anaes.) (Assist.)	$1,067.00
42866	Entropion or tarsal ectropion, repair of, by tightening, shortening or repair of inferior retractors by open operation across the entire width of the eyelid (Anaes.) (Assist.)	$949.30
42869	Eyelid closure in facial nerve paralysis, insertion of foreign implant for (Anaes.) (Assist.)	$668.50
42872	Eyebrow, elevation of, for paretic states (Anaes.)	$319.70

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T8: SURGICAL OPERATIONS
- SUBGROUP 10 - OPERATIONS FOR OSTEOMYELITIS

Surgical Operations — Osteomyelitis

Item No.	Description	Maximum Fee
	OPERATIONS FOR ACUTE OSTEOMYELITIS	
43500	Operation on phalanx (Anaes.)	$155.50
43503	Operation on sternum, clavicle, rib, ulna, radius, carpus, tibia, fibula, tarsus, skull, mandible or maxilla (other than alveolar margins) - 1 bone (Anaes.)	$270.00
43506	Operation on humerus or femur - 1 bone (Anaes.) (Assist.)	$443.90
43509	Operation on spine or pelvic bones - 1 bone (Assist.)	$443.90
	OPERATIONS FOR CHRONIC OSTEOMYELITIS	
43512	Operation on scapula, sternum, clavicle, rib, ulna, radius, metacarpus, carpus, phalanx, tibia, fibula, metatarsus, tarsus, mandible or maxilla (other than alveolar margins) - 1 bone or any combination of adjoining bones (Anaes.) (Assist.)	$443.90
43515	Operation on humerus or femur - 1 bone (Anaes.) (Assist.)	$443.90
43518	Operation on spine or pelvic bones - 1 bone (Anaes.) (Assist.)	$752.80
43521	Operation on skull (Anaes.) (Assist.)	$578.90
43524	Operation on any combination of adjoining bones, being bones referred to in item 43515, 43518 or 43521 (Anaes.) (Assist.)	$752.80

CATEGORY THREE: THERAPEUTIC PROCEDURES

GROUP T8: SURGICAL OPERATIONS

The following services are classified as N/A – Not Applicable by the Corporation. In a circumstance where a service is deemed necessary and appropriate by the medical practitioner, please contact your patient's case manager to discuss payment.

SUBGROUP 11 - PAEDIATRIC

Item No	Maximum Fee
43801	N/A
43804	N/A
43807	N/A
43810	N/A
43813	N/A
43816	N/A
43819	N/A
43822	N/A
43825	N/A
43828	N/A
43831	N/A
43834	N/A
43837	N/A
43840	N/A
43843	N/A
43846	N/A
43849	N/A
43852	N/A
43855	N/A
43858	N/A
43861	N/A
43864	N/A
43867	N/A
43870	N/A
43873	N/A
43876	N/A
43879	N/A
43882	N/A
43900	N/A
43903	N/A
43906	N/A
43909	N/A
43912	N/A
43915	N/A
43930	N/A
43933	N/A
43936	N/A
43939	N/A
43942	N/A
43945	N/A

SUBGROUP 11 - PAEDIATRIC (continued)

Item No	Maximum Fee
43948	N/A
43951	N/A
43954	N/A
43957	N/A
43960	N/A
43963	N/A
43966	N/A
43969	N/A
43972	N/A
43975	N/A
43978	N/A
43981	N/A
43984	N/A
43987	N/A
43990	N/A
43993	N/A
43996	N/A
43999	N/A
44102	N/A
44105	N/A
44108	N/A
44111	N/A
44114	N/A
44130	N/A
44133	N/A
44136	N/A

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T8: SURGICAL OPERATIONS
- SUBGROUP 12 - AMPUTATIONS

Surgical Operations		Amputations
Item No.	**Description**	**Maximum Fee**
44325	Hand, midcarpal or transmetacarpal, amputation of (Anaes.) (Assist.)	$382.30
44328	Hand, forearm or through arm, amputation of (Anaes.) (Assist.)	$443.90
44331	Amputation at shoulder (Anaes.) (Assist.)	$752.80
44334	Interscapulothoracic amputation (Anaes.) (Assist.)	$1,493.60
44338	1 digit of foot, amputation of (Anaes.) (Assist.)	$204.10
44342	2 digits of 1 foot, amputation of (Anaes.) (Assist.)	$303.50
44346	3 digits of 1 foot, amputation of (Anaes.) (Assist.)	$403.90
44350	4 digits of 1 foot, amputation of (Anaes.) (Assist.)	$510.80
44354	5 digits of 1 foot, amputation of (Anaes.) (Assist.)	$612.40
44358	Toe, including metatarsal or part of metatarsal - each toe, amputation of (Anaes.)	$252.70
44359	One or more toes of one foot, amputation of, including if performed, excision of 1 or more metatarsal bones of the foot, performed for diabetic or other microvascular disease, excluding aftercare (Anaes.) (Assist.)	N/A
44361	Foot at ankle (Syme, Pirogoff types), amputation of (Anaes.) (Assist.)	$443.90
44364	Foot, midtarsal or transmetatarsal, amputation of (Anaes.) (Assist.)	$382.30
44367	Amputation through thigh, at knee or below knee (Anaes.) (Assist.)	$656.60
44370	Amputation at hip (Anaes.) (Assist.)	$921.20
44373	Hindquarter, amputation of (Anaes.) (Assist.)	$1,876.00
44376	Amputation stump, reamputation of, to provide adequate skin and muscle cover (Assist.) **Derived Fee:** 75% of the original amputation fee	DF

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T8: SURGICAL OPERATIONS
- SUBGROUP 13 - PLASTIC AND RECONSTRUCTIVE SURGERY

Surgical Operations — Plastic & Reconstructive

Item No.	Description	Maximum Fee
	METICULOUS REPAIR DESIGNED TO OBTAIN MAXIMUM FUNCTIONAL RESULTS INCLUDING THE PREPARATION OF THE DEFECT REQUIRING REPAIR *(refer to the explanatory notes to this Category for definition of "Local skin flap" - MBS Book)*	
	GENERAL	
45000	Single stage local muscle flap repair, on eyelid, nose, lip, neck, hand, thumb, finger or genitals (Anaes.) (Assist.)	$763.60
45003	Single stage local myocutaneous flap repair to 1 defect, simple and small (Anaes.) (Assist.)	$847.80
45006	Single stage large myocutaneous flap repair to 1 defect, (pectoralis major, latissimus dorsi, or similar large muscle) (Anaes.) (Assist.)	$1,460.20
45009	Single stage local muscle flap repair to 1 defect, simple and small (Anaes.) (Assist.)	$460.10
45012	Single stage large muscle flap repair to 1 defect, (pectoralis major, gastrocnemius, gracilis or similar large muscle) (Anaes.) (Assist.)	$780.80
45015	Muscle or myocutaneous flap, delay of (Anaes.) (Assist.)	$421.20
45018	Dermis, dermofat or fascia graft (excluding transfer of fat by injection) (Anaes.) (Assist.)	$724.70
45019	Full face chemical peel for severely sun-damaged skin, where it can be demonstrated that the damage affects 75% of the facial skin surface area involving photodamage (dermatoheliosis) typically consisting of solar keratoses, solar lentigines, freckling, yellowing and leathering of the skin, where at least medium depth peeling agents are used, performed in the operating theatre of a hospital or approved day-hospital facility by a specialist in the practice of his or her specialty - 1 session only in a 12 month period (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$541.60
45020	Full face chemical peel for severe chloasma or melasma refractory to all other treatments, where it can be demonstrated that the chloasma or melasma affects 75% of the facial skin surface area involving diffuse pigmentation visible at a distance of 4 metres, where at lease medium depth peeling agents are used, performed in the operating theatre of a hospital or approved day-hospital facility by a specialist in the practice of his or her specialty - 1 session only in a 12 month period (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$541.60
45021	Abrasive therapy for severely disfiguring scarring resulting from trauma, burns or acne - limited to 1 aesthetic area (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$218.20
45024	Abrasive therapy for severely disfiguring scarring resulting from trauma, burns or acne - more than 1 aesthetic area (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$544.30

Surgical Operations — Plastic & Reconstructive

Item No.	Description	Maximum Fee
45025	Carbon dioxide laser or erbium laser resurfacing of the face or neck for severely disfiguring scarring resulting from trauma, burns or acne - limited to 1 aesthetic area (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$213.80
45026	Carbon dioxide laser or erbium laser resurfacing of the face or neck for severely disfiguring scarring resulting from trauma, burns or acne - more than 1 aesthetic area (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$482.80
45027	Angioma, cauterisation of or injection into, where undertaken in the operating theatre of a hospital or approved day-hospital facility (Anaes.)	$168.50
45030	Angioma (haemangioma or lymphangioma or both) of skin and subcutaneous tissue (excluding facial muscle or breast) or mucous surface, small, excision and suture of (Anaes.)	$162.00
45033	Angioma (haemangioma or lymphangioma or both), large or involving deeper tissue including facial muscle or breast, excision and suture of (Anaes.)	$337.00
45035	Angioma (haemangioma or lymphangioma or both), large and deep, involving muscles or nerves, excision of (Anaes.) (Assist.)	$1,014.10
45036	Angioma (haemangioma or lymphangioma or both) of neck, deep, excision of (Anaes.) (Assist.)	$1,589.80
45039	Arteriovenous malformation (3 cms or less) of superficial tissue, excision of (Anaes.)	$337.00
45042	Arteriovenous malformation, (greater than 3 cms), excision of (Anaes.) (Assist.)	$432.00
45045	Arteriovenous malformation on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, excision of (Anaes.)	$432.00
45048	Lymphoedematous tissue or lymphangiectasis, of lower leg and foot, or thigh, or upper arm, or forearm and hand, major excision of (Anaes.) (Assist.)	$1,196.60
45051	Contour reconstruction for pathological deformity, insertion of foreign implant (non biological but excluding injection of liquid or semisolid material) by open operation (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$645.80
45054	Limb or chest, decompression escharotomy of (including all incisions), for acute compartment syndrome secondary to burn. (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$292.70
	SKIN FLAP SURGERY	
45200	Single stage local flap, where indicated to repair 1 defect, simple and small, excluding flap for male pattern baldness (Anaes.)	$382.30
45203	Single stage local flap, where indicated to repair 1 defect, complicated or large, excluding flap for male pattern baldness (Anaes.) (Assist.)	$567.00

Surgical Operations — Plastic & Reconstructive

Item No.	Description	Maximum Fee
45206	Single stage local flap where indicated to repair 1 defect, on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals (Anaes.) (Assist.)	$538.90
45209	Direct flap repair (cross arm, abdominal or similar), first stage (Anaes.) (Assist.)	$724.70
45212	Direct flap repair (cross arm, abdominal or similar), second stage (Anaes.)	$359.60
45215	Direct flap repair, cross leg, first stage (Anaes.) (Assist.)	$1,572.50
45218	Direct flap repair, cross leg, second stage (Anaes.) (Assist.)	$707.40
45221	Direct flap repair, small (cross finger or similar), first stage (Anaes.)	$393.10
45224	Direct flap repair, small (cross finger or similar), second stage (Anaes.)	$177.10
45227	Indirect flap or tubed pedicle, formation of (Anaes.) (Assist.)	$691.20
45230	Direct or indirect flap or tubed pedicle, delay of (Anaes.)	$382.30
45233	Indirect flap or tubed pedicle, preparation of intermediate or final site and attachment to the site (Anaes.) (Assist.)	$758.20
45236	Indirect flap or tubed pedicle, spreading of pedicle, as a separate procedure (Anaes.)	$578.90
45239	Direct, indirect or local flap, revision of (Anaes.)	$354.20
	FREE GRAFTS	
45400	Free grafting (split skin) of a granulating area, small (Anaes.)	$286.20
45403	Free grafting (split skin) of a granulating area, extensive (Anaes.) (Assist.)	$567.00
45406	Free grafting (split skin) to burns, including excision of burnt tissue - involving not more than 3% of total body surface (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$635.00
45409	Free grafting (split skin) to burns, including excision of burnt tissue - involving 3% or more but less than 6% of total body surface (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$847.80
45412	Free grafting (split skin) to burns, including excision of burnt tissue - involving 6% or more but less than 9% of total body surface (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,162.10
45415	Free grafting (split skin) to burns, including excision of burnt tissue - involving 9% or more but less than 12% of total body surface (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,269.00

Surgical Operations	Plastic & Reconstructive	
Item No.	**Description**	**Maximum Fee**
45418	Free grafting (split skin) to burns, including excision of burnt tissue - involving 12% or more but less than 15% of total body surface (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,375.90
45439	Free grafting (split skin) to 1 defect, including elective dissection, small (Anaes.)	$382.30
45442	Free grafting (split skin) to 1 defect, including elective dissection, extensive (Anaes.) (Assist.)	$814.30
45445	Free grafting (split skin) as inlay graft to 1 defect including elective dissection using a mould (including insertion of and removal of mould) (Anaes.) (Assist.)	$791.60
45448	Free grafting (split skin) to 1 defect, including elective dissection on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, not being a service to which item 45442 or 45445 applies (Anaes.)	$528.10
45451	Free grafting (full thickness), to 1 defect, excluding grafts for male pattern baldness (Anaes.) (Assist.)	$640.40
45460	Free grafting (split skin) to burns, including excision of burnt tissue - involving 15% or more but less than 20% of total body surface - one surgeon (Anaes.) (Assist.)	$1,985.00
45461	Free grafting (split skin) to burns, including excision of burnt tissue - involving 15% or more but less than 20% of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.)	$1,414.30
45462	Free grafting (split skin) to burns, including excision of burnt tissue - involving 15% or more but less than 20% of total body surface - conjoint surgery, co-surgeon (Assist.)	$1,067.60
45464	Free grafting (split skin) to burns, including excision of burnt tissue - involving 20% or more but less than 30% of total body surface - one surgeon (Anaes.) (Assist.)	$3,029.40
45465	Free grafting (split skin) to burns, including excision of burnt tissue - involving 20% or more but less than 30% of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.)	$2,158.40
45466	Free grafting (split skin) to burns, including excision of burnt tissue - involving 20% or more but less than 30% of total body surface - conjoint surgery, co-surgeon (Assist.)	$1,627.60
45468	Free grafting (split skin) to burns, including excision of burnt tissue - involving 30% or more but less than 40% of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.)	$2,902.00
45469	Free grafting (split skin) to burns, including excision of burnt tissue - involving 30% or more but less than 40% of total body surface - conjoint surgery, co-surgeon (Assist.)	$2,189.70
45471	Free grafting (split skin) to burns, including excision of burnt tissue - involving 40% or more but less than 50% of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.)	$3,648.20
45472	Free grafting (split skin) to burns, including excision of burnt tissue - involving 40% or more but less than 50% of total body surface - conjoint surgery, co-surgeon (Assist.)	$2,751.80

Surgical Operations		Plastic & Reconstructive
Item No.	**Description**	**Maximum Fee**
45474	Free grafting (split skin) to burns, including excision of burnt tissue - involving 50% or more but less than 60% of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.)	$4,390.70
45475	Free grafting (split skin) to burns, including excision of burnt tissue - involving 50% or more but less than 60% of total body surface - conjoint surgery, co-surgeon (Assist.)	$3,314.00
45477	Free grafting (split skin) to burns, including excision of burnt tissue - involving 60% or more but less than 70% of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.)	$5,135.40
45478	Free grafting (split skin) to burns, including excision of burnt tissue - involving 60% or more but less than 70% of total body surface - conjoint surgery, co-surgeon (Assist.)	$3,873.40
45480	Free grafting (split skin) to burns, including excision of burnt tissue - involving 70% or more but less than 80% of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.)	$5,879.50
45481	Free grafting (split skin) to burns, including excision of burnt tissue - involving 70% or more but less than 80% of total body surface - conjoint surgery, co-surgeon (Assist.)	$4,435.60
45483	Free grafting (split skin) to burns, including excision of burnt tissue - involving 80% or more of total body surface, conjoint surgery, principal surgeon (Anaes.) (Assist.)	$6,698.70
45484	Free grafting (split skin) to burns, including excision of burnt tissue - involving 80% or more of total body surface, conjoint surgery, co-surgeon (Assist.)	$5,054.40
45485	Free grafting (split skin) to burns, including excision of burnt tissue - upper eyelid, nose, lip, ear or palm of the hand (Anaes.) (Assist.)	$1,161.00
45486	Free grafting (split skin) to burns, including excision of burnt tissue - forehead, cheek, anterior aspect of the neck, chin, plantar aspect of the foot, heel or genitalia (Anaes.) (Assist.)	$838.60
45487	Free grafting (split skin) to burns, including excision of burnt tissue - whole of toe (Anaes.) (Assist.)	$550.80
45488	Free grafting (split skin) to burns, including excision of burnt tissue - the whole of 1 digit of the hand (Anaes.) (Assist.)	$761.40
45489	Free grafting (split skin) to burns, including excision of burnt tissue - the whole of 2 digits of the hand (Anaes.) (Assist.)	$1,147.00
45490	Free grafting (split skin) to burns, including excision of burnt tissue - the whole of 3 digits of the hand (Anaes.) (Assist.)	$1,527.10
45491	Free grafting (split skin) to burns, including excision of burnt tissue - the whole of 4 digits of the hand (Anaes.) (Assist.)	$2,288.50
45492	Free grafting (split skin) to burns, including excision of burnt tissue - the whole of 5 digits of the hand (Anaes.) (Assist.)	$2,744.30

Surgical Operations — Plastic & Reconstructive

Item No.	Description	Maximum Fee
45493	Free grafting (split skin) to burns, including excision of burnt tissue - portion of digit of hand (Anaes.) (Assist.)	$550.80
45494	Free grafting (split skin) to burns, including excision of burnt tissue - whole of face (excluding ears) (Anaes.) (Assist.)	$3,621.80
	OTHER GRAFTS AND MISCELLANEOUS PROCEDURES	
45496	Flap, free tissue transfer using microvascular techniques - revision of, by open operation (Anaes.) (Assist.)	$658.80
45497	Flap, free tissue transfer using microvascular techniques - complete revision of, by liposuction (Anaes.) (Assist.)	$515.20
45498	Flap, free tissue transfer using microvascular techniques - staged revision of, by liposuction - first stage (Anaes.) (Assist.)	$414.20
45499	Flap, free tissue transfer using microvascular techniques - staged revision of, by liposuction - second stage (Anaes.) (Assist.)	$308.90
45500	Microvascular repair using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit (Anaes.) (Assist.)	$1,432.10
45501	Microvascular anastomosis of artery using microsurgical techniques, for re-implantation of limb or digit (Anaes.) (Assist.)	$2,302.60
45502	Microvascular anastomosis of vein using microsurgical techniques, for reimplantation of limb or digit (Anaes.) (Assist.)	$2,302.60
45503	Micro-arterial or micro-venous graft using microsurgical techniques (Anaes.) (Assist.)	$2,425.70
45504	Microvascular anastomosis of artery using microsurgical techniques, for free transfer of tissue including setting in of free flap (Anaes.) (Assist.)	$2,302.60
45505	Microvascular anastomosis of vein using microsurgical techniques, for free transfer of tissue including setting in of free flap (Anaes.) (Assist.)	$2,302.60
45506	Scar, of face or neck, not more than 3 cm in length, revision of, where undertaken in the operating theatre of a hospital or approved day-hospital facility, or where performed by a specialist in the practice of his or her specialty (Anaes.)	$286.20
45512	Scar, of face or neck, more than 3 cm in length, revision of, where undertaken in the operating theatre of a hospital or approved day-hospital facility, or where performed by a specialist in the practice of his or her specialty (Anaes.)	$387.70
45515	Scar, other than on face or neck, not more than 7 cms in length, revision of, as an independent procedure, where undertaken in the operating theatre of a hospital or approved day-hospital facility, or where performed by a specialist in the practice of his or her specialty (Anaes.)	$263.50

Surgical Operations		Plastic & Reconstructive
Item No.	**Description**	**Maximum Fee**
45518	Scar, other than on face or neck, more than 7 cms in length, revision of, as an independent procedure, where undertaken in the operating theatre of a hospital or approved day-hospital facility, or where performed by a specialist in the practice of his or her speciality (Anaes.)	$319.70
45519	Extensive burn scars of skin (more than 1 percent of body surface area), excision of, for correction of scar contracture (Anaes.) (Assist.)	$600.50
45520	Reduction mammaplasty (unilateral) with surgical repositioning of nipple (Anaes.) (Assist.)	$1,077.80
45522	Reduction mammaplasty (unilateral) without surgical repositioning of nipple (Anaes.) (Assist.)	$1,077.80
45524	Mammaplasty, augmentation, for significant breast asymmetry where the augmentation is limited to 1 breast (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$921.20
45527	Mammaplasty, augmentation, (unilateral), following mastectomy (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$921.20
45528	Mammaplasty, augmentation, bilateral, not being a service to which Item 45524 or 45527 applies, where it can be demonstrated that surgery is indicated because of congenital malformation of the breast, disease or trauma of the breast (but not as a result of previous elective cosmetic surgery) (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,372.70
45530	Breast reconstruction (unilateral) using a latissimus dorsi or other large muscle or myocutaneous flap, including repair of secondary skin defect, excluding repair of muscular aponeurotic layer (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,365.10
45533	Breast reconstruction using breast sharing technique (first stage) including breast reduction, transfer of complex skin and breast tissue flap, split skin graft to pedicle of flap or other similar procedure, not being a service associated with a service to which item 30165, 30168, 30171, 30174, 30177 applies (Anaes.) (Assist.)	$1,544.40
45536	Breast reconstruction using breast sharing technique (second stage) including division of pedicle, insetting of breast flap, with closure of donor site or other similar procedure (Anaes.) (Assist.)	$567.00
45539	Breast reconstruction (unilateral), following mastectomy, using tissue expansion - insertion of tissue expansion unit and all attendances for subsequent expansion injections (Anaes.) (Assist.)	$1,330.60
45542	Breast reconstruction (unilateral), following mastectomy, using tissue expansion - removal of tissue expansion unit and insertion of permanent prosthesis (Anaes.) (Assist.)	$758.20
45545	Nipple or areola or both, reconstruction of by any surgical technique (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$775.40
45546	Nipple or areola or both, intradermal colouration of, following breast reconstruction after mastectomy or for congenital absence of nipple *(refer to the explanatory notes to this Category - MBS Book)*	N/A

Surgical Operations		Plastic & Reconstructive
Item No.	**Description**	**Maximum Fee**
45548	Breast prosthesis, removal of, as an independent procedure (Anaes.)	N/A
45551	Breast prosthesis, removal of, with complete excision of fibrous capsule (Anaes.) (Assist.)	N/A
45552	Breast prosthesis, removal of, with complete excision of fibrous capsule and replacement of prosthesis (Anaes.) (Assist.)	N/A
45554	Breast prosthesis, replacement of, following medical complications (such as rupture, migration of prosthetic material, or capsule formation), where new pocket is formed, including excision of fibrous capsule (Anaes.) (Assist.)	N/A
45555	Silicone breast prosthesis, removal of and replacement with prosthesis other than silicone gel prosthesis (Anaes.) (Assist.)	N/A
45556	Breast ptosis, correction of (unilateral), to match the position of the contralateral breast (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	N/A
45557	Breast ptosis, correction of mastopexy (unilateral), following pregnancy and lactation, when performed after 12 months and within 7 years of the most recent pregnancy, and where it can be demonstrated that the nipple is inferior to the infra-mammary groove (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	N/A
45558	Breast ptosis, correction of by mastopexy (bilateral), following pregnancy and lactation, when performed after 12 months and within 7 years of the most recent pregnancy, and where it can be demonstrated that the nipple is inferior to the infra-mammary groove (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	N/A
45560	Hair transplantation for the treatment of alopecia of congenital or traumatic origin or due to disease, excluding male pattern baldness, not being a service to which another item in this Group applies (Anaes.)	$2,165.60
45562	Free transfer of tissue involving raising of tissue on vascular or neurovascular pedicle, including direct repair of secondary cutaneous defect if performed, excluding flap for male pattern baldness (Anaes.) (Assist.)	$1,539.00
45563	Neurovascular island flap, including direct repair of secondary cutaneous defect if performed, excluding flap for male pattern baldness (Anaes.) (Assist.)	$1,601.40
45564	Free transfer of tissue reconstructive surgery for the repair of major tissue defect due to congenital deformity, surgery or trauma, involving anastomoses of vessels using microvascular techniques and including raising of tissue on a vascular or neurovascular pedicle, preparation of recipient vessels, transfer of tissue, insetting of tissue at recipient site and direct repair of secondary cutaneous defect if performed, not being a service associated with a service to which item 30165, 30168, 30171, 30174, 30177, 45501, 45502, 45504, 45505 or 45562 applies - conjoint surgery, principal specialist surgeon (Anaes.) (Assist.)	$3,527.30

Surgical Operations — Plastic & Reconstructive

Item No.	Description	Maximum Fee
45565	Free transfer of tissue reconstructive surgery for the repair of major tissue defect due to congenital deformity, surgery or trauma, involving anastomoses of vessels using microvascular techniques and including raising of tissue on a vascular or neurovascular pedicle, preparation of recipient vessels, transfer of tissue, insetting of tissue at recipient site and direct repair of secondary cutaneous defect if performed, not being a service associated with a service to which item 30165, 30168, 30171, 30174, 30177, 45501, 45502, 45504, 45505 or 45562 applies - conjoint surgery, conjoint specialist surgeon (Assist.)	$2,645.50
45566	Tissue expansion not being a service to which item 45539 or 45542 applies - insertion of tissue expansion unit and all attendances for subsequent expansion injections (Anaes.) (Assist.)	$1,330.60
45568	Tissue expander, removal of, with complete excision of fibrous capsule (Anaes.) (Assist.)	$553.05
45572	Intra operative tissue expansion performed during an operation when combined with a service to which another item in Group T8 applies including expansion injections and excluding treatment of male pattern baldness (Anaes.)	$415.80
45575	Facial nerve paralysis, free fascia graft for (Anaes.) (Assist.)	$982.80
45578	Facial nerve paralysis, muscle transfer for (Anaes.) (Assist.)	$1,145.90
45581	Facial nerve palsy, excision of tissue for (Anaes.) (Assist.)	$393.10
45584	Liposuction (suction assisted lipolysis) to 1 regional area (thigh, buttock, or similar), for treatment of post-traumatic pseudolipoma (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$887.80
45585	Liposuction (suction assisted lipolysis) to 1 regional area, not being a service to which Item 31521 or 31527 applies, where it can be demonstrated that the treatment is for pathological lipodystrophy of hips, buttocks, thighs, knees and lower legs, including knees (Barraquer-Simon's Syndrome), gynaecomastia or lymphoedema (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$976.70
45586	Liposuction (suction assisted lipolysis) for reduction of a buffalo hump, not being a service to which Item 45584 or 45585 apply, where it can be demonstrated that the buffalo hump is secondary to an endocrine disorder or pharmacological treatment of a medical condition (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$768.30
45587	Meloplasty for correction of facial asymmetry due to soft tissue abnormality where the meloplasty is limited to 1 side of the face (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,072.40
45588	Meloplasty, bilateral, not being a service to which Item 45587 applies, excluding browlifts and chinlift platysmaplasties, where it can be demonstrated that surgery is indicated because of congenital conditions, disease or trauma (but not as a result of previous elective cosmetic surgery) (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,607.00
45590	Orbital cavity, reconstruction of a wall or floor, with or without foreign implant (Anaes.) (Assist.)	$584.30

Surgical Operations — Plastic & Reconstructive

Item No.	Description	Maximum Fee
45593	Orbital cavity, bone or cartilage graft to orbital wall or floor including reduction of prolapsed or entrapped orbital content (Anaes.) (Assist.)	$684.70
45596	Maxilla, total resection of (Anaes.) (Assist.)	$1,128.60
45597	Maxilla, total resection of both maxillae (Anaes.) (Assist.)	$1,527.10
45599	Mandible, total resection of both sides, including condylectomies where performed (Anaes.) (Assist.)	$887.80
45602	Mandible, including lower border, or maxilla, sub total resection of (Anaes.) (Assist.)	$921.20
45605	Mandible or maxilla, segmental resection of, for tumours or cysts (Anaes.) (Assist.)	$758.20
45608	Mandible, hemi-mandibular reconstruction with bone graft, not being a service associated with a service to which item 45599 applies (Anaes.) (Assist.)	$1,016.30
45611	Mandible, condylectomy (Anaes.) (Assist.)	$724.70
45614	Eyelid, whole thickness reconstruction of, other than by direct suture only (Anaes.) (Assist.)	$730.10
45617	Upper eyelid, reduction of, for skin redundancy obscuring vision, (as evidenced by upper eyelid skin resting on lashes on straight ahead gaze), herniation of orbital fat in exophthalmos, facial nerve palsy or post-traumatic scarring, or the restoration of symmetry of contraleral upper eyelid in respect of 1 of these conditions (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$286.20
45620	Lower eyelid, reduction of, for herniation of orbital fat in exophthalmos, facial nerve palsy or post-traumatic scarring, or, in respect of 1 of these conditions, the restoration of symmetry of the contralateral lower eyelid (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$393.10
45623	Ptosis of eyelid (unilateral), correction of (Anaes.) (Assist.)	$1,049.80
45624	Ptosis of eyelid, correction of, where previous ptosis surgery has been performed on that side (Anaes.) (Assist.)	N/A
45625	Ptosis of eyelid, correction of eyelid height by revision of levator sutures within one week of primary repair by levator resection or advancement, performed in the operating theatre of a hospital or aproved day hospital facility (Anaes.)	N/A
45626	Ectropion or entropion, correction of (unilateral) (Anaes.)	$393.10
45629	Symblepharon, grafting for (Anaes.) (Assist.)	$640.40
45632	Rhinoplasty, correction of lateral or alar cartilages (Anaes.)	$696.60
45635	Rhinoplasty, correction of bony vault only (Anaes.)	$825.10

Surgical Operations — Plastic & Reconstructive

Item No.	Description	Maximum Fee
45638	Rhinoplasty, total, including correction of all bony and cartilaginous elements of the external nose, for correction of nasal obstruction or post-traumatic deformity (but not as a result of previous elective cosmetic surgery), or both (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,432.10
45639	Rhinoplasty, total, including correction of all bony and cartilaginous elements of the external nose, where it can be demonstrated that there is a need for correction of significant development deformity (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,432.10
45641	Rhinoplasty involving nasal or septal cartilage graft, or nasal bone graft, or nasal bone and nasal cartilage graft Anaesthetic Item number for Specialist 17713	$1,465.60
45644	Rhinoplasty involving autogenous bone or cartilage graft obtained from distant donor site, including obtaining of graft (Anaes.) (Assist.)	$1,718.30
45645	Choanal atresia, repair of by puncture and dilatation (Anaes.)	$286.20
45646	Choanal atresia, correction by open operation with bone removal (Anaes.) (Assist.)	$1,156.70
45647	Face, contour restoration of 1 region, using autogenous bone or cartilage graft (not being a service to which item 45644 applies) (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,718.30
45650	Rhinoplasty, secondary revision of (Anaes.)	$191.20
45652	Rhinophyma, carbon dioxide laser or erbium laser excision-ablation of (Anaes.) (Assist.)	$426.60
45653	Rhinophyma, shaving of (Anaes.)	$426.60
45656	Composite graft (chondro-cutaneous or chondro-mucosal) to nose, ear or eyelid (Anaes.) (Assist.)	$921.20
45659	Lop ear, bat ear or similar deformity, correction of (Anaes.)	$656.60
45660	External ear, complex total reconstruction of, using multiple costal cartilage grafts to form a framework, including the harvesting and sculpturing of the cartilage and its insertion, for congenital absence, microtia or post-traumatic loss of entire or substantial portion of pinna (first stage) - performed by a specialist in the practice of his or her specialty (Anaes.) (Assist.)	$3,715.20
45661	External ear, complex total reconstruction of, elevation of costal cartilage framework using cartilage previously stored in abdominal wall, including the use of local skin and fascia flaps and full thickness skin graft to cover cartilage (second stage) - performed by a specialist in the practice of his or her specialty (Anaes.) (Assist.)	$1,648.60
45662	Congenital atresia, reconstruction of external auditory canal (Anaes.) (Assist.)	$954.70
45665	Lip, eyelid or ear, full thickness wedge excision of, with repair by direct sutures (Anaes.)	$449.30
45668	Vermilionectomy, by surgical excision (Anaes.)	$449.30

Surgical Operations — Plastic & Reconstructive

Item No.	Description	Maximum Fee
45669	Vermilionectomy, using carbon dioxide laser or erbium laser excision-ablation (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$447.10
45671	Lip or eyelid reconstruction using full thickness flap (Abbe or similar), first stage (Anaes.) (Assist.)	$1,309.00
45674	Lip or eyelid reconstruction using full thickness flap (Abbe or similar), second stage (Anaes.)	$393.10
45675	Macrocheilia or macroglossia, operation for (Anaes.) (Assist.)	$619.90
45676	Macrostomia, operation for (Anaes.) (Assist.)	$739.80
45677	Cleft lip, unilateral - primary repair, 1 stage, without anterior palate repair (Anaes.) (Assist.)	$780.80
45680	Cleft lip, unilateral - primary repair, 1 stage, with anterior palate repair (Anaes.) (Assist.)	$893.20
45683	Cleft lip, bilateral - primary repair, 1 stage, without anterior palate repair (Anaes.) (Assist.)	$1,049.80
45686	Cleft lip, bilateral - primary repair, 1 stage, with anterior palate repair (Anaes.) (Assist.)	$1,168.60
45689	Cleft lip, lip adhesion procedure, unilateral or bilateral (Anaes.) (Assist.)	$342.40
45692	Cleft lip, partial revision, including minor flap revision alignment and adjustment, including revision of minor whistle deformity if performed (Anaes.)	$326.20
45695	Cleft lip, total revision, including major flap revision, muscle reconstruction and revision of major whistle deformity (Anaes.) (Assist.)	$617.80
45698	Cleft lip, primary columella lengthening procedure, bilateral (Anaes.)	$600.50
45701	Cleft lip reconstruction using full thickness flap (Abbe or similar), first stage (Anaes.) (Assist.)	$1,381.30
45704	Cleft lip reconstruction using full thickness flap (Abbe or similar), second stage (Anaes.)	$393.10
45707	Cleft palate, primary repair (Anaes.) (Assist.)	$949.30
45710	Cleft palate, secondary repair, closure of fistula using local flaps (Anaes.)	$567.00
45713	Cleft palate, secondary repair, lengthening procedure (Anaes.) (Assist.)	$719.30
45714	Oro-nasal fistula, plastic closure of, including services to which item 45200,45203 or 45239 applies (Anaes.) (Assist.)	$1,001.20
45716	Velo-pharyngeal incompetence, pharyngeal flap for, or pharyngoplasty for (Anaes.)	$1,016.30
45720	Mandible or maxilla, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,179.40

Surgical Operations — Plastic & Reconstructive

Item No.	Description	Maximum Fee
45723	Mandible or maxilla, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,437.50
45726	Mandible or maxilla, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,505.50
45729	Mandible or maxilla, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,819.80
45731	Mandible or maxilla, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,702.10
45732	Mandible or maxilla, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$2,077.90
45735	Mandible and maxilla, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,965.60
45738	Mandible and maxilla, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$2,386.80
45741	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$2,156.80
45744	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation bywires, screws, plates or pins, or any combination (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$2,622.20
45747	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 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 (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$2,358.70

Surgical Operations		Plastic & Reconstructive
Item No.	**Description**	**Maximum Fee**
45752	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 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 and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$2,853.40
45753	Midfacial osteotomies - Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	$2,825.30
45754	Midfacial osteotomies - Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III(Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)	$3,386.90
45755	Temporo-mandibular meniscectomy (Anaes.) (Assist.)	$544.30
45758	Temporo-mandibular joint, arthroplasty (Anaes.) (Assist.)	$960.10
45761	Genioplasty, including transposition of nerves and vessels and bone grafts taken from the site (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$909.40
45767	Hypertelorism, correction of, intra-cranial (Anaes.) (Assist.)	$3,071.50
45770	Hypertelorism, correction of, sub-cranial (Anaes.) (Assist.)	$2,341.40
45773	Treacher Collins Syndrome, periorbital correction of, with rib and iliac bone grafts (Anaes.) (Assist.)	$2,139.50
45776	Orbital dystopia (unilateral), correction of, with total repositioning of 1 orbit, intra-cranial (Anaes.) (Assist.)	$2,139.50
45779	Orbital dystopia (unilateral), correction of, with total repositioning of 1 orbit, extra-cranial (Anaes.) (Assist.)	$1,572.50
45782	Fronto-orbital advancement, unilateral (Anaes.) (Assist.)	$1,202.00
45785	Cranial vault reconstruction for oxycephaly, brachycephaly, turricephaly or similar condition - (bilateral fronto-orbital advancement) (Anaes.) (Assist.)	$2,032.60
45788	Glenoid fossa, zygomatic arch and temporal bone, reconstruction of, (Obwegeser technique) (Anaes.) (Assist.)	$2,011.00
45791	Absent condyle and ascending ramus in hemifacial microsomia, construction of, not including harvesting of graft materi (Anaes.) (Assist.)	$1,089.70
45794	Osseo-integration procedure - extra-oral, implantation of titanium fixture (Anaes.)	$707.40
45797	Osseo-integration procedure, fixation of transcutaneous abutment (Anaes.)	$263.50

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T8: SURGICAL OPERATIONS
- SUBGROUP 14 - HAND SURGERY

Surgical Operations		Hand Surgery
Item No.	**Description**	**Maximum Fee**
46300	Inter-phalangeal joint or metacarpophalangeal joint, arthrodesis of (Anaes.) (Assist.)	$544.30
46303	Carpometacarpal joint, arthrodesis of (Anaes.) (Assist.)	$595.10
46306	Inter-phalangeal joint or metacarpophalangeal joint - interposition arthroplasty of and including tendon transfers or realignment on the 1 ray (Anaes.) (Assist.)	$909.40
46307	Inter-phalangeal joint or metacarpophalangeal joint - volar plate arthroplasty for traumatic deformity including tendon transfers or realignment on the 1 ray (Anaes.) (Assist.)	$813.20
46309	Inter-phalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 1 joint (Anaes.) (Assist.)	$707.40
46312	Inter-phalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 2 joints (Anaes.) (Assist.)	$1,056.20
46315	Inter-phalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 3 joints (Anaes.) (Assist.)	$1,409.40
46318	Inter-phalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 4 joints (Anaes.) (Assist.)	$1,763.60
46321	Inter-phalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 5 or more joints (Anaes.) (Assist.)	$2,116.80
46324	Carpal bone replacement arthroplasty including associated tendon transfer or realignment when performed (Anaes.) (Assist.)	$1,016.30
46325	Carpal bone replacement or resection arthroplasty using adjacent tendon or other soft tissue including associated tendon transfer or realignment when performed (Anaes.) (Assist.)	$1,302.50
46327	Inter-phalangeal joint or metacarpophalangeal joint, arthrotomy of (Anaes.)	$337.00
46330	Inter-phalangeal joint or metacarpophalangeal joint, arthrotomy of, with ligamentous or capsular repair (Anaes.) (Assist.)	$623.20
46333	Inter-phalangeal joint or metacarpophalangeal joint, ligamentous repair of, using free tissue graft or implant (Anaes.) (Assist.)	$915.80
46336	Inter-phalangeal joint or metacarpophalangeal joint, synovectomy, capsulectomy or debridement of, not being a service associated with any procedure related to that joint (Anaes.) (Assist.)	$544.30
46339	Extensor tendons or flexor tendons of hand or wrist, synovectomy of (Anaes.) (Assist.)	$747.40
46342	Distal radioulnar joint or carpometacarpal joint or joints, synovectomy of (Anaes.) (Assist.)	$747.40

Surgical Operations — Hand Surgery

Item No.	Description	Maximum Fee
46345	Distal radioulnar joint, reconstruction or stabilisation of, including fusion, or ligamentous arthroplasty and excision of distal ulna, when performed (Anaes.) (Assist.)	$915.80
46348	Digit, synovectomy of flexor tendon or tendons - 1 digit (Anaes.) (Assist.)	$403.90
46351	Digit, synovectomy of flexor tendon or tendons - 2 digits (Anaes.) (Assist.)	$612.40
46354	Digit, synovectomy of flexor tendon or tendons - 3 digits (Anaes.) (Assist.)	$814.30
46357	Digit, synovectomy of flexor tendon or tendons - 4 digits (Anaes.) (Assist.)	$1,016.30
46360	Digit, synovectomy of flexor tendon or tendons - 5 digits (Anaes.) (Assist.)	$1,218.20
46363	Tendon sheath of hand or wrist, open operation on, for stenosing tenovaginitis (Anaes.) (Assist.)	$337.00
46366	Dupuytren's contracture, subcutaneous fasciotomy for - each band (Anaes.) (Assist.)	$230.00
46369	Dupuytren's contracture, palmar fasciectomy for - 1 hand (Anaes.)	$544.30
46372	Dupuytren's contracture, fasciectomy for, from 1 ray, including dissection of nerves - 1 hand (Anaes.) (Assist.)	$691.20
46375	Dupuytren's contracture, fasciectomy for, from 2 rays, including dissection of nerves - 1 hand (Anaes.) (Assist.)	$819.70
46378	Dupuytren's contracture, fasciectomy for, from 3 or more rays, including dissection of nerves - 1 hand (Anaes.) (Assist.)	$1,089.70
46381	Inter-phalangeal joint, joint capsule release when performed in conjunction with operation for Dupuytren's contracture - each procedure (Anaes.) (Assist.)	$482.80
46384	Z plasty (or similar local flap procedure) when performed in conjunction with operation for Dupuytren's contracture - 1 such procedure (Anaes.) (Assist.)	$482.80
46387	Dupuytren's contracture, fasciectomy for, from 1 ray, including dissection of nerves - operation for recurrence in that ray (Anaes.) (Assist.)	$993.60
46390	Dupuytren's contracture, fasciectomy for, from 2 rays, including dissection of nerves - operation for recurrence in those rays (Anaes.) (Assist.)	$1,337.00
46393	Dupuytren's contracture, fasciectomy for, from 3 or more rays, including dissection of nerves - operation for recurrence in those rays (Anaes.) (Assist.)	$1,544.40
46396	Phalanx or metacarpal of the hand, osteotomy or osteectomy of (Anaes.) (Assist.)	$550.80
46399	Phalanx or metacarpal of the hand, osteotomy of, with internal fixation (Anaes.) (Assist.)	$668.50
46402	Phalanx or metacarpal, bone grafting of, for pseudarthrosis (non-union), including obtaining of graft material (Anaes.) (Assist.)	$668.50
46405	Phalanx or metacarpal, bone grafting of, for pseudarthrosis (non-union), involving internal fixation and including obtaining of graft material (Anaes.) (Assist.)	$707.40
46408	Tendon, reconstruction of, by tendon graft (Anaes.) (Assist.)	$949.30

