



DAVID
REDDY

MEDICARE BENEFITS SCHEDULE BOOK

EFFECTIVE 1 NOVEMBER 1991



COMMONWEALTH DEPARTMENT OF HEALTH, HOUSING AND COMMUNITY SERVICES

IMPORTANT

PLEASE NOTE

Although this book indicates that it is effective from 1 November 1991 the implementation date has been deferred until 1 DECEMBER 1991.

Accordingly all references in this book to 1 November 1991 (with the exception of the increase in the maximum patient gap which came into effect on 1 November, 1991) SHOULD BE READ AS 1 DECEMBER 1991, - see attached Notes.

**Department of Health, Housing and Community
Services
CANBERRA A.C.T.**

Revised Arrangements and Implementation Date

As announced by the Government the 1991/92 Budget Medicare reforms have been amended. Therefore the notes relating to Medicare benefits on page 3 (3rd to 8th paragraphs) of the Foreword to this (1 December 1991) edition of the Medicare Benefits Schedule Book have been revised as follow:

Medicare Benefits

The revised arrangement for the payment of Medicare benefits from 1 December 1991 are:

- (a) Medicare benefits for prescribed out of hospital GP attendance items for non card holders are reduced by \$3.50;
- (b) a co-payment of up to \$2.50 is permissible on direct-billed claims for services referred to in (a);
- (c) a transaction fee of \$1.00 will be paid to practitioners for each prescribed out of hospital GP attendance item which is direct billed in respect of non card holders.

Card Holders (Concessional Beneficiaries) are holders of:

Health Benefits Card
Health Care Card
Pensioner Health Benefits Card
Pharmaceutical Benefits Card
Service Pensioner Benefits Card
Specific Treatment Entitlement Card
Personal Treatment Entitlement Card
Dependant Treatment Entitlement Card

The above card holders are exempt from the reduction in benefit and the optional co-payment charge, and services rendered to them will not attract the direct-bill transaction fee.

The items prescribed for the purposes of Subsection 10(2)(c) of the Health Insurance Act are: Items 3, 4, 13, 20, 23, 24, 25, 35, 36, 37, 38, 43, 44, 47, 48, 51, 52, 53, 54, 57, 58, 59, 60, 65, 81, 83, 84, 86, 92, 93, 95, 96, 97 (for other than hospital attendances), 98 and 173.

From 1 November 1992, the reduction will become \$5 and will be indexed each year thereafter. The co-payment will remain at \$2.50 from 1 November 1992 and indexed each year thereafter.

The Medicare "safety net" will be restructured from 1 January 1992 to include family groups and will apply on a calendar year basis.

The other changes to the Schedule outlined in the Foreword, i.e. general fee increase, the referral arrangements, five digit numbering system, restructure of book and review of services, also become operational from 1 December 1991.

It should be noted that the maximum patient gap for out of hospital medical services increased to \$26.80 as from 1 November 1991.

Pathology Services

The proposed restructure of pathology services announced in the Budget has been deferred. Advice will be issued at a later date concerning implementation of the revised pathology arrangements.

Corrigendum

A number of errors have been identified in this edition of the Medicare Benefits Schedule Book, and corrections are as follow:

The Schedule fees quoted for Item 173 (page 56) Item 16500 (page 121), Item 30003 (page 132) and Item 66270 (page 485) are incorrect. The correct Schedule fee and benefit levels for the four items are:-

Item 173	Fee: \$21.00	Benefit: 75%	\$15.75	85%/\$26.80	\$17.85	(less \$3.50 = \$14.35)
Item 16500	Fee: \$21.00	Benefit: 75%	\$15.75	85%/\$26.80	\$17.85	
Item 30003	Fee: \$21.00	Benefit: 75%	\$15.75	85%/\$26.80	\$17.85	
Item 66270	Fee: \$30.75	Benefit: 75%	\$23.05	85%/\$26.80	\$26.15	

Items 43500 to 43509 and 43512 to 43524 on page 222 relate to acute and chronic osteomyelitis respectively. The sub-headings were inadvertently omitted. Likewise, the descriptions of Items 52090 and 52093 should be amended to include "(for acute osteomyelitis)" and "(for chronic osteomyelitis)" respectively.

The 85% and 75% benefit levels for a number of items have been incorrectly rounded. Details of the items showing the Schedule fee and corrected benefit levels are listed below:

Item No.	Schedule Fee (All States)	Medicare Benefit		
		75% \$	85%/\$26.80 \$	
3	11.20	8.40	9.55	(less \$3.50 = \$6.05)
11306	15.20	11.40	12.95	
11327	13.60	10.20	11.60	
11506	14.20	10.65	12.10	
13312	19.60	14.70	16.70	
16523	15.20	11.40	12.95	
16526	15.20	11.40	12.95	
16529	15.20	11.40	12.95	
16532	15.20	11.40	12.95	
16542	15.20	11.40	12.95	
17901	12.60	9.45	10.75	
17971	12.60	9.45	10.75	
30000	12.60	9.45	10.75	
30061	16.20	12.15	13.80	
61502	8.60	6.45	7.35	
65002	5.85	4.40	5.00	
65003	10.60	7.95	9.05	
65004	7.95	6.00	6.80	
65006	10.50	7.90	8.95	
65017	13.60	10.20	11.60	
65018	10.20	7.65	8.70	
65027	12.20	9.15	10.40	
65030	12.60	9.45	10.75	

65032	16.65	12.50	14.20
66202	10.50	7.90	8.95
66204	12.60	9.45	10.75
66205	19.60	14.70	16.70
66206	14.70	11.05	12.50
66210	18.90	14.20	16.10
66213	13.20	9.90	11.25
66214	9.90	7.45	8.45
66217	8.90	6.70	7.60
66220	12.60	9.45	10.75
66296	11.85	8.90	10.10
66318	12.60	9.45	10.75
66320	16.90	12.70	14.40
69202	7.50	5.65	6.40
69204	12.60	9.45	10.75
69206	19.90	14.95	16.95
69216	17.25	12.95	14.70
69220	16.50	12.40	14.05
69221	13.20	9.90	11.25
69222	9.90	7.45	8.45
69223	13.20	9.90	11.25
69224	9.90	7.45	8.45
69230	14.25	10.70	12.15
69244	14.10	10.60	12.00
69246	19.15	14.40	16.30
71033	13.20	9.90	11.25
71034	9.90	7.45	8.45
71036	19.90	14.95	16.95
71038	16.50	12.40	14.05
71055	13.20	9.90	11.25
71056	9.90	7.45	8.45
73521	9.30	7.00	7.95
73526	18.75	14.10	15.95
73527	13.60	10.20	11.60
73528	10.20	7.65	8.70
73801	6.20	4.65	5.30
73802	4.15	3.15	3.55
73803	6.20	4.65	5.30
73804	8.25	6.20	7.05
73805	4.15	3.15	3.55
73806	10.15	7.65	8.65
73807	6.20	4.65	5.30
73808	7.85	5.90	6.70
73809	2.10	1.60	1.80
73810	6.20	4.65	5.30
73811	10.15	7.65	8.65

Paragraph PX.1 - Rules for the Interpretation of the Pathology Services Table appearing on pages 476 - 478 of this edition have been redrafted by the Office of Legislative Drafting, Attorney General's Department to clarify meanings. The redrafted (and renumbered) rules form part of the Pathology Services Table contained in the Health Insurance (1991-1992 Pathology Services Table) Regulations (effective 1 December 1991) which are available for purchase from Commonwealth Government Bookshops.

**Commonwealth Department of Health,
Housing and Community Services**

Medicare Benefits Schedule Book

Operating from 1 November 1991

**Australian Government Publishing Service
Canberra**

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FOREWORD

This Book provides information on the arrangements which operate under the Health Insurance Act 1973 (as amended), for the payment of Medicare benefits for professional services rendered by registered medical practitioners and approved dental practitioners (oral surgeons). (Separate Schedule Books are provided for services rendered under the Medicare arrangements by eligible dental practitioners in the treatment of cleft lip and cleft palate conditions, and participating optometrists). The Book is divided into six main sections, as follows:

Section	Content
1	Outline of Medicare Benefit Arrangements and General Explanatory Notes (blue edging)
2	Schedule of General Medical Services by Category and Group with Specific Explanatory Notes preceding each Category (red edging)
3	Index to General Medical Services (green edging)
4	Outline of Arrangements for Services by Approved Dental Practitioners, Schedule of Services and Index (grey edging)
5	Outline of Diagnostic Imaging Arrangements, Schedule of Services and Index (purple edging)
6	Outline of Pathology Arrangements, Schedule of Services and Index (yellow edging)

Schedules of Services

Each medical service contained in the book has been allocated a unique item number, which may be found by reference to the alphabetical listing of services in the relevant index. (For services not listed in the Schedule see paragraph 10 of Section 1)

Located with the item number and description for each service are the Schedule fee and Medicare benefits, together with a reference to an explanatory note relating to the item if applicable. In the case of services which have an associated anaesthetic, the number of relevant anaesthetic units, together with the anaesthetic item number, are also shown, eg (AU 5 - 17905).

Structure of Schedule of Services

The book has been structured to group professional services according to their general nature, while some have been further organised into sub-groups according to the particular nature of the services concerned. For example, Group T8 covering surgical operations has been divided into fifteen sub-groups corresponding generally to the usual classification of surgical procedures. Certain sub-groups are further classified to allow for suitable grouping of specific services, eg. varicose veins, operations on the prostate (see list of contents at the beginning of each Category).

The professional services have been expressed in general terms, even though the name of one or more physicians or surgeons may have become linked, by usage, with a particular procedure. For example, 'Bassini's operation' is not listed as such in the Schedule but is covered by 'repair of inguinal hernia' in Items 30591/30592.

Explanatory Notes

General explanatory notes relating to the Medicare benefit arrangements are contained in Section 1, while specific notes relating to items are located at the beginning of each Category. While there is an indication in the description of an item of the existence of specific notes relating to that item, there may also be general notes relating to each Group of items which should also be perused.

Schedule Interpretations

The day-to-day administration and payment of benefits under the Medicare arrangements is the responsibility of the Health Insurance Commission (HIC). Inquiries concerning matters of interpretation of Schedule items should be directed to the Commission and not to the Department of Health, Housing and Community Services. The following telephone numbers have been reserved by the HIC exclusively for inquiries relating to the Schedule:

NSW - 02 5612212
VIC - 03 6079273
QLD - 07 3607215
SA - 08 2018629

WA - 09 3220044
TAS - 002 347999
ACT - 06 2936360
NT - use New South Wales inquiry number

It is also important that the Health Insurance Commission be notified promptly of changes to mailing addresses to ensure receipt of the Medicare Benefits Schedule book and its supplements. Failure to notify changes could result in non-receipt of the book. Addresses of the Commission are listed on pages 8 and 9 of this book.

Future Editions of the Medicare Benefits Schedule Book

The Department welcomes any suggestions for improvements on the layout of the Medicare Benefits Schedule book from individual practitioners. Any suggestions should be forwarded to:- The Director, Schedules Section, Medicare Benefits Branch, GPO Box 9848, Canberra ACT 2601.

SUMMARY OF CHANGES INCLUDED IN THIS EDITION

Definition of Professional Service

The definition of professional service as contained in the Health Insurance Act has been amended. The legislation now provides that such a service must be "clinically relevant". A clinically relevant service means a service rendered by a medical or dental practitioner or an optometrist that is generally accepted in the medical, dental or optometrical profession (as the case may be) as being necessary for the appropriate treatment of the patient to whom it is rendered".

Changes to Structure of Book

The previous Parts and Divisions of the Schedule have been restructured (and renamed) to present a more logical sequence of services. General medical services (Section 2 of the book) have been divided into three broad categories, ie. Attendances (Category 1), Diagnostic Procedures (Category 2) and Therapeutic Procedures (Category 3). Items in these categories have then been grouped according to particular types of services, eg. Category 1, Group A2 - Specialist; Category 2, Group D2 - Nuclear Medicine; Category 3, Group T8 - Surgical Operations. In some cases there has been a further grouping of specific services, eg. Group T8, Subgroup 3 - Vascular.

Diagnostic Imaging Services (Category 5) and Pathology Services (Category 6) are located in separate sections following the general medical services, together with a new section (Category 4) for oral and maxillofacial services provided by approved dental practitioners (oral surgeons). Details of these latter services had previously been advised to practitioners via a separate Schedule book.

Explanatory notes precede each category of service, with general explanatory notes located in Section 1 of the book which outline the Medicare arrangements and provide general notes for guidance. Specific notes relating to individual items are indicated by a paragraph reference in the item description.

The general medical services section (Section 2) is followed by a comprehensive index (Section 3), with separate indexes for Oral and Maxillofacial Services, Diagnostic Imaging and Pathology contained within their respective sections (Sections 4, 5 and 6).

It should be noted that there is now no separate listing for Determinations made by the Minister under Section 3C of the Health Insurance Act. These services are now located in their relevant Groups in the Schedule with the notation "Ministerial Determination".

Introduction of Five Digit Numbering System

The Schedule item numbering system has been upgraded to five digits from 1 November 1991, with the exception of the majority of Category 1 - Attendances. A list showing the conversion from old item number to new item number (and vice versa) is located at the end of this book.

General Fee Increase

The Schedule fees for all services (except pathology, radiology, computerised tomography, magnetic resonance imaging and ultrasound) increase by 3.57% from 1 November 1991. The Schedule fee and details of Medicare benefits for each service are now collocated with the item number and description.

As announced in the 1991/92 Budget, a major restructure of pathology services is proposed for 1 December 1991, and for diagnostic imaging services as from 1 February 1992.

Medicare Benefits

With effect from 1 November 1991, the maximum patient gap for out-of-hospital medical services increases to \$26.80, and benefits for prescribed out-of-hospital general practitioner attendances are reduced by \$3.50 (with the exception of services rendered to concessional beneficiaries).

Concessional Beneficiaries will include holders of:

- Health Benefits Card
- Health Care Card
- Pensioner Health Benefits Card
- Pharmaceutical Benefits Card
- Service Pensioner Benefits Card
- Specific Treatment Entitlement Card
- Personal Treatment Entitlement Card
- Dependant Treatment Entitlement Card

The items prescribed for the purposes of Subsection 10(2)(c) of the Health Insurance Act are: Items 3, 4, 13, 20, 23, 24, 25, 35, 36, 37, 38, 43, 44, 47, 48, 51, 52, 53, 54, 57, 58, 59, 60, 65, 81, 83, 84, 86, 92, 93, 95, 96, 97 (for other than hospital attendances), 98 and 173.

From 1 November 1992 the \$3.50 reduction will become \$5 and will be indexed in line with the CPI from 1 November 1993.

Where a doctor chooses to direct bill services to which the reduced benefit will apply, the doctor will be permitted to charge the patient a fixed co-payment up to \$3.50. The above cardholders will be exempt from this charge.

The new benefit levels are shown with those items in Category 1 affected by the reduced benefit.

The Medicare "safety net" will be restructured from 1 January 1992 to include family groups, with the maximum gap payment applying to a calendar year.

Referrals - New Arrangements and Cessation of the Notice of Referral Form

Following extensive negotiations with the medical profession, the Australian Medical Association has agreed to new arrangements for the referral of patients to specialists and consultant physicians.

Details of the new arrangements are set out at paragraph 5 of the General Explanatory Notes (Section 1). Changes include:-

- referring practitioners now have the option of indicating that a referral is valid for a longer period than 12 months, indefinitely if they wish;
- introduction of new arrangements for referrals generated within hospitals;
- onus of proof that a valid referral exists is to be on the specialist claiming for the service rather than on the referring practitioner; and
- the Notice of Referral form has been discontinued.

From 1 November 1991 it will no longer be acceptable for doctors to refer a patient using the Notice of Referral form. However, transitional arrangements will apply in that a referral made prior to 1 November 1991 using the Notice of Referral form is acceptable for the balance of that referral.

In such cases, specialists and consultant physicians will be requested when billing for subsequent attendances to provide the name and either practice address or provider number of the referring practitioner and the date of the referral, rather than to show the number on the Notice of Referral form.

Any unused stocks of the Notice of Referral form at 1 November 1991 must be destroyed.

Review of Schedule Services

A number of reviews of Schedule services have been undertaken in consultation with the relevant professional groups. Areas of the Schedule affected include orthopaedic (including treatment of fractures and dislocations), hand surgery, dermatology, ophthalmology and radiation oncology. A number of other minor changes to Schedule items have been included either as the result of the ongoing review of the Schedule, or to correct anomalies.

In the revision of orthopaedic procedures and operations, it is intended that the appropriate item description covers all the operative procedures and variants required to attain the desired result. Should the operation be of increased complexity involving extra procedures, application for an increased fee should be made under Section 11 of the Health Insurance Act (see paragraph 9.2 of the General Explanatory Notes).

A number of services have also been transferred from the previous "Miscellaneous Procedures" section of the Schedule to Category 1 - Attendances. These services include Electroconvulsive Therapy (Item 153), Consultant Psychiatrist - Group Psychotherapy and Interview of Person other than Patient (Items 154-158), Acupuncture (Item 173) and Contact Lens Consultations (Items 10801-10815). The previous item for the investigation and fitting of contact lenses has been expanded to nine items to allow the classes of patients eligible for benefits for contact lens consultations to be included in individual items (Items 10801-10809).

A new item (Item 106) has been included in Group A2 of Category 1 - Specialist Attendances - to cover refraction performed by a specialist ophthalmologist.

The "G" and "S" fee differential for anaesthetic services has been removed (with the exception of the examination of a patient for anaesthesia), with the previous "S" fee level being adopted as the new fee level for all anaesthetic services (Group T6 and T7).

An amendment has been made to the descriptions of Items 17600 and 17603 - examination of a patient in preparation for the administration of an anaesthetic - to specify that such examinations must be carried out at a place other than an operating theatre or a suite adjoining an operating theatre.

Following a review of services provided by approved dental practitioners (oral surgeons), a separate list of oral and maxillofacial services have been included in the Medicare Benefits Schedule book. Details of these services were previously advised to oral surgeons via a separate Schedule book. It should be noted that new items have been introduced to cover consultations (Items 51700, 51703) and assistance at operation (Items 51800, 51803) by approved dental practitioners.

A number of minor amendments have been made to the Pathology Services Table following recommendations by the Pathology Services Table Committee. These changes relate mainly to amendments to descriptions to better define the services covered by the items. In addition, Items 2338 and 2339 (in the pre 1 November 1991 Schedule) have been replaced by six new items (Items 73053 to 73058) to complement the introduction of a national cervical cancer screening policy.

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

- | | | |
|-----|---------------------------------|---|
| (a) | New service | † |
| (b) | Description of services amended | ‡ |

(c)	Fee amended (in addition to general increase)	+
(d)	Anaesthetic units amended	@

As the majority of Schedule items have been renumbered, the Item No. changed symbol ""*"" (as indicated in the Legend) will not appear for this reprint.

New Items (see conversion list)

Deleted Items (see conversion list)

Amended Descriptions

104	15335	42725	46429	50124	52315	53003	66219
10801	17600	42734	46432	52015	52318	53200	66220
12000	17603	42746	46510	52051	52321	53203	66227
12003	17968	42761	47681	52054	52333	53224	66228
15203	30189	42764	47708	52057	52336	53400	66251
15204	30213	42776	47735	52060	52342	53406	66252
15303	35200	42782	47909	52081	52354	53409	66315
15307	41810	42818	47933	52084	52360	53410	66316
15311	42572	42851	47960	52096	52366	53415	66317
15315	42581	46363	47963	52114	52372	53418	66318
15319	42587	46366	49315	52123	52378	53424	69227
15323	42602	46420	49848	52300	52600	53439	69228
15327	42671	46423	49854	52309	52812	65005	
15331	42689	46426	50118	52312	52815	65006	

Amended Fees

42782	46450	47912	48239	48654	50112	52815	66227
42851	46453	47921	48406	48657	50118	52818	66228
46363	46510	47933	48409	48912	50124	53224	69227
46366	47669	47945	48424	49300	52060	53400	69228
46414	47675	47960	48500	49306	52123	53409	
46420	47703	47963	48503	49315	52333	53410	
46423	47708	47966	48506	49848	52336	53415	
46426	47744	48200	48509	49854	52339	53418	
46429	47903	48206	48512	49869	52600	53424	
46432	47909	48218	48639	49872	52812	53439	

Amended Anaesthetic Units

42734	46363	46423	46450	52123	52372	53224	53415
42782	46366	46426	46453	52348	52378	53406	53418
42827	46414	46429	46507	52354	52600	53409	53424
42851	46420	46432	46510	52366	53203	53410	53439

Explanatory Notes

Your attention is drawn to the following new explanatory notes relating to amendments to the Schedule from 1 November 1991:-

General Medical Services - Surgical Operations

Paragraph T8.44 - Reduction of Dislocation or Fracture

Paragraph T8.45 - Internal Fixation (Items 48678-48690)

Pathology (Section 6)

Paragraph PP.1 - Chromosome Studies (Items 73281/73282, 73283/73284)

Paragraph PP.2 - Cervical and Vaginal Cytology (Items 73053- 73058)

Special Arrangement - Transitional Period

Where an item refers to a service in which treatment continues over a period of time in excess of one day and the treatment commenced before 1 November 1991 and continues beyond that date, the general rule is that the 1 November 1990 level of fees and benefits would apply.

However, in the case of the relevant obstetric items a special rule applies in that the fee and benefit will depend on the date of the actual confinement. If the confinement takes place before 1 November 1991, fees and benefits at the 1 November 1990 level will apply. If the confinement takes place on or after 1 November 1991, fees and benefits at the new (1 November 1991) level will apply.

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SECTION 1

GENERAL EXPLANATORY NOTES

MEDICARE BENEFIT ARRANGEMENTS

1. OUTLINE OF SCHEME

1.1 Medicare

1.1.1 The Australian Medicare Program provides access to medical and hospital services for all Australian residents and certain categories of visitors to Australia. Legislation covering the major elements of the Program is contained in the Health Insurance Act 1973 (as amended).

1.1.2 With regard to medical expenses, the basic aim of the Medicare program is to provide:-

- automatic entitlement to benefits in respect of "out of hospital" medical expenses equal to 85% of the Medicare Benefits Schedule fee, for other than prescribed general practitioner services - see paragraph 1.1.3, with a maximum payment of \$26.80 (indexed annually) by the patient for any one service where the Schedule fee is charged. For prescribed general practitioner services rendered to non concessional beneficiaries, the Medicare rebate is reduced by \$3.50.
- for professional services rendered to persons while treatment is provided in a hospital or day hospital facility (other than Medicare hospital patients), a flat rate of benefit of 75% of the Schedule fee, that is, there is no limit to the maximum amount of gap between the benefit and the Schedule fee; and
- access without direct charge to public hospital accommodation and to treatment by doctors appointed by the hospital.

Patients may insure with private health insurance organisations for the gap between the 75% Medicare benefit and the Schedule fee. For out-of-hospital services the maximum amount of 'gap' (i.e. the difference between the Medicare rebate and the Schedule fee) payable by an individual in any one financial year is \$246 (indexed annually). (From 1 January 1992 the "safety net" provisions will apply to a calendar year, and will be extended to provide for a maximum gap payment of \$246 for a family group or an individual). Family group includes a spouse and dependent children under 16 years of age or dependent students under the age of 25.

1.1.3 The items prescribed for the purposes of Subsection 10(2)(c) of the Health Insurance Act, which provides for a reduction in benefit for services rendered to non concessional beneficiaries, are: Items 3, 4, 13, 20, 23, 24, 25, 35, 36, 37, 38, 43, 44, 47, 48, 51, 52, 53, 54, 57, 58, 59, 60, 65, 81, 83, 84, 86, 92, 93, 95, 96, 97 (for other than hospital attendances), 98 and 173.

1.1.4 The Health Insurance Commission is responsible for the operation of Medicare and Medicare benefits based on the services and fees contained in this book will be paid only by the Commission (commonly known as Medicare). For details of locations of Medicare offices, see paragraph 1.3 below.

1.1.5 Where an eligible person incurs medical expenses in respect of a professional service Medicare will pay benefits for that service as outlined in these notes.

1.2 Provider Numbers

1.2.1 When a medical practitioner commences private practice, and wishes to assist patients to claim Medicare benefits, or is not in private practice but refers patients to specialists, a provider number is issued for the required practice location by the Health Insurance Commission following written request from the practitioner. Provider numbers for different or additional practice location/s can be similarly obtained.

1.2.2 Provider numbers are allocated to practitioners to enable claims for Medicare benefits to be processed and cheques to be correctly drawn in favour of the practitioner where applicable. The number is currently a seven character number. The last numeric uniquely identifies particular practice locations.

1.2.3 Registration status information is held against the provider number to ensure correct assessment of Medicare benefits.

1.2.4 If a practitioner wishes Medicare benefit cheques, which would normally be drawn in favour of the practitioner, to be made payable to another payee and/or another address, written authority can be given to the Health Insurance Commission to do this. There can only be one pay group link for an individual practice location but multiple practitioners and practice locations can be linked to one pay group.

1.2.5. It is important that the Health Insurance Commission be notified promptly about any change to practice/s. Failure to notify changes can lead to misdirection of Medicare benefit cheques. Requests for changes to provider particulars should be made in writing to the Manager, Eligibility and Benefits, at any of the Commission addresses shown below.

1.3 Addresses of Dept Health, Housing and Community Services and Health Insurance Commission

DEPARTMENT

Postal: (GPO Box 9848, in the Capital
City in each State)

HEALTH INSURANCE COMMISSION

Postal: (Medicare, GPO Box 9822, in the Capital
City in each State)

NEW SOUTH WALES

333 Kent Street
SYDNEY NSW 2000
Tel (02)225 3555
Fax (02)225 8999

Fairfield Processing Centre
Fairfield Chase
Cnr Spencer and Smart Streets
FAIRFIELD NSW 2165
Tel (02)794 2701
Fax (02)728 1767

VICTORIA

399 Lonsdale Street
MELBOURNE VIC 3000
Tel (03)604 4000
Fax (03)604 4299

Medibank House
460 Bourke Street
MELBOURNE VIC 3000
Tel (03)284 3577
Fax (03)284 3899

QUEENSLAND

5th Floor Eaton Towers
340 Adelaide Street
BRISBANE QLD 4000
Tel (07)360 2555
Fax (07)360 2999

State Headquarters
82 Ann Street
BRISBANE QLD 4000
Tel (07)360 7211
Fax (07)221 4624

SOUTH AUSTRALIA

122 Pirie Street
ADELAIDE SA 5000
Tel (08)237 6111
Fax (08)272 6551

State Headquarters
209 Greenhill Road
EASTWOOD SA 5063
Tel (08)201 8629
Fax (08)272 6551

WESTERN AUSTRALIA

Capita Centre
197 St George's Terrace
PERTH WA 6000
Tel (09)426 3444
Fax (09)426 3524

State Headquarters
Rural & Industries Tower
108 St. George's Terrace
PERTH WA 6000
Tel (09)263 8128 or 263 8133
Fax (09)263 8222

TASMANIA

Montpelier Building
21 Kirksway Place
BATTERY POINT, TAS 7004
Tel (002)21 1411
Fax (002)21 1412

14th Floor, Trafalgar Building
Trafalgar Square
HOBART TAS 7000
Tel (002)34 7999
Fax (002)23 7159

AUSTRALIAN CAPITAL TERRITORY

Alexander Building
Furzer Street
PHILLIP ACT 2606
Tel (06)289 1555
Fax (06)289 8509

134 Reed Street
TUGGERANONG ACT 2901
Tel (06)285 2244
Fax (06)282 5025

NORTHERN TERRITORY

Cnr Litchfield & Knucky Streets
DARWIN NT 5790
Tel (089)46 3444
Fax (089)41 0392

As per New South Wales

2. PATIENT ELIGIBILITY FOR MEDICARE

2.1 Eligible Persons

2.1.1 An "eligible person" means a person who resides in Australia and whose stay in Australia is not subject to any limitation as to time, but does not include a foreign diplomat or family (except where eligibility is expressly granted to such persons by the terms of a reciprocal health care agreement). A person covered by a reciprocal health care agreement is also eligible for Medicare.

2.1.2 The Health Insurance Act gives the Minister discretionary powers to either include or exclude certain persons or categories of persons for eligibility purposes under the Medicare arrangements.

2.1.3 Eligible persons must enrol with Medicare before benefits can be paid.

2.2 Medicare Cards

2.2.1 An eligible person who applies to enrol for Medicare benefits (using a Medicare Enrolment Application) will be issued with a uniquely numbered Medicare Card which shows the Medicare Card number and the applicant's first given name, initial of second given name, and surname. These cards may be issued on an individual or family basis. Up to six persons may be listed on the one Medicare card, and up to twelve persons may be listed under the one Medicare card number.

2.2.2 Medicare cards issued to eligible visitors to Australia will show the period for which each person on the card is eligible for Medicare benefits.

2.3 Health Care Expenses Incurred Overseas

2.3.1 Medicare does not cover medical or hospital expenses or the cost of medical evacuation incurred outside Australia. It is recommended that Australian residents travelling overseas take out private traveller's or health insurance which offers adequate coverage for the countries to be visited. (See also Reciprocal Health Care Agreements).

2.4 Visitors to Australia and Temporary Residents

2.4.1 Medicare benefits are generally not payable to visitors to Australia or temporary residents, although the Minister has power to extend eligibility to such persons in exceptional circumstances. People visiting Australia specifically for medical or hospital treatment are not eligible for Medicare

benefits. (See also Reciprocal Health Care Agreements).

2.4.2 All eligible visitors must enrol with Medicare to receive benefits. A practitioner can determine the eligibility period for visitors by checking the "Benefits Period" dates at the top left hand corner of the card. If there is no "Benefits Period" entry and the card has just an expiry date, or no other date, that indicates the cardholder is an Australian resident and has no limited eligibility.

