

# **Medicare Benefits Schedule**

## **Summary of Changes**

**Effective 1 January 2011**

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## Summary of Additions, Deletions, and Revisions undertaken since 1 November 2010

New Items are indicated as "New". Deleted items are indicated as "Del".

Amended items are indicated as "Amend". Within revised items, the deleted language appears with a ~~double strikethrough~~ while new text appears underlined. These changes will be highlighted in yellow.

**Note:** Revisions to the headings, notes, introductory paragraphs, and cross references are not included in this summary of changes.

### New Items (New)

No new items since 1 November 2010.

### Deleted Items (Del)

No deleted items since 1 November 2010.

### Amended Description (Amend)

No amended descriptions since 1 November 2010.

### Assist (Added)

No assist added to items.

### Amended Fee

No amended fees since 1 November 2010

### EMSN Cap (EMSN)

#### 1 January 2011

<a href="#">13200</a>	<a href="#">13201</a>	<a href="#">13202</a>	<a href="#">13203</a>	<a href="#">13206</a>	<a href="#">13209</a>	<a href="#">13212</a>	<a href="#">13215</a>	<a href="#">13218</a>
<a href="#">13221</a>	<a href="#">13251</a>	<a href="#">16400</a>	<a href="#">16500</a>	<a href="#">16501</a>	<a href="#">16502</a>	<a href="#">16504</a>	<a href="#">16505</a>	<a href="#">16508</a>
<a href="#">16509</a>	<a href="#">16511</a>	<a href="#">16401</a>	<a href="#">16404</a>	<a href="#">16406</a>	<a href="#">16500</a>	<a href="#">16501</a>	<a href="#">16502</a>	<a href="#">16504</a>

<a href="#">16505</a>	<a href="#">16508</a>	<a href="#">16509</a>	<a href="#">16511</a>	<a href="#">16512</a>	<a href="#">16514</a>	<a href="#">16515</a>	<a href="#">16518</a>	<a href="#">16519</a>
<a href="#">16520</a>	<a href="#">16522</a>	<a href="#">16525</a>	<a href="#">16527</a>	<a href="#">16528</a>	<a href="#">16564</a>	<a href="#">16567</a>	<a href="#">16570</a>	<a href="#">16571</a>
<a href="#">16573</a>	<a href="#">16590</a>	<a href="#">16591</a>	<a href="#">16600</a>	<a href="#">16603</a>	<a href="#">16606</a>	<a href="#">16609</a>	<a href="#">16618</a>	<a href="#">16624</a>
<a href="#">16627</a>	<a href="#">16633</a>	<a href="#">16636</a>	<a href="#">32500</a>	<a href="#">42702</a>	<a href="#">45560</a>	<a href="#">55700</a>	<a href="#">55703</a>	<a href="#">55704</a>
<a href="#">55705</a>	<a href="#">55706</a>	<a href="#">55707</a>	<a href="#">55708</a>	<a href="#">55709</a>	<a href="#">55712</a>	<a href="#">55715</a>	<a href="#">55718</a>	<a href="#">55721</a>
<a href="#">55723</a>	<a href="#">55725</a>	<a href="#">55729</a>	<a href="#">55762</a>	<a href="#">55764</a>	<a href="#">55766</a>	<a href="#">55768</a>	<a href="#">55770</a>	<a href="#">55772</a>
<a href="#">55774</a>	<a href="#">82100</a>	<a href="#">82105</a>	<a href="#">82110</a>	<a href="#">82115</a>	<a href="#">82130</a>	<a href="#">82135</a>	<a href="#">82140</a>	

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**Category 3 – Therapeutic Procedures**

MISCELLANEOUS	ASSISTED REPRODUCTIVE SERVICES
	<b>GROUP T1 - MISCELLANEOUS THERAPEUTIC PROCEDURES</b>
	<b>SUBGROUP 3 - ASSISTED REPRODUCTIVE SERVICES</b>
<b>EMSN</b>  <b>13200</b>	ASSISTED REPRODUCTIVE TECHNOLOGIES SUPEROVULATED TREATMENT CYCLE PROCEEDING TO OOCYTE RETRIEVAL, involving the use of drugs to induce superovulation, and including quantitative estimation of hormones, semen preparation, ultrasound examinations, all treatment counselling and embryology laboratory services but excluding artificial insemination or transfer of frozen embryos or donated embryos or ova or a service to which item 13201, 13202, 13203, 13206, 13218 applies – being services rendered during 1 treatment cycle - INITIAL cycle in a single calendar year <i>(See para T1.4 of explanatory notes to this Category)</i> <b>Fee:</b> \$2,992.90 <b>Benefit:</b> 75% = \$2,244.70    85% = \$2,921.70 <b>Extended Medicare Safety Net Cap:</b> \$1,598.05
<b>EMSN</b>  <b>13201</b>	ASSISTED REPRODUCTIVE TECHNOLOGIES SUPEROVULATED TREATMENT CYCLE PROCEEDING TO OOCYTE RETRIEVAL, involving the use of drugs to induce superovulation, and including quantitative estimation of hormones, semen preparation, ultrasound examinations, all treatment counselling and embryology laboratory services but excluding artificial insemination or transfer of frozen embryos or donated embryos or ova or a service to which item 13200, 13202, 13203, 13206, 13218 applies – being services rendered during 1 treatment cycle - each cycle SUBSEQUENT to the first in a single calendar year <i>(See para T1.4 of explanatory notes to this Category)</i> <b>Fee:</b> \$2,799.50 <b>Benefit:</b> 75% = \$2,099.65    85% = \$2,728.30 <b>Extended Medicare Safety Net Cap:</b> \$2,319.75
<b>EMSN</b>  <b>13202</b>	ASSISTED REPRODUCTIVE TECHNOLOGIES SUPEROVULATED TREATMENT CYCLE THAT IS CANCELLED BEFORE OOCYTE RETRIEVAL, involving the use of drugs to induce superovulation and including quantitative estimation of hormones, semen preparation, ultrasound examinations, but excluding artificial insemination or transfer of frozen embryos or donated embryos or ova or a service to which Item 13200, 13201, 13203, 13206, 13218, applies being services rendered during 1 treatment cycle <i>(See para T1.4 of explanatory notes to this Category)</i> <b>Fee:</b> \$447.90 <b>Benefit:</b> 75% = \$335.95    85% = \$380.75 <b>Extended Medicare Safety Net Cap:</b> \$61.90
<b>EMSN</b>  <b>13203</b>	OVULATION MONITORING SERVICES, for artificial insemination – including quantitative estimation of hormones and ultrasound examinations, being services rendered during 1 treatment cycle but excluding a service to which Item 13200, 13201, 13202, 13206, 13212, 13215, 13218, applies <i>(See para T1.4 of explanatory notes to this Category)</i> <b>Fee:</b> \$468.30 <b>Benefit:</b> 75% = \$351.25    85% = \$398.10 <b>Extended Medicare Safety Net Cap:</b> \$103.10