Surgical Operations — Hand Surgery

Item No.	Description	Maximum Fee
46411	Flexor tendon pulley, reconstruction of, by graft (Anaes.) (Assist.)	$679.30
46414	Artificial tendon prosthesis, insertion of, in preparation for tendon grafting (Anaes.) (Assist.)	$679.30
46417	Tendon transfer for restoration of hand function, each transfer (Anaes.) (Assist.)	$814.30
46420	Extensor tendon of hand or wrist, primary repair of, each tendon (Anaes.) (Assist.)	$337.00
46423	Extensor tendon of hand or wrist, secondary repair of, each tendon (Anaes.) (Assist.)	$544.30
46426	Flexor tendon of hand or wrist, primary repair of, proximal to A1 pulley, each tendon (Anaes.) (Assist.)	$477.40
46429	Flexor tendon of hand or wrist, secondary repair of, proximal to A1 pulley, each tendon (Anaes.) (Assist.)	$679.30
46432	Flexor tendon of hand, primary repair of, distal to A1 pulley, each tendon (Anaes.) (Assist.)	$691.20
46435	Flexor tendon of hand, secondary repair of, distal to A1 pulley, each tendon (Anaes.) (Assist.)	$814.30
46438	Mallet finger, closed pin fixation of (Anaes.) Anaesthetic Item number for Specialist 17706	$337.00
46441	Mallet finger, open repair of, including pin fixation when performed (Anaes.) (Assist.)	$544.30
46442	Mallet finger with intra-articular fracture involving more than one-third of base of terminal phalanx - open reduction (Anaes.) (Assist.)	$432.00
46444	Boutonniere deformity without joint contracture, reconstruction of (Anaes.) (Assist.)	$786.20
46447	Boutonniere deformity with joint contracture, reconstruction of (Anaes.) (Assist.)	$982.80
46450	Extensor tendon, tenolysis of, following tendon injury, repair or graft (Anaes.)	$337.00
46453	Flexor tendon, tenolysis of, following tendon injury, repair or graft (Anaes.) (Assist.)	$544.30
46456	Finger, percutaneous tenotomy of (Anaes.)	$162.00
46459	Operation for osteomyelitis on distal phalanx (Anaes.)	$303.50
46462	Operation for osteomyelitis on middle or proximal phalanx, metacarpal or carpus (Anaes.) (Assist.)	$482.80
46464	Amputation of a supernumerary complete digit (Anaes.)	$347.80
46465	Amputation of single digit, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (Anaes.)	$365.00
46468	Amputation of 2 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (Anaes.) (Assist.)	$628.60
46471	Amputation of 3 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (Anaes.) (Assist.)	$915.80

Surgical Operations — Hand Surgery

Item No.	Description	Maximum Fee
46474	Amputation of 4 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (Anaes.) (Assist.)	$1,184.80
46477	Amputation of 5 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (Anaes.) (Assist.)	$1,449.40
46480	Amputation of single digit, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover, including metacarpal (Anaes.) (Assist.)	$607.00
46483	Revision of amputation stump to provide adequate soft tissue cover (Anaes.) (Assist.)	$482.80
46486	Nail bed, accurate reconstruction of nail bed laceration using magnification, undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.)	$365.00
46489	Nail bed, secondary exploration and accurate repair of nail bed deformity using magnification, undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.) (Assist.)	$426.60
46492	Contracture of digits of hand, flexor or extensor, correction of, involving tissues deeper than skin and subcutaneous tissue (Anaes.) (Assist.)	$550.80
46494	Ganglion of hand, excision of, not being a service associated with a service to which an item in this Group applies (Anaes.)	$284.00
46495	Ganglion or mucous cyst of distal digit, excision of, not being a service associated with a service to which item 30106 or 30107 applies (Anaes.)	$326.20
46498	Ganglion of flexor tendon sheath, excision of, not being a service associated with a service to which item 30106 or 30107 applies (Anaes.)	$291.60
46500	Ganglion of dorsal wrist joint, excision of, not being a service associated with a service to which item 30106 or 30107 applies (Anaes.) (Assist.)	$429.80
46501	Ganglion of volar wrist joint, excision of, not being a service associated with a service to which item 30106 or 30107 applies (Anaes.) (Assist.)	$529.70
46502	Recurrent ganglion of dorsal wrist joint, excision of, not being a service associated with a service to which item 30106 or 30107 applies (Anaes.) (Assist.)	$468.70
46503	Recurrent ganglion of volar wrist joint, excision of, not being a service associated with a service to which item 30106 or 30107 applies (Anaes.) (Assist.)	$583.20
46504	Neurovascular island flap, for pulp innervation (Anaes.) (Assist.)	$1,774.40
46507	Digit or ray, transposition transfer of, on vascular pedicle, complete procedure (Anaes.) (Assist.)	$1,774.40
46510	Macrodactyly, surgical reduction of enlarged elements - each digit (Anaes.) (Assist.)	$449.30
46513	Digital nail of finger or thumb, removal of, not being a service to which item 46516 applies (Anaes.)	$87.50
46516	Digital nail of finger or thumb, removal of, in the operating theatre of a hospital or approved day hospital facility (Anaes.)	$129.60

Surgical Operations		Hand Surgery
Item No.	**Description**	**Maximum Fee**
46519	Middle palmar, thenar or hypothenar spaces of hand, drainage of (excluding aftercare) (Anaes.)	$219.20
46522	Flexor tendon sheath of finger or thumb; open operation and drainage for infection (Anaes.) (Assist.)	$651.20
46525	Pulp space infection, paronychia of hand, incision for, when performed in an operating theatre of a hospital or approved day hospital facility, not being a service to which another item in this Group applies (excluding after-care) (Anaes.)	$87.50
46528	Ingrowing nail of finger or thumb, wedge resection for, including removal of segment of nail, ungual fold and portion of the nail bed (Anaes.)	$260.30
46531	Ingrowing nail of finger or thumb, partial resection of nail, including phenolisation but not including excision of nail bed (Anaes.)	$131.80
46534	Nail plate injury or deformity, radical excision of nail germinal matrix (Anaes.)	$365.00

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T8: SURGICAL OPERATIONS
- SUBGROUP 15 - ORTHOPAEDIC

Surgical Operations		Orthopaedic
Item No.	**Description**	**Maximum Fee**
	TREATMENT OF DISLOCATIONS	
	(refer to the explanatory notes to this Category - MBS Book)	
47000	Mandible, treatment of dislocation of, by closed reduction (Anaes.)	$71.20
47003	Clavicle, treatment of dislocation of, by closed reduction (Anaes.)	$81.00
47006	Clavicle, treatment of dislocation of, by open reduction (Anaes.)	$162.00
47009	Shoulder, treatment of dislocation of, requiring general anaesthesia, not being a service to which item 47012 applies (Anaes.)	$172.80
47012	Shoulder, treatment of dislocation of, requiring general anaesthesia, open reduction (Anaes.) (Assist.)	$326.20
47015	Shoulder, treatment of dislocation of, not requiring general anaesthesia	$81.00
47018	Elbow, treatment of dislocation of, by closed reduction (Anaes.)	$191.20
47021	Elbow, treatment of dislocation of, by open reduction (Anaes.) (Assist.)	$252.70
47024	Radioulnar joint, distal or proximal, treatment of dislocation of, by closed reduction, not being a service associated with fracture or dislocation in the same region (Anaes.)	$189.00
47027	Radioulnar joint, distal or proximal, treatment of dislocation of, by open reduction, not being a service associated with fracture or dislocation in the same region (Anaes.) (Assist.)	$252.70
47030	Carpus, or carpus on radius and ulna, or carpometacarpal joint, treatment of dislocation of, by closed reduction (Anaes.)	$191.20
47033	Carpus, or carpus on radius and ulna, or carpometacarpal joint, treatment of dislocation of, by open reduction (Anaes.) (Assist.)	$252.70
47036	Interphalangeal joint, treatment of dislocation of, by closed reduction (Anaes.)	$81.00
47039	Interphalangeal joint, treatment of dislocation of, by open reduction (Anaes.)	$109.10
47042	Metacarpophalangeal joint, treatment of dislocation of, by closed reduction (Anaes.)	$109.10
47045	Metacarpophalangeal joint, treatment of dislocation of, by open reduction (Anaes.)	$143.60
47048	Hip, treatment of dislocation of, by closed reduction (Anaes.)	$358.30
47051	Hip, treatment of dislocation of, by open reduction (Anaes.) (Assist.)	$421.20

Surgical Operations | Orthopaedic

Item No.	Description	Maximum Fee
47054	Knee, treatment of dislocation of, by closed reduction (Anaes.) (Assist.)	$314.30
47057	Patella, treatment of dislocation of, by closed reduction (Anaes.)	$121.00
47060	Patella, treatment of dislocation of, by open reduction (Anaes.)	$162.00
47063	Ankle or tarsus, treatment of dislocation of, by closed reduction (Anaes.)	$241.90
47066	Ankle or tarsus, treatment of dislocation of, by open reduction (Anaes.) (Assist.)	$326.20
47069	Toe, treatment of dislocation of, by closed reduction (Anaes.)	$67.50
47072	Toe, treatment of dislocation of, by open reduction (Anaes.)	$90.70
	TREATMENT OF FRACTURES	
	(refer to the explanatory notes to this Category - MBS Book)	
47300	Distal phalanx of finger or thumb, treatment of fracture of, by closed reduction, including percutaneous fixation where used (Anaes.)	$121.00
47303	Distal phalanx of finger or thumb, treatment of intra-articular fracture of, by closed reduction (Anaes.)	$141.50
47306	Distal phalanx of finger or thumb, treatment of fracture of, by open reduction (Anaes.)	$164.20
47309	Distal phalanx of finger or thumb, treatment of intra-articular fracture of, by open reduction (Anaes.)	$202.00
47312	Middle phalanx of finger, treatment of fracture of, by closed reduction (Anaes.)	$184.70
47315	Middle phalanx of finger, treatment of intra-articular fracture of, by closed reduction (Anaes.)	$208.40
47318	Middle phalanx of finger, treatment of fracture of, by open reduction (Anaes.)	$241.90
47321	Middle phalanx of finger, treatment of intra-articular fracture of, by open reduction (Anaes.)	$303.50
47324	Proximal phalanx of finger or thumb, treatment of fracture of, by closed reduction (Anaes.)	$241.90
47327	Proximal phalanx of finger or thumb, treatment of intra-articular fracture of, by closed reduction (Anaes.)	$286.20
47330	Proximal phalanx of finger or thumb, treatment of fracture of, by open reduction (Anaes.)	$326.20
47333	Proximal phalanx of finger or thumb, treatment of intra-articular fracture of, by open reduction (Anaes.) (Assist.)	$403.90
47336	Metacarpal, treatment of fracture of, by closed reduction (Anaes.)	$241.90
47339	Metacarpal, treatment of intra-articular fracture of, by closed reduction (Anaes.)	$286.20
47342	Metacarpal, treatment of fracture of, by open reduction (Anaes.)	$326.20

Surgical Operations		Orthopaedic
Item No.	**Description**	**Maximum Fee**
47345	Metacarpal, treatment of intra-articular fracture of, by open reduction (Anaes.) (Assist.)	$403.90
47348	Carpus (excluding scaphoid), treatment of fracture of, not being a service to which item 47351 applies (Anaes.)	$135.00
47351	Carpus (excluding scaphoid), treatment of fracture of, by open reduction (Anaes.)	$337.00
47354	Carpal scaphoid, treatment of fracture of, not being a service to which item 47357 applies (Anaes.)	$241.90
47357	Carpal scaphoid, treatment of fracture of, by open reduction (Anaes.) (Assist.)	$544.30
47360	Radius or ulna, distal end of, treatment of fracture of, by cast immobilisation, not being a service to which item 47363 or 47366 applies (Anaes.)	$191.20
47363	Radius or ulna, distal end of, treatment of fracture of, by closed reduction (Anaes.)	$286.20
47366	Radius or ulna, distal end of, treatment of fracture of, by open reduction (Anaes.) (Assist.)	$382.30
47369	Radius, distal end of, treatment of Colles', Smith's or Barton's fracture of, by cast immobilisation, not being a service to which item 47372 or 47375 applies (Anaes.)	$247.30
47372	Radius, distal end of, treatment of Colles', Smith's or Barton's fracture, by closed reduction (Anaes.)	$403.90
47375	Radius, distal end of, treatment of Colles', Smith's or Barton's fracture, by open reduction (Anaes.) (Assist.)	$544.30
47378	Radius or ulna, shaft of, treatment of fracture of, by cast immobilisation, not being a service to which item 47381, 47384, 47385 or 47386 applies (Anaes.)	$247.30
47381	Radius or ulna, shaft of, treatment of fracture of, by closed reduction undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.)	$370.40
47384	Radius or ulna, shaft of, treatment of fracture of, by open reduction (Anaes.) (Assist.)	$488.20
47385	Radius or ulna, shaft of, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by closed reduction undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.) (Assist.)	$415.80
47386	Radius or ulna, shaft of, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by open reduction or internal fixation (Anaes.) (Assist.)	$679.30
47387	Radius and ulna, shafts of, treatment of fracture of, by cast immobilisation, not being a service to which item 47390 or 47393 applies (Anaes.) (Assist.)	$393.10
47390	Radius and ulna, shafts of, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.) (Assist.)	$584.30
47393	Radius and ulna, shafts of, treatment of fracture of, by open reduction (Anaes.) (Assist.)	$786.20

Surgical Operations — Orthopaedic

Item No.	Description	Maximum Fee
47396	Olecranon, treatment of fracture of, not being a service to which item 47399 applies (Anaes.)	$270.00
47399	Olecranon, treatment of fracture of, by open reduction (Anaes.) (Assist.)	$544.30
47402	Olecranon, treatment of fracture of, involving excision of olecranon fragment and reimplantation of tendon (Anaes.) (Assist.)	$403.90
47405	Radius, treatment of fracture of head or neck of, closed management of (Anaes.)	$270.00
47408	Radius, treatment of fracture of head or neck of, open management of, including internal fixation and excision where performed (Anaes.) (Assist.)	$544.30
47411	Humerus, treatment of fracture of tuberosity of, not being a service to which item 47417 applies (Anaes.)	$164.20
47414	Humerus, treatment of fracture of tuberosity of, by open reduction (Anaes.)	$326.20
47417	Humerus, treatment of fracture of tuberosity of, and associated dislocation of shoulder, by closed reduction (Anaes.) (Assist.)	$382.30
47420	Humerus, treatment of fracture of tuberosity of, and associated dislocation of shoulder, by open reduction (Anaes.) (Assist.)	$740.90
47423	Humerus, proximal, treatment of fracture of, not being a service to which item 47426, 47429 or 47432 applies (Anaes.)	$314.30
47426	Humerus, proximal, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.)	$472.00
47429	Humerus, proximal, treatment of fracture of, by open reduction (Anaes.) (Assist.)	$628.60
47432	Humerus, proximal, treatment of intra-articular fracture of, by open reduction (Anaes.) (Assist.)	$786.20
47435	Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by closed reduction (Anaes.) (Assist.)	$595.10
47438	Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by open reduction (Anaes.) (Assist.)	$949.30
47441	Humerus, proximal, treatment of intra-articular fracture of, and associated dislocation of shoulder, by open reduction (Anaes.) (Assist.)	$1,179.40
47444	Humerus, shaft of, treatment of fracture of, not being a service to which item 47447 or 47450 applies (Anaes.)	$326.20
47447	Humerus, shaft of, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.)	$488.20
47450	Humerus, shaft of, treatment of fracture of, by internal or external fixation (Anaes.) (Assist.)	$645.80

Surgical Operations — Orthopaedic

Item No.	Description	Maximum Fee
47451	Humerus, shaft of, treatment of fracture of, by intramedullary fixation (Anaes.) (Assist.)	$784.10
47453	Humerus, distal, (supracondylar or condylar), treatment of fracture of, not being a service to which item 47456 or 47459 applies (Anaes.) (Assist.)	$382.30
47456	Humerus, distal (supracondylar or condylar), treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.)	$567.00
47459	Humerus, distal (supracondylar or condylar), treatment of fracture of, by open reduction, undertaken in the operating theatre of a hospital or approved day hospital facility (Anaes.) (Assist.)	$763.60
47462	Clavicle, treatment of fracture of, not being a service to which item 47465 applies (Anaes.)	$162.00
47465	Clavicle, treatment of fracture of, by open reduction (Anaes.)	$326.20
47466	Sternum, treatment of fracture of, not being a service to which item 47467 applies (Anaes.)	$162.00
47467	Sternum, treatment of fracture of, by open reduction (Anaes.)	$326.20
47468	Scapula, neck or glenoid region of, treatment of fracture of, by open reduction (Anaes.) (Assist.)	$628.60
47471	Ribs (1 or more), treatment of fracture of - each attendance	$61.60
47474	Pelvic ring, treatment of fracture of, not involving disruption of pelvic ring or acetabulum	$270.00
47477	Pelvic ring, treatment of fracture of, with disruption of pelvic ring or acetabulum	$337.00
47480	Pelvic ring, treatment of fracture of, requiring traction (Anaes.) (Assist.)	$679.30
47483	Pelvic ring, treatment of fracture of, requiring control by external fixation (Anaes.) (Assist.)	$814.30
47486	Pelvic ring, treatment of fracture of, by open reduction and involving internal fixation of anterior segment, including diastasis of pubic symphysis (Anaes.) (Assist.)	$1,358.60
47489	Pelvic ring, treatment of fracture of, by open reduction and involving internal fixation of posterior segment (including sacro-iliac joint), with or without fixation of anterior segment (Anaes.) (Assist.)	$2,032.60
47492	Acetabulum, treatment of fracture of, and associated dislocation of hip (Anaes.)	$337.00
47495	Acetabulum, treatment of fracture of, and associated dislocation of hip, requiring traction (Anaes.) (Assist.)	$679.30
47498	Acetabulum, treatment of fracture of, and associated dislocation of hip, requiring internal fixation, with or without traction (Anaes.) (Assist.)	$1,016.30
47501	Acetabulum, treatment of single column fracture of, by open reduction and internal fixation, including any osteotomy, osteectomy or capsulotomy required for exposure and subsequent repair (Anaes.) (Assist.)	$1,358.60

Surgical Operations — Orthopaedic

Item No.	Description	Maximum Fee
47504	Acetabulum, treatment of T-shape fracture of, by open reduction and internal fixation, including any osteotomy, osteectomy or capsulotomy required for exposure and subsequent repair (Anaes.) (Assist.)	$2,032.60
47507	Acetabulum, treatment of transverse fracture of, by open reduction and internal fixation, including any osteotomy, osteectomy or capsulotomy required for exposure and subsequent repair (Anaes.) (Assist.)	$2,032.60
47510	Acetabulum, treatment of double column fracture of, by open reduction and internal fixation, including any osteotomy, osteectomy or capsulotomy required for exposure and subsequent repair (Anaes.) (Assist.)	$2,032.60
47513	Sacro-iliac joint disruption, treatment of, requiring internal fixation, being a service associated with a service to which items 47501 to 47510 apply (Anaes.) (Assist.)	$544.30
47516	Femur, treatment of fracture of, by closed reduction or traction (Anaes.) (Assist.)	$623.20
47519	Femur, treatment of trochanteric or subcapital fracture of, by internal fixation (Anaes.) (Assist.)	$1,246.30
47522	Femur, treatment of subcapital fracture of, by hemi-arthroplasty (Anaes.) (Assist.)	$1,084.30
47525	Femur, treatment of fracture of, for slipped capital femoral epiphysis (Anaes.) (Assist.)	$1,246.30
47528	Femur, treatment of fracture of, by internal fixation or external fixation (Anaes.) (Assist.)	$1,084.30
47531	Femur, treatment of fracture of shaft, by intramedullary fixation and cross fixation (Anaes.) (Assist.)	$1,381.30
47534	Femur, condylar region of, treatment of intra-articular (T-shaped condylar) fracture of, requiring internal fixation, with or without internal fixation of 1 or more osteochondral fragments (Anaes.) (Assist.)	$1,561.70
47537	Femur, condylar region of, treatment of fracture of, requiring internal fixation of 1 or more osteochondral fragments, not being a service associated with a service to which item 47534 applies (Anaes.) (Assist.)	$623.20
47540	Hip spica or shoulder spica, application of, as an independent procedure (Anaes.)	$314.30
47543	Tibia, plateau of, treatment of medial or lateral fracture of, not being a service to which item 47546 or 47549 applies (Anaes.)	$326.20
47546	Tibia, plateau of, treatment of medial or lateral fracture of, by closed reduction (Anaes.)	$488.20
47549	Tibia, plateau of, treatment of medial or lateral fracture of, by open reduction (Anaes.) (Assist.)	$645.80
47552	Tibia, plateau of, treatment of both medial and lateral fractures of, not being a service to which item 47555 or 47558 applies (Anaes.) (Assist.)	$544.30
47555	Tibia, plateau of, treatment of both medial and lateral fractures of, by closed reduction (Anaes.)	$814.30
47558	Tibia, plateau of, treatment of both medial and lateral fractures of, by open reduction (Anaes.) (Assist.)	$1,089.70

Surgical Operations — Orthopaedic

Item No.	Description	Maximum Fee
47561	Tibia, shaft of, treatment of fracture of, by cast immobilisation, not being a service to which item 47564, 47567, 47570 or 47573 applies (Anaes.)	$393.10
47564	Tibia, shaft of, treatment of fracture of, by closed reduction, with or without treatment of fibular fracture (Anaes.)	$584.30
47565	Tibia, shaft of, treatment of fracture of, by internal fixation or external fixation (Anaes.) (Assist.)	$1,021.70
47566	Tibia, shaft of, treatment of fracture of, by intramedullary fixation and cross fixation (Anaes.) (Assist.)	$1,300.30
47567	Tibia, shaft of, treatment of intra-articular fracture of, by closed reduction, with or without treatment of fibular fracture (Anaes.) (Assist.)	$679.30
47570	Tibia, shaft of, treatment of fracture of, by open reduction, with or without treatment of fibular fracture (Anaes.) (Assist.)	$786.20
47573	Tibia, shaft of, treatment of intra-articular fracture of, by open reduction, with or without treatment of fibula fracture (Anaes.) (Assist.)	$982.80
47576	Fibula, treatment of fracture of (Anaes.)	$162.00
47579	Patella, treatment of fracture of, not being a service to which item 47582 or 47585 applies (Anaes.)	$230.00
47582	Patella, treatment of fracture of, by excision of patella or pole with reattachment of tendon (Anaes.) (Assist.)	$477.40
47585	Patella, treatment of fracture of, by internal fixation (Anaes.) (Assist.)	$612.40
47588	Knee joint, treatment of fracture of, by internal fixation of intra-articular fractures of femoral condylar or tibial articular surfaces and requiring repair or reconstruction of 1 or more ligaments (Anaes.) (Assist.)	$1,898.60
47591	Knee joint, treatment of fracture of, by internal fixation of intra-articular fractures of femoral condylar and tibial articular surfaces and requiring repair or reconstruction of 1 or more ligaments (Anaes.) (Assist.)	$2,308.00
47594	Ankle joint, treatment of fracture of, not being a service to which item 47597 applies (Anaes.)	$314.30
47597	Ankle joint, treatment of fracture of, by closed reduction (Anaes.)	$472.00
47600	Ankle joint, treatment of fracture of, by internal fixation of 1 of malleolus, fibula or diastasis (Anaes.) (Assist.)	$623.20
47603	Ankle joint, treatment of fracture of, by internal fixation of more than 1 of malleolus, fibula or diastasis (Anaes.) (Assist.)	$814.30
47606	Calcaneum or talus, treatment of fracture of, not being a service to which item 47609, 47612, 47615 or 47618 applies, with or without dislocation (Anaes.)	$337.00
47609	Calcaneum or talus, treatment of fracture of, by closed reduction, with or without dislocation (Anaes.) (Assist.)	$510.80

Surgical Operations		Orthopaedic
Item No.	**Description**	**Maximum Fee**
47612	Calcaneum or talus, treatment of intra-articular fracture of, by closed reduction, with or without dislocation (Anaes.) (Assist.)	$584.30
47615	Calcaneum or talus, treatment of fracture of, by open reduction, with or without dislocation (Anaes.) (Assist.)	$679.30
47618	Calcaneum or talus, treatment of intra-articular fracture of, by open reduction, with or without dislocation (Anaes.) (Assist.)	$847.80
47621	Tarso-metatarsal, treatment of intra-articular fracture of, by closed reduction, with or without dislocation (Anaes.) (Assist.)	$584.30
47624	Tarso-metatarsal, treatment of fracture of, by open reduction, with or without dislocation (Anaes.) (Assist.)	$814.30
47627	Tarsus (excluding calcaneum or talus), treatment of fracture of (Anaes.)	$230.00
47630	Tarsus (excluding calcaneum or talus), treatment of fracture of, by open reduction, with or without dislocation (Anaes.) (Assist.)	$488.20
47633	Metatarsal, 1 of, treatment of fracture of (Anaes.)	$162.00
47636	Metatarsal, 1 of, treatment of fracture of, by closed reduction (Anaes.)	$241.90
47639	Metatarsal, 1 of, treatment of fracture of, by open reduction (Anaes.)	$326.20
47642	Metatarsals, 2 of, treatment of fracture of (Anaes.)	$218.20
47645	Metatarsals, 2 of, treatment of fracture of, by closed reduction (Anaes.)	$326.20
47648	Metatarsals, 2 of, treatment of fracture of, by open reduction (Anaes.) (Assist.)	$426.60
47651	Metatarsals, 3 or more of, treatment of fracture of (Anaes.)	$337.00
47654	Metatarsals, 3 or more of, treatment of fracture of, by closed reduction (Anaes.) (Assist.)	$510.80
47657	Metatarsals, 3 or more of, treatment of fracture of, by open reduction (Anaes.) (Assist.)	$679.30
47663	Phalanx of great toe, treatment of fracture of, by closed reduction (Anaes.)	$202.00
47666	Phalanx of great toe, treatment of fracture of, by open reduction (Anaes.)	$337.00
47672	Phalanx of toe (other than great toe), 1 of, treatment of fracture of, by open reduction (Anaes.)	$164.20
47678	Phalanx of toe (other than great toe), more than 1 of, treatment of fracture of, by open reduction (Anaes.)	$241.90
47681	Spine (excluding sacrum), treatment of fracture of transverse process, vertebral body, or posterior elements - each attendance	$61.60

Surgical Operations — Orthopaedic

Item No.	Description	Maximum Fee
47684	Spine, treatment of fracture, dislocation or fracture-dislocation, without spinal cord involvement, including immobilisation by calipers (Anaes.) (Assist.)	$1,084.30
47687	Spine, treatment of fracture, dislocation or fracture-dislocation, with spinal cord involvement, including immobilisation by calipers, and including up to 14 days post-operative care (Assist.)	$1,904.00
47690	Spine, treatment of fracture, dislocation or fracture-dislocation, without cord involvement, including immobilisation by calipers, requiring reduction by closed manipulation (Anaes.) (Assist.)	$1,493.60
47693	Spine, treatment of fracture, dislocation or fracture-dislocation, with cord involvement, including immobilisation by calipers, requiring reduction by closed manipulation, including up to 14 days post operative care (Assist.)	$1,904.00
47696	Spine, reduction of fracture or dislocation of, without cord involvement, undertaken in the operating theatre of a hospital or approved day-hospital facility (Anaes.) (Assist.)	$544.30
47699	Spine, treatment of fracture, dislocation or fracture-dislocation without cord involvement requiring open reduction with or without internal fixation (Anaes.) (Assist.)	$2,173.00
47702	Spine, treatment of fracture, dislocation or fracture-dislocation with cord involvement requiring open reduction with or without internal fixation, including up to 14 days post-operative care (Anaes.) (Assist.)	$2,706.50
47703	Skull, treatment of fracture of, each attendance	$61.60
47705	Skull calipers, insertion of, as an independent procedure (Anaes.) (Assist.)	$403.90
47708	Plaster jacket, application of, as an independent procedure (Anaes.)	$314.30
47711	Halo, application of, as an independent procedure (Anaes.) (Assist.)	$460.10
47714	Halo, application of, in addition to spinal fusion for scoliosis, or other conditions (Anaes.)	$347.80
47717	Halo-thoracic traction - application of both halo and thoracic jacket (Anaes.) (Assist.)	$612.40
47720	Halo-femoral traction, as an independent procedure (Anaes.) (Assist.)	$612.40
47723	Halo-femoral traction in conjunction with a major spine operation (Anaes.) (Assist.)	$607.00
47726	Bone graft, harvesting of, via separate incision, in conjunction with another service - autogenous - small quantity (Anaes.)	$204.10
47729	Bone graft, harvesting of, via separate incision, in conjunction with another service - autogenous - large quantity (Anaes.)	$337.00
47732	Vascularised pedicle bone graft, harvesting of, in conjunction with another service (Anaes.) (Assist.)	$544.30
47735	Nasal bones, treatment of fracture of, not being a service to which item 47738 or 47741 applies - each attendance	$325.10

Surgical Operations — Orthopaedic

Item No.	Description	Maximum Fee
47738	Nasal bones, treatment of fracture of, by reduction (Anaes.)	$488.20
47741	Nasal bones, treatment of fracture of, by open reduction involving osteotomies (Anaes.) (Assist.)	$668.50
47753	Maxilla, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (Anaes.) (Assist.)	$584.30
47756	Mandible, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (Anaes.) (Assist.)	$584.30
47762	Zygomatic bone, treatment of fracture of, requiring surgical reduction by a temporal, intra-oral or other approach (Anaes.)	$342.40
47765	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at 1 site (Anaes.) (Assist.)	$567.00
47768	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 2 sites (Anaes.) (Assist.)	$691.20
47771	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 3 sites (Anaes.) (Assist.)	$791.60
47774	Maxilla, treatment of fracture of, requiring open operation (Anaes.) (Assist.)	$628.60
47777	Mandible, treatment of fracture of, requiring open reduction (Anaes.) (Assist.)	$628.60
47780	Maxilla, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (Anaes.) (Assist.)	$814.30
47783	Mandible, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (Anaes.) (Assist.)	$814.30
47786	Maxilla, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (Anaes.) (Assist.)	$1,033.60
47789	Mandible, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (Anaes.) (Assist.)	$1,033.60
	GENERAL	
47900	Bone cyst, injection into or aspiration of (Anaes.)	$241.90
47903	Epicondylitis, open operation for (Anaes.)	$337.00
47904	Digital nail of toe, removal of, not being a service to which item 47906 applies (Anaes.)	$81.00
47906	Digital nail of toe, removal of, in the operating theatre of a hospital or approved day hospital facility (Anaes.)	$162.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
47912	Pulp space infection, paronychia of foot, incision for, not being a service to which another item in this Group applies (excluding after-care) (Anaes.)	$119.20
47915	Ingrowing nail of toe, wedge resection for, including removal of segment of nail, ungual fold and portion of the nail bed (Anaes.)	$247.30
47916	Ingrowing nail of toe, partial resection of nail, including phenolisation but not including excision of nail bed (Anaes.)	$123.10
47918	Ingrowing toenail, radical excision of nailbed (Anaes.)	$337.00
47920	Bone growth stimulator, insertion of (Anaes.) (Assist.)	$437.80
47921	Orthopaedic pin or wire, insertion of, as an independent procedure (Anaes.)	$162.00
47924	Buried wire, pin or screw, 1 or more of, which were inserted for internal fixation purposes, removal of, requiring incision and suture, not being a service to which item 47927 or 47930 applies - per bone (Anaes.)	$54.50
47927	Buried wire, pin or screw, 1 or more of, which were inserted for internal fixation purposes, removal of, in the operating theatre of a hospital or approved day hospital facility - per bone (Anaes.)	$204.10
47930	Plate, rod or nail and associated wires, pins or screws, 1 or more of, all of which were inserted for internal fixation purposes, removal of, not being a service associated with a service to which item 47924 or 47927 applies - per bone (Anaes.)	$382.30
47933	Exostosis of small bone, excision of, including simple removal of bunion and any associated bursa (Anaes.)	$298.10
47936	Exostosis of large bone, excision of (Anaes.) (Assist.)	$365.00
47948	External fixation, removal of, in the operating theatre of a hospital or approved day hospital facility (Anaes.)	$230.00
47951	External fixation, removal of, in conjunction with operations involving internal fixation or bone grafting or both (Anaes.)	$172.80
47954	Tendon, repair of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$544.30
47957	Tendon, large, lengthening of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$415.80
47960	Tenotomy, subcutaneous, not being a service to which another item in this Group applies (Anaes.)	$191.20
47963	Tenotomy, open, with or without tenoplasty, not being a service to which another item in this Group applies (Anaes.)	$314.30
47966	Tendon or ligament, transfer, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$628.60
47969	Tenosynovectomy, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$382.30

Surgical Operations		Orthopaedic
Item No.	**Description**	**Maximum Fee**
47972	Tendon sheath, open operation for teno-vaginitis, not being a service to which another item in this Group applies (Anaes.)	$342.40
47975	Forearm or calf, decompression fasciotomy of, for acute compartment syndrome, requiring excision of muscle and deep tissue (Anaes.) (Assist.)	$533.50
47978	Forearm or calf, decompression fasciotomy of, for chronic compartment syndrome, requiring excision of muscle and deep tissue (Anaes.)	$326.20
47981	Forearm, calf or interosseous muscle space of hand, decompression fasciotomy of, not being a service to which another item applies (Anaes.)	$218.20
47982	Forage (Drill decompression), of neck or head of femur, or both (Anaes.) (Assist.)	$419.60
	BONE GRAFTS	
48200	Femur, bone graft to (Anaes.) (Assist.)	$1,084.30
48203	Femur, bone graft to, with internal fixation (Anaes.) (Assist.)	$1,314.40
48206	Tibia, bone graft to (Anaes.) (Assist.)	$814.30
48209	Tibia, bone graft to, with internal fixation (Anaes.) (Assist.)	$1,044.40
48212	Humerus, bone graft to (Anaes.) (Assist.)	$814.30
48215	Humerus, bone graft to, with internal fixation (Anaes.) (Assist.)	$1,044.40
48218	Radius and ulna, bone graft to (Anaes.) (Assist.)	$814.30
48221	Radius and ulna, bone graft to, with internal fixation of 1 or both bones (Anaes.) (Assist.)	$1,084.30
48224	Radius or ulna, bone graft to (Anaes.) (Assist.)	$544.30
48227	Radius or ulna, bone graft to, with internal fixation of 1 or both bones (Anaes.) (Assist.)	$707.40
48230	Scaphoid, bone graft to, for non-union (Anaes.) (Assist.)	$612.40
48233	Scaphoid, bone graft to, for non-union, with internal fixation (Anaes.) (Assist.)	$881.30
48236	Scaphoid, bone graft to, for mal-union, including osteotomy, bone graft and internal fixation (Anaes.) (Assist.)	$1,151.30
48239	Bone graft, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$640.40
48242	Bone graft, with internal fixation, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$881.30

Surgical Operations — Orthopaedic

Item No.	Description	Maximum Fee
	OSTEOTOMY OR OSTEECTOMY	
48400	Phalanx, metatarsal, accessory bone or sesamoid bone, osteotomy or osteectomy of, excluding services to which item 49848 or 49851 applies (Anaes.) (Assist.)	$477.40
48403	Phalanx or metatarsal, osteotomy or osteectomy of, with internal fixation (Anaes.) (Assist.)	$747.40
48406	Fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, osteotomy or osteectomy of (Anaes.) (Assist.)	$477.40
48409	Fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, osteotomy or osteectomy of, with internal fixation (Anaes.) (Assist.)	$747.40
48412	Humerus, osteotomy or osteectomy of (Anaes.) (Assist.)	$909.40
48415	Humerus, osteotomy or osteectomy of, with internal fixation (Anaes.) (Assist.)	$1,151.30
48418	Tibia, osteotomy or osteectomy of (Anaes.) (Assist.)	$909.40
48421	Tibia, osteotomy or osteectomy of, with internal fixation (Anaes.) (Assist.)	$1,151.30
48424	Femur or pelvis, osteotomy or osteectomy of (Anaes.) (Assist.)	$1,084.30
48427	Femur or pelvis, osteotomy or osteectomy of, with internal fixation (Anaes.) (Assist.)	$1,314.40
	EPIPHYSIODESIS	
48500	Femur, epiphysiodesis of (Anaes.) (Assist.)	$477.40
48503	Tibia and fibula, epiphysiodesis of (Anaes.) (Assist.)	$477.40
48506	Femur, tibia and fibula, epiphysiodesis of (Anaes.) (Assist.)	$707.40
48509	Epiphysiodesis, staple arrest of hemi-epiphysis (Anaes.)	$337.00
48512	Epiphysiolysis, operation to prevent closure of plate (Anaes.) (Assist.)	$1,291.70
	SPINE	
48600	Spine, manipulation of, performed in the operating theatre of a hospital or approved day hospital facility (Anaes.)	$135.00
48603	Spine, manipulation of, under epidural anaesthesia, with or without steroid injection, where the manipulation and the administration of the epidural anaesthetic are performed by the same medical practitioner in the operating theatre of a hospital or approved day hospital facility, not being a service associated with a service to which item 48600 or 50115 applies (Anaes.)	$204.10
48606	Scoliosis or Kyphosis, spinal fusion for (without instrumentation) (Anaes.) (Assist.)	$1,898.60
48609	Scoliosis or Kyphosis, spinal fusion for, using Harrington or other nonsegmental fixation (Anaes.) (Assist.)	$2,376.00

Surgical Operations — Orthopaedic

Item No.	Description	Maximum Fee
48612	Scoliosis, spinal fusion for, using segmental instrumentation (C D, Zielke, Luque, or similar) (Anaes.) (Assist.)	$3,527.30
48613	Scoliosis or kyphosis, spinal fusion for, using segmental instrumentation, reconstruction utilising separate anterior and posterior approaches (Anaes.) (Assist.)	$3,877.70
48615	Scoliosis, re-exploration for, involving adjustment or removal of instrumentation or simple bone grafting procedure (Anaes.) (Assist.)	$640.40
48618	Scoliosis, revision of failed scoliosis surgery, involving more than 1 of multiple osteotomy, fusion or instrumentation (Anaes.) (Assist.)	$3,527.30
48621	Scoliosis, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke, or similar) - not more than 4 levels (Anaes.) (Assist.)	$2,308.00
48624	Scoliosis, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke or similar) - more than 4 levels (Anaes.) (Assist.)	$2,846.90
48627	Scoliosis, spinal fusion for, combined with segmental instrumentation (C D, Zielke or similar) down to and including pelvis (Anaes.) (Assist.)	$3,661.20
48630	Scoliosis, requiring anterior decompression of spinal cord with resection of vertebrae including bone graft and instrumentation in the presence of spinal cord involvement (Anaes.) (Assist.)	$4,071.60
48632	Scoliosis, congenital, vertebral resection and fusion for (Anaes.) (Assist.)	$2,246.40
48636	Percutaneous lumbar discectomy, 1 or more levels not being a service associated with intradiscal electrothermal annuloplasty (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,168.60
48639	Vertebral body, total or sub-total excision of, including bone grafting or other form of fixation (Anaes.) (Assist.)	$2,583.40
48640	Vertebral body, disease of, excision and spinal fusion for, using segmental instrumentation, reconstruction utilising separate anterior and posterior approaches (Anaes.) (Assist.)	$2,583.40
48642	Spine, posterior, bone graft to, not being a service to which item 48648 or 48651 applies - 1 or 2 levels (Anaes.) (Assist.)	$1,151.30
48645	Spine, posterior, bone graft to, not being a service to which item 48648 or 48651 applies - more than 2 levels (Anaes.) (Assist.)	$1,561.70
48648	Spine, bone graft to, (postero-lateral fusion) - 1 or 2 levels (Anaes.) (Assist.)	$1,561.70
48651	Spine, bone graft to, (postero-lateral fusion) - more than 2 levels (Anaes.) (Assist.)	$2,173.00
48654	Spinal fusion (posterior interbody), with laminectomy, 1 level (Anaes.) (Assist.)	$1,561.70
48657	Spinal fusion (posterior interbody), with laminectomy, more than 1 level (Anaes.) (Assist.)	$2,100.60

Surgical Operations — Orthopaedic

Item No.	Description	Maximum Fee
48660	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions - 1 level (Anaes.) (Assist.)	$1,561.70
48663	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions - 1 level (where an assisting surgeon performs the approach) - principal surgeon (Anaes.) (Assist.)	$1,168.60
48666	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions - 1 level (where an assisting surgeon performs the approach) - assisting surgeon (Assist.)	$707.40
48669	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions - more than 1 level (Anaes.) (Assist.)	$2,100.60
48672	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions - more than 1 level (where an assisting surgeon performs the approach) - principal surgeon (Anaes.) (Assist.)	$1,572.50
48675	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions - more than 1 level (where an assisting surgeon performs the approach) - assisting surgeon (Assist.)	$949.30
48678	Spine, simple internal fixation of, involving 1 or more of facetal screw, wire loop or similar, being a service associated with a service to which items 48642 to 48675 apply (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$814.30
48681	Spine, non-segmental internal fixation of (Harrington or similar), other than for scoliosis, being a service associated with a service to which any one of items 48642 to 48675 applies (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,358.60
48684	Spine, segmental internal fixation of, other than for scoliosis, being a service associated with a service to which any one of items 48642 to 48675 applies - 1 or 2 levels (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,358.60
48687	Spine, segmental internal fixation of, other than for scoliosis, being a service associated with a service to which items 48642 to 48675 apply - 3 or 4 levels (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,898.60
48690	Spine, segmental internal fixation of, other than for scoliosis, being a service associated with a service to which items 48642 to 48675 apply - more than 4 levels (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$2,173.00
	SHOULDER	
48900	Shoulder, excision of coraco-acromial ligament or removal of calcium deposit from cuff or both (Anaes.) (Assist.)	$403.90
48903	Shoulder, decompression of subacromial space by acronioplasty, excision of coraco-acromial ligament and distal clavicle, or any combination (Anaes.) (Assist.)	$814.30
48906	Shoulder, repair of rotator cuff, including excision of coraco-acromial ligament or removal of calcium deposit from cuff, or both - not being a service associated with a service to which item 48900 applies (Anaes.) (Assist.)	$814.30