2.5 Reciprocal Health Care Agreements

2.5.1 Visitors from countries with which Australia has signed Reciprocal Health Care Agreements are eligible for benefits under the Medicare program. Agreements currently in place include United Kingdom, New Zealand, Sweden (for length of stay), Malta and Italy (for maximum of six months from date of arrival). Likewise, Australians visiting these countries will be entitled to health care under the particular country's public health scheme for similar periods. Diplomats and their families are only covered by these agreements if specifically mentioned in the agreement. The agreement with New Zealand does not mention diplomats and families and hence this group is excluded from Medicare benefit. (An agreement with the Netherlands has been signed but does not come into effect until ratified by the Dutch authorities).

2.5.2 The Agreements provide for immediately necessary medical treatment only, that is, treatment for any episode of ill-health (or accident) which requires prompt medical attention. Persons who require hospital treatment, and who seek cover under a reciprocal agreement, shall be entitled to admission to public hospitals as public patients only. The agreements do not include pre-arranged or elective treatment, or treatment as a private patient in a public or private hospital.

3. VOCATIONAL REGISTRATION OF GENERAL PRACTITIONERS

3.1 Eligibility

3.1.1 The criteria for registration as a vocationally registered general practitioner are certification from either the Royal Australian College of General Practitioners (RACGP), or a Vocational Registration Eligibility Committee (VREC) or the Vocational Registration Appeals Committee (VRAC), that the practitioner's medical practice is predominantly general practice, and that the practitioner has appropriate training and experience in general practice.

3.1.2 The VRAC will hear appeals from medical practitioners who are refused certification by either the RACGP or a VREC.

3.1.3 The regulations establishing the VRECS and the VRAC require these committees to have regard to the eligibility criteria published by the RACGP and to consider each case on its merits.

3.1.4 The criteria which the RACGP will use in certifying a practitioner's eligibility are summarised below.

3.1.5 From 1 January 1995 the only training and experience which the RACGP will regard as appropriate for eligibility will be the attainment of Fellowship of the RACGP or an equivalent post-graduate qualification in general practice.

3.1.6 However, in the interim, to avoid disadvantaging medical practitioners already in practice, the RACGP has indicated that for the purposes of such certification it will accept other training and experience as follows:-

The medical practitioner is in practice which is predominantly general practice, and

- . is a Fellow or a Member of the RACGP; or
- . has attained a 'Certificate of Satisfactory Completion of Training' awarded under the Family Medicine Program conducted by the RACGP; or
- . has been in general practice (as defined) for at least five years; or
- . has passed the RACGP examination in addition to a year of hospital training, post intern prior to the end of 1989; or
- . has experience and training approved by the RACGP, equivalent to the above categories; or
- . has a qualification or certification acceptable to the RACGP from another country, for example, Canada, UK, USA, NZ.

3.1.7 In assessing whether a practitioner's medical practice is predominately general practice, the RACGP will consider only services eligible for Medicare benefits. To qualify, 50% of this clinical time or services claimed against Medicare must be in general practice as defined, with a minimum of 2 sessions per week. The RACGP will have regard to whether the practitioner provides a comprehensive primary medical service, including treating a wide range of patients and conditions using a variety of accepted medical skills and techniques, providing services away from the practitioner's surgery on request, for example, home visits and making appropriate provision for the practitioner's patients to have access to after hours medical care.

3.1.8 All enquiries concerning eligibility for registration should be directed to the RACGP at 39 Terry Street, Rozelle, NSW, 2039, or to the VREC in your area c/- PO Box 9848, (CAPITAL CITY AND POST CODE).

3.2 How to Apply for Registration

3.2.1 To be listed on the register, application on the approved form must be made to the Health Insurance Commission following issue by the RACGP or a VREC or the VRAC of certification of eligibility. A copy of the certification of eligibility should be forwarded to the Health Insurance Commission with the approved form (signed by the practitioner) when the practitioner decides to register; or application will be made to the Health Insurance Commission direct by the RACGP or VREC where authorised on the application for eligibility. The application form will accompany the certification.

3.2.2 The Commission's address for the purpose of submission of applications for registration as a vocationally registered general practitioner is:

Manager, Eligibility and Benefits
Health Insurance Commission
GPO Box 9822
(CAPITAL CITY AND POST CODE)

3.2.3. Continued vocational registration is dependent upon involvement in appropriate Continuing Medical Education (CME) and Quality Assurance (QA) programs approved by the RACGP.

3.2.4 All enquiries regarding the QA and CME requirements should be directed to the RACGP at 39 Terry Street, Rozelle, NSW, 2039.

3.3 Removal from Vocational Register

3.3.1 A medical practitioner may at any time request the General Manager of the Health Insurance Commission to remove his/her name from the Vocational Register of General Practitioners.

3.3.2 Provision also exists for removal of a medical practitioner from the Vocational Register where the RACGP is no longer satisfied that the practitioner should remain on the Register. Examples of reasons for which a practitioner might be removed are:

- . the practitioner's medical practice is no longer predominantly general practice;
- . the RACGP's minimum requirements for involvement in continuing Medical Education and Quality Assurance programs have not been met by the practitioner;
- . where the RACGP is no longer satisfied that the practitioner has appropriate training and experience in general practice (e.g. if certification was made on the basis of false information).

3.3.3 Appeals against removal may be made to the VRAC.

4. RECOGNITION AS A SPECIALIST OR CONSULTANT PHYSICIAN

4.1 Recognition Method

4.1.1 A medical practitioner who, having made formal application and paid the prescribed fee, and who -

- . is registered as a specialist under State or Territory law; or
- . holds a fellowship of a specified specialist College; or
- . is considered eligible for recognition as a specialist or consultant physician by a Specialist Recognition Advisory Committee;

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

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

4.1.3 Where a medical practitioner has been recognised as a specialist or consultant physician for the purposes of the Health Insurance Act, Medicare benefits are payable at the appropriate higher rate in respect of certain services rendered by the practitioner in the practice of the recognised specialty, provided (other than in the case of examination by specialist anaesthetists in preparation for anaesthesia - see paragraph 5.3.1) the patient has been referred in accordance with paragraph 5..

4.1.4 All enquiries concerning the recognition of specialists and consultant physicians should be directed to State Manager, Commonwealth Department of Health , Housing and Community Services. (The addresses of State Offices of the Department are contained in paragraph 1.3 above).

5. REFERRAL OF PATIENTS TO SPECIALISTS OR CONSULTANT PHYSICIANS

5.1 Purpose

5.1.1 For certain services provided by specialists and consultant physicians the Medicare benefit payable is dependent on acceptable evidence that the service has been provided following referral from another practitioner.

5.1.2 A reference to a referral in this Section does not refer to written requests made for pathology services or diagnostic imaging services.

5.2 What is a Referral

5.2.1 A "referral" is a request to a specialist or a consultant physician for investigation, opinion, treatment and/or management of a condition or problem of a patient or for the performance of a specific examination(s) or test(s).

5.2.2 Subject to the exceptions in paragraph 5.2.3 below, for a valid "referral" to take place:

- (i) the referring practitioner must have turned his or her mind to the patient's need for referral and communicate relevant information about the patient to the specialist or consultant physician (but this does not necessarily mean an attendance on the occasion of the referral);
- (ii) the instrument of referral must be in writing by way of a letter or note to a specialist or to a consultant physician and must be signed and dated by the referring practitioner; and
- (iii) the specialist or consultant physician to whom the patient is referred must have received the instrument of referral on or prior to the occasion of the professional service to which the referral relates.

5.2.3 The exceptions to the requirements in paragraph 5.2.2 are that:

- (a) sub-paragraphs (i), (ii) and (iii) do not apply to:
 - . an examination of a patient by a specialist anaesthetist in preparation for the administration of an anaesthetic (Item 17603);
- (b) sub-paragraphs (ii) and (iii) do not apply to:
 - . a referral generated within a hospital, in respect of a private inpatient for a service within that hospital, where the hospital records provide evidence of a referral (including the referring practitioner's signature); or to
 - . an emergency situation where the referring practitioner or the specialist or the consultant physician was of the opinion that the service be rendered as quickly as possible; and
- (c) sub-paragraph (iii) does not apply to:
 - . instances where a written referral was completed by a referring practitioner but was lost, stolen or destroyed.

5.3 Examination by Specialist Anaesthetists

5.3.1 A referral letter or note is not required in the case of Item 17603 - Examination of a patient in preparation for the administration of an anaesthetic. The specialist rate of benefit is payable provided the service is rendered by a specialist anaesthetist. However, for benefits to be payable at the specialist rate for consultations by specialist anaesthetists (other than for a pre-operative examination) a referral is required.

5.4 Who can Refer

5.4.1 Referrals are to be made as follows:

(a) to a recognised consultant physician - by another medical practitioner;

(b) to a recognised specialist -

(i) by another medical practitioner; or

(ii) by a registered dental practitioner, where the referral arises out of a dental service; or

(iii) by a registered optometrist where the specialist is an ophthalmologist.

5.4.2 The general practitioner is regarded as the primary source of referrals. Cross referrals between specialists and/or consultant physicians should usually occur in consultation with the patient's general practitioner.

5.5 Billing

5.5.1 Routine Referrals

In addition to the usual information required to be shown on accounts, receipts or assignment forms (see paragraph 6 of these notes), specialists and consultant physicians must show the following details (unless there are special circumstances as indicated in paragraph 5.5.2):

- name and either practice address or provider number of the referring practitioner;
- date of referral; and
- period of referral (where other than for 12 months) expressed in months, e.g. "3", "6" or "18" months, or "indefinitely" should be shown.

5.5.2 Special Circumstances

(i) Lost, stolen or destroyed referrals.

If a referral has been made but the letter or note of referral has been lost, stolen or destroyed, benefits will be payable at the referred rate if the account, receipt or the assignment form shows the name of the referring medical practitioner, the practice address or provider number of the referring practitioner (if either of these are known to the consultant physician or specialist) and the words 'Lost referral'. This provision only applies to the initial attendance. For subsequent attendances to attract Medicare benefits at the referred rate a duplicate or replacement letter of referral must be obtained by the specialist or the consultant physician.

(ii) Emergency referrals.

If referral occurred in an emergency, benefit will be payable at the referred rate if the account, receipt or assignment form is endorsed 'Emergency referral'. This provision only applies to the initial attendance. For subsequent attendances to attract Medicare benefits at the referred rate the specialist/consultant physician must obtain a letter of referral.

(iii) Hospital referrals.

• Private Inpatients - Where a referral is generated within a hospital in respect of a private inpatient for a service within that hospital, benefits will be payable at the referred rate if the account, receipt or assignment form is endorsed 'Referral within (name of hospital)' and the patient's hospital records show evidence of the referral (including the referring practitioner's signature). However, in other instances where a medical practitioner within a hospital is involved in referring a patient (eg to a specialist or a consultant physician in private rooms) the normal referral arrangements apply, including the requirement for a referral letter or note and its retention by the specialist or the consultant physician billing for the service.

• Medicare Hospital Patients - Where a public inpatient is treated by a specialist or a consultant physician and on discharge is referred to that same specialist or consultant physician for follow-up or aftercare in private practice because the hospital provides no outpatient facility, a referral letter

or note from a medical practitioner at the hospital is required. In such circumstances, the relevant subsequent attendance item should be claimed. However, where the aftercare of an operation is provided in a doctor's rooms and the doctor was paid by the hospital on a fee-for-service basis for the operation, no charge should be made for the aftercare. In the circumstance where the operation was provided on a sessional basis, a referral letter or note from a medical practitioner within the hospital would be necessary and Medicare benefits would be payable for aftercare provided in the doctor's rooms.

5.5.3 Direct Billing

Direct billing assignment forms should show the same information as detailed above. However, faster processing of the claim will be facilitated where the provider number (rather than the practice address) of the referring practitioner is shown.

5.6 Period for which Referral is Valid

5.6.1 If a referring practitioner wishes that a referral be for a period less than or more than 12 months (eg. 3, 6 or 18 months or valid indefinitely), he/she should indicate this to the specialist or the consultant physician.

5.6.2 The referral is valid for the period specified (or 12 months where not otherwise indicated) from the date of the specialist's or the consultant physician's first service.

5.6.3 The purpose in permitting a referral for longer than 12 months is to obviate the necessity for a chronically ill patient, who is under the continuing care and management of a specialist or a consultant physician for a specific condition(s), to obtain a new referral at the end of each 12 months.

5.7 Definition of a Single Course of Treatment

5.7.1 A single course of treatment involves an initial attendance by a specialist or consultant physician and the continuing management/treatment up to the stage where the patient is referred back to the care of the referring practitioner. It also includes any subsequent review of the patient's condition by the specialist or the consultant physician that may be necessary; such a review may be initiated by either the referring practitioner or the specialist/consultant physician.

5.7.2 The presentation of an unrelated illness, requiring the referral of the patient to the specialist's or the consultant physician's care would initiate a new course of treatment in which case a new referral would be required.

5.7.3 The receipt by a specialist or consultant physician of a new referral following the expiration of a previous referral for the same condition(s) does not necessarily indicate the commencement of a new course of treatment involving the itemisation of an initial consultation. In the continuing management/treatment situation the new referral is to facilitate the payment of benefits at the specialist or the consultant physician referred rates rather than the unreferred rates.

5.7.4 However, where the referring practitioner:

- (a) deems it necessary for the patient's condition to be reviewed; and
- (b) the patient is seen by the specialist or the consultant physician outside the currency of the last referral; and
- (c) the patient was last seen by the specialist or the consultant physician more than 9 months earlier

the attendance following the new referral initiates a new course of treatment for which Medicare benefit would be payable at the initial consultation rates.

5.8 Retention of Referral Letters

5.8.1 The prima facie evidence that a valid referral exists is the provision of the referral particulars on the specialist's or the consultant physician's account.

5.8.2 A specialist or a consultant physician is required to retain the instrument of referral (and a hospital is required to retain the patient's hospital records which show evidence of a referral) for 18 months from the date when the service was rendered.

5.8.3 A specialist or a consultant physician is required, if requested by the General Manager of the Health Insurance Commission, to produce to a Medical Adviser of the Commission the instrument of referral or the patient's hospital records for verification of a referral, as soon as practicable, but in any case no later than the end of the day after the day on which the request is made.

5.9 Attendance for Issuing of a Referral

5.9.1 Medicare benefit is attracted for an attendance on a patient even where the attendance is solely for the purpose of issuing a referral letter or note. However, if a medical practitioner issues a referral without an attendance on the patient, no benefit is payable for any charge raised for issuing the referral.

5.10 Locum-tenens Arrangements

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

5.10.2 Fresh referrals are not required for locum-tenens acting according to accepted medical practice for the principal of a practice i.e. referrals to the latter are accepted as applying to the former and benefit is not payable at the initial attendance rate for an attendance by a locum-tenens if the principal has already performed an initial attendance in respect of the particular instrument of referral.

5.11 Self Referral

5.11.1 Medical practitioners may refer themselves to consultant physicians and specialists and Medicare benefits are payable at referred rates.

5.12 Referrals by Dentists or Optometrists

5.12.1 For Medicare benefit purposes, a referral may be made to a recognised specialist:

- (a) by a registered dental practitioner, where the referral arises out of a dental service; or
- (b) by a registered optometrist where the specialist is an ophthalmologist.

5.12.2 In any other circumstances (i.e. a referral to a consultant physician by a dentist or optometrist, or a referral by an optometrist to a specialist other than a specialist ophthalmologist), it is not a valid referral. Any resulting consultant physician or specialist attendances will attract Medicare benefits at unreferred rates.

5.12.3 Registered dentists and registered optometrists may refer themselves to specialists in accordance with the criteria above, and Medicare benefits are payable at the levels which apply to their referred patients.

6. BILLING PROCEDURES

6.1 Itemised Accounts

6.1.1 Where the doctor bills the patient for medical services rendered, the patient needs a properly itemised account/receipt to enable a claim to be made for Medicare benefits.

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

- (i) Patient's name;
- (ii) The date on which the professional service was rendered;
- (iii) A description of the professional service sufficient to identify the item that relates to that service, including an indication where the service is rendered to a person while hospital treatment is provided in a hospital or day hospital facility (other than a Medicare hospital patient), that is, the word 'in-patient' immediately preceding the description of the service or an asterisk '*' directly after an item number where used.
- (iv) The name and practice address or name and provider number of the practitioner who actually rendered the service; (where the practitioner has more than one practice location recorded with the Health Insurance Commission, the provider number used should be that which is applicable to the practice location at or from which the service was given);

- (v) The name and practice address or name and provider number of the practitioner claiming or receiving payment of benefits, or assignment of benefit, is to be shown:-
 - for services in Groups A1 to A8, D1, T1, T4 to T9 of the General Medical Services, Groups O1 to O7 (Oral and Maxillo Facial services), and Group P9 of Pathology - where the person claiming payment is NOT the person who rendered the service;
 - for services in Groups D2, T3, I2, I3, I4, and I5 - for every service;
- (vi) If the service was a Specified Simple Basic Pathology Test (listed in Section 6 - Pathology, Group P9 of the Schedule) that was determined necessary by a practitioner who is another member of the same group medical practice, the surname and initials of that other practitioner must be included;
- (vii) Where a practitioner has attended the patient on more than one occasion on the same day and on each occasion rendered a professional service to which an item in Category 1 of the Medicare Benefits Schedule relates (i.e. professional attendances), the time at which each such attendance commenced;
- (viii) Where the professional service was rendered by a consultant physician or a specialist in the practice of his/her speciality to a patient who has been referred:-
 - (a) the name of the referring medical practitioner; (b) the address of the place of practice or provider number in respect of that place of practice; and (c) the date of the referral.

(NOTE: If the information required to be recorded on accounts, receipts or assignment of benefit forms is included by an employee of the practitioner, the practitioner claiming payment for the service bears responsibility for the accuracy and completeness of the information).

6.1.3 Practitioners should note that payment of claims could be delayed or disallowed where it is not possible from account details to clearly identify the service as one which qualifies for Medicare benefits, or the practitioner as a registered medical practitioner at the address the service was rendered. Practitioners are therefore encouraged to provide as much detail as possible on their accounts, including Medicare Benefits Schedule item number and provider number.

6.2 Claiming of Benefits

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

6.3 Paid Accounts

6.3.1 The patient may pay the account and subsequently present the account, supporting receipt and a covering Medicare claim form to Medicare for assessment and payment of Medicare benefit.

6.4 Unpaid Accounts

6.4.1 Where the patient has not paid the account, the unpaid account may be presented to Medicare with a Medicare claim form. In this case Medicare will forward to the claimant a benefit cheque made payable to the doctor.

6.4.2 It will be the patient's responsibility to forward the cheque to the doctor and make arrangements for payment of the balance of the account if any. "Pay doctor" cheques involving Medicare benefits cannot be sent direct to medical practitioners or to patients at a doctor's address (even if requested by the patient to do so). "Pay doctor" cheques will be forwarded to the patient's normal address.

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

6.5 Assignment of Benefit (Direct-Billing) Arrangements

6.5.1 Under the Health Insurance Act an Assignment of Benefit (direct-billing) facility for professional services is available to all persons in Australia who are eligible for benefit under the Medicare program. This facility is NOT confined to pensioners or people in special need. Notwithstanding the assignment, a practitioner may charge the patient a co-payment of an amount not exceeding \$3.50 for prescribed general practitioner services rendered to non concessional beneficiaries or patients who are not in the Medicare Safety Net. Under these arrangements:-

- The patient's Medicare number must be quoted on all direct-bill forms for that patient including, where applicable, the patient's concessional card number or 'Medicare Safety Net Card Number'.
- The basic forms provided are loose leaf to enable the patient details to be imprinted from the Medicare Card.
- The forms include information required by Regulations under Section 19(6) of the Health Insurance Act.
- The doctor must cause the particulars relating to the professional service to be set out on the assignment form, together with details of whether a co-payment has been received, before the patient signs the form and cause the patient to receive a copy of the form as soon as practicable after the patient signs it.
- Where a patient is unable to sign the assignment form the signature of the patient's parent, guardian or other responsible person (other than the doctor, doctor's staff, hospital proprietor, hospital staff, nursing home proprietor or nursing home staff) is acceptable. The reason the patient is unable to sign should also be stated. In the absence of a "responsible person" the patient signature section should be left blank and in the section headed 'Practitioner's Use' or on the back of the assignment form, an explanation should be given as to why the patient was unable to sign (e.g. unconscious, injured hand etc.) and this note should be signed or initialled by the doctor. If in the opinion of the practitioner the reason is of such a "sensitive" nature that revealing it would constitute an unacceptable breach of patient confidentiality or unduly embarrass or distress the recipient of the patient's copy of the assignment of benefits form, a concessional reason "due to medical condition" to signify that such a situation exists may be substituted for the actual reason. However, this should not be used routinely and in most cases it is expected that the reason given will be more specific.

6.6 Use of Medicare Cards in Direct Billing

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

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

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

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

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

6.6.6 It is important for the practitioner to check the eligibility of patients to Medicare benefits by reference to the card, as some enrollees, e.g., certain visitors to Australia, have entitlement limited to the dates shown on the card as "Benefit Period" in the top left hand corner. Australian residents are not restricted to a period of entitlement even though some cards show an expiry date.

6.7 Assignment of Benefit Forms

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

(a) Form DB2. This form is used to assign benefits for services other than requested pathology. It is loose leaf for imprinting and comprises a throw away cover sheet (after imprinting), a Medicare copy, a Patient copy and a Practitioner copy. This form can also be used

as an "offer to assign" when a request for pathology services is sent to an approved pathology practitioner and the patient does not need to attend the laboratory.

- (b) Form DB4. Is a continuous stationery version of Form DB2, and has been designed for use on most office accounting machines.
- (c) Form DB3. Is used to assign benefits for pathology tests rendered by approved pathology practitioners. It is loose leaf to enable imprinting of patient details from the Medicare Card and is similar in most respects to Form DB2, except for content variations. The form may not be used for services other than pathology.
- (d) Form DB5. This is a continuous stationery form for pathology which can be used on most office machines. It cannot be used to assign benefits and must therefore be accompanied by an "offer to assign" (Form DB2) or assignment (Form DB3) or other form approved by the Health Insurance Commission for that purpose.

6.8 The Claim for Assigned Benefits (Form DB1, DB1H)

6.8.1 Practitioners who accept assigned benefits must claim on Medicare using either Claim for Assigned Benefits form DB1 or DB1H. The DB1H form should be used where services are rendered to persons while hospital treatment is provided in a hospital or day hospital facility (other than Medicare hospital patients). Both forms have been designed to enable benefit for a claim to be directed to a practitioner other than the one who rendered the services. The facility is intended for use in situations such as where a short term locum is acting on behalf of the principal doctor and setting the locum up with a provider number and pay-group link for the principal doctors practice is impractical. Practitioners should note that this facility cannot be used to generate payments to or through a person who does not have a provider number.

6.8.2 Each claim form must be accompanied by the assignment forms to which the claim relates.

6.8.3 The DB1 and DB1H are also loose leaf to enable imprinting of practitioner details using the special Medicare imprinter. For this purpose, practitioner cards, showing the practitioner's name, practice address and provider number are available from Medicare on request.

6.9 Direct-Bill Stationery

6.9.1 Medical Practitioners wishing to direct-bill may obtain direct-bill stationery by contacting any Medicare office. Information on the completion of the forms and direct-bill procedures are provided with the forms. Information on direct-billing is available from any Medicare office.

6.10 Time Limits Applicable to Lodgement of Claims for Assigned Benefits

6.10.1 A time limit of six months applies to the lodgement of claims with Medicare under the direct-billing (assignment of benefits) arrangements. This means that Medicare benefits are not payable for any service where the service was rendered more than six months earlier than the date the claim was lodged with Medicare.

6.10.2 Provision exists whereby in certain circumstances (e.g. hardship cases, third party workers' compensation cases), the Minister may waive the time limits. Special forms for this purpose are available, if required, from the processing centre to which assigned claims are directed.

7. PROVISION FOR REVIEW AND INQUIRY (GENERAL MEDICAL SERVICES)(See also Section 5 for Diagnostic Imaging Arrangements and Section 6 for Pathology Arrangements)

7.1 Medical Services Committees of Inquiry (MSCI)

7.1.1 MSCI's were established as a means of identifying the provision of excessive services by practitioners for which Medicare benefits have been paid or are payable.

7.1.2 MSCI's may inquire and report on references from the Minister concerning the rendering of excessive medical services. (see paragraph 8.2 below)

7.1.3 Excessive services are defined in the Act as being services (other than pathology services) in respect of which Medicare benefits have become or may become payable, that are not reasonably necessary for the adequate medical care of the patient concerned. (See Section 6 in respect of Pathology Services).

7.1.4 MSCI's consist of five members all of whom are medical practitioners.

7.2 Medical Services Review Tribunal (MSRT)

7.2.1 The functions of the Tribunal are to consider requests for review of Ministerial Determinations made under section 106 of the Health Insurance Act (ie. Determinations arising out of recommendations of Medical Services Committees of Inquiry).

7.2.2 MSRT may affirm, set aside or vary these Determinations.

7.2.3 The MSRT's consist of a President, who is or has been the holder of a judicial office or is a legal practitioner of the High Court or Supreme Court of a State or Territory of not less than five years standing, and two other members, both of whom are required to be medical practitioners.

7.3 Medicare Benefits Advisory Committee (MBAC)

7.3.1 This Committee is established under the provisions of Section 66 of the Health Insurance Act. Membership of the Committee consists of representatives of the medical profession and the Commonwealth Government. There are eight members on the Committee, of which at least five must be medical practitioners.

7.3.2 The primary function of the Committee is to consider claims made under Section 11 of the Health Insurance Act for higher Schedule fees and benefits for medical services considered to be of undue length and complexity (see paragraph 9.2). It also considers benefits for services not listed in the Medicare Benefits Schedule (see paragraph 10).

7.4 Medicare Participation Review Committee (MPRC)

7.4.1 The Medicare Participation Review Committees determine what administrative action should be taken against a practitioner who has been successfully prosecuted for medifraud.

7.4.2 The Committees have a discretionary range of options from taking no further administrative action against the practitioner to counselling and reprimand and full or partial disqualification from participating in the Medicare benefit arrangements for up to five years.

8. PENALTIES AND LIABILITIES

8.1 Penalties

8.1.1 Penalties of up to \$10,000 or imprisonment for up to five years, or both, may be imposed on any person who makes a statement (either orally or in writing) or who issues or presents a document that is false or misleading in a material particular and which is capable of being used in connection with a claim for benefits. In addition, any practitioner who is found guilty of such offences by a court (on or after 22 February 1986) shall be subject to examination by a Medicare Participation Review Committee and may be counselled or reprimanded or may have services wholly or partially disqualified from the Medicare benefit arrangements.

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

8.2 Provision of Excessive Services

8.2.1 Medicare benefits are only payable in respect of professional services listed in the Schedule to the Health Insurance Act and then, only when those services are reasonably necessary for the adequate medical care of the patient concerned.

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

8.2.3 The Health Insurance Commission is required to investigate where there are reasonable grounds to suspect that a practitioner may have rendered excessive medical services. The Commission has a computerised monitoring program which records claims for Medicare benefits for services provided by every practitioner. Medical practitioners, employed by the Commission as medical advisers, may seek the opportunity to discuss with doctors claims submitted for

payment of Medicare benefits for services rendered by the doctor. Should the Commission identify a situation where it strongly suspects that claimed medical services are excessive, it is required to refer the matter to the Minister (or his delegate) for consideration of a referral to a Medical Services Committee of Inquiry. This Committee may then seek clarification from the doctor as to the medical necessity of those services so referred.

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

- that the practitioner be reprimanded;
- that the practitioner be counselled;
- that the practitioner reimburse the Commonwealth an amount equal to the Medicare benefits paid in respect of services identified as excessive. It should be noted that under the provisions of the Act:-
 - . a practitioner can be required to reimburse the Commonwealth for part of Medicare benefits paid, when a practitioner has been paid benefit for a particular service he/she has claimed to have rendered and a Committee is of the opinion that a less costly service would have been satisfactory eg. a long consultation claimed and paid for in lieu of a standard consultation.

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

8.2.6 Where a determination becomes effective, the Act requires the details of the determination to be tabled in Parliament and states that they may also be published in the Commonwealth of Australia Gazette.

GENERAL NOTES FOR GUIDANCE OF USERS

9. SCHEDULE FEES AND MEDICARE BENEFITS

9.1 Schedule Fees and Medicare Benefits

9.1.1 Medicare benefits are based on fees determined for each medical service, with uniform fees for each service in each State. The fee is referred to in these notes as the "Schedule fee". As a general rule Schedule fees are adjusted on an annual basis. The current Schedule fees came into operation on 1 November 1991. Adjustments to Schedule fees are rounded in accordance with rules adopted by past Medical Fees Enquiries. Details of the rounding rules are set out below. To avoid perpetuating any anomalies caused by the application of the rounding principles, fee increases are applied to the unrounded fees of the previous year.

Rounding Rules:-

- . fees up to and including \$10 - round to the nearest 10 cents;
- . fees exceeding \$10 up to and including \$20 - round to the nearest 20 cents;
- . fees exceeding \$20 up to and including \$50 - round to the nearest 50 cents;
- . fees exceeding \$50 up to and including \$100 - round to the nearest \$1.00;
- . fees exceeding \$100 up to and including \$200 - round to the nearest \$2.00;
- . fees exceeding \$200 - round to the nearest \$5.00.

Where adjusted fees fall exactly on the division between rounding up and rounding down the fees shall be rounded down (e.g. a calculated fee of \$9.95 rounds to \$9.90 and a calculated fee of \$9.950001 to \$10.00)

9.1.2 In relation to calculation of fees for derived fee items in the Schedule, where the amount calculated is not a multiple of 5 cents, round to the next higher amount that is a multiple of 5 cents.

9.1.3 The Schedule fee and Medicare benefit levels for the medical services contained in the Schedule are located with the item descriptions. Where appropriate, the calculated benefit has been rounded to the nearest higher 5 cents. However, in no circumstances will the benefit payable for any service exceed the amount of the fee actually charged for that service.