MISCELLANEOUS		ASSISTED REPRODUCTIVE SERVICES	
EMSN 13206	<p>ASSISTED REPRODUCTIVE TECHNOLOGIES TREATMENT CYCLE using either the natural cycle or oral medication only to induce oocyte growth and development, and including quantitative estimation of hormones, semen preparation, ultrasound examinations, all treatment counselling and embryology laboratory services but excluding artificial insemination, frozen embryo transfer or donated embryos or ova or treatment involving the use of injectable drugs to induce superovulation being services rendered during 1 treatment cycle but only if rendered in conjunction with a service to which item 13212 applies (See para T1.4 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$447.90                      <b>Benefit:</b> 75% = \$335.95      85% = \$380.75 <b>Extended Medicare Safety Net Cap:</b> \$61.90</p>		
EMSN 13209	<p>PLANNING and MANAGEMENT of a referred patient by a specialist for the purpose of treatment by assisted reproductive technologies or for artificial insemination payable once only during 1 treatment cycle (See para T1.4 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$81.45                      <b>Benefit:</b> 75% = \$61.1085% = \$69.25 <b>Extended Medicare Safety Net Cap:</b> \$10.35</p>		
EMSN 13212	<p>OOCYTE RETRIEVAL for the purposes of assisted reproductive technologies – only if rendered in conjunction with a service to which Item 13200, 13201 or 13206 applies (Anaes.) (See para T1.4 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$341.05                      <b>Benefit:</b> 75% = \$255.80      85% = \$289.90 <b>Extended Medicare Safety Net Cap:</b> \$67.05</p>		
EMSN 13215	<p>TRANSFER OF EMBRYOS or both ova and sperm to the female reproductive system, excluding artificial insemination – only if rendered in conjunction with a service to which item 13200, 13201, 13206 or 13218 applies, being services rendered in 1 treatment cycle (Anaes.) (See para T1.4 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$106.90                      <b>Benefit:</b> 75% = \$80.2085% = \$90.90 <b>Extended Medicare Safety Net Cap:</b> \$46.40</p>		
EMSN 13218	<p>PREPARATION of frozen or donated embryos or donated oocytes for transfer to the female reproductive system, by any means and including quantitative estimation of hormones and all treatment counselling but excluding artificial insemination services rendered in 1 treatment cycle and excluding a service to which item 13200, 13201, 13202, 13203, 13206, 13212 applies (Anaes.) (See para T1.4 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$763.50                      <b>Benefit:</b> 75% = \$572.65      85% = \$692.30 <b>Extended Medicare Safety Net Cap:</b> \$670.15</p>		
EMSN 13221	<p>PREPARATION OF SEMEN for the purposes of artificial insemination - only if rendered in conjunction with a service to which item 13203 applies (See para T1.4 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$48.85                      <b>Benefit:</b> 75% = \$36.6585% = \$41.55 <b>Extended Medicare Safety Net Cap:</b> \$20.65</p>		
EMSN 13251	<p>INTRACYTOPLASMIC SPERM INJECTION for the purposes of assisted reproductive technologies, for male factor infertility, excluding a service to which Item 13203 or 13218 applies (See para T1.5 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$402.10                      <b>Benefit:</b> 75% = \$301.60      85% = \$341.80 <b>Extended Medicare Safety Net Cap:</b> \$103.10</p>		



OBSTETRICS	OBSTETRICS
<b>GROUP T4 - OBSTETRICS</b>	
<b>ANTENATAL CARE</b>	
<b>EMSN</b> <b>16400</b>	<p>Antenatal service provided by a midwife, nurse or a registered Aboriginal Health Worker if:</p> <p>(a) the service is provided on behalf of, and under the supervision of, a medical practitioner;</p> <p>(b) the service is provided at, or from, a practice location in a regional, rural or remote area RRMA 3-7;</p> <p>(c) the service is not performed in conjunction with another antenatal attendance item (same patient, same practitioner on the same day);</p> <p>(d) the service is not provided for an admitted patient of a hospital; and</p> <p>to a maximum of 10 service per pregnancy  <i>(See para T4.1 of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$26.25                      <b>Benefit:</b> 85% = \$22.35  <b>Extended Medicare Safety Net Cap:</b> \$10.50</p>
<b>EMSN</b> <b>16401</b>	<p align="center"><b>OBSTETRIC SPECIALIST, REFERRED CONSULTATION - SURGERY OR HOSPITAL</b></p> <p>Professional attendance at consulting rooms or a hospital by a specialist in the practice of his or her specialty of obstetrics, after referral of the patient to him or her - each INITIAL attendance, in a single course of treatment - not being a service to which item 104 applies.</p> <p><b>Fee:</b> \$82.30                      <b>Benefit:</b> 75% = \$61.7585% = \$70.00  <b>Extended Medicare Safety Net Cap:</b> \$52.35</p>
<b>EMSN</b> <b>16404</b>	<p>Professional attendance at consulting rooms or a hospital by a specialist in the practice of his or her specialty of obstetrics after referral of the patient to him or her - each attendance SUBSEQUENT to the first attendance in a single course of treatment.</p> <p><b>Fee:</b> \$41.35                      <b>Benefit:</b> 75% = \$31.0585% = \$35.15  <b>Extended Medicare Safety Net Cap:</b> \$31.40</p>
<b>EMSN</b> <b>16406</b>	<p align="center"><b>32-36 WEEK OBSTETRIC VISIT</b></p> <p>Antenatal professional attendance, as part of a single course of treatment, at 32-36 weeks of the patient's pregnancy when the patient is referred by a participating midwife. Payable only once for a pregnancy.</p> <p><b>Fee:</b> \$128.85                      <b>Benefit:</b> 75% = \$96.6585% = \$109.55  <b>Extended Medicare Safety Net Cap:</b> \$103.10</p>
<b>EMSN</b> <b>16500</b>	<p align="center"><b>ANTENATAL ATTENDANCE</b></p> <p><i>(See para T4.3 of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$45.35                      <b>Benefit:</b> 75% = \$34.0585% = \$38.55  <b>Extended Medicare Safety Net Cap:</b> \$31.40</p>
<b>EMSN</b> <b>16501</b>	<p align="center"><b>EXTERNAL CEPHALIC VERSION for breech presentation, after 36 weeks where no contraindication exists, in a Unit with facilities for Caesarean Section, including pre- and post version CTG, with or without tocolysis, not being a service to which items 55718 to 55728 and 55768 to 55774 apply - chargeable whether or not the version is successful and limited to a maximum of 2 ECV's per pregnancy</b></p> <p><i>(See para T4.4 of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$135.25                      <b>Benefit:</b> 75% = \$101.45      85% = \$115.00  <b>Extended Medicare Safety Net Cap:</b> \$62.80</p>