Surgical Operations		Orthopaedic
Item No.	**Description**	**Maximum Fee**
48909	Shoulder, repair of rotator cuff, including decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, or any combination, not being a service associated with a service to which item 48903 applies (Anaes.) (Assist.)	$1,084.30
48912	Shoulder, arthrotomy of (Anaes.) (Assist.)	$477.40
48915	Shoulder, hemi-arthroplasty of (Anaes.) (Assist.)	$1,084.30
48918	Shoulder, total replacement arthroplasty of, including any associated rotator cuff repair (Anaes.) (Assist.)	$2,173.00
48921	Shoulder, total replacement arthroplasty, revision of (Anaes.) (Assist.)	$2,241.00
48924	Shoulder, total replacement arthroplasty, revision of, requiring bone graft to scapula or humerus, or both (Anaes.) (Assist.)	$2,578.00
48927	Shoulder prosthesis, removal of (Anaes.) (Assist.)	$528.10
48930	Shoulder, stabilisation procedure for recurrent anterior or posterior dislocation (Anaes.) (Assist.)	$1,084.30
48933	Shoulder, stabilisation procedure for multi-directional instability, including anterior or posterior (or both) repair when performed (Anaes.) (Assist.)	$1,426.70
48936	Shoulder, synovectomy of, as an independent procedure (Anaes.) (Assist.)	$1,084.30
48939	Shoulder, arthrodesis of (Anaes.) (Assist.)	$1,561.70
48942	Shoulder, arthrodesis of, including removal of prosthesis, requiring bone grafting or internal fixation (Anaes.) (Assist.)	$2,032.60
48945	Shoulder, diagnostic arthroscopy of (including biopsy) - not being a service associated with any other arthroscopic procedure of the shoulder region (Anaes.) (Assist.)	$393.10
48948	Shoulder, arthroscopic surgery of, involving any 1 or more of: removal of loose bodies; decompression of calcium deposit; debridement of labrum, synovium or rotator cuff; or chondroplasty - not being a service associated with any other arthroscopic procedure of the shoulder region (Anaes.) (Assist.)	$881.30
48951	Shoulder, arthroscopic division of coraco-acromial ligament including acromioplasty - not being a service associated with any other arthroscopic procedure of the shoulder region (Anaes.) (Assist.)	$1,291.70
48954	Shoulder, arthroscopic total synovectomy of, including release of contracture when performed - not being a service associated with any other arthroscopic procedure of the shoulder region (Anaes.) (Assist.)	$1,359.80
48957	Shoulder, arthroscopic stabilisation of, for recurrent instability including labral repair or reattachment when performed - not being a service associated with any other arthroscopic procedure of the shoulder region (Anaes.) (Assist.)	$1,561.70

Surgical Operations — Orthopaedic

Item No.	Description	Maximum Fee
48960	Shoulder, reconstruction or repair of, including repair of rotator cuff by arthroscopic, arthroscopic assisted or mini open means; arthroscopic acromioplasty; or resection of acromioclavicular joint by separate approach when performed - not being a service associated with any other procedure of the shoulder region (Anaes.) (Assist.)	$1,358.60
	ELBOW	
49100	Elbow, arthrotomy of, involving 1 or more of lavage, removal of loose body or division of contracture (Anaes.) (Assist.)	$477.40
49103	Elbow, ligamentous stabilisation of (Anaes.) (Assist.)	$1,016.30
49106	Elbow, arthrodesis of (Anaes.) (Assist.)	$1,358.60
49109	Elbow, total synovectomy of (Anaes.) (Assist.)	$1,016.30
49112	Elbow, silastic or other replacement of radial head (Anaes.) (Assist.)	$1,016.30
49115	Elbow, total joint replacement of (Anaes.) (Assist.)	$1,628.60
49118	Elbow, diagnostic arthroscopy of, including biopsy (Anaes.) (Assist.)	$393.10
49121	Elbow, arthroscopic surgery involving any 1 or more of: drilling of defect, removal of loose body; release of contracture or adhesions; chondroplasty; or osteoplasty - not being a service associated with any other arthroscopic procedure of the elbow (Anaes.) (Assist.)	$881.30
	WRIST	
49200	Wrist, arthrodesis of, including bone graft, with or without internal fixation of the radiocarpal joint (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,179.40
49203	Wrist, limited arthrodesis of the intercarpal joint, including bone graft (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$881.30
49206	Wrist, proximal carpectomy of, including styloidectomy when performed (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$814.30
49209	Wrist, total replacement arthroplasty of (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,084.30
49212	Wrist, arthrotomy of (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$337.00
49215	Wrist, reconstruction of, including repair of single or multiple ligaments or capsules, including associated arthrotomy (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$937.40
49218	Wrist, diagnostic arthroscopy of, including radiocarpal or midcarpal joints, or both (including biopsy) - not being a service associated with any other arthroscopic procedure of the wrist joint (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$393.10

Surgical Operations — Orthopaedic

Item No.	Description	Maximum Fee
49221	Wrist, arthroscopic surgery of, involving any 1 or more of: drilling of defect; removal of loose body; release of adhesions; local synovectomy; or debridement of one area - not being a service associated with any other arthroscopic procedure of the wrist joint (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$881.30
49224	Wrist, arthroscopic debridement of 2 or more distinct areas; or osteoplasty including excision of the distal ulna; or total synovectomy (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,016.30
49227	Wrist, arthroscopic pinning of osteochondral fragment or stabilisation procedure for ligamentous disruption - not being a service associated with any other arthroscopic procedure of the wrist joint (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,016.30
	HIP	
49300	Sacro-iliac joint - arthrodesis of (Anaes.) (Assist.)	$747.40
49303	Hip, arthrotomy of, including lavage, drainage or biopsy when performed (Anaes.) (Assist.)	$786.20
49306	Hip - arthrodesis of (Anaes.) (Assist.)	$1,561.70
49309	Hip, arthrectomy or excision arthroplasty of, including removal of prosthesis (Austin Moore or similar (non cement)) (Anaes.) (Assist.)	$1,084.30
49312	Hip, arthrectomy or excision arthroplasty of, including removal of prosthesis (cemented, porous coated or similar) (Anaes.) (Assist.)	$1,358.60
49315	Hip, arthroplasty of, unipolar or bipolar (Anaes.) (Assist.)	$1,218.20
49318	Hip, total replacement arthroplasty of, including minor bone grafting (Anaes.) (Assist.)	$1,898.60
49319	Hip, total replacement arthroplasty of, including associated minor grafting, if performed - bilateral (Anaes.) (Assist.)	$3,319.90
49321	Hip, total replacement arthroplasty of, including major bone grafting, including obtaining of graft (Anaes.) (Assist.)	$2,308.00
49324	Hip, total replacement arthroplasty of, revision procedure including removal of prosthesis (Anaes.) (Assist.)	$2,713.00
49327	Hip, total replacement arthroplasty of, revision procedure requiring bone grafting to acetabulum, including obtaining of graft (Anaes.) (Assist.)	$3,122.30
49330	Hip, total replacement arthroplasty of, revision procedure requiring bone grafting to femur, including obtaining of graft (Anaes.) (Assist.)	$3,122.30
49333	Hip, total replacement arthroplasty of, revision procedure requiring bone grafting to both acetabulum and femur, including obtaining of graft (Anaes.) (Assist.)	$3,527.30

Surgical Operations — Orthopaedic

Item No.	Description	Maximum Fee
49336	Hip, treatment of a fracture of the femur where revision total hip replacement is required as part of the treatment of the fracture (not including intra operative fracture), being a service associated with a service to which items 49324 to 49333 apply (Anaes.) (Assist.)	$337.00
49339	Hip, revision total replacement of, requiring anatomic specific allograft of proximal femur greater than 5cm in length (Anaes.) (Assist.)	$4,004.60
49342	Hip, revision total replacement of, requiring anatomic specific allograft of acetabulum (Anaes.) (Assist.)	$4,004.60
49345	Hip, revision total replacement of, requiring anatomic specific allograft of both femur and acetabulum (Anaes.) (Assist.)	$4,750.90
49346	Hip, revision arthroplasty with replacement of acetabular liner or ceramic head, not requiring removal of femoral component or acetabular shell (Anaes.) (Assist.)	$1,213.90
49360	Hip, diagnostic arthroscopy of (Anaes.) (Assist.)	$544.30
49363	Hip, diagnostic arthroscopy of, with synovial biopsy (Anaes.) (Assist.)	$1,218.20
49366	Hip, arthroscopic surgery of (Anaes.) (Assist.)	$873.70
	KNEE	
49500	Knee, arthrotomy of, involving 1 or more of; capsular release, biopsy or lavage, or removal of loose body or foreign body (Anaes.) (Assist.)	$544.30
49503	Knee, meniscectomy of, repair of collateral or cruciate ligament, patellectomy of, chondroplasty of, osteoplasty of, patello-femoral stabilisation or single transfer of ligament or tendon or any other single procedure (not being a service to which another item in this Group applies) - any 1 procedure (Anaes.) (Assist.)	$707.40
49506	Knee, meniscectomy of, repair of collateral or cruciate ligament, patellectomy of, chondroplasty of, osteoplasty of, patello-femoral stabilisation or single transfer of ligament or tendon or any other single procedure (not being a service to which another item in this Group applies) - any 2 or more procedures (Anaes.) (Assist.)	$1,067.00
49509	Knee, total synovectomy or arthrodesis of (Anaes.) (Assist.)	$1,084.30
49512	Knee, arthrodesis of, with removal of prosthesis (Anaes.) (Assist.)	$1,561.70
49515	Knee, removal of prosthesis, cemented or uncemented, including associated cement, as the first stage of a 2 stage procedure (Anaes.) (Assist.)	$1,218.20
49517	Knee, hemiarthroplasty of (Anaes.) (Assist.)	$1,741.00
49518	Knee, total replacement arthroplasty of (Anaes.) (Assist.)	$1,898.60
49519	Knee, total replacement arthroplasty of, including associated minor grafting, if performed - bilateral (Anaes.) (Assist.)	$3,319.90

Surgical Operations		Orthopaedic
Item No.	**Description**	**Maximum Fee**
49521	Knee, total replacement arthroplasty of, requiring major bone grafting to femur or tibia, including obtaining of graft (Anaes.) (Assist.)	$2,308.00
49524	Knee, total replacement arthroplasty of, requiring major bone grafting to femur and tibia, including obtaining of graft (Anaes.) (Assist.)	$2,713.00
49527	Knee, total replacement arthroplasty of, revision procedure, including removal of prosthesis (Anaes.) (Assist.)	$2,308.00
49530	Knee, total replacement arthroplasty of, revision procedure, requiring bone grafting to femur or tibia, including obtaining of graft and including removal of prosthesis (Anaes.) (Assist.)	$2,846.90
49533	Knee, total replacement arthroplasty of, revision procedure, requiring bone grafting to both femur and tibia, including obtaining of graft and including removal of prosthesis (Anaes.) (Assist.)	$3,257.30
49534	Knee, patello-femoral joint of, total replacement arthroplasty as a primary procedure (Anaes.) (Assist.)	$653.40
49536	Knee, repair or reconstruction of, for chronic instability (open or arthroscopic, or both) involving either cruciate or collateral ligaments, including notchplasty when performed (Anaes.) (Assist.)	$1,358.60
49539	Knee, reconstructive surgery of cruciate ligaments (open or arthroscopic, or both), including notchplasty when performed and surgery to other internal derangements, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$1,358.60
49542	Knee, reconstructive surgery to cruciate ligaments (open or arthroscopic, or both), including notchplasty, meniscus repair, extracapsular procedure and debridement when performed (Anaes.) (Assist.)	$1,898.60
49545	Knee, revision arthrodesis of (Anaes.) (Assist.)	$1,084.30
49548	Knee, revision of patello-femoral stabilisation (Anaes.) (Assist.)	$1,381.30
49551	Knee, revision of procedures to which item 49536, 49539 or 49542 applies (Anaes.) (Assist.)	$1,926.70
49554	Knee, revision of total replacement of, by anatomic specific allograft of tibia or femur (Anaes.) (Assist.)	$2,713.00
49557	Knee, diagnostic arthroscopy of (including biopsy, simple trimming of meniscal margin or plica) - not being a service associated with any other arthroscopic procedure of the knee region (Anaes.) (Assist.)	$393.10
49558	Knee, arthroscopic surgery of, involving 1 or more of: debridement, osteoplasty or chondroplasty - not associated with any other arthroscopic procedure of the knee region (Anaes.) (Assist.)	$392.00
49559	Knee, arthroscopic surgery of, involving chondroplasty requiring multiple drilling or carbon fibre (or similar) implant; including any associated debridement or oestoplasty - not associated with any other arthroscopic procedure of the knee region (Anaes.) (Assist.)	$653.40
49560	Knee, arthroscopic surgery of, involving 1 or more of: meniscectomy, removal of loose body or lateral release; not being a service associated with any other arthroscopic procedure of the knee region (Anaes.) (Assist.)	$881.30

Surgical Operations — Orthopaedic

Item No.	Description	Maximum Fee
49561	Knee, arthroscopic surgery of, involving 1 or more of: meniscectomy, removal of loose body or lateral release; where the procedure includes associated debridement, osteoplasty or chrondoplasty - not associated with any other arthroscopic procedure of the knee region (Anaes.) (Assist.)	$1,078.90
49562	Knee, arthroscopic surgery of, involving 1 or more of: meniscectomy, removal of loose body or lateral release; where the procedure includes chondroplasty requiring multiple drilling or carbon fibre (or similar) implant and associated debridement or osteoplasty - not associated with any other arthroscopic procedure of the knee region (Anaes.) (Assist.)	$1,176.10
49563	Knee, arthroscopic surgery of, involving 1 or more of: meniscus repair; osteochondral graft; or chondral graft - not associated with any other arthroscopic procedure of the knee region (Anaes.) (Assist.)	$1,291.70
49564	Knee, patello-femoral stabilisation of, combined arthroscopic and open procedure, including lateral release, medial capsulorrhaphy and tendon transfer (Anaes.) (Assist.)	
49566	Knee, arthroscopic total synovectomy of (Anaes.) (Assist.)	$1,426.70
49569	Knee, mobilisation for post-traumatic stiffness, by multiple muscle or tendon release (quadricepsplasty) (Anaes.) (Assist.)	$1,082.20
	ANKLE	
49700	Ankle, diagnostic arthroscopy of, including biopsy (Anaes.) (Assist.)	$393.10
49703	Ankle, arthroscopic surgery of (Anaes.) (Assist.)	$881.30
49706	Ankle, arthrotomy of, involving 1 or more of: lavage, removal of loose body or division of contracture (Anaes.) (Assist.)	$477.40
49709	Ankle, ligamentous stabilisation of (Anaes.) (Assist.)	$1,016.30
49712	Ankle, arthrodesis of (Anaes.) (Assist.)	$1,084.30
49715	Ankle, total joint replacement of (Anaes.) (Assist.)	$1,628.60
49718	Ankle, Achilles' tendon or other major tendon, repair of (Anaes.) (Assist.)	$544.30
49721	Ankle, Achilles' tendon rupture managed by non operative treatment	$337.00
49724	Ankle, Achilles' tendon, secondary repair or reconstruction of (Anaes.) (Assist.)	$949.30
49727	Ankle, Achilles' tendon, operation for lengthening (Anaes.) (Assist.)	$403.90
	FOOT	
49800	Foot, flexor or extensor tendon, primary repair of (Anaes.)	$191.20
49803	Foot, flexor or extensor tendon, secondary repair of (Anaes.)	$241.90
49806	Foot, subcutaneous tenotomy of, 1 or more tendons (Anaes.)	$191.20

Surgical Operations — Orthopaedic

Item No.	Description	Maximum Fee
49809	Foot, open tenotomy of, with or without tenoplasty (Anaes.)	$314.30
49812	Foot, tendon or ligament transplantation of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$623.20
49815	Foot, triple arthrodesis of (Anaes.) (Assist.)	$1,084.30
49818	Foot, excision of calcaneal spur (Anaes.) (Assist.)	$393.10
49821	Foot, correction of hallux valgus or hallux rigidus by excision arthroplasty (Keller's or similar procedure) - unilateral (Anaes.) (Assist.)	$623.20
49824	Foot, correction of hallux valgus or hallux rigidus by excision arthroplasty (Keller's or similar procedure) - bilateral (Anaes.) (Assist.)	$1,089.70
49827	Foot, correction of hallux valgus by transfer of adductor hallucis tendon - unilateral (Anaes.) (Assist.)	$679.30
49830	Foot, correction of hallux valgus by transfer of adductor hallucis tendon - bilateral (Anaes.) (Assist.)	$1,184.80
49833	Foot, correction of hallux valgus by osteotomy of first metatarsal including internal fixation where performed - unilateral (Anaes.) (Assist.)	$747.40
49836	Foot, correction of hallux valgus by osteotomy of first metatarsal including internal fixation where performed - bilateral (Anaes.) (Assist.)	$1,291.70
49837	Foot, correction of hallux valgus by osteotomy of first metatarsal and transfer of adductor hallicus tendon, including internal fixation where performed - unilateral (Anaes.) (Assist.)	$935.80
49838	Foot, correction of hallux valgus by osteotomy of first metatarsal and transfer of adductor hallicus tendon, including internal fixation where performed - bilateral (Anaes.) (Assist.)	$1,616.20
49839	Foot, correction of hallux rigidus or hallux valgus by prosthetic arthroplasty - unilateral (Anaes.) (Assist.)	$747.40
49842	Foot, correction of hallux rigidus or hallux valgus by prosthetic arthroplasty - bilateral (Anaes.) (Assist.)	$1,291.70
49845	Foot, arthrodesis of, first metatarso-phalangeal joint (Anaes.) (Assist.)	$679.30
49848	Foot, correction of claw or hammer toe (Anaes.)	$230.00
49851	Foot, correction of claw or hammer toe with internal fixation (Anaes.)	$298.10
49854	Foot, radical plantar fasciotomy or fasciectomy of (Anaes.) (Assist.)	$544.30
49857	Foot, metatarso-phalangeal joint replacement (Anaes.) (Assist.)	$500.00
49860	Foot, synovectomy of metatarso-phalangeal joint, single joint (Anaes.) (Assist.)	$403.90

Surgical Operations		Orthopaedic
Item No.	**Description**	**Maximum Fee**
49863	Foot, synovectomy of metatarso-phalangeal joint, 2 or more joints (Anaes.) (Assist.)	$612.40
49866	Foot, neurectomy for plantar or digital neuritis (Morton's or Bett's syndrome) (Anaes.) (Assist.)	$432.00
49878	Talipes equinovarus, calcaneo valgus or metatarus varus, treatment by cast, splint or manipulation - each attendance (Anaes.)	$81.00
	OTHER JOINTS	
50100	Joint, diagnostic arthroscopy of (including biopsy), not being a service to which another item in this Group applies and not being a service associated with any other arthroscopic procedure (Anaes.) (Assist.)	$393.10
50102	Joint, arthroscopic surgery of, not being a service to which another item in this group applies (Anaes.) (Assist.)	$875.90
50103	Joint, arthrotomy of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$477.40
50104	Joint, synovectomy of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$449.30
50106	Joint, stabilisation of, involving 1 or more of: repair of capsule, repair of ligament or internal fixation, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$679.30
50109	Joint, arthrodesis of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$679.30
50112	Cicatricial flexion or extension contraction of joint, correction of, involving tissues deeper than skin and subcutaneous tissue, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$544.30
50115	Joint or joints, manipulation of, performed in the operating theatre of a hospital or approved day hospital facility, not being a service associated with a service to which another item in this Group applies (Anaes.)	$202.00
50118	Subtalar joint, arthrodesis of (Anaes.) (Assist.)	$623.20
50121	Greater Trochanter, transplantation of ileopsoas tendon to (Anaes.) (Assist.)	$1,218.20
50124	Joint or other synovial cavity, aspiration of, injection into, or both of these procedures; payable on not more than 25 occasions in any 12 month period (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$39.40
50125	Joint or other synovial cavity, aspiration of, or injection into, or both of these procedures - where it can be demonstrated that a 26th or subsequent treatment (including any treatments to which Item 50124 applies) is indicated in a 12 month period (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$39.40
50127	Joint or joints, arthroplasty of, by any technique not being a service to which another item applies (Anaes.) (Assist.)	$1,005.50
50130	Joint or joints, application of external fixator to, other than for treatment of fractures (Anaes.) (Assist.)	$449.30

Surgical Operations — Orthopaedic

Item No.	Description	Maximum Fee
	MALIGNANT DISEASE	
50200	Aggressive or potentially malignant bone or deep soft tissue tumour, biopsy of (not including aftercare) (Anaes.) (Assist.)	$270.00
50203	Bone or malignant deep soft tissue tumour, lesional or marginal excision of (Anaes.) (Assist.)	$595.10
50206	Bone tumour, lesional or marginal excision of, combined with any 1 of: liquid nitrogen freezing, autograft, allograft or cementation (Anaes.) (Assist.)	$881.30
50209	Bone tumour, lesional or marginal excision of, combined with any 2 or more of: liquid nitrogen freezing, autograft, allograft or cementation (Anaes.) (Assist.)	$1,084.30
50212	Malignant or aggressive soft tissue tumour affecting the long bones of leg or arm, enbloc resection of, with compartmental or wide excision of soft tissue, without reconstruction (Anaes.) (Assist.)	$1,976.60
50215	Malignant or aggressive soft tissue tumour affecting the long bones of leg or arm, enbloc resection of, with compartmental or wide excision of soft tissue, with intercalary reconstruction (prosthesis, allograft or autograft) (Anaes.) (Assist.)	$2,578.00
50218	Malignant tumour of long bone, enbloc resection of, with replacement or arthrodesis of adjacent joint (Anaes.) (Assist.)	$3,352.30
50221	Malignant or aggressive soft tissue tumour of pelvis, sacrum or spine; or scapula and shoulder, enbloc resection of (Anaes.) (Assist.)	$3,057.60
50224	Malignant or aggressive soft tissue tumour of pelvis, sacrum or spine; or scapula and shoulder, enbloc resection of, with reconstruction by prosthesis, allograft or autograft (Anaes.) (Assist.)	$3,527.30
50227	Malignant bone tumour, enbloc resection of, with massive anatomic specific allograft or autograft, with or without prosthetic replacement (Anaes.) (Assist.)	$4,004.60
50230	Benign tumour, resection of, requiring anatomic specific allograft, with or without internal fixation (Anaes.) (Assist.)	$2,032.60
50233	Malignant tumour, amputation for, hemipelvectomy or interscapulo-thoracic (Anaes.) (Assist.)	$2,713.00
50236	Malignant tumour, amputation for, hip disarticulation, shoulder disarticulation or proximal third femur (Anaes.) (Assist.)	$2,032.60
50239	Malignant tumour, amputation for, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$1,358.60
	CONGENITAL ORTHOPAEDIC SURGERY	
	LIMB LENGTHENING AND DEFORMITY CORRECTION	
50300	Joint deformity, slow correction of, using ring fixator or similar device, including all associated attendances, payable only once in any 12 month period (Anaes.) (Assist.)	$1,564.90

Surgical Operations — Orthopaedic

Item No.	Description	Maximum Fee
50303	Limb Lengthening, up to and including 5 cms, requiring slow distraction under general anaesthesia in the operating theatre of a hospital or approved day surgery facility, with or without application of a ring fixator or similar device, including all associated attendances, payable only once in any 12 month period (Anaes.) (Assist.)	$2,139.50
50306	Limb Lengthening, where the lengthening is bipolar, or bone transport is performed or where the fixator is extended to correct an adjacent joint deformity (Anaes.) (Assist.)	$3,338.30
50309	Ring Fixator or similar device, adjustment of, with or without insertion or removal of fixation pins, performed under general anaesthesia in the operating theatre of a hospital or approved day care facility, not being a service to which item 50303 or 50306 applies (Anaes.) (Assist.)	$411.50
50312	Ankle, synovectomy of (Anaes.) (Assist.)	$945.00
50315	Talipes equinovarus, posterior release of (Anaes.) (Assist.)	$935.30
50318	Talipes equinovarus, medial release of (Anaes.) (Assist.)	$935.30
50321	Talipes equinovarus, combined postero-medial release of (Anaes.) (Assist.)	$1,255.00
50324	Talipes equinovarus, combined postero-medial release of, revision procedure (Anaes.) (Assist.)	$1,865.20
50327	Talipes equinovarus, bilateral procedures (Anaes.) (Assist.)	$2,184.80
50330	Talipes equinovarus, or talus, vertical congenital - post operative manipulation and change of plaster, performed under general anaesthesia in the operating theatre of a hospital or approved day hospital facility, not being a service to which item 50315, 50318, 50321, 50324 or 50327 applies (Anaes.)	$310.00
50333	Tarsal Coalition, excision of, with interposition of muscle, fat graft or similar (Anaes.) (Assist.)	$833.80
50336	Talus, Vertical, Congenital, combined anterior and posterior reconstruction (Anaes.) (Assist.)	$1,245.20
50339	Foot and Ankle, tibialis anterior tendon (split or whole) transfer to lateral column (Anaes.)	$757.10
50342	Foot and Ankle, tibialis or tibialis posterior tendon transfer, through the interosseous membrane to anterior or posterior aspect of foot (Anaes.) (Assist.)	$879.10
50345	Hyperextension Deformity of toe, release incorporating V-Y plasty of skin, lengthening of extensor tendons and release of capsule contracture (Anaes.) (Assist.)	$467.60
	HIP, KNEE AND LEG PROCEDURES	
50348	Knee, deformity of, or post-operative manipulation and change of plaster, performed under general anaesthesia in the operating theatre of a hospital or approved day hospital facility (Anaes.)	$310.00
50349	Hip, congenital dislocation of, treatment of, by closed reduction (Aneas.)	$230.00
50350	Hip, congenital dislocation of, open reduction of (Anaes.) (Assist.)	$1,213.90

Surgical Operations		Orthopaedic
Item No.	**Description**	**Maximum Fee**
50351	Hip, developmental dislocation of, open reduction of (Anaes.) (Assist.)	$1,351.10
50352	Hip, congenital dislocation of, treatment of, involving supervision of splint, harness or cast - each attendance (Anaes.)	$81.00
50353	Hip spica, initial application of, for congenital dislocation of hip (excluding aftercare) (Anaes.) (Assist.)	$507.60
50354	Tibia, psuedarthrosis of, congenital, resection and internal fixation (Anaes.) (Assist.)	$1,773.40
50357	Knee, Leg or Thigh, rectus femoris tendon transfer, or medial or lateral hamstring tendon transfer (Anaes.) (Assist.)	$757.10
50360	Knee, Leg or Thigh, combined medial and lateral hamstring tendon transfer (Anaes.) (Assist.)	$879.10
50363	Knee, contracture of, posterior release involving multiple tendon lengthening or tenotomies, unilateral (Anaes.) (Assist.)	$676.10
50366	Knee, contracture of, posterior release involving multiple tendon lengthening or tenotomies, bilateral (Anaes.) (Assist.)	$1,179.40
50369	Knee, contracture of, posterior release involving multiple tendon lengthening with or without tenotomies and release of joint capsule with or without cruciate ligaments, unilateral (Anaes.) (Assist.)	$879.10
50372	Knee, contracture of, posterior release involving multiple tendon lengthening with or without tenotomies and release of joint capsule with or without cruciate ligaments, bilateral (Anaes.) (Assist.)	$1,544.40
50375	Hip, contracture of, medial release, involving lengthening of, or division of the adductors and psoas with or without division of the obturator nerve, unilateral (Anaes.) (Assist.)	$676.10
50378	Hip, contracture of, medial release, involving lengthening of, or divison of the adductors and psoas with or without division of the obturator nerve, bilateral (Anaes.) (Assist.)	$1,179.40
50381	Hip, contracture of, anterior release, involving lengthening of, or division of the hip flexors and psoas with or without division of the joint capsule, unilateral (Anaes.) (Assist.)	$879.10
50384	Hip, contracture of, anterior release, involving lengthening of, or division of the hip flexors and psoas with or without division of the joint capsule, bilateral (Anaes.) (Assist.)	$1,544.40
50387	Hip, ilopsoas tendon transfer to greater trochanter, or transfer of abdominal musculature to greater trochanter, or transfer of adductors to ischium (Anaes.) (Assist.)	$879.10
50390	Perthes, Cerebral Palsy, or other neuromuscular conditions, affecting hips or knees, application of cast under general anaesthesia, performed in the operating theatre of a hsopital or approved day hospital facility (Anaes.)	$310.00
50393	Pelvis, bone graft or shelf procedures for acetabular dysplasia (Anaes.) (Assist.)	$1,143.70
50394	Acetabular dysplasia, treatment of, by multiple peri-acetabular osteotomy, including internal fixation where performed (Anaes.) (Assist.)	$1,143.70

Surgical Operations — Orthopaedic

Item No.	Description	Maximum Fee
	SHOULDER, ARM AND FOREARM PROCEDURES	
50396	Hand, congenital abnormalities or duplication of digits, amputation or splitting of phalanx or planges, with ligament or joint reconstruction (Anaes.) (Assist.)	$629.60
50399	Forearm, Radial Aplasia or Dysplasia (radial club hand), centralisation or radialisation (Anaes.) (Assist.)	$1,245.20
50402	Torticollis, bipolar release of sternocleidomastoid muscle and associated soft tissue (Anaes.) (Assist.)	$574.60
50405	Elbow, flexoplasty, or tendon transfer to restore elbow function (Anaes.) (Assist.)	$777.60
50408	Shoulder, congenital or developmental dislocation, open reduction of (Anaes.) (Assist.)	$1,351.10
	AMPUTATIONS OR RECONSTRUCTIONS FOR CONGENITAL DEFORMITIES	
50411	Lower Limb Deficiency, treatment of congenital deficiency of the femur by resection of the distal femur and proximal tibia followed by knee fusion (Anaes.) (Assist.)	$1,773.40
50414	Lower Limb Deficiency, treatment of congenital deficiency of the femur by resection of the distal femur and proximal tibia followed by knee fusion and rotationplasty (Anaes.) (Assist.)	$2,387.90
50417	Lower Limb Deficiency, treatment of congenital deficiency of the tibia by reconstrction of the knee, involving transfer of fibula or tibia, repair of quadriceps mechanism (Anaes.) (Assist.)	$1,773.40
50420	Patella, congenital dislocation of, reconstruction of the quadriceps (Anaes.) (Assist.)	$1,463.40
50423	Tibia, Fibula or both, congenital deficiency of, transfer of the fibula to tibia, with internal fixation (Anaes.) (Assist.)	$1,351.10
	TUMOROUS CONDITIONS	
50426	Diaphyseal Aclasia, removal of lesion or lesions from bone - 1 approach (Anaes.) (Assist.)	$629.60

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T9: ASSISTANCE AT OPERATIONS

Therapeutic Procedures — Assistance at Operations

Item No.	Description	Maximum Fee
	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.	
51300	Assistance at any operation identified by the word "Assist." for which the fee does not exceed $696.00 or at a series or combination of operations identified by the word "Assist." where the fee for the series or combination of operations identified by the word "Assist." does not exceed $696.00 *(refer to the explanatory notes to this Category - MBS Book)*	$107.60
51303	Assistance at any operation identified by the word "Assist." for which the fee exceeds $696.00 or at a series of operations identified by the word "Assist." for which the aggregate fee exceeds $696.00 *(refer to the explanatory notes to this Category - MBS Book)* **Derived Fee:** one fifth of the established fee for the operation or combination of operations.	DF
51306	Assistance at a delivery involving Caesarean section	N/A
51309	Assistance at a series or combination of operations which have been identified by the word "Assist." and assistance at a delivery involving Caesarean section *(refer to the explanatory notes to this Category - MBS Book)*	N/A
51312	Assistance at any interventional obstetric procedure covered by items 16606, 16609, 16612, 16615, 16627 and 16633 **Derived Fee**: one fifth of the established fee for the procedure or combination of procedures	N/A
51315	Assistance at cataract and intraocular lens surgery covered by items 42698, 42701, 42702, 42704, 42707, when performed in association with services covered by items 42551 to 42569, 42653, 42656, 42746, 42749, 42752, 42776 or 42779	$266.80
51318	Assistance at cataract and intraocular lens surgery where patient has: total loss of vision, including no potential for central vision, in the fellow eye; or - previous significant surgical complication in the fellow eye; or pseudo exfoliation, subluxed lens, iridodenesis, phacodonesis, retinal detachment, corneal scarring, pre-existing uveitis, bound down miosed pupil, nanophthalmos, spherophakia, Marfan's syndrome, homocysteinuria or previous blunt trauma causing intraocular damage	$176.60

CATEGORY FOUR: ORAL AND MAXILLOFACIAL SERVICES BY APPROVED DENTAL PRACTITIONERS
GROUP 01 - CONSULTATIONS

Oral & Maxillofacial		
Item No.	**Description**	**Maximum Fee**
	Approved Dental Practitioner, referred consultation - surgery, hospital or residential aged care facility Professional attendance at consulting rooms, hospital or residential aged care facility by an approved dental practitioner in the practice of oral and maxillofacial surgery where the patient is referred to him or her. (The referral must be from a registered dental practitioner or a medical practitioner)	
51700	Initial attendance in a single course of treatment	$104.00
51703	Each attendance subsequent to the first in a single course of treatment	$52.20

CATEGORY FOUR: ORAL AND MAXILLOFACIAL SERVICES BY APPROVED DENTAL PRACTITIONERS
GROUP 02 - ASSISTANCE AT OPERATION

Oral & Maxillofacial		
Item No.	**Description**	**Maximum Fee**
51800	Assistance by an approved dental practitioner in the practice of oral and maxillofacial surgery at any operations identified by the word "Assist." for which the fee does not exceed $696.00 or at a series or combination of operations identified by the word "Assist." where the fee for the series or combination of operations identified by the word "Assist." does not exceed $696.00 *(refer to the explanatory notes to this Category - MBS Book)*	$107.60
51803	Assistance by an approved dental practitioner in the practice of oral and maxillofacial surgery at any operations identified by the word "Assist." for which the fee exceeds $696.00 or at a series or combination of operations identified by the word "Assist." where the aggregate fee exceeds $696.00 **Derived Fee:** one fifth of the established fee for the operation or combination of operations.	DF

CATEGORY FOUR: ORAL AND MAXILLOFACIAL SERVICES BY APPROVED DENTAL PRACTITIONERS

GROUP 03 - GENERAL SURGERY

Oral & Maxillofacial		
Item No.	**Description**	**Maximum Fee**
51900	Wound of soft tissue in the oral and maxillofacial region, deep or extensively contaminated, debridement of, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$396.45
51902	Wounds, of the oral and maxillofacial region, dressing of, under general anaesthesia, with or without removal of sutures, not being a service associated with a servcie to which another item in Groups 03 to 09 applies (Anaes.)	$89.85
51904	Lipectomy - in the oral and maxilofacial region - wedge excision of skin or fat - 1 excision (Anaes.) (Assist.)	$553.20
51906	Lipectomy - in the oral and maxillofacial region - wedge excision of skin or fat - 2 or more excisions (Anaes.)(Assist) *(refer to the explanatory notes to this Category - MBS Book)*	$841.40
52000	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, small (not more than 7cm long), superficial (Anaes.)	$100.35
52003	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, small (not more than 7cm long), involving deeper tissue (Anaes.)	$142.90
52006	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more than 7cm long), superficial (Anaes.)	$142.90
52009	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more than 7cm long), involving deeper tissue (Anaes.)	$225.80
52010	Full thickness laceration of ear, eyelid, nose or lip, repair of, with accurate apposition of each layer of tissue (Anaes.) (Assist.)	$308.85
52012	Superficial foreign body, in the oral and maxillofacial region, removal of, as an independent procedure (Anaes.)	$28.50
52015	Subcutaneous foreign body, in the oral and maxillofacial region, removal of, requiring incision and suture, as an independent procedure (Anaes.)	$133.65
52018	Foreign body in muscle, tendon or other deep tissue, in the oral and maxillofacial region, removal of, as an independent procedure (Anaes.) (Assist.)	$336.50
52021	Aspiration biopsy of 1 or more jaw cysts as an independent procedure to obtain material for diagnostic purposes and not being a service associated with an operative procedure on the same day (Anaes.)	$35.85
52024	Biopsy of skin or mucous membrane, in the oral and maxillofacial region, as an independent procedure (Anaes.)	$63.50
52025	Lymph node of neck, biopsy of (Anaes.)	$223.65

Oral & Maxillofacial

Item No.	Description	Maximum Fee
52027	Biopsy of lymph gland, muscle or other deep tissue or organ, in the oral and maxillofacial region, as an independent procedure and not being a service to which item 52025 applies (Anaes.)	$182.10
52030	Sinus, in the oral and maxillofacial region, excision of, involving superficial tissue only (Anaes.)	$109.40
52033	Sinus, in the oral and maxillofacial region, excision of, involving muscle and deep tissue (Anaes.)	$223.65
52034	Premalignant lesions of the oral mucous, treatment by cryotherapy, diathermy or carbon dioxide laser	$52.20
52035	Endoscopic laser therapy for neoplasia and benign vascular lesions of the oral cavity (Anaes.) *(refer to explanatory notes to this Category - MBS Book)*	$579.00
52036	Tumour, cyst, ulcer or scar, (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, up to 3cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, not being a service to which item 52039 applies (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$154.40
52039	Tumour, cyst, ulcer or scars, (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, up to 3cm 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 (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$396.45
52042	Tumour, cyst, ulcer or scar, (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, more than 3cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$209.80
52045	Tumour, cyst (other than 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 of where a tumour or cyst has been proven by positive histopathology), ulcer or scar (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, removal of, not being a service to which another item in Groups 03 to 09 applies, involving muscle, bone, or other deep tissue (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$299.70
52048	Tumour or deep cyst (other than 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 or where a tumour or cyst has been proven by positive histopathology), in the oral and maxillofacial region, removal of requiring wide excision, not being a service to which another item in Groups 03 to 09 applies (Anaes.)(Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$451.80
52051	Tumour, in the oral and maxillofacial region, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, without skin or mucosal graft (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$610.90
52054	Tumour, in the oral and maxillofacial region, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, with skin or mucosal graft (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$714.70

Oral & Maxillofacial		
Item No.	**Description**	**Maximum Fee**
52055	Haematoma, small abscess or cellulitis in the oral and maxillofacial region, not requiring admission to a hospital or day-hospital facility, incision with drainage of (excluding after care)	$33.20
52056	Haematoma in the oral and maxillofacial region, aspiration of (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	
52057	Large haematoma, large abscess, carbuncle, cellulitis or similar lesion in the oral and maxillofacial region, requiring admission to a hospital or day-hospital facility, incision with drainage of (excluding aftercare) (Anaes.)	$198.20
52058	Percutaneous drainage of deep abscess in the oral and maxillofacial region, using interventional imaging techniques but not including imaging (Anaes.)	$289.00
52059	Abscess in the oral and maxillofacial region drainae tube, exchange of using interventional imaging techniques but not including imaging (Anaes.)	$325.50
52060	Muscle in the oral and maxillofacial region, excision of (Anaes.)	$230.30
52061	Muscle, in the oral and maxillofacial region, ruptured, repair of (limited), not associated with external wound (Anaes.)	$271.95
52062	Muscle, in the oral and maxillofacial region, ruptured, repair of (extensive), not associated with external wound (Anaes.) (Assist.)	$359.60
52063	Bone tumour in the oral and maxillofacial region, innocent, excision of, not being a service to which another item in Groups 03 to 09 applies (Anaes.)(Assist.)	$433.40
52064	Bone cyst in the oral and maxillofacial region, injection into or aspiration of (Anaes.)	$206.10
52066	Submandibular gland, extirpation of (Anaes.) (Assist.)	$541.70
52069	Sublingual gland, extirpation of (Anaes.)	$241.50
52072	Salivary gland, dilatation or diathermy of duct (Anaes.)	$71.50
52073	Salivary gland, repair of cutaneous fistula of (Anaes.)	$182.10
52075	Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, 1 or more such procedures (Anaes.)	$182.10
52078	Tongue, partial excision of (Anaes.) (Assist.)	$359.60
52081	Tongue tie, division or excision of frenulum (Anaes.)	$56.55
52084	Tongue tie, mandibular frenulum or maxillary frenulum, division or excision of frenulum, in a person aged not less than 2 years (Anaes.)	$145.30
52087	Ranula or mucous cyst of mouth, removal of (Anaes.)	$249.00

Oral & Maxillofacial		
Item No.	**Description**	**Maximum Fee**
52090	Operation on mandible or maxilla (other than alveolar margins) for chronic osteomyelitis - 1 bone or in combination with adjoining bones (Anaes.) (Assist.)	$433.40
52092	Operation on skull for osteomyelitis (Anaes.) (Assist.)	$564.90
52094	Operation on any combination of adjoining bones in the oral and maxillofacial region, being bones referred to in item 52092 (Anaes.) (Assist.)	$714.60
52095	Bone growth stimulator in the oral and maxillofacial region, insertion of (Anaes.) (Assist.)	$463.10
52096	Orthopaedic pin or wire, insertion of, into maxilla or mandible or zygoma, as an independent procedure (Anaes.)	$137.30
52097	External fixation in the oral and maxillofacial region, removal of, in the operating theatre of a hospital or approved day-hospital facility (Anaes.)	$194.70
52098	External fixation in the oral and maxillofacial region, removal of, in conjunctin with operations involving internal fixation or bone grafting or both (Anaes.)	$229.00
52099	Buried wire, pin or screw, 1 or more, which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, per bone, not being a service associated with a service towhich item 52102 or 52105 applies (Anaes.)	$171.80
52102	Buried wire, pin or screw, 1 or more, which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, where undertaken in the operating theatre of a hospital or approved day-hospital facility, per bone (Anaes.)	$171.80
52105	Plate, 1 or more of, and associated screw and wie which were inserted for internal fixation purposes into maxilla or mandible, or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, per bone, not being a service associated with a service to which item 52099 or 52102 applies (Anaes.) (Assist.)	$320.60
52106	Arch bars, 1 or more, which were inserted for dental fixation purposes to the maxilla or mandible, removal of, requiring general anaesthesia where undertaken in the operating theatre of a hospital or approved day-hospital facility (Anaes.)	$132.45
52108	Lip, full thickness wedge excision of, with repair by direct sutures (Anaes.) (Assist.)	$396.45
52111	Vermilionectomy (Anaes.) (Assist.)	$396.45
52114	Mandible or maxilla, segmental resection of, for tumours or cysts (Anaes.) (Assist.)	$714.70
52117	Mandible, including lower border, or maxilla, sub-total resection of (Anaes.) (Assist.)	$850.65
52120	Mandible, hemimandiblectomy of, including condylectomy where performed (Anaes.) (Assist.)	$1,002.75
52122	Mandible, hemi-mandibular reconstruction of, or maxilla, reconstruction of, with bone graft, plate, tray or alloplast, not being a service associated with a service to which item 52123 applies (Anaes.) (Assist.)	$1,006.00