There are presently two levels of Medicare benefit payable, that is :-

- (i) for professional services rendered to a person while hospital treatment is provided in a hospital or day hospital facility (other than Medicare hospital patients), the level of Medicare benefit is 75% of the Schedule fee for each item with no maximum patient gap between the Medicare benefit and the Schedule fee. The Health Insurance Regulations provide that medical practitioners must indicate on their accounts, etc, where a medical service is rendered in these circumstances. This requirement will be met by placing the word "in-patient" immediately preceding the description of each service or, alternatively, where an item number is used, by placing an asterisk "*" directly after the item number for each service.
- (ii) for out-of-hospital medical services, the Medicare benefit is 85% of the Schedule fee, for other than prescribed general practitioner services - see paragraph 1.1.3, or the Schedule fee less \$26.80 (indexed annually) whichever is the greater. For prescribed general practitioner services rendered to non concessional beneficiaries, the Medicare rebate is reduced by \$3.50.

9.1.4 Public hospital treatment is available without direct charge to public patients.

9.1.5 A medical service rendered to a patient on the day of admission to, or day of discharge from hospital, but prior to admission or subsequent to discharge, will attract benefits at the 85% level not 75%.

9.1.6 The 75% benefit level applies even though a portion of the service (eg. aftercare) may be rendered outside the hospital. With regard to the comprehensive obstetric items (ie. 16506, 16507, 16510, 16513, 16516 and 16517) benefits would be attracted at the 75% level where the confinement takes place in hospital.

9.1.7 Pathology tests performed after discharge from hospital on bodily specimens taken during hospitalisation also attract the 75% level of benefits.

9.1.8 It should be noted that the Health Insurance Act makes provision for private medical insurance to cover the "patient gap" (i.e., the difference between the Medicare rebate and the Schedule fee) for services attracting benefits at the 75% level.

9.1.9 Where it can be established that payments of \$246 (indexed annually) have been made for an individual during a financial year in respect of the difference between the Medicare benefit and the Schedule fee for out-of-hospital services, benefits will be paid for expenses incurred for professional services rendered during the rest of the financial year up to 100% of the Schedule fee. (From 1 January 1992 the "safety net" provisions will apply to a calendar year, and will be extended to provide for a maximum gap payment of \$246 by a family group or an individual).

9.2 Service of Unusual Length or Complexity

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

9.2.2 Any such application for a higher fee under Section 11 of the Health Insurance Act should be made to the Health Insurance Commission and should be supported by a statement by the medical practitioner indicating in detail those unusual features which are the basis for the claim for a higher fee. The doctor rendering the service should advise the patient to forward this statement with the claim form and account to the relevant Medicare office. Where the doctor direct-bills the Health Insurance Commission, his statement should be attached to the assignment form.

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

- the time taken;
- the factors which caused the undue length of time taken;
- special difficulties or complexities encountered beyond those which would normally be expected in the procedure;

- other significant factors, such as the general condition of the patient, anaesthetic problems and need for resuscitation.

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

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

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

9.2.7 The Minister will forward the appeal to the Medicare Benefits Advisory Committee for consideration and recommendation. The Minister shall, in accordance with the recommendation of the Committee, either allow or dismiss the appeal and direct the Health Insurance Commission to give effect to the recommendation of the Committee. The Minister will also notify the appellant in writing of the decision regarding the appeal.

10. SERVICES NOT LISTED IN THE SCHEDULE (See also paragraph 13.2.1)

10.1 Services not Listed in Schedule

10.1.1 Instances may arise where a particular medical service rendered by a medical practitioner is not listed in the Schedule or in the index to the Schedule. To enable Medicare benefits to be paid in respect of professional services rendered which are not covered by specific items in the Schedule, six non-specific items are included in the Medicare Benefits Schedule i.e., Item Nos. 17971, 30000, 60700 and 61501/61502.

10.1.2 It is realised that the Schedule fees listed for these items will generally be regarded as inadequate for the services which may be claimed under these items. However, it is intended that an appropriate Schedule fee for each service itemised under the "non specific" items will be determined by the Medicare Benefits Advisory Committee under Section 11 of the Health Insurance Act. For an explanation of the provisions of Section 11 see paragraph 9.2.

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

10.1.4 A number of recommendations which have already been made by the Medicare Benefits Advisory Committee in relation to services not specifically covered in the Schedule are listed at the end of Section 2. These services have been allocated specific reference numbers in parentheses. Practitioners must not use other item numbers on their accounts in respect of procedures that are not listed in the Schedule.

10.2 Service Differs from that Described in Schedule Item

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

10.2.2 The procedures to be followed in these circumstances are outlined in paragraph 10.1 above. Enquiries concerning services not listed or on matters of interpretation should be directed to the appropriate office of the Health Insurance Commission. Postal addresses are listed in paragraph 1.3 of these notes. Telephone enquiries should be directed to the numbers below; these numbers are reserved for enquiries concerning the Schedule:

NSW - 02 5612212
Vic - 03 2843661
Qld - 07 3607215
SA - 08 2018629
WA - 09 2638126 or 2638127
Tas - 002 347999
ACT - 06 2936360
NT - use New South Wales enquiry number.

10.3 Ministerial Determinations

10.3.1 Determinations under the provisions of Section 3C of the Health Insurance Act have been made by the Minister in respect of a number of professional services which are not listed in the Medicare Benefits Schedule. Section 3C of the Act empowers the Minister to determine the Schedule fee for such services. Services for which a fee has been so determined are located in their relevant groups in the Schedule, with the notation "Ministerial Determination".

11. SERVICES ATTRACTING MEDICARE BENEFITS

11.1 Professional Services

11.1.1 Professional services which attract Medicare benefits include medical services rendered by or on behalf of a medical practitioner. Medical services which may be rendered "on behalf of" a medical practitioner include services where a portion of the service is performed by a technician employed by or, in accordance with accepted medical practice, acting under the supervision of the medical practitioner.

11.1.2 The health insurance regulations specify that the following medical services will attract benefits only if they have been personally performed by a medical practitioner on not more than one patient on the one occasion (i.e. two or more patients cannot be attended simultaneously although patients may be seen consecutively), other than an attendance on a person in the course of a group session (i.e. Items 170-172). The requirement of "personal performance" is met whether or not assistance is provided in the performance of the service according to accepted medical standards:

- (a) All Category 1 (Professional Attendances) items (except 154-156 and 170-172)
- (b) Each of the following items in Group D1 (Miscellaneous Diagnostic):- 11012, 11015, 11018, 11021, 11212, 11303, 11500, 11600, 11627, 11630, 11712, 11921, 12000, 12003, 12100, 12103, 12106 and 12109,
- (c) All Group T1 (Miscellaneous Therapeutic) items (except 13200-13206, 13212-13221, 14050 and 14053,
- (d) All Group T3 (Therapeutic Nuclear Medicine) items,
- (e) All Group T4 (Obstetrics) items (except 16555),
- (f) All Group T5 (Assistance in Administration of an Anaesthetic) items,
- (g) All Group T6 (Anaesthetics) items,
- (h) All Group T7 (Regional or Field Nerve Block) items,
- (i) All Group T8 (Operations) items,
- (j) All Group T9 (Assistance at Operations) items.

11.1.3 For the group psychotherapy and family group therapy services covered by Items 154, 155, 156, 170, 171 and 172, benefits are payable only if the services have been conducted by the medical practitioner himself.

11.1.4 Medicare benefits are not payable for these group items or any of the items listed in (a)-(j) above when the service is rendered by a medical practitioner employed by the proprietor of a hospital other than when the practitioner is exercising his or her right of private practice or is performing a medical service outside the hospital. For example, benefits are not attracted when a hospital intern or registrar performs a service at the request of a staff specialist or visiting medical officer.

11.2 Services Rendered "On Behalf Of" Medical Practitioners

11.2.1 Medical services not included in the above list (i.e. the items in Categories 5 and 6 of the Schedule together with those items in Categories 2 and 3 not specified above) continue to attract Medicare benefits if the service is rendered by:-

- (i) a medical practitioner;
- (ii) a person, other than a medical practitioner, who is employed by a medical practitioner or, in accordance with accepted medical practice, acts under the supervision of a medical practitioner.

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

12. SERVICES WHICH DO NOT ATTRACT MEDICARE BENEFITS

12.1 Services Not Attracting Benefits

12.1.1 Medicare benefits are not payable for telephone consultations, for the issue of repeat prescriptions when the patient is not in attendance, and for group attendances (other than group attendances covered by Items 154, 155, 156, 170, 171 and 172) such as counselling, health education, weight reduction or fitness.

12.1.2 There are other services which are not regarded as being 'medical services' for the purposes of the payment of Medicare benefits. These are services performed for cosmetic reasons, such as face lifts, eye-lid reduction, hair transplants (except in certain circumstances), etc. Certain other services such as manipulations performed by physiotherapists do not qualify for Medicare benefit even though they may be done on the advice of a medical practitioner.

12.2 Where Medicare Benefits are not Payable

12.2.1 Medicare benefits are not payable in respect of a professional service in the following circumstances -

- (i) where the medical expenses for the service are paid or payable to a recognised (public) hospital;
- (ii) where the medical expenses for the service are wholly payable by way of compensation or damages under a State or Commonwealth or Territorial law or under a legal claim. However, where medical expenses are only partly recoverable in such cases, an appropriate portion of Medicare benefit is payable;
- (iii) where the service is a medical examination for the purposes of - life insurance, superannuation or provident account scheme, or admission to membership of a friendly society;
- (iv) where the service was rendered in the course of the carrying out of mass immunisation.

12.2.2 Unless the Minister otherwise directs, Medicare benefit is not payable in respect of a professional service where:-

- (a) the service has been rendered by or on behalf of, or under an arrangement with, the Commonwealth, a State or a local governing body or an authority established by a law of the Commonwealth, a law of a State or a law of an internal Territory;
- (b) the medical expenses were incurred by the employer of the person to whom the service was rendered;
- (c) the person to whom that service was rendered was employed in an industrial undertaking and that service was rendered to him for purposes connected with the operation of that undertaking; or
- (d) the service was a health screening service (see para 12.3 below).

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

12.2.4 Regulations are currently in force to preclude the payment of Medicare benefits in the following circumstances:-

- (a) professional services rendered in relation to the provision of chelation therapy (that is to say the intravenous administration of ethylenediamine tetra-acetic acid or any of its salts) otherwise than for the treatment of heavy-metal poisoning;
- (b) professional services rendered in association with the injection of human chorionic gonadotrophin in the management of obesity;
- (c) professional services rendered in relation to the use of hyperbaric oxygen therapy in the treatment of multiple sclerosis;
- (d) professional services rendered in relation to the use of computerised tomography scanning for the purposes of measuring bone mineral density for osteoporosis assessment; and
- (e) professional services rendered for the purpose of, or in relation to, the removal of tattoos.
- (f) professional services rendered for the purposes of, or in relation to:
 - (i) the transplantation of a thoracic or abdominal organ, other than a kidney, or of a part of an organ of that kind; or
 - (ii) the transplantation of a kidney in conjunction with the transplantation of a thoracic or other abdominal organ, or part of an organ of that kind;

12.3 Health Screening Services

12.3.1 Unless the Minister otherwise directs Medicare benefits are not payable for health screening services.

12.3.2 A health screening service is defined as a medical examination or test that is not reasonably required for the management of the medical condition of the patient. Services covered by this proscription include such items as - multiphasic health screening; mammography screening (except as provided for in Items 59300/59303); testing of fitness to undergo physical training programs, vocational activities or weight reduction programs; compulsory examinations and tests to obtain a flying, commercial driving or other licence, entrance to schools and other educational facilities, for travel requirements and for the purposes of legal proceedings; compulsory examinations to determine eligibility for social security pensions and allowances; compulsory examinations for admission to aged persons' accommodation and pathology tests associated with orthomolecular medicine.

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

- a medical examination or a test on a symptomless patient by that patient's own medical practitioner in the course of normal medical practice, to ensure the patient receives any medical advice or treatment necessary to maintain his/her state of health. In such cases benefits would be payable for the attendance and such tests which would be considered reasonably necessary according to the circumstances of the patient such as age, physical condition, past personal and family history. Examples would be Papanicolaou test in a woman (see para. 12.3.4), blood lipid estimation in an overweight person, a chest X-ray where one has not been recently performed. However, it would not be accepted that a routine check up would necessarily be accompanied by an extensive battery of diagnostic investigations.
- a pathology service requested by the National Heart Foundation of Australia, Risk Evaluation Service.
- medical examinations for reason of age or medical condition, for drivers to obtain or renew a licence to drive a private motor vehicle.
- medical examinations to obtain a certificate of hearing disability required for sales tax exemption for a television decoding device.
- a medical examination provided to an unemployed person at the request of a person to whom the unemployed person has applied for employment.
- a medical examination of, and/or the collection of blood for testing from, persons occupationally exposed to sexual transmission of disease where the purpose of such an examination or collection is the collection of specimens for testing in accordance with conditions determined by the health authority of the State or Territory in which the service is performed, (one examination/collection per person per week). Benefits are not attracted in respect of pathology tests resulting from such examination/collection.

- a medical examination to adopt or foster children

12.3.4 The agreed National Policy on screening for the Prevention of Cervical Cancer, as endorsed by the Royal Australian College of General Practitioners, the Royal Australian College of Obstetricians and Gynaecologists, the Royal College of Pathologists of Australasia, the Australian Cancer Society and the National Health and Medical Research Council, is as follows:

- . An examination interval of two years for women who have no symptoms or history suggestive of abnormal cervical cytology, commencing between the ages of 18 to 20 years, or one or two years after first sexual intercourse, whichever is later.
- . Cessation of cervical smears at 70 years for women who have had two normal results within the last five years. Women over 70 who have never been examined, or who request a cervical smear, should be examined.

Note: As separate items exist for routine examination of cervical smears, treating practitioners are asked to clearly identify on the request form to the pathologist, if the smear has been taken as a routine examination or for the management of a previously detected abnormality. (see paragraph PP.2 of Pathology Services Explanatory Notes in Section 6)

12.4 Services Rendered to a Doctor's Dependants, Partner, or Partner's Dependants

12.4.1 Generally, Medicare benefits are not payable in respect of professional services rendered by a medical practitioner to dependants or partners or a partner's dependants. There can be no medical expense for which Medicare benefits will apply unless a legally enforceable debt is incurred. In such a case, the matter should be referred to the Health Insurance Commission for assessment.

12.5 Workers' Compensation, Third Party Insurance, Damages, etc.

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

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

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

12.5.4 Where a claim is made for Medicare benefits and it appears to the Minister (or delegate) that the service may be subject to a claim for compensation or damages, the Minister (or delegate) may direct that no benefit be paid but that there be a provisional payment made of an amount equal to whatever part of the benefit is considered appropriate. If the claimant subsequently receives compensation or damages payment in respect of the medical expenses, he/she will be required to refund all or part of the provisional payment made, and an undertaking must be given to this effect.

13. PRINCIPLES OF INTERPRETATION

13.1 Principles of Interpretation

13.1.1 Each professional service listed in the Schedule is a complete medical service in itself. However, it may also form part of a more comprehensive service covered by another item, in which case the benefit provided for the latter service covers the former as well. For example, benefit is not payable for a bronchoscopy (Schedule Item 41889) where a foreign body is removed from the bronchus (Schedule Item 41895) since the bronchoscopy is an integral part of the removal operation.

13.1.2 Where a service is rendered partly by one medical practitioner and partly by another, only the one amount of benefit is payable. This may be instanced by the case in which a radiographic examination is partly completed by one medical practitioner and finalised by another, the only benefit payable being that for the total examination. Another example is where aftercare is carried out by other than the practitioner who performed the operation. The fee for the operation also covers any consequential aftercare and only the one benefit is payable.

13.1.3 Where separate services covered by individual items in the Schedule are rendered by different medical practitioners the individual items apply. For example, if antenatal care is provided by one medical practitioner and the confinement and postnatal care are provided by another medical practitioner, the benefits for the first practitioner's services are payable under Item 16500 or 16503 while benefits for the latter services are payable under Item 16506 or 16507. However, where a medical practitioner who has provided antenatal care for a patient finds it necessary to call in a specialist during the confinement, benefit is payable under Item 16513 as well as under Item 16510.

13.2 Services Attracting Benefits on an Attendance Basis

13.2.1 There are some services which are not listed in the Schedule because they are regarded as forming part of a consultation or else attract benefits on an attendance basis. These services are identified in the index to this Book.

13.3 Consultation and Procedures Rendered at the One Attendance

13.3.1 Where there are rendered, during the course of a single attendance, a consultation (under Category 1 of the Medicare Benefits Schedule) and another medical service (under any other Category of the Schedule), benefits are payable subject to certain exceptions, for both the consultation and the other service. Medicare benefits are not payable for the consultation in addition to the following items rendered on the same occasion:-

(i) items with descriptions qualified by the words

(a) "Each Attendance...", "At an Attendance" or "Attendance at which," e.g. Items *15000, 15003, 15006, 15009, 15012, 15100, 15103, 15106, 15109, 15112, 15115, 15203, 15206, 15211, 15214, 15348, 15357, 47471, 47681, 47703, 49351, 49878;

(* see paragraph T2.1.2 of Category 3 - Radiation Oncology Explanatory Notes in relation to radiotherapy)

(b) "including all related (or associated) attendances" Item 16510, 16564, 16567, 16570, 16573; and

(c) "including associated consultation" Items 153, 154, 155, 156, 173, 12106, 12109, 13112, 14050, 14053, 30000, 30003, 30006, 30009, 30010, 30013, 30014, 30213, 32500, 35554, 41674, 41704, 42677;

(ii) those items in Group T4 of the Schedule which cover or include a component for antenatal or postnatal care, Items 16503, 16506, 16507, 16513, 16516, 16517, 16520;

(iii) those items in the Schedule which provide separate benefit for special services for the treatment of obstetrical complications, Items 16523, 16526, 16529, 16532, 16542;

(iv) those items in the Schedule where the attendance is an integral part of the service, Items 11703, 13100, 13103; and

(v) all items in Groups T5, T6 and T9 of the Schedule.

13.3.2 Where a service listed in paragraph 13.3.1, sub-paragraph (i)(a) is performed in conjunction with a consultation, benefit is payable for either the consultation or the service but not for both. For those services covered by sub-paragraphs (i)(b), (i)(c), (ii), (iii), (iv) and (v) above, benefits are payable only for the procedure specified in the item, that is, benefits are not payable under any item in Category 1 of the Schedule. However, in the case of radiotherapy treatment, benefits are payable for both the radiotherapy and an initial referred consultation.

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

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

13.4 Aggregate Items

13.4.1 The Schedule includes a number of items which apply only in conjunction with another specified service listed in the Schedule. These items provide for the application of a fixed loading or factor to the fee and benefit for the service with which they are rendered. Item 15003 - Superficial radiotherapy of two or more Fields - is an example.

13.4.2 When these particular procedures are rendered in conjunction, the legislation provides for the procedures to be regarded as one service and for a single patient gap to apply. The Schedule fee for the service will be ascertained in accordance with the particular rules shown in the relevant items.

13.4.3 Examples of the services to which this aggregation principle applies are Items

15003	15115	17977	61322
15009	15206	59103	61323
15103	15214	59739	61490
15109	17777	60300	

SECTION 2

GENERAL MEDICAL SERVICES

CATEGORY 1 - PROFESSIONAL ATTENDANCES

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CATEGORY 1 - PROFESSIONAL ATTENDANCES

EXPLANATORY NOTES

A.1 Personal Attendance by Practitioner

A.1.1 The personal attendance of the medical practitioner upon the patient is necessary before a "consultation" may be regarded as a professional attendance. In itemising a consultation covered by an item which refers to a period of time, only that time during which a patient is receiving active attention should be counted. Periods such as when a patient is resting between blood pressure readings, waiting for pupils to dilate after the instillation of a mydriatic, or receiving short wave therapy etc., should not be included in the time of the consultation. Similarly, the time taken by a doctor to travel to a patient's home should not be taken into consideration in the determination of the length of the consultation. While the doctor is free to charge a fee for "travelling time" when patients are seen away from the surgery, benefits are payable only in respect of the time a patient is receiving active attention.

A.2 Telephone Consultations, etc.

A.2.1 Telephone consultations, letters of advice by medical practitioners, the issue of repeat prescriptions when the patient is not in attendance, post mortem examinations, the issue of death or cremation certificates, counselling of relatives (Note - Items 157 and 158 are not counselling services), group attendances (other than group attendances covered by Items 154, 155, 156, 170, 171 and 172) such as group counselling, health education, weight reduction or fitness classes do not qualify for benefit.

A.3 Multiple Attendances

A.3.1 Payment of benefit may be made for each of several attendances on a patient on the same day by the same medical practitioner provided the subsequent attendances are not a continuation of the initial or earlier attendances.

A.3.2 However, there should be a reasonable lapse of time between such attendances before they can be regarded as separate attendances.

A.3.3 Where two or more attendances are made on the one day by the same medical practitioner the time of each attendance should be stated on the account (e.g., 10.30 a.m. and 3.15 p.m.) in order to assist in the assessment of benefits.

A.3.4 In some circumstances a subsequent attendance on the same day does in fact constitute a continuation of an earlier attendance. For example, a preliminary eye examination may be concluded with the instillation of a mydriatic and then an hour or so later eye refraction is undertaken. These sessions are regarded as being one attendance for benefit purposes. A further example is in the case of skin sensitivity testing.

A.4 Attendances by Vocationally Registered General Practitioners (Items 3-51)

A.4.1 Items 3 to 51 relate specifically to attendances rendered by medical practitioners who are listed on the Vocational Register of General Practitioners maintained by the Health Insurance Commission. Only medical practitioners on the Vocational Register are eligible to itemise these content-based items. (See paragraph 3.1 and 3.2 of Section 1 for details of eligibility and registration).

A.4.2 Items 3 to 51 cover four categories of general practitioner attendance based largely on the tasks undertaken by the practitioner during the attendance on the patient rather than simply on the time spent with the patient.

A.4.3 The attendances are divided into four categories relating to the level of complexity, namely:

- (i) Level A - (10 relative value units)
- (ii) Level B - (21 relative value units)
- (iii) Level C - (38 relative value units)
- (iv) Level D - (56 relative value units)

A.4.4 To assist medical practitioners in selecting the appropriate item number for Medicare benefit

purposes the following notes and examples in respect of the various levels are given. The fact that a particular case is used as an example does not mean that such cases would always be claimed at the level used in the example. Other modifying circumstances might prevail and each case must be treated on its merits.

LEVEL A

These items are for the obvious and straightforward cases and the practitioner's records would reflect this. In this context 'limited examination' means examination of the affected part if required, and 'management' the action taken.

Example: Triple Antigen or Tetanus Immunisation

LEVEL B

The descriptions of these items introduce the words 'selective history' and 'implementation of a management plan in relation to one or more problems'. In this context a 'selective history' means a history relating to a specific problem or condition; and 'implementation of a management plan' includes formulation of the decision or plan of management and any immediate action necessary such as advising or counselling the patient, ordering tests, or referring the patient to a specialist medical practitioner or other allied health professional. The essential difference between Levels A and B relate not to time but to complexity

Example: Otitis media presenting as earache

LEVEL C

Further levels of complexity are implied in these items by the introduction of 'taking a detailed history' and 'examination of multiple systems'. A physical attendance of at least 20 minutes is necessary to qualify for a Level C attendance. The words following 'OR' in the items for Levels B and C allow for the situation where an attendance involves some components of a more complex level but the time taken is less than specified in the higher level. Benefit is claimable at the appropriate lower level, e.g.; if an attendance involved a detailed history and examination of multiple systems, arranging investigations and implementing a management plan, but the time taken was less than 20 minutes, it would constitute a Level B attendance.

Example: Essential hypertension presenting as headache

LEVEL D

These items cover the difficult problems where the diagnosis is elusive and highly complex, requiring consideration of several possible differential diagnoses, and the making of decisions about the most appropriate investigations and the order in which they should be performed. These items also cover cases which need prolonged discussion. Physical attendance of at least 40 minutes is necessary to qualify for a Level D attendance.

Examples: Migraine with peripheral neurological signs

Depression presenting as insomnia or headaches

Complex psychological or family relationship problems

Counselling or Advice to Patients or Relatives

A.4.5 For Items 23 to 51 'implementation of a management plan' includes counselling services.

A.4.6 Items 3 to 51 include advice to patients and/or relatives during the course of an attendance. The advising of relatives at a later time does not extend the time of attendance.

Recording Clinical Notes

A.4.7 In relation to the time taken in recording appropriate details of the service, only clinical details recorded at the time of the attendance count towards the time of consultation. It does not include information added at a later time, such as reports of investigations.

Other Services at the Time of Attendance

A.4.8 Where, during the course of a single attendance by a vocationally registered general practitioner, both a consultation and another medical service are rendered, Medicare benefits are generally payable for both the consultation and the other service. Exceptions are in respect to medical services which form part of the normal consultative process, or services which include a

component for the associated consultation (see paragraph 13.3 of Section 1 for further details).

After Hours Services

A.4.9 There are no differential Schedule fees for medical services rendered after hours, except in relation to the items for emergencies i.e. Items 97, 98. However, use of these emergency after hours items are restricted to situations as outlined in paragraph A.9 below.

Locum-Tenens

A.4.10 Where a vocationally registered general practitioner engages, either as an assistant or as a locum tenens, a medical practitioner who is not enrolled on the vocational register, Medicare benefits in respect of attendances rendered by the latter are attracted under items 52-96 and not under Items 3-51.

A.5 Professional Attendances at an Institution (Items 13,25, 38, 48, 81, 83, 84, 86)

A.5.1 For the purposes of these items an "institution" means a place (not being a hospital, nursing home, aged persons' accommodation attached to a nursing home or aged persons' accommodation situated within a nursing home complex) at which residential accommodation or day care or both such accommodation and such care is made available to:-

- (a) disadvantaged children;
- (b) juvenile offenders;
- (c) aged persons;
- (d) chronically ill psychiatric patients;
- (e) homeless persons;
- (f) unemployed persons;
- (g) persons suffering from alcoholism;
- (h) persons addicted to drugs; or
- (i) physically or mentally handicapped persons.

Note: See also paragraph A.8

A.6 Attendances at a Hospital (Items 19, 33, 40, 50, 87, 89, 90, 91)

A.6.1 These items refer to attendances on hospital in-patients. Where medical practitioners have made arrangements with a local hospital to routinely use out-patient facilities to see their private patients, surgery consultation items would apply.

Note: See also paragraph A.8

A.7 Nursing Home Attendances (Items 20, 35, 43, 51, 92, 93, 95, 96)

A.7.1 These items refer to attendances on patients in nursing homes but also include attendances on patients in aged persons' accommodation such as hostels attached to or in the grounds of a nursing home.

A.7.2 Where a medical practitioner attends a patient in a self-contained unit, within a nursing home complex, the attendance attracts benefits under the appropriate home visit item.

A.7.3 Where a patient living in a self-contained unit attends a medical practitioner at consulting rooms situated within the precincts of the nursing home or hostel, or at free standing consulting rooms within the nursing home complex, the appropriate surgery consultation item applies.

A.7.4 If a patient who is accommodated in the nursing home or hostel visits a medical practitioner at consulting rooms situated within the nursing home complex, whether free standing or situated within the nursing home or hostel precincts, benefits would be attracted under the appropriate nursing home attendance item.

Note: See also paragraph A.8

A.8 Attendances at Hospitals, Nursing Homes and Institutions

A.8.1 To facilitate assessment of the correct Medicare rebate in respect of a number of patients attended on the one occasion in the one hospital, nursing home or institution, it is important that the total number of patients seen be recorded on each individual account, receipt or assignment form. For example, where ten patients were visited (for a brief consultation) in the one nursing home on the one occasion, each account, receipt or assignment form would show "Item 20 - 1 of 10 patients" (for a VRGP); or "Item 92 - 1 of 10 patients" (for a non-VRGP).

A.9 Emergency After-Hours Attendances (Items 97, 98)

A.9.1 Items 97 and 98 should only be itemised in the following instances -

- . the consultation is initiated by or on behalf of the patient in the same unbroken after-hours period (see para A.9.3);
- . the patient's medical condition must require immediate treatment; and
- . if more than one patient is seen on the one occasion, Items 97 and 98 can be used but only in respect of the first patient.

Where the patient is seen at a public hospital the following additional provisions would apply in relation to Item 97 -

- . the first or only patient is a private in-patient; or
- . the first or only patient is seen in the Out-patient or Casualty Department and the hospital does not provide at the time a medical Out-patient or Casualty service.

Where any of the above conditions do not apply the normal Schedule items should be itemised.

A.9.2 Item 98 is intended to allow benefit for returning to and specially opening up consulting rooms to attend a patient who needs immediate treatment after hours. As the extra benefit is for the inconvenience of actually returning to and opening the surgery it is payable only once on any one occasion - to the first patient seen after opening up. If other patients are seen on the same occasion they are itemised as ordinary surgery attendances. In this respect Item 98 is the same as Item 97.

Definition of After Hours

A.9.3 An after hours consultation or visit is a reference to an attendance on a public holiday, on a Sunday, before 8 a.m. or after 1 p.m. on a Saturday, or at any time other than between 8 a.m. and 8 p.m. on a week day not being a public holiday.

A.10 Minor Attendance by a Consultant Physician (Items 119, 131)

A.10.1 The Health Insurance Regulations provide that a minor consultation is regarded as being a consultation in which the assessment of the patient does not require the physical examination of the patient and does not involve a substantial alteration to the patient's treatment. Examples of consultations which could be regarded as being 'minor consultations' are listed below (this is by no means an exhaustive list) :-

- . hospital visits where a physical examination does not result, or where only a limited examination is performed;
- . hospital visits where a significant alteration to the therapy or overall management plan does not ensue;
- . brief consultations or hospital visits not involving subsequent discussions regarding patient's progress with a specialist colleague or the referring practitioner.