OBSTETRICS		OBSTETRICS	
EMSN 16502	POLYHYDRAMNIOS, UNSTABLE LIE, MULTIPLE PREGNANCY, PREGNANCY COMPLICATED BY DIABETES OR ANAEMIA, THREATENED PREMATURE LABOUR treated by bed rest only or oral medication, requiring admission to hospital each attendance that is not a routine antenatal attendance, to a maximum of 1 visit per day <b>Fee:</b> \$45.35 <b>Benefit:</b> 75% = \$34.0585% = \$38.55 <b>Extended Medicare Safety Net Cap:</b> \$20.95		
EMSN 16504	TREATMENT OF HABITUAL MISCARRIAGE by injection of hormones each injection up to a maximum of 12 injections, where the injection is not administered during a routine antenatal attendance <b>Fee:</b> \$45.35 <b>Benefit:</b> 75% = \$34.0585% = \$38.55 <b>Extended Medicare Safety Net Cap:</b> \$20.95		
EMSN 16505	THREATENED ABORTION, THREATENED MISCARRIAGE OR HYPEREMESIS GRAVIDARUM, requiring admission to hospital, treatment of each attendance that is not a routine antenatal attendance <b>Fee:</b> \$45.35 <b>Benefit:</b> 75% = \$34.0585% = \$38.55 <b>Extended Medicare Safety Net Cap:</b> \$20.95		
EMSN 16508	PREGNANCY COMPLICATED BY acute intercurrent infection, intrauterine growth retardation, threatened premature labour with ruptured membranes or threatened premature labour treated by intravenous therapy, requiring admission to hospital - each attendance that is not a routine antenatal attendance, to a maximum of 1 visit per day <b>Fee:</b> \$45.35 <b>Benefit:</b> 75% = \$34.0585% = \$38.55 <b>Extended Medicare Safety Net Cap:</b> \$20.95		
EMSN 16509	PREECLAMPSIA, ECLAMPSIA OR ANTEPARTUM HAEMORRHAGE, treatment of each attendance that is not a routine antenatal attendance <b>Fee:</b> \$45.35 <b>Benefit:</b> 75% = \$34.0585% = \$38.55 <b>Extended Medicare Safety Net Cap:</b> \$20.95		
EMSN 16511	CERVIX, purse string ligation of (Anaes.) <b>Fee:</b> \$211.60 <b>Benefit:</b> 75% = \$158.70      85% = \$179.90 <b>Extended Medicare Safety Net Cap:</b> \$104.65		
EMSN 16512	CERVIX, removal of purse string ligature of (Anaes.) <b>Fee:</b> \$61.10 <b>Benefit:</b> 75% = \$45.8585% = \$51.95 <b>Extended Medicare Safety Net Cap:</b> \$31.40		
EMSN 16514	ANTENATAL CARDIOTOGRAPHY in the management of high risk pregnancy (not during the course of the confinement) <b>Fee:</b> \$35.25 <b>Benefit:</b> 75% = \$26.4585% = \$30.00 <b>Extended Medicare Safety Net Cap:</b> \$15.75		
EMSN 16515	<b>MANAGEMENT OF LABOUR AND DELIVERY</b>		
EMSN 16515	MANAGEMENT OF VAGINAL DELIVERY as an independent procedure where the patient's care has been transferred by another medical practitioner for management of the delivery and the attending medical practitioner has not provided antenatal care to the patient, including all attendances related to the delivery (Anaes.) <i>(See para T4.5 of explanatory notes to this Category)</i> <b>Fee:</b> \$433.60 <b>Benefit:</b> 75% = \$325.20      85% = \$368.60 <b>Extended Medicare Safety Net Cap:</b> \$167.45		

OBSTETRICS		OBSTETRICS	
<b>EMSN</b>  <b>16518</b>	MANAGEMENT OF LABOUR, incomplete, where the patient's care has been transferred to another medical practitioner for completion of the delivery (Anaes.) <i>(See para T4.5 of explanatory notes to this Category)</i> <b>Fee:</b> \$433.60 <b>Benefit:</b> 75% = \$325.20      85% = \$368.60 <b>Extended Medicare Safety Net Cap:</b> \$167.45		
<b>EMSN</b>  <b>16519</b>	MANAGEMENT OF LABOUR and delivery by any means (including Caesarean section) including post-partum care for 5 days (Anaes.) <i>(See para T4.5 of explanatory notes to this Category)</i> <b>Fee:</b> \$667.65 <b>Benefit:</b> 75% = \$500.75      85% = \$596.45 <b>Extended Medicare Safety Net Cap:</b> \$313.95		
<b>EMSN</b>  <b>16520</b>	CAESAREAN SECTION and post-operative care for 7 days where the patient's care has been transferred by another medical practitioner for management of the confinement and the attending medical practitioner has not provided any of the antenatal care (Anaes.) <i>(See para T4.6 of explanatory notes to this Category)</i> <b>Fee:</b> \$780.35 <b>Benefit:</b> 75% = \$585.30      85% = \$709.15 <b>Extended Medicare Safety Net Cap:</b> \$313.95		

OBSTETRICS		OBSTETRICS	
EMSN 16522	<p>MANAGEMENT OF LABOUR AND DELIVERY, or delivery alone, (including Caesarean section), where in the course of antenatal supervision or intrapartum management 1 or more of the following conditions is present, including postnatal care for 7 days:</p> <ul style="list-style-type: none"> <li>- multiple pregnancy;</li> <li>- recurrent antepartum haemorrhage from 20 weeks gestation;</li> <li>- grades 2, 3 or 4 placenta praevia;</li> <li>- baby with a birth weight less than or equal to 2500gm;</li> <li>- pre-existing diabetes mellitus dependent on medication, or gestational diabetes requiring at least daily blood glucose monitoring;</li> <li>- trial of vaginal delivery in a patient with uterine scar, or trial of vaginal breech delivery;</li> <li>- pre-existing hypertension requiring antihypertensive medication, or pregnancy induced hypertension of at least 140/90mm Hg associated with at least 1+ proteinuria on urinalysis;</li> <li>- prolonged labour greater than 12 hours with partogram evidence of abnormal cervimetric progress;</li> <li>- fetal distress defined by significant cardiotocograph or scalp pH abnormalities requiring immediate delivery; OR</li> <li>- conditions that pose a significant risk of maternal death. (Anaes.)</li> </ul> <p><i>(See para T4.7 of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$1,567.60                      <b>Benefit:</b> 75% = \$1,175.70    85% = \$1,496.40</p> <p><b>Extended Medicare Safety Net Cap:</b> \$418.60</p>		
EMSN 16525	<p>MANAGEMENT OF SECOND TRIMESTER LABOUR, with or without induction, for intrauterine fetal death, gross fetal abnormality or life threatening maternal disease, not being a service to which item 35643 applies (Anaes.)</p> <p><i>(See para T4.5 of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$369.80                      <b>Benefit:</b> 75% = \$277.35    85% = \$314.35</p> <p><b>Extended Medicare Safety Net Cap:</b> \$146.55</p>		
EMSN 16527	<p>MANAGEMENT OF VAGINAL DELIVERY, if the patient's care has been transferred by a participating midwife for management of the delivery, including all attendances related to the delivery. Payable once only for a pregnancy. (Anaes.)</p> <p><i>(See para T4.8 of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$433.60                      <b>Benefit:</b> 75% = \$325.20    85% = \$368.60</p> <p><b>Extended Medicare Safety Net Cap:</b> \$167.45</p>		
EMSN 16528	<p>CAESAREAN SECTION and post-operative care for 7 days, if the patient's care has been transferred by a participating midwife for management of the birth. Payable once only for a pregnancy. (Anaes.)</p> <p><i>(See para T4.8 of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$780.35                      <b>Benefit:</b> 75% = \$585.30    85% = \$709.15</p> <p><b>Extended Medicare Safety Net Cap:</b> \$313.95</p>		
EMSN 16564	<p><b>POST-PARTUM CARE</b></p>		
	<p>EVACUATION OF RETAINED PRODUCTS OF CONCEPTION (placenta, membranes or mole) as a complication of confinement, with or without curettage of the uterus, as an independent procedure (Anaes.)</p> <p><i>(See para T4.10 of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$209.75                      <b>Benefit:</b> 75% = \$157.35    85% = \$178.30</p> <p><b>Extended Medicare Safety Net Cap:</b> \$209.30</p>		