Oral & Maxillofacial

Item No.	Description	Maximum Fee
52123	Mandible, total resection of both sides, including condylectomies where performed (Anaes.) (Assist.)	$1,139.00
52126	Maxilla, total resection of (Anaes.) (Assist.)	$1,095.00
52129	Maxilla, total resection of both maxillae (Anaes.) (Assist.)	$1,465.90
52130	Bone graft in the oral and maxillofacial region, not being a service to which another item in Group 03 to 09 applies (Anaes.) (Assist.)	$538.10
52131	Bone graft with internal fixation, in the oral and maxillofacial region, not being a service to which another item in Groups 03 to 09 applies (Anaes.) (Assist.)	$744.20
52132	Tracheostomy (Anaes.)	$290.50
52133	Cricothyrostomy by direct stab or Seldinger technique, using Minitrach or similar device (Anaes.)	$110.70
52135	Post-operative or post-nasal haemorrhage, ro both, control of, where undertaken in the operating theatre of a hospital or approved day-hospital facility (Anaes.)	$175.60
52138	Maxillary artery, ligation of (Anaes.) (Assist.)	$541.70
52141	Facial, mandibular or lingual artery or vein or artery and vein, ligation of, note being a service to which item 52138 applies (Anaes.) (Assist.)	$539.55
52144	Foreign body, in the oral nad maxillofacial region, deep, removal of using interventional imaging techniques (Anaes.) (Assist.)	$502.95
52147	Duct of major salivary gland, transposition of (Anaes.) (Assist.)	$474.60
52148	Parotid duct, repair of, using micro-surgical techniques (Anaes.) (Assist.)	$838.90
52158	Submandibular ducts, relocation of, for surgical control of drooling (Anaes.) (Assist.)	$1,350.75

MALIGNANT DISEASE

Item No.	Description	Maximum Fee
52180	Aggressive or potentially malignant bone or deep soft tissue tumour in the oral and maxillofacial region, biopsy of (not including aftercare) (Anaes.)	$229.00
52182	Bone or malignant deep soft tissue tumour in the oral and maxillofacial region, lesional or marginal excision of (Anaes.) (Assist.)	$503.80
52184	Bone tumour in the oral and maxillofacial region, lesiona or marginal excision of, combiend with any 1 of: liquid nitrogen freezing, autograft, allograft or cementation (Anaes.) (Assist.)	$744.20
52186	Bone tumour in the oral and maxillofacial region, lesiona or marginal excision of, combined with any 2 or more of: liquid nitrogen freezing, autograft, allograft or cementation (Anaes.) (Assist.)	$916.05

CATEGORY FOUR: ORAL AND MAXILLOFACIAL SERVICES
BY APPROVED DENTAL PRACTITIONERS
GROUP 04 - PLASTIC & RECONSTRUCTIVE

Oral & Maxillofacial		
Item No.	**Description**	**Maximum Fee**
52300	Single-stage local flap, in the oral and maxillofacial region, where indicated, repair to 1 defect, with skin or mucosa (Anaes.) (Assist.)	$345.80
52303	Single-stage localflap, in the oral and maxillofacial region, where indicated, repair of 1 defect, with buccal pad of fat (Anaes.) (Assist.)	$493.70
52306	Single-stage local flap, in the oral and maxillofacial region, where indicated, repair to 1 defect, using temporalis muscle (Anaes.) (Assist.)	$732.75
52309	Free grafting (mucosa or split skin) of a granulating area in the oral and maxillofacial region (Anaes.)	$249.00
52312	Free grafting (mucosa, split skin or connective tissue) to 1 defect in the oral and maxillofacial region, including elective dissection (Anaes.) (Assist.)	$345.80
52315	Free grafting, full thickness, to 1 defect (mucosa or skin) in the oral and maxillofacial region (Anaes.) (Assist.)	$576.20
52318	Bone graft, harvesting of, via separate incision, being a service associated with a service to which another item in Groups 03 to 09 applies - autogenous - small quantity (Anaes.)	$171.80
52319	Bone graft, harvesting of, via separate incision, being a service associated with a service to which another item in Groups 03 to 09 applies - autogenous - large quantity (Anaes.)	$285.90
52321	Foreign implant (non-biological), insertion of in the oral and maxillofacial region, for contour reconstruction of pathological deformity, not being a service associated with a service to which item 52624 applies (Anaes.)(Assist.)	$576.20
52324	Direct flap repair, using tongue, first stage (Anaes.) (Assist.)	$576.20
52327	Direct flap repair, using tongue, second stage (Anaes.)	$285.90
52330	Palatal defect (oro-nasal fistula), plastic closure of, including services to which item 52300, 52303, 52306 or 52324 applies (Anaes.) (Assist.)	$951.00
52333	Cleft palate, primary repair (Anaes.) (Assist.)	$951.00
52336	Cleft palate, secondary repair, closure of fistula using local flaps (Anaes.) (Assist.)	$594.40
52337	Alveolar cleft (congenital) unilateral, grafting of, including plastic closure of associated oro-nasal fistulae and ridge augmentation (Anaes.) (Assist.)	$1,300.20
52339	Cleft palate, secondary repair, lengthening procedure (Anaes.) (Assist.)	$676.95

Oral & Maxillofacial		
Item No.	**Description**	**Maximum Fee**
52342	Mandible or maxilla, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,175.80
52345	Mandible or maxilla, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,326.00
52348	Mandile or maxilla, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,498.40
52351	Mandible or maxilla, bilateral osteotomy of osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,682.70
52354	Mandible or maxilla, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,705.90
52357	Mandible or maxilla, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves andvessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,920.60
52360	Mandible and maxilla, osteotomies or osteectomies of, involoving 2 such procedures of each jaw, including transpositionof nerves and vessles and bone grafts taken from the same site (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,959.30
52363	Mandible and maxilla, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires screws, plates or pins, or any combination (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$2,204.10
52366	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$2,155.40
52369	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessles and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$2,423.40

Oral & Maxillofacial		
Item No.	**Description**	**Maximum Fee**
52372	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 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 (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$2,351.50
52375	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty when performed and transposition of nerves and vessles and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$2,633.90
52378	Genioplasty including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$910.50
52379	Face, contour reconstruction of 1 region, using autogenous bone or cartilage graft (Anaes.) (Assist.)	$1,554.70
52380	Midfacial osteotomies - Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)	$2,649.70
52382	Midfacial osteotomies - Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination(Anaes.) (Assist.)	$3,176.10
52420	Mandible, fixation by intermaxillary wiring, excluding wiring for obesity	$293.25
52424	Dermis, dermafat or fascia graft (excluding transfer of fat by injection) in the oral and maxillofacial region (Anaes.) (Assist.)	$576.00
52430	Microvascular repair or the oral and maxillofacial region using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit (Anaes.) (Assist.)	$1,326.00
52440	Cleft lip, unilateral - primary repair, 1 stage, without anterior palate repair (Anaes.) (Assist.)	$658.40
52442	Cleft lip, unilateral - primary repair, 1 stage, with anterior palae repair (Anaes.) (Assist.)	$823.20
52444	Cleft lip, bilateral - primary repair, 1 stage, without anterior palate repair (Anaes.) (Assist.)	$914.50
52446	Cleft lip, bilateral - primary repair, 1 stage, with anterior palate repair (Anaes.) (Assist.)	$1,079.25
52450	Cleft lip, partial revision, including minor flap revision alignment and adjustment, including revision of minor whistle deformity if performed (Anaes.)	$365.80
52452	Cleft lip, total revision, including major flap revision, muscle reconstruction and revision of major whistle deformity (Anaes.) (Assist.)	$594.40
52456	Cleft lip reconstruction using full thickness flap(Abbe or similar), first stage (Anaes.) (Assist.)	$1,006.00

Oral & Maxillofacial		
Item No.	**Description**	**Maximum Fee**
52458	Cleft lip reconstruction using full thickness flap (Abbe or similar), second stage (Anaes.)	$365.80
52460	Velo-pharyngeal incompetence, pharyngeal flap for, or pharyngoplasty for (Anaes.)	$951.00
52480	Composite graft (chondro-cutaneous or chondro-mucosal) to nose, ear or eyelid (Anaes.) (Assist.)	$610.90
52482	Macrocheilia or macroglossia, operation for (Anaes.) (Assist.)	$587.70
52484	Macrostomia, operation for (Anaes.) (Assist.)	$699.70

CATEGORY FOUR: ORAL AND MAXILLOFACIAL SERVICES BY APPROVED DENTAL PRACTITIONERS

GROUP 05 - PREPROSTHETIC

Oral & Maxillofacial		
Item No.	**Description**	**Maximum Fee**
52600	Mandibular or palatal exostosis, excision of (Anaes.) (Assist.)	$411.45
52603	Mylohyoid ridge, reduction of (Anaes.) (Assist.)	$393.30
52606	Maxillary Tuberosity, reduction of (Anaes.)	$300.00
52609	Papillary hyperplasia of the palate, removal of - less than 5 lesions (Anaes.) (Assist.)	$393.30
52612	Papillary hyperplasia of the palate, removal of- 5 to 20 lesions (Anaes.) (Assist.)	$493.70
52615	Papillary hyperplasia of the palate, removal of - more than 20 lesions (Anaes.) (Assist.)	$612.80
52618	Vestibuloplasty, submucosal or open, including excision of muscle and skin or mucosal graft when performed unilateral or bilateral (Anaes.) (Assist.)	$713.20
52621	Floor or mouth lowering (Obwegeser or similar procedure), including excision of muscle and skin or mucosal graft when performed - unitlateral (Anaes.) (Assist.)	$713.20
52624	Alveolar ridge augmentation with bone or alloplast or both - unilateral (Anaes.) (Assist.)	$576.10
52626	Alveolar ridge augmentation - unilateral, insertion of tissue expanding device into maxillary or mandibular alveolar ridge region for (Anaes.) (Assist.)	$353.25
52627	Osseo-integration procedure - in the practice of oral and maxillofacial surgery, extra oral implantation of titanium fixture (Anaes.) (Assist.)	$612.80
52630	Osseo-integration procedure - in the practice of oral and maxillofacial surgery, fixation of transcutaneous abutment (Anaes.)	$226.80
52633	Osseo-integration procedure - intra-oral implantation of titanium fixture to facilitate restoration of the dentition following resection of part of the maxilla or mandible for benign or malignant tumours (Anaes.)	$612.80
52636	Osseo-integration procedure - fixation of transmucosal abutment to fixtures placed following resection of part of the maxilla or mandible for benign or malignant tumours (Anaes.)	$226.80

Oral & Maxillofacial

Item No.	Description	Maximum Fee

CATEGORY FOUR: ORAL AND MAXILLOFACIAL SERVICES
BY APPROVED DENTAL PRACTITIONERS
GROUP 06 - NEUROSURGICAL

Item No.	Description	Maximum Fee
52800	Neurolysis by open operation, in the oral and maxillofacial region, without transposition, not being a service associated with a servcie to which item 52803 applies (Anaes.) (Assist.)	$336.50
52803	Nerve trunk, internal (interfascicular), in the oral and maxillofacial region, neurolysis of, using microsurgical techniques (Anaes.) (Assist.)	$484.65
52806	Neurectomy, neurotomy or removal of tumour from superficial peripheral nerve in the oral and maxillofacial region (Anaes.) (Assist.)	$336.50
52809	Neurectomy, neurotomy or removal of tumour from deep peripheral nerve in the oral and maxillofacial region (Anaes.) (Assist.)	$576.20
52812	Nerve trunk, in the oral and maxillofacial region, primary repair of, using microsurgical techniques (Anaes.) (Assist.)	$823.20
52815	Nerve trunk, in the oral and maxillofacial region, secondary repair of, using microsurgical techniques (Anaes.) (Assist.)	$868.70
52818	Nerve, in the oral and maxillofacial region, transposition of (Anaes.) (Assist.)	$576.20
52821	Nerve graft to nerve trunk in the oral and maxillofacial region (cable graft) including harvesting of nerve graft using microsurgical techniques (Anaes.) (Assist.)	$1,252.80
52824	Peripheral branches of the trigeminal nerve, cryosurgery of, for pain relief (Anaes.) (Assist.)	$539.55
52826	Injection of primary branch of trigeminal nerve with alcohol, cortisone, phenol, or similar substance (Anaes.)	$289.00
52828	Cutaneous nerve, in the oral and maxillofacial region, primary repair of, using microsurgical techniques (Anaes.) (Assist.)	$429.80
52830	Cutaneous nerve, in the oral and maxillofacial region, secondary repair of, using microsurgical techniques (Anaes.) (Assist.)	$566.85
52832	Cutaneous nerve, in the oral and maxillofacial region, nerve graft to, using microsurgical techniques (Anaes.) (Assist.)	$777.40

CATEGORY FOUR: ORAL AND MAXILLOFACIAL SERVICES
BY APPROVED DENTAL PRACTITIONERS
GROUP 07 - EAR, NOSE & THROAT

Item No.	Description	Maximum Fee
53000	Maxillary antrum, proof puncture and lavage of (Anaes.)	$39.50

Oral & Maxillofacial

Item No.	Description	Maximum Fee
53003	Maxillary antrum, proof puncture and lavage of, under general anaesthesia (requiring admission to hospital) not being a servcie associated with a service to which another item in Groups 03 to 09 applies (Anaes.)	$111.90
53004	Maxillary antrum, lavage of - each attendance at which the procedure is performed, including any associated consultation (Anaes.)	$40.80
53006	Antrostomy (radical) (Anaes.) (Assist.)	$633.90
53009	Antrum, intranasal operation on, or removal of foreign body from (Anaes.) (Assist.)	$359.60
53012	Antrum, drainage of, through tooth socket (Anaes.)	$142.90
53015	Oro-antral fistula, plastic closure of (Anaes.) (Assist.)	$714.70
53016	Nasal septum, septoplasty, submucous resection or closure of septal perforation (Anaes.) (Assist.)	$587.70
53017	Nasal septum, reconstruction of (Anaes.) (Assist.)	$733.30
53019	Maxillary sinus, bone graft to floor of maxillary sinus following elevation of mucosal lining (sinus lift procedure), (unilateral) (Anaes.) (Assist.)	$706.40
53052	Post-nasal space, direct examination of, with or without biopsy (Anaes.)	$149.30
53054	Nasendoscopy or sinoscopy or fibreoptic examination of nasopharynx one or more of these procedures (Anaes.)	$149.25
53056	Examination of nasal cavity or post-nasal space, or nasal cavity and post-nasal space, under general anaesthesia, not being a service associated with a service to which another item in the Group applies (Anaes.)	$87.50
53058	Nasal haemorrhage, posterior, arrest of , with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding aftercare) (Anaes.)	$149.25
53060	Cauterisation (oher thanby chemical means) or cauterisation by chemical means when performed under general anaesthesia or diathermy of septum, turbinates fo obstruction or haemorrhage secondary to surgery (or trauma) 1 or more of these procedures (including any consultation on the same occasion) not being a service associated with any other operation on the nose (Anaes.)	$122.20
53062	Post surgical nasal haemorrhage, arrest of during an episode ofepistaxis by cauterisation or nasal cavity packing or both (Anaes.)	$109.40
53064	Cryotherapy to nose in the treatment of nasal haemorrhage (Anaes.)	$198.20
53068	Turbinectomy or turbinectomies, partial or total, unilateral (Anaes.)	$164.00
53070	Turbinates, submucous resectinof, unilateral (Anaes.)	$216.50

CATEGORY FOUR: ORAL AND MAXILLOFACIAL SERVICES BY APPROVED DENTAL PRACTITIONERS
GROUP 08 - TEMPOROMANDIBULAR JOINT

Oral & Maxillofacial		
Item No.	**Description**	**Maximum Fee**
53200	Mandible, treatment of a dislocation of, not requiring open reduction (Anaes.)	$85.95
53203	Mandible, treatment of a dislocation of, requiring open reduction (Anaes.)	$144.50
53206	Temporomandibular joint, manipulation of, performed in the operating theatre of a hospital or approved day-hospital facility, not being a service associated with a service to which another item in Groups 03 to 09 applies (Anaes.)	$173.80
53209	Glenoid fossa, zygomatic arch and temporal bone, reconstruction of (Obwegeser technique) (Anaes.) (Assist.)	$2,005.50
53212	Absent condyle and ascending ramus in hemifacial microsomia, construction of, not including harvesting of graft material (Anaes.) (Assist.)	$1,083.45
53215	Temporomandibular joint, arthroscopy of, with or without biopsy, not being a service associated with any other arthroscopic procedure of that joint (Anaes.) (Assist.)	$496.95
53218	Temporomandibular joint, arthroscopy of, removal of loose bodies, debridement, or treatment of adhesions - 1 or more such procedures (Anaes.) (Assist.)	$795.10
53220	Temporomandibular joint, arthrotomy of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$400.80
53221	Temporomandibular joint, open surgical exploration of, with or without microsurgical techniques (Anaes.) (Assist.)	$1,060.90
53224	Temporomandibular joint, open surgical exploration of, with condylectomy or condylotomy, with or without microsurgical techniques (Anaes.) (Assist.)	$1,176.00
53225	Arthocentesis, irrigation of temporomandibular joint after insertion of 2 cannuli into the appropriate joint space(s) (Anaes.) (Assist.)	$353.25
53226	Temporomandibular joint, synovectomy of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$379.80
53227	Temporomandibular joint, open surgical exploration of, with or without menixcus or capsular surgery, including meniscectomy when performed, with or without microsurgical techniques (Anaes.) (Assist.)	$1,445.00
53230	Temporomandibular joint, ope surgical exploration of, with meniscus, capsular and condylar head surgery, with or without microsurgical techniques (Anaes.) (Assist.)	$1,627.80
53233	Temporomandibular joint, surgery of, involving procedures to which items 53224, 53226, 53227 and 53230 apply and also involving the use of tissue flaps, or cartilage graft, or allograft implants, with or without microsurgical techniques (Anaes.) (Assist.)	$1,829.10

Oral & Maxillofacial

Item No.	Description	Maximum Fee
53236	Temporomandibular joint, stabilisation of, involving 1 or more of: repair of capsule, repair of ligament or internal fixation, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$572.40
53239	Temporomandibular joint, arthrodesis of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	$572.40
53242	Temporomandibular joint or joints, application of external fixator to, other than for treatment of fractures (Anaes.) (Assist.)	$379.80

CATEGORY FOUR: ORAL AND MAXILLOFACIAL SERVICES BY APPROVED DENTAL PRACTITIONERS

GROUP 09 - TREATMENT OF FRACTURES

53400	Maxilla, unilateral or bilateral, treatment of fracture of, not requiring splinting *(refer to the explanatory notes to this Category - MBS Book)*	$157.10
53403	Mandible, treatment of fracture of, not requiring splinting *(refer to the explanatory notes to this Category - MBS Book)*	$191.90
53406	Maxilla, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (Anaes.) (Assist.)	$494.55
53409	Mandible, treatment of fracture of, requiring splinting, wiring to teeth, circumosseous fixation or external fixation (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$494.55
53410	Zygomatic bone, treatment of fracture of, not requiring surgical reduction *(refer to the explanatory notes to this Category - MBS Book)*	$104.20
53411	Zygomatic bone, treatment of fracture of, requiring surgical reduction oby a temporal, intra-oral or other approach (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$290.50
53412	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal ro external fixation at 1 site (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$476.85
53413	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 2 sites (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$582.75
53414	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 3 sites (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$671.00
53415	Maxilla, treatment of fracture of, requiring open reduction (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$529.90

Oral & Maxillofacial

Item No.	Description	Maximum Fee
53416	Mandible, treatment of fractue of, requiring open reduction (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$529.90
53418	Maxilla, treatment of fracture of, requiring open reduction and internal fixationnot involving plate(s) (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$688.70
53419	Mandible, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$688.70
53422	Maxilla, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$874.10
53423	Mandible, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$874.10
53424	Maxilla, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction not involving plate(s) (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$750.00
53425	Mandible, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction not involving plate(s) (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$750.00
53427	Maxilla, treatment of a complicated fracture of, involving vixcera, blood vessels or nerves, requiring open reduction involving the use of plate(s) (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,024.35
53429	Mandible, treatment of a complicated fracture of, involving vixcera, blood vessels or nerves, requiring open reduction involving the use of plate(s) (Anaes.) (Assist.) *(refer to the explanatory notes to this Category - MBS Book)*	$1,024.35
53439	Mandible, treatment of a closed fracture of, involving a joint surface (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$290.50
53453	Orbital cavity, reconstruction of a wall or floor with or without foreign implant (Anaes.) (Assist.)	$587.70
53455	Orbital cavity, boneor cartilage graft to orbital wall or floor including reduction of prolapsed or entrapped orbital contents (Anaes.) (Assist.)	$690.40
53458	Nasal bones, treatment of fracture of, not being a service to which item 53459 or 53460 applies	$52.30
53459	Nasal bones, treatment of fracture of, by reduction (Anaes.)	$286.35
53460	Nasal bones, treatment of fractures of, by open reduction involving osteotomies (Anaes.) (Assist.)	$584.10

Oral & Maxillofacial

Item No.	Description	Maximum Fee

CATEGORY FOUR: ORAL AND MAXILLOFACIAL SERVICES
BY APPROVED DENTAL PRACTITIONERS
GROUP 010 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

53600	Skin sensitivity testing for allergens to anaesthetics and materials used in OMS surgery, using 1 to 20 allergens *(refer to the explanatory notes to this Category - MBS Book)*	$47.30

CATEGORY FOUR: ORAL AND MAXILLOFACIAL SERVICES
BY APPROVED DENTAL PRACTITIONERS
GROUP 011 - REGIONAL OR FIELD NERVE BLOCKS

	Note: Where an anaesthetic combines a regional nerve block with a general anaesthetic for an operative procedure benefits will be paid only under the anaesthetic item relevant to the operation. The items in the Group are to be used in the practice of roal and maxillofacial surgery and are not to be used for dental procedures (eg restorative dentistry or dental extraction	
53700	Trigeminal nerve, primary division of, injection of an anaesthetic agent	$151.80
53702	Trigeminal nerve, peripheral branch of, injectionof an anaesthetic agent	$76.00
53704	Facial nerve, injection of an anaesthetic agent	$45.75
53706	Nerve branch in the oral and maxillofacial region, destruction by a neurolytic agent, not being a service to which any other item in this Group applies *(refer to the explanatory notes to this Category - MBS Book)*	$151.80

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP I1: ULTRASOUND
- SUBGROUP 1 - GENERAL

Ultrasound		General
Item No.	**Description**	**Maximum Fee**
55028	Head, ultrasound scan of, where (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies and (b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R) *(refer to the explanatory notes to this Category - MBS Book)*	$205.50
55029	Head, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR) *(refer to the explanatory notes to this Category - MBS Book)*	$55.60
55030	Orbital contents, ultrasound scan of, where (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies and (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) *(refer to the explanatory notes to this Category - MBS Book)*	$205.50
55031	Orbital contents, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR) *(refer to the explanatory notes to this Category - MBS Book)*	$55.60
55032	Neck, 1 or more structures of, ultrasound scan of, where (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies and (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) *(refer to the explanatory notes to this Category - MBS Book)*	$205.50
55033	Neck, 1 or more structures of, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR) *(refer to the explanatory notes to this Category - MBS Book)*	$55.60
55036	Abdomen, ultrasound scan of, including scan of urinary tract when undertaken, but not being a service associated with the service described in item 55600 or item 55603, where: (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (c) the service is not performed with item 55038, 55044 or 55731 on the same patient within 24 hours (R) *(refer to the explanatory notes to this Category - MBS Book)*	$205.50
55037	Abdomen, ultrasound scan of, including scan of urinary tract when undertaken but not being a service associated with the service described in item 55600 or item 55603, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR) *(refer to the explanatory notes to this Category - MBS Book)*	$55.60

Ultrasound		General
Item No.	**Description**	**Maximum Fee**
55038	Urinary tract, ultrasound scan of but not being a service associated with the service described in item 55600 or item 55603, where (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies and (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member and (c) the service is not performed with item 55036, 55044 or 55731 on the same patient within 24 hours (R) *(refer to the explanatory notes to this Category - MBS Book)*	$205.50
55039	Urinary tract, ultrasound scan of, but not being a service associated with the service described in item 55600 or item 55603, where the patient is not referred by a medical practitioner, not being a service associated with a service to which item an item in Subgroups 2 or 3 of this Group applies (NR) *(refer to the explanatory notes to this Category - MBS Book)*	$55.60
55044	Pelvis, male, ultrasound scan of, by any or all approaches, but not being a service associated with the service described in item 55600 or item 55603, where (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies; (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (c) the service is not performed with item 55036 or 55038 on the same patient within 24 hours (R) *(refer to the explanatory notes to this Category - MBS Book)*	$205.50
55045	Pelvis, male, ultrasound scan of, by any or all approaches, but not being a service associated with the service described in item 55600 or item 55603, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR) *(refer to the explanatory notes to this Category - MBS Book)*	$55.60
55048	Scrotum, ultrasound scan of, where (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies and (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) *(refer to the explanatory notes to this Category - MBS Book)*	$205.50
55049	Scrotum, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR) *(refer to the explanatory notes to this Category - MBS Book)*	$55.60
55054	Ultrasonic cross-sectional echography, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which any other item in this Group applies (R) *(refer to the explanatory notes to this Category - MBS Book)*	$166.90
55070	Breast, one, ultrasound scan of, where: (a) the patient is referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (c) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R)	$163.80
55073	Breast, one, ultrasound scan of, where: (a) the patient is not referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies (NR)	$46.80
55076	Breasts, both, ultrasound scan of, where: (a) the patient is referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (c) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R)	$205.50
55079	Breasts, both, ultrasound scan of, where: (a) the patient is not referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies (NR)	$52.00

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP I1: ULTRASOUND
- SUBGROUP 2 - CARDIAC

Ultrasound		Cardiac
Item No.	**Description**	**Maximum Fee**
55113	M-Mode and 2 dimensional real time echocardiographic examination of the heart from at least 2 acoustic windows, with measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques, and real time colour flow mapping from at least 2 acoustic windows, with recordings on video tape or digital medium, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 3, or another item in this Subgroup, (with the exception of items 55118 and 55130) applies, for the investigation of symptoms or signs of cardiac failure, or suspected or known ventricular hypertrophy or dysfunction, or chest pain (R)	$417.15
55114	M-Mode and 2 dimensional real time echocardiographic examination of the heart from at least 2 acoustic windows, with measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques, and real time colour flow mapping from at least 2 acoustic windows, with recordings on video tape or digital medium, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 3, or another item in this Subgroup, (with the exception of items 55118 and 55130) applies for the investigation of suspected or known acquired valvular, aortic, pericardial, thrombotic, or embolic disease, or heart tumour (R)	$417.15
55115	M-Mode and 2 dimensional real time echocardiographic examination of the heart from at least 2 acoustic windows, with measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques, and real time colour flow mapping from at least 2 acoustic windows, with recordings on video tape or digital medium, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 3, or another item in this Subgroup, (with the exception of items 55118 and 55130), applies, for the investigation of symptoms or signs of congenital heart disease (R)	$364.20
55116	Exercise stress echocardiography performed in conjunction with item 11712, with two-dimensional recordings before exercise (baseline) from at least three acoustic windows and matching recordings from the same windows at, or immediately after, peak exercise, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 3, or another item in this Subgroup, applies (with the exception of items 55118 and 55130). Recordings must be made on digital media with equipment permitting display of baseline and matching peak images on the same screen (R)	$417.15
55117	Pharmacological stress echocardiography performed in conjunction with item 11712, with two-dimensional recordings before drug infusion (baseline) from at least three acoustic windows and matching recordings from the same windows at least twice during drug infusion, including a recording at the peak drug dose not being a service associated with a servcie to which an item in Subgroups 1 (with the exception of item 55054) or 3, or another item in this Subgroup, applies (with the exception of items 55118 and 55130). Recordings must be made on digital media with equipment permitting display of baseline and matching peak images on the same screen (R)	$417.15
55118	Heart, 2 dimensional real time transoesophageal examination of, from at least 2 levels, and in more than one plane at each level, with: (a) pulsed wave Doppler examination; (b) real time colour flow mapping; and (c) recordings on video tape or digital medium; and not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 3, applies (R) (Anaes.)	$412.50

Ultrasound		Cardiac
Item No.	**Description**	**Maximum Fee**
55130	Intra-operative 2 dimensional real time transoesophageal echocardiography incorporating Doppler techniques with colour flow mapping and recording onto video tape or digital medium, performed during cardiac surgery incorporating sequential assessment of cardiac function before and after the surgical procedure (R) (Anaes.)	$600.00

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP I1: ULTRASOUND
- SUBGROUP 3 - VASCULAR

Ultrasound		Cardiac
Item No.	**Description**	**Maximum Fee**
55238	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the lower limb OR of arteries and bypass grafts in the lower limb, below the inguinal ligament, 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)	$281.20
55244	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for acute venous thrombosis, 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)	$281.20
55246	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for chronic venous disease, 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)	$281.20
55248	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the upper limb OR of arteries and bypass grafts in the upper limb, 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)	$281.20
55252	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the upper limb, 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)	$281.20
55274	Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of extra-cranial bilateral carotid and vertebral vessels, with or without subclavian and innominate vessels, with or without oculoplethysmography or peri-orbital Doppler examination, 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)	$281.20
55276	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of intra-abdominal, aorta and iliac arteries or inferior vena cava and iliac veins OR of intra-abdominal, aorta and iliac arteries and inferior vena cava and iliac veins, excluding pregnancy related studies, for an examination of not less than 45 minutes duration, 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)	$281.20
55278	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of renal or visceral vessels OR of renal and visceral vessels, including aorta, inferior vena cava and iliac vessels as required excluding pregnancy related studies, for an examination of not less than 45 minutes duration, 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)	$277.10

Ultrasound — Cardiac

Item No.	Description	Maximum Fee
55280	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of intra-cranial vessels, 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)	$281.20
55282	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of 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, nuclear medicine, urology, general surgery (sub-specialising in vascular surgery) or a consultant physician in nuclear medicine 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 or consultant physician interprets the results and prepares a 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)	$232.90
55284	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements 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, nuclear medicine, urology, general surgery (sub-specialising in vascular surgery) or a consultant physician in nuclear medicine 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 or consultant physician interprets the results and prepares a 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)	$232.90
55292	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of surgically created arteriovenous fistula or surgically created arteriovenous access graft in the upper or lower limb, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of the Group applies (R)	$281.20
55294	Duplex scanning, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or veins or arteries and veins, for mapping of bypass conduit prior to vascular surgery, not being a service associated with a service to which an itme in Subgroups 1 (with the exception of item 55054), 3 or 4 of this Group applies - including any associated skin marking (R)	$281.20
55296	Duplex scanning, inilateral, involving B mode ultrasound imaging and integrated Doppler flow spectral analysis and marking of veins in the lower limb below the inguinal ligament prior to varicose vein surgery, not being a service associated with a service to which an item in Subgoups 1 (with the exception of item 55054), 3 or 4 of this Group applies - including any associated skin marking (R)	$162.70

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP I1: ULTRASOUND
- SUBGROUP 4 - UROLOGICAL

Ultrasound		Urological
Item No.	**Description**	**Maximum Fee**
55600	Prostate, bladder base and urethra, transrectal ultrasound scan of, where performed: (a) personally by a medical practitioner, not being the medical practitioner who assessed the patient as specified in (c) using a transducer probe or probes which have a nominal frequency of 7 to 7.5 megahertz or a nominal frequency range which includes frequencies of 7 to 7.5 megahertz and able to obtain both axial and sagittal scans in 2 planes at right angles; and (b) following a digital rectal examination of the prostate by that medical practitioner; and (c) on a patient who has been assessed by a specialist in urology, radiation oncology or medical oncology or a consultant physician in medical oncology who has: (i) examined the patient in the 60 days prior to the scan; and (ii) recommended the scan for the management of the patient's current prostatic disease (R)	$149.85
55603	Prostate, bladder base and urethra, transrectal ultrasound scan of, where performed: (a) personally by a medical practitioner who undertook the assessment referred to in (c) using a transducer probe or probes which have a nominal frequency of 7 to 7.5 megahertz or a nominal frequency range which includes frequencies of 7 to 7.5 megahertz and able to obtain both axial and sagittal scans in 2 planes at right angles; and (b) following a digital rectal examination of the prostate by that medical practitioner; and (c) on a patient who has been assessed by a specialist in urology, radiation oncology or medical oncology or a consultant physician in medical oncology who has: (i) examined the patient in the 60 days prior to the scan; and (ii) recommended the scan for the management of the patient's current prostatic disease (R)	$149.85

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP I1: ULTRASOUND
- SUBGROUP 5 - OBSTETRIC & GYNAECOLOGICAL

Ultrasound	Obstetric & Gynaecological	
Item No.	**Description**	**Maximum Fee**
55700	Pelvis or abdomen, pregnancy related or pregnancy complication, ultrasound scan of, by any or all approaches, where: *(refer to MBS Book for full service description)*	$98.50
55703	Pelvis or abdomen, pregnancey related or pregnancy complication, ultrasound scan of, by any or all approaches, where: *(refer to MBS Book for full service description)*	$52.50
55704	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, where: *(refer to MBS Book for full service description)*	$105.00
55705	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all aproaches, where: *(refer to MBS Book for full service description)*	$52.50
55706	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, with measurement of all parameters for dating purposes, where: *(refer to MBS Book for full service description)*	$150.00
55709	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, with measurement of all parameters for dating purposes, where: *(refer to MBS Book for full service description)*	$62.20
55712	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, where: *(refer to MBS Book for full service description)*	$172.50
55715	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, where the providing practitioner is a Member of a Fellow of the Royal Australian & New Zealand College of Obstetricians and Gynaecologists, where: *(refer to MBS Book for full service description)*	$60.00
55718	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, where: *(refer to MBS Book for full service description)*	$150.00
55721	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of by any or all approaches, where *(refer to MBS Book for full service description)*	$172.50
55723	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, where: *(refer to MBS Book for full service description)*	$57.00

Ultrasound	Obstetric & Gynaecological	
Item No.	**Description**	**Maximum Fee**
55725	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, where the providing practitioner is a Member of a Fellow of the Royal Australian & New Zealand College of Obstetricans and Gynaecologist, where: *(refer to MBS Book for full service description)*	$60.00
55728	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, where: *(refer to MBS Book for full service description)*	$150.00
55729	Measurement of umbilical blood flow using pulsed wave or continuous wave Doppler techniques after the 26th week of gestation where the patient is referred by a medical practitioner for this procedure and where there is reason to suspect intrauterine growth retardation or a significant risk of foetal death, not being a service associated with a service to which an item in this Group applies (R)	$40.90
55731	Pelvis, female, ultrasound scan of, by any or all approaches, where: (a) the patient is referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member, and (d) the service is not performed with item 55036 or 55038 on the same patient within 24 hours (R)	$205.50
55733	Pelvis, female, ultrasound scan of, by any or all approaches, where: *(refer to MBS Book for full service description)*	$52.50
55736	Pelvis, female, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, where: (a) the patient is referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (c) the referring medical practitioner is not a member of a group of medical practitioners of which the providing practitioner is a member; and (d) a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (R)	$230.70
55739	Pelvis, female, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, where: *(refer to MBS Book for full service description)*	$85.50
55759	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, with measurement of all parameters for dating purposes, where: *(refer to MBS Book for full service description)*	$225.00
55762	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, with measurement of all parameters for dating purposes, where: *(refer to MBS Book for full service description)*	$90.00
55764	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, where: *(refer to MBS Book for full service description)*	$240.00

Ultrasound	Obstetric & Gynaecological	
Item No.	**Description**	**Maximum Fee**
55766	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, where the providing practitioner is a Member or Fellow of the Royal Australian & New Zealand College of Obstetricians & Gynaecologists, where: *(refer to MBS Book for full service description)*	$97.50
55768	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, where: *(refer to MBS Book for full service description)*	$225.00
55770	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy), by any or all approaches, where: *(refer to MBS Book for full service description)*	$90.00
55772	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, where: *(refer to MBS Book for full service description)*	$240.00
55774	Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, where the providing practitioner is a Member or Fellow of the Royal Australian & New Zealand College of Obstetricians & Gynaecologists, where: *(refer to MBS Book for full service description)*	$97.50

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP I1: ULTRASOUND
- SUBGROUP 6 - MUSCULOSKELETAL

Ultrasound		Musculoskeletal
Item No.	**Description**	**Maximum Fee**
55800	Hand or wrist, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R)	$205.50
55802	Hand or wrist, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the patient is not referred by a medical practitioner (NR)	$55.60
55804	Forearm or elbow, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the referring practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R)	$205.50
55806	Forearm or elbow, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the patient is not referred by a medical practitioner (NR)	$55.60
55808	Note: *Benefits are only payable when referred based on the clinical indicators outlined in the item descriptions. Benefits are not payable when referred for non-specific shoulder pain alone.* Shoulder or upper arm, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member, and where the service is provided, for the assessment of one or more of the following conditions or suspected conditions: - evaluation of injury to tendon, muscle or muscle/tendon junction; or - rotator cuff tear/calcification/tendinosis (biceps, subscapular, suspraspinatus, infraspinatus); or - biceps subluxation; or - capsulitis and bursitis; or - evaluation of mass including ganglion; or - occult fracture; or - acromioclavicular joint pathology. (R)	$205.50

Ultrasound		Musculoskeletal
Item No.	**Description**	**Maximum Fee**
	Note: *Benefits are only payable when referred based on the clinical indicators outlined in the item descriptions. Benefits are not payable when referred for non-specific shoulder pain alone.*	
55810	Shoulder or upper arm, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the patient is not referred by a medical practitioner and where the service is provided, for the assessment of one or more of the following conditions or suspected conditions: - evaluation of injury to tendon, muscle or muscle/tendon junction; or - rotator cuff tear/calcification/tendinosis (biceps, subscapular, suspraspinatus, infraspinatus); or - biceps subluxation; or - capsulitis and bursitis; or - evaluation of mass including ganglion; or - occult fracture; or - acromioclavicular joint pathology. (NR)	$69.20
55812	Chest or abdominal wall, 1 or more areas, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R)	$205.50
55814	Chest or abdominal wall, 1 or more areas, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the patient is not referred by a medical practitioner (NR)	$55.60
55816	Hip or groin, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R)	$205.50
55818	Hip or groin, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the patient is not referred by a medical practitioner (NR)	$55.60
55820	Paediatric hip examination for dysplasia 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R)	$149.85
55822	Paediatric hip examination for dysplasia 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the patient is not referred by a medical practitioner (NR)	$52.00
55824	Buttock or thigh, 1 or both sides, ultrasound scan of, performed by or on behalf of a medical practitioner, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the referring practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R)	$205.50

Ultrasound — Musculoskeletal

Item No.	Description	Maximum Fee
55826	Buttock or thigh, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the patient is not referred by a medical practitioner (NR)	$61.30
55828	Note: *Benefits are only payable when referred based on the clinical indicators outlined in the item descriptions. Benefits are not payable when referred for non-specific knee pain alone or other knee conditions including:* - meniscal and cruciate ligament tears, - assessment of chondral surfaces Knee, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member, and where the service is provided for the assessment of one or more of the following conditions or suspected conditions: - abnormality of tendons or bursae about the knee; or - meniscal cyst, popliteal fossa cyst, mass or pseudomass; or - nerve entrapment, nerve or nerve sheath tumour; or - injury of collateral ligaments (R)	$205.50
55830	Note: *Benefits are only payable when referred based on the clinical indicators outlined in the item descriptions. Benefits are not payable when referred for non-specific knee pain alone or other knee conditions including:* - meniscal and cruciate ligament tears, - assessment of chondral surfaces Knee, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the patient is not referred by a medical practitioner and where the service is provided for the assessment of one or more of the following conditions or suspected conditions: - abnormality of tendons or bursae about the knee; or - meniscal cyst, popliteal fossa cyst, mass or pseudomass; or - nerve entrapment, nerve or nerve sheath tumour; or - injury of collateral ligaments (NR)	$55.60
55832	Lower leg, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R)	$205.50
55834	Lower leg, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the patient is not referred by a medical practitioner (NR)	$55.60
55836	Ankle or hind foot, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R)	$205.50

Ultrasound		Musculoskeletal
Item No.	**Description**	**Maximum Fee**
55838	Ankle or hind foot, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the patient is not referred by a medical practitioner (NR)	$55.60
55840	Mid foot or fore foot, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R)	$205.50
55842	Mid foot or fore foot, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the patient is not referred by a medical practitioner (NR)	$89.20
55844	Assessment of a mass associated with the skin or subcutaneous structures, not being a part of the musculoskeletal system, 1 or both areas, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R)	$121.40
55846	Assessment of a mass associated with the skin or subcutaneous structures, not being a part of the musculoskeletal system, 1 or both areas, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies, and (b) the patient is not referred by a medical practitioner (NR)	$52.00
55848	Musculoskeletal cross-sectional echography, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which any other item in this group applies, and not performed in conjunction with item 55054 (R)	$205.50
55850	Musculoskeletal cross-sectional echography, in conjunction with a surgical procedure using interventional techniques, inclusive of a diagnostic musculoskeletal ultrasound service, where: (a) the referring practitioner has indicated on a referral for a musculoskeletal ultrasound that a ultrasound guided intervention be performed if clinically indicated; (b) the service is not performed in conjunction with items 55054, or 55800 to 55848, and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R)	$283.80
55852	Paediatric spine, spinal cord and overlying subcutaneous tissues, ultrasound scan of, where: (a) the patient is referred by a medical practitioner (b) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R)	$149.85
55854	Paediatric spine, spinal cord and overlying subcutaneous tissues, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of the Group applies; and (b) the patient is not referred by a medical practitioner (NR)	$52.00