A.11 Interview of person other than a patient by Consultant Psychiatrist (Items 157, 158)

A.11.1 These items refer to a psychiatric assessment of a patient's relative or other close associate to determine whether the patient's condition might be affected by that person's personality, the family environment, etc. They do not cover interviews for seeking information from a source other than the patient or for counselling of parents. The term "in the course of initial diagnostic evaluation of the patient" should be interpreted as extending for up to one month from the date of the initial consultation. There is no strict limit to the number of interviews or persons interviewed in that period.

A.11.2 Benefits are payable for Item 157 or 158 and for a consultation with a patient (Items 134 - 152) on the same day provided that separate attendances are involved.

A.11.3 For Medicare benefit purposes, charges relating to services covered by Items 157 and 158 should be raised against the patient rather than against the person interviewed.

A.12 Prolonged Attendance in Treatment of a Critical Condition (Items 160-164)

A.12.1 The conditions to be met before services covered by Items 160-164 attract benefits are -

- (i) the patient must be in imminent danger of death;

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

A.13 Family Group Therapy (Items 170, 171, 172)

A.13.1 These items refer to family group therapy supervised by medical practitioners other than consultant psychiatrists. Other types of group attendances do not attract benefits. It should be noted that only one fee applies in respect of each group of patients.

A.14 Acupuncture (Item 173)

A.14.1 The service of "acupuncture" must be performed by a medical practitioner and itemised under Item 173 to attract benefits. This item covers not only the performance of the acupuncture but includes any consultation on the same occasion and any other attendance on the same day for the condition for which acupuncture was given.

A.14.2 Other items in Category 1 of the Schedule should not be itemised for professional attendances when the service "acupuncture" is provided.

A.14.3 For the purpose of payment of Medicare benefits "acupuncture" is interpreted as including treatment by means other than the use of acupuncture needles where the same effect is achieved without puncture, e.g., by application of ultrasound, laser beams, pressure or moxibustion, etc.

A.15 Contact Lenses (Items 10801-10809)

A.15.1 Benefits are paid for consultations concerned with the prescription and fitting of contact lenses only if patients fall into specified categories (ie. patients with certain conditions). The classes of patients eligible for benefits for contact lens consultations are described in Items 10801 to 10809.

A.15.2 Benefits are payable for an initial referred consultation rendered in association with the fitting and prescribing of the lenses.

A.15.3 Subsequent follow-up attendances attract benefits on a consultation basis.

A.16 Refitting of Contact Lenses (Item 10815)

A.16.1 This item covers the refitting of contact lenses where this becomes necessary within the thirty-six month time limit. A nominal fee only has been set for this item, the intention being that where the service becomes necessary an application will be made under the provisions of Section 11 of the Health Insurance Act and an appropriate fee will be determined by the Medicare Benefits Advisory Committee (see paragraph 9.2 of Section 1 for details relating to the lodgement of such claims). Determinations by the Advisory Committee will be made on the basis of a list of conditions drawn up by the Department in consultation with the Royal Australian College of Ophthalmologists.

FEEES AND BENEFITS FOR ATTENDANCE BY VRGPGS AT A NURSING HOME,
HOSPITAL OR INSTITUTION

	LEVEL A				LEVEL B			
	FEE	BENEFITS		FEE	BENEFITS			
PATIENTS		85%	(-\$3.50)	75%		85%	(-\$3.50)	75%
ONE	27.70	23.55	20.05	20.80	40.00	34.00	30.50	30.00
TWO	19.45	16.55	13.05	14.60	31.75	27.00	23.50	23.85
THREE	16.70	14.20	10.70	12.55	29.00	24.65	21.15	21.75
FOUR	15.35	13.05	9.55	11.55	27.65	23.55	20.05	20.75
FIVE	14.50	12.35	8.85	10.90	26.80	22.80	19.30	20.10
SIX	13.95	11.90	8.40	10.50	26.25	22.35	18.85	19.70
SEVEN +	12.35	10.50	7.00	9.30	24.65	21.00	17.50	18.50

	LEVEL C				LEVEL D			
	FEE	BENEFITS		FEE	BENEFITS			
PATIENTS		85%	(-\$3.50)	75%		85%	(-\$3.50)	75%
ONE	59.00	50.15	46.65	44.25	78.50	66.75	63.25	58.90
TWO	50.75	43.15	39.65	38.10	70.25	59.75	56.25	52.70
THREE	48.00	40.80	37.30	36.00	67.50	57.40	53.90	50.65
FOUR	46.65	39.70	36.20	35.00	66.15	56.25	52.75	49.65
FIVE	45.80	38.95	35.45	34.35	65.30	55.55	52.05	49.00
SIX	45.25	38.50	35.00	33.95	64.75	55.05	51.55	48.60
SEVEN +	43.65	37.15	33.65	32.75	63.15	53.70	50.20	47.40

FEEES AND BENEFITS FOR ATTENDANCE BY NON-VRGPGS AT A NURSING HOME,
HOSPITAL OR INSTITUTION

	BRIEF				STANDARD			
	FEE	BENEFITS		FEE	BENEFITS			
PATIENTS		85%	(-\$3.50)	75%		85%	(-\$3.50)	75%
ONE	21.50	18.30	14.80	16.15	31.50	26.80	23.30	23.65
TWO	16.25	13.85	10.35	12.20	26.25	22.35	18.85	19.70
THREE	14.50	12.35	8.85	10.90	24.50	20.85	17.35	18.40
FOUR	13.65	11.65	8.15	10.25	23.65	20.15	16.65	17.75
FIVE	13.10	11.15	7.65	9.85	23.10	19.65	16.15	17.35
SIX	12.75	10.85	7.35	9.60	22.75	19.35	15.85	17.10
SEVEN +	11.70	9.95	6.45	8.80	21.70	18.45	14.95	16.30

	LONG				PROLONGED			
	FEE	BENEFITS		FEE	BENEFITS			
PATIENTS		85%	(-\$3.50)	75%		85%	(-\$3.50)	75%
ONE	48.50	41.25	37.75	36.40	71.50	60.80	57.30	53.65
TWO	43.25	36.80	33.30	32.45	66.25	56.35	52.85	49.70
THREE	41.50	35.30	31.80	31.15	64.50	54.85	51.35	48.40
FOUR	40.65	34.60	31.10	30.50	63.65	54.15	50.65	47.75
FIVE	40.10	34.10	30.60	30.10	63.10	53.65	50.15	47.35
SIX	39.75	33.80	30.30	29.85	62.75	53.35	49.85	47.10
SEVEN +	38.70	32.90	29.40	29.05	61.70	52.45	48.95	46.30

NOTE: The \$3.50 reduction in benefits does not apply to attendances on patients in hospitals or day-hospital facilities

ATTENDANCES		GENERAL PRACTITIONER
	GROUP A1 - GENERAL PRACTITIONER ATTENDANCES (NOT COVERED BY ANY OTHER ITEM)	
	SUBGROUP 1 - VOCATIONALLY REGISTERED	
	<p>NOTE: <i>Professional attendances by vocationally registered general practitioners cover consultations during which the general practitioner evaluates the patient's problem (which may include certain health screening services - see paragraph 12.3 of Section 1) and formulates a management plan, in relation to one or more conditions present in the patient. The service also includes advice to the patient and/or relatives and the recording of appropriate detail of the particular services - (see paragraphs A.4.6 - A.4.7 of Explanatory Notes to this Category)</i></p>	
	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 (Professional attendance at consulting rooms) (See para A.4 of explanatory notes to this Category)	
3	Fee: \$11.20	Benefit: 75% \$8.40: 85%/\$26.80 \$9.50 (less \$3.50 = \$6.00)
	HOME VISIT (Professional attendance at a place other than consulting rooms, hospital, nursing home or institution) (See para A.4 of explanatory notes to this Category)	
4	Fee: \$28.00	Benefit: 75% \$21.00: 85%/\$26.80 \$23.80 (less \$3.50 = \$20.30)
	CONSULTATION AT AN INSTITUTION - OTHER THAN A HOSPITAL OR NURSING HOME (Professional attendance on one or more patients in the one institution on the one occasion) - each patient (See paras A.4 and A.5 of explanatory notes to this Category)	
13	Derived Fee: The fee for item 3, plus \$16.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 3 plus \$1.15 per patient	
	CONSULTATION AT A HOSPITAL (Professional attendance on one or more patients in the one hospital on the one occasion) - each patient (See paras A.4 and A.6 of explanatory notes to this Category)	
19	Derived Fee: The fee for item 3, plus \$16.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 3 plus \$1.15 per patient	
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991</p>		

ATTENDANCES

GENERAL PRACTITIONER

20	<p>CONSULTATION AT A NURSING HOME (Professional attendance on one or more patients in the one nursing home including aged persons' accommodation attached to a nursing home or aged persons' accommodation situated within a complex that includes a nursing home (but excluding a professional attendance at a self-contained unit) or attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (excluding accommodation in a self-contained unit) on the one occasion) - each patient <i>(See paras A.4 and A.7 of explanatory notes to this Category)</i> Derived Fee: The fee for item 3, plus \$16.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 3 plus \$1.15 per patient</p>
23	<p>LEVEL 'B' Professional attendance involving taking a selective history, examination of the patient with implementation of a management plan in relation to one or more problems, OR a professional attendance of less than 20 minutes duration involving components of an attendance of the type otherwise covered by Item 36, 37, 38, 40, 43, 44, 47, 48, 50 or 51</p> <p>SURGERY CONSULTATION (Professional attendance at consulting rooms) <i>(See para A.4 of explanatory notes to this Category)</i> Fee: \$23.50 Benefit: 75% \$17.65: 85%/\$26.80 \$20.00 (less \$3.50 = \$16.50)</p>
24	<p>HOME VISIT (Professional attendance at a place other than consulting rooms, hospital, nursing home or institution) <i>(See para A.4 of explanatory notes to this Category)</i> Fee: \$40.00 Benefit: 75% \$30.00: 85%/\$26.80 \$34.00 (less \$3.50 = \$30.50)</p>
25	<p>CONSULTATION AT AN INSTITUTION - OTHER THAN A HOSPITAL OR NURSING HOME (Professional attendance on one or more patients in the one institution on the one occasion) - each patient <i>(See paras A.4 and A.5 of explanatory notes to this Category)</i> Derived Fee: The fee for item 23, plus \$16.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 23 plus \$1.15 per patient</p>
33	<p>CONSULTATION AT A HOSPITAL (Professional attendance on one or more patients in the one hospital on the one occasion) - each patient <i>(See paras A.4 and A.6 of explanatory notes to this Category)</i> Derived Fee: The fee for item 23, plus \$16.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 23 plus \$1.15 per patient</p>

ATTENDANCES	GENERAL PRACTITIONER
35	<p>CONSULTATION AT A NURSING HOME (Professional attendance on one or more patients in the one nursing home including aged persons' accommodation attached to a nursing home or aged persons' accommodation situated within a complex that includes a nursing home (but excluding a professional attendance at a self contained unit) or attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (excluding accommodation in a self-contained unit) on the one occasion) - each patient <i>(See paras A.4 and A.7 of explanatory notes to this Category)</i> Derived Fee: The fee for item 23, plus \$16.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 23 plus \$1.15 per patient</p>
36	<p>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 one or more problems, and lasting at least 20 minutes, OR a professional attendance of less than 40 minutes duration involving components of an attendance of the type otherwise covered by Items 44, 47, 48, 50 or 51</p> <p>SURGERY CONSULTATION (Professional attendance at consulting rooms) <i>(See para A.4 of explanatory notes to this Category)</i> Fee: \$42.50 Benefit: 75% \$31.90: 85%/\$26.80 \$36.15 (less \$3.50 = \$32.65)</p>
37	<p>HOME VISIT (Professional attendance at a place other than consulting rooms, hospital, nursing home, or institution) <i>(See para A.4 of explanatory notes to this Category)</i> Fee: \$59.00 Benefit: 75% \$44.25: 85%/\$26.80 \$50.15 (less \$3.50 = \$46.65)</p>
38	<p>CONSULTATION AT AN INSTITUTION - OTHER THAN A HOSPITAL OR NURSING HOME (Professional attendance on one or more patients in the one institution on the one occasion) - each patient <i>(See paras A.4 and A.5 of explanatory notes to this Category)</i> Derived Fee: The fee for item 36, plus \$16.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 36 plus \$1.15 per patient</p>
40	<p>CONSULTATION AT A HOSPITAL (Professional attendance on one or more patients in the one hospital on the one occasion) - each patient <i>(See paras A.4 and A.6 of explanatory notes to this Category)</i> Derived Fee: The fee for item 36, plus \$16.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 36 plus \$1.15 per patient</p>
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991 Page 43</p>	

ATTENDANCES

GENERAL PRACTITIONER

43	<p>CONSULTATION AT A NURSING HOME (Professional attendance on one or more patients in the one nursing home including aged persons' accommodation attached to a nursing home or aged persons' accommodation situated within a complex that includes a nursing home (but excluding a professional attendance at a self contained unit) or attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (excluding accommodation in a self-contained unit) on the one occasion) - each patient <i>(See paras A.4 and A.7 of explanatory notes to this Category)</i> Derived Fee: The fee for item 36, plus \$16.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 36 plus \$1.15 per patient</p>
44	<p style="text-align: center;">LEVEL 'D'</p> <p>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 one 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</p> <p>SURGERY CONSULTATION (Professional attendance at consulting rooms) <i>(See para A.4 of explanatory notes to this Category)</i> Fee: \$62.00 Benefit: 75% \$46.50: 85%/\$26.80 \$52.70 (less \$3.50 = \$49.20)</p>
47	<p>HOME VISIT (Professional attendance at a place other than consulting rooms, hospital, nursing home or institution) <i>(See para A.4 of explanatory notes to this Category)</i> Fee: \$79.00 Benefit: 75% \$59.25: 85%/\$26.80 \$67.15 (less \$3.50 = \$63.65)</p>
48	<p>CONSULTATION AT AN INSTITUTION - OTHER THAN A HOSPITAL OR NURSING HOME (Professional attendance on one or more patients in the one institution on the one occasion) - each patient <i>(See paras A.4 and A.5 of explanatory notes to this Category)</i> Derived Fee: The fee for item 44, plus \$16.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 44 plus \$1.15 per patient</p>
50	<p>CONSULTATION AT A HOSPITAL (Professional attendance on one or more patients in the one hospital on the one occasion) - each patient <i>(See paras A.4 and A.6 of explanatory notes to this Category)</i> Derived Fee: The fee for item 44, plus \$16.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 44 plus \$1.15 per patient</p>

ATTENDANCES	GENERAL PRACTITIONER
51	<p>CONSULTATION AT A NURSING HOME (Professional attendance on one or more patients in the one nursing home including aged persons' accommodation attached to a nursing home or aged persons' accommodation situated within a complex that includes a nursing home (but excluding a professional attendance at a self contained unit) or attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (excluding accommodation in a self-contained unit) on the one occasion) - each patient <i>(See paras A.4 and A.7 of explanatory notes to this Category)</i> Derived Fee: The fee for item 44, plus \$16.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 44 plus \$1.15 per patient</p>

ATTENDANCES		GENERAL PRACTITIONER
	SUBGROUP 2 - OTHER THAN VOCATIONALLY REGISTERED	
	ATTENDANCES BY OTHER THAN VOCATIONALLY REGISTERED GENERAL PRACTITIONERS (AT SURGERY, HOME OR INSTITUTION)	
	SURGERY CONSULTATIONS (Professional attendance at consulting rooms)	
	BRIEF CONSULTATION of not more than 5 minutes duration	
52	Fee: \$11.00	Benefit: 75% \$8.25: 85%/\$26.80 \$9.35 (less \$3.50 = \$5.85)
	STANDARD CONSULTATION of more than 5 minutes duration but not more than 25 minutes duration	
53	Fee: \$21.00	Benefit: 75% \$15.75: 85%/\$26.80 \$17.85 (less \$3.50 = \$14.35)
	LONG CONSULTATION of more than 25 minutes duration but not more than 45 minutes duration	
54	Fee: \$38.00	Benefit: 75% \$28.50: 85%/\$26.80 \$32.30 (less \$3.50 = \$28.80)
	PROLONGED CONSULTATION of more than 45 minutes duration	
57	Fee: \$61.00	Benefit: 75% \$45.75: 85%/\$26.80 \$51.85 (less \$3.50 = \$48.35)
	HOME VISITS (Professional attendance at a place other than consulting rooms, hospital, nursing home or institution)	
	BRIEF HOME VISIT of not more than 5 minutes duration	
58	Fee: \$24.00	Benefit: 75% \$18.00: 85%/\$26.80 \$20.40 (less \$3.50 = \$16.90)
	STANDARD HOME VISIT of more than 5 minutes duration but not more than 25 minutes duration	
59	Fee: \$31.50	Benefit: 75% \$23.65: 85%/\$26.80 \$26.80 (less \$3.50 = \$23.30)
	LONG HOME VISIT of more than 25 minutes duration but not more than 45 minutes duration	
60	Fee: \$51.00	Benefit: 75% \$38.25: 85%/\$26.80 \$43.35 (less \$3.50 = \$39.85)
	PROLONGED HOME VISIT of more than 45 minutes duration	
65	Fee: \$73.00	Benefit: 75% \$54.75: 85%/\$26.80 \$62.05 (less \$3.50 = \$58.55)
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991		

ATTENDANCES		GENERAL PRACTITIONER
	<p align="center">CONSULTATION AT AN INSTITUTION - OTHER THAN A HOSPITAL OR NURSING HOME (Professional attendance on one or more patients in the one institution on the one occasion) - each patient</p>	
81	<p>BRIEF CONSULTATION of not more than 5 minutes duration (See para A.5 of explanatory notes to this Category) Derived Fee: The fee for item 52, plus \$10.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 52 plus \$0.70 per patient</p>	
83	<p>STANDARD CONSULTATION of more than 5 minutes duration but not more than 25 minutes duration (See para A.5 of explanatory notes to this Category) Derived Fee: The fee for item 53, plus \$10.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 53 plus \$0.70 per patient</p>	
84	<p>LONG CONSULTATION of more than 25 minutes duration but not more than 45 minutes duration (See para A.5 of explanatory notes to this Category) Derived Fee: The fee for item 54, plus \$10.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 54 plus \$0.70 per patient</p>	
86	<p>PROLONGED CONSULTATION of more than 45 minutes duration (See para A.5 of explanatory notes to this Category) Derived Fee: The fee for item 57, plus \$10.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 57 plus \$0.70 per patient</p>	
	<p align="center">CONSULTATION AT A HOSPITAL (Professional attendance on one or more patients in the one hospital on the one occasion) - each patient</p>	
87	<p>BRIEF CONSULTATION of not more than 5 minutes duration (See para A.6 of explanatory notes to this Category) Derived Fee: The fee for item 52, plus \$10.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 52 plus \$0.70 per patient</p>	
89	<p>STANDARD CONSULTATION of more than 5 minutes duration but not more than 25 minutes duration (See para A.6 of explanatory notes to this Category) Derived Fee: The fee for item 53, plus \$10.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 53 plus \$0.70 per patient</p>	
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991 Page 47</p>		

ATTENDANCES		GENERAL PRACTITIONER
90	<p>LONG CONSULTATION of more than 25 minutes duration but not more than 45 minutes duration <i>(See para A.6 of explanatory notes to this Category)</i> Derived Fee: The fee for item 54, plus \$10.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 54 plus \$0.70 per patient</p>	
91	<p>PROLONGED CONSULTATION of more than 45 minutes duration <i>(See para A.6 of explanatory notes to this Category)</i> Derived Fee: The fee for item 57, plus \$10.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 57 plus \$0.70 per patient</p>	
	<p>CONSULTATION AT A NURSING HOME (Professional attendance on one or more patients in the one nursing home including aged persons' accommodation attached to a nursing home or aged persons' accommodation situated within a complex that includes a nursing home (but excluding a professional attendance at a self contained unit) or attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (excluding accommodation in a self-contained unit) on the one occasion) - each patient</p>	
92	<p>BRIEF CONSULTATION of not more than 5 minutes duration <i>(See para A.7 of explanatory notes to this Category)</i> Derived Fee: The fee for item 52, plus \$10.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 52 plus \$0.70 per patient</p>	
93	<p>STANDARD CONSULTATION of more than 5 minutes duration but not more than 25 minutes duration <i>(See para A.7 of explanatory notes to this Category)</i> Derived Fee: The fee for item 53, plus \$10.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 53 plus \$0.70 per patient</p>	
95	<p>LONG CONSULTATION of more than 25 minutes duration but not more than 45 minutes duration <i>(See para A.7 of explanatory notes to this Category)</i> Derived Fee: The fee for item 54, plus \$10.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 54 plus \$0.70 per patient</p>	
96	<p>PROLONGED CONSULTATION of more than 45 minutes duration <i>(See para A.7 of explanatory notes to this Category)</i> Derived Fee: The fee for item 57, plus \$10.50 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 57 plus \$0.70 per patient</p>	
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991</p>		
<p>Page 48</p>		

SUBGROUP 3 - AFTER HOURS

EMERGENCY ATTENDANCE - AFTER HOURS
 (on not more than one patient on the one occasion)

Professional attendance after hours AT A PLACE OTHER THAN CONSULTING ROOMS on not more than one patient on the one occasion 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
 (See para A.9 of explanatory notes to this Category)

97

Fee: \$44.50 Benefit: 75% \$33.40: 85%/\$26.80 \$37.85 (less \$3.50 = \$34.35)

Professional attendance after hours AT CONSULTING ROOMS on not more than one patient on the one occasion where the attendance is initiated by or on behalf of the patient in the same unbroken after hours period, 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
 (See para A.9 of explanatory notes to this Category)

98

Fee: \$44.50 Benefit: 75% \$33.40: 85%/\$26.80 \$37.85 (less \$3.50 = \$34.35)

ATTENDANCES	SPECIALIST
GROUP A2 - SPECIALIST ATTENDANCES (NOT COVERED BY ANY OTHER ITEM)	
‡ 104	SPECIALIST, REFERRED CONSULTATION - SURGERY, HOSPITAL OR NURSING HOME (Professional attendance at consulting rooms, hospital or nursing home by a specialist in the practice of his or her specialty where the patient is referred to him or her) - INITIAL attendance in a single course of treatment, not covered by Item 106 Fee: \$59.00 Benefit: 75% \$44.25: 85%/\$26.80 \$50.15
105	- Each attendance SUBSEQUENT to the first in a single course of treatment Fee: \$29.50 Benefit: 75% \$22.15: 85%/\$26.80 \$25.10
† 106	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 Fee: \$48.50 Benefit: 75% \$36.40: 85%/\$26.80 \$41.25
107	SPECIALIST, REFERRED CONSULTATION - HOME VISITS (Professional attendance at a place other than consulting rooms, hospital or nursing home by a specialist in the practice of his or her specialty where the patient is referred to him or her) - INITIAL attendance in a single course of treatment Fee: \$86.00 Benefit: 75% \$64.50: 85%/\$26.80 \$73.10
108	- Each attendance SUBSEQUENT to the first in a single course of treatment Fee: \$55.00 Benefit: 75% \$41.25: 85%/\$26.80 \$46.75
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991 Page 50	

ATTENDANCES		CONSULTANT PHYSICIAN	
	GROUP A3 - CONSULTANT PHYSICIAN ATTENDANCES (NOT COVERED BY ANY OTHER ITEM)		
	<p style="text-align: center;">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 in psychiatry) where the patient is referred to him or her by a medical practitioner)</p>		
110	- INITIAL attendance in a single course of treatment Fee: \$104.00	Benefit: 75%	\$78.00: 85%/\$26.80 \$88.40
116	- Each attendance (other than an attendance covered by Item 119) SUBSEQUENT to the first in a single course of treatment Fee: \$52.00	Benefit: 75%	\$39.00: 85%/\$26.80 \$44.20
119	- Each MINOR attendance SUBSEQUENT to the first in a single course of treatment (See para A.10 of explanatory notes to this Category) Fee: \$29.50	Benefit: 75%	\$22.15: 85%/\$26.80 \$25.10
	<p style="text-align: center;">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)</p>		
122	- INITIAL attendance in a single course of treatment Fee: \$126.00	Benefit: 75%	\$94.50: 85%/\$26.80 \$107.10
128	- Each attendance (other than an attendance covered by Item 131) SUBSEQUENT to the first in a single course of treatment Fee: \$76.00	Benefit: 75%	\$57.00: 85%/\$26.80 \$64.60
131	- Each MINOR attendance SUBSEQUENT to the first in a single course of treatment (See para A.10 of explanatory notes to this Category) Fee: \$55.00	Benefit: 75%	\$41.25: 85%/\$26.80 \$46.75
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991</p>			

ATTENDANCES	CONSULTANT PSYCHIATRIST
	<p align="center">GROUP A4 - CONSULTANT PSYCHIATRIST ATTENDANCES (NOT COVERED BY ANY OTHER ITEM)</p>
134	<p align="center">CONSULTANT PSYCHIATRIST, 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 of PSYCHIATRY where the patient is referred to him or her by a medical practitioner)</p> <p>- An attendance of not more than 15 minutes duration Fee: \$30.00 Benefit: 75% \$22.50: 85%/\$26.80 \$25.50</p>
136	<p>- An attendance of more than 15 minutes duration but not more than 30 minutes duration Fee: \$60.00 Benefit: 75% \$45.00: 85%/\$26.80 \$51.00</p>
138	<p>- An attendance of more than 30 minutes duration but not more than 45 minutes duration Fee: \$87.00 Benefit: 75% \$65.25: 85%/\$26.80 \$73.95</p>
140	<p>- An attendance of more than 45 minutes duration but not more than 75 minutes duration Fee: \$120.00 Benefit: 75% \$90.00: 85%/\$26.80 \$102.00</p>
142	<p>- An attendance of more than 75 minutes duration Fee: \$146.00 Benefit: 75% \$109.50: 85%/\$26.80 \$124.10</p>
144	<p align="center">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 - where that attendance is at a place other than consulting rooms, hospital or nursing home)</p> <p>- An attendance of not more than 15 minutes duration Fee: \$55.00 Benefit: 75% \$41.25: 85%/\$26.80 \$46.75</p>
146	<p>- An attendance of more than 15 minutes duration but not more than 30 minutes duration Fee: \$86.00 Benefit: 75% \$64.50: 85%/\$26.80 \$73.10</p>
148	<p>- An attendance of more than 30 minutes duration but not more than 45 minutes duration Fee: \$120.00 Benefit: 75% \$90.00: 85%/\$26.80 \$102.00</p>
150	<p>- An attendance of more than 45 minutes duration but not more than 75 minutes duration Fee: \$144.00 Benefit: 75% \$108.00: 85%/\$26.80 \$122.40</p>
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991 Page 52</p>	

ATTENDANCES		CONSULTANT PSYCHIATRIST
152	- An attendance of more than 75 minutes duration Fee: \$172.00 Benefit: 75% \$129.00: 85%/\$26.80 \$146.20	
153	ELECTROCONVULSIVE THERAPY , including associated consultation (AU 3 - 17903) Fee: \$39.00 Benefit: 75% \$29.25: 85%/\$26.80 \$33.15	
154	CONSULTANT PSYCHIATRIST - GROUP PSYCHOTHERAPY Group psychotherapy (including associated consultation) of not less than ONE 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. -GROUP PSYCHOTHERAPY on a group of 2-9 patients OR FAMILY GROUP psychotherapy on a group of more than THREE patients, EACH PATIENT Fee: \$34.00 Benefit: 75% \$25.50: 85%/\$26.80 \$28.90	
155	- FAMILY GROUP PSYCHOTHERAPY on a group of three patients, EACH PATIENT Fee: \$45.00 Benefit: 75% \$33.75: 85%/\$26.80 \$38.25	
156	- FAMILY GROUP PSYCHOTHERAPY on a group of two patients, EACH PATIENT Fee: \$67.00 Benefit: 75% \$50.25: 85%/\$26.80 \$56.95	
157	CONSULTANT PSYCHIATRIST - INTERVIEW OF A PERSON OTHER THAN A PATIENT - SURGERY, HOSPITAL OR NURSING HOME Professional attendance by a consultant psychiatrist in the practice of his 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 (See para A.11 of explanatory notes to this Category) Fee: \$36.00 Benefit: 75% \$27.00: 85%/\$26.80 \$30.60	
158	CONSULTANT PSYCHIATRIST - INTERVIEW OF A PERSON OTHER THAN A PATIENT - SURGERY, HOSPITAL OR NURSING HOME Professional attendance by a consultant psychiatrist in the practice of his 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 45 minutes duration, in the course of initial diagnostic evaluation of a patient, where that interview is at consulting rooms, hospital or nursing home (See para A.11 of explanatory notes to this Category) Fee: \$81.00 Benefit: 75% \$60.75: 85%/\$26.80 \$68.85	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991		

ATTENDANCES	PROLONGED
GROUP A5 - PROLONGED ATTENDANCES (NOT COVERED BY ANY OTHER ITEM)	
PROLONGED PROFESSIONAL ATTENDANCES	
(Professional attendance (not covered by any other item in this Category) on a patient in imminent danger of death requiring continuous life saving emergency treatment (not being treatment of a counselling nature) to the exclusion of all other patients)	
160	<p>- For a period of not less than ONE hour but less than TWO hours (See para A.12 of explanatory notes to this Category)</p> <p>Fee: \$85.00 Benefit: 75% \$63.75: 85%/\$26.80 \$72.25</p>
161	<p>- For a period of not less than TWO hours but less than THREE hours (See para A.12 of explanatory notes to this Category)</p> <p>Fee: \$138.00 Benefit: 75% \$103.50: 85%/\$26.80 \$117.30</p>
162	<p>- For a period of not less than THREE hours but less than FOUR hours (See para A.12 of explanatory notes to this Category)</p> <p>Fee: \$192.00 Benefit: 75% \$144.00: 85%/\$26.80 \$165.20</p>
163	<p>- For a period of not less than FOUR hours but less than FIVE hours (See para A.12 of explanatory notes to this Category)</p> <p>Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20</p>
164	<p>- For a period of FIVE hours or more (See para A.12 of explanatory notes to this Category)</p> <p>Fee: \$295.00 Benefit: 75% \$221.25: 85%/\$26.80 \$268.20</p>
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991 Page 54</p>	