OBSTETRICS	OBSTETRICS
<b>EMSN</b>  <b>16567</b>	MANAGEMENT OF POSTPARTUM HAEMORRHAGE by special measures such as packing of uterus, as an independent procedure (Anaes.) <i>(See para T4.10 of explanatory notes to this Category)</i> <b>Fee:</b> \$306.70 <b>Benefit:</b> 75% = \$230.05      85% = \$260.70 <b>Extended Medicare Safety Net Cap:</b> \$209.30
<b>EMSN</b>  <b>16570</b>	ACUTE INVERSION OF THE UTERUS, vaginal correction of, as an independent procedure (Anaes.) <i>(See para T4.10 of explanatory notes to this Category)</i> <b>Fee:</b> \$400.30 <b>Benefit:</b> 75% = \$300.25      85% = \$340.30 <b>Extended Medicare Safety Net Cap:</b> \$209.30
<b>EMSN</b>  <b>16571</b>	CERVIX, repair of extensive laceration or lacerations (Anaes.) <i>(See para T4.10 of explanatory notes to this Category)</i> <b>Fee:</b> \$306.70 <b>Benefit:</b> 75% = \$230.05      85% = \$260.70 <b>Extended Medicare Safety Net Cap:</b> \$209.30
<b>EMSN</b>  <b>16573</b>	THIRD DEGREE TEAR, involving anal sphincter muscles and rectal mucosa, repair of, as an independent procedure (Anaes.) <i>(See para T4.10 of explanatory notes to this Category)</i> <b>Fee:</b> \$249.95 <b>Benefit:</b> 75% = \$187.50      85% = \$212.50 <b>Extended Medicare Safety Net Cap:</b> \$209.30

OBSTETRICS		OBSTETRICS
EMSN 16590	<p>Planning and management of a pregnancy that has progressed beyond 20 weeks provided the fee does not include any amount for the management of the labour and delivery, payable once only for any pregnancy that has progressed beyond 20 weeks where the practitioner intends to undertake the delivery for a privately admitted patient, not being a service to which item 16591 applies.</p> <p><b>Fee:</b> \$311.80                      <b>Benefit:</b> 75% = \$233.85      85% = \$265.05  <b>Extended Medicare Safety Net Cap:</b> \$209.30</p>	
EMSN 16591	<p>Planning and management of a pregnancy that has progressed beyond 20 weeks provided the fee does not include any amount for the management of the labour and delivery if the care of the patient will be transferred to another medical practitioner, payable once only for any pregnancy that has progressed beyond 20 weeks, not being a service to which item 16590 applies.</p> <p><b>Fee:</b> \$137.25                      <b>Benefit:</b> 75% = \$102.95      85% = \$116.70  <b>Extended Medicare Safety Net Cap:</b> \$104.65</p>	
<b>INTERVENTIONAL TECHNIQUES</b>		
EMSN 16600	<p>AMNIOCENTESIS, diagnostic  <i>(See para T4.11 of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$61.10                      <b>Benefit:</b> 75% = \$45.8585% = \$51.95  <b>Extended Medicare Safety Net Cap:</b> \$31.40</p>	
EMSN 16603	<p>CHORIONIC VILLUS SAMPLING, by any route  <i>(See para T4.11 of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$117.25                      <b>Benefit:</b> 75% = \$87.9585% = \$99.70  <b>Extended Medicare Safety Net Cap:</b> \$62.80</p>	
EMSN 16606	<p>FETAL BLOOD SAMPLING, using interventional techniques from umbilical cord or foetus, including fetal neuromuscular blockade and amniocentesis (Anaes.)  <i>(See para T4.11 of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$234.00                      <b>Benefit:</b> 75% = \$175.50      85% = \$198.90  <b>Extended Medicare Safety Net Cap:</b> \$125.60</p>	
EMSN 16609	<p>FETAL INTRAVASCULAR BLOOD TRANSFUSION, using blood already collected, including neuromuscular blockade, amniocentesis and fetal blood sampling (Anaes.)  <i>(See para T4.11 of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$477.20                      <b>Benefit:</b> 75% = \$357.90      85% = \$406.00  <b>Extended Medicare Safety Net Cap:</b> \$240.70</p>	
EMSN 16618	<p>AMNIOCENTESIS, THERAPEUTIC, when indicated because of polyhydramnios with at least 500ml being aspirated  <i>(See para T4.11 of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$199.95                      <b>Benefit:</b> 75% = \$150.00      85% = \$170.00  <b>Extended Medicare Safety Net Cap:</b> \$99.45</p>	
EMSN 16624	<p>FETAL FLUID FILLED CAVITY, drainage of  <i>(See para T4.11 of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$287.75                      <b>Benefit:</b> 75% = \$215.85      85% = \$244.60  <b>Extended Medicare Safety Net Cap:</b> \$136.05</p>	

OBSTETRICS		OBSTETRICS
EMSN 16627	FETO-AMNIOTIC SHUNT, insertion of, into fetal fluid filled cavity, including neuromuscular blockade and amniocentesis <i>(See para T4.11 of explanatory notes to this Category)</i> <b>Fee:</b> \$585.90 <b>Benefit:</b> 75% = \$439.45      85% = \$514.70 <b>Extended Medicare Safety Net Cap:</b> \$293.05	
EMSN 16633	PROCEDURE ON MULTIPLE PREGNANCIES relating to items 16606, 16609, 16612, 16615 and 16627 <i>(See para T4.11 of explanatory notes to this Category)</i> <b>Derived Fee:</b> 50% of the fee for the first foetus for any additional foetus tested <b>Extended Medicare Safety Net Cap:</b> \$219.80	
EMSN 16636	PROCEDURE ON MULTIPLE PREGNANCIES relating to items 16600, 16603, 16618, 16621 and 16624 <i>(See para T4.11 of explanatory notes to this Category)</i> <b>Derived Fee:</b> 50% of the fee for the first foetus for any additional foetus tested <b>Extended Medicare Safety Net Cap:</b> \$83.75	

OPERATIONS		VASCULAR
<b>GROUP T8 - SURGICAL OPERATIONS</b>		
<b>SUBGROUP 3 - VASCULAR</b>		
<b>VARICOSE VEINS</b>		
EMSN 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.) <i>(See para T8.34 of explanatory notes to this Category)</i> <b>Fee:</b> \$105.65 <b>Benefit:</b> 75% = \$79.25 85% = \$89.85 <b>Extended Medicare Safety Net Cap:</b> \$115.15	
<b>SUBGROUP 9 - OPHTHALMOLOGY</b>		
EMSN 42702	LENS EXTRACTION AND INSERTION OF ARTIFICIAL LENS, excluding surgery performed for the correction of refractive error <b><i>except for anisometropia greater than 3 dioptres following the removal of cataract in the first eye</i></b> (Anaes.) <b>Fee:</b> \$731.80 <b>Benefit:</b> 75% = \$548.85      85% = \$660.60 <b>Extended Medicare Safety Net Cap:</b> \$104.65	
<b>SUBGROUP 13 - PLASTIC AND RECONSTRUCTIVE SURGERY</b>		
<b>OTHER GRAFTS AND MISCELLANEOUS PROCEDURES</b>		
EMSN 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.) <b>Fee:</b> \$455.70 <b>Benefit:</b> 75% = \$341.80      85% = \$387.35 <b>Extended Medicare Safety Net Cap:</b> \$157.00	