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP I2: COMPUTERISED TOMOGRAPHY - EXAMINATION AND REPORT

Computerised Tomography		Body Scanner
Item No.	Description	Maximum Fee
	HEAD	
56001	Computed tomography - scan of brain without intravenous contrast medium, not being a service to which item 57001 applies (R) (K) (Anaes.)	$257.00
56007	Computed tomography - scan of brain with intravenous contrast medium and with any scans of the brain prior to intravenous contrast injection, when undertaken, not being a service to which item 57007 applies (R) (K) (Anaes.)	$401.70
56010	Computed tomography - scan of pituitary fossa with or without intravenous contrast medium and with or without brain scan when undertaken (R) (K) (Anaes.)	$819.40
56013	Computed tomography - scan of orbits with or without intravenous contrast medium and with or without brain scan when undertaken (R) (K) (Anaes.)	$819.40
56016	Computed tomography - scan of petrous bones in axial and coronal planes in 1mm or 2mm sections, with or without intravenous contrast medium, with or without scan of brain (R) (K) (Anaes.)	$808.55
56022	Computed tomography - scan of facial bones, para nasal sinuses or both without intravenous contrast medium (R) (K) (Anaes.)	$460.40
56028	Computed tomography - scan of facial bones, para nasal sinuses or both with intravenous contrast medium and with any scans of the facial bones, para nasal sinuses or both prior to intravenous contrast injection when undertaken (R) (K) (Anaes.)	$674.65
56030	Computed tomography - scan of facial bones, paranasal sinuses or both, with scan of brain, without intravenous contrast medium (R) (K) (Anaes.)	$688.00
56036	Computed tomography - scan of facial bones, paranasal sinuses or both, with scan of brain, with intravenous contrast medium, where: (a) a scan without intravenous contrast medium has been undertaken; and (b) the service is required because the result of the scan mentioned in paragraph (a) is abnormal (R) (K) (Anaes.)	$860.05
56041	Computed tomography - scan of brain without intravenous contrast medium, not being a service to which item 57041 applies (R) (NK) (Anaes.)	$128.20
56047	Computed tomography - scan of brain with intravenous contrast medium and with any scans of the brain prior to intravenous contrast injection, when undertaken, not being a service to which item 57047 applies (R) (NK) (Anaes.)	$200.85
56050	Computed tomography - scan of pituitary fossa with or without intravenous contrast medium and with or without brain scan when undertaken (R) (NK) (Anaes.)	$409.40
56053	Computed tomography - scan of orbits with or without intravenous contrast medium and with or without brain scan when undertaken (R) (NK) (Anaes.)	$409.40
56056	Computed tomography - scan or petrous bones in axial and coronal planes in 1mm or 2mm sections, with or without intravenous contrast medium, with or without scan of brain (R) (NK) (Anaes.)	$404.30
56062	Computed tomography - scan of facial bones, para nasal sinuses or both without intravenous contrast medium (R) (NK (Anaes.)	$230.20

Computerised Tomography — Body Scanner

Item No.	Description	Maximum Fee
56068	Computed tomography - scan of facial bones, para nasal sinuses or both with intravenous contrast medium and with any scans of the facial bones, para nasal sinuses or both prior to intravenous contrast injection, when undertaken (R)(NK) (Anaes.)	$337.30
56070	Computed tomography - scan of facial bones, paranasal sinuses or both, with scan of brain, without intravenous contrast medium (R) (NK)	$344.00
56076	Computed tomography - scan of facial bones, paranasal sinuses or both, with scan of brain with intravenous contrast medium, where: (a) a scan without intravenous contrast medium has been undertaken; and (b) the service is required because the result of the scan mentioned in paragraph (a) is abnormal (R) (NK) (Anaes.)	$430.00
	NECK	
56101	Computed tomography - scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) without intravenous contrast medium, not being a service to which item 56801 applies (R) (K) (Anaes.)	$658.70
56107	Computed tomography - scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) - with intravenous contrast medium and with any scans of soft tissues of neck including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) prior to intravenous contrast injection, when undertaken, not being a service associated with a service to which item 56807 applies (R) (K) (Anaes.)	$755.00
56141	Computed tomography - scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) without intravenous contrast medium, not being a service to which item 56841 applies (R) (NK) (Anaes.)	$329.10
56147	Computed tomography - scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) - with intravenous contrast medium and with any scans of soft tissues of neck including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) prior to intravenous contrast injection, when undertaken, not being a service associated with a service to which item 56847 applies (R) (NK) (Anaes.)	$377.50
	SPINE	
56219	Computed tomography - scan of spine, 1 or more regions with intrathecal contrast medium, including the preparation for intrathecal injection of contrast medium and any associated plain X-rays, not being a service to which item 59724 applies (R) (K) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$460.40
56220	Computed tomography - scan of spine, cervical region, without intravenous contrast medium, payable once only, whether 1 or more attendances are required to complete the service (R) (K) (Anaes,) *(see para DII of explanatory notes to this Category - MBS Book)*	$396.50
56221	Computed tomography - scan of spine, thoracic region, without intravenous contrast medium, payable once only, whether 1 or more attendances are required to complete the service (R) (K) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$396.50
56223	Computed tomography - scan of spine, lumbosacral region, without intravenous contrast medium, payable once only, whether 1 or more attendances are required to complete the service (R) (K) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$396.50

Computerised Tomography — Body Scanner

Item No.	Description	Maximum Fee
56224	Computed tomography - scan of spine, cervical region, with intravenous contrast medium and with any scans of the cervical region of the spine prior to intravenous contrast injection when undertaken; only 1 benefit payable whether 1 or more attendances are required to complete the service (R) (K) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$581.00
56225	Computed tomography - scan of spine, thoracic region, with intravenous contrast medium and with any scans of the thoracic region of the spine prior to intravenous contrast injection when undertaken, only 1 benefit payable whether 1 or more attendances are required to complete the service (R) (K) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$581.00
56226	Computed tomography - scan of spine, lumbosacral region, with intravenous contrast medium and with any scans of the lumbosacral region of the spine prior to intravenous contrast injection when undertaken, only 1 benefit payable whether 1 or more attendances are required to complete the service (R) (K) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$581.00
56227	Computed tomography - scan of spine, cervical region, without intravenous contrast medium, payable once only, whether 1 or more attendances are required to complete the service (R) (NK) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$202.50
56228	Computed tomography - scan of spine, thoracic region, without intravenous contrast medium, payable once only, whether 1 or more attendances are required to complete the service (R) (NK) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$202.50
56229	Computed tomography - scan of spine, lumbosacral region, without intravenous contrast medium, payable once only, whether 1 or more attendances are required to complete the service (R) (NK) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$202.50
56230	Computed tomography - scan of spine, cervical region, with intravenous contrast medium and with any scans to the cervical region of the spine prior to intravenous contrast injection when undertaken, only 1 benefit payable whether 1 or more attendances are required to complete the service (R) (NK) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$293.50
56231	Computed tomography - scan of spine, thoracic region, with intravenous contrast medium and with any scans of the thoracic region of the spine prior to intravenous contrast injection when undertaken, only 1 benefit payable whether 1 or more attendances are required to complete the service (R) (NK) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$293.50
56232	Computed tomography - scan of spine, lumbosacral region, with intravenous contrast medium and with any scans of the lumbosacral region of the spine prior to intravenous contrast injection when undertaken, only 1 benefit payable whether 1 or more attendances are required to complete the service (R) (NK) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$293.50
56233	*Note: An account issued or a patient assignment form must show the item numbers of the examinations performed under this item* Computed tomography - scan of spine, two examinations of the kind referred to in items 56220, 56221 and 56223 without intravenous contrast medium payable once only, whether 1 or more attendances are required to complete the service (R) (K) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$396.50

Computerised Tomography — Body Scanner

Item No.	Description	Maximum Fee
56234	*Note: An account issued or a patient assignment form must show the item numbers of the examinations performed under this item* Computed tomography - scan of spine, two examinations of the kind referred to in items 56224, 56225 and 56226 with intravenous contrast medium and with any scans of these regions of the spine prior to intravenous contrast injection when undertaken; only 1 benefit payable whether 1 or more attendances are required to complete the service (R) (K) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$581.00
56235	*Note: An account issued or a patient assignment form must show the item numbers of the examinations performed under this item* Computed tomography - scan of spine, two examinations of the kind referred to in items 56227, 56228 and 56229 without intravenous contrast medium payable once only, whether 1 or more attendances are required to complete the service (R) (NK) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$202.50
56236	*Note: An account issued or a patient assignment form must show the item numbers of the examinations performed under this item* Computed tomography - scan of spine, two examinations of the kind referred to in items 56230, 56231 and 56232 with intravenous contrast medium and with any scans of these regions of the spine prior to intravenous contrast injection when undertaken; only 1 benefit payable whether 1 or more attendances are required to complete the service (R) (NK) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$293.50
56237	Computed tomography - scan of spine, three regions cervical, thoracic and lumbosacral, without intravenous contrast medium, payable once only, whether 1 or more attendances are required to complete the service (R) (K) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$396.50
56238	Computed tomography - scan of spine, three regions cervical, thoracic and lumbosacral, with intravenous contrast medium and with any scans of these regions of the spine prior to intravenous contrast injection when undertaken; only 1 benefit, payable whether 1 or more attendances are required to complete the service (R) (K) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$581.00
56239	Computed tomography - scan of spine, three regions cervical, thoracic and lumbosacral, without intravenous contrast medium, payable once only, whether 1 or more attendances are required to complete the service (R) (NK) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$202.50
56240	Computed tomography - scan of spine, three regions cervical, thoracic and lumbosacral, with intravenous contrast medium and with any scans of these regions of the spine prior to intravenous contrast injection when undertaken; only 1 benefit, payable whether 1 or more attendances are required to complete the service (R) (NK) (Anaes.)	$293.50
56259	Computed tomography - scan of spine, 1 or more regions with intrathecal contrast medium, including the preparation for intrathecal injection of contrast medium and any associated plain X-rays, not being a service to which item 59724 applies (R) (NK) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$230.20

Computerised Tomography — Body Scanner

Item No.	Description	Maximum Fee
	CHEST AND UPPER ABDOMEN	
56301	Computed tomography - scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, without intravenous contrast medium, not being a service to which item 56801 or 57001 applies and not including a study performed to exclude coronary artery calcification (R) (K) (Anaes.)	$460.40
56307	Computed tomography - scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, with intravenous contrast medium and with any scans of the chest including lungs, mediastinum, chest wall or pleura and upper abdomen prior to intravenous contrast injection, when undertaken, not being a service to which item 56807 or 57007 applies and not including a study performed to exclude coronary artery calcification (R) (K) (Anaes.)	$631.90
56341	Computed tomography - scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, without intravenous contrast medium, not being a service to which item 56841 or 57041 applies and not including a study performed to exclude coronary artery calcification (R) (NK) (Anaes.)	$230.20
56347	Computed tomography - scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, with intravenous contrast medium and with any scans of the chest including lungs, mediastinum, chest wall or pleura and upper abdomen prior to intravenous contrast injection, when undertaken, not being a service to which item 56847 or 57047 applies and not including a study performed to exclude coronary artery calcification (R) (NK) (Anaes.)	$315.70
	UPPER ABDOMEN	
56401	Computed tomography - scan of upper abdomen only (diaphragm to iliac crest) without intravenous contrast medium, not being a service to which item 56301, 56501, 56801 or 57001 applies (R) (K) (Anaes.)	$274.80
56407	Computed tomography - scan of upper abdomen only (diaphragm to iliac crest), with intravenous contrast medium and with any scans of upper abdomen (diaphragm to iliac crest) prior to intravenous contrast injection, when undertaken, not being a service to which item 56307, 56507, 56807 or 57007 applies (R) (K) (Anaes.)	$482.00
56409	Computed tomography - scan of pelvis only (iliac crest to pubic symphysis) without intravenous contrast medium not being a service associated with a service to which item 56401 applies (R) (K) (Anaes.)	$265.55
56412	Computed tomography - scan of pelvis only (iliac crest to pubic symphysis), with intravenous contrast medium and with any scans of pelvis (iliac crest to pubic symphysis) prior to intravenous contrast injection, when undertaken, not being a service to which item 56407 applies (R) (K) (Anaes.)	$482.00
56441	Computed tomography - scan of upper abdomen only (diaphragm to iliac crest), without intravenous contrast medium, not being a service to which item 56341, 56541, 56841 or 57041 applies (R) (NK) (Anaes.)	$131.80
56447	Computed tomography - scan of upper abdomen only (diaphragm to iliac crest) with intravenous contrast medium, and with any scans of upper abdomen (diaphragm to iliac crest) prior to intravenous contrast injection, when undertaken, not being a service to which item 56347, 56547, 56847 or 57047 applies (R) (NK) (Anaes.)	$241.00
56449	Computed tomography - scan of pelvis only (iliac crest to pubic symphysis) without intravenous contrast medium, not being a service to which item 56401 applies (R) (NK) (Anaes.)	$131.80
56452	Computed tomography - scan of pelvis only (iliac crest to pubic symphysis) with intravenous contrast medium, and with any scans of pelvis (iliac crest to pubic symphysis) prior to intravenous contrast injection, when undertaken, not being a service to which item 56447 applies (R) (NK) (Anaes.)	$241.00

Computerised Tomography — Body Scanner

Item No.	Description	Maximum Fee
	UPPER ABDOMEN AND PELVIS	
56501	Computed tomography - scan of upper abdomen and pelvis without intravenous contrast medium, not being a serice to which item 56801 or 57001 applies (R) (K) (Anaes.)	$397.25
56507	Computed tomography - scan of upper abdomen and pelvis with intravenous contrast medium and with any scans of upper abdomen and pelvis prior to intravenous contrast injection, when undertaken, not being a service to which item 56807 or 57007 applies (R) (K) (Anaes.)	$631.90
56541	Computed tomography - scan of upper abdomen and pelvis without intravenous contrast medium, not being a service to which item 56841 or 57041 applies (R) (NK) (Anaes.)	$197.80
56547	Computed tomography - scan of upper abdomen and pelvis with intravenous contrast medium, and with any scans of upper abdomen and pelvis prior to intravenous contrast injection, when undertaken, not being a service to which item 56847 or 57047 applies (R) (NK) (Anaes.)	$315.70
	EXTREMITIES	
56619	Computed tomography - scan of extremities, 1 or more regions without intravenous contrast medium; payable once only whether 1 or more attendances are required to complete the service (R) (K) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$321.40
56625	Computed tomography - scan of extremities, 1 or more regions with intravenous contrast medium and with any scans of extremities prior to intravenous contrast injection, when undertaken; only 1 benefit is payable whether 1 or more attendances are required to complete the service (R) (K) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$482.00
56659	Computed tomography - scan of extremities, 1 or more regions without intravenous contrast medium, payable once only whether 1 or more attendances are required to complete (R) (NK) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$160.70
56665	Computed tomography - scan of extremities, 1 or more regions with intravenous contrast medium, and with any scans of extremities prior to intravenous contrast injection, when undertaken; only 1 benefit is payable whether 1 or more attendances are required to complete the service (R) (NK) (Anaes.) *(see para DII of explanatory notes to this Category - MBS Book)*	$241.00
	CHEST, ABDOMEN, PELVIS AND NECK	
56801	Computed tomography - scan of chest, abdomen and pelvis with or without scans of soft tissues of neck without intravenous contrast medium, not including a study performed to exclude coronary artery calcification (R) (K) (Anaes.)	$594.30
56807	Computed tomography - scan of chest, abdomen and pelvis with or without scans of soft tissues of neck with intravenous contrast medium and with any scans of chest, abdomen and pelvis with or without scans of soft tissue of neck prior to intravenous contrast injection, when undertaken, not including a study performed to exclude coronary artery calcification (R) (K) (Anaes.)	$899.70
56841	Computed tomography - scan of chest, abdomen and pelvis with or without scans of soft tissues of neck without intravenous contrast medium not including a study performed to exclude coronary artery calcification (R) (NK) (Anaes.)	$297.20
56847	Computed tomography - scan of chest, abdomen and pelvis with or without scans of soft tissues of neck with intravenous contrast medium and with any scans of chest, abdomen and pelvis with or without scans of soft tissue of neck prior to intravenous contrast injection, when undertaken, not including a study performed to exclude coronary artery calcification (R) (NK) (Anaes.)	$449.60

Computerised Tomography — Body Scanner

Item No.	Description	Maximum Fee
	BRAIN, CHEST AND UPPER ABDOMEN	
57001	Computed tomography - scan of brain and chest with or without scans of upper abdomen without intravenous contrast medium, not including a study performed to exclude coronary artery calcification (R) (K) (Anaes.)	$658.70
57007	Computed tomography - scan of brain and chest with or without scans of upper abdomen with intravenous contrast medium and with any scans of brain and chest and upper abdomen prior to intravenous contrast injection, when undertaken, not including a study performed to exclude coronary artery calcification (R) (K) (Anaes.)	$899.70
57041	Computed tomography - scan of brain and chest with or without scans of upper abdomen without intravenous contrast medium, not including a study performed to exclude coronary artery calcification (R) (NK) (Anaes.)	$329.10
57047	Computed tomography - scan of brain and chest with or without scans of upper abdomen with intravenous contrast medium and with any scans of brain and chest and upper abdomen prior to intravenous contrast injection, when undertaken, not including a study performed to exclude coronary artery calcification (R) (NK) (Anaes.)	$449.60
	PELVIMETRY	
57201	Computed tomography - pelvimetry (R) (K) (Anaes.)	$257.00
57247	Computed tomography - pelvimetry (R) (NK) (Anaes.)	$128.20
	INTERVENTIONAL TECHNIQUES	
57341	Computed tomography, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which another item in this table applies (R) (K) (Anaes.)	$472.50
57345	Computed tomography, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which another item in this table applies (R) (NK) (Anaes.)	$222.00
	SPIRAL ANGIOGRAPHY	
57350	Computed tomography - spiral angiography with intravenous contrast medium, including any scans performed before intravenous contrast injection - 1 or more spiral data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy recording of multiple projections where: (a) the service is not a service to which another item in this group applies; and (b) the service is performed for the exclusion of arterial stenosis, occulsion, aneurysm or embolism; and (c) the service has not performed on the same patient within the previous 12 months (R) (K) (Anaes.)	$857.00
57351	Computed tomography - spiral angiography with intravenous contrast medium, including any scans performed before intravenous contrast injection - 1 or more spiral data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy recording of multiple projections where: (a) the service is not a service to which another item in this group applies; and (b) the service is performed for the exclusion of: acute or recurrent pulmonary embolism; acute symptomatic arterial occlusion; post operative complication of arterial surgy; acute ruptured aneurysm; or acute dissection of the aorta, cartoid or vertebral artery; and (c) the services to which 57350 or 57355 apply have been performed on the same patient within the previous 12 months (R) (K) (Anaes.)	$857.00
57355	Computed tomography - spiral angiography with intravenous contrast medium, including any scans performed before intravenous contrast injection - 1 or more spiral data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy recording of multiple projections, where: (a) the service is not a service to which another item in this group applies; and (b) the service is performed for the exclusion of arterial stenosis, occulsion, aneurysm or embolism; and (c) the service has not performed on the same patient within the previous 12 months (R) NK) (Anaes.)	$428.50

Computerised Tomography — Body Scanner

Item No.	Description	Maximum Fee
57356	Computed tomography - spiral angiography with intravenous contrast medium, including any scans performed before intravenous contrast injection - 1 or more spiral data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy recording of multiple projections where: (a) the service is not a service to which another item in this group applies; and (b) the service is performed for the exclusion of: acute or recurrent pulmonary embolism; acute symptomatic arterial occlusion; post operative complication of arterial surgy; acute ruptured aneurysm; or acute dissection of the aorta, cartoid or vertebral artery; and (c) the services to which 57350 or 57355 apply have been performed on the same patient within the previous 12 months (R) (NK) (Anaes.)	$428.50

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES

GROUP I3: DIAGNOSTIC RADIOLOGY

- SUBGROUP 1 - RADIOGRAPHIC EXAMINATION OF EXTREMITIES AND REPORT

Diagnostic Radiology		
Item No.	**Description**	**Maximum Fee**
57506	Hand, wrist, forearm, elbow or humerus (NR)	$70.60
57509	Hand, wrist, forearm, elbow or humerus (R)	$70.60
57512	Hand, wrist and forearm, or forearm and elbow, or elbow and humerus (NR)	$93.20
57515	Hand, wrist and forearm, or forearm and elbow, or elbow and humerus (R)	$93.20
57518	Foot, ankle, leg, knee or femur (NR)	$77.25
57521	Foot, ankle, leg, knee or femur (R)	$77.25
57524	Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (NR)	$113.30
57527	Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (R)	$113.30

- SUBGROUP 2 - RADIOGRAPHIC EXAMINATION OF SHOULDER OR PELVIS AND REPORT

Diagnostic Radiology		Shoulder or Pelvis
Item No.	**Description**	**Maximum Fee**
57700	Shoulder or scapula (NR)	$93.20
57703	Shoulder or scapula (R)	$93.20
57706	Clavicle (NR)	$75.20
57709	Clavicle (R)	$75.20
57712	Hip joint (R)	$86.50
57715	Pelvic girdle (R)	$109.20
57721	Femur, internal fixation of neck or intertrochanteric (pertrochanteric) fracture (R)	$179.70

- SUBGROUP 3 - RADIOGRAPHIC EXAMINATION OF HEAD AND REPORT

Diagnostic Radiology		Head
Item No.	**Description**	**Maximum Fee**
57901	Skull, not in association with item 57902 (R)	$114.85
57902	Cephalometry, not in association with item 57901 (R)	$114.85
57903	Sinuses (R)	$86.50

Diagnostic Radiology		
Item No.	**Description**	**Maximum Fee**
57906	Mastoids (R)	$141.60
57909	Petrous temporal bones (R)	$113.30
57912	Facial bones - orbit, maxilla or malar, any or all (R)	$117.90
57915	Mandible, not by orthopantomography technique (R)	$109.20
57918	Salivary calculus (R)	$109.20
57921	Nose (R)	$86.50
57924	Eye (R)	$86.50
57927	Temporo-mandibular joints (R)	$113.30
57930	Teeth - single area (R)	$70.60
57933	Teeth - full mouth (R)	$179.70
57939	Palato-pharyngeal studies with fluoroscopic screening (R)	$109.20
57942	Palato-pharyngeal studies without fluoroscopic screening (R)	$86.50
57945	Larynx, lateral airways and soft tissues of the neck, not being a service associated with a service to which item 57939 or 57942 applies (R)	$77.25
57960	Orthopantomography, for diagnostic and/or management of trauma, infection, tumours, congenital conditions or surgical conditions of the teeth or maxillofacila region (R)	$67.00
57963	Orthopantomography, for diagnosis and/or management of impacted teeth, caries, periodontal or peripical pathology where signs or symptoms of those conditions are evident (R)	$67.00
57966	Orthopantomography, for diagnosis and/or management of missing or crowded teeth, or developmental anomalies of the teeth or jaws (R)	$67.00
57969	Orthopantomography, for diagnosis and/or management of temporomandibular joint arthroses or dysfunction (R)	$67.00

- SUBGROUP 4 - RADIOGRAPHIC EXAMINATION OF SPINE AND REPORT

Diagnostic Radiology		Spine
Item No.	**Description**	**Maximum Fee**
58100	Spine - cervical (R)	$113.30
58103	Spine - thoracic (R)	$96.30
58106	Spine - lumbo-sacral (R)	$132.90
58108	Spine, four regions, cervical, thoracic, lumbosacral and sacrococcygeal (R)	$236.90
58109	Spine - sacro-coccygeal (R)	$80.30

Diagnostic Radiology		
Item No.	**Description**	**Maximum Fee**
58112	Spine - two examinations of the kind referred to in items 58100, 58103, 58106 and 58109 (R) *Note: An account issued or a patient assignment form must show the item numbers of the examinations performed under this item*	$173.00
58115	Spine - three examinations of the kind mentioned in items 58100, 58103, 58106 and 58109 (R) *Note: An account issued or a patient assignment form must show the item numbers of the examinations performed under this item*	$236.90

- SUBGROUP 5 - BONE AGE STUDY AND SKELETAL SURVEYS AND REPORT

Diagnostic Radiology		Bone Age Study
Item No.	**Description**	**Maximum Fee**
58300	Bone age study (R)	$80.30
58306	Skeletal survey (R)	$158.60

- SUBGROUP 6 - RADIOGRAPHIC EXAMINATION OF THORACIC REGION AND REPORT

Diagnostic Radiology		Thoracic Region
Item No.	**Description**	**Maximum Fee**
58500	Chest (lung fields) by direct radiography (NR)	$86.50
58503	Chest (lung fields) by direct radiography (R)	$86.50
58506	Chest (lung fields) by direct radiography with fluoroscopic screening (R)	$109.20
58509	Thoracic inlet or trachea (R)	$86.50
58521	Left ribs, right ribs or sternum (R)	$86.50
58524	Left and right ribs, left ribs and sternum, or right ribs and sternum (R)	$109.20
58527	Left ribs, right ribs and sternum (R)	$132.90

- SUBGROUP 7 - RADIOGRAPHIC EXAMINATION OF URINARY TRACT AND REPORT

Diagnostic Radiology		Urinary Tract
Item No.	**Description**	**Maximum Fee**
58700	Plain renal only (R)	$86.50
58706	Intravenous pyelography, with or without preliminary plain films and with or without tomography (R)	$214.20
58715	Antegrade or retrograde pyelography, with or without preliminary plain films and with preparation and contrast injection - 1 side (R)	$173.60

Diagnostic Radiology

Item No.	Description	Maximum Fee
58718	Retrograde cystography or retrograde urethrography with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.)	$150.60
58721	Retrograde micturating cysto-urethrography, with preparation and contrast injection (R)	$148.50

- SUBGROUP 8 - RADIOGRAPHIC EXAMINATION OF ALIMENTARY TRACT AND BILIARY SYSTEM AND REPORT

Diagnostic Radiology — Alimentary/Biliary

Item No.	Description	Maximum Fee
58900	Plain abdominal only, not being a service associated with a service to which item 58909, 58912, 58915 or 58924 applies (NR) *(refer to the explanatory notes to this Category - MBS Book)*	$86.50
58903	Plain abdominal only, not being a service associated with a service to which item 58909, 58912, 58915 or 58924 applies (R) *(refer to the explanatory notes to this Category - MBS Book)*	$86.50
58909	Barium or other opaque meal of 1 or more pharynx, oesophagus, stomach or duodenum, with or without preliminary plain films of pharynx, chest or duodenum, not being a service associated with a service to which item 57939 or 57942 or 57945 applies (R)	$164.80
58912	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 (R)	$192.60
58915	Barium or other opaque meal, small bowel series only, with or without preliminary plain film (R)	$141.60
58916	Small bowel enema, barium or other opaque study of the small bowel, including duodenal intubation, with or without preliminary plain films, not being a service associated with a service to which item 30488 applies (R) (Anaes.)	$185.40
58921	Opaque enema, with or without air contrast study and with or without preliminary plain films (R)	$192.60
58924	Graham's test (cholecystography) with preliminary plain films and with or without tomography (R)	$130.80
58927	Cholegraphy direct, with or without preliminary plain films and with preparation and contrast injection, not being a service associated with a service to which item 30439 applies (R)	$139.05
58933	Cholegraphy, percutaneous transhepatic, with or without preliminary plain films and with preparation and contrast injection (R)	$200.50
58936	Cholegraphy, drip infusion, with or without preliminary plain films, with preparation and contrast injection and with or without tomography (R)	$235.90
58939	Defaecogram (R)	$196.95

Diagnostic Radiology		
Item No.	**Description**	**Maximum Fee**

- SUBGROUP 9 - RADIOGRAPHIC EXAMINATION FOR LOCALISATION OF FOREIGN BODIES AND REPORT

Diagnostic Radiology		Localisation of Foreign Bodies
Item No.	**Description**	**Maximum Fee**
59103	Foreign body, localisation of and report, not being a service to which another item in this Group applies (R) **Derived Fee:** The fee for the radiographic examination of the area and report plus an amount of $35.55	DF

- SUBGROUP 10 - RADIOGRAPHIC EXAMINATION OF BREASTS AND REPORT

Diagnostic Radiology		Breasts
Item No.	**Description**	**Maximum Fee**
	Note: These items are intended for use in the investigation of a clinical abnormality of the breast/s and NOT for individual, group or opportunistic screening of asymptomatic patients	
59300	Radiographic examination of both breasts if: (a) the patient is referred with a specific request for this procedure; and (b) there is reason to suspect the presence of malignancy in the breasts because of: (i) the past occurrence of breast malignancy in the patient or members of the patient's family; or (ii) symptoms or indications of malignancy found on an examination of the patient by a medical practitioner (R) *(refer to the explanatory notes to this Category - MBS Book)*	$123.00
59303	Radiographic examination of one breast if: (a) the patient is referred with a specific request for this procedure and (b) there is reason to suspect the presence of malignancy in the breasts because of (i) the past occurrence of breast malignancy in the patient or members of the patient's family or (ii) symptoms or indications of malignancy were found on an examination of the patient by a medical practitioner (R) *(refer to the explanatory notes to this Category - MBS Book)*	$74.20
59306	Mammary ductogram (galactography) - 1 breast (R)	$156.60
59309	Mammary ductogram (galactography) - 2 breasts (R)	$310.55
59312	Radiographic examination of both breasts, in conjunction with a surgical procedure on each breast, using interventional techniques (R)	$139.05
59314	Radiographic examination of 1 breast, in conjunction with a surgical procedure using interventional techniques (R)	$83.40
59318	Radiographic examination of excised breast tissue to confirm satisfactory excision of 1 or more lesions in 1 breast or both following pre-operative localisation in conjunction with a service under item 31536 (R)	$75.20

Diagnostic Radiology		
Item No.	**Description**	**Maximum Fee**

- SUBGROUP 11 - RADIOGRAPHIC EXAMINATION IN CONNECTION WITH PREGNANCY AND REPORT

Diagnostic Radiology		Pregnancy & Report
Item No.	**Description**	**Maximum Fee**
59503	Pelvimetry, not being a service associated with a service to which item 57201 applies (R)	$126.40

- SUBGROUP 12 - RADIOGRAPHIC EXAMINATION WITH OPAQUE OR CONTRAST MEDIA AND REPORT

Diagnostic Radiology		Opaque/Contrast Media
Item No.	**Description**	**Maximum Fee**
59700	Discography, each disc, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.)	$117.90
59703	Dacryocystography, 1 side, with or without preliminary plain film and with preparation and contrast injection (R)	$89.10
59712	Hysterosalpingography, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.) Anaesthetic Item number for specialist 17705	$175.80
59715	Bronchography, 1 side, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.)	$173.00
59718	Phlebography, 1 side, with or without preliminary plain films and with preparation and contrast injection (R) (Anaes.)	$179.70
59724	Myelography, 1 or more regions, with or without preliminary plain films and with preparation and contrast injection, not being a service associated with a service to which item 56219 applies (R) (Anaes.)	$256.50
59733	Sialography, 1 side, with preparation and contrast injection, not being a service associated with a service to which item 57918 applies (R)	$143.30
59736	Vasoepididymography, 1 side, for other than an investigation for reversal of previous sterilisation (R)	$87.70
59739	Sinogram or fistulogram, 1 or more regions, with or without preliminary plain films and with preparation and contrast injection (R)	$88.20
59751	Arthrography, each joint, excluding the facet (zygapophyseal) joints of the spine, single or double contrast study, with or without preliminary plain films and with preparation and contrast injection (R)	$152.20
59754	Lymphangiography, one or both sides, with preliminary plain films and follow-up radiography and with preparation and contrast injection (R)	$117.90
59760	Peritoneogram (herniography) with or without contrast medium including preparation - performed on a person over 14 years of age (R)	$185.40
59763	Air insufflation during video - fluoroscopic imaging including associated consultation (R)	$215.30

Diagnostic Radiology

Item No.	Description	Maximum Fee

- SUBGROUP 13 - ANGIOGRAPHY

Diagnostic Radiology — Angiography

Item No.	Description	Maximum Fee
59903	Angiocardiography including the service described in item 59970, 59974 or 61109, not being a service to which item 59912 or 59925 applies (R) (K) (Anaes.)	$199.30
59912	Selective coronary arteriography (R) (K), including the services described in item 59970, 59974 or 61109, not being a service to which item 59903 or 59925 applies (Anaes.)	$524.80
59925	Selective coronary arteriography and angiocardiography, including the services described in items 59903, 59912, 59970, 59974 or 61109 (R) (K) (Anaes.)	$660.00
59970	Angiography and/or digital substraction angiography with fluoroscopy and image acquisition using a mobile image intensifier, 1 or more regions including any preliminary plain films, preparation and contrast injection (R) (K) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$270.90
59971	Angiocardiography including the service described in item 59970, 59974 or 61190, not being a service to which item 59972 or 59973 applies (R) (NK) (Anaes.)	$104.30
59972	Selective coronary arteriography (R) (NK), including the service described in item 59970, 59974 or 61109, not being a service to which item 59971 or 59973 applies (Anaes.)	$277.90
59973	Selective coronary arteriography and angiocardiography, including the services described in items 59970, 59971, 59972, 59974 or 61109 (R) (NK) (Anaes.)	$330.00
59974	Angiography and/or digital subtraction angiography with fluoroscopy and image acquisition using a mobile image intensifier, 1 or more regions including any preliminary plain films, preparation and contrast injection (R) (NK) (Anaes.) *(refer to the explanatory notes to this Category - MBS Book)*	$137.30
	BY DIGITAL SUBTRACTION TECHNIQUE	
60000	Digital subtraction angiography, examination of head and neck with or without arch aortography, 1 to 3 data acquisition runs (R) (Anaes.)	$878.60
60003	Digital subtraction angiography, examination of head and neck with or without arch aortography, 4 to 6 data acquisition runs (R) (Anaes.)	$1,290.60
60006	Digital subtraction angiography, examination of head and neck with or without arch aortography, 7 to 9 data acquisition runs (R) (Anaes.)	$1,837.00
60009	Digital subtraction angiography, examination of head and neck with or without arch aortography, 10 or more data acquisition runs (R) (Anaes.)	$2,147.55
60012	Digital subtraction angiography, examination of thorax, 1 to 3 data acquisition runs (R) (Anaes.)	$878.60
60015	Digital subtraction angiography, examination of thorax, 4 to 6 data acquisition runs (R) (Anaes.)	$1,290.60
60018	Digital subtraction angiography, examination of thorax, 7 to 9 data acquisition runs (R) (Anaes.)	$1,837.00
60021	Digital subtraction angiography, examination of thorax, 10 or more data acquisition runs (R) (Anaes.)	$2,147.55

Diagnostic Radiology

Item No.	Description	Maximum Fee
60024	Digital subtraction angiography, examination of abdomen, 1 to 3 data acquisition runs (R) (Anaes.)	$878.60
60027	Digital subtraction angiography, examination of abdomen, 4 to 6 data acquisition runs (R) (Anaes.)	$1,290.60
60030	Digital subtraction angiography, examination of abdomen, 7 to 9 data acquisition runs (R) (Anaes.)	$1,837.00
60033	Digital subtraction angiography, examination of abdomen, 10 or more data acquisition runs (R) (Anaes.)	$2,147.55
60036	Digital subtraction angiography, examination of upper limb or limbs, 1 to 3 data acquisition runs (R) (Anaes.)	$878.60
60039	Digital subtraction angiography, examination of upper limb or limbs, 4 to 6 data acquisition runs (R) (Anaes.)	$1,290.60
60042	Digital subtraction angiography, examination of upper limb or limbs, 7 to 9 data acquisition runs (R) (Anaes.)	$1,837.00
60045	Digital subtraction angiography, examination of upper limb or limbs, 10 or more data acquisition runs (R) (Anaes.)	$2,147.55
60048	Digital subtraction angiography, examination of lower limb or limbs, 1 to 3 data acquisition runs (R) (Anaes.)	$878.60
60051	Digital subtraction angiography, examination of lower limb or limbs, 4 to 6 data acquisition runs (R) (Anaes.)	$1,290.60
60054	Digital subtraction angiography, examination of lower limb or limbs, 7 to 9 data acquisition runs (R) (Anaes.)	$1,837.00
60057	Digital subtraction angiography, examination of lower limb or limbs, 10 or more data acquisition runs (R) (Anaes.)	$2,147.55
60060	Digital subtraction angiography, examination of aorta and lower limb or limbs, 1 to 3 data acquisition runs (R) (Anaes.)	$878.60
60063	Digital subtraction angiography, examination of aorta and lower limb or limbs, 4 to 6 data acquisition runs (R)(Anaes.)	$1,290.60
60066	Digital subtraction angiography, examination of aorta and lower limb or limbs, 7 to 9 data acquisition runs (R)(Anaes.)	$1,837.00
60069	Digital subtraction angiography, examination of aorta and lower limb or limbs, 10 or more data acquistion runs (R) (Anaes.)	$2,147.55
60072	Selective arteriography or selective venography by digital subtraction angiography technique, 1 vessel (NR) (Anaes.)	$75.20
60075	Selective arteriography or selective venography by digital subtraction angiography technique, 2 vessels (NR)(Anaes.)	$149.90
60078	Selective arteriography or selective venography by digital subtraction angiography technique, 3 or more vessels (NR) (Anaes.)	$225.10

- SUBGROUP 14 - TOMOGRAPHY

Diagnostic Radiology — Tomography

Item No.	Description	Maximum Fee
60100	Tomography of any region (R) (Anaes.)	$109.20

Diagnostic Radiology		
Item No.	**Description**	**Maximum Fee**

- SUBGROUP 15 - FLUOROSCOPIC EXAMINATION

Diagnostic Radiology		Fluoroscopic
Item No.	**Description**	**Maximum Fee**
60500	Fluoroscopy, with general anaesthesia, not being a service associated with a radiographic examination (R)(Anaes.)	$77.25
60503	Fluoroscopy, without general anaesthesia, not being a service associated with a radiographic examination (R)	$49.40
60506	Fluoroscopy using a mobile image intensifier, in conjunction with a surgical procedure lasting less than 1 hour, not being a service associated with a service to which another item in this Table applies (R)	$117.90
60509	Fluoroscopy using a mobile image intensifier, in conjunction with a surgical procedure lasting 1 hour or more, not being a service associated with a service to which another item in this Table applies (R)	$179.70

- SUBGROUP 16 - PREPARATION FOR RADIOLOGICAL PROCEDURE

Diagnostic Radiology		Preparation
Item No.	**Description**	**Maximum Fee**
60918	Arteriography (peripheral) or phlebography - 1 vessel, when used in association with a service to which items 59903, 59912, 59925, 59970, 59971, 50072, 59973 or 59974 applies, not being a service associated with a service to which items 60000 to 60078 inclusive apply (NR) (Anaes.)	$111.20
60927	Selective arteriogram or phlebogram, when used in association with a service to which items 59903, 59912, 59925, 59970, 59971, 59972, 59731 or 59974 applies, not being a service associated with a service to which items 60000 to 60078 inclusive apply (NR) (Anaes.)	$86.50

- SUBGROUP 17 - INTERVENTIONAL TECHNIQUES

Diagnostic Radiology		Interventional Techniques
Item No.	**Description**	**Maximum Fee**
61109	Fluoroscopy in an angiography suite with image intensification, in conjunction with a surgical procedure, using interventional techniques, not being a service associated with a service to which another item in this Table applies (R)	$471.20

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP I4: NUCLEAR MEDICINE IMAGING

Diagnostic Imaging		Nuclear Medicine
Item No.	**Description**	**Maximum Fee**
	Note: Benefits for a nuclear medicine scanning service are only payable when the preliminary examination of the patient, estimation and administration of the dosage and the performance of the scan, are undertaken by a medical specialist, or on behalf of the medical specialist in the specialist's presence, and the compilation of the reports undertaken by the medical specialist. Additional benefits will only be attracted for a specialist or consultant physician attendance under Category 1 of the Schedule where there is a request for a full medical examination accompanied by a letter or note of referral.	
61302	Single stress or rest myocardial perfusion study - planar imaging (R)	$481.00
61303	Single stress or rest mycardial perfusion study - with single photon emission tomography and with planar imaging when undertaken (R)	$623.70
61306	Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion - planar imaging (R)	$766.80
61307	Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion - with single photon emission tomography and with planar imaging when undertaken (R)	$936.30
61310	Myocardial infarct-avid-study, with planar imaging and single photon emission tomography, or with planar imaging or single photon emission tomography (R)	$394.00
61313	Gated cardiac blood pool study, (equilibrium), with planar imaging and single photon emission tomography or planar imaging or single photon emission tomography (R)	$326.50
61314	Gated cardiac blood pool study, and first pass blood flow or cardiac shunt study, with planar imaging and single photon emission tomography, or planar imaging, or single photon emission tomography (R)	$455.30
61316	Gated cardiac blood pool study, with intervention, with planar imaging and single photon emission tomography, or planar imaging, or single photon emission tomography (R)	$455.30
61317	Gated cardiac blood pool study, with intervention and first pass blood flow study or cardiac shunt study, with planar imaging and single photon emission tomography or planar imaging, or single photon emission tomography (R)	$534.60
61320	Cardiac first pass blood flow study or cardiac shunt study, not being a service to which another item in this group applies (R)	$251.80
61328	Lung perfusion stud, with planar imaging and single photon emission tomography or planar imaging, or single photon emission tomography (R)	$235.90
61340	Lung ventilation study using aerosol, technegas or xenon gas, with planar imaging and single photon emission tomography or planar imaging or single photon emission tomography (R)	$396.55