GROUP A6 - GROUP THERAPY

FAMILY GROUP THERAPY

(Professional attendance for the purpose of group therapy of not less than one 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)

- each group of two patients

(See para A.13 of explanatory notes to this Category)

170

Fee: \$90.00 Benefit: 75% \$67.50: 85%/\$26.80 \$76.50

- each group of three patients

(See para A.13 of explanatory notes to this Category)

171

Fee: \$95.00 Benefit: 75% \$71.25: 85%/\$26.80 \$80.75

- each group of four or more patients

(See para A.13 of explanatory notes to this Category)

172

Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80 \$98.60

GROUP A7 - ACUPUNCTURE

ATTENDANCE at which ACUPUNCTURE is performed by a medical practitioner by application of stimuli on or through the surface of the skin by any means, including any consultation on the same occasion and any other attendance on the same day related to the condition for which the acupuncture was performed
 (See para A.14 of explanatory notes to this Category)

173

Fee: \$112.00 Benefit: 75% \$84.00: 85%/\$26.80 \$95.20 (less \$3.50 = \$91.70)

ATTENDANCES	CONTACT LENSES
GROUP A8 - CONTACT LENSES	
‡	<p>CONTACT LENSES FOR SPECIFIED CLASSES OF PATIENTS</p> <p><i>Note: Benefits may not be claimed where the patient wants the contact lenses for appearance, sporting, work or psychological reasons</i></p> <p>INVESTIGATION and EVALUATION of a patient for the fitting of CONTACT LENSES, with keratometry and testing with trial lenses and the issue of a prescription - ONE SERVICE IN ANY PERIOD OF THIRTY-SIX CONSECUTIVE MONTHS</p> <p>- patients with myopia of 4.0 dioptres or greater (spherical equivalent) in one eye (See para A.15 of explanatory notes to this Category)</p> <p>10801 Fee: \$84.00 Benefit: 75% \$63.00: 85%/\$26.80 \$71.40</p>
†	<p>- patients with manifest hyperopia of 5.0 dioptres or greater (spherical equivalent) in one eye (See para A.15 of explanatory notes to this Category)</p> <p>10802 Fee: \$84.00 Benefit: 75% \$63.00: 85%/\$26.80 \$71.40</p>
†	<p>- patients with astigmatism of 3.0 dioptres or greater in one eye (See para A.15 of explanatory notes to this Category)</p> <p>10803 Fee: \$84.00 Benefit: 75% \$63.00: 85%/\$26.80 \$71.40</p>
†	<p>- patients with irregular astigmatism in either eye, being a condition the existence of which has been confirmed by keratometric observation, if the maximum visual acuity obtainable with spectacle correction is less than 6/12 and if that corrected acuity would be improved by an additional one line on the Snellen chart by the use of a contact lens (See para A.15 of explanatory notes to this Category)</p> <p>10804 Fee: \$84.00 Benefit: 75% \$63.00: 85%/\$26.80 \$71.40</p>
†	<p>- patients with anisometropia of 3.0 dioptres or greater (difference between spherical equivalents) (See para A.15 of explanatory notes to this Category)</p> <p>10805 Fee: \$84.00 Benefit: 75% \$63.00: 85%/\$26.80 \$71.40</p>
†	<p>- patients with subnormal corrected visual acuity of not greater than 6/30 in either eye, being patients for whom a contact lens is prescribed as part of a telescopic system (See para A.15 of explanatory notes to this Category)</p> <p>10806 Fee: \$84.00 Benefit: 75% \$63.00: 85%/\$26.80 \$71.40</p>
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991 Page 57</p>	

ATTENDANCES		CONTACT LENSES			
†	- patients for whom a wholly or segmentally opaque contact lens is prescribed for the alleviation of dazzle, distortion or diplopia caused by: (i) pathological mydriasis; or (ii) aniridia; or (iii) coloboma of the iris; or (iv) pupillary malformation or distortion; or (v) significant ocular deformity or corneal opacity whether congenital, traumatic or surgical in origin (See para A.15 of explanatory notes to this Category)				
10807	Fee: \$84.00	Benefit: 75%	\$63.00:	85%/\$26.80	\$71.40
†	- patients who, by reason of physical deformity, are unable to wear spectacles (See para A.15 of explanatory notes to this Category)				
10808	Fee: \$84.00	Benefit: 75%	\$63.00:	85%/\$26.80	\$71.40
†	- patients who have a medical or optical condition (other than myopia, hyperopia, astigmatism, anisometropia or a condition covered by Items 10806 - 10808) requiring the use of a contact lens for correction and which condition must be specified on the patient's account (See para A.15 of explanatory notes to this Category)				
10809	Fee: \$84.00	Benefit: 75%	\$63.00:	85%/\$26.80	\$71.40
	Refitting of contact lenses with keratometry and testing with trial lenses and the issue of a prescription being a subsequent fitting of contact lenses within a period of thirty-six months of the initial fitting which is covered by Items 10801 - 10809 (See para A.16 of explanatory notes to this Category)				
10815	Fee: \$6.00	Benefit: 75%	\$4.50:	85%/\$26.80	\$5.10

CATEGORY 2 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

EXPLANATORY NOTES

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CATEGORY 2 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

EXPLANATORY NOTES

MISCELLANEOUS DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

D1.1 Investigation of Central Nervous System Evoked Responses (Items 11024 and 11027)

D1.1.1 In the context of these items a study refers to one or more averaged samples of electrical activity recorded from one or more sites in the central nervous system in response to the same stimulus.

D1.1.2 Second or subsequent studies refer to either stimulating the point of stimulation (e.g. right eye or left median nerve) with a different stimulus or stimulating another point of stimulation (e.g. left eye or right median nerve).

D1.1.3 Items 11024 and 11027 are not intended to cover bio-feedback techniques.

D1.2 Electrocochleography (Item 11300)

D1.2.1 Electrocochleography is covered by this item while the insertion of electrodes (both ears) attracts benefits under Item 11303.

D1.3 Non-determinate Audiometry (Item 11306)

D1.3.1 This refers to screening audiometry covering those services, one or more, referred to in Items 11309-11321 when not performed under the conditions set out in paragraph D1.4.1.

D1.4 Audiology Services (Items 11309 - 11321)

D1.4.1 A medical service specified in Items 11309 to 11321 shall be taken to be a medical service for the purposes of payment of benefits if, and only if, it is rendered:

- (a) in conditions that allow the establishment of determinate thresholds;
- (b) in a sound attenuated environment with background noise conditions that comply with Australian Standard AS 1269-1983 of the Standards Association of Australia, being that Standard as in force or existing on 1 August 1987; and
- (c) using calibrated equipment that complies with Australian Standard AS 2586-1983 of the Standards Association of Australia, being that Standard as in force or existing on 1 August 1987.

D1.5 Respiratory Function Tests (Item 11503)

D1.5.1 The investigations listed hereunder would attract benefits under Item 11503. This list has been prepared in consultation with the Thoracic Society of Australia and New Zealand.

- (a) Carbon monoxide diffusing capacity by any method
- (b) Absolute lung volumes by any method
- (c) Assessment of arterial carbon dioxide tension or cardiac output - re breathing method
- (d) Assessment of pulmonary distensibility involving measurement of lung volumes and oesophageal pressure
- (e) Measurement of airway or pulmonary resistance by any method
- (f) Measurement of respiratory muscle strength involving the measurement of trans-diaphragmatic or oesophageal pressures
- (g) Assessment of phrenic nerve function involving percutaneous stimulation and measurement of the compound action potential of the diaphragm
- (h) Measurement of the resistance of the anterior nares or pharynx
- (i) Inhalation provocation testing, including pre-provocation spirometry, the construction of a dose response curve, using histamine, cholinergic agents or non-istonic fluids and post-bronchodilator spirometry
- (j) Exercise testing using incremental workloads with monitoring of ventilatory and cardiac responses at rest, during exercise and recovery on premises equipped with a mechanical respirator and defibrillator
- (k) Tests of distribution of ventilation involving inhalation of inert gases

- (l) Measurement of gas exchange involving simultaneous collection of arterial blood and expired air with measurements of the partial pressures of oxygen and carbon dioxide in gas and blood
- (m) Multiple inert gas elimination techniques for measuring ventilation perfusion ratios in the lung
- (n) Bedside testing of continuous monitoring of pulmonary function other than spirometry
- (o) Ventilatory and/or occlusion pressure responses to progressive hypercapnia and progressive hypoxia
- (p) Monitoring pulmonary arterial pressure at rest or during exercise
- (q) Measurement of the strength of inspiratory and expiratory muscles at multiple lung volumes
- (r) Measurement of the respiratory muscle endurance/fatigability by any technique
- (s) Measurement of respiratory muscle strength before and after intravenous injection of placebo and anticholinesterase drugs.
- (t) Simulated altitude test involving exposure to hypoxic gas mixtures and measurement of ventilation, heart rate and oxygen saturation at rest and/or during exercise and observation of the effect of supplemental oxygen
- (u) Inhalation provocation testing to specific sensitising agents

D1.6 Investigations of Vascular Disease (Items 11603-11624)

D1.6.1 These items relate to examinations performed in the investigation of vascular disease. The fees include components for interpretation of the results and provision of the report which must be performed by a medical practitioner.

D1.7 Twelve-lead Electrocardiography (Item 11700)

D1.7.1 Benefits are precluded under this item unless a full 12-lead ECG is performed. Examinations involving less than twelve leads are regarded as part of the accompanying consultation. A 12-lead ECG refers to the recordings produced of 12 views of the heart by various combinations of placement of electrodes.

D1.8 Twelve-lead Electrocardiography, Tracing or Report Only (Item 11703)

D1.8.1 This item provides a benefit where tracings are referred to a medical practitioner for a report without an attendance on the patient by that practitioner. Where a patient is referred to a consultant for a consultation and takes ECG tracings with him/her, benefits are not attracted for the consultant's interpretation of the tracings.

D1.9 Electrocardiographic Monitoring of Ambulatory Patient (Item 11709)

D1.9.1 This item requires the continuous monitoring of an ambulatory patient for twelve hours or more and the analysis of the recording on a Holter scan system.

D1.9.2 This item covers the investigation regardless of the actual time involved in the monitoring. The changing of a tape or batteries is regarded as a continuation of the service and does not constitute a separate service for benefit purposes. Where a recording is analysed and reported on and a decision is made to undertake a further period of monitoring, the second episode would be regarded as a separate service.

D1.9.3 The electrocardiographic monitoring of ambulatory patients in other circumstances does not attract a benefit under this item.

D1.10 Electrocardiographic Monitoring During Exercise (Item 11712)

D1.10.1 The requirements for the payment of benefits under this item is the presence of the medical practitioner with the patient for not less than twenty minutes and the premises to be equipped with mechanical respirator and defibrillator.

Note - Items 11709 and 11712 also include resting ECG and the recording of other parameters.

NUCLEAR MEDICINE (NON - IMAGING)

D2.1 Radiopharmaceuticals

D2.1.1 The Schedule fees for nuclear medicine investigations incorporate the costs of radiopharmaceuticals.

DIAGNOSTIC		NEUROLOGY	
GROUP D1 - MISCELLANEOUS DIAGNOSTIC PROCEDURES AND INVESTIGATIONS			
SUBGROUP 1 - NEUROLOGY			
11000	ELECTROENCEPHALOGRAPHY, not associated with Item 11003, 11006 or 11009 (AU 6 - 17906) Fee: \$85.00	Benefit: 75% \$63.75: 85%/\$26.80	\$72.25
11003	ELECTROENCEPHALOGRAPHY, prolonged recording of at least three hours duration, not associated with Item 11000, 11006 or 11009 Fee: \$225.00	Benefit: 75% \$168.75: 85%/\$26.80	\$198.20
11006	ELECTROENCEPHALOGRAPHY, temporosphenoidal Fee: \$116.00	Benefit: 75% \$87.00: 85%/\$26.80	\$98.60
11009	ELECTROCORTICOGRAPHY Fee: \$156.00	Benefit: 75% \$117.00: 85%/\$26.80	\$132.60
11012	NEUROMUSCULAR ELECTRODIAGNOSIS - conduction studies on one nerve OR ELECTROMYOGRAPHY of one or more muscles using concentric needle electrodes OR both these examinations (not associated with Item 11015 or 11018) Fee: \$77.00	Benefit: 75% \$57.75: 85%/\$26.80	\$65.45
11015	NEUROMUSCULAR ELECTRODIAGNOSIS - conduction studies on two or three nerves with or without electromyography (not associated with Item 11012 or 11018) Fee: \$104.00	Benefit: 75% \$78.00: 85%/\$26.80	\$88.40
11018	NEUROMUSCULAR ELECTRODIAGNOSIS - conduction studies on four or more nerves with or without electromyography OR recordings from single fibres of nerves and muscles OR both of these examinations (not associated with Item 11012 or 11015) Fee: \$154.00	Benefit: 75% \$115.50: 85%/\$26.80	\$130.90
11021	NEUROMUSCULAR ELECTRODIAGNOSIS - repetitive stimulation for study of neuromuscular conduction OR electromyography with quantitative computerised analysis OR both of these examinations Fee: \$104.00	Benefit: 75% \$78.00: 85%/\$26.80	\$88.40
11024	INVESTIGATION OF CENTRAL NERVOUS SYSTEM EVOKED RESPONSES by computerised averaging techniques - one or two studies <i>(See para D1.1 of explanatory notes to this Category)</i> Fee: \$78.00	Benefit: 75% \$58.50: 85%/\$26.80	\$66.30
11027	INVESTIGATION OF CENTRAL NERVOUS SYSTEM EVOKED RESPONSES by computerised averaging techniques - three or more studies <i>(See para D1.1 of explanatory notes to this Category)</i> Fee: \$116.00	Benefit: 75% \$87.00: 85%/\$26.80	\$98.60

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
November 1, 1991

DIAGNOSTIC		OPHTHALMOLOGY	
SUBGROUP 2 - OPHTHALMOLOGY			
11200	PROVOCATIVE TEST OR TESTS FOR GLAUCOMA, including water drinking Fee: \$28.00 Benefit: 75% \$21.00: 85%/\$26.80 \$23.80		
11203	TONOGRAPHY - in the investigation or management of glaucoma, one or both eyes - using an electrical tonography machine producing a directly recorded tracing Fee: \$47.50 Benefit: 75% \$35.65: 85%/\$26.80 \$40.40		
11206	ELECTRORETINOGRAPHY of one or both eyes OR ELECTRO-OCULOGRAPHY of one or both eyes Fee: \$76.00 Benefit: 75% \$57.00: 85%/\$26.80 \$64.60		
11209	ELECTRORETINOGRAPHY of one or both eyes AND ELECTRO-OCULOGRAPHY of one or both eyes Fee: \$112.00 Benefit: 75% \$84.00: 85%/\$26.80 \$95.20		
11212	OPTIC FUNDI, examination of, following intravenous dye injection Fee: \$48.50 Benefit: 75% \$36.40: 85%/\$26.80 \$41.25		
11215	RETINAL PHOTOGRAPHY, multiple exposures of one eye with intravenous dye injection Fee: \$94.00 Benefit: 75% \$70.50: 85%/\$26.80 \$79.90		
11218	RETINAL PHOTOGRAPHY, multiple exposures of both eyes with intravenous dye injection Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80 \$98.60		
11221	FULL QUANTITATIVE COMPUTERISED PERIMETRY - (automated absolute static threshold) performed by a specialist in the practice of his/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 two examinations (including examinations covered by Item 11224) in any twelve month period Fee: \$66.00 Benefit: 75% \$49.50: 85%/\$26.80 \$56.10		
11224	FULL QUANTITATIVE COMPUTERISED PERIMETRY - (automated absolute static threshold) performed by a specialist in the practice of his/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 two examinations (including examinations covered by Item 11221) in any twelve month period Fee: \$39.50 Benefit: 75% \$29.65: 85%/\$26.80 \$33.60		

LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed
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DIAGNOSTIC

OPHTHALMOLOGY

<p>11227</p>	<p>FULL QUANTITATIVE COMPUTERISED PERIMETRY - (automated absolute static threshold) performed by a specialist in the practice of his/her specialty, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain with assessment and report, an examination covered by either Item 11221 or Item 11224, being the third or subsequent examination in a twelve month period</p> <p>Fee: \$5.50 Benefit: 75% \$4.15: 85%/\$26.80 \$4.70</p>
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DIAGNOSTIC	OTOLARYNGOLOGY
	SUBGROUP 3 - OTOLARYNGOLOGY
11300	BRAIN stem evoked response audiometry (AU 6 - 17906) <i>(See para D1.2 of explanatory notes to this Category)</i> Fee: \$132.00 Benefit: 75% \$99.00: 85%/\$26.80 \$112.20
11303	INSERTION OF ELECTRODES for the purpose of ELECTROCOCHLEOGRAPHY Fee: \$132.00 Benefit: 75% \$99.00: 85%/\$26.80 \$112.20
11306	Non-determinate AUDIOMETRY <i>(See para D1.3 of explanatory notes to this Category)</i> Fee: \$15.20 Benefit: 75% \$11.40: 85%/\$26.80 \$12.90
11309	AUDIOGRAM, air conduction <i>(See para D1.4 of explanatory notes to this Category)</i> Fee: \$18.00 Benefit: 75% \$13.50: 85%/\$26.80 \$15.30
11312	AUDIOGRAM, air and bone conduction or air conduction and speech discrimination <i>(See para D1.4 of explanatory notes to this Category)</i> Fee: \$25.50 Benefit: 75% \$19.15: 85%/\$26.80 \$21.70
11315	AUDIOGRAM, air and bone conduction and speech <i>(See para D1.4 of explanatory notes to this Category)</i> Fee: \$34.00 Benefit: 75% \$25.50: 85%/\$26.80 \$28.90
11318	AUDIOGRAM, air and bone conduction and speech, with other Cochlear tests <i>(See para D1.4 of explanatory notes to this Category)</i> Fee: \$42.00 Benefit: 75% \$31.50: 85%/\$26.80 \$35.70
11321	GLYCEROL INDUCED COCHLEAR FUNCTION CHANGES assessed by a minimum of four air conduction and speech discrimination tests (Klockoff's tests) <i>(See para D1.4 of explanatory notes to this Category)</i> Fee: \$79.00 Benefit: 75% \$59.25: 85%/\$26.80 \$67.15
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 associated with a service covered by Item 11309, 11312, 11315 or 11318 Fee: \$22.50 Benefit: 75% \$16.90: 85%/\$26.80 \$19.15
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 - in association with a service covered by Item 11309, 11312, 11315 or 11318 Fee: \$13.60 Benefit: 75% \$10.20: 85%/\$26.80 \$11.55
11330	IMPEDANCE AUDIOGRAM where the patient is not referred by a medical practitioner - one examination in any four week period Fee: \$5.50 Benefit: 75% \$4.15: 85%/\$26.80 \$4.70
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991 Page 66	

DIAGNOSTIC

OTOLARYNGOLOGY

11333	<p>CALORIC TEST OF LABYRINTH OR LABYRINTHS Fee: \$30.50 Benefit: 75% \$22.90: 85%/\$26.80 \$25.95</p>
11336	<p>SIMULTANEOUS BITHERMAL CALORIC TEST OF LABYRINTHS Fee: \$31.00 Benefit: 75% \$23.25: 85%/\$26.80 \$26.35</p>
11339	<p>ELECTRONYSTAGMOGRAPHY Fee: \$30.50 Benefit: 75% \$22.90: 85%/\$26.80 \$25.95</p>

DIAGNOSTIC	RESPIRATORY
SUBGROUP 4 - RESPIRATORY	
11500	BRONCHOSPIROMETRY, including gas analysis Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80 \$98.60
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 - each occasion at which one or more such tests are performed <i>(See para D1.5 of explanatory notes to this Category)</i> Fee: \$95.00 Benefit: 75% \$71.25: 85%/\$26.80 \$80.75
11506	MEASUREMENT OF RESPIRATORY FUNCTION involving a permanently recorded tracing performed before and after inhalation of bronchodilator - each occasion at which one or more such tests are performed Fee: \$14.20 Benefit: 75% \$10.65: 85%/\$26.80 \$12.05
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 one or more such tests are performed Fee: \$24.50 Benefit: 75% \$18.40: 85%/\$26.80 \$20.85
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 one or more such tests are performed Fee: \$42.50 Benefit: 75% \$31.90: 85%/\$26.80 \$36.15

DIAGNOSTIC		VASCULAR
SUBGROUP 5 - VASCULAR		
11600	BLOOD PRESSURE MONITORING by intravascular cannula (AU 4 - 17904) Fee: \$47.50 Benefit: 75% \$35.65: 85%/\$26.80 \$40.40	
11603	EXAMINATION OF PERIPHERAL VESSELS AT REST (unilateral or bilateral) with hard copy recordings of wave forms, involving one of the following techniques - Doppler recordings (pulsed, continuous wave, or both) of blood flow velocity with or without pulse volume recordings; Doppler recordings involving real time fast fourier transform analysis; venous occlusion plethysmography; air plethysmography; strain-gauge plethysmography; impedance plethysmography; or photo plethysmography; (not associated with Items 11612 or 11615) - one examination and report <i>(See para D1.6 of explanatory notes to this Category)</i> Fee: \$35.50 Benefit: 75% \$26.65: 85%/\$26.80 \$30.20	
11606	- two examinations of the kind referred to in Item 11603 and report (not associated with Item 11612 or 11615) <i>(See para D1.6 of explanatory notes to this Category)</i> Fee: \$50.00 Benefit: 75% \$37.50: 85%/\$26.80 \$42.50	
11609	- three or more examinations of the kind referred to in Item 11603 and report (not associated with Item 11612 or 11615) <i>(See para D1.6 of explanatory notes to this Category)</i> Fee: \$65.00 Benefit: 75% \$48.75: 85%/\$26.80 \$55.25	
11612	EXAMINATION OF PERIPHERAL VESSELS and report, involving any of the techniques referred to in Item 11603, with hard copy recording of wave forms before measured exercise using a treadmill or bicycle ergometer, and measurement of pressure after exercise for 10 minutes or until pressure is normal (unilateral or bilateral) <i>(See para D1.6 of explanatory notes to this Category)</i> Fee: \$65.00 Benefit: 75% \$48.75: 85%/\$26.80 \$55.25	
11615	MEASUREMENT OF DIGITAL TEMPERATURE , one 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 <i>(See para D1.6 of explanatory notes to this Category)</i> Fee: \$52.00 Benefit: 75% \$39.00: 85%/\$26.80 \$44.20	
11618	EXAMINATION OF CAROTID VESSELS (unilateral or bilateral) with hard copy recordings of wave forms, involving one of the following techniques - Doppler real time fast fourier transform analysis; oculoplethysmography, phonoangiography or both; or periorbital Doppler examination (not associated with Item 55012, 55015, 55018 or 55021)- one examination and report <i>(See para D1.6 of explanatory notes to this Category)</i> Fee: \$46.50 Benefit: 75% \$34.90: 85%/\$26.80 \$39.55	

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DIAGNOSTIC		VASCULAR
11621	- two examinations of the kind referred to in Item 11618 and report (not associated with Item 55012, 55015, 55018 or 55021) <i>(See para D1.6 of explanatory notes to this Category)</i> Fee: \$70.00 Benefit: 75% \$52.50: 85%/\$26.80 \$59.50	
11624	- three or more examinations of the kind referred to in Item 11618 and report (not associated with Item 55012, 55015, 55018 or 55021) <i>(See para D1.6 of explanatory notes to this Category)</i> Fee: \$93.00 Benefit: 75% \$69.75: 85%/\$26.80 \$79.05	
11627	PULMONARY ARTERY pressure monitoring during open heart surgery, in a person under 12 years of age Fee: \$158.00 Benefit: 75% \$118.50: 85%/\$26.80 \$134.30	
11630	PULMONARY ARTERY pressure monitoring during open heart surgery, in a person over 12 years of age Fee: \$58.00 Benefit: 75% \$43.50: 85%/\$26.80 \$49.30	

DIAGNOSTIC		CARDIOVASCULAR	
SUBGROUP 6 - CARDIOVASCULAR			
11700	TWELVE-LEAD ELECTROCARDIOGRAPHY, tracing and report (See para D1.7 of explanatory notes to this Category) Fee: \$24.00 Benefit: 75% \$18.00: 85%/\$26.80 \$20.40		
11703	TWELVE-LEAD ELECTROCARDIOGRAPHY, report only where the tracing has been forwarded to another medical practitioner, not associated with an attendance item in Category 1, OR twelve lead electrocardiography, tracing only (See para D1.8 of explanatory notes to this Category) Fee: \$12.00 Benefit: 75% \$9.00: 85%/\$26.80 \$10.20		
11706	PHONOCARDIOGRAPHY with electrocardiograph lead with indirect arterial or venous pulse tracing, with or without apex cardiogram interpretation and report Fee: \$49.50 Benefit: 75% \$37.15: 85%/\$26.80 \$42.10		
11709	CONTINUOUS ECG MONITORING (Holter) of ambulatory patient for twelve or more hours involving recording, scanning analysis, interpretation and report, INCLUDING RESTING ECG and the recording of other parameters (See para D1.9 of explanatory notes to this Category) Fee: \$128.00 Benefit: 75% \$96.00: 85%/\$26.80 \$108.80		
11712	ELECTROCARDIOGRAPHIC MONITORING during exercise (bicycle ergometer or treadmill) involving the continuous attendance of a medical practitioner for not less than 20 minutes, with resting ECG and with or without recording of other parameters, on premises equipped with mechanical respirator and defibrillator (See para D1.10 of explanatory notes to this Category) Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80 \$98.60		
11715	BLOOD DYE - DILUTION INDICATOR TEST Fee: \$83.00 Benefit: 75% \$62.25: 85%/\$26.80 \$70.55		

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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DIAGNOSTIC		GASTROENTEROLOGY & COLORECTAL	
		SUBGROUP 7 - GASTROENTEROLOGY & COLORECTAL	
11800	OESOPHAGEAL MOTILITY TEST, manometric	Fee: \$120.00	Benefit: 75% \$90.00: 85%/\$26.80 \$102.00
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed</p> <p>November 1, 1991 Page 72</p>			

DIAGNOSTIC		GENITO/URINARY	
SUBGROUP 8 - GENITO/URINARY PHYSIOLOGICAL INVESTIGATIONS			
11900	URINE FLOW STUDY including peak urine flow measurement, not associated with Item 11918 Fee: \$19.00 Benefit: 75% \$14.25: 85%/\$26.80 \$16.15		
11903	CYSTOMETROGRAPHY, not associated with Items 11912, 11915, 11918, 11012-11027, 11921, 36800 or any item in Group I3 Fee: \$76.00 Benefit: 75% \$57.00: 85%/\$26.80 \$64.60		
11906	URETHRAL PRESSURE PROFILOMETRY, not associated with Items 11909, 11918, 11012-11027, 11921, 36800 or any item in Group I3 Fee: \$76.00 Benefit: 75% \$57.00: 85%/\$26.80 \$64.60		
11909	URETHRAL PRESSURE PROFILOMETRY WITH simultaneous measurement of urethral sphincter electromyography, not associated with Items 11906, 11915, 11918, 36800 or any item in Group I3 Fee: \$114.00 Benefit: 75% \$85.50: 85%/\$26.80 \$96.90		
11912	CYSTOMETROGRAPHY with simultaneous measurement of rectal pressure, not associated with Items 11903, 11915, 11918, 11012-11027, 11921, 36800 or any item in Group I3 (AU 6 - 17906) Fee: \$114.00 Benefit: 75% \$85.50: 85%/\$26.80 \$96.90		
11915	CYSTOMETROGRAPHY with simultaneous measurement of urethral sphincter electromyography, not associated with Items 11903, 11909, 11912, 11918, 11012-11027, 11921, 36800 or any item in Group I3 (AU 6 - 17906) Fee: \$114.00 Benefit: 75% \$85.50: 85%/\$26.80 \$96.90		
11918	CYSTOMETROGRAPHY with simultaneous measurement of any one or more of urine flow rate, urethral pressure profile, rectal pressure, urethral sphincter electromyography; and all associated fluoroscopic imaging, not associated with Items 11900-11915, 11012-11027, 11921 and 36800 (AU 6 - 17906) Fee: \$295.00 Benefit: 75% \$221.25: 85%/\$26.80 \$268.20		
11921	BLADDER WASHOUT TEST for localisation of urinary infection - not including bacterial counts for organisms in specimens Fee: \$52.00 Benefit: 75% \$39.00: 85%/\$26.80 \$44.20		

LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed
November 1, 1991

DIAGNOSTIC

ALLERGY TESTING

SUBGROUP 9 - ALLERGY TESTING

‡	SKIN SENSITIVITY TESTING for allergens, USING ONE TO TWENTY ALLERGENS, not associated with Item 12006
12000	Fee: \$27.00 Benefit: 75% \$20.25: 85%/\$26.80 \$22.95

‡	SKIN SENSITIVITY TESTING for allergens, USING MORE THAN TWENTY ALLERGENS, not associated with Item 12009
12003	Fee: \$40.50 Benefit: 75% \$30.40: 85%/\$26.80 \$34.45

†	EPICUTANEOUS PATCH TESTING in the investigation of allergic dermatitis, using ONE to TWENTY ALLERGENS
12006	Fee: \$27.00 Benefit: 75% \$20.25: 85%/\$26.80 \$22.95

†	EPICUTANEOUS PATCH TESTING in the investigation of allergic dermatitis, using more than TWENTY ALLERGENS
12009	Fee: \$40.50 Benefit: 75% \$30.40: 85%/\$26.80 \$34.45

DIAGNOSTIC		INTENSIVE CARE	
SUBGROUP 10 - INTENSIVE CARE MANAGEMENT AND PROCEDURES			
12100	ARTERIAL PUNCTURE and collection of blood for diagnostic purposes Fee: \$15.80	Benefit: 75%	\$11.85: 85%/\$26.80 \$13.45
12103	INTRA-ARTERIAL CANNULISATION for the purpose of taking multiple arterial blood samples for blood gas analysis Fee: \$47.50	Benefit: 75%	\$35.65: 85%/\$26.80 \$40.40
12106	COUNTERPULSATION BY INTRA-AORTIC BALLOON - management on the first day, including percutaneous insertion, initial and subsequent consultations and monitoring of parameters Fee: \$375.00	Benefit: 75%	\$281.25: 85%/\$26.80 \$348.20
12109	COUNTERPULSATION BY INTRA-AORTIC BALLOON - management on each day subsequent to the first, including associated consultations and monitoring of parameters Fee: \$90.00	Benefit: 75%	\$67.50: 85%/\$26.80 \$76.50
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991			

DIAGNOSTIC	OTHER
	SUBGROUP 11 - OTHER DIAGNOSTIC PROCEDURES AND INVESTIGATIONS
12200	COLLECTION OF SPECIMEN OF SWEAT by iontophoresis Fee: \$25.50 Benefit: 75% \$19.15: 85%/\$26.80 \$21.70
12203	OVERNIGHT INVESTIGATION FOR SLEEP APNOEA FOR A PERIOD OF AT LEAST EIGHT HOURS DURATION, involving 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, with continuous technician attendance, under the supervision of a consultant physician in the practice of his or her specialty of thoracic medicine, where the patient is referred to him or her by a medical practitioner, including interpretation by physician of recordings; payable no more than three times in any twelve month period (Ministerial Determination) Fee: \$455.00 Benefit: 75% \$341.25: 85%/\$26.80 \$428.20
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991 Page 76	

	GROUP D2 - NUCLEAR MEDICINE (NON-IMAGING)
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12500	BLOOD VOLUME ESTIMATION Fee: \$150.00 Benefit: 75% \$112.50: 85%/\$26.80 \$127.50
12503	ERYTHROCYTE RADIOACTIVE UPTAKE SURVIVAL TIME TEST OR IRON KINETIC TEST Fee: \$295.00 Benefit: 75% \$221.25: 85%/\$26.80 \$268.20
12506	GASTROINTESTINAL BLOOD LOSS ESTIMATION involving examination of stool specimens Fee: \$210.00 Benefit: 75% \$157.50: 85%/\$26.80 \$183.20
12509	GASTROINTESTINAL PROTEIN LOSS Fee: \$150.00 Benefit: 75% \$112.50: 85%/\$26.80 \$127.50
12512	RADIOACTIVE B12 ABSORPTION TEST - One isotope Fee: \$72.00 Benefit: 75% \$54.00: 85%/\$26.80 \$61.20
12515	RADIOACTIVE B12 ABSORPTION TEST - Two isotopes Fee: \$158.00 Benefit: 75% \$118.50: 85%/\$26.80 \$134.30
12518	THYROID UPTAKE (using probe) Fee: \$72.00 Benefit: 75% \$54.00: 85%/\$26.80 \$61.20
12521	PERCHLORATE DISCHARGE STUDY Fee: \$87.00 Benefit: 75% \$65.25: 85%/\$26.80 \$73.95
12524	RENAL FUNCTION TEST (without imaging procedure) Fee: \$108.00 Benefit: 75% \$81.00: 85%/\$26.80 \$91.80
12527	RENAL FUNCTION TEST (associated with imaging and at least 2 blood samples) Fee: \$59.00 Benefit: 75% \$44.25: 85%/\$26.80 \$50.15
12530	WHOLE BODY COUNT - not associated with any other item Fee: \$87.00 Benefit: 75% \$65.25: 85%/\$26.80 \$73.95

CATEGORY 3 - THERAPEUTIC PROCEDURES

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CATEGORY 3 - THERAPEUTIC PROCEDURES

EXPLANATORY NOTES

MISCELLANEOUS THERAPEUTIC PROCEDURES

T1.1 Hyperbaric Oxygen Therapy (Items 13000, 13003)

T1.1.1 These items relate to treatment for periods up to and including two hours. For periods in excess of two hours Item 13012 should be itemised.