**Category 5 – Diagnostic Imaging Services**

ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
<b>GROUP I 1 - ULTRASOUND</b>	
<b>SUBGROUP 5 - OBSTETRIC AND GYNAECOLOGICAL</b>	
<p><b>EMSN</b> <b>55700</b></p>	<p>           PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, ultrasound scan of, by any or all approaches, where:            (a) the patient is referred by a medical practitioner; and            (b) the dating of the pregnancy (as confirmed by ultrasound) is less than 12 weeks of gestation; and            (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and            (d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and            (e) one or more of the following conditions are present:                (i) hyperemesis gravidarum;                (ii) diabetes mellitus;                (iii) hypertension;                (iv) toxaemia of pregnancy;                (v) liver or renal disease;                (vi) autoimmune disease;                (vii) cardiac disease;                (viii) alloimmunisation;                (ix) maternal infection;                (x) inflammatory bowel disease;                (xi) bowel stoma;                (xii) abdominal wall scarring;                (xiii) previous spinal or pelvic trauma or disease;                (xiv) drug dependency;                (xv) thrombophilia;                (xvi) significant maternal obesity;                (xvii) advanced maternal age;                (xviii) abdominal pain or mass;                (xix) uncertain dates;                (xx) high risk pregnancy;                (xxi) previous post dates delivery;                (xxii) previous caesarean section;                (xxiii) poor obstetric history;                (xxiv) suspicion of ectopic pregnancy;                (xxv) risk of miscarriage;                (xxvi) diminished symptoms of pregnancy;                (xxvii) suspected or known cervical incompetence;                (xxviii) suspected or known uterine abnormality;                (xxix) pregnancy after assisted reproduction;                (xxx) risk of fetal abnormality (R)         </p> <p>           Footnote: For nuchal translucency measurements performed when the pregnancy is dated by a crown rump length of 45 to 84mm, refer to item number 55707 (R). Fee is payable only for item 55700 or item 55707, not both items.            (See para DIQ of explanatory notes to this Category)         </p> <p> <b>Fee:</b> \$60.00                      <b>Benefit:</b> 75% = \$45.0085% = \$51.00  <b>Extended Medicare Safety Net Cap:</b> \$31.40         </p>



ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
<p><b>EMSN</b></p> <p><b>55703</b></p>	<p>           PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, ultrasound scan of, by any or all approaches, where:            (a) the patient is not referred by a medical practitioner; and            (b) the dating of the pregnancy (as confirmed by ultrasound) is less than 12 weeks of gestation; and            (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and            (d) one or more of the following conditions are present:                (i) hyperemesis gravidarum;                (ii) diabetes mellitus;                (iii) hypertension;                (iv) toxæmia of pregnancy;                (v) liver or renal disease;                (vi) autoimmune disease;                (vii) cardiac disease;                (viii) alloimmunisation;                (ix) maternal infection;                (x) inflammatory bowel disease;                (xi) bowel stoma;                (xii) abdominal wall scarring;                (xiii) previous spinal or pelvic trauma or disease;                (xiv) drug dependency;                (xv) thrombophilia;                (xvi) significant maternal obesity;                (xvii) advanced maternal age;                (xviii) abdominal pain or mass;                (xix) uncertain dates;                (xx) high risk pregnancy;                (xxi) previous post dates delivery;                (xxii) previous caesarean section;                (xxiii) poor obstetric history;                (xxiv) suspicion of ectopic pregnancy;                (xxv) risk of miscarriage;                (xxvi) diminished symptoms of pregnancy;                (xxvii) suspected or known cervical incompetence;                (xxviii) suspected or known uterine abnormality;                (xxix) pregnancy after assisted reproduction;                (xxx) risk of fetal abnormality (NR)         </p> <p>Footnote: For nuchal translucency measurements performed when the pregnancy is dated by a crown rump length of 45 to 84mm, refer to item number 55708 (R). Fee is payable only for item 55703 or item 55707, not both items.  <i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$35.00                      <b>Benefit:</b> 75% = \$26.2585% = \$29.75</p> <p><b>Extended Medicare Safety Net Cap:</b> \$15.75</p>

ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
<p><b>EMSN</b></p> <p><b>55704</b></p>	<p>           PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, where:           <ul style="list-style-type: none"> <li>(a) the patient is referred by a medical practitioner; and</li> <li>(b) the dating of the pregnancy (as confirmed by ultrasound) is 12 to 16 weeks of gestation; and</li> <li>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</li> <li>(d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member;               <ul style="list-style-type: none"> <li>and</li> </ul> </li> <li>(e) one or more of the following conditions are present:               <ul style="list-style-type: none"> <li>(i) hyperemesis gravidarum;</li> <li>(ii) diabetes mellitus;</li> <li>(iii) hypertension;</li> <li>(iv) toxæmia of pregnancy;</li> <li>(v) liver or renal disease;</li> <li>(vi) autoimmune disease;</li> <li>(vii) cardiac disease;</li> <li>(viii) alloimmunisation;</li> <li>(ix) maternal infection;</li> <li>(x) inflammatory bowel disease;</li> <li>(xi) bowel stoma;</li> <li>(xii) abdominal wall scarring;</li> <li>(xiii) previous spinal or pelvic trauma or disease;</li> <li>(xiv) drug dependency;</li> <li>(xv) thrombophilia;</li> <li>(xvi) significant maternal obesity;</li> <li>(xvii) advanced maternal age;</li> <li>(xviii) abdominal pain or mass;</li> <li>(xix) uncertain dates;</li> <li>(xx) high risk pregnancy;</li> <li>(xxi) previous post dates delivery;</li> <li>(xxii) previous caesarean section;</li> <li>(xxiii) poor obstetric history;</li> <li>(xxiv) suspicion of ectopic pregnancy;</li> <li>(xxv) risk of miscarriage;</li> <li>(xxvi) diminished symptoms of pregnancy;</li> <li>(xxvii) suspected or known cervical incompetence;</li> <li>(xxviii) suspected or known uterine abnormality;</li> <li>(xxix) pregnancy after assisted reproduction;</li> <li>(xxx) risk of fetal abnormality (R)</li> </ul> </li> </ul> </p> <p>Footnote: For nuchal translucency measurements performed when the pregnancy is dated by a crown rump length of 45 to 84mm, refer to item number 55707 (R). Fee is payable only for item 55704 or item 55707, not both items.  <i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$70.00                      <b>Benefit:</b> 75% = \$52.5085% = \$59.50</p> <p><b>Extended Medicare Safety Net Cap:</b> \$36.65</p>