Diagnostic Imaging — Nuclear Medicine

Item No.	Description	Maximum Fee
61348	Lung perfusion study and lung ventilation study using aerosol, technegas or xenon gas - with planar imaging and single photon emission tomography or planar imaging or single photon emission tomography (R)	$466.10
61352	Liver and spleen study (colloid) - planar imaging (R)	$283.80
61353	Liver and spleen study (colloid) - with single photon emission tomography & with planar imaging when undertaken (R)	$431.40
61356	Red blood cell spleen or liver study, including single photon emission tomography when undertaken (R)	$419.70
61360	Hepatobilliary study - including morphine administration or pre-treatment with cholecystokinin (CCK) when undertaken (R)	$548.60
61361	Hepatobilliary study with formal quantification following baseline imaging, using an infusion of cholecystokinin (CCK)(R)	$627.70
61364	Bowel haemorrhage study (R)	$521.00
61368	Meckel's diverticulum study (R)	$246.20
61369	Indium-labelled octreotide study - including single photon emission tomography when undertaken, where: (a) there is a suspected gastro-entero-pancreatic endocrine tumour, based on biochemical evidence, with negative or equivocal conventional imaging; or (b) a surgically amenable gastro-entero-pancreatic endocrine tumour has been identified based on conventional techniques, in order to exclude additional disease sites (R)	$2,741.90
61372	Salivary study (R)	$246.20
61373	Gastro-oesophageal reflux study - including delayed imaging on a separate occasion when undertaken (R)	$503.70
61376	Oesophageal clearance study (R)	$162.70
61381	Gastric emptying study, using single tracer (R)	$744.70
61383	Combined solid and liquid gastric emptying study using dual isotope technique or the same isotope on separate days (R)	$706.10
61384	Radionuclide colonic transit study (R)	$677.20
61386	Renal study including perfusion and renogram images and computer analysis or cortical study with planar imaging (R)	$343.00
61387	Renal cortical study, with single photon emission tomography and planar quantification (R)	$488.20
61389	Single renal study with pre-procedural administration of a diuretic or angiotensin converting enzyme (ACE) inhibitor (R)	$397.60
61390	Renal study with diuretic administration following a baseline study (R)	$423.30

Diagnostic Imaging		Nuclear Medicine
Item No.	**Description**	**Maximum Fee**
61393	Combined examination involving a renal study following angiotensin converting enzyme (ACE) inhibitor provocation and a baseline study, in either order and related to a single referral episode (R)	$665.40
61397	Cystoureterogram (R)	$272.95
61401	Testicular Study (R)	$182.30
61402	Cerebral perfusion study, with single photon emission tomography and with planar imaging when undertaken (R)	$672.60
61405	Brain study with blood brain barrier agent - with planar imaging and single photon emission tomography or planar imaging or single photon emission tomography (R)	$476.90
61409	Cerebro-spinal fluid transport study - with imaging on 2 or more separate occasions (R)	$867.80
61413	Cerebro-spinal fluid shunt patency study (R)	$251.80
61417	Dynamic blood flow study or regional blood volume quantitative study, not being a service associated with a service to which another item in this group applies (R)	$137.00
61421	Bone study - whole body, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R)	$520.70
61425	Bone study - whole body and single photon emission tomography, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R)	$655.60
61426	Whole body study using iodine (R)	$573.20
61429	Whole body study using gallium (R)	$607.90
61430	Whole body study using gallium, with single photon emission tomography (R)	$798.25
61433	Whole body study using cells labelled with Technetium (R)	$514.00
61434	Whole body study using cells labelled with Technetium, with single photon emission tomography (R)	$744.70
61437	Whole body study using thallium (R)	$612.85
61438	Whole body study using thallium, with single photon emission tomography (R)	$843.10
61441	Bone marrow study - whole body using technetium labelled bone marrow agents (R)	$508.80
61442	Whole body study, using gallium - with single photon emission tomography of 2 or more body regions acquired separately (R)	$840.00
61445	Bone marrow study - localised using technetium labelled agent (R)	$288.40

Diagnostic Imaging		Nuclear Medicine
Item No.	**Description**	**Maximum Fee**
61446	Localised bone or joint study, including when undertaken, blood flow, blood pool and repeat imaging on a separate occasion (R)	$353.30
61449	Localised bone or joint study and single photon emission tomography, including when undertaken, blood flow, blood pool and imaging on a separate occasion (R)	$584.00
61450	Localised study using gallium (R)	$435.60
61453	Localised study using gallium - with single photon emission tomography (R)	$647.90
61454	Localised study using cells labelled with Technetium (R)	$364.10
61457	Localised study using cells labelled with Technetium - with single photon emission tomography (R)	$594.30
61458	Localised study using thallium (R)	$449.10
61461	Localised study using thallium - with single photon emission tomography (R)	$679.30
61462	Repeat planar and single photon emission tomography imaging, or repeat planar or single photon emission tomography imaging on a subsequent occasion where no fee has been paid for the first investigation and there is no additional administration of radiopharmaceutical, not being a service associated with items 61373, 61409, 61421, 61425, 61446, 61449, 61484 or 61485 (R) **Derived Fee:** The fee for the nuclear medicine investigation plus an amount of $171.50	DF
61465	Venography (R)	$289.40
61469	Lymphoscintigraphy (R)	$439.30
61473	Thyroid study including uptake measurement when undertaken (R)	$238.60
61480	Parathyroid study, planar imaging and single photon emission tomography when undertaken (R)	$401.70
61484	Adrenal study, with imaging on 2 or more separate occasions (R)	$883.70
61485	Adrenal study, with imaging on 2 or more occasions and renal localisation and single photon emission tomagraphy when undertaken (R)	$1,113.90
61495	Tear duct study (R)	$246.20
61499	Particle perfusion study (intra-arterial) or Le Veen shunt study (R)	$272.95

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP 15 - MAGNETIC RESONANCE IMAGING
SUBGROUP 1 - SCAN OF HEAD - FOR THE EXCLUSION OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered in Subgroup 1 on one occasion only in a 12 month period. MAGNETIC RESONANCE IMAGING with or without intravenous contrast (including Magnetic Resonance Angiography if performed), performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of head** for the exclusion of:	
63000	Tumour of the brain or meninges (R) (Anaes.)	$513.45
63003	Skull base or orbital tumour (R) (Anaes.)	$506.60
63006	Acoustic neuroma (R) (Anaes.)	$507.70
63009	Pituitary tumour (R) (Anaes.)	$508.30
63012	Inflammation of brain or meninges (R) (Anaes.)	$541.30
63015	Toxic or metabolic or ischaemic encephalopathy (R) (Anaes.)	$498.75
63018	Demyelinating disease of the brain (R) (Anaes.)	$527.00
63021	Congenital malformation of brain or meninges (R) (Anaes.)	$513.50
63024	Venous sinus thrombosis (R) (Anaes.)	$510.10

SUBGROUP 2 - SCAN OF HEAD AND CERVICAL SPINE FOR THE EXCLUSION OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered by Subgroup 2 on one occasion only in a 12 month period MAGNETIC RESONANCE IMAGING with or without intravenous contrast (including Magnetic Resonance Angiography if performed), performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of head and cervical spine** for the exclusion of:	
63050	Tumour of the central nervous system or meninges (R) (Anaes.)	$498.75
63053	Inflammation of the central nervous system or meninges (R) (Anaes.)	$498.75
63056	Demyelinating disease of the central nervous system (R) (Anaes.)	$511.90
63059	Congenital malformation of the central nervous system or meninges (R) (Anaes.)	$498.75
63062	Syrinx (congenital or acquired) (R) (Anaes.)	$498.75

SUBGROUP 3 - SCAN OF HEAD
FOR FURTHER INVESTIGATION OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered by Subgroup 3 on one occasion only in a 12 month period MAGNETIC RESONANCE IMAGING with or without intravenous contrast (including Magnetic Resonance Angiography if performed), performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of head** for further investigation of:	
63100	Tumour of the brain or meninges (R) (Anaes.)	$522.75
63103	Skull base or ortbital tumour (R) (Anaes.)	$517.80
63106	Acoustic neuroma (R) (Anaes.)	$508.10
63109	Pituitary tumour (R) (Anaes.)	$513.55
63112	Inflammation of the brain or meninges (R) (Anaes.)	$561.30
63115	Toxic or metabolic or ischaemic encephalopathy (R) (Anaes.)	$498.75
63118	Demyelinating disease of the brain (R) (Anaes.)	$510.10
63121	Congenital malformation of the brain or meninges (R) (Anaes.)	$514.35
63124	Head trauma (R) (Anaes.)	$512.10
63127	Epilepsy (R) (Anaes.)	$508.50
63130	Stroke (R) (Anaes.)	$520.20
63133	Venous sinus thrombosis (R) (Anaes.)	$547.10

SUBGROUP 4 - SCAN OF HEAD AND CERVICAL SPINE FOR FURTHER INVESTIGATION OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered by Subgroup 4 on one occasion only in a 12 month period MAGNETIC RESONANCE IMAGING with or without intravenous contrast (including Magnetic Resonance Angiography if performed), performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of head and cervical spine** for further investigation of:	
63150	Tumour of the central nervous system or meninges (R) (Anaes.)	$505.70
63153	Inflammation of the central nervous system or meninges (R) (Anaes.)	$498.75
63156	Demyelinating disease of the central nervous system (R) (Anaes.)	$512.70
63159	Congenital malformation of the central nervous system or meninges (R) (Anaes.)	$498.75
63162	Syrinx (congenital or acquired) (R) (Anaes.)	$498.75

SUBGROUP 5 - SCAN OF HEAD FOR MONITORING OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered by Subgroup 5 on two occasions only in a 12 month period MAGNETIC RESONANCE IMAGING with or without intravenous contrast (including Magnetic Resonance Angiography if performed), performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of head** for monitoring of:	
63200	Acoustic neuroma (R) (Anaes.)	$510.40
63203	Pituitary tumour (R) (Anaes.)	$522.70
63206	Demyelinating disease of the brain (R) (Anaes.)	$520.20
63209	Congenital malformation of brain or meninges (R) (Anaes.)	$498.75
63212	Head trauma (R) (Anaes.)	$498.75
63215	Epilepsy (R) (Anaes.)	$498.75
63218	Stroke (R) (Anaes.)	$533.60
63221	Toxic or metabolic or ischaemic encephalopathy (R) (Anaes.)	$498.75

SUBGROUP 6 - SCAN OF HEAD AND CERVICAL SPINE FOR MONITORING OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered by Subgroup 6 on two occasions only in a 12 month period MAGNETIC RESONANCE IMAGING with or without intravenous contrast (including Magnetic Resonance Angiography if performed), performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of head and cervical spine** for monitoring of:	
63250	Demyelinating disease of the central nervous system (R) (Anaes.)	$498.75
63253	Congenital malformation of the central nervous system or meninges (R) (Anaes.)	$498.75
63256	Syrinx (congenital or acquired) (R) (Anaes.)	$516.00

SUBGROUP 7 - SCAN OF HEAD FOR MONITORING OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	MAGNETIC RESONANCE IMAGING with or without intravenous contrast (including Magnetic Resonance Angiography if performed), performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of head** for monitoring of:	
63270	Tumour of the brain or meninges (R) (Anaes.)	$520.25
63273	Skull base or orbital tumour (R) (Anaes.)	$499.30
63276	Inflammation of brain or meninges (R) (Anaes.)	$530.60
63279	Venous sinus thrombosis (R) (Anaes.)	$498.75

SUBGROUP 8 - SCAN OF HEAD AND CERVICAL SPINE FOR MONITORING OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	MAGNETIC RESONANCE IMAGING with or without intravenous contrast (including Magnetic Resonance Angiography if performed), performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of head and cervical spine** for monitoring of:	
63290	Tumour of the central nervous system or meninges (R) (Anaes.)	$498.75
63293	Inflammation of the central nervous system or meninges (R) (Anaes.)	$498.75

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP 15 - MAGNETIC RESONANCE IMAGING
SUBGROUP 9 - SCAN OF SPINE - ONE REGION OR TWO CONTIGUOUS REGIONS FOR THE EXCLUSION OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered in Subgroup 9 on one occasion only in a 12 month period. MAGNETIC RESONANCE IMAGING with or without intravenous contrast, performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of one region or two contiguous regions of the spine** for the exclusion of:	
63300	Infection (R) (Anaes.)	$534.80
63303	Tumour (R) (Anaes.)	$498.75
63306	Demyelinating disease (R) (Anaes.)	$498.75
63309	Congenital malformation of the spinal cord or the cauda equina or the meninges (R) (Anaes.)	$498.75
63312	Myelopathy (R) (Anaes.)	$498.75
63315	Syrinx (congenital or acquired) (R) (Anaes.)	$498.75

SUBGROUP 10 - SCAN OF SPINE - THREE CONTIGUOUS OR TWO NON CONTIGUOUS REGIONS FOR THE EXCLUSION OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered in Subgroup 10 on one occasion only in a 12 month period. MAGNETIC RESONANCE IMAGING with or without intravenous contrast, performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of three contiguous regions or two non contiguous regions of the spine** for the exclusion of:	
63350	Infection (R) (Anaes.)	$498.75
63353	Tumour (R) (Anaes.)	$501.10
63356	Demyelinating disease (R) (Anaes.)	$498.75

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
63359	Congenital malformation of the spinal cord or the cauda equina or the meninges (R) (Anaes.)	$498.75
63362	Myelopathy (R) (Anaes.)	$506.20
63365	Syrinx (congenital or acquired) (R) (Anaes.)	$498.75

SUBGROUP 11 - SCAN OF SPINE - ONE REGION OR TWO CONTIGUOUS REGIONS FOR FURTHER INVESTIGATION OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered in Subgroup 11 on one occasion only in a 12 month period. MAGNETIC RESONANCE IMAGING with or without intravenous contrast, performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of one region or two contiguous regions of the spine** for further investigation of:	
63400	Infection (R) (Anaes.)	$498.75
63403	Tumour (R) (Anaes.)	$507.50
63406	Demyelinating disease (R) (Anaes.)	$498.75
63409	Congenital malformation of the spinal cord or the cauda equina or the meninges (R) (Anaes.)	$509.20
63412	Myelopathy (R) (Anaes.)	$498.75
63415	Syrinx (congenital or acquired) (R) (Anaes.)	$498.75
63418	Cervical radiculopathy (R) (Anaes.)	$503.05
63421	Sciatica (R) (Anaes.)	$512.60
63424	Spinal canal stenosis (R) (Anaes.)	$498.75
63427	Previous spinal surgery (R) (Anaes.)	$509.10
63430	Trauma (R) (Anaes.)	$509.50

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**

SUBGROUP 12 - SCAN OF SPINE - THREE CONTIGUOUS OR TWO NON CONTIGUOUS REGIONS FOR FURTHER INVESTIGATION OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered in Subgroup 12 on one occasion only in a 12 month period. MAGNETIC RESONANCE IMAGING with or without intravenous contrast, performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of three contiguous regions or two non contiguous regions of the spine** for further investigation of:	
63450	Infection (R) (Anaes.)	$498.75
63453	Tumour (R) (Anaes.)	$514.70
63456	Demyelinating disease (R) (Anaes.)	$498.75
63459	Congenital malformation of the spinal cord or the cauda equina or the meninges (R) (Anaes.)	$498.75
63462	Myelopathy (R) (Anaes.)	$498.75
63465	Syrinx (congenital or acquired) (R) (Anaes.)	$498.75
63468	Cervical radiculopathy ®(R) (Anaes.)	$529.70
63471	Sciatica (R) (Anaes.)	$508.80
63474	Spinal canal stenosis (R) (Anaes.)	$510.00
63477	Previous spinal surgery (R) (Anaes.)	$498.75
63480	Trauma (R) (Anaes.)	$570.70

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**

SUBGROUP 13 - SCAN OF SPINE - ONE REGION OR TWO CONTIGUOUS REGIONS FOR MONITORING OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered in Subgroup 13 on one occasion only in a 12 month period. MAGNETIC RESONANCE IMAGING with or without intravenous contrast, performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of one region or two contiguous regions of the spine** for monitoring of:	
63500	Demyelinating disease (R) (Anaes.)	$498.75
63503	Congenital malformation of the spinal cord or the cauda equina or the meninges (R) (Anaes.)	$498.75
63506	Myelopathy (R) (Anaes.)	$498.75
63509	Syrinx (congenital or acquired) (R) (Anaes.)	$498.75
63512	Cervical radiculopathy (R) (Anaes.)	$518.30
63515	Sciatica (R) (Anaes.)	$510.40
63518	Spinal canal stenosis (R) (Anaes.)	$498.75
63521	Previous spinal surgery (R) (Anaes.)	$498.75
63524	Trauma (R) (Anaes.)	$498.75

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**

SUBGROUP 14 - SCAN OF SPINE - THREE CONTIGUOUS OR TWO NON CONTIGUOUS REGIONS FOR MONITORING OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered in Subgroup 14 on one occasion only in a 12 month period. MAGNETIC RESONANCE IMAGING with or without intravenous contrast, performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of three contiguous regions or two non contiguous regions of the spine** for monitoring of:	
63550	Demyelinating disease (R) (Anaes.)	$498.75
63553	Congenital malformation of the spinal cord or the cauda equina or the meninges (R) (Anaes.)	$498.75
63556	Myelopathy (R) (Anaes.)	$498.75
63559	Syrinx (congenital or acquired) (R) (Anaes.)	$498.75
63562	Cervical radiculopathy (R) (Anaes.)	$498.75
63565	Sciatica (R) (Anaes.)	$498.75
63568	Spinal canal stenosis (R) (Anaes.)	$498.75
63571	Previous spinal surgery (R) (Anaes.)	$498.75
63574	Trauma (R) (Anaes.)	$498.75

SUBGROUP 15 - SCAN OF SPINE - ONE REGION OR TWO CONTIGUOUS REGIONS FOR MONITORING OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	MAGNETIC RESONANCE IMAGING with or without intravenous contrast, performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of one region or two contiguous regions of the spine** for monitoring of:	
63580	Infection (R) (Anaes.)	$531.00
63583	Tumour (R) (Anaes.)	$511.20

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**

SUBGROUP 16 - SCAN OF SPINE - THREE CONTIGUOUS OR TWO NON CONTIGUOUS REGIONS FOR MONITORING OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	MAGNETIC RESONANCE IMAGING with or without intravenous contrast, performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of three contiguous regions or two non contiguous regions of the spine** for monitoring of:	
63590	Infection (R) (Anaes.)	$498.75
63593	Tumour (R) (Anaes.)	$499.50

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP 15 - MAGNETIC RESONANCE IMAGING
SUBGROUP 17 - SCAN OF MUSCULOSKELETAL SYSTEM FOR THE EXCLUSION OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered in Subgroup 17 on one occasion only in a 12 month period. MAGNETIC RESONANCE IMAGING with or without intravenous contrast, performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of musculoskeletal system** for the exclusion of:	
63600	Tumour arising in bone or other connective tissue (R) (Anaes.)	$700.30
63603	Infection arising in bone or other connective tissue (R) (Anaes.)	$505.95
63606	Osteonecrosis (R) (Anaes.)	$518.30
63609	Derangement of hip or its supporting structures (R) (Anaes.)	$498.75
63612	Derangement of shoulder or its supporting structures (R) (Anaes.)	$498.75
63615	Derangement of knee or its supporting structures (R) (Anaes.)	$513.90
63618	Derangement of ankle or its supporting structures (R) (Anaes.)	$506.80
63621	Derangement of temporomandibular joint or its supporting structures (R) (Anaes.)	$498.75
63624	Derangement of wrist or its supporting structures (R) (Anaes.)	$504.80
63627	Derangement of elbow or its supporting structures (R) (Anaes.)	$500.20

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP 15 - MAGNETIC RESONANCE IMAGING
SUBGROUP 18 - SCAN OF MUSCULOSKELETAL SYSTEM
FOR FURTHER INVESTIGATION OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered in Subgroup 18 on one occasion only in a 12 month period. MAGNETIC RESONANCE IMAGING with or without intravenous contrast, performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of musculoskeletal system** for further investigation of:	
63650	Tumour arising in bone or other connective tissue (R) (Anaes.)	$514.20
63653	Infection arising in bone or other connective tissue (R) (Anaes.)	$514.70
63656	Osteonecrosis (R) (Anaes.)	$498.75
63659	Derangement of hip or its supporting structures (R) (Anaes.)	$498.75
63662	Derangement of shoulder or its supporting structures (R) (Anaes.)	$501.00
63665	Derangement of knee or its supporting structures (R) (Anaes.)	$506.70
63668	Derangement of ankle or its supporting structures (R) (Anaes.)	$511.20
63671	Derangement of temporomandibular joint or its supporting structures (R) (Anaes.)	$503.60
63674	Derangement of wrist or its supporting structures (R) (Anaes.)	$509.60
63677	Derangement of elbow or its supporting structures (R) (Anaes.)	$498.75
63680	Post-inflammatory or post-traumatic physeal fusion in a person under 16 years of age (R) (Anaes.)	$498.75

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP 15 - MAGNETIC RESONANCE IMAGING
SUBGROUP 19 - SCAN OF MUSCULOSKELETAL SYSTEM FOR MONITORING OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered in Subgroup 19 on one occasion only in a 12 month period. MAGNETIC RESONANCE IMAGING with or without intravenous contrast, performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of musculoskeletal system** for monitoring of:	
63700	Derangement of hip or its supporting structures (R) (Anaes.)	$515.50
63703	Derangement of shoulder or its supporting structures (R) (Anaes.)	$498.75
63706	Derangement of knee or its supporting structures (R) (Anaes.)	$498.75
63709	Derangement of ankle or its supporting structures (R) (Anaes.)	$498.75
63712	Derangement of temporomandibular joint or its supporting structures (R) (Anaes.)	$498.75
63715	Derangement of wrist or its supporting structures (R) (Anaes.)	$498.75
63718	Derangement of elbow or its supporting structures (R) (Anaes.)	$498.75
63721	Post-inflammatory or post-traumatic physeal fusion in a person under 16 years of age (R) (Anaes.)	$498.75

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP 15 - MAGNETIC RESONANCE IMAGING
SUBGROUP 20 - SCAN OF MUSCULOSKELETAL SYSTEM
FOR MONITORING OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	MAGNETIC RESONANCE IMAGING with or without intravenous contrast, performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of musculoskeletal system** for monitoring of:	
63736	Osteonecrosis (R) (Anaes.)	$526.40
63739	Tumour arising in bone or other connective tissue (R) (Anaes.)	$503.05
63742	Infection arising in bone or other connective tissue (R) (Anaes.)	$498.75

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP 15 - MAGNETIC RESONANCE IMAGING
SUBGROUP 21 - SCAN OF MUSCULOSKELETAL SYSTEM
FOR FURTHER INVESTIGATION OR MONITORING OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered in Subgroup 21 on two occasions only in a 12 month period. MAGNETIC RESONANCE IMAGING with or without intravenous contrast, performed under the professional n supervisio of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of musculoskeletal system** for further investigation or monitoring of:	
63745	Gaucher disease (R) (Anaes.)	$498.75

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP 15 - MAGNETIC RESONANCE IMAGING
SUBGROUP 22 - SCAN OF CARDIOVASCULAR SYSTEM FOR FURTHER INVESTIGATION OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered by Subgroup 22 on one occasion only in a 12 month period. MAGNETIC RESONANCE IMAGING with or without intravenous contrast, (including Magnetic Resonance Angiography if performed) performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of cardiovascular system** for further investigation of:	
63750	Congenital disease of the heart or a great vessel (R) (Anaes.)	$498.75
63753	Tumour of the heart or a great vessel (R) (Anaes.)	$498.75
63756	Abnormality of thoracic aorta (R) (Anaes.)	$498.75

SUBGROUP 23 - SCAN OF CARDIOVASCULAR SYSTEM FOR MONITORING OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered by Subgroup 23 on two occasions only in a 12 month period. MAGNETIC RESONANCE IMAGING with or without intravenous contrast, (including Magnetic Resonance Angiography if performed) performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of cardiovascular system** for monitoring of:	
63800	Congenital disease of the heart or a great vessel ® (Anaes.)	$498.75
63803	Tumour of the heart or a great vessel (R) (Anaes.)	$498.75
63806	Abnormality of the thoracic aorta (R) (Anaes.)	$498.75

SUBGROUP 24 - MAGNETIC RESONANCE ANGIOGRAPHY - SCAN OF CARDIOVASCULAR SYSTEM FOR THE EXCLUSION OF OR FURTHER INVESTIGATION OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered by Subgroup 24 on two occasions only in a 12 month period. MAGNETIC RESONANCE ANGIOGRAPHY with or without intravenous contrast, performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of cardiovascular system** for exclusion of or further investigation of:	
63850	Stroke (R) (Anaes.)	$524.40
63853	Carotid or verteral artery dissection (R) (Anaes.)	$523.10
63856	Intracranial aneurysm (R) (Anaes.)	$526.60
63859	Intracranial arteriovenous malformation (R) (Anaes.)	$512.90
63862	Venous sinus thrombosis (R) (Anaes.)	$498.75
63865	Vascular abnormality in a patient with a previous anaphylactic reaction to an iodinated contrast medium (R) (Anaes.)	$498.75
63868	Obstruction of the superior vena cava, inferior vena cava or a major pelvic vein (R) (Anaes.)	$498.75

SUBGROUP 25 - MAGNETIC RESONANCE ANGIOGRAPHY - SCAN OF CARDIOVASCULAR SYSTEM FOR FURTHER INVESTIGATION OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered by Subgroup 25 on one occasion only in a 12 month period. MAGNETIC RESONANCE ANGIOGRAPHY with or without intravenous contrast, performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of cardiovascular system of a person under the age of 16 years** for further investigation of:	
63870	The vasculature of limbs prior to limb or digit transfer surgery in congenital limb deficiency syndrome (R) (Anaes.)	$498.75

SUBGROUP 26 - MAGNETIC RESONANCE ANGIOGRAPHY - SCAN OF CARDIOVASCULAR SYSTEM FOR FURTHER INVESTIGATION OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	MAGNETIC RESONANCE ANGIOGRAPHY with or without intravenous contrast, performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of cardiovascular system** for monitoring of:	
63880	Carotid or vertebral artery dissection (R) (Anaes.)	$498.75
63883	Venous sinus thrombosis (R) (Anaes.)	$537.60

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP 15 - MAGNETIC RESONANCE IMAGING
SUBGROUP 27 - SCAN OF BODY
FOR FURTHER INVESTIGATION OF SPECIFIED CONDITIONS
PERSON UNDER THE AGE OF 16 YEARS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered in Subgroup 27 on one occasion only in a 12 month period. MAGNETIC RESONANCE IMAGING with or without intravenous contrast, performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of body of a person under the age of 16 years** for further investigation of:	
63900	Pelvic or abdominal mass (R) (Anaes.)	$498.75
63903	Mediastinal mass (R) (Anaes.)	$498.75
63906	Congenital uterine or anorectal abnormality (R) (Anaes.)	$498.75
63909	Gaucher disease (R) (Anaes.)	$498.75

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP 15 - MAGNETIC RESONANCE IMAGING
SUBGROUP 28 - SCAN OF BODY
FOR FURTHER INVESTIGATION OF SPECIFIED CONDITIONS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered by item 63920 on one occasion only in a 12 month period. MAGNETIC RESONANCE IMAGING with or without intravenous contrast, performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of the body** for further investigation of:	
63920	Adrenal mass in a patient with a malignancy which is otherwise resectable (R) (Anaes.)	$498.75

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP 15 - MAGNETIC RESONANCE IMAGING
SUBGROUP 29 - SCAN OF BODY
FOR MONITORING OF SPECIFIED CONDITIONS
PERSON UNDER THE AGE OF 16 YEARS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	NOTE: Benefits are payable for services covered by item 63930 on one occasion only in a 12 month period. MAGNETIC RESONANCE IMAGING with or without intravenous contrast, performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of body of a person under the age of 16 years** for monitoring of:	
63930	Congenital uterine or anorectal abnormality (R) (Anaes.)	$498.75

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP 15 - MAGNETIC RESONANCE IMAGING
SUBGROUP 30 - SCAN OF BODY
FOR MONITORING OF SPECIFIED CONDITIONS
PERSON UNDER THE AGE OF 16 YEARS

Magnetic Resonance Imaging		MRI
Item No.	**Description**	**Maximum Fee**
	MAGNETIC RESONANCE IMAGING with or without intravenous contrast, performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where the request for the scan specifically identifies the clinical indication for the scan - **scan of body of a person under the age of 16 years** for monitoring of:	
63940	Mediastinal mass (R) (Anaes.)	$498.75
63943	Pelvic or abdominal mass (R) (Anaes.)	$498.75
63946	Gaucher disease (R) (Anaes.)	$498.75

CATEGORY SIX: PATHOLOGY SERVICES
GROUP P1: HAEMATOLOGY

Pathology — Haematology

Item No.	Description	Maximum Fee
65060	Haemoglobin, erythrocyte sedimentation rate, blood viscosity - 1 or more tests	$10.80
65066	Examination of: (a) a blood film by special stains to demonstrate Heinz bodies, parasites or iron; or (b) a blood film by enzyme cytochemistry for neutrophil alkaline phosphatese, alpha-naphthyl acetate esterase or chloroacetate esterase; or (c) a blood film using any other special staining methods including periodic acid Schiff and Sudan Black; or (d) a urinary sediment for haemosiderin including a service described in item 65072	$19.05
65070	Erythrocyte count, haematocrit, haemoglobin, calculation or measurement of red cell index or indices, platelet count, leucocyte count and manual or instrument generated differential count - not being a service where haemoglobin only is requested - 1 or more instrument generated set of results from a single sample; and (if performed) (a) a morphological assessment of a blood film; (b) any service in item 65060 or 65072	$22.70
65072	Examination for reticulocytes including a reticulocyte count by any method - 1 or more tests in any episode	$12.90
65075	Haemolysis or metabolic enzymes - assessment by: (a) erthrocyte autohaemolysis test; or (b) erthrocyte osmotic fragility test; or (c) sugar water test; or (d) G-6-P D (qualitative or quantitative) test; or (e) pyruvate kinase (qualitative or quantitative) test; or (f) acid haemolysis test; or (g) quantitation of muramidase in serum or urine; or (h) Donath Landsteiner antibody test; or (i) other erythrocyte metabolic enzyme tests 1 or more tests	$59.20
65078	Tests for the diagnosis of thalassaemia when indicated on the basis of an abnormal full blood examination or by the clinical need for family studies, consisting of haemoglobin electrophoresis or chromatography and at least 2 of: (a) examination for HbH; or (b) quantitation of HbA2; or (c) quantitation of HbF and including (if performed) any service described in item 65060 or 65063 or 65069	$133.50
65081	Tests for the investigation of haemoglobinopathy (including S, C, D, E), other than thalassaemia, when indicated *(refer to MBS Book for full service description)*	$142.95

Pathology — Haematology

Item No.	Description	Maximum Fee
65084	Bone marrow trephine biopsy - histopathological examination of sections of bone marrow, and examination of aspirated material (including clot sections where necessary), including (if performed): (a) special stains or immunohistochemical techniques (if any); and (b) any test described in item 65060, 65063, 65066 or 65069	$212.20
65087	Bone marrow - examination of aspirated material (including clot sections where necessary), including (if performed): (a) special stains or immunochemical techniques (if any); and (b) any test described in item 65060, 65063, 65066 or 65069	$154.50
65090	Blood grouping (including back-grouping if performed) - ABO and Rh (D antigen)	$18.50
65093	Blood grouping - Rh phenotypes, Kell system, Duffy system, M and N factors or any other blood group system - 1 or more systems, including item 65090 (if performed)	$37.10
65096	Blood grouping (including back-grouping if performed), and examination of serum for Rh and other blood group antibodies, including: (a) identification and quantitation of any antibodies detected; and (b) (if performed) any test described in item 65060, 65063 or 65069	$69.50
65099	Compatibility tests by crossmatch - all tests performed on any one day for up to 6 units, including: (a) all grouping checks of the patient and donor; and (b) examination for antibodies, and if necessary identification of any antibodies detected; and (c) any tests described in item 65060, 65063, 65069, 65090 or 65096; (if performed) (Item is subject to rule 5)	$140.60
65102	Compatibility tests by crossmatch - all tests performed on any one day in excess of 6 units, including: (a) all grouping checks of the patient and donor, and (b) examination for antibodies, and if necessary identification of any anitbodies detected; and (c) any tests described in item 65060, 65063, 65069, 65090, 65096, 65099 or 65105; (if performed) (Item subject to rule 5)	$209.60
65105	Compatibility testing using at least a 3 cell panel and issue of red cells for transfusion - all tests performed on any one day for up to 6 units, including: (a) all grouping checks of the patient and donor; and (b) examination for antibodies, and if necessary identification of any antibodies detected; and (c) any test described in item 65060, 65063, 65069, 65090 or 65096; (if performed) (Item is subject to rule 5)	$142.10
65108	Compatibility testing using at least a 3 cell panel and issue of red cells for transfusion - all tests performed on any one day in excess of 6 units, including: (a) all grouping checks of the patient and donor; and (b) examination for antibodies, and if necessary identification of any antibodies detected; and (c) any tests described in item 65060, 65063, 65069, 65090, 65096, 65099 or 65105 (if performed) (Item is subject to rule 5)	$182.30

Pathology — Haematology

Item No.	Description	Maximum Fee
65111	Examination of serum for blood group antibodies (including identification and, if necessary, quantitation of any antibodies detected)	$30.40
65114	1 or more of the following tests: (a) direct Coombs (antiglobulin) test; or (b) qualitative or quantitative test for cold agglutinins or heterophil antibodies	$18.00
65117	1 or more of the following tests: (a) spectroscopic examination of blood for chemically altered haemoglobins; (b) detection of methaemalbumin (Schumm's test)	$25.75
65120	Prothrombin time (including INR where appropriate), activated partial thromboplastin time, thrombin time (including test for the presence of heparin), test for factor XIII deficiency (qualitative), Echis test, Stypven test, reptilase time, fibrinogen, or 1 of: fibrinogen degradation products, fibrin monomer or D-dimer - 1 test	$23.20
65123	2 tests described in item 65120	$30.40
65126	3 tests described in item 65120	$38.60
65129	4 or more tests described in item 65120	$45.80
65132	Test for the presence of antithrombin III deficiency, protein C deficiency, protein S deficiency, lupus anticoagulant, activated protein C resistance - where the request for the test(s) specifically identifies that the patient has a history of venous thromboembolism - quantitation by 1 or more techniques - 1 test	$45.80
65133	2 tests described in item 65132	$72.00
65134	3 tests described in item 65132	$106.50
65135	4 tests described in item 65132	$141.00
65136	5 tests described in item 65132	$175.50
65137	Test for the presence of lupus anticoagulant not being a service associated with any service to which items 65132 65133, 65134, 65135 and 65136 apply	$37.50
65139	Quantitation of plasminogen - 1 test	$0.00
65140	Quantitation of euglobulin clot lysis time - 1 test	$0.00
65142	Confirmation or clarification of an abnormal or indeterminate result from a test described in item 65132, by testing a specimen collected on a different day - 1 or more tests	$37.50
65144	Platelet aggregation in response to ADP, collagen, 5HT, ristocetin or other similar substances; or heparin, low molecular weight heparins, heparinoid or other drugs - 1 or more tests	$92.20

Pathology — Haematology

Item No.	Description	Maximum Fee
65147	Quantitation of anti-Xa activity when monitoring is required for a patient receiving a low molecular weight heparin or heparinoid - 1 test	$47.90
65150	Quantitation of Von Willebrand factor antigen, Von Willebrand factor activity (ristocetin cofactor assay), von Willebrand factor collagen binding activity, factor II, factor V, factor VII, factor VIII, factor IX, factor X, factor XI, factor XII, factor XIII, Fletcher factor, Fitzgerald factor, circulating coagulation factor inhibitors other than by Bethesda assay - 1 test	$105.00
65153	2 tests described in item 65150	$210.00
65156	3 or more tests described in item 65150	$315.00
65159	Quantitation of circulating coagulation factor inhibitors by Bethesda assay - 1 test	$90.60
65162	Examination of a maternal blood film for the presence of fetal red blood cells (Kleihauer test)	$15.40
65165	Detection and quantitation of fetal red blood cells in the maternal circulation by detection of red cell antigens using flow cytometric methods including (if performed) any test described in item 65070 or 65162	$51.00
65168	Characterisation of the genotype of a patient for Factor V Leiden gene mutation or detection of other relevant mutations in the investigation of proven venous thrombosis or pulmonary embolism - 1 or more tests	$49.95
65171	Test for the presence of antithrombin III deficiency, protein C deficiency, protein S deficiency or activated protein C resistance in a first degree relative of a person who has a proven defect of any of the above - 1 or more tests	$37.50
65174	Characterisation of the genotype of a person who is a first degree relative of a person who has been proven to have one or more of the abnormal genotypes under item 65168 - 1 or more tests	$54.00

CATEGORY SIX: PATHOLOGY SERVICES
GROUP P2: CHEMICAL

Pathology — Chemical

Item No.	Description	Maximum Fee
66500	Quantitation in serum, plasma, urine or other body fluid, (except amniotic fluid), by any method except reagent tablet or reagent strip (with or without reflectance meter) of: acetoacetate, acid phosphatase, alanine aminotransferase, albumin, alkaline phosphatase, ammonia, amylase, aspartate aminotransferase, beta-hydroxybutyrate, bicarbonate, bilirubin (total), bilirubin (any fractions), C-reactive protein, calcium (total or corrected for albumin), chloride, creatine kinase, creatinine, gamma glutamyl transferase, globulin, glucose, lactate, lactate dehydrogenase, lipase, magnesium, phosphate, potassium, pyruvate, sodium, total protein, total cholesterol, triglycerides, urate or urea - 1 test	$19.05
66503	2 tests described in item 66500	$23.70
66506	3 tests described in item 66500	$26.80
66509	4 tests described in item 66500	$30.40
66512	5 tests described in item 66500	$34.00
66515	6 or more tests described in item 66500	$38.60
66518	Investigation of cardiac or skeletal muscle damage by measurement of creatine kinase isoenzymes (by any method), troponin or myoglobin in plasma or serum - testing on 1 specimen in a 24 hour period	$25.20
66519	Investigation of cardiac or skeletal muscle damage by measurement of creatine kinase isoenzymes (by any method), troponin or myoglobin in plasma or serum - testing on 2 or more specimens in a 24 hour period	$55.00
66536	Quantitation of HDL cholesterol	$23.70
66539	Electrophoresis of serum for demonstration of lipoprotein subclasses, if the cholesterol is >6.5 mmol/L and triglyceride >4.0 mmol/L or in the diagnosis of types III and IV hyperlipidaemia - each episode to a maximum of 2 episodes in a 12 month period	$57.20
66542	Oral glucose tolerence test for the diagnosis of diabetes mellitus that includes the following: (a) administration of glucose; (b) at least 2 measurements of blood glucose; (c) if performed, any test described in item 66695	$21.10
66545	Oral glucose challenge test in pregnancy for the detection of gestational diabetes that includes: (a) administration of glucose; (b) 1 or 2 measurements of blood glucose; and (c) any test in item 66695 (if performed)	$23.40
66548	Oral glucose tolerance test in pregnancy for the diagnosis of gestational diabetes that includes: (a) administration of glucose; (b) at least 3 measurements of blood glucose; and (c) any test in item 66695 (if performed)	$29.55
66551	Quantitation of glycosylated haemoglobin performed in the management of established diabetes - each test to a maximum of 4 tests in a 12 month period	$24.90

Pathology		Chemical
Item No.	**Description**	**Maximum Fee**
66554	Quantitation of glycosylated haemoglobin performed in the management of pre-existing diabetes where the patient is pregnant - each test to a maximum of 6 tests in a 12 month period which includes the whole pregnancy, including a service in item 66551 (if performed)	$24.90
66557	Quantitation of fructosmaine performed in the management of established diabetes - each test to a maximum of 4 tests in a 12 month period	$14.30
66560	Microalbumin - quantitation in urine	$29.85
66563	Osmolality, estimation by osmometer, in serum or in urine - 1 or more tests	$45.80
66566	Quantitation of: (a) blood gases (including pO_2, oxygen saturation and pCO_2); and (b) bicarbonate and pH; including any other measurement (eg., haemoglobin, potassium or ionised calcium) or calculation performed on the same specimen - 1 or more tests on 1 specimen	$61.80
66569	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 2 specimens performed within any 1 day	$54.10
66572	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 3 specimens performed within any 1 day	$64.90
66575	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 4 specimens performed within any 1 day	$76.70
66578	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 5 specimens performed within any 1 day	$87.55
66581	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 6 or more specimens performed within any 1 day	$98.40
66584	Quantitation of ionised calcium (except if performed a spart of item 66566) - 1 test	$14.30
66587	Urine acidification test for the diagnosis of renal tubular acidosis including the administration of an acid load, and pH measurements on 4 or more urine specimens and at least 1 blood specimen	$70.35
66590	Calculus, analysis of 1 or more	$45.30
66593	Ferritin - quantitation, except if requested as part of iron studies	$26.70
66596	Iron studies consisting of quantitation of: (a) serum iron; (b) transferrin or iron binding capacity; and (c) ferritin	$48.15
66599	Serum B12 or red cell folate and, if required, serum folate (Item is subject to rule 21)	$35.00
66602	Serum B12 and red cell folate and, if required, serum folate (Item is subject to rule 21)	$63.70