T1.2 Haemodialysis (Items 13100, 13103)

T1.2.1 Item 13100 covers the supervision in hospital by a medical specialist for the management of dialysis, haemofiltration, haemoperfusion or peritoneal dialysis in the patient who is not stabilised where the total attendance time by the supervising medical specialist exceeds 45 minutes.

T1.2.2 Item 13103 covers the supervision in hospital by a medical specialist for the management of dialysis, haemofiltration, haemoperfusion or peritoneal dialysis in a stabilised patient, or in the case of an unstabilised patient, where the total attendance time by the supervising medical specialist does not exceed 45 minutes.

T1.3 Assisted Reproductive Services (Items 13200 - 13221)

T1.3.1 Medicare benefits are not payable in respect of any other item in the Medicare Benefits Schedule (including Pathology) in lieu of or in conjunction with Items 13200 - 13221. Specifically, Medicare benefits are not payable for Items 13200 - 13221 in association with Item 104, 105, 14203, 14206, 30585, 55000 - 55006, 66301 - 66312 or 73521 - 73526. Items 14203 and 14206 are not payable for artificial insemination.

T1.3.2 A treatment cycle is a series of treatment for the purposes of in vitro fertilisation, gamete intrafallopian transfer or similar procedures and is defined as beginning either on the day on which treatment by superovulatory drugs is commenced or on the first day of the patient's menstrual cycle, and ending not more than 30 days later.

T1.3.3 Benefits are only payable for treatment cycles beginning on or after 1 November 1990.

T1.3.4 The date of service in respect of treatment covered by Items 13200, 13203, 13206, 13209 and 13218 is deemed to be the first day of the treatment cycle.

T1.3.5 For treatment covered by Items 13200, 13203, 13206 and 13218 the account must be provided by the gynaecologist supervising the treatment cycle.

T1.3.6 Embryology laboratory services covered by Items 13200 and 13206 include egg recovery from aspirated follicular fluid, insemination, monitoring of fertilisation and embryo development, and preparation of gametes or embryos for transfer and freezing. It does not include semen preparation.

T1.3.7 Medicare benefits are not payable for assisted reproductive services rendered in conjunction with surrogacy arrangements where surrogacy is defined as 'an arrangement whereby a woman agrees to become pregnant and to bear a child for another person or persons to whom she will transfer guardianship and custodial rights at or shortly after birth'.

T1.3.8 Items 13200, 13206, 13215 and 13218 do not include services provided in relation to artificial insemination using the husband's or donated sperm.

T1.3.9 Items 13200 and 13203 are linked to the supply of hormones under the Section 100 (National Health Act) arrangements. Providers must notify the Health Insurance Commission of Medicare numbers of patients using hormones under this program, and hormones are only supplied for patients claiming one of these two items.

T1.4 Collection of Blood (Item 13709)

T1.4.1 Medicare benefits are payable under Item 13709 for collection of blood for autologous transfusions in respect of an impending operation (whether or not the blood is used), or when homologous blood is required in an emergency situation.

T1.4.2 Benefits are not payable under Item 13709 for collection of blood for long-term storage for possible future autologous transfusion, or for other forms of directed blood donation.

T1.5 Administration of Cytotoxic Agent (Item 13903)

T1.5.1 Intravenous drip infusion includes injection into tubing of running intravenous drip and administration through a Y connection.

T1.6 PUVA or UVB Therapy (Items 14050, 14053)

T1.6.1 A component for any necessary subsequent consultation has been included in the Schedule fee for these items. However, the initial consultation preceding commencement of a course of therapy would attract benefits.

RADIATION ONCOLOGY

T2.1 General

T2.1.1 The level of benefits for radiotherapy depends not only on the number of fields irradiated but also on the frequency of irradiation. In the items related to additional fields, it is to be noted that treatment by rotational therapy is considered to be equivalent to the irradiation of three fields (i.e., irradiation of one field plus two additional fields). For example, each attendance for orthovoltage rotational therapy at the rate of 3 or more treatments per week would attract benefit under Item 15100 plus twice Item 15103.

T2.1.2 Benefits are attracted for an initial referred consultation and radiotherapy treatment where both take place at the same attendance.

T2.2 Planning Services (Items 15500 - 15533)

T2.2.1 A planning episode involves field setting (ie simulation or localisation) and dosimetry (either using a CT interfacing planning computer or a non-CT interfacing planning computer). One plan only will attract Medicare benefits in a course of treatment. However, where a plan for brachytherapy is undertaken in association with a plan for megavoltage or teletherapy treatment, benefits would be attracted for both services.

T2.2.2 Medicare benefits are also payable, under the appropriate radiology item in Group I3, in respect of verification films (or port films) taken during the course of treatment. Benefits are not, however, payable for a consultation rendered in association with a radiotherapy planning service.

THERAPEUTIC NUCLEAR MEDICINE

T3.1 Radioisotopes

T3.1.1 The Schedule fees for administration of radioisotopes incorporate the costs of the radioisotopes.

OBSTETRICS

T4.1 General

T4.1.1 Where the medical practitioner undertakes the antenatal care, confinement and postnatal care, Items 16516/16517 are appropriate. Items 16500, 16503 or 16506/16507 apply only where the medical practitioner has not provided all three services.

T4.2 Antenatal Care

- T4.2.1 The following services where rendered during the antenatal period also attract benefits:-
- (a) Items 16523, 16526, 16529, 16532 (when the treatment is given in a hospital or nursing home), 16535/16536, 16539, 16542 (but not normally before the 24th week of pregnancy), 16549, 16552, 16555, 16558 and 16561.
 - (b) The initial consultation at which pregnancy is diagnosed.
 - (c) The first referred consultation by a specialist obstetrician when called in to advise on the pregnancy.
 - (d) All other services, excluding those in Category 1 and Group T4 of Category 3 not mentioned above.

- (e) Treatment of an intercurrent condition not directly related to the pregnancy.

T4.3 Confinement

T4.3.1 Benefits for the confinement for which there is a component in Items 16506/16507, 16510, 16513 and 16516/16517 also include the following (where indicated) :-

- . surgical and/or intravenous infusion induction of labour
- . forceps or vacuum extraction
- . breech delivery or management of multiple delivery
- . evacuation of products of conception by manual removal
- . episiotomy or repair of tears
- . any service or services covered by Item 16558 or 16561 when performed at time of confinement but not including any other service or services covered by Items 16523 - 16573 in this Group.

T4.3.2 Items 16516/16517 cover delivery by any means including Caesarean section. If, however, a patient is referred, or her care is transferred to another medical practitioner for the specific purpose of delivery by Caesarean section, whether because of an emergency situation or otherwise, then item 16520 would be the appropriate item.

T4.3.3 Two items in Group T9 provide benefits for assistance by a medical practitioner at a Caesarean section. The first relates to the instances where the Caesarean section is the only procedure performed, while the second item applies when other operative procedures are performed at the same time.

T4.3.4 As a rule, 24 weeks would be the period distinguishing a miscarriage from a premature confinement. However, if a live birth has taken place before 24 weeks and the foetus survives for a reasonable period, benefit would be payable under the appropriate confinement item.

T4.3.5 Where, during the course of a confinement, a general practitioner hands the patient over to a specialist obstetrician, benefits are payable under Item 16513, in addition to Item 16510 (i.e., confinement as an independent procedure by a specialist). If, at the time of the confinement but before the general practitioner has undertaken the actual confinement, the specialist is called in for the full management of the confinement, benefits for the general practitioner's services should be assessed under Items 16500 or 16503 for the antenatal attendances and on a consultation basis for the postnatal attendances.

T4.3.6 It should be noted that, where the antenatal care is shared between two or more practitioners, or where during the course of pregnancy it is necessary for a medical practitioner to hand the patient over to another medical practitioner (e.g., because he goes on leave) benefit is payable once only, and the fee charged is a matter between the doctors and the patient.

T4.3.7 At a high risk delivery benefits will be payable for the attendance of any medical practitioner (called in by the doctor in charge of the delivery) for the purposes of resuscitation and subsequent supervision of the neonate. Examples of high risk deliveries include cases of difficult vaginal delivery, caesarean section or the delivery of babies with Rh problems and babies of toxæmic mothers.

T4.4 Postnatal Care

T4.4.1 The Schedule fees and benefits payable for those items in this Group which include the words, "confinement and postnatal care for nine days", cover all attendances on the mother and the baby during that period, except in the following circumstances:-

- (i) where the medical services rendered are outside those covered by a consultation, e.g., blood transfusion, etc.;
- (ii) where the condition of the mother and/or baby during the nine day postnatal period is such as to require the services of another practitioner (e.g., paediatrician, specialist gynaecologist, etc);
- (iii) where during the postnatal period a condition occurs which requires treatment outside the scope of normal postnatal care;
- (iv) in the management of premature babies (i.e. babies born prior to the end of the 37th week of pregnancy or where the birth weight of the baby is less than 2500 grams) during the period that close supervision is necessary.

T4.4.2 Examinations of apparently normal newborn infants by consultant or specialist paediatricians do not attract Medicare benefits.

T4.5 Caesarean Section (Item 16520)

T4.5.1 Benefits under this item are attracted only where the patient has been specifically referred to a specialist, or her care has been transferred to another medical practitioner, for management of the confinement by means of Caesarean section and the practitioner carrying out the procedure has not rendered the antenatal care. Caesarean sections performed in any other circumstances attract benefits under either Item 16516 or Item 16517. (see paragraph T4.3.2 above)

T4.6 Special Services (Items 16523, 16529, 16532, 16555)

T4.6.1 Item 16523 relates to the treatment of habitual miscarriage by injection of hormones. A case becomes one of habitual miscarriage following two consecutive spontaneous miscarriages or where progesterone deficiency has been proved by hormonal assay of cells obtained from a smear of the lateral vaginal wall.

T4.6.2 Items 16529 and 16532 relate to attendances during the antenatal period for treatment which is regarded as not being part of routine antenatal care.

T4.6.3 Item 16555 relates to antenatal cardiotocography in the management of high risk pregnancy. Benefits for this service are not attracted when performed during the course of the confinement.

ASSISTANCE IN THE ADMINISTRATION OF AN ANAESTHETIC

T5.1 General

T5.1.1 A separate benefit is payable under Item 17500 for the services of an assistant anaesthetist in connection with an operation (or combination of operations) for which the number of anaesthetic units is not less than 21 units.

T5.1.2 This benefit is payable only in respect of one assistant anaesthetist who must not be the surgeon or assistant surgeon. Before benefit may be paid for the assistant anaesthetist's services, the names of the surgeon, anaesthetist and assistant anaesthetist must be available.

ANAESTHETICS

T6.1 General

T6.1.1 The Health Insurance Act provides that where an anaesthetic is administered to a patient, the premedication of the patient in preparation for anaesthesia is deemed to form part of the administration of the anaesthetic. The administration of an anaesthetic also includes the pre-operative examination of the patient in preparation for that administration except where such examination entails a separate prior attendance on the patient.

T6.1.2 Each medical service likely to be performed under anaesthesia has been assigned a number of anaesthetic units which reflect the skill and responsibility exercised by the anaesthetist plus the average time taken for each service without regard to the type of anaesthetic agent employed.

T6.1.3 The Schedule fee for the administration of an anaesthetic in connection with a procedure has been derived by applying unit values to the number of anaesthetic units assigned to the procedure. Group T6 of the Schedule lists the item numbers and appropriate anaesthetic units, together with Schedule fees and Medicare benefits. (The appropriate anaesthetic units and item number are also shown below each procedure likely to be performed under anaesthesia).

T6.1.4 An anaesthetic (other than Item 17974 or a dental anaesthetic listed in Subgroup 3) must be administered in connection with another professional service listed in the Schedule (or a prescribed medical service rendered by an approved dental practitioner) if it is to attract benefit. Special provision exists for services not included in the Schedule (see paragraph T6.3).

T6.1.5 Except in special circumstances, benefit is not payable for the administration of an anaesthetic listed in Subgroup 2 unless the anaesthetic is administered by a medical practitioner other than the medical practitioner who renders the medical service in connection with which the anaesthetic is administered.

T6.1.6 Fees and benefits established for anaesthetic services cover all essential components in the administration of the anaesthetic. Separate benefit may be attracted, however, for complementary

services such as central venous pressure and direct arterial pressure reading or estimations of respiratory function by complicated techniques (but not simple techniques covered by Item 11506). It should be noted that extra benefit is not payable for intravenous infusion or electrocardiographic monitoring, provision for which has been made in the value determined for the anaesthetic units.

T6.1.7 The amount of benefit specified for the administration of an anaesthetic is the benefit payable for that service irrespective of whether one or more than one medical practitioner administers it. However, benefit is provided under Group T5 for the services of one assistant anaesthetist (who must not be either the surgeon or assistant surgeon) where the anaesthetic administered by the anaesthetist has an anaesthetic unit value of not less than 21 units.

T6.1.8 Before benefit will be paid for the administration of an anaesthetic, or for the services of an assistant anaesthetist, details of the operation, sufficient to identify it with the appropriate item in the Schedule and the name of the medical practitioner who performed the operation must be shown on the anaesthetist's account in addition to the details set out at paragraph 6.1 of Section 1.

T6.1.9 Where a regional nerve block or field block is administered by a medical practitioner other than the practitioner carrying out the operation, the block is assessed as an anaesthetic item according to the advice in paragraph T6.1.2. When a block is carried out in cases not associated with an operation, such as for intractable pain or during labour, the service falls under Group T7.

T6.1.10 When a regional nerve block or field block covered by an item in Group T7 of the Schedule is administered by a medical practitioner in the course of a surgical procedure undertaken by him/her, then such a block will attract benefit under the appropriate item in Group T7.

T6.1.11 It is to be noted that where a procedure is carried out with local infiltration or digital block as the means of anaesthesia, that anaesthesia is considered to be part of the procedure and an additional benefit is therefore not payable.

T6.1.12 Before an operation is decided on, a surgeon may refer a patient to a specialist anaesthetist for an opinion as to the patient's fitness to undergo anaesthesia. Such an attendance will attract benefit as follows:-

- (i) If, as a result of the consultation, anaesthesia and surgery are proceeded with in the ordinary way, then Item 17603 applies;
- (ii) If, as a result of the consultation, surgery is contra-indicated or is postponed for some days or weeks and if the anaesthetist supervises any necessary treatment during the postponement period, such attendances attract benefit either under Item 104, 105, 107 or 108. In such a case, to qualify for the specialist rate of benefit, the patient must present a letter or note of referral by the referring doctor.

T6.1.13 It may happen that the professional service for which the anaesthetic is administered does not itself attract a benefit because it is part of the after-care of an operation. This does not, however, affect the benefit payable for the anaesthetic. Benefit is payable for the anaesthetic administered in connection with such a surgical procedure (or combination of surgical procedures) even though no benefit is payable for the surgical procedure.

T6.1.14 The administration of epidural anaesthesia during labour is covered by Item 18200 or 18203 in Group T7 of the Schedule whether administered by the medical practitioner undertaking the confinement or by another medical practitioner.

T6.2 Multiple Anaesthetic Rule

T6.2.1 The fee for an anaesthetic administered in connection with two or more operations performed on a patient on the one occasion is calculated by the following rule applied to the anaesthetic items for the individual operations:-

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

- Note:**
- (a) Fees so calculated which result in a sum which is not a multiple of 5 cents are to be taken to the next higher multiple of 5 cents.
 - (b) Where the anaesthetic items for two or more operations performed on the one occasion have fees which are equal, one of these amounts shall be treated as being greater than the other or others of those amounts.
 - (c) The multiple anaesthetic rule also applies to combinations of items in Subgroup 3 (dental anaesthetics) with items in Subgroup 2.

T6.3 Administration of an Anaesthetic for a service not listed in the Schedule (Item 17971).

T6.3.1 This is a non-specific item for the purpose of permitting payment of benefit for an anaesthetic for a professional service not listed in the Schedule or a service in the Schedule which has not been allotted anaesthetic units.

T6.3.2 For the application of these items, see paragraph 10.1 of Section 1.

T6.4 Anaesthetic Services of Unusual Length

T6.4.1 The Medicare Benefits Advisory Committee has formulated principles for the determination of increased Schedule fees in respect of anaesthetic services which are of unusual length.

T6.4.2 These principles are based solely on the unusual length of time involved in the administration of the anaesthetic, rather than considerations of unusual complexity. Applications for increased fees for anaesthetic services of unusual length will, as a general rule, be finalised by Medicare. However, applications relating to anaesthetic services involving unusual complexity should be forwarded, in the usual manner, to the local Medicare office for consideration by the Medicare Benefits Advisory Committee.

T6.4.3 Details of the principles formulated by the Committee and which also apply to dental anaesthetics are:-

A. Single Anaesthetic Services

- (i) if the time involved in the administration of the anaesthetic in the particular case does not exceed the usual time allowed in the Medicare Benefits Schedule item for the service (see Explanatory Note (a) below) by more than 2 time units (i.e. 30 minutes) the claim should be disallowed;
- (ii) if the claim satisfies the requirements of (i), the benefit may be determined by dividing the total time involved (see Explanatory Note (b) below) into units of 15 minutes and, to the total of these units, adding 4 additional units. Benefit may then be determined by reference to the Schedule item corresponding to the equivalent number of anaesthetic units (see Explanatory Note (c) below).
- (iii) if the claim is in respect of an anaesthetic where the time involved is in excess of six hours, the appropriate units should be assessed on a time basis (see Explanatory Note (d) below)

B. Multiple Anaesthetic Services

- (i) in relation to prolonged multiple anaesthetic services, where the overall time involved is six (6) hours or more, such services are assessed on a time basis (see Explanatory Note (d) below);
- (ii) claims for prolonged multiple anaesthetic services where the time involved is less than six (6) hours should be referred to the local Medicare office for advice on assessment.

Explanatory Notes

- (a) The usual time allowed in the Schedule item may be determined by deducting 4 anaesthetic units from the total provided under the Item, and multiplying the resultant number of units by 15 to arrive at the time expressed in minutes.
- (b) "Total time involved" is defined as the time in which the anaesthetist is in continuous attendance on the patient and incorporates the supervised period of recovery.
- (c) Where the total anaesthetic units derived from the application of the statement of principles produces an anaesthetic unit value which is not currently covered by an item in the Schedule, the procedure to be followed is to take the Schedule item covering the number of anaesthetic units nearest to but below the anaesthetic unit value derived and then to add the Schedule item covering the number of anaesthetic units necessary to make up the balance. For example, the fee for an anaesthetic unit value of 37 units would be calculated as follows:-

Item 17936 (36 units) - \$395.00
Item 17901 (1 unit) - \$ 11.00
\$406.00 (Total fee)

- (d) In the case of prolonged anaesthetics of more than six hours duration only the initial six hour period is to be calculated using the 15 minute time units. Any time in excess of the first six hours is to be calculated on the basis that one time unit will be regarded as being 10 minutes rather than 15 minutes.

T6.4.4 In respect of dental anaesthetics it should be noted that the increased benefits for prolonged dental anaesthetics are calculated in the same manner as for other prolonged anaesthetics. The increased benefits may be calculated by reference to the general anaesthetic items, but, should be paid under the appropriate dental anaesthetic items.

T6.5 Appeals

T6.5.1 Appeals against assessments made in accordance with the above principles should be referred through the local Health Insurance Commission office for consideration by the Medicare Benefits Advisory Committee.

REGIONAL OR FIELD NERVE BLOCKS

T7.1 General

T7.1.1 A nerve block is interpreted as the anaesthetising of a substantial segment of the body innervated by a large nerve or an area supplied by a smaller nerve where the technique demands expert anatomical knowledge and a high degree of precision. Benefits are not payable for nerve blocks which are not of a major nature.

T7.1.2 Digital ring analgesia, local infiltration into tissue surrounding a lesion or paracervical (uterine) analgesia are not eligible for payment of Medicare benefits under Items 18200 or 18203.

T7.1.3 Where an anaesthetic combines a regional nerve block with a general anaesthetic for an operative procedure, benefit will be paid under the anaesthetic item relevant to the operation. Additional benefits are not payable under an item in Group T7.

T7.1.4 Those blocks which attract a fee and benefit are listed in the description of Item 18200. When a block covered by Item 18200 is repeated, other than by 'topping up', benefit is attracted again under Item 18200.

T7.1.5 Where a regional nerve block or field block is administered by a medical practitioner other than the practitioner carrying out the operation, the block attracts benefits under the Group T6 anaesthetic unit item and not the block item. When a block is carried out in cases not associated with an operation, such as for intractable pain or during labour, the service falls under Group T7.

T7.1.6. When a regional nerve block or field block covered by an item in Group T7 is administered by a medical practitioner in the course of a surgical procedure undertaken by him/her, then such a block will attract benefit under the appropriate Group T7 item.

T7.1.7 It is to be noted that where a procedure is carried out with local infiltration or digital block as the means of anaesthesia, that anaesthesia is considered to be part of the procedure and an additional benefit is therefore not payable.

T7.2 Maintenance of Regional or Field Block (Item 18203)

T7.2.1 Medicare benefit is attracted under this item only when the service is performed other than by the operating surgeon. This does not preclude benefits for an obstetrician performing an epidural block during labour.

T7.2.2 When the service is performed by the surgeon during the post-operative period of an operation it is considered to be part of the normal after-care. In these circumstances benefit is not attracted.

T7.3 Introduction of a Narcotic (Item 18206)

T7.3.1 Benefits are attracted for this procedure irrespective of the stage of the operation at which the narcotic is introduced.

T7.4 Epidural Injection for Control of Post-operative Pain (Item 18209)

T7.4.1 This item provides benefit for the epidural injection of a local anaesthetic in the caudal, lumbar or thoracic region administered at the end of an operation for the purpose of controlling pain in the post-operative period.

T7.5 Maintenance of Narcotic Analgesia (Item 18212)

T7.5.1 Performance of this procedure by the operating surgeon is part of the after-care.

SURGICAL OPERATIONS

T8.1 General

T8.1.1 Many items in Group T8 of the Schedule are qualified by one of the following phrases:

- "as an independent procedure";
- "not associated with any other item in this Group"; or
- "not covered by any other item in this Group"

An explanation of each of these phrases is as follows.

T8.2 As an Independent Procedure

T8.2.1 The inclusion of this phrase in the description of an item precludes payment of benefits when

- (i) a procedure so qualified is associated with another procedure that is performed through the same incision, e.g. nephropexy (Item 36555) in the course of an open operation on the kidney for another purpose;
- (ii) such procedure is combined with another in the same body area, e.g. direct examination of larynx (Item 41846) with another operation on the larynx or trachea;
- (iii) the procedure is an integral part of the performance of another procedure, e.g. removal of foreign body (Item 30067/30068) in conjunction with debridement of deep or extensive contaminated wound of soft tissue, including suturing of that wound when performed under general anaesthetic (Item 30023).

T8.3 Not Associated with any other Item in this Group

T8.3.1 "Not associated with any other item in this Group" means that benefit is not attracted for that item when the service is performed on the same occasion as any other Group T8 service.

T8.4 Not covered by any other Item in this Group

T8.4.1 "Not covered by any other item in this Group" means that this item may be itemised if there is no specific item relating to the service performed in the Schedule, e.g., Items 30389 (Laparotomy involving operation on abdominal or pelvic viscera, not covered by any other item in this Group). Benefits may be attracted for an item with this qualification as well as benefits for another service during the course of the same operation.

T8.5 Multiple Operation Formula

T8.5.1 The fees for two or more operations, other than amputations, performed on a patient on the one occasion (except as provided in paragraph T8.5.3) are calculated by the following rule:-

- 100% for the item with the greatest Schedule fee
- plus 50% for the item with the next greatest Schedule fee
- plus 25% for each other item.

Note:

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

T8.5.2 This rule does not apply to an operation which is one of two or more operations performed under the one anaesthetic on the same patient if the medical practitioner who performed the operation did not also perform or assist at the other operation or any of the other operations, or administer the anaesthetic. In such cases the fees specified in the Schedule apply.

T8.5.3 Where two medical practitioners operate independently and either performs more than one operation, the method of assessment outlined in paragraph T8.5.1 would apply in respect of the services performed by each medical practitioner. For these purposes the term "operation" includes all items in Group T8 (other than Subgroup T8.12 of that Group).

T8.5.4 If the operation comprises a combination of procedures which are commonly performed together and for which a specific combined item is provided in the Schedule, it is regarded as the one item and service in applying the multiple operation rule.

T8.5.5 There a number of items in the Schedule where the description indicates that the item applies only when rendered in association with another procedure. The Schedule fees for such items have therefore been determined on the basis that they would always be subject to the "multiple operation rule".

T8.6 Procedure Performed with Local Infiltration or Digital Block.

T8.6.1 It is to be noted that where a procedure is carried out with local infiltration or digital block as the means of anaesthesia, that anaesthesia is considered to be part of the procedure and an additional benefit is therefore not payable.

T8.7 After-care

T8.7.1 As a general rule, the fee specified for each of the operations listed in the Schedule contains a component for the consequential after-care customarily provided, unless otherwise indicated.

T8.7.2 After-care is deemed to include all post-operative treatment rendered by medical practitioners and need not necessarily be limited to treatment given by the surgeon or to treatment given by any one medical practitioner.

T8.7.3 The amount and duration of after-care consequent on an operation may vary as between patients for the same operation, as well as between different operations which range from minor procedures performed in the medical practitioner's surgery, to major surgery carried out in hospital. As a guide to interpretation, after-care includes all attendances until recovery from the operation (fracture, dislocation etc.) plus the final check or examination, regardless of whether the attendances are at the hospital, rooms, or the patient's home.

T8.7.4 Attendances which form part of after-care, whether at hospitals, rooms, or at patient's home, should not be shown on the doctor's account. When additional services are itemised, the doctor should show against those services on the account the words "not normal after-care", with a brief explanation of the reason for the additional services.

T8.7.5 Subject to the approval of the local Medicare office, benefits may be paid for professional services for the treatment of an intercurrent condition or an unusual complication arising from the operation.

T8.7.6 Some minor operations are merely stages in the treatment of a particular condition. Attendances subsequent to such operations should not be regarded as after-care but rather as a continuation of the treatment of the original condition and attract benefits. Items to which this policy applies are Items 30219, 30222/30223, 30558, 32500, 34521, 34524, 38406, 38409, 39015, 41626, 41656, 42614, 42644, 42650 and 47912.

T8.7.7 Where a patient has been operated on in a recognised hospital as a hospital patient (as defined in Section 3(i) of the Health Insurance Act), post-operative attendances by a private medical practitioner at a place other than the hospital, attract Medicare benefits on an attendance basis.

T8.7.8 When a surgeon delegates after-care to a local doctor, Medicare benefit may be apportioned on the basis of 75% for the operation and 25% for the after-care. Where the benefit is apportioned between two or more medical practitioners, no more than 100% of the benefit for the procedure will be paid.

T8.7.9 In respect of fractures, where the after-care is delegated to a doctor at a place other than the place where the initial reduction is carried out, benefit may be apportioned on a 50:50 basis rather than on the 75:25 basis suggested for surgical operations.

T8.7.10 Where the reduction of a fracture is carried out by hospital staff in the out-patient or casualty department of a recognised hospital and the patient is then referred to a private practitioner for supervision of the after-care, Medicare benefits are payable for the after-care treatment on an attendance basis.

T8.7.11 The following table shows the period which has been adopted as reasonable for the after-care of fractures:-

Treatment of fracture of	After-care Period
Terminal phalanx of finger or thumb	6 weeks
Proximal phalanx of finger or thumb	6 "
Middle phalanx of finger	6 "
One or more metacarpals not involving base of first carpometacarpal joint	6 "
First metacarpal involving carpometacarpal joint (Bennett's fracture)	8 "
Carpus (excluding navicular)	6 "
Navicular or carpal scaphoid	3 months
Colles' fracture of wrist	3 "
Distal end of radius or ulna, involving wrist	8 weeks
Radius	8 "
Ulna	8 "
Both shafts of forearm or humerus	3 months
Clavicle or sternum	4 weeks
Scapula	6 "
Pelvis (excluding symphysis pubis) or sacrum	4 months
Symphysis pubis	4 "
Femur	6 "
Fibula or tarsus (excepting os calcis or os talus)	8 weeks
Tibia or patella	4 months
Both shafts of leg, ankle (Potts fracture) with or without dislocation, os calcis (calcaneus) or os talus	4 months
Metatarsals - one or more	6 weeks
Phalanx of toe (other than great toe)	6 "
More than one phalanx of toe (other than great toe)	6 "
Distal phalanx of great toe	8 "
Proximal phalanx of great toe	8 "
Nasal bones, requiring reduction	4 "
Nasal bones, requiring reduction and involving osteotomies	4 "
Maxilla or mandible, unilateral or bilateral, not requiring splinting	6 "
Maxilla or mandible, requiring splinting or wiring of teeth	3 months
Maxilla or mandible, circumosseous fixation of	3 "
Maxilla or mandible, external skeletal fixation of	3 "
Zygoma	6 weeks
Spine (excluding sacrum), transverse process or bone other than vertebral body requiring immobilisation in plaster or traction by skull calipers	3 months
Spine (excluding sacrum), vertebral body, without involvement of cord, requiring immobilisation in plaster or traction by skull calipers	6 "
Spine (excluding sacrum), vertebral body, with involvement of cord	6 "

T8.8 After-care Where Patient is Referred to an Intensive Care Unit

T8.8.1 Benefits are payable for post-operative attendances by an intensivist in an intensive care unit provided that the intensivist or the surgeon, who referred the surgical patient to the unit, supplies a brief explanation (to be submitted with the medical account covering the patient's treatment in the intensive care unit) of the intercurrent condition or the unusual complication on account of which the post-operative care was not regarded as normal after-care.

T8.8.2 Routine admissions to an intensive care unit after major surgery do not attract additional benefits in the absence of significant complications.

T8.9 Drill Biopsy (Item 30078)

T8.9.1 Needle aspiration biopsy attracts benefit on an attendance basis and not under this item.

T8.10 Lipectomy, Wedge Excision - Two or More Excisions (Item 30171)

T8.10.1 Multiple lipectomies, e.g., both buttocks and both thighs attract benefits under Item 30171 once only, i.e. the multiple operation rule does not apply. Medicare benefits are not payable in respect of liposuction.

T8.11 Treatment of Keratoses, Warts etc (Items 30189, 30192, 36815)

T8.11.1 Treatment of keratoses, warts, etc. attract benefits on an attendance basis, with the exception of the treatment of warts in the circumstances outlined in Item 30189, 30192, 36815.

T8.12 Serial Curettage Excision (Items 30198, 30201, 30204)

T8.12.1 Serial curettage excision as opposed to simple curettage refers to the technique where the margin having been defined, the lesion is carefully excised by a skin curette using a series of dissections and cauterisations so that all extensions and infiltrations of the lesion are removed.

T8.13 Subcutaneous Mastectomy (Item 30356)

T8.13.1 When, after completing a subcutaneous mastectomy a prosthesis is inserted, benefits are payable for the latter procedure under Item 45527, the multiple operation formula applying.

T8.14 Laparotomy and Other Procedures (Item 30368)

T8.14.1 This item covers several operations on abdominal viscera not dissimilar in time and complexity. Where more than one of the procedures are performed during the one operation, each procedure may be itemised according to the multiple operation formula.

T8.15 Gastrectomy, Radical Sub-total (Item 30510)

T8.15.1 The item differs from total radical Gastrectomy (Item 30513) in that a small part of the stomach is left behind. It involves resection of the greater omentum and posterior abdominal wall lymph nodes with or without splenectomy.

T8.16 Anti-reflux Operations (Items 30601-30613)

T8.16.1 These items cover various operations for reflux oesophagitis. Where the only procedure performed is the simple closure of a diaphragmatic hiatus benefit would be attracted under Items 30389 (Laparotomy involving operation on abdominal or pelvic viscera, not covered by any other item in this Group).

T8.17 Arterial and Venous Patches (Items 33545-33551, 34815)

T8.17.1 Vascular surgery items have been constructed on the basis that arteriotomy and venotomy wounds are closed by simple suture without the use of a patch.

T8.17.2 Where a patch angioplasty is used to enlarge a narrowed vein, artery or arteriovenous fistula, the correct item would be 34815, 33106 or 34518. If the vein is harvested for the patch through a separate incision, Item 33551 would also apply, in accordance with the multiple operation rule.

T8.17.3 If a patch graft is involved in conjunction with an operative procedure included in Items 33500 - 33542, 33803, 33806, 33815, 33833 or 34142, the patch graft would attract benefits under Item 33545 or 33548 in addition to the item for the primary operation (under the multiple operation rule). Where vein is harvested for the patch through a separate incision Item 33551 would also apply.

T8.18 Colposcopic Examination (Item 35614)

T8.18.1 It should be noted that colposcopic examination (screening) of women during the course of a consultation does not attract Medicare benefits under Item 35614 except in the following circumstances:- (i) where the patient has had an abnormal cervical smear; (ii) where there is a history of ingestion of oestrogen by the patient's mother during her pregnancy; or (iii) where the patient has been referred by another medical practitioner because of suspicious signs of genital cancer.

T8.19 Dilatation of Cervix under General Anaesthesia (Item 35621)

T8.19.1 Uterine scraping or biopsy using small curettes (e.g. Sharman's or Zeppelin's) and requiring minimal dilatation of the cervix, not necessitating a general anaesthesia, does not attract benefits under this item but would be paid under Item 35624 where malignancy is suspected, or otherwise on an attendance basis.

T8.20 Curettage of Uterus under General Anaesthesia or Major Nerve Block (Items 35639/35640)

T8.20.1 Uterine scraping or biopsy using small curettes (e.g. Sharman's or Zeppelin's) and requiring minimal dilatation of the cervix, not necessitating a general anaesthesia, does not attract benefits under these items but would be paid under Item 35624 where malignancy is suspected, or otherwise on an attendance basis.

T8.21 Colposcopy (Item 35646)

T8.21.1 Curettage of the uterus is not an essential part of this procedure. If performed, benefits are attracted under Item 35639/35640 according to the multiple operation formula.

T8.22 Radical or Debulking Operation for Ovarian Tumour including Omentectomy (Item 35720)

T8.22.1 This item refers to the operation for carcinoma of the ovary where the bulk of the tumour and the omentum are removed. Where this procedure is undertaken in association with hysterectomy benefits are payable under both item numbers with the application of the multiple operation formula.

T8.23 Intrathoracic Operation on Heart, Lungs, etc. (Item 38454)

T8.23.1 This item covers the operation for patent ductus arteriosus.

T8.24 Intradiscal Injection of Chymopapain (Item 40336)

T8.24.1 The fee for this item includes routine post-operative care. Associated radiological services attract benefits under the appropriate item in Group I3.

T8.25 Meatoplasty (Item 41515)

T8.25.1 When this procedure is associated with Item 41530, 41548, 41557, 41560 or 41563 the multiple operation rule applies.

T8.26 Reconstruction of Auditory Canal (Item 41524)

T8.26.1 When associated with Item 41557, 41560 or 41563 the multiple operation rule applies.

T8.27 Removal of Nasal Polyp or Polypi (Item 41662, 41665/41668)

T8.27.1 Where such polyps are removed in association with another intranasal procedure, Medicare benefit is paid under Item 41662. However where the associated procedure is of lesser value than Items 41665/41668, benefit for removal of polypi would be paid under Items 41665/41668.

T8.28 Larynx, Direct Examination (Item 41846)

T8.28.1 Benefit is not attracted under this item when an anaesthetist examines the larynx during the course of administration of a general anaesthetic.

T8.29 Microlaryngoscopy (Item 41858)

T8.29.1 This item covers the removal of "juvenile papillomata" by mechanical means, e.g. cup forceps. Item 41861 refers to the removal by laser surgery.

T8.30 Refractive Keratoplasty (Item 42671)

T8.30.1 The description of this item refers to two sets of calculations, one performed some time prior to the operation, the other during the course of the operation. Both of these measurements are included in the Schedule fee and benefit for Item 42671.

T8.31 Vitrectomy (Items 42719-42731)

T8.31.1 In relation to vitreous surgery the following items would be regarded as intraocular operations and should not be used in combination with Items 42719-42731:

42551	42563	42659	42707	42746	42857
42554	42566	42698	42716	42761	
42557	42569	42701	42734	42764	
42560	42653	42704	42743	42767	

T8.31.2 This list of exclusions was developed following consultation with the Royal Australian College of Ophthalmologists.

T8.32 Readjustment of Adjustable Sutures (Item 42845)

T8.32.1 This item refers to the occasion when readjustment has to be made to the sutures to vary the angle of deviation of the eye. It does not cover the mere tightening of the loosely tied sutures without repositioning.

T8.33 Aesthetic Area (Items 45021, 45024)

T8.33.1 For the purposes of items 45021 and 45024 one aesthetic area is any one of the following of the whole face (considered to be divided into six segments):- forehead; right cheek; left cheek; nose; upper lip; and chin.

T8.34 Foreign Implant (Item 45051)

T8.34.1 For Medicare Benefits to be payable for this item the intention of the implantation must be either to reconstruct facial or body contours which have been damaged by trauma or disease or to correct a deformity which has been pathologically caused.

T8.35 Local Skin Flap - Definition

T8.35.1 A local skin flap is an area of skin and subcutaneous tissue designed to be elevated from the skin adjoining a defect requiring closure. The flap remains partially attached by its pedicle and is moved into the defect by rotation, advancement or transportation, or a combination of these manoeuvres. A benefit is only payable when the flap is required for adequate wound closure. A secondary defect will be created which may be closed by direct suture, skin grafting or sometimes a further local skin flap. This latter procedure will also attract benefit if closed by graft or flap repair but not when closed by direct suture.

T8.35.2 By definition, direct wound closure (e.g. by suture) does not constitute skin flap repair. Similarly, angled, curved or trapdoor incisions which are used for exposure and which are sutured back in the same position relative to the adjacent tissues are not skin flap repairs. Undermining of the edges of a wound prior to suturing is considered a normal part of wound closure and is not considered a skin flap repair.

T8.35.3 A "Z" plasty is a particular type of transposition flap repair. Although 2 flaps are created, benefit will be paid on the basis of Item 45200, 45203 or 45206 once only.

T8.35.4 Items, where benefit for local skin flap repair (if indicated as above) is payable, include:

30023	30150	45030	45512
30117/30118	30159	45033	45515
30121/30122	30162	45036	45518
30135/30136	30180	45039	45626
30139/30140	30186	45042	
30143/30144	30269	45045	
30147	37312	45506	

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

T8.35.5 Items where a local flap repair should not be payable are:

30026-30049	30165-30177	45563	45662
30052	30319	45587	45677-45713
30099-30114	45521	45632-45644	
30125-30132	45524	45659	

T8.36 Augmentation Mammoplasty (Item 45524)

T8.36.1 Medicare benefit is generally not attracted under this item unless the asymmetry in breast size is greater than 10%. Augmentation of a second breast some time after an initial augmentation of one side would not attract benefits. Benefits are not payable for augmentation mammoplasty in association with reduction mammoplasty (Item 45521) for correction of breast ptosis.

T8.36.2 Where bilateral mammoplasty is indicated because of disease, trauma or congenital malformation (other than covered under Item 45527), details of such cases including, where possible, colour photographs (frontal and lateral) taken before treatment, should be submitted to the local Medicare office for forwarding to the Medicare Benefits Advisory Committee for consideration. The photographs should be forwarded in a sealed envelope marked "Medical - In Confidence".

T8.37 Breast Reconstruction, Myocutaneous Flap (Item 45530)

T8.37.1 When a prosthesis is inserted in conjunction with this operation, benefit would be attracted under Item 45527, the multiple operation rule applying. Benefits would also be payable for nipple reconstruction (Item 45545) when performed.

T8.37.2 When a rectus abdominus flap is used, secondary repair of the muscle defect by an external oblique muscle flap would be covered under Item 45012. However, where the repair is by Teflon or similar mesh, Item 30625 should be itemised.

T8.38 Nipple and/or Areola Reconstruction (Item 45545)

T8.38.1 This item involves the taking of tissue from, for example, the other breast, the ear lobe and the inside of the upper thigh with or without local flap.

T8.39 Liposuction (Item 45584)

T8.39.1 Medicare benefit is generally only attracted for liposuction under item 45584, that is, for the treatment of post-traumatic pseudolipoma. However, where liposuction is used in the treatment of other medical conditions, such as pathological lipodystrophy, payment of Medicare benefit will be considered on an individual basis. Clinical details of such cases, including, where possible, colour photographs, should be submitted to the local Medicare office for forwarding to the Medicare Benefits Advisory Committee for consideration. The information should be forwarded in a sealed envelope marked "Medical - In Confidence".

T8.40 Meloplasty for Correction of Facial Asymmetry (Item 45587)

T8.40.1 Benefits are payable under this item for unilateral face-lift operations performed to correct soft tissue abnormalities of the face due to causes other than the ageing process.

T8.40.2 Occasionally bilateral face-lift might be indicated for conditions such as drooping from the angles of the mouth and deep pitting of the skin due to acne scars. Details of such cases including, where possible, colour photographs of the condition taken before treatment, should be submitted to the local Medicare office for forwarding to the Medicare Benefits Advisory Committee for consideration. The photographs should be forwarded in a sealed envelope marked "Medical - in Confidence".

T8.41 Reduction of Eyelids (Items 45617, 45620)

T8.41.1 Where a reduction is performed for a medical condition of one eyelid, it may be necessary to undertake a similar compensating procedure on the other eyelid to restore symmetry. The latter operation would also attract benefits. Where there is doubt as to whether benefits would be payable, advice should be sought from the local Medicare office.

T8.42 Osteotomy of Jaw (Items 45725 - 45752)

T8.42.1 The fee and benefit for these items include the various forms of internal or dental fixation, jaw immobilisation, the transposition of nerves and vessels and bone grafts taken from the same site. Bone grafts taken from a separate site, e.g. iliac crest, would attract additional benefit under Item 48239 in accordance with the multiple operation rule.

T8.43 Genioplasty (Items 45761 and 45764)

T8.43.1 Genioplasty attracts benefit once only although a section is made on both sides of the symphysis of the mandible.

T8.44 Reduction of Dislocation or Fracture

T8.44.1 Closed reduction means treatment of a dislocation or fracture by non-operative reduction, and includes the use of percutaneous fixation or external splintage by cast or splints.

T8.44.2 Open reduction means treatment of a dislocation or fracture by either operative exposure including the use of any internal or external fixation; or non-operative (closed reduction) where intra-medullary or external fixation is used.

T8.45 Internal Fixation (Items 48678-48690)

T8.45.1 Benefits under these items are only attracted where internal fixation is carried out in association with spinal fusion covered by Items 48642 to 48675.

ASSISTANCE AT OPERATIONS

T9.1 General

T9.1.1 For an operation (or combination of operations) for which the Schedule fee exceeds \$168.00 but does not exceed \$300.00 benefits for assistance have been based on a fee of \$57.00. Where the Schedule fee for the operation (or combination of operations) exceeds \$300.00 an assistance fee of one-fifth of the Schedule fee has been determined for benefit purposes. In the case of multiple operations, the Schedule fee for at least one of the operations must exceed \$168.00 before benefits are attracted.

T9.1.2 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.

T9.1.3 The amount of benefit specified for assistance at an operation is the amount payable whether the assistance is rendered by one or more than one medical practitioner.

MISCELLANEOUS		DIALYSIS	
SUBGROUP 2 - DIALYSIS			
13100	<p>SUPERVISION IN HOSPITAL by a medical specialist of - haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist exceeds 45 minutes in the one day <i>(See para T1.2 of explanatory notes to this Category)</i></p>	Fee: \$94.00	Benefit: 75% \$70.50: 85%/\$26.80 \$79.90
13103	<p>SUPERVISION IN HOSPITAL by a medical specialist of - haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist does not exceed 45 minutes in the one day <i>(See para T1.2 of explanatory notes to this Category)</i></p>	Fee: \$49.00	Benefit: 75% \$36.75: 85%/\$26.80 \$41.65
13106	<p>DECLOTTING OF AN ARTERIOVENOUS SHUNT</p>	Fee: \$84.00	Benefit: 75% \$63.00: 85%/\$26.80 \$71.40
13109	<p>INDWELLING PERITONEAL CATHETER (Tenckhoff or similar) FOR DIALYSIS - INSERTION AND FIXATION OF (AU 8 - 17908)</p>	Fee: \$156.00	Benefit: 75% \$117.00: 85%/\$26.80 \$132.60
13112	<p>PERITONEAL DIALYSIS, establishment of by abdominal puncture and insertion of temporary catheter (including associated consultation)</p>	Fee: \$94.00	Benefit: 75% \$70.50: 85%/\$26.80 \$79.90

MISCELLANEOUS	INVITRO FERTILISATION
SUBGROUP 3 - INVITRO FERTILISATION	
13200	<p>ASSISTED REPRODUCTIVE SERVICES (such as in vitro fertilisation, gamete intrafallopian transfer or similar procedures) involving the use of drugs to induce superovulation, and including quantitative estimation of hormones, 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 provided under Item 13203, 13206 or 13218 - being services rendered during one treatment cycle, if the duration of the treatment cycle is at least nine days - a maximum of six claims per patient <i>(See para T1.3 of explanatory notes to this Category)</i> Fee: \$1,530.00 Benefit: 75% \$1,147.50: 85%/\$26.80 \$1,503.20</p>
13203	<p>OVULATION MONITORING SERVICES, for superovulated treatment cycles of less than 9 days duration and artificial insemination - including quantitative estimation of hormones and ultrasound examinations, being services rendered during the one treatment cycle but excluding a service provided under Item 13200, 13206, 13212, 13215 or 13218 <i>(See para T1.3 of explanatory notes to this Category)</i> Fee: \$380.00 Benefit: 75% \$285.00: 85%/\$26.80 \$353.20</p>
13206	<p>ASSISTED REPRODUCTIVE SERVICES (such as in vitro fertilisation, gamete intrafallopian transfer or similar procedures), using unstimulated ovulation or ovulation stimulated only by clomiphene citrate, and including quantitative estimation of hormones, 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 drugs to induce superovulation - being services rendered during one treatment cycle but only if rendered in conjunction with Item 13212 <i>(See para T1.3 of explanatory notes to this Category)</i> Fee: \$655.00 Benefit: 75% \$491.25: 85%/\$26.80 \$628.20</p>
13209 S	<p>PLANNING and MANAGEMENT of a referred patient by a specialist for the purpose of treatment by assisted reproductive technologies including in vitro fertilisation, gamete intra-fallopian transfer and similar procedures, or for artificial insemination - payable once only during one treatment cycle <i>(See para T1.3 of explanatory notes to this Category)</i> Fee: \$66.00 Benefit: 75% \$49.50: 85%/\$26.80 \$56.10</p>
13212	<p>OOCYTE RETRIEVAL by any means including laparoscopy or ultrasound-guided ova flushing, for the purposes of assisted reproductive technologies including in vitro fertilisation, gamete intrafallopian transfer or similar procedures - only if rendered in conjunction with Item 13200 or 13206 (AU 9 - 17909) <i>(See para T1.3 of explanatory notes to this Category)</i> Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20</p>
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991 Page 99</p>	

MISCELLANEOUS

INVITRO FERTILISATION

13215	<p>TRANSFER of EMBRYOS or both ova and sperm to the female reproductive system, by any means but excluding artificial insemination or the transfer of frozen or donated embryos - only if rendered in conjunction with Item 13200 or 13206, being services rendered in one treatment cycle (AU 9 - 17909) <i>(See para T1.3 of explanatory notes to this Category)</i> Fee: \$87.00 Benefit: 75% \$65.25: 85%/\$26.80 \$73.95</p>
13218	<p>PREPARATION AND TRANSFER of frozen or donated embryos or both ova and sperm, 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 one treatment cycle but excluding a service provided under Item 13200, 13203, 13206, 13212 or 13215 (AU 9 - 17909) <i>(See para T1.3 of explanatory notes to this Category)</i> Fee: \$655.00 Benefit: 75% \$491.25: 85%/\$26.80 \$628.20</p>
13221	<p>PREPARATION OF SEMEN for the purposes of assisted reproductive technologies or for artificial insemination <i>(See para T1.3 of explanatory notes to this Category)</i> Fee: \$40.00 Benefit: 75% \$30.00: 85%/\$26.80 \$34.00</p>

SUBGROUP 4 - PAEDIATRIC & NEONATAL

13300	UMBILICAL OR SCALP VEIN CATHETERISATION in a NEONATE with or without infusion; or cannulation of a vein in a neonate Fee: \$39.00 Benefit: 75% \$29.25: 85%/\$26.80 \$33.15
13303	UMBILICAL ARTERY CATHETERISATION with or without infusion Fee: \$58.00 Benefit: 75% \$43.50: 85%/\$26.80 \$49.30
13306	BLOOD TRANSFUSION with venesection and complete replacement of blood, including collection from donor Fee: \$230.00 Benefit: 75% \$172.50: 85%/\$26.80 \$203.20
13309	BLOOD TRANSFUSION with venesection and complete replacement of blood, using blood already collected Fee: \$196.00 Benefit: 75% \$147.00: 85%/\$26.80 \$169.20
13312	BLOOD for pathology test, collection of, BY FEMORAL OR EXTERNAL JUGULAR VEIN PUNCTURE IN INFANTS Fee: \$19.60 Benefit: 75% \$14.70: 85%/\$26.80 \$16.65
13315	INTRA-UTERINE FOETAL BLOOD TRANSFUSION using blood already collected, INCLUDING NECESSARY AMNIOCENTESIS Fee: \$156.00 Benefit: 75% \$117.00: 85%/\$26.80 \$132.60
13318	CENTRAL VEIN CATHETERISATION (via jugular or subclavian vein) by open exposure in a person under twelve years of age (AU 12 - 17912) Fee: \$156.00 Benefit: 75% \$117.00: 85%/\$26.80 \$132.60

MISCELLANEOUS	CARDIOVASCULAR
SUBGROUP 5 - CARDIOVASCULAR	
13400	RESTORATION OF CARDIAC RHYTHM by electrical stimulation (cardioversion), other than in the course of cardiac surgery (AU 4 - 17904) Fee: \$67.00 Benefit: 75% \$50.25: 85%/\$26.80 \$56.95

SUBGROUP 6 - GASTROENTEROLOGY

13500	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant IN THE ABSENCE OF GASTROINTESTINAL HAEMORRHAGE Fee: \$124.00 Benefit: 75% \$93.00: 85%/\$26.80 \$105.40
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13503	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant FOR UPPER GASTROINTESTINAL HAEMORRHAGE Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80 \$223.20
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MISCELLANEOUS	PERFUSION
SUBGROUP 7 - PERFUSION	
13600	PERFUSION OF LIMB OR ORGAN using heart-lung machine or equivalent Fee: \$305.00 Benefit: 75% \$228.75: 85%/\$26.80 \$278.20
13603	WHOLE BODY PERFUSION, CARDIAC BY-PASS, using heart-lung machine or equivalent Fee: \$440.00 Benefit: 75% \$330.00: 85%/\$26.80 \$413.20
13606	INDUCED CONTROLLED HYPOTHERMIA - total body Fee: \$75.00 Benefit: 75% \$56.25: 85%/\$26.80 \$63.75
LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed November 1, 1991 Page 104	

MISCELLANEOUS	HAEMATOLOGY
SUBGROUP 8 - HAEMATOLOGY	
13700	HARVESTING OF HOMOLOGOUS (including allogeneic) or AUTOLOGOUS bone marrow for the purpose of transplantation (AU 10 - 17910) Fee: \$230.00 Benefit: 75% \$172.50: 85%/\$26.80 \$203.20
13703	ADMINISTRATION OF BLOOD, including collection from donor Fee: \$82.00 Benefit: 75% \$61.50: 85%/\$26.80 \$69.70
13706	ADMINISTRATION OF BLOOD or bone marrow already collected Fee: \$57.00 Benefit: 75% \$42.75: 85%/\$26.80 \$48.45
13709	COLLECTION OF BLOOD for autologous transfusion or when homologous blood is required for immediate transfusion in emergency situation <i>(See para T1.4 of explanatory notes to this Category)</i> Fee: \$33.50 Benefit: 75% \$25.15: 85%/\$26.80 \$28.50
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991 Page 105	

MISCELLANEOUS	INTENSIVE CARE
SUBGROUP 9 - INTENSIVE CARE MANAGEMENT AND PROCEDURES	
13800	CENTRAL VEIN CATHETERISATION (via jugular or subclavian vein) by percutaneous or open exposure not covered by Item 13318 (AU 6 - 17906) Fee: \$59.00 Benefit: 75% \$44.25: 85%/\$26.80 \$50.15
13803	RIGHT HEART BALLOON FLOTATION using pulmonary artery catheter, monitoring of right heart and pulmonary wedge pressures, cardiac output and blood oximetry - management on the first day Fee: \$164.00 Benefit: 75% \$123.00: 85%/\$26.80 \$139.40
13806	RIGHT HEART BALLOON FLOTATION using pulmonary artery catheter, monitoring of right heart and pulmonary wedge pressures, cardiac output and blood oximetry - management on each day subsequent to the first Fee: \$41.00 Benefit: 75% \$30.75: 85%/\$26.80 \$34.85
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991	

MISCELLANEOUS	CHEMOTHERAPEUTIC
SUBGROUP 10 - CHEMOTHERAPEUTIC PROCEDURES	
13900	INTRA-ARTERIAL INFUSION or retrograde intravenous perfusion of a sympatholytic agent Fee: \$61.00 Benefit: 75% \$45.75: 85%/\$26.80 \$51.85
13903	ADMINISTRATION OF CYTOTOXIC AGENT by intravenous drip infusion or by introduction into the bladder <i>(See para T1.5 of explanatory notes to this Category)</i> Fee: \$44.50 Benefit: 75% \$33.40: 85%/\$26.80 \$37.85
13906	INTRA-ARTERIAL INFUSION or INTRA-ARTERIAL INJECTION of a substance incorporating a CYTOTOXIC AGENT, PREPARATION FOR Fee: \$58.00 Benefit: 75% \$43.50: 85%/\$26.80 \$49.30
13909	INTRALYMPHATIC INFUSION or INTRALYMPHATIC INJECTION of a fluid containing a CYTOTOXIC AGENT, with or without the incorporation of an opaque medium Fee: \$90.00 Benefit: 75% \$67.50: 85%/\$26.80 \$76.50
13912	INTRALYMPHATIC INSERTION OF NEEDLE OR CANNULA for the introduction of radio-active material Fee: \$90.00 Benefit: 75% \$67.50: 85%/\$26.80 \$76.50

MISCELLANEOUS		DERMATOLOGY	
SUBGROUP 11 - DERMATOLOGY			
14050	<p>PUVA THERAPY or UVB THERAPY administered in whole body cabinet, not associated with Item 14053 including associated consultations other than an initial consultation (See para T1.6 of explanatory notes to this Category)</p> <p>Fee: \$40.50 Benefit: 75% \$30.40: 85%/\$26.80 \$34.45</p>		
14053	<p>PUVA THERAPY or UVB THERAPY administered to localised body areas in hand and foot cabinet not associated with Item 14050 including associated consultations other than an initial consultation (See para T1.6 of explanatory notes to this Category)</p> <p>Fee: \$40.50 Benefit: 75% \$30.40: 85%/\$26.80 \$34.45</p>		
14056	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of two metres, including any associated consultation, up to a maximum of twelve sessions (including any sessions under Items 14059, 14062, 14065, 14068, 14071 and 14074) in any twelve month period - session of at least 30 minutes duration (Ministerial Determination)</p> <p>Fee: \$87.00 Benefit: 75% \$65.25: 85%/\$26.80 \$73.95</p>		
14059	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of two metres, including any associated consultation, up to a maximum of twelve sessions (including any sessions under Items 14056, 14062, 14065, 14068, 14071 and 14074) in any twelve month period - session of at least 60 minutes duration (Ministerial Determination)</p> <p>Fee: \$110.00 Benefit: 75% \$82.50: 85%/\$26.80 \$93.50</p>		
14062	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of two metres, including any associated consultation, up to a maximum of twelve sessions (including any sessions under Items 14056, 14059, 14065, 14068, 14071 and 14074) in any twelve month period - session of at least 1 hour and 15 minutes duration (Ministerial Determination)</p> <p>Fee: \$134.00 Benefit: 75% \$100.50: 85%/\$26.80 \$113.90</p>		
14065	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of two metres, including any associated consultation, up to a maximum of twelve sessions (including any sessions under Items 14056, 14059, 14062, 14068, 14071 and 14074) in any twelve month period - session of at least 1 hour and 30 minutes duration (Ministerial Determination)</p> <p>Fee: \$156.00 Benefit: 75% \$117.00: 85%/\$26.80 \$132.60</p>		

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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MISCELLANEOUS		DERMATOLOGY	
14068	LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severly disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of two metres, including any associated consultation, up to a maximum of twelve sessions (including any sessions under Items 14056, 14059, 14062, 14065, 14071 and 14074) in any twelve month period - session of at least 1 hour and 45 minutes duration (Ministerial Determination)	Fee: \$178.00	Benefit: 75% \$133.50: 85%/\$26.80 \$151.30
14071	LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of two metres, including any associated consultation, up to a maximum of twelve sessions (including any sessions under Items 14056, 14059, 14062, 14065, 14068 and 14071) in any twelve month period - session of at least 2 hours duration (Ministerial Determination)	Fee: \$200.00	Benefit: 75% \$150.00: 85%/\$26.80 \$173.20
14074	LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of two metres, including any associated consultation, up to a maximum of twelve sessions (including any sessions under Items 14056, 14059, 14062, 14065, 14068 and 14071) in any twelve month period - session of at least 2 hours and 15 minutes duration (Ministerial Determination)	Fee: \$225.00	Benefit: 75% \$168.75: 85%/\$26.80 \$198.20
14077	LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultations, up to a maximum of twelve sessions (including any sessions under Items 14080, 14083, 14086, 14089, 14092 and 14095) in any twelve month period - session of at least 30 minutes duration (Ministerial Determination)	Fee: \$87.00	Benefit: 75% \$65.25: 85%/\$26.80 \$73.95
14080	LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation, up to a maximum of twelve sessions (including any sessions under Items 14077, 14083, 14086, 14089, 14092 and 14095) in any twelve month period - session of at least 60 minutes duration (Ministerial Determination)	Fee: \$110.00	Benefit: 75% \$82.50: 85%/\$26.80 \$93.50
14083	LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation, up to a maximum of twelve sessions (including any sessions under Items 14077, 14080, 14086, 14089, 14092 and 14095) in any twelve month period - session of at least 1 hour and 15 minutes duration (Ministerial Determination)	Fee: \$134.00	Benefit: 75% \$100.50: 85%/\$26.80 \$113.90

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MISCELLANEOUS	DERMATOLOGY
14086	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation, up to a maximum of twelve sessions (including any sessions under Items 14077, 14080, 14083, 14086, 14089, and 14095) in any twelve month period - session of at least 1 hour and 30 minutes duration (Ministerial Determination)</p> <p>Fee: \$156.00 Benefit: 75% \$117.00: 85%/\$26.80 \$132.60</p>
14089	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation, up to a maximum of twelve sessions (including any sessions under Items 14077, 14080, 14083, 14086, 14089, and 14095) in any twelve month period - session of at least 1 hour and 45 minutes duration (Ministerial Determination)</p> <p>Fee: \$178.00 Benefit: 75% \$133.50: 85%/\$26.80 \$151.30</p>
14092	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation, up to a maximum of twelve sessions (including any sessions under Items 14077, 14080, 14083, 14086, 14089, and 14095) in any twelve month period - session of at least 2 hours duration (Ministerial Determination)</p> <p>Fee: \$200.00 Benefit: 75% \$150.00: 85%/\$26.80 \$173.20</p>
14095	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation, up to a maximum of twelve sessions (including any sessions under Items 14077, 14080, 14083, 14086, 14089, and 14092) in any twelve month period - session of at least 2 hours and 15 minutes duration (Ministerial Determination)</p> <p>Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20</p>
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991 Page 110</p>	

RADIATION ONCOLOGY		ORTHOVOLTAGE
SUBGROUP 2 - ORTHOVOLTAGE		
15100	RADIOTHERAPY, DEEP OR ORTHOVOLTAGE - each attendance at which fractionated treatment is given at 3 or more treatments per week - one field Fee: \$33.00 Benefit: 75% \$24.75: 85%/\$26.80 \$28.05	
15103	- two or more fields up to a maximum of five additional fields (rotational therapy being three fields) Derived Fee: The fee for Item 15100 plus for each field in excess of one an amount of \$13.00	
15106	RADIOTHERAPY, DEEP OR ORTHOVOLTAGE - each attendance at which fractionated treatment is given at 2 treatments per week or less frequently - one field Fee: \$39.00 Benefit: 75% \$29.25: 85%/\$26.80 \$33.15	
15109	- two or more fields up to a maximum of five additional fields (rotational therapy being three fields) Derived Fee: The fee for Item 15106 plus for each field in excess of one an amount of \$15.60	
15112	RADIOTHERAPY, DEEP OR ORTHOVOLTAGE - attendance at which single dose technique is applied - one field Fee: \$83.00 Benefit: 75% \$62.25: 85%/\$26.80 \$70.55	
15115	- two or more fields up to a maximum of five additional fields (rotational therapy being three fields) Derived Fee: The fee for Item 15112 plus for each field in excess of one an amount of \$32.50	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991		

RADIATION ONCOLOGY		MEGAVOLTAGE
SUBGROUP 3 - MEGAVOLTAGE		
‡ 15203	RADIATION ONCOLOGY TREATMENT, using a single photon linear accelerator - with or without electron facilities - each attendance at which treatment is given - one field Fee: \$32.00 Benefit: 75% \$24.00: 85%/\$26.80 \$27.20	
‡ 15204	- two or more fields up to a maximum of five additional fields (rotational therapy being three fields) Derived Fee: The fee for Item 15203 plus \$20.50 for each additional field up to a maximum of 5 additional fields	
† 15207	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 - one field Fee: \$32.00 Benefit: 75% \$24.00: 85%/\$26.80 \$27.20	
† 15208	- two or more fields up to a maximum of five additional fields (rotational therapy being three fields) Derived Fee: The fee for Item 15207 plus \$20.50 for each additional field up to a maximum of 5 additional fields	
15211	RADIATION ONCOLOGY TREATMENT, using cobalt unit or caesium teletherapy unit - each attendance at which treatment is given - one field Fee: \$29.50 Benefit: 75% \$22.15: 85%/\$26.80 \$25.10	
15214	- two or more fields up to a maximum of five additional fields (rotational therapy being three fields) Derived Fee: The fee for Item 15211 plus \$17.20 for each additional field	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991		

RADIATION ONCOLOGY		BRACHYTHERAPY
SUBGROUP 4 - BRACHYTHERAPY		
‡ 15303	INTRAUTERINE TREATMENT ALONE using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques (AU 5 - 17905) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20	
+ 15304	INTRAUTERINE TREATMENT ALONE using radioactive sealed sources having a half life greater than 115 days using automatic afterloading techniques (AU 5 - 17905) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20	
‡ 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 (AU 5 - 17905) Fee: \$465.00 Benefit: 75% \$348.75: 85%/\$26.80 \$438.20	
+ 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 (AU 5 - 17905) Fee: \$465.00 Benefit: 75% \$348.75: 85%/\$26.80 \$438.20	
‡ 15311	INTRAVAGINAL TREATMENT ALONE using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques (AU 4 - 17904) Fee: \$230.00 Benefit: 75% \$172.50: 85%/\$26.80 \$203.20	
+ 15312	INTRAVAGINAL TREATMENT ALONE using radioactive sealed sources having a half-life greater than 115 days using automatic afterloading techniques (AU 4 - 17904) Fee: \$230.00 Benefit: 75% \$172.50: 85%/\$26.80 \$203.20	
‡ 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 (AU 4 - 17904) Fee: \$450.00 Benefit: 75% \$337.50: 85%/\$26.80 \$423.20	
+ 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 (AU 4 - 17904) Fee: \$450.00 Benefit: 75% \$337.50: 85%/\$26.80 \$423.20	
‡ 15319	COMBINED INTRAUTERINE AND INTRAVAGINAL TREATMENT using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques (AU 5 - 17905) Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20	
+ 15320	COMBINED INTRAUTERINE AND INTRAVAGINAL TREATMENT using radioactive sealed sources having a half-life greater than 115 days using automatic afterloading techniques (AU 5 - 17905) Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20	

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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RADIATION ONCOLOGY		BRACHYTHERAPY
‡ 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 (AU 4 - 17904) Fee: \$495.00 Benefit: 75% \$371.25: 85%/\$26.80 \$468.20	
+ 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 (AU 4 - 17904) Fee: \$495.00 Benefit: 75% \$371.25: 85%/\$26.80 \$468.20	
‡ 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 (AU 7 - 17907) Fee: \$540.00 Benefit: 75% \$405.00: 85%/\$26.80 \$513.20	
+ 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 (AU 7 - 17907) Fee: \$540.00 Benefit: 75% \$405.00: 85%/\$26.80 \$513.20	
‡ 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 (AU 6 - 17906) Fee: \$515.00 Benefit: 75% \$386.25: 85%/\$26.80 \$488.20	
+ 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 (AU 6 - 17906) Fee: \$515.00 Benefit: 75% \$386.25: 85%/\$26.80 \$488.20	
‡ 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 (AU 5 - 17905) Fee: \$465.00 Benefit: 75% \$348.75: 85%/\$26.80 \$438.20	
+ 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 (AU 5 - 17905) Fee: \$465.00 Benefit: 75% \$348.75: 85%/\$26.80 \$438.20	
15339	REMOVAL OF A SEALED RADIOACTIVE SOURCE under general anaesthesia, or under epidural or spinal nerve block (AU 4 - 17904) Fee: \$52.00 Benefit: 75% \$39.00: 85%/\$26.80 \$44.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991		
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RADIATION ONCOLOGY

BRACHYTHERAPY

15342	<p>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</p> <p>Fee: \$132.00 Benefit: 75% \$99.00: 85%/\$26.80 \$112.20</p>
15345	<p>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</p> <p>Fee: \$350.00 Benefit: 75% \$262.50: 85%/\$26.80 \$323.20</p>
15348	<p>SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD referred to in Item 15342 or 15345 - each attendance</p> <p>Fee: \$40.00 Benefit: 75% \$30.00: 85%/\$26.80 \$34.00</p>
15351	<p>CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD not exceeding 5 cm. diameter to an external surface</p> <p>Fee: \$80.00 Benefit: 75% \$60.00: 85%/\$26.80 \$68.00</p>
15354	<p>CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD 5 cm. or more in diameter to an external surface</p> <p>Fee: \$98.00 Benefit: 75% \$73.50: 85%/\$26.80 \$83.30</p>
15357	<p>SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD referred to in Item 15351 or 15354 - each attendance</p> <p>Fee: \$27.50 Benefit: 75% \$20.65: 85%/\$26.80 \$23.40</p>

RADIATION ONCOLOGY		COMPUTERISED PLANNING	
SUBGROUP 5 - COMPUTERISED PLANNING			
RADIOTHERAPY PLANNING			
15500	RADIATION FIELD SETTING using a simulator or isocentric x-ray or megavoltage machine of a single area for treatment by a single field or parallel opposed fields (not associated with Item 15509) <i>(See para T2.2 of explanatory notes to this Category)</i>	Fee: \$132.00	Benefit: 75% \$99.00: 85%/\$26.80 \$112.20
15503	RADIATION FIELD SETTING using a simulator or isocentric x-ray or megavoltage machine of a single area, where views in more than one plane are required for treatment by multiple fields, or of two areas (not associated with Item 15512) <i>(See para T2.2 of explanatory notes to this Category)</i>	Fee: \$168.00	Benefit: 75% \$126.00: 85%/\$26.80 \$142.80
15506	RADIATION FIELD SETTING using a simulator or isocentric x-ray or megavoltage machine of three 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 associated with Item 15515) <i>(See para T2.2 of explanatory notes to this Category)</i>	Fee: \$250.00	Benefit: 75% \$187.50: 85%/\$26.80 \$223.20
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 associated with Item 15500) <i>(See para T2.2 of explanatory notes to this Category)</i>	Fee: \$114.00	Benefit: 75% \$85.50: 85%/\$26.80 \$96.90
15512	RADIATION FIELD SETTING using a diagnostic x-ray unit of a single area, where views in more than one plane are required for treatment by multiple fields, or of two areas (not associated with Item 15503) <i>(See para T2.2 of explanatory notes to this Category)</i>	Fee: \$146.00	Benefit: 75% \$109.50: 85%/\$26.80 \$124.10
15515	RADIATION FIELD SETTING using a diagnostic x-ray unit of three 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 associated with Item 15506) <i>(See para T2.2 of explanatory notes to this Category)</i>	Fee: \$210.00	Benefit: 75% \$157.50: 85%/\$26.80 \$183.20
15518	RADIATION DOSIMETRY by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to one area with up to two shielding blocks, or for brachytherapy with isodose calculations in a single plane <i>(See para T2.2 of explanatory notes to this Category)</i>	Fee: \$41.50	Benefit: 75% \$31.15: 85%/\$26.80 \$35.30
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991			

RADIATION ONCOLOGY		COMPUTERISED PLANNING
15521	<p>RADIATION DOSIMETRY by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to a single area by three or more fields, or by a single field or parallel opposed fields to two areas, or where wedges are used, or for brachytherapy for multiplane implants of up to 10 sources or ribbons (See para T2.2 of explanatory notes to this Category)</p> <p>Fee: \$184.00 Benefit: 75% \$138.00: 85%/\$26.80 \$157.20</p>	
15524	<p>RADIATION DOSIMETRY by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to three 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, or for brachytherapy using multiplane implants of more than 10 sources or ribbons (See para T2.2 of explanatory notes to this Category)</p> <p>Fee: \$345.00 Benefit: 75% \$258.75: 85%/\$26.80 \$318.20</p>	
15527	<p>RADIATION DOSIMETRY by a non-CT interfacing planning computer for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to one area with up to two shielding blocks, or for brachytherapy with isodose calculations in a single plane (See para T2.2 of explanatory notes to this Category)</p> <p>Fee: \$42.50 Benefit: 75% \$31.90: 85%/\$26.80 \$36.15</p>	
15530	<p>RADIATION DOSIMETRY by a non-CT interfacing planning computer for megavoltage or teletherapy radiotherapy to a single area by three or more fields, or by a single field or parallel opposed fields to two areas, or where wedges are used, or for brachytherapy for multiplane implants of up to 10 sources or ribbons (See para T2.2 of explanatory notes to this Category)</p> <p>Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80 \$163.20</p>	
15533	<p>RADIATION DOSIMETRY by a non-CT interfacing planning computer for megavoltage or teletherapy radiotherapy to three 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, or for brachytherapy using multiplane implants of more than 10 sources or ribbons (See para T2.2 of explanatory notes to this Category)</p> <p>Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20</p>	
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991</p>		

THERAPEUTIC NUCLEAR MEDICINE	
GROUP T3 - THERAPEUTIC NUCLEAR MEDICINE	
16000	ADMINISTRATION OF A THERAPEUTIC DOSE OF A RADIOISOTOPE - not covered by any other Item in this Group Fee: \$28.00 Benefit: 75% \$21.00: 85%/\$26.80 \$23.80
16003	INTRA-CAVITARY ADMINISTRATION OF A THERAPEUTIC DOSE OF YTTRIUM 90 (not including preliminary paracentesis) (AU 5 - 17905) Fee: \$450.00 Benefit: 75% \$337.50: 85%/\$26.80 \$423.20
16006	ADMINISTRATION OF A THERAPEUTIC DOSE OF IODINE 131 for thyroid cancer by single dose technique Fee: \$345.00 Benefit: 75% \$258.75: 85%/\$26.80 \$318.20
16009	ADMINISTRATION OF A THERAPEUTIC DOSE OF IODINE 131 for thyrotoxicosis by single dose technique Fee: \$235.00 Benefit: 75% \$176.25: 85%/\$26.80 \$208.20
16012	INTRAVENOUS ADMINISTRATION OF A THERAPEUTIC DOSE OF PHOSPHOROUS 32 Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed November 1, 1991 Page 120</p>	

OBSTETRICS	
GROUP T4 - OBSTETRICS	
16500	ANTENATAL CARE (not including any service or services covered by Item 16516 or 16517) where the attendances do not exceed ten - each attendance Fee: \$21.50 Benefit: 75% \$16.15: 85%/\$26.80 \$18.30
16503	ANTENATAL CARE (not including any service or services covered by Item 16516 or 16517) where attendances exceed ten Fee: \$215.00 Benefit: 75% \$161.25: 85%/\$26.80 \$188.20
16506 G 16507 S	CONFINEMENT AND POSTNATAL CARE for nine days where the medical practitioner has not given the antenatal care Fee: \$164.00 Benefit: 75% \$123.00: 85%/\$26.80 \$139.40 Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20
16510 S	CONFINEMENT AS AN INDEPENDENT PROCEDURE BY A SPECIALIST in the practice of his or her specialty, where the patient is referred by another medical practitioner including all attendances related to the confinement Fee: \$240.00 Benefit: 75% \$180.00: 85%/\$26.80 \$213.20
16513	CONFINEMENT, incomplete, with or without postnatal care for nine days where the patient is referred to a specialist in the practice of his or her specialty or the patient's care is transferred to another medical practitioner for completion of the delivery Fee: \$110.00 Benefit: 75% \$82.50: 85%/\$26.80 \$93.50
16516 G 16517 S	ANTENATAL CARE, CONFINEMENT with delivery by any means (including Caesarean section) AND POSTNATAL CARE for nine days Fee: \$465.00 Benefit: 75% \$348.75: 85%/\$26.80 \$438.20 Fee: \$600.00 Benefit: 75% \$450.00: 85%/\$26.80 \$573.20
16520	CAESAREAN SECTION and postnatal care for nine days where the patient has been referred to a specialist in the practice of his or her specialty or the patient's care has been transferred to another medical practitioner for management of the confinement and the practitioner who performs the Caesarean section did not provide the antenatal care <i>(See para T4.5 of explanatory notes to this Category)</i> Fee: \$430.00 Benefit: 75% \$322.50: 85%/\$26.80 \$403.20
16523	TREATMENT OF HABITUAL MISCARRIAGE by injection of hormones - each injection up to a maximum of twelve injections, where the injection is not administered during a routine antenatal attendance <i>(See para T4.6 of explanatory notes to this Category)</i> Fee: \$15.20 Benefit: 75% \$11.40: 85%/\$26.80 \$12.90
16526	THREATENED ABORTION, THREATENED MISCARRIAGE OR HYPEREMESIS GRAVIDARUM, requiring admission to hospital, treatment of - each attendance that is not a routine antenatal attendance Fee: \$15.20 Benefit: 75% \$11.40: 85%/\$26.80 \$12.90

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OBSTETRICS	
16529	<p>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 two attendances in any seven day period (See para T4.6 of explanatory notes to this Category)</p> <p>Fee: \$15.20 Benefit: 75% \$11.40: 85%/\$26.80 \$12.90</p>
16532	<p>PREGNANCY COMPLICATED BY acute intercurrent infection, intra-uterine 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 one visit per day (See para T4.6 of explanatory notes to this Category)</p> <p>Fee: \$15.20 Benefit: 75% \$11.40: 85%/\$26.80 \$12.90</p>
16535 G 16536 S	<p>CERVIX, purse string ligation of, for threatened miscarriage (AU 6 - 17906)</p> <p>Fee: \$114.00 Benefit: 75% \$85.50: 85%/\$26.80 \$96.90</p> <p>Fee: \$152.00 Benefit: 75% \$114.00: 85%/\$26.80 \$129.20</p>
16539	<p>CERVIX, removal of purse string ligature of, under general anaesthesia (AU 5 - 17905)</p> <p>Fee: \$43.50 Benefit: 75% \$32.65: 85%/\$26.80 \$37.00</p>
16542	<p>PRE-ECLAMPSIA, ECLAMPSIA OR ANTEPARTUM HAEMORRHAGE, treatment of - each attendance that is not a routine antenatal attendance</p> <p>Fee: \$15.20 Benefit: 75% \$11.40: 85%/\$26.80 \$12.90</p>
16545 G 16546 S	<p>MANAGEMENT OF SECOND TRIMESTER LABOUR, with or without induction</p> <p>Fee: \$164.00 Benefit: 75% \$123.00: 85%/\$26.80 \$139.40</p> <p>Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20</p>
16549	<p>AMNIOSCOPY OR AMNIOCENTESIS</p> <p>Fee: \$43.50 Benefit: 75% \$32.65: 85%/\$26.80 \$37.00</p>
16552	<p>CHORIONIC VILLUS SAMPLING including any associated imaging</p> <p>Fee: \$176.00 Benefit: 75% \$132.00: 85%/\$26.80 \$149.60</p>
16555	<p>ANTENATAL CARDIOTOGRAPHY in the management of high risk pregnancy (not during the course of the confinement) (See para T4.6 of explanatory notes to this Category)</p> <p>Fee: \$25.00 Benefit: 75% \$18.75: 85%/\$26.80 \$21.25</p>
16558	<p>VERSION, EXTERNAL, under general anaesthesia, not covered by Items 16506 to 16517 (AU 6 - 17906)</p> <p>Fee: \$43.50 Benefit: 75% \$32.65: 85%/\$26.80 \$37.00</p>
16561	<p>VERSION, INTERNAL, under general anaesthesia, not covered by Items 16506 to 16517 (AU 6 - 17906)</p> <p>Fee: \$78.00 Benefit: 75% \$58.50: 85%/\$26.80 \$66.30</p>
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991 Page 122</p>	

OBSTETRICS

16564	EVACUATION OF PRODUCTS OF CONCEPTION (such as retained foetus, placenta, membranes or mole) by intrauterine manual removal as an independent procedure where the medical practitioner has not managed the confinement, including all associated attendances Fee: \$120.00 Benefit: 75% \$90.00: 85%/\$26.80 \$102.00
16567	TREATMENT OF POST-PARTUM HAEMORRHAGE by special procedures such as packing of uterus as an independent procedure where the medical practitioner has not managed the confinement, including all associated attendances Fee: \$120.00 Benefit: 75% \$90.00: 85%/\$26.80 \$102.00
16570	MANIPULATIVE CORRECTION OF ACUTE INVERSION OF UTERUS, by vaginal approach, with or without incision of cervix as an independent procedure where the medical practitioner has not managed the confinement, including all associated attendances Fee: \$240.00 Benefit: 75% \$180.00: 85%/\$26.80 \$213.20
16573	THIRD DEGREE TEAR, repair of, involving anal sphincter muscles as an independent procedure where the medical practitioner has not managed the confinement, including all associated attendances Fee: \$178.00 Benefit: 75% \$133.50: 85%/\$26.80 \$151.30

ASSISTANCE/ANAESTHETIC

**GROUP T5 - ASSISTANCE IN THE
ADMINISTRATION OF AN ANAESTHETIC**

17500 Assistance in the administration of an anaesthetic for which the anaesthetic unit value is not less than 21 units
Fee: \$94.00 **Benefit:** 75% \$70.50: 85%/\$26.80 \$79.90

ANAESTHETICS	EXAMINATION										
GROUP T6 - ANAESTHETICS											
SUBGROUP 1 - EXAMINATION BY AN ANAESTHETIST											
17600 G 17603 S	<p>EXAMINATION OF A PATIENT IN PREPARATION FOR THE ADMINISTRATION OF AN ANAESTHETIC, being an examination carried out at a place other than an operating theatre or suite adjoining an operating theatre</p> <table border="0"> <tr> <td>Fee: \$21.50</td> <td>Benefit: 75%</td> <td>\$16.15:</td> <td>85%/\$26.80</td> <td>\$18.30</td> </tr> <tr> <td>Fee: \$29.50</td> <td>Benefit: 75%</td> <td>\$22.15:</td> <td>85%/\$26.80</td> <td>\$25.10</td> </tr> </table>	Fee: \$21.50	Benefit: 75%	\$16.15:	85%/\$26.80	\$18.30	Fee: \$29.50	Benefit: 75%	\$22.15:	85%/\$26.80	\$25.10
Fee: \$21.50	Benefit: 75%	\$16.15:	85%/\$26.80	\$18.30							
Fee: \$29.50	Benefit: 75%	\$22.15:	85%/\$26.80	\$25.10							
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed November 1, 1991 Page 125</p>											

ANAESTHETICS		MEDICAL SERVICE			
SUBGROUP 2 - ADMINISTRATION OF AN ANAESTHETIC IN CONNECTION WITH A MEDICAL SERVICE					
ADMINISTRATION OF AN ANAESTHETIC - In connection with a medical service which has been assigned an anaesthetic unit value of					
17901	- ONE UNIT Fee: \$12.60	Benefit: 75%	\$9.45:	85%/\$26.80	\$10.70
17902	- TWO UNITS Fee: \$25.00	Benefit: 75%	\$18.75:	85%/\$26.80	\$21.25
17903	- THREE UNITS Fee: \$38.00	Benefit: 75%	\$28.50:	85%/\$26.80	\$32.30
17904	- FOUR UNITS Fee: \$50.00	Benefit: 75%	\$37.50:	85%/\$26.80	\$42.50
17905	- FIVE UNITS Fee: \$63.00	Benefit: 75%	\$47.25:	85%/\$26.80	\$53.55
17906	- SIX UNITS Fee: \$76.00	Benefit: 75%	\$57.00:	85%/\$26.80	\$64.60
17907	- SEVEN UNITS Fee: \$88.00	Benefit: 75%	\$66.00:	85%/\$26.80	\$74.80
17908	- EIGHT UNITS Fee: \$100.00	Benefit: 75%	\$75.00:	85%/\$26.80	\$85.00
17909	- NINE UNITS Fee: \$114.00	Benefit: 75%	\$85.50:	85%/\$26.80	\$96.90
17910	- TEN UNITS Fee: \$126.00	Benefit: 75%	\$94.50:	85%/\$26.80	\$107.10
17911	- ELEVEN UNITS Fee: \$138.00	Benefit: 75%	\$103.50:	85%/\$26.80	\$117.30
17912	- TWELVE UNITS Fee: \$152.00	Benefit: 75%	\$114.00:	85%/\$26.80	\$129.20
17913	- THIRTEEN UNITS Fee: \$164.00	Benefit: 75%	\$123.00:	85%/\$26.80	\$139.40
17914	- FOURTEEN UNITS Fee: \$176.00	Benefit: 75%	\$132.00:	85%/\$26.80	\$149.60
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991					

ANAESTHETICS		MEDICAL SERVICE				
17915	- FIFTEEN UNITS Fee: \$190.00	Benefit:	75%	\$142.50:	85%/\$26.80	\$163.20
17916	- SIXTEEN UNITS Fee: \$200.00	Benefit:	75%	\$150.00:	85%/\$26.80	\$173.20
17917	- SEVENTEEN UNITS Fee: \$215.00	Benefit:	75%	\$161.25:	85%/\$26.80	\$188.20
17918	- EIGHTEEN UNITS Fee: \$225.00	Benefit:	75%	\$168.75:	85%/\$26.80	\$198.20
17919	- NINETEEN UNITS Fee: \$240.00	Benefit:	75%	\$180.00:	85%/\$26.80	\$213.20
17920	- TWENTY UNITS Fee: \$250.00	Benefit:	75%	\$187.50:	85%/\$26.80	\$223.20
17921	- TWENTY-ONE UNITS Fee: \$265.00	Benefit:	75%	\$198.75:	85%/\$26.80	\$238.20
17922	- TWENTY-TWO UNITS Fee: \$275.00	Benefit:	75%	\$206.25:	85%/\$26.80	\$248.20
17923	- TWENTY-THREE UNITS Fee: \$290.00	Benefit:	75%	\$217.50:	85%/\$26.80	\$263.20
17924	- TWENTY-FOUR UNITS Fee: \$305.00	Benefit:	75%	\$228.75:	85%/\$26.80	\$278.20
17925	- TWENTY-FIVE UNITS Fee: \$315.00	Benefit:	75%	\$236.25:	85%/\$26.80	\$288.20
17926	- TWENTY-SIX UNITS Fee: \$330.00	Benefit:	75%	\$247.50:	85%/\$26.80	\$303.20
17927	- TWENTY-SEVEN UNITS Fee: \$340.00	Benefit:	75%	\$255.00:	85%/\$26.80	\$313.20
17928	- TWENTY-EIGHT UNITS Fee: \$355.00	Benefit:	75%	\$266.25:	85%/\$26.80	\$328.20
17929	- TWENTY-NINE UNITS Fee: \$365.00	Benefit:	75%	\$273.75:	85%/\$26.80	\$338.20
17930	- THIRTY UNITS Fee: \$380.00	Benefit:	75%	\$285.00:	85%/\$26.80	\$353.20
17932	- THIRTY-TWO UNITS Fee: \$405.00	Benefit:	75%	\$303.75:	85%/\$26.80	\$378.20

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ANAESTHETICS		MEDICAL SERVICE			
17934	- THIRTY-FOUR UNITS Fee: \$430.00	Benefit:	75%	\$322.50:	85%/\$26.80 \$403.20
17935	- THIRTY-FIVE UNITS Fee: \$440.00	Benefit:	75%	\$330.00:	85%/\$26.80 \$413.20
17936	- THIRTY-SIX UNITS Fee: \$455.00	Benefit:