<b>ULTRASOUND</b>	<b>OBSTETRIC AND GYNAECOLOGICAL</b>
<p><b>EMSN</b></p> <p><b>55705</b></p>	<p>           PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, where:           <ul style="list-style-type: none"> <li>(a) the patient is not referred by a medical practitioner; and</li> <li>(b) the dating of the pregnancy (as confirmed by ultrasound) is 12 to 16 weeks of gestation; and</li> <li>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</li> <li>(d) one or more of the following conditions are present:               <ul style="list-style-type: none"> <li>(i) hyperemesis gravidarum</li> <li>(ii) diabetes mellitus;</li> <li>(iii) hypertension;</li> <li>(iv) toxæmia of pregnancy;</li> <li>(v) liver or renal disease;</li> <li>(vi) autoimmune disease;</li> <li>(vii) cardiac disease;</li> <li>(viii) alloimmunisation;</li> <li>(ix) maternal infection;</li> <li>(x) inflammatory bowel disease;</li> <li>(xi) bowel stoma;</li> <li>(xii) abdominal wall scarring;</li> <li>(xiii) previous spinal or pelvic trauma or disease;</li> <li>(xiv) drug dependency;</li> <li>(xv) thrombophilia;</li> <li>(xvi) significant maternal obesity;</li> <li>(xvii) advanced maternal age;</li> <li>(xviii) abdominal pain or mass;</li> <li>(xix) uncertain dates;</li> <li>(xx) high risk pregnancy;</li> <li>(xxi) previous post dates delivery;</li> <li>(xxii) previous caesarean section;</li> <li>(xxiii) poor obstetric history;</li> <li>(xxiv) suspicion of ectopic pregnancy;</li> <li>(xxv) risk of miscarriage;</li> <li>(xxvi) diminished symptoms of pregnancy;</li> <li>(xxvii) suspected or known cervical incompetence;</li> <li>(xxviii) suspected or known uterine abnormality;</li> <li>(xxix) pregnancy after assisted reproduction;</li> <li>(xxx) risk of fetal abnormality (NR)</li> </ul> </li> </ul> </p> <p>Footnote: For nuchal translucency measurements performed when the pregnancy is dated by a crown rump length of 45 to 84mm, refer to item number 55708 (R). Fee is payable only for item 55705 or item 55708, not both items.</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$35.00                      <b>Benefit:</b> 75% = \$26.2585% = \$29.75</p> <p><b>Extended Medicare Safety Net Cap:</b> \$15.75</p>

ULTRASOUND		OBSTETRIC AND GYNAECOLOGICAL	
<b>EMSN</b> <b>55706</b>	<p>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:</p> <p>(a) the patient is referred by a medical practitioner; and</p> <p>(b) the dating for the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and</p> <p>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member;</p> <p align="center">and</p> <p>(e) the service is not performed in the same pregnancy as item 55709 (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$100.00                      <b>Benefit:</b> 75% = \$75.0085% = \$85.00</p> <p><b>Extended Medicare Safety Net Cap:</b> \$52.35</p>		
	<p>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;</p> <p>(a) the patient is referred by a medical practitioner; and</p> <p>(b) the pregnancy (as confirmed by ultrasound) is dated by a crown rump length of 45 to 84mm; and</p> <p>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member;</p> <p align="center">and</p> <p>(e) one or more of the conditions mentioned in subparagraphs (e) (i) to (xxx) of item 55704 are present; and</p> <p>(f) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and</p> <p>(g) the service is not performed with item 55700, 55703, 55704 or 55705 on the same patient within 24 hours (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$70.00                      <b>Benefit:</b> 75% = \$52.5085% = \$59.50</p> <p><b>Extended Medicare Safety Net Cap:</b> \$36.65</p>		
<b>EMSN</b> <b>55708</b>	<p>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;</p> <p>(a) the patient is not referred by a medical practitioner; and</p> <p>(b) the pregnancy (as confirmed by ultrasound) is dated by a crown rump length of 45 to 84mm; and</p> <p>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(d) one or more of the conditions in subparagraphs (e) (i) to (xxx) of item 55704 are present; and</p> <p>(e) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and</p> <p>(f) the service is not performed in conjunction with item 55700, 55703, 55704 or 55705 on the same patient within 24 hours (NR)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$35.00                      <b>Benefit:</b> 75% = \$26.2585% = \$29.75</p> <p><b>Extended Medicare Safety Net Cap:</b> \$15.75</p>		

ULTRASOUND		OBSTETRIC AND GYNAECOLOGICAL	
EMSN 55709	<p>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:</p> <p>(a) the patient is not referred by a medical practitioner; and</p> <p>(b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and</p> <p>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(d) the service is not performed in the same pregnancy as item 55706 (NR)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$38.00                      <b>Benefit:</b> 75% = \$28.5085% = \$32.30</p> <p><b>Extended Medicare Safety Net Cap:</b> \$20.95</p>		
	<p>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:</p> <p>(a) the patient is referred by a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists or who has a Diploma of Obstetrics or has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics or has obstetric privileges at a non-metropolitan hospital; and</p> <p>(b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and</p> <p>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member;</p> <p align="center">and</p> <p>(e) further examination is clinically indicated in the same pregnancy to which item 55706 or 55709 applies (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$115.00                      <b>Benefit:</b> 75% = \$86.2585% = \$97.75</p> <p><b>Extended Medicare Safety Net Cap:</b> \$62.80</p>		
EMSN 55715	<p>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, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, where:</p> <p>(a) the patient is not referred by a medical practitioner; and</p> <p>(b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and</p> <p>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(d) further examination is clinically indicated in the same pregnancy to which item 55706 or 55709 applies (NR)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$40.00                      <b>Benefit:</b> 75% = \$30.0085% = \$34.00</p> <p><b>Extended Medicare Safety Net Cap:</b> \$20.95</p>		

<b>ULTRASOUND</b>	<b>OBSTETRIC AND GYNAECOLOGICAL</b>
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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:

- (a) the patient is referred by a medical practitioner; and
- (b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and
- (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and
- (d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member;

and

- (e) the service is not performed in the same pregnancy as item 55723; and
- (f) one or more of the following conditions are present:
  - (i) known or suspected fetal abnormality or fetal cardiac arrhythmia;
  - (ii) fetal anatomy (late booking or incomplete mid-trimester scan);
  - (iii) malpresentation;
  - (iv) cervical assessment;
  - (v) clinical suspicion of amniotic fluid abnormality;
  - (vi) clinical suspicion of placental or umbilical cord abnormality;
  - (vii) previous complicated delivery;
  - (viii) uterine scar assessment;
  - (ix) uterine fibroid;
  - (x) previous fetal death in utero or neonatal death;
  - (xi) antepartum haemorrhage;
  - (xii) clinical suspicion of intrauterine growth retardation;
  - (xiii) clinical suspicion of macrosomia;
  - (xiv) reduced fetal movements;
  - (xv) suspected fetal death;
  - (xvi) abnormal cardiotocography;
  - (xvii) prolonged pregnancy;
  - (xviii) premature labour;
  - (xix) fetal infection;
  - (xx) pregnancy after assisted reproduction;
  - (xxi) trauma;
  - (xxii) diabetes mellitus;
  - (xxiii) hypertension;
  - (xxiv) toxemia of pregnancy;
  - (xxv) liver or renal disease;
  - (xxvi) autoimmune disease;
  - (xxvii) cardiac disease;
  - (xxviii) alloimmunisation;
  - (xxix) maternal infection;
  - (xxx) inflammatory bowel disease;
  - (xxxi) bowel stoma;
  - (xxxii) abdominal wall scarring;
  - (xxxiii) previous spinal or pelvic trauma or disease;
  - (xxxiv) drug dependency;
  - (xxxv) thrombophilia;
  - (xxxvi) significant maternal obesity;
  - (xxxvii) advanced maternal age;
  - (xxxviii) abdominal pain or mass (R)

**EMSN**  
**55718**

*(See para DIQ of explanatory notes to this Category)*  
**Fee:** \$100.00      **Benefit:** 75% = \$75.00 85% = \$85.00  
**Extended Medicare Safety Net Cap:** \$52.35

ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
<p>EMSN 55721</p>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of by any or all approaches, where:</p> <ul style="list-style-type: none"><li>(a) the patient is referred by a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists or who has a Diploma of Obstetrics or has qualifications recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of obstetrics or has obstetric privileges at a non-metropolitan hospital; and</li><li>(b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and</li><li>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</li><li>(d) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and</li><li>(e) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies (R)</li></ul> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$115.00                      <b>Benefit:</b> 75% = \$86.2585% = \$97.75</p> <p><b>Extended Medicare Safety Net Cap:</b> \$62.80</p>

<b>ULTRASOUND</b>	<b>OBSTETRIC AND GYNAECOLOGICAL</b>
<b>EMSN</b>	<p>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:</p> <p>(a) the patient is not referred by a medical practitioner; and</p> <p>(b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and</p> <p>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(d) the service is not performed in the same pregnancy as item 55718; and</p> <p>(e) one or more of the following conditions are present:</p> <ul style="list-style-type: none"> <li>(i) known or suspected fetal abnormality or fetal cardiac arrhythmia;</li> <li>(ii) fetal anatomy (late booking or incomplete mid-trimester scan);</li> <li>(iii) malpresentation;</li> <li>(iv) cervical assessment;</li> <li>(v) clinical suspicion of amniotic fluid abnormality;</li> <li>(vi) clinical suspicion of placental or umbilical cord abnormality;</li> <li>(vii) previous complicated delivery;</li> <li>(viii) uterine scar assessment;</li> <li>(ix) uterine fibroid;</li> <li>(x) previous fetal death in utero or neonatal death;</li> <li>(xi) antepartum haemorrhage;</li> <li>(xii) clinical suspicion of intrauterine growth retardation;</li> <li>(xiii) clinical suspicion of macrosomia;</li> <li>(xiv) reduced fetal movements;</li> <li>(xv) suspected fetal death;</li> <li>(xvi) abnormal cardiotocography;</li> <li>(xvii) prolonged pregnancy;</li> <li>(xviii) premature labour;</li> <li>(xix) fetal infection;</li> <li>(xx) pregnancy after assisted reproduction;</li> <li>(xxi) trauma;</li> <li>(xxii) diabetes mellitus;</li> <li>(xxiii) hypertension;</li> <li>(xxiv) toxæmia of pregnancy;</li> <li>(xxv) liver or renal disease;</li> <li>(xxvi) autoimmune disease;</li> <li>(xxvii) cardiac disease;</li> <li>(xxviii) alloimmunisation;</li> <li>(xxix) maternal infection;</li> <li>(xxx) inflammatory bowel disease;</li> <li>(xxxi) bowel stoma;</li> <li>(xxxii) abdominal wall scarring;</li> <li>(xxxiii) previous spinal or pelvic trauma or disease;</li> <li>(xxxiv) drug dependency;</li> <li>(xxxv) thrombophilia;</li> <li>(xxxvi) significant maternal obesity;</li> <li>(xxxvii) advanced maternal age;</li> <li>(xxxviii) abdominal pain or mass (NR)</li> </ul> <p><i>(See para DIQ of explanatory notes to this Category)</i></p>
<b>55723</b>	<p><b>Fee:</b> \$38.00                      <b>Benefit:</b> 75% = \$28.5085% = \$32.30</p> <p><b>Extended Medicare Safety Net Cap:</b> \$20.95</p>



ULTRASOUND		OBSTETRIC AND GYNAECOLOGICAL
<b>EMSN</b>  <b>55725</b>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, where:</p> <p>(a) the patient is not referred by a medical practitioner; and</p> <p>(b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and</p> <p>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(d) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies (NR)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$40.00                      <b>Benefit:</b> 75% = \$30.0085% = \$34.00</p> <p><b>Extended Medicare Safety Net Cap:</b> \$20.95</p>	
<b>EMSN</b>  <b>55729</b>	<p>Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of the umbilical artery, and measured assessment of amniotic fluid volume after the 24<sup>th</sup> 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)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$27.25                      <b>Benefit:</b> 75% = \$20.4585% = \$23.20</p> <p><b>Extended Medicare Safety Net Cap:</b> \$15.75</p>	
<b>EMSN</b>  <b>55762</b>	<p>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:</p> <p>(a) the patient is not referred by a medical practitioner; and</p> <p>(b) ultrasound of the same pregnancy confirms a multiple pregnancy; and</p> <p>(c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and</p> <p>(d) the service is not performed in conjunction with item 55706, 55709, 55712, 55715 or 55759 during the same pregnancy; and</p> <p>(e) the service is not associated with a service to which an item in Subgroups 2 or 3 of this group applies (NR)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$60.00                      <b>Benefit:</b> 75% = \$45.0085% = \$51.00</p> <p><b>Extended Medicare Safety Net Cap:</b> \$31.40</p>	

ULTRASOUND		OBSTETRIC AND GYNAECOLOGICAL	
<p><b>EMSN</b> <b>55764</b></p>	<p>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:</p> <p>(a) the patient is referred by a medical practitioner who is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists or who has a Diploma of Obstetrics or has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of obstetrics or has obstetric privileges at a non-metropolitan hospital; and</p> <p>(b) ultrasound of the same pregnancy confirms a multiple pregnancy; and</p> <p>(c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and</p> <p>(d) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(e) the referring practitioner is not a member of a group of practitioners to which the providing practitioner is a member; and</p> <p>(f) further examination is clinically indicated in the same pregnancy to which item 55759 or 55762 has been performed; and</p> <p>(g) not performed in conjunction with item 55706, 55709, 55712 or 55715 during the same pregnancy (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$160.00                      <b>Benefit:</b> 75% = \$120.00      85% = \$136.00</p> <p><b>Extended Medicare Safety Net Cap:</b> \$83.75</p>		
<p><b>EMSN</b> <b>55766</b></p>	<p>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, performed by or on behalf of a medical practitioner who is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, where:</p> <p>(a) the patient is not referred by a medical practitioner; and</p> <p>(b) ultrasound of the same pregnancy confirms a multiple pregnancy; and</p> <p>(c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and</p> <p>(d) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies;</p> <p>(e) further examination is clinically indicated in the same pregnancy to which item 55759, or 55762 has been performed; and</p> <p>(f) not performed in conjunction with item 55706, 55709, 55712 or 55715 during the same pregnancy (NR)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$65.00                      <b>Benefit:</b> 75% = \$48.75 85% = \$55.25</p> <p><b>Extended Medicare Safety Net Cap:</b> \$31.40</p>		

<b>ULTRASOUND</b>	<b>OBSTETRIC AND GYNAECOLOGICAL</b>
<p><b>EMSN</b> <b>55768</b></p>	<p>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:</p> <p>(a) dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and</p> <p>(b) the ultrasound confirms a multiple pregnancy; and</p> <p>(c) the patient is referred by a medical practitioner; and</p> <p>(d) the service is not performed in the same pregnancy as item 55770; and</p> <p>(e) the service is not associated with a service to which an item in Subgroups 2 or 3 of this group applies; and</p> <p>(f) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and</p> <p>(g) the service is not performed in conjunction with item 55718, 55721, 55723 or 55725 during the same pregnancy (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$150.00                      <b>Benefit:</b> 75% = \$112.50      85% = \$127.50</p> <p><b>Extended Medicare Safety Net Cap:</b> \$78.55</p>
<p><b>EMSN</b> <b>55770</b></p>	<p>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:</p> <p>(a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and</p> <p>(b) the patient is not referred by a medical practitioner; and</p> <p>(c) the service is not performed in the same pregnancy as item 55768; and</p> <p>(d) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and</p> <p>(e) the service is not associated with a service to which an item in Subgroups 2 or 3 of this group applies; and</p> <p>(f) the service is not performed in conjunction with item 55718, 55721, 55723 or 55725 during the same pregnancy (NR)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$60.00                      <b>Benefit:</b> 75% = \$45.00 85% = \$51.00</p> <p><b>Extended Medicare Safety Net Cap:</b> \$31.40</p>