Pathology		Chemical
Item No.	**Description**	**Maximum Fee**
66605	Vitamins - quantitation of vitamins A, B1, B2, B3, B6, C, and E in blood, urine or other body fluid - 1 or more tests within a 6 month period	$45.30
66608	Vitamin D or D fractions - 1 or more tests	$62.55
66623	All qualitative and quantitative tests on blood, urine or other body fluid for: (a) a drug or drugs of abuse (including illegal drugs and legally available drugs taken other than in appropriate dosage); or (b) ingested or absorbed toxic chemicals; including a service described in items 66800, 66803, 66806, 66812 or 66615 (if performed), but excluding: (c) the surveillance of sports people and athletes for performance improving substances; and (d) the monitoring of patients participating in a drug abuse treatment program	$76.70
66626	Detection or quantitation or both (not including the detection of nicotine and metabolites in smoking withdrawal programs) of a drug, or drugs, of abuse or a therapeutic drug, on a sample collected from a patient: participating in a drug abuse treatment program; but excluding the surveillance of sports people and athletes for performance improving substances; including all tests on blood, urine or other body fluid - each episode, to a maximum of 36 episodes in a 12 month period	$38.60
66629	Beta-2-microglobulin - quantitation in serum, urine or other body fluids - 1 or more tests	$29.85
66632	Caeruloplasmin, haptoglobins, or prealbumin - quantitation in serum, urine or other body fluids - 1 or more tests	$29.85
66635	Alpha-1-antitrypsin - quantitation in serum, urine or other body fluid - 1 or more tests	$29.85
66638	Isoelectric focussing or similar methods for determination of alpha-1-antitrypsin phenotype in serum - 1 or more tests	$43.20
66641	Electrophoresis of serum or other body fluid to demonstrate (a) the isoenzymes of lactate dehydrogenase; or (b) the isoenzymes of alkaline phosphatase - including the preliminary quantitation of total relevant enzyme activity 1 or more tests	$43.20
66644	C-1 esterase inhibitor, quantitation	$37.60
66647	C-1 esterase inhibitor, functional assay	$82.90
66650	Alpha-fetoprotein, CA-15.3 antigen (CA15.3), CA-125 antigen (CA125), CA-19.9 antigen (CA19.9), cancer associated serum antigen (CASA), carcinoembryonic antigen (CEA), human chorionic gonadotrophin (HCG), mammary serum antigen (MSA), thyroglobulin in serum or other body fluid, in the monitoring of malignancy or in the detection or monitoring of hepatic tumours, gestational trophoblastic disease or germ cell tumour - quantitation - 1 test	$36.00
66653	2 or more tests described in item 66650	$66.00
66655	Prostate specific antigen - quantitation in the assessment of clinically suspected prostatic disease - 1 patient episode in a 12 month period	$29.85
66656	Prostate specific antigen - quantitation in the monitoring of previously diagnosed prostatic disease (including a test described in item 66655)	$29.85

Pathology		Chemical
Item No.	Description	Maximum Fee
66659	Prostrate specific antigen - quantitation of 2 or more fractions of PSA and any derived index including (if performed) a test described in item 66656, in the followup of a PSA result which lies in the equivocal range of the particular method of assay used to determine the level - 1 patient episode in a 12 month period	$55.00
66662	Quantitation of hormone receptors on proven primary breast or ovarian carcinoma or a metastasis from a breast or ovarian carcinoma or a subsequent lesion in the breast - 1 or more tests	$118.35
66665	Lead quantitation in blood or urine (other than for occupational health screening purposes) to a maximum of 3 tests in a 6 month period - each test	$57.20
66667	Quantitation of serum zinc in a patient receiving intravenous alimentation - each test	$45.30
66669	Quantitation of copper, manganese, selenium, or zinc (except if item 66667 applies), in blood, urine or other body fluid or tissue - 1 test to a maximum of 3 episodes in a 6 month period (Item is subject to rule 22)	$45.30
66670	Quantitation of copper, manganese, selenium, or zinc (except if item 66667 applies), in blood, urine or other body fluid or tissue - 2 or more tests to a maximum of 3 episodes in a 6 month period (Item is subject to rule 22)	$77.60
66671	Quantitation of serum aluminium in a patient in a renal dialysis program - each test	$64.90
66672	Quantitation of aluminium (except if item 66671 applies), arsenic, beryllium, cadmium, chromium, gold, mercury, nickel or strontium, in blood, urine or other body fluid or tissue - 1 test to a maximum of 3 episodes in a 6 month period (Item is subject to rule 22)	$41.70
66673	Quantitation of aluminium (except if item 66671 applies), arsenic, beryllium, cadmium, chromium, gold, mercury, nickel or strontium, in blood, urine or other body fliud or tissue - 2 or more tests to a maximum of 3 episodes in a 6 month period (Item is subject to rule 22)	$71.60
66674	Quantitation of: (a) faecal fat; or (b) breath hydrogen in response to loading with disaccharides; 1 or more tests within a 28 - day period	$59.20
66677	Test for tryptic activity in faeces in the investigation of diarrhoea of longer than 4 weeks duration in children under 6 years old	$16.50
66680	Quantitation of disaccharidases and other enzymes in intestinal tissue - 1 or more tests	$110.20
66683	Enzymes - quantitation in solid tissue or tissues other than blood elements or intestinal tissue - 1 or more tests	$110.20
66686	Performance of 1 or more of the following procedures: (a) growth hormone suppression by glucose loading; (b) growth hormone stimulation by exercise; (c) dexamethasone suppression test; (d) sweat collection by iontophoresis for chloride analysis; (e) pharmacological stimulation of growth hormone	$75.00

Pathology		Chemical
Item No.	**Description**	**Maximum Fee**
66689	Personal performance by a recognised pathologist of 1 of the following: (a) gonadotrophin releasing hormone stimulation test; (b) synacthen stimulation test; (c) glucagon stimulation test with C-peptide measurement; (d) pentagastrin or calcium stimulation of thyrocalcitonin release; (e) secretin or calcium stimulation of gastrin release; (f) insulin hypoglycaemia; (g) arginine infusion; (h) thyrotrophin releasing hormone (TRH) test	$120.00
66692	Personal performance by a recognised pathologist of 2 or more tests described in item 66689	$210.00
66695	Quantitation of hormones and hormone binding proteins - ACTH, aldosterone, androstenedione, C-peptide, calcitonin, cortisol, cyclic AMP, DHEAS, 11-deoxycortisol, dihydrotestosterone, FSH, gastrin, glucagon, growth hormone, hydroxyprogesterone, insulin, LH, oestradiol, oestrone, progesterone, prolactin, PTH, renin, sex hormone binding globulin, somatomedin C(1GF-1), free or total testosterone, urine steroid fraction or fractions, vasoactive intestinal peptide, vasopressin (antidiuretic hormone) - 1 test	$57.70
66698	2 tests described in item 66695 *(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 2 tests specified on the request form or performs 2 tests and refers the rest to the laboratory of a separate APA)* (Item is subject to rule 6)	$78.80
66701	3 tests described in item 66695 *(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 3 tests specified on the request form or performs 3 tests and refers the rest to the laboratory of a separate APA)* (Item is subject to rule 6)	$98.90
66704	4 tests described in item 66695 *(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 4 tests specified on the request form or performs 4 tests and refers the rest to the laboratory of a separate APA)* (Item is subject to rule 6)	$127.20
66707	5 tests described in item 66695 *(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 5 tests specified on the request form or performs 5 tests and refers the rest to the laboratory of a separate APA)* (Item is subject to rule 6)	$140.10
66710	6 or more tests described in item 66695 (Item is subject of rule 6) (Item is subject to rule 6)	$159.65
66713	Tests described in item 66695, if rendered under a request referred to in subparagraph (2)(a)(iii) of rule 6 - each test to a maximum of 5 tests (Item is subject to rule 6) (Item is subject to rule 6)	$20.60
66716	TSH-quantitation	$56.65

Pathology | Chemical

Item No.	Description	Maximum Fee
66719	Thyroid function tests (comprising the service described in item 66716 and 1 or more of the following tests - estimation of free thyroxine index, free thyroxine, free T3, total T3, thyroxine binding globulin) in respect of a patient, if at least one of the following conditions is satisfied: (a) the patient has an abnormal level of TSH; (b) the tests are performed: (i) for the purpose of monitoring thyroid disease in the patient; or (ii) to investigate the sick euthyroid syndrome if the patient is an admitted patient; or (iii) to investigate dementia or psychiatric illness of the patient; or (iv) to investigate amenorrhoea or infertility of the patient; (c) the medical practitioner who requested the tests suspects the patient has a pituitary dysfunction; (d) the patient is on drugs that interfere with thyroid hormone metabolism or function (Item is suject to rule 9)	$76.70
66722	TSH quantitation described in item 66716 and 1 test described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 2 tests specified on the request form or performs 2 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	$57.20
66725	TSH quantitation described in item 66716 and 2 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 3 tests specified on the request form or performs 3 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	$73.10
66728	TSH quantitation described in item 66716 and 3 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 4 tests specified on the request form or performs 4 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	$90.60
66731	TSH quantitation described in item 66716 and 4 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 5 tests specified on the request form or performs 5 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	$106.60
66734	TSH quantitation described in item 66716 and 5 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs 6 or more tests specified on the request form)(Item is subject to rule 6)	$122.60
66737	Tests described in items 66716 and item 66695, if rendered under a request mentioned in subparagraph (2)(a)(iii) of rule 6 - each test to a maximum of 5 tests (Item is subject to rule 6)	$44.80
66743	Quantitation of alpha-fetoprotein in serum or other body fluids during pregnancy except if requested as part of items 66750 or 66751	$29.85
66749	Amniotic fluid, spectrophotometric examination of, and quantitation of: (a) lecithin/sphingomyelin ratio; or (b) palmitic acid, phosphatidylglycerol or lamellar body phospholipid; or (c) bilirubin, including correction for haemoglobin - 1 or more tests	$48.75

Pathology — Chemical

Item No.	Description	Maximum Fee
66750	Quantitation, in pregnancy, of any two of the following - total human chorionic gonadotrophin (total HCG), free alpha human chorionic gonadotrophin (free alpha HCG), free beta human chorionic gonadotrophin (free beta HCG), pregnancy associated plasma protein A (PAPP-A), unconjugated oestriol (uE_3), alpha-fetoprotein (AFP) - to detect foetal abnormality, including a service described in 1 or more of items 73527 and 73529 (if performed) - 1 patient episode in a pregnancy	$58.90
66751	Quantitation, in pregnancy, of any three or more test described in 66750	$81.75
66752	Quantitation of citrate, oxalate, or amino acids including cysteine, homocysteine, cystine and hydroxyproline (except if performed as part of item 66773 or 66776) - 1 test	$36.50
66755	2 or more tests described in item 66752	$57.45
66758	Quantitation of angiotensin converting enzyme, or cholinesterase - 1 or more tests	$36.50
66761	Tests for reducing substances in faeces by any method (except reagent strip or dipstick)	$19.50
66764	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. *(refer to explanatory notes to this Category - MBS Book)*	$13.20
66767	2 examinations by both methods described in item 66764 performed on separately collected and identified specimens	$26.40
66770	3 examinations by both methods described in item 66764 performed on separately collected and identified specimens	$39.60
66773	Quantitation of products of collagen breakdown for the montioring of patients with proven low bone mineral density, and if performed, a service described in item 66752 - 1 or more tests *(Low bone densitometry is defined in explanatory notes to Category 2 - Diagnostic Procedures and Investigations of the MBS Book)*	$44.80
66776	Quantitation of products of collagen breakdown for the monitoring of patients with metabolic bone disease, or Paget's disease of bone, and if performed, a service described in item 66752 - 1 or more tests	$44.80
66779	Adrenaline, noradrenaline, dopamine, histamine, hydroxyindoleacetic acid (5HIAA), hydroxymethoxymandelic acid (HMMA), homovanillic acid (HVA), metanephrines, methoxyhydroxyphenylethylene glycol (MHPG), phenylacetic acid (PAA) or serotonin - quantitation - 1 or more tests	$59.20
66782	Porphyrins or porphyrins precursors - detection in plasma, red cells, urine or faeces - 1 or more tests	$19.50
66785	Porphyrins or porphyrins precursors - quantitation in plasma, red cells, urine or faeces - 1 test	$59.20
66788	Porphyrins or porphyrins precursors - quantitation in plasma, red cells, urine or faeces - 2 or more tests	$97.50
66791	Porphyrin biosynthetic enzymes - measurement of activity in blood cells or other tissues - 1 or more tests	$110.20

Pathology		Chemical
Item No.	**Description**	**Maximum Fee**
66794	Detection of the C282Y genetic mutation of the HFE gene and, if performed, detection of other mutations for haemochromatosis where: (a) the patient has an elevated transferrin saturation or elevated serum ferritin on testing of repeated specimens; or (b) the patient has a first degree relative with haemochromatosis; or (c) the patient has a first degree relative with homozygosity for the C282Y genetic mutation, or with compound heterozygosity for recognised genetic mutations for haemochromatosis (Item subject to rule 20)	$54.00
66800	Quantitation in blood, urine or other body fluid by any method (except reagent tablet or reagent strip) of any of the following being used therapeutically by the patient from whom the specimen was taken: amikacin, carbamazepine, digoxin, disopyramide, ethanol, ethosuximide, gentamicin, lithium, lignocaine, netilmicin, paracetamol, phenabarbitone, primidone, phenytoin, procainamide, quinidine, salicylate, theophyline, tobramicin, valproate or vancomycin - 1 test (Item to be subject to rule 6) *(refer to the explanatory notes to this Category - MBS Book)*	$26.85
66803	2 tests described in item 66800 (Item is subject to rule 6)	$45.15
66806	3 tests described in item 66800 (Item is subject to rule 6)	$63.45
66809	Tests described in item 66800, if rendered under a request referred to in subparagraph (2) (a) (iii) of rule 6 - each test to a maximum of 2 tests (Item is subject to rule 6)	$18.30
66812	Quantitation, not elsewhere described in this table by any method or methods, in blood, urine or other body fluid, of a drug being used therapeutically by the patient from whom the specimen was taken - 1 test (This fee applies where 1 laboratory performs the only test specified on the request form or performs 1 test and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	$51.60
66815	2 tests described in item 66812 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the sam APA, performs the only 2 tests specified on the request form or performs 2 tests and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	$88.20
66818	Tests described in item 66812, if rendered under a request referred to in subparagraph (2) (a) (iii) of rule 6 - each test to a maximum of 1 test (Item is subject to rule 6)	$36.60

CATEGORY SIX: PATHOLOGY SERVICES
GROUP P3: MICROBIOLOGY

Pathology		Microbiology
Item No.	**Description**	**Maximum Fee**
69300	Microscopy of wet film material other than blood, from 1 or more sites, obtained directly from a patient (not cultures) including: (a) differential cell count (if performed); or (b) examination for dermatophytes; or (c) dark ground illumination; or (d) stained preparation or preparations using any relevant stain or stains; 1 or more tests	$13.90
69303	Culture and (if performed) microscopy to detect pathogenic micro-organisms (including fungi but excluding viruses) from nasal swabs, throat swabs, eye swabs and ear swabs, (excluding swabs taken for epidemiological surveillance), including (if performed): (a) pathogen identification and antibiotic susceptibility testing; or (b) the detection of antigens not elsewhere described in this Table; or (c) a service described in item 69300; specimens from 1 or more sites	$36.60
69306	Microscopy and culture to detect pathogenic micro-organisms (including fungi but excluding viruses) from skin or other superficial sites, including (if performed): (a) the detection of antigens not elsewhere specified in this Table; or (b) pathogen identification and antibiotic susceptibility testing; or (c) a service described in items 69300, 69303, 69312, 69318 and 73810; 1 or more tests on 1 or more specimens	$41.70
69309	Microscopy and culture to detect dermatophytes and other fungi causing cutaneous disease from skin scrapings, skin biopsies, hair and nails (excluding swab specimens) and including (if performed): (a) the detection of antigens not elsewhere specified in this Table; or (b) a service described in items 69300, 69303, 69306, 69312, 69318 and 73810; 1 or more tests on 1 or more specimens	$60.60
69312	Microscopy and culture to detect pathogenic micro-organisms (including fungi but excluding viruses) from urethra, vagina, cervis, or rectum (except for faecal pathogens), including (if performed): (a) the detection of antigens not elsewhere specified in this Table; or (b) pathogen identification and antibiotic susceptibility testing; or (c) a service described in items 69300, 69303, 69306 and 69318 1 or more tests on 1 or more specimens	$41.70
69315	Microscopy and culture to detect pathogenic micro-organisms, and the detection of chlamydia from urethra, vagina, cervix or rectum and including (if performed): (a) the detection of microbial antigens; or (b) pathogen identification and antibiotic susceptibility testing; or (c) a service described in item 69300, 69303, 69306, 69312, 69318, 69363, 69369, 69370, 69372, 69375 or 73810; 1 or more tests on 1 or more specimens	$96.00
69318	Microscopy and culture to detect pathogenic micro-organisms (including fungi but excluding viruses) from specimens of sputum (except when part of items 69324, 69327, 69330), including (if performed); (a) the detection of antigens (from any type of specimen) not elsewhere specified in this Table; including item 69372 or (b) pathogen identification and antibiotic susceptibility testing; or (c) a service described in items 69300, 69303, 69306 and 69312 1 or more tests on 1 or more specimens	$41.70

Pathology		Microbiology
Item No.	**Description**	**Maximum Fee**
69321	Microscopy and culture of postoperative wounds, aspirates of body cavities, synovial fluid, CSF or operative or biopsy specimens, for the presence of pathogenic micro-organisms, (including fungi but excluding viruses) involving aerobic and anaerobic culture and the use of different culture media, and including (if performed): (a) pathogen identification and antibiotic susceptibility testing; (b) the detection of antigens not elsewhere specified in this Table; or (c) a service described in item 69300, 69303 or 69306, 69312 or 69318; specimens from 1 or more sites	$71.60
69324	Microscopy (with appropriate stains) and culture for mycobacteria - 1 specimen of sputum, urine, other body fluid or 1 operative or biopsy specimen, including (if performed): (a) microscopy and culture of other bacterial pathogens isolated as a result of this procedure; or (b) pathogen identification and antibiotic susceptibility testing; including a service mentioned in item 69300	$54.10
69327	Microscopy (with appropriate stains) and culture for mycobacteria - 2 specimens of sputum, urine, or other body fluid or 2 operative or biopsy specimens, including (if performed): (a) microscopy and culture of other bacterial pathogens isolated as a result of this procedure; or (b) pathogen identification and antibiotic susceptibility testing; including a service mentioned in item 69300	$106.10
69330	Microscopy (with appropriate stains) and culture for mycobacteria - 3 specimens of sputum, urine, or other body fluid or 3 operative or biopsy specimens, including (if performed): (a) microscopy and culture of other bacterial pathogens isolated as a result of this procedure; or (b) pathogen identification and antibiotic susceptibility testing; including a service mentioned in item 69300	$160.70
69333	Urine examination (including serial examination) by any means other than simple culture by dip slide, including: (a) cell count; and (b) culture; and (c) colony count; and (d) if performed, stained preparations; and (e) if performed, identification of cultured pathogens; and (f) if preformed, antibiotic susceptibility testing; and (g) if performed, any examination for pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone or bile salts	$30.15
69336	Microscopy of faeces for ova, cysts and parasites using concentration techniques and including use of fixed stains or antigen detection for cryptosporidia and giardia - including (if performed) a service mentioned in item 69300 - 1 examination in any 7 day period	$25.60
69339	Microscopy of faeces for ova, cysts and parasites using concentration techniques examined subsequent to item 69336 on a separately collected and identified specimen collected within 7 days of the examination described in 69336 - 1 examination in any 7 day period	$51.10
69345	Culture and (if performed) microscopy without concentration techniques of faeces for faecal pathogens, using at least 2 selective or enrichment media and culture in at least 2 different atmospheres including (if performed): (a) pathogen identification and antibiotic susceptibility testing; and (b) the detection of clostridial toxins; and (c) a service described in item 69300; 1 examination in any 7 day period	$73.30
69354	Blood culture for pathogenic micro-organisms (other than viruses), including sub-cultures and (if performed): (a) identification of any cultured pathogen; and (b) necessary antibiotic susceptibility testing; to a maximum of 3 sets of cultures - 1 set of cultures	$32.80
69357	2 sets of cultures described in item 69354	$65.60

Pathology		Microbiology
Item No.	**Description**	**Maximum Fee**
69360	3 sets of cultures described in item 69354	$98.40
69363	Detection of clostridium difficile or clostridium difficile toxin (except if a service described in item 69345, 69369, 69370 or 69372 has been performed) - 1 or more tests	$31.90
69369	Detection of chlamydia by any method in specimens from 1 or more sites	$41.70
69370	Detection of chlamydia by any method and neisseria gonorrhoeae by nucleic acid amplification techniques in specimens from 1 or more sites	$49.20
69372	Detection of microbial antigens or nuclic acids (except if the service described in item 69369 or 69370 has been performed) 1 or more tests	$37.50
69375	Examination for Herpes simplex virus, varicella zoster virus or cytomegalovirus by culture or by nucleic acid amplification technique, including a service described in item 69369, 69370 or 69372 (if performed) - 1 or more tests	$42.30
69378	Quantitation of HIV viral RNA load in plasma or serum in the monitoring of a HIV sero-positive patient, not on antiretroviral therapy - 1 or more assays on 1 or more specimens in any 1 episode (Item is subject to rule 20)	$239.00
69381	Quantitation of HIV viral RNA load in plasma or serum in the monitoring of antiretroviral therapy in a HIV sero-positive patient - 1 or more assays on 1 or more specimens in any 1 episode (Item is subject to rule 20)	$239.00
69382	Quantitation of HIV viral RNA load in cerebrospinal fluid in a HIV sero-positive patient - 1 or more assays on 1 or more specimens in any 1 espisode	$239.00
69384	Quantitation of 1 antibody to microbial or exogenous antigens not elsewhere described in the Schedule - 1 test *(This fee applies where a laboratory performs the only antibody test specified on the request form or performs 1 test and refers the rest to the laboratory of a separate APA)* (Item is subject to rule 6)	$26.30
69387	2 tests described in item 69384 *(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 2 estimations specified on the request form or performs 2 of the anitbody estimations and refers the remainder to the laboratory of a separate APA)* (Item is subject to rule 6)	$40.20
69390	3 tests described in item 69384 *(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 3 estimations specified on the request form or performs 3 of the anitbody estimations and refers the remainder to the laboratory of a separate APA)* (Item is subject to rule 6)	$53.60

Pathology — Microbiology

Item No.	Description	Maximum Fee
69393	4 tests described in item 69384 *(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 4 estimations specified on the request form or performs 4 of the anitbody estimations and refers the remainder to the laboratory of a separate APA)* (Item is subject to rule 6)	$67.50
69396	5 tests described in item 69384 *(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 5 estimations specified on the request form or performs 5 of the anitbody estimations and refers the remainder to the laboratory of a separate APA)* (Item is subject to rule 6)	$81.40
69399	6 or more tests described in item 69384	$94.25
69402	Tests described in item 69384, if rendered under a request referred to in subparagraph (2)(a)(iii) of rule 6 - each test to a maximum of 5 tests (Item is subject to rule 6)	$18.00
69405	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a) the determination of 1 of the following: rubella immune status, specific syphilis serology, carriage of Hepatitis B Hepatitis C antibody and (b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481	$22.95
69408	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a) the determination of 2 of the following: rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody and (b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481	$40.70
69411	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parovirus infection or varicella during that pregnancy) including: (a) the determination of all 3 of the following: rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody and (b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481	$57.20
69413	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parovirus infection or varicella during that pregnancy) including: (a) the determination of all 4 of the following - rubella immune status, specific syphilis serology and carriage of Hepatitis B, Hepatitis C antibody; and (b) (if performed) a service described in 1 or more of items 69384, 69475, 69478, and 69481	$73.70
69442	Quantitation of HCV RNA load in plasma or serum in the pretreatment evaluation for antiviral therapy of a patient with chronic HCV hepatitis - where any request for the test is made by or on the advice of the specialist or consultant physician who manages the treatment of the patient with chronic HCV hepatitis (including a service in item 69444 or 69445) - not exceeding 1 episode in a 12 month period (Item is subject to rule 20)	$241.50

Pathology | Microbiology

Item No.	Description	Maximum Fee
69443	Nucleic acid amplification and determination of hepatitis C virus (HCV) genotype if: (a) the patient is HCV RNA positive and is being evaluated for antiviral therapy of chronic HCV hepatitis; and (b) the request for the test is is made by, or on the advice of, the specialist or consultant physician managing the treatment of the patient - no more than 1 episode in a 12 month period	$276.00
69444	Detection of Hepatitis C viral RNA if at least 1 of the following criteria is satisfied: (a) the patient is Hepatitis C sero-positive and has normal liver function tests on 2 occasions 6 months apart; (b) the patient's serological status is uncertain after testing; (c) the test is performed for the purpose of: (i) determining the Hepatitis C status of an immunosuppressed or immunocompromised patient; or (ii) the detection of acute Hepatitis C prior to seroconversion where considered necessary for the clinical management of the patient; not exceeding 1 episode in a 12 month period (Item subject rule 20)	$114.85
69445	Detection of Hepatitis C viral RNA in a patient undertaking antiviral therapy for chronic HCV hepatitis (including a service described in item 69444) - not exceeding 4 episodes in a 12 month period (Item is subject to rule 20)	$124.10
69471	Test of cell-mediated immunity in blood for the detection of active tuberculosis or atypical mycobacterial infection in an immunosuppressed or immunocompromised patient - 1 test	$51.15
69472	Detection of antibodies to Epstein Barr Virus using specific serology - 1 test	$21.50
69474	Detection of antibodies to Epstein Barr Virus using specific serology - 2 or more tests	$39.00
69475	One test for hepatitis antigen or antibodies to determine immune status or viral carriage following exposure or vaccination to Hepatitis A, Hepatitis B, Hepatitis C or Hepatitis D including: (a) one test for antibodies to Hepatitis A; or (b) one test for anitbodies to or antigens of Hepatitis B; or (c) one test for anitbodies to Hepatitis C; or (d) one test for antibodies to Hepatitis D in a patient who is Hepatitis B surface antigen positive (Item subject to rule 11)	$22.95
69478	Two tests for hepatitis antigen or antibodies to determine immune status or viral carriage following exposure to, or vaccination to Hepatitis A, Hepatitis B, Hepatitis C or Hepatitis D including: (a) one test for antibodies to Hepatitis A; or (b) one test for surface or core anitbodies to Hepatitis B; or (c) one test for surface antigen of Hepatitis B; or (d) one test for 'e' antibodies to or 'e' antigen of Hepatitis B; or (e) one test for antibodies to Hepatitis C; or (f) one test for antibodies to Hepatitis D in a patient who is Hepatitis B surface antigen positive (Item subject to rule 11)	$42.80
69481	Three tests for the investigation of infectious causes of acute or chronic hepatitis including: (a) one test for antibodies to Hepatitis A; or (b) one test for core antibodies to Hepatitis B; or © one test for 'e' antibodies to or 'e' antigens of Hepatitis B; or (d) one test for surface antibodies to ro surface antigen of Hepatitis B; or (e) one test for antibodies to Hepatitis C; or (f) one test for antibodies to Hepatitis D in a patient who is Hepatitis B surface antigen positive (Item subject to rule 11)	$59.30
69484	Supplementary testing for Hepatitis surface antigen or Hepatitis C antibody using a different assay on the specimen which yielded a reactive result on initial testing (Item subject to rule 11)	$25.05

CATEGORY SIX: PATHOLOGY SERVICES
GROUP P4: IMMUNOLOGY

Pathology		Immunology
Item No.	Description	Maximum Fee
71057	Electrophoresis, quantitative and qualitative, of serum, urine or other body fluid all collected within a 28 day period, to demonstrate: (a) protein classes; or (b) presence and amount of paraprotein including the preliminary quantitation of total protein, albumin and globulin - 1 specimen type	$45.30
71058	Examination as described in item 71057 of 2 or more specimen types	$63.90
71059	Electrophoresis and immunofixation or immunoelectrophoresis or isoelectric focussing of: (a) urine for detection of Bence Jones proteins; or (b) serum, plasma or other body fluid and characterisation, if detected, of a paraprotein or cryoglobulin not previously characterised; examination of 1 specimen type (eg. serum, urine or CSF)	$37.10
71060	Examination as described in item 71059 of 2 or more specimen types	$55.60
71062	Electrophoresis and immunofixation or immuno electrophoresis or isoelectric focussing of CSF for the detection of oligoclonal bands and including if required electrophoresis of the patient's serum for comparison purposes - 1 or more tests	$55.60
71064	Detection and quantitation of cryoglobulins or cryofibrinogen - 1 or more tests	$36.60
71066	Quantitation of total immunoglobulin A by any method in serum, urine or other body fluid - 1 test	$21.50
71068	Quantitatin of total immunoglobulin G by any method in serum, urine or other body fluid - 1 test	$21.50
71069	2 tests described in items 71066, 71068, 71072 or 71074	$47.40
71071	3 or more tests described in items 71066, 71068, 71072 or 71074	$59.70
71073	Quantitation of all 4 immunoglobulin G subclasses - each patient episode	$197.25
71072	Quantitation of total immunoglobulin M by any method in serum, urine or other body fluid - 1 test	$21.50
71074	Quantitation of total immunoglobulin D by any method in serum, urine or other body fluid - 1 test	$21.50
71075	Quantitation of immunoglobulin E (total), with a maximum of 2 patient episodes in any 12 month period - each patient episode	$50.50
71077	Quantitation of immunoglobulin E (total) in the follow up of a patient with proven immunoglobulin-E secreting myeloma, proven congenital immunodeficiency or proven allergic bronchopulmonary aspergillosis, with a maximum of 6 patient episodes in a 12 month period - each patient episode	$50.50
71079	Detection of specific immunoglobulin G or E antibodies to single or multiple potential allergens, with a maximum of 4 patient episodes in a 12 month period - each patient episode	$45.30

Pathology — Immunology

Item No.	Description	Maximum Fee
71081	Quantitation of total haemolytic complement	$51.50
71083	Quantitation of complement components C3 and C4 or properdin factor B - 1 test	$37.60
71085	2 tests described in item 71083	$56.65
71087	3 or more tests described in item 71083	$69.50
71089	Quantitation of complement components or breakdown products of complement proteins not elsewhere described in an item in this Schedule - 1 test	$54.60
71091	2 tests described in item 71089	$98.40
71093	3 or more tests described in item 71089	$141.60
71095	Quantitation of serum or plasma eosinophil cationic protein, or both, to a maximum of 3 assays in 1 year, for monitoring the response to therapy in corticosteroid treated asthma, in a child aged less than 12 years	$60.00
71097	Antinuclear antibodies - detection in serum or other body fluids, including quantitation if required	$47.40
71099	Double-stranded DNA antibodies - quantitation by 1 or more methods other than the Crithidia method	$49.40
71101	Antibodies to 1 or more extractable nuclear antigens - detection in serum or other body fluids	$31.90
71103	Characterisation of an antibody detected in a service described in item 71101 (including that service)	$96.30
71106	Rheumatoid factor - detection by any technique in serum or other body fluids, including quantitation if required	$16.00
71109	Antibodies to tissue antigens (acetylcholine receptor, adrenal cortex, cardiolipin, heart, histone, insulin, insulin receptor, intrinsic factor, islet cell, lymphocyte, neuron, ovary, parathyroid, platelet, salivary gland, skeletal muscle, skin basement membrane and intercellular substance, thyroglobulin, thyroid microsome or thyroid stimulating hormone receptor) - detection, including quantitation if required, of 1 antibody	$64.40
71113	Detection of 2 antibodies described in item 71109	$96.30
71115	Detection of 3 antibodies described in item 71109	$120.00
71117	Detection of 4 or more antibodies described in item 71109	$137.00
71119	Antibodies to tissue antigens not elsewhere specified in this Table - detection, including quantitation if required, of 1 antibody	$31.90
71121	Detection of 2 antibodies specified in item 71119	$38.60
71123	Detection of 3 antibodies specified in item 71119	$45.30
71125	Detection of 4 or more antibodies specified in item 71119	$51.50

Pathology — Immunology

Item No.	Description	Maximum Fee
71127	Functional tests for lymphocytes - quantitation other than by microscopy of: (a) proliferation induced by 1 or more mitogens; or (b) proliferation induced by 1 or more antigens; or (c) estimation of 1 or more mixed lymphocyte reactions; including a test described in item 65066 (if performed), with a maximum of 2 patient episodes in a 12 month period - each patient episode	$321.40
71129	2 tests described in item 71127	$406.85
71131	3 or more tests described in item 71127	$482.00
71133	Investigation of recurrent infection by qualitative assessment for the presence of defects in oxidative pathways in neutrophils by the nitrobule tetrazolium (NBT) reduction test	$15.40
71134	Investigation of recurrent infection by quantitative assessment of oxidative pathways by flow cytometric techniques includeing a test described in 71133 (if performed)	$154.00
71135	Quantitation of neutrophil function, comprising at least 2 of the following: (a) chemotaxis; (b) phagocytosis; (c) oxidative metabolism; (d) bactericidal activity; including any test described in items 65066, 65070, 71133 or 71134 (if performed), with a maximum of 2 patient episodes in a 12 month period - each patient episode	$385.70
71137	Quantitation of cell-mediated immunity by multiple antigen delayed type hypersensitivity intradermal skin testing using a minimum of 7 antigens, with a maximum of 2 patient episodes in a 12-month period - each patient episode	$56.65
71139	Characterisation of 3 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations, including a total lymphocyte count by any method, on 1 or more specimens of blood, CSF or serous fluid	$192.60
71141	Characterisation of 3 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations on 1 or more disaggregated tissue specimens	$423.30
71143	Characterisation of 6 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations for the diagnosis (but not monitoring) of an immunological or haematological malignancy, including a service described in 1 or both of items 71139 and 71141 (if performed), on a specimen of blood, CSF, serous fluid or disaggregated tissue	$482.00
71145	Characterisation of 6 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations for the diagnosis (but not monitoring) of an immunological or haematological malignancy, including a service described in 1 or more of items 71139, 71141 & 71143 (if performed), on 2 or more specimens of disaggregated tissues or 1 specimen of disaggregated tissue and 1 or more specimens of blood, CSF or serous fluid	$787.40
71147	HLA-B27 typing	$64.40
71149	Complete tissue typing for 4 HLA-A and HLA-B Class I antigens (including any separation of leucocytes), including a service described in item 71147 (if performed)	$201.40
71151	Tissue typing for HLA-DR, HLA-DP and HLA-DQ Class II antigens (including any separation of leucocytes) phenotyping or genotyping of 2 or more antigens	$219.40
71153	Investigations in the assessment or diagnosis of systemic inflammatory disease or vasculitis - antineutrophil cytoplasmic antibody immunofluorescence (ANCA test), antineutrophil proteinase 3 antibody (PR-3 ANCA test), antimyeloperoxidase antibody (MPO ANCA test) or antiglomerular basement membrane antibody (GBM test) detection of 1 antibody (Item is subject to rule 24)	$64.40

Pathology — Immunology

Item No.	Description	Maximum Fee
71155	Detection of 2 antibodies described in item 71153 (Item is subject to rule 24)	$96.30
71157	Detection of 3 antibodies described in item 71153 (Item is subject to rule 24)	$120.00
71159	Detection of 4 or more antibodies described in item 71153 (Item is subject to rule 24)	$137.00
71163	Detection of one of the following antibodies (of 1 or more class or isotype) in the assessment or diagnosis of coeliac disease or other gluten hypersensitivity syndromes and including a service described in item 71066 (if performed): (a) antibodies to gliadin; or (b) antibodies to endomysium; or (d) antibodies to tissue transglutminase; One test	$36.60
71164	Two or more tests described in 71163 and including a service described in 71066 (if performed)	$59.10

CATEGORY SIX: PATHOLOGY SERVICES
GROUP P5: TISSUE PATHOLOGY

Pathology		Tissue Pathology
Item No.	**Description**	**Maximum Fee**
72813	Examination of complexity level 2 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 or more separately identified specimens (Item is subject to rule 13)	$123.60
72816	Examination of complexity level 3 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 separately identified specimen (Item is subject to rule 13)	$128.75
72817	Examination of complexity level 3 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 2 to 4 separately identified specimens (Item is subject to rule 13)	$136.00
72818	Examination of complexity level 3 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 5 or more separately identified specimens (Item is subject to rule 13)	$156.80
72823	Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 separately identified specimen (Item is subject to rule 13)	$136.00
72824	Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 2 to 4 separately identified specimens (Item is subject to rule 13)	$149.35
72825	Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 5 to 7 separately identified specimens (Item is subject to rule 13)	$235.90
72826	Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 8 or more separately identified specimens (Item is subject to rule 13)	$285.00
72830	Examination of complexity level 5 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 or more separately identified specimens (Item is subject to rule 13)	$188.40
72836	Examination of complexity level 6 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 or more spearately identified specimens (Item is subject to rule 13)	$277.60
72844	Enzyme histochemistry of skeletal muscle for investigation of primary degenerative or metabolic muscle diseases or of muscle abnormalities secondary to disease of the central or peripheral nervous system - 1 or more tests	$41.70
72846	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 1 to 3 antibodies except those listed in 72848 (Item is subject to rule 13)	$55.60
72847	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 4 or more antibodies (Item is subject to rule 13)	$61.80

Pathology — Tissue Pathology

Item No.	Description	Maximum Fee
72848	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 1 to 3 of the following antibodies - oestrogen, progesterone and c-erb-B2 (HER2) (Item is subject to rule 13)	$75.00
72851	Electron microscopic examination of biopsy material - 1 separately identified specimen (Item is subject to rule 13)	$206.00
72852	Electron microscopic examination of biopsy material - 2 or more separately identified specimens (Item is subject to rule 13)	$283.25
72855	Intraoperative consultation and examination of biopsy material by frozen section or tissue imprint or smear - 1 separately identified specimen (Item is subject to rule 13)	$206.00
72856	Intraoperative consultation and examination of biopsy material by frozen section or tissue imprint or smear - 2 to 4 separately identified specimens (Item is subject to rule 13)	$283.25
72857	Intraoperative consultation and examination of biopsy material by frozen section or tissue imprint or smear - 5 or more separately identified specimens (Item is subject to rule 13)	

CATEGORY SIX: PATHOLOGY SERVICES
GROUP P6: CYTOLOGY

Pathology		Cytology
Item No.	**Description**	**Maximum Fee**
73043	Cytology (including serial examinations) of nipple discharge or smears from skin, lip, mouth, nose or anus for detection of precancerous or cancerous changes - 1 or more tests	$28.30
73045	Cytology (including serial examinations) for malignancy (other than an examination mentioned in item 73053); and including any Group P5 service, if performed on: (a) specimens resulting from washings or brushings from sites not specified in item 73043; or (b) a single specimen of sputum or urine; or (c) 1 or more specimens of other body fluids; 1 or more tests	$55.60
73047	Cytology of a series of 3 sputum or urine specimens for malignant cells	$115.90
73049	Cytology of material obtained directly from a patient by fine needle aspiration of solid tissue or tissues	$75.80
73051	Cytology of material obtained directly from a patient by fine needle aspiration of solid tissue or tissues if: (a) the aspiration is performed by a recognised pathologist; or (b) a recognised pathologist attends the aspiration and performs cytological examination during the attendance	$168.80
73053	Cytology of smears from cervix: (a) for detection of precancerous or cancerous changes in women with no symptoms, signs or recent history suggestive of cervical neoplasia; or (b) due to an unsatisfactory smear taken in the circumstances defined in para (a) above; or (c) if there is inadequate information provided to use item 73055; each examination *(refer to the explanatory notes to this Category - MBS Book)*	$28.50
73055	Cytology not associated with item 73053, of smears from cervix in association with: (a) the management of previously detected abnormalities including precancerous or cancerous conditions; or (b) the investigation of women with symptoms, signs or recent history suggestive of cervical neoplasia; each test *(refer to the explanatory notes to this Category - MBS Book)*	$28.50
73057	Cytology of smears from vagina, not associated with item 73053 or 73055 nor to monitor hormone replacement therapy - each test *(refer to the explanatory notes to this Category - MBS Book)*	$28.50
73059	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049 and 73051 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 1 to 3 antibodies except those listed in 73061 (Item is subject to rule 13)	$54.60
73060	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049 and 73051 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 4 or more antibodies (Item is subject to rule 13)	$63.90
73061	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049 and 73051 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 1 to 3 of the following antibodies - oestrogen, progesterone and c-erb-B2 (HER2) (Item is subject to rule 13)	$75.00

CATEGORY SIX: PATHOLOGY SERVICES
GROUP P7: CYTOGENETICS

Pathology		Cytogenetics
Item No.	**Description**	**Maximum Fee**
73287	Chromosome studies, including preparation, count, karyotyping and identification by banding techniques of 1 or more of any tissue or fluid except blood - 1 or more tests	$610.80
73289	Chromosome studies, including preparation, count, karyotyping and identification by banding techniques of blood 1 or more tests	$557.20
73300	Detection of genetic mutation of the FMR1 gene by nucleic acid amplification (NAA) where: (a) the patient exhibits one or more of the clinical features of fragile X (A) syndrome, including intellectual disabilities; or (b) the patient has a relative with a fragile X (A) mutation, 1 or more tests *(refer to the explanatory notes to this Category - MBS Book)*	$150.00
73305	Detection of genetic mutation of the FMR1 gene by Southern Blot where the results in item 73300 are inconclusive *(refer to the explanatory notes to this Category - MBS Book)*	$300.00

CATEGORY SIX: PATHOLOGY SERVICES
GROUP P8 - INFERTILITY AND PREGNANCY TESTS

Pathology	Infertility and Pregnancy Tests	
Item No.	Description	Maximum Fee
73521	Semen examination for presence of spermatozoa or examination of cervical mucus for spermatozoa (Huhner's test)	$14.25
73523	Semen examination (other than post-vasectomy semen examination), including: (a) measurement of volume, sperm count and motility; and (b) examination of stained preparations; and (c) morphology; and (if performed) (d) differential count and 1 or more chemical tests; with a maximum of 4 episodes in a 12 month period - each episode	$64.90
73525	Sperm antibodies - sperm-penetrating ability - 1 or more tests	$42.00
73527	Human chorionic gonadotrophin (HCG) - detection in serum or urine by 1 or more methods, including serial dilution if performed, for diagnosis of pregnancy - 1 or more tests	$14.85
73529	Human chorionic gonadotrophin (HCG), quantitation in serum by 1 or more methods (except by latex, membrane, strip or other pregnancy test kit) for diagnosis of threatened abortion, or follow up of abortion or diagnosis of ectopic pregnancy, including any services performed in item 73527 - 1 test	$42.40

CATEGORY SIX: PATHOLOGY SERVICES
GROUP P9: SIMPLE BASIC PATHOLOGY TESTS

Pathology		Simple Basic Pathology Tests
Item No.	**Description**	**Maximum Fee**
73801	Semen examination for presence of spermatozoa	$10.10
73802	Leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count), haemoglobin, haematocrit or erythrocyte count - 1 test	$7.70
73803	2 tests described in item 73802	$10.30
73804	3 or more tests described in item 73802	$13.90
73805	Microscopy of urine whether stained or not, or catalase test	$6.70
73806	Pregnancy test by 1 or more immunochemical methods	$14.85
73807	Microscopy for wet film other than urine, including any relevant stain	$11.30
73808	Microscopy of Gram-stained film, including (if performed) a service described in item 73805 or 73807	$17.40
73809	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method	$4.90
73810	Microscopy for fungi in skin, hair or nails - 1 or more sites	$11.30
73811	Mantoux test	$18.50

CATEGORY SIX: PATHOLOGY SERVICES
GROUP P10: PATIENT EPISODE INITIATION

Pathology		Patient Episode Initiation
Item No.	**Description**	**Maximum Fee**
73901	Initiation of a patient episode that consists only of a service described in item 73053, 73055 or 73057 from a person who is not in a recognised hospital or a prescribed laboratory	$18.00
73903	Initiation of a patient episode that consists only of 1 or more services described in items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72830 and 72836 from a person who is an in-patient of a hospital other than a recognised hospital	$14.90
73905	Initiation of a patient episode that consists only of 1 or more services described in items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72830 and 72836 from a person who is not an in-patient of a private hospital and not a patient of a recognised hospital	$18.00
73907	Initiation of a patient episode by collection of specimen for a service (other than a service described in item 73901, 73903, 73905 or in Group P9) if the specimen is collected in a licensed collection centre	$27.30
73909	Initiation of a patient episode by collection of a specimen for a service (other than a service described in item 73901, 73903, 73905 or in Group P9) if the specimen is collected by an approved pathology practitioner or an employee of an approved pathology authority from a person who is an in-patient of a hospital other than a recognised hospital	$27.30
73910	Initiation of a patient episode by collection of a specimen for a service (other than a service described in item 73901, 73903, or 73905, or in Group P9) if the specimen is collected by an approved pathology practitioner or an employee of an approved pathology authority from a person in the place where the person was residing	$27.30
73912	Initiation of a patient episode by collection of a specimen for a service (other than a service described in item 73901, 73903, or 73905 or in Group P9) if the specimen is collected by an approved pathology practitioner or an employee of an approved pathology authority from a person in a residential aged care home or institution	$27.30
73913	Initiation of a patient episode by collection of a specimen for a service (other than a service described in items 73901, 73903, 73905 or 73907 or items in Group P9) if the specimen is collected from the person by the person	$22.70
73915	Initiation of a patient episode by collection of a specimen for a service (other than a service described in items 73901, 73903 or 73905 or items in Group P9) if the specimen is collected by or on behalf of the treating practitioner	$22.70

CATEGORY SIX: PATHOLOGY SERVICES
GROUP P11: SPECIMEN REFERRED

Pathology		Specimen Referred
Item No.	**Description**	**Maximum Fee**
73921	Receipt of a specimen by an approved pathology practitioner of an approved pathology authority from another approved pathology practitioner of a different approved pathology authority or another approved pathology authority (Item is subject to subrule 15(9) and 17(3))	$18.00

Schedule B—Workers compensation services

Electronic Prescribed Medical Certificates (ePMC)

Item no.	Description	Maximum fee - excl GST
PMCON	An electronic Prescribed Medical Certificate (ePMC), completed by a legally qualified medical practitioner, and emailed to WorkCover Corporation in a form approved by the Corporation within 24 hours of the consultation. All fields are completed accurately and in full, (abbreviations and acronyms are not acceptable) and where possible, a definitive diagnosis of the worker's medical condition is included.	$5.00

Note 1: ePMCs that do not meet the specified requirements of the item description will not attract a $5.00 fee.

Note 2: The injured worker must give consent to the treating medical practitioner providing the service to submission of the ePMC to WorkCover Corporation. The treating medical practitioner must also make it clear to the injured worker that a claim is not being lodged when the ePMC is submitted. The injured worker maintains the right to decide to lodge a claim.

Note 3: Information on how to submit the ePMC in a form approved by the Corporation is available on www.workcover.com or telephone WorkCover Corporation on 13 18 55.

Short medical report – treating doctor

Item no.	Group	Description	Maximum fee – excl GST
WMG37	General Practitioners	Short medical report – provided within 72 hours of receipt of the initial request.	$70.00
WMG38	General Practitioners	Short medical report – provided more than 72 hours after receipt of the initial request.	$20.00
WMS37	Specialists in a surgical discipline	Short medical report – provided within 72 hours of receipt of the initial request.	$70.00
WMS38	Specialists in a surgical discipline	Short medical report – provided more than 72 hours after receipt of the initial request.	$20.00
WMP37	Consultant Physicians	Short medical report – provided within 72 hours of receipt of the initial request.	$70.00
WMP38	Consultant Physicians	Short medical report – provided more than 72 hours after receipt of the initial request.	$20.00

Note 1: **REPORTS WILL NOT BE PAID IN ADVANCE.**

Note 2: A short medical report must be requested in writing and may be requested by:

- a claims agent or self-insured employer; or
- worker's representative or advocate.

Note 3: The date of request is taken to be two business days after the date the letter of request is posted, or one business day after the request is faxed. A business day is any day, excluding Saturday, Sunday and public holidays.

Note 4: A short report should be based on the medical practitioner's notes and would not usually require a consultation with the patient. However, where a consultation is appropriate (for example if the practitioner has not seen the patient for some time or detailed information is required about the range of duties being considered) a consultation fee may be charged in accordance with WorkCover Corporation's Schedule A items and fees, usually:

- Item 23 for general practitioners
- Item 105 for specialists in a surgical discipline
- Item 116 for consultant physicians
- Item 302 for consultant psychiatrists.

Note 5: Short reports may be faxed to the requestor with the relevant account.

Note 6: Reports should be concise and focused. The anticipated length of a short report is approximately half an A4 page.

Standard medical report – treating doctor (*excluding psychiatrists*)

Item no.	Group	Description	Maximum fee – excl GST
WMG16	General Practitioners	Treating doctor standard medical report – provided within 10 business days of receipt of the initial request.	$160.00
WMG17	General Practitioners	Treating doctor standard medical report – provided between 10 and 30 business days after receipt of the initial request.	$117.00
WMG18	General Practitioners	Treating doctor standard medical report – provided 30 or more business days after receipt of the initial request.	$89.10
WMS16	Specialists in a surgical discipline	Treating doctor standard medical report – provided within 10 business days of receipt of the initial request.	$260.00
WMS17	Specialists in a surgical discipline	Treating doctor standard medical report – provided between 10 and 30 business days after receipt of the initial request.	$206.20
WMS18	Specialists in a surgical discipline	Treating doctor standard medical report – provided 30 or more business days after receipt of the initial request.	$167.20
WMP16	Consultant Physicians	Treating doctor standard medical report – provided within 10 business days of receipt of the initial request.	$260.00
WMP17	Consultant Physicians	Treating doctor standard medical report – provided between 10 and 30 business days after receipt of the initial request.	$206.20
WMP18	Consultant Physicians	Treating doctor standard medical report – provided 30 or more business days after receipt of the initial request.	$167.20

Note 1: **REPORTS WILL NOT BE PAID IN ADVANCE.**

Note 2: A standard medical report must be requested in writing and may be requested by:

- a claims agent or self-insured employer; or
- worker's representative or advocate.

Note 3: The date of request is taken to be two business days after the date the letter of request is posted, or one business day after the request is faxed. A business day is any day, excluding Saturday, Sunday and public holidays.

Note 4: A standard medical report should be based on the medical practitioner's notes and would not usually require a consultation with the patient. However, where a consultation is appropriate (for example if the practitioner has not seen the patient for some time or detailed information is required about the range of duties being considered) a consultation fee may be charged in accordance with WorkCover Corporation's Schedule A items and fees, usually:

- Item 23 for general practitioners
- Item 105 for specialists in a surgical discipline
- Item 116 for consultant physicians.

Complex medical report - treating doctor (*excluding psychiatrists*)

Item no.	Group	Description	Maximum fee – excl GST
WMG40	General Practitioners	Treating doctor complex medical report – provided within 10 business days of receipt of the initial request.	$200.00
WMG41	General Practitioners	Treating doctor complex medical report – provided between 10 and 30 business days after receipt of the initial request.	$146.00
WMG42	General Practitioners	Treating doctor complex medical report – provided 30 or more business days after receipt of the initial request.	$111.00
WMS40	Specialists in a surgical discipline	Treating doctor complex medical report – provided within 10 business days of receipt of the initial request.	$325.00
WMS41	Specialists in a surgical discipline	Treating doctor complex medical report – provided between 10 and 30 business days after receipt of the initial request.	$258.00
WMS42	Specialists in a surgical discipline	Treating doctor complex medical report – provided 30 or more business days after receipt of the initial request.	$209.00
WMP40	Consultant Physicians	Treating doctor complex medical report – provided within 10 business days of receipt of the initial request.	$325.00
WMP41	Consultant Physicians	Treating doctor complex medical report – provided between 10 and 30 business days after receipt of the initial request.	$258.00
WMP42	Consultant Physicians	Treating doctor complex report – provided 30 or more business days after receipt of the initial request.	$209.00

Note 1: **REPORTS WILL NOT BE PAID IN ADVANCE.**

Note 2: A complex medical report must be requested in writing and may be requested by:

- a claims agent or self-insured employer; or
- worker's representative or advocate.

Note 3: The date of request is taken to be two business days after the date the letter of request is posted, or one business day after the request is faxed. A business day is any day, excluding Saturday, Sunday and public holidays.

Note 4: A complex medical report should be based on the medical practitioner's notes and would not usually require a consultation with the patient. However, where a consultation is appropriate (for example if the practitioner has not seen the patient for some time or detailed information is required about the range of duties being considered) a consultation fee may be charged in accordance with WorkCover Corporation's Schedule A items and fees, usually:

- Item 23 for general practitioners
- Item 105 for specialists in a surgical discipline
- Item 116 for consultant physicians.

Note 5: A complex medical report requires *additional information above that required in a standard report*, and may be deemed complex compared to a standard report based on one or both of the following criteria:

- the injured worker has three or more ongoing compensable injuries arising from the same claim; and/or
- the injured worker has pre-existing conditions or contribution from co-morbidities that have a significant impact on the compensable disability.

Note 6: The requestor must specify in the request that he or she is seeking a complex medical report. The treating practitioner must not charge for a complex report if not approved by the requestor prior to the completion of the report.

Standard medical report – treating psychiatrist

Item no.	Group	Description	Maximum fee – excl GST
WMP43	Psychiatrists	Treating doctor standard medical report – provided within 10 business days of receipt of the initial request.	$325
WMP44	Psychiatrists	Treating doctor standard medical report – provided between 10 and 30 business days after receipt of the initial request.	$258
WMP45	Psychiatrists	Treating doctor standard medical report – provided 30 or more business days after receipt of the initial request.	$209

Note 1: **REPORTS WILL NOT BE PAID IN ADVANCE.**

Note 2: A medical report must be requested in writing and may be requested by:

- a claims agent or self-insured employer; or
- worker's representative or advocate.

Note 3: The date of request is taken to be two business days after the date the letter of request is posted, or one business day after the request is faxed. A business day is any day, excluding Saturday, Sunday and public holidays.

Note 4: A standard medical report should be based on the medical practitioner's notes and would not usually require a consultation with the patient. However, where a consultation is appropriate (for example if the practitioner has not seen the patient for some time or detailed information is required about the range of duties being considered) a consultation fee may be charged in accordance with WorkCover Corporation's Schedule A items and fees, usually:

- Items 300 – 308 for consultant psychiatrists.

Complex medical report - treating psychiatrists

Item no.	Group	Description	Maximum fee – excl GST
WMP46	Psychiatrists	Treating doctor complex medical report – provided within 10 business days of receipt of the initial request.	$405.00
WMP47	Psychiatrists	Treating doctor complex medical report – provided between 10 and 30 business days after receipt of the initial request.	$322.00
WMP48	Psychiatrists	Treating doctor complex report – provided 30 or more business days after receipt of the initial request.	$260.00

Note 1: **REPORTS WILL NOT BE PAID IN ADVANCE.**

Note 2: A medical report must be requested in writing and may be requested by:

- a claims agent or self-insured employer; or
- worker's representative or advocate.

Note 3: The date of request is taken to be two business days after the date the letter of request is posted, or one business day after the request is faxed. A business day is any day, excluding Saturday, Sunday and public holidays.

Note 4: A complex medical report should be based on the medical practitioner's notes and would not usually require a consultation with the patient. However, where a consultation is appropriate (for example if the practitioner has not seen the patient for some time or detailed information is required about the range of duties being considered) a consultation fee may be charged in accordance with WorkCover Corporation's Schedule A items and fees, usually:

- Item 300 - 308 for consultant psychiatrists.

Note 5: If the treating psychiatrist believes that a complex report is required, the psychiatrist must contact the worker's case manager to determine if this is appropriate. The treating practitioner must not charge for a complex report if it has not been discussed with the requestor prior to the completion of the report.

Medical report clarification – treating doctor

Item no.	Group	Description	Maximum fee – excl GST
WMG25	General Practitioners	Clarification of a medical report – re-examination not required	$40.00
WMS25	Specialists in a surgical discipline	Clarification of a medical report – re-examination not required	$50.00
WMP25	Consultant Physicians	Clarification of a medical report – re-examination not required	$50.00

Note 1: The requestor must specify that he or she is seeking a clarification of a previous medical report.

Note 2: A clarification of a medical report must be requested in writing and may be requested by:

- a claims agent or self-insured employer; or
- worker's representative or advocate.

Note 3: A fee is not payable for the clarification of a medical report if the clarification is sought as a result of failure by the doctor to address the original questions in the letter of request.

Reading time to prepare a report – treating doctor

Item no.	Group	Description	Maximum fee – excl GST
WMG55	General Practitioners	Reading time – payable to a treating doctor for reading prior reports or other information forwarded by the requestor in order to prepare a report.	$40.00
WMS55	Specialists in a surgical discipline	Reading time – payable to a treating doctor for reading prior reports or other information forwarded by the requestor in order to prepare a report.	$50.00
WMP55	Consultant Physicians	Reading time – payable to a treating doctor for reading prior reports or other information forwarded by the requestor in order to prepare a report.	$50.00

Note 1: Payment for the reading of written material will only be made where the reading is required in order for the doctor to prepare a report, and where the reading is at the request of:

- a claims agent or self-insured employer; or
- worker's representative or advocate.

Note 2: A fee is not payable for the reading of case notes, clinical material or any other material that is not directly supplied by the parties listed in note 1.

Telephone call (excluding calls made to or received from workers)

Item no.	Group	Description	Maximum fee – excl GST
WMG24	General Practitioners	Telephone call – of up to and including 60 minutes duration.	$180.00 per hour
WMS24	Specialists in a surgical discipline	Telephone call – of up to and including 60 minutes duration.	$240.00 per hour
WMP24	Consultant Physicians	Telephone call – of up to and including 60 minutes duration.	$240.00 per hour

Note 1: **Telephone contact between treating / referring medical providers which forms part of the clinical management of the case is not chargeable.**

Note 2: Telephone calls are chargeable if of a case specific nature, made to or received from:

- a claims agent or self-insured employer; or
- an employer;
- a worker's representative or advocate;
- a WorkCover Corporation medical consultant; or
- a rehabilitation provider.

Note 3: A fee is payable if the telephone contact occurs during a consultation with the worker provided that the consultation duration excludes the duration of the telephone call. For example, if the consultation and telephone call duration is 20 minutes and the call duration alone is 10 minutes, the consultation should be charged as a 10 minute consultation.

Note 4: Invoices for telephone calls in accordance with this item must record the name of the other party and the duration of the phone call in minutes.

Note 5: Any part of an hour should be charged proportionately (eg a general practitioner would charge $45.00 for a 15 minute telephone call).

Note 6: When calculating the fee for the telephone call round to the nearest five minutes (eg an 8 minute phone call would be rounded to 10 minutes).

Case conference

Item no.	Group	Description	Maximum fee – excl GST
WMG09	General Practitioners	Case conference – to determine details of limitations to work, recommendations facilitating a return to work and options for management of the worker's recovery, including medical treatment strategies.	$180.00 per hour
WMS09	Specialists in a surgical discipline	Case conference – to determine details of limitations to work, recommendations facilitating a return to work and options for management of the worker's recovery, including medical treatment strategies.	$240.00 per hour
WMP09	Consultant Physicians	Case conference – to determine details of limitations to work, recommendations facilitating a return to work and options for management of the worker's recovery, including medical treatment strategies.	$240.00 per hour

Note 1: This service must be authorised by the claims agent or self-insured employer.

Note 2: A case conference may be requested by:

- a treating medical expert;
- an employer;
- a worker, or worker's representative or advocate;
- a claims agent or self-insured employer; or
- a rehabilitation provider.

Note 3: The claims agent or self-insured employer must be represented at the case conference. The worker, or worker's advocate or representative must always be invited to attend the case conference.

Note 4: Case conferences conducted by telephone (teleconferencing) are chargeable under this item.

Note 5: It is the responsibility of the claims agent or self-insured employer to make a written and signed record of the case conference that is to be distributed to all attendees. Differences of opinion should be noted in the record. No fee is payable for records made by any medical practitioner during the case conference.

Note 6: Any part of an hour should be charged proportionately (eg a general practitioner would charge $90.00 for a 30 minute attendance).

Worksite assessment

Item no.	Group	Description	Maximum fee – excl GST
WMG08	General Practitioners	Worksite assessment - for the purpose of assessing and reporting the duties that are or can be made available, and the capacity of the worker to undertake these duties.	$180.00 per hour
WMS08	Specialists in a surgical discipline	Worksite assessment - for the purpose of assessing and reporting the duties that are or can be made available, and the capacity of the worker to undertake these duties.	$240.00 per hour
WMP08	Consultant Physicians	Worksite assessment - for the purpose of assessing and reporting the duties that are or can be made available, and the capacity of the worker to undertake these duties.	$240.00 per hour

Note 1: A worksite assessment may be requested by:

- a claims agent, or self-insured employer; or
- a worker, worker's representative or advocate.

Note 2: The claims agent or self-insured employer will authorise the service if it is considered reasonable.

Note 3: At worksite visits it is expected that the employer, worker or worker's representative, claims agent or self-insured employer representative should be present.

Note 4: The claims agent or self-insured employer should contact the employer to ensure appropriate access to the worksite and to arrange for an employer representative to be available to help maximise the value of time spent in the workplace.

Note 5: The worksite assessment must include an assessment of the physical environment, mental work demands, human behaviour, working conditions, educational requirements and other conditions.

Note 6: The report of a worksite assessment is to be completed and distributed to relevant parties in attendance during the worksite assessment. A copy must also be provided to the case manager, treating doctor and worker (if not present) within one week of the assessment. No additional fee is payable for completion of the form. Proformas can be obtained from WorkCover Corporation on (08) 8233 2452.

Note 7: Any part of an hour should be charged proportionately (eg a general practitioner would charge $90.00 for a 30 minute attendance).

Third party consultation

Item no.	Group	Description	Maximum fee – excl GST
WMG14	General Practitioners	Third party consultation – at the doctor's rooms where the worker is usually not present.	$180.00 per hour
WMS14	Specialists in a surgical discipline	Third party consultation – at the doctor's rooms where the worker is usually not present.	$240.00 per hour
WMP14	Consultant Physicians	Third party consultation – at the doctor's rooms where the worker is usually not present.	$240.00 per hour

Note 1: This service must be authorised by the claims agent or self-insured employer.

Note 2: This service should involve one of the following:

- an employer;
- a claims agent or self-insured employer;
- a worker's representative or advocate;
- a provider of investigative services; or
- a rehabilitation provider.

Note 3: This service may include a video viewing of a worker's normal duties, alternative duties or other activities.

Note 4: It is the responsibility of the claims agent or self-insured employer to ensure a written and signed record is made of the third party consultation that is to be distributed to all attendees. No fee is payable for records made by any medical practitioner during the third party consultation.

Note 5: If as a result of the third party consultation the medical practitioner has amended details regarding the injured worker's limitations to work, capacity, recommendations for facilitating a return to work and/or options for management of the worker, the medical practitioner must consider the worker's input into this decision.

Note 6: Any part of an hour should be charged proportionately (eg a general practitioner would charge $90.00 for a 30 minutes attendance).

Attendance at a dispute resolution

Item no.	Group	Description	Maximum fee – excl GST
WMG15	General Practitioners	Attendance at a dispute resolution.	$180.00 per hour
WMS15	Specialists in a surgical discipline	Attendance at a dispute resolution.	$240.00 per hour
WMP15	Consultant Physicians	Attendance at a dispute resolution.	$240.00 per hour

Note 1: Court attendances can be charged under this item.

Note 2: Attendance at a dispute resolution must be at the request of:

- a claims agent or self-insured employer;
- a worker, worker's representative or advocate; or
- an employer or employer's representative.

Note 3: A witness at a dispute resolution proceeding is entitled to reimbursement of any expense that the dispute resolution authority certifies has been, or is likely to be, reasonably incurred by the witness as a consequence of appearing before the authority.

Note 4: Any part of an hour should be charged proportionately (eg a general practitioner would charge $90.00 for a 30 minutes attendance).

Travel – worksite assessment, case conference and dispute resolution

Item no.	Group	Description	Maximum Fee – excl GST
WMG10	General Practitioners	Travel time – for the purpose of a worksite assessment, case conference or dispute resolution.	$180.00 per hour
WMS10	Specialists in a surgical discipline	Travel time – for the purpose of a worksite assessment, case conference or dispute resolution.	$240.00 per hour
WMP10	Consultant Physicians	Travel time – for the purpose of a worksite assessment, case conference or dispute resolution.	$240.00 per hour

Note 1: Travel must be authorised by the claims agent or self-insured employer.

Note 2: All accounts must include the total time spent travelling plus the distance travelled.

Note 3: The case manager may choose to contain costs by requesting the service from an appropriate practitioner based in the worker's locality.

Note 4: Where more than one worksite assessment, case conference or dispute resolution is conducted, the travel fee is to be apportioned accordingly.

Note 5: Any part of an hour should be charged proportionately (eg a general practitioner would charge $90.00 for 30 minutes of travel).

Cancellation of an attendance at a dispute resolution

Item no.	Group	Description	Maximum fee – excl GST
WMG36	General Practitioners	Cancellation of an attendance at a dispute resolution.	$180.00 per hour
WMS36	Specialists in a surgical discipline	Cancellation of an attendance at a dispute resolution.	$240.00 per hour
WMP36	Consultant Physicians	Cancellation of an attendance at a dispute resolution.	$240.00 per hour

Note 1: Payment for cancellation of an attendance for the purpose of dispute resolution will only be made when the attendance was at the request of:

- a claims agent or self-insured employer;
- a worker or worker's representative; or
- an employer or employer's representative.

Note 2: A cancellation fee is payable only if the cancellation occurs less than 24 hours before the time of the proposed attendance.

Note 3: A cancellation fee is not payable if the doctor is responsible for the cancellation.

Note 4: Any part of an hour should be charged proportionately (eg a general practitioner would charge $90.00 where 30 minutes had been allocated for the attendance).

Job analysis and/or recommended job description statement

Item no.	Group	Description	Maximum fee – excl GST
WMG56	General Practitioners	Formal job analysis and/or recommended job descriptions. Reading of and written recommendations on the suitability of proposals for return to work - provided within 10 business days of receipt of the initial request.	$60.00
WMG57	General Practitioners	Formal job analysis and/or recommended job descriptions. Reading of and written recommendations on the suitability of proposals for return to work - provided more than 10 business days after receipt of the initial request.	$20.00
WMS56	Specialists in a surgical discipline	Formal job analysis and/or recommended job descriptions. Reading of and written recommendations on the suitability of proposals for return to work - provided within 10 business days of receipt of the initial request.	$60.00
WMS57	Specialists in a surgical discipline	Formal job analysis and/or recommended job descriptions. Reading of and written recommendations on the suitability of proposals for return to work - provided more than 10 business days after receipt of the initial request.	$20.00
WMP56	Consultant Physicians	Formal job analysis and/or recommended job descriptions. Reading of and written recommendations on the suitability of proposals for return to work - provided within 10 business days of receipt of the initial request.	$60.00
WMP57	Consultant Physicians	Formal job analysis and/or recommended job descriptions. Reading of and written recommendations on the suitability of proposals for return to work - provided more than 10 business days after receipt of the initial request.	$20.00

Note 1: A job analysis and/or job description statement must be requested in writing and may be requested by:

- a claims agent or self-insured employer;
- worker's representative or advocate;
- a rehabilitation provider.

Note 2: The date of request is taken to be two business days after the date the letter of request is posted, or one business day after the request is faxed. A business day is any day, excluding Saturday, Sunday and public holidays.

Note 3: Payment for this service will not be made in advance.

Specified duties form (SDF)

Item no.	Group	Description	Maximum fee – excl GST
WMG23	General Practitioners	Completion of a specified duties form (SDF).	$16.70
WMS23	Specialists in a surgical discipline	Completion of a specified duties form (SDF).	$16.70
WMP23	Consultant Physicians	Completion of a specified duties form (SDF).	$16.70

Note 1: This form is to be completed at the request of:

- a claims agent or self-insured employer; or
- a worker, worker's representative or advocate.

Note 2: A fee is not payable if the form is completed during a consultation with the worker.

Note 3: SDFs may be obtained by contacting WorkCover Corporation on 13 18 55.

Photocopying

Item no.	Group	Description	Maximum fee – excl GST
WMGSP	Medical Practitioners	Photocopying of documents	$0.20 per page

Note 1: The number of pages should be stated on the account. Any accounts without the number of pages stated will be returned for amendment.

Note 2: A fee is only payable if the photocopying is at the request of:

- a claims agent or self-insured employer;
- worker's representative or advocate;
- an investigator.

Note 3: Accounts must state the name of the doctor who provided the services to which the photocopied information is related. Accounts with the practice name only will be returned for amendment.

Note 4: Accounts for administration time are not chargeable as this cost has been factored into the fee per page.

Emergency retrieval team – travel time

Item no.	Group	Description	Maximum fee – excl GST
WMS51	Specialists	Travel time – by a retrieval team doctor in association with a professional attendance relating to item numbers 00160, 00161, 00162, 00163 and 00164, other than 'out of hours' travel (refer to item number WMS52).	$240.00 per hour
WMS52	Specialists	Travel time – by a retrieval team doctor between 11pm and 7am any day of the week or on a public holiday in association with a professional attendance relating to item numbers 00160, 00161, 00162, 00163 and 00164.	$349.00 per hour

Note 1: Where more than one worker is treated at the site of the emergency, the travel fee is to be apportioned accordingly.

Note 2: Any part of an hour should be charged proportionately.

Extra-Corporeal Shock Wave Therapy

Item no.	Group	Description	Maximum fee – excl GST
WMI11	Specialists	For the initial treatment of Extra-Corporeal Shock Wave Therapy provided by a specialist radiology practice.	$110.00
WMI12	Specialists	For subsequent treatments of Extra-Corporeal Shock Wave Therapy provided by a specialist radiology practice.	$90.00
WMI13	Specialists	For double treatments (bilateral or multiple) of Extra-Corporeal Shock Wave Therapy provided by a specialist radiology practice.	$150.00

Note 1: The I in prefix WMI item number represents the letter "I" not a numeral one (1).

Note 2: This treatment has been approved by WorkCover Corporation for use in the following conditions:

- heel pain/plantar fasciitis
- calcific tendonitis of shoulder
- lateral epicondylitis (tennis elbow)
- medial epicondylitis
- non-united fractures.

Note 3: Extra-Corporeal Shock Wave Therapy for any other conditions must be authorised by the claims agent, self-managed or exempt employer prior to treatment.

Note 4: Epicondylitis treatment is NOT payable by WorkCover Corporation for treatment provided within 3 months or after 5 years from date of injury.

Services delivered by ear, nose and throat surgeons

Item no.	Group	Description	Maximum fee – excl GST
WME24	Otorhino-laryngologists	Cortical Evoked Response Audiometry – verification.	$256.30
WME2A	Otorhino-laryngologists	Cortical Evoked Response Audiometry – quantification.	$256.30
WME25	Otorhino-laryngologists	Sensonics Smell Identification Test.	$111.40

Services delivered by medical practitioners

Item no.	Group	Description	Maximum fee – excl GST
WMG26	Medical Practitioners	Fluids, intravenous drip infusion of – percutaneous.	$44.00
WMG27	Medical Practitioners	Fluids, intravenous drip infusion of – open exposure.	$73.00

Note 1: Item WMG26 is only payable where the service is not in association with a surgical procedure.

Services delivered by medical practitioners in the practice of hypnotherapy

Item no.	Group	Description	Maximum fee – excl GST
WMG31	Medical Practitioners	At consulting rooms – not more than 15 minutes.	$37.70
WMG28	Medical Practitioners	At consulting rooms – 16 – 30 minutes.	$65.70
WMG29	Medical Practitioners	At consulting rooms – 31 – 45 minutes.	$98.60
WMG30	Medical Practitioners	At consulting rooms – more than 46 minutes.	$134.30

Independent Medical Examiner - short medical report

Item no.	Group	Description	Maximum fee – excl GST
WMSA1	Specialists in a surgical discipline	Independent medical examiner short medical report – provided within 72 hours of receipt of the initial request.	$70.00
WMSA2	Specialists in a surgical discipline	Independent medical examiner short medical report – provided more than 72 hours after receipt of the initial request.	$20.00
WMPA1	Consultant Physicians	Independent medical examiner short medical report – provided within 72 hours of receipt of the initial request.	$70.00
WMPA2	Consultant Physicians	Independent medical examiner short medical report – provided more than 72 hours after receipt of the initial request.	$20.00

Note 1: **REPORTS WILL NOT BE PAID IN ADVANCE.**

Note 2: A medical report must be requested in writing and may be requested by:

- a claims agent or self-insured employer; or
- a worker, a worker's representative or advocate.

Note 3: The date of request is taken to be two business days after the date the letter of request is posted, or one business day after the request is faxed. A business day is any day, excluding Saturday, Sunday and public holidays.

Note 4: Reports should be concise and focused. The anticipated length of a short report is approximately half an A4 page.

Note 5: Short reports may be faxed to the requestor with the relevant account.

Independent Medical Examiner – medical report *(excluding psychiatrists)*

Item no.	Group	Description	Maximum fee – excl GST
WMS29	Specialists in a surgical discipline	Independent medical examiner report – provided within 10 business days of receipt of the initial request.	$325.00
WMS30	Specialists in a surgical discipline	Independent medical examiner report – provided between 10 and 30 business days after receipt of the initial request.	$200.50
WMS31	Specialists in a surgical discipline	Independent medical examiner report – provided 30 or more business days after receipt of the initial request.	$167.20
WMP29	Consultant Physicians	Independent medical examiner report – provided within 10 business days of receipt of the initial request.	$325.00
WMP30	Consultant Physicians	Independent medical examiner report – provided between 10 and 30 business days after receipt of the initial request.	$200.50
WMP31	Consultant Physicians	Independent medical examiner report – provided 30 or more business days after receipt of the initial request.	$167.20

Note 1: **REPORTS WILL NOT BE PAID IN ADVANCE.**

Note 2: A medical report must be requested in writing and may be requested by:

- a claims agent or self-insured employer; or
- a worker, worker's representative or advocate.

Note 3: The date of request is taken to be two business days after the date the letter of request is posted, or one business day after the request is faxed. A business day is any day, excluding Saturday, Sunday and public holidays.

Note 4: There is an expectation that a consultation will be required for the preparation of a report and this should be charged in accordance with WorkCover Corporation's Schedule A items and fees, usually:

- item 104 for a specialist in a surgical discipline
- item 110 for consultant physicians.

Independent medical examiner – psychiatrist medical report

Item no.	Group	Description	Maximum fee – excl GST
WMP61	Psychiatrists	Independent Medical Examiner standard medical report – provided within 10 business days of receipt of the initial request.	$405.00
WMP62	Psychiatrists	Independent Medical Examiner standard medical report – provided between 10 and 30 business days after receipt of the initial request.	$322.00
WMP63	Psychiatrists	Independent Medical Examiner standard medical report – provided 30 or more business days after receipt of the initial request.	$260.00

Note 1: **REPORTS WILL NOT BE PAID IN ADVANCE.**

Note 2: A medical report must be requested in writing and may be requested by:

- a claims agent or self-insured employer; or
- a worker, worker's representative or advocate.

Note 3: The date of request is taken to be two business days after the date the letter of request is posted, or one business day after the request is faxed. A business day is any day, excluding Saturday, Sunday and public holidays.

Note 4: There is an expectation that a consultation will be required for the preparation of a report and this should be charged in accordance with WorkCover Corporation's Schedule A items and fees, usually:

- items 300 – 308 for consultant psychiatrists.

Note 5: Occasionally a psychiatrist will require more than one consultation with a patient to write a report. We recommend that the psychiatrist contacts the case manager prior to providing a second consultation, to determine whether this is appropriate in the circumstances of the case (eg time constraints). Where an additional consultation is required it must be provided within 10 working days of the first consultation. The additional consultation should be charged in accordance with WorkCover Corporation's Schedule A items and fees, usually:

- items 300 – 308 for consultant psychiatrists.

Independent Medical Examiner – medical report clarification

Item no.	Group	Description	Maximum fee – excl GST
WMS33	Specialists in a surgical discipline	Clarification of a medical report – re-examination not required	$50.00
WMP33	Consultant Physicians	Clarification of a medical report – re-examination not required	$50.00

Note 1: The requestor must specify that he or she is seeking a clarification of a previous medical report.

Note 2: A clarification of a medical report must be requested in writing and may be requested by:

- a claims agent or self-insured employer; or
- a worker, worker's representative or advocate.

Note 3: A fee is not payable for a clarification of a medical report if the clarification is sought as a result of failure by the doctor to address the original questions in the letter of request.

Note 4: The intention of this fee is to provide facilities for follow up questions or issues relating to prior independent medical examinations and additional consultations may not be required. The decision to undertake a further consultation is at the discretion of the medical practitioner.

Independent Medical Examiner - reading time

Item no.	Group	Description	Maximum fee – excl GST
WMS32	Specialists in a surgical discipline	Reading time – payable to an independent medical examiner for reading prior reports or other information forwarded by the requestor.	$100.00
WMP32	Consultant Physicians	Reading time – payable to an independent medical examiner for reading prior reports or other information forwarded by the requestor.	$100.00

Note 1: Payment for the reading of written material will only be made where the reading is required in order for the doctor to prepare a report, and where the reading is at the request of:

- a claims agent or self-insured employer; or
- a worker, worker's representative or advocate.

Note 2: A fee is not payable for the reading of case notes, clinical material or any other material that is not directly supplied by the parties listed in note 1.

Independent Medical Examiner - travel time for the purpose of attending a worksite assessment, case conference or dispute resolution

Item no.	Group	Description	Maximum fee – excl GST
MS940	Specialists in a surgical discipline	Travel time – for the purpose of a worksite assessment, case conference or dispute resolution.	$240.00 per hour
MP940	Consultant Physicians	Travel time – for the purpose of a worksite assessment, case conference or dispute resolution.	$240.00 per hour

Note 1: Travel will be approved for independent medical examiner services requested by:

- a claims agent or self-insured employer; or
- a worker, worker's representative or advocate.

Note 2: Travel must be authorised by the claims agent or self-insured employer. The cost will be authorised if it is considered reasonable.

Note 3: All accounts must include the total time spent travelling as well as the distance travelled.

Note 4: When the service is requested by the case manager he or she may choose to contain costs by requesting the service from an appropriately based practitioner in the worker's locality.

Note 5: Where more than one examination and report is conducted, the travel fee is to be apportioned accordingly.

Independent Medical Examiner - cancellation of an appointment

Item no.	Group	Description	Maximum fee – excl GST
WMS34	Specialists in a surgical discipline	Cancellation of an appointment – less than 24 hours before the time of the scheduled appointment.	$105.00
WMP34	Consultant Physicians	Cancellation of an appointment – less than 24 hours before the time of the scheduled appointment.	$175.00

Note 1: Fees apply only to the cancellation of medical appointments arranged by:

- a claims agent or self-insured employer; or
- a worker, a worker's representative or advocate.

Independent Medical Examiner – travel for examinations

Item no.	Group	Description	Maximum fee – excl GST
WMS64	Specialists in a surgical discipline	A full day attendance at a venue more than 100 kilometres from the Adelaide GPO for the purpose of providing an IME report.	$108.00
WMP64	Consultant Physicians	A full day of attendance at the venue more than 100 kilometres from the Adelaide GPO for the purpose of providing an IME report.	$108.00
WMS65	Specialists in a surgical discipline	Cancellation of an attendance at a venue more than 100 kilometres from the Adelaide GPO.	$173.00
WMP65	Consultant Physicians	Cancellation of an attendance at a venue more than 100 kilometres from the Adelaide GPO.	$173.00
WMS66	Specialists in a surgical discipline	Overnight accommodation including meals and incidentals.	$97.00
WMP66	Consultant Physicians	Overnight accommodation including meals and incidentals.	$97.00
WMS67	Specialists in a surgical discipline	Travel, by motor vehicle, to and from a venue for the purposes of an appointment made by the report requestor.	Current ATO rates – cents per kilometre
WMP67	Consultant Physicians	Travel, by motor vehicle, to and from a venue for the purposes of an appointment made by the report requestor.	Current ATO rates – cents per kilometre
WMS68	Specialists in a surgical discipline	Travel, by aircraft, to and from a venue for the purposes of an appointment made by the report requestor.	Standard economy airfare
WMP68	Consultant Physicians	Travel, by aircraft, to and from a venue for the purposes of an appointment made by the report requestor.	Standard economy airfare

Note 1: The first 50 kilometres of any travel is **not** chargeable. Distances shall be determined by reference to the Royal Automobile Association's standards.

Note 2: If more than one organisation has requested services from the provider at the travel destination then items WMS/P64, WMS/P66, WMS/P67 and/or WMS/P68 must be apportioned accordingly.

Note 3: A full day pursuant to item WMS/P64 refers to a stay of more than 6 hours at the venue including travel time.

Note 4: Please check with the Australian Taxation Office for the cents per kilometre travel rates (available on their website www.ato.gov.au).

Note—

As required by section 10AA(2) of the *Subordinate Legislation Act 1978*, the Minister has certified that, in the Minister's opinion, it is necessary or appropriate that these regulations come into operation as set out in these regulations.

Made by the Governor

with the advice and consent of the Executive Council

on 10 June 2004

No 130 of 2004

MIR001/04CSWKS

South Australia

Water Resources Variation Regulations 2004

under the *Water Resources Act 1997*

Contents

Part 1—Preliminary

1 Short title
2 Commencement
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Part 2—Variation of Water Resources Regulations 1997

4 Substitution of Schedule 2—Fees

Schedule 2—Fees

Part 1—Preliminary

1—Short title

These regulations may be cited as the *Water Resources Variation Regulations 2004*.

Note—

These regulations are made in substitution of the *Water Resources Variation Regulations 2004* (*Gazette 27.05.2004 p1613*) which were ineffectual and should be disregarded.

2—Commencement

These regulations will come into operation on 1 July 2004.

3—Variation provisions

In these regulations, a provision under a heading referring to the variation of specified regulations varies the regulations so specified.

Part 2—Variation of *Water Resources Regulations 1997*

4—Substitution of Schedule 2—Fees

Schedule 2—delete the Schedule and substitute:

Schedule 2—Fees

1	Application for a permit	$ 37.50
2	Maximum fee for copies of documents under section 21 of the Act	$1.05 per page

3	Application for well drillers' licence—	
	(a) for a new licence	$174.00
	(b) for the renewal of a licence	$89.50
4	Application for the variation of a well drillers' licence	$133.00
5	Application for a water licence—	
	(a) where the licence is to replace a water recovery licence that is taken to be a water licence under the Act but has expired (see regulation 25) or to replace any other water recovery licence that was in force at any time within a period of three months immediately preceding the commencement of the Act	$37.50
	(b) in any other case	$155.00
6	Maximum fee for copies of water licences under section 32 of the Act	$1.05 per page
7	Application to transfer water licence	$255.00
8	Application to vary water licence on transfer of allocation	$255.00
9	Additional fee where Minister directs an assessment by an expert under section 34(6) or section 39(2) of the Act (The expenses of the assessment are to be paid by the applicant in addition to this fee.)	$128.00
10	Application to vary licence for any other reason	$255.00
11	Application for notation on the register of water licences under section 47(5) and application for removal of notation under section 47(7)	$6.00
12	Maximum fee for copies of submissions for financial assistance under section 64 of the Act	$1.05 per page
13	Maximum fee for a copy of the annual report of a board under section 75 of the Act	$1.20 per page
14	Fee for a copy of the State Water Plan or any amendments to the State Water Plan	$1.20 per page
15	Maximum fee for copies of documents under section 100 of the Act	$1.05 per page
16	Maximum fee for copies of documents under section 107 of the Act	$1.05 per page
17	Maximum fee for copies of documents under section 115 of the Act	$1.05 per page
18	Fee for copies of agenda or minutes of a meeting of the Council, a board or committee	$1.20 per page
19	Rent for meter for a period of 12 months or less ending on 30 June—	
	Nominal size of meter—	
	(a) less than 50mm	$142.00
	(b) 50 to 100mm	$206.00
	(c) 150 to 175mm	$305.00

	(d) 200 to 380mm	$347.00
	(e) 407 to 610mm	$418.00
20	Fee for testing meter under section 126(4) of the Act	Estimated cost quoted by the Minister
21	Fee for reading meter at request of licensee	Estimated cost quoted by the Minister
22	Fee for transfer of licence, or of whole or part of water allocation of licence	$36.25
23	Fee for providing information required by *Land and Business (Sale and Conveyancing) Act 1994*	$17.40

Note—

As required by section 10AA(2) of the *Subordinate Legislation Act 1978*, the Minister has certified that, in the Minister's opinion, it is necessary or appropriate that these regulations come into operation as set out in these regulations.

Made by the Governor

with the advice and consent of the Executive Council

on 10 June 2004

No 131 of 2004

EC04/0021CS

J. D. FERGUSON, Government Printer, South Australia