ULTRASOUND		OBSTETRIC AND GYNAECOLOGICAL	
<p><b>EMSN</b> <b>55772</b></p>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, where:</p> <p>(a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and</p> <p>(b) the patient is referred by a medical practitioner who is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists or who has a Diploma of Obstetrics or has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of obstetrics or has obstetric privileges at a non-metropolitan hospital; and</p> <p>(c) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed; and</p> <p>(d) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and</p> <p>(e) the service is not associated with a service to which an item in Subgroups 2 or 3 of this group applies; and</p> <p>(f) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and</p> <p>(g) the service is not performed in conjunction with item 55718, 55721, 55723 or 55725 during the same pregnancy (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$160.00                      <b>Benefit:</b> 75% = \$120.00      85% = \$136.00</p> <p><b>Extended Medicare Safety Net Cap:</b> \$83.75</p>		
<p><b>EMSN</b> <b>55774</b></p>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, where:</p> <p>(a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and</p> <p>(b) the patient is not referred by a medical practitioner; and</p> <p>(c) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed ; and</p> <p>(d) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and</p> <p>(e) the service is not associated with a service to which an item in Subgroups 2 or 3 of this group applies; and</p> <p>(f) the service is not performed in conjunction with item 55718, 55721 55723 or 55725 during the same pregnancy (NR)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$65.00                      <b>Benefit:</b> 75% = \$48.75 85% = \$55.25</p> <p><b>Extended Medicare Safety Net Cap:</b> \$36.65</p>		

**Category 8 – Miscellaneous Services**

MISCELLANEOUS	MISCELLANEOUS
<b>GROUP M13 - MIDWIFERY SERVICES</b>	
<b>EMSN</b>  <b>82100</b>	<p>Initial antenatal professional attendance by a participating midwife, lasting at least 40 minutes, including all of the following:</p> <ul style="list-style-type: none"> <li>(a) taking a detailed patient history;</li> <li>(b) performing a comprehensive examination;</li> <li>(c) performing a risk assessment;</li> <li>(d) based on the risk assessment - arranging referral or transfer of the patient's care to an obstetrician;</li> <li>(e) requesting pathology and diagnostic imaging services, when necessary;</li> <li>(f) discussing with the patient the collaborative arrangements for her maternity care and recording the arrangements in the midwife's written records in accordance with section 2E of the Health Insurance Regulations 1975.</li> </ul> <p>Payable once only for any pregnancy.  <i>(See para M13.16 of explanatory notes to this Category)</i>  <b>Fee:</b> \$51.35                      <b>Benefit:</b> 85% = \$43.65  <b>Extended Medicare Safety Net Cap:</b> \$20.65</p>
<b>EMSN</b>  <b>82105</b>	<p>Short antenatal professional attendance by a participating midwife, lasting up to 40 minutes.  <i>(See para M13.16 of explanatory notes to this Category)</i>  <b>Fee:</b> \$31.10                      <b>Benefit:</b> 75% = \$23.3585% = \$26.45  <b>Extended Medicare Safety Net Cap:</b> \$15.50</p>
<b>EMSN</b>  <b>82110</b>	<p>Long antenatal professional attendance by a participating midwife, lasting at least 40 minutes.  <i>(See para M13.16 of explanatory notes to this Category)</i>  <b>Fee:</b> \$51.35                      <b>Benefit:</b> 75% = \$38.5585% = \$43.65  <b>Extended Medicare Safety Net Cap:</b> \$20.65</p>

<b>MISCELLANEOUS</b>		<b>MISCELLANEOUS</b>
<p><b>EMSN</b> <b>82115</b></p>	<p>Professional attendance by a participating midwife, lasting at least 90 minutes, for assessment and preparation of a maternity care plan for a patient whose pregnancy has progressed beyond 20 weeks, if:</p> <p>(a) the patient is not an admitted patient of a hospital; and                      (b) the participating midwife undertakes a comprehensive assessment of the patient; and                      (c) the participating midwife develops a written maternity care plan that contains:</p> <ul style="list-style-type: none"> <li>• outcomes of the assessment; and</li> <li>• details of agreed expectations for care during pregnancy, labour and delivery; and</li> <li>• details of any health problems or care needs; and</li> <li>• details of collaborative arrangements that apply for the patient; and</li> <li>• details of any medication taken by the patient during the pregnancy, and any additional medication that may be required by the patient; and</li> <li>• details of any referrals or requests for pathology services or diagnostic imaging services for the patient during the pregnancy, and any additional referrals or requests that may be required for the patient; and</li> </ul> <p>(d) the maternity care plan is explained and agreed with the patient; and                      (e) the fee does not include any amount for the management of the labour and delivery.</p> <p>(Includes any antenatal attendance provided on the same occasion).</p> <p>Payable once only for any pregnancy.  <i>(See para M13.16 of explanatory notes to this Category)</i>  <b>Fee:</b> \$306.90                      <b>Benefit:</b> 85% = \$260.90  <b>Extended Medicare Safety Net Cap:</b> \$51.55</p>	
<p><b>EMSN</b> <b>82130</b></p>	<p><b>Short Postnatal Attendance</b>                      Short postnatal professional attendance by a participating midwife, lasting up to 40 minutes, within 6 weeks after delivery.  <i>(See para M13.16 of explanatory notes to this Category)</i>  <b>Fee:</b> \$51.35                      <b>Benefit:</b> 75% = \$38.55                      85% = \$43.65  <b>Extended Medicare Safety Net Cap:</b> \$15.50</p>	
<p><b>EMSN</b> <b>82135</b></p>	<p><b>Long Postnatal Attendance</b>                      Long postnatal professional attendance by a participating midwife, lasting at least 40 minutes, within 6 weeks after delivery.  <i>(See para M13.16 of explanatory notes to this Category)</i>  <b>Fee:</b> \$75.55                      <b>Benefit:</b> 75% = \$56.70                      85% = \$64.25  <b>Extended Medicare Safety Net Cap:</b> \$20.65</p>	
<p><b>EMSN</b> <b>82140</b></p>	<p><b>Six Week Postnatal Attendance</b>                      Postnatal professional attendance by a participating midwife on a patient not less than 6 weeks but not more than 7 weeks after delivery of a baby, including:</p> <p>(a) a comprehensive examination of patient and baby to ensure normal postnatal recovery; and                      (b) referral of the patient to a general practitioner for the ongoing care of the patient and baby</p> <p>Payable once only for any pregnancy.  <i>(See para M13.16 of explanatory notes to this Category)</i>  <b>Fee:</b> \$51.35                      <b>Benefit:</b> 85% = \$43.65  <b>Extended Medicare Safety Net Cap:</b> \$15.50</p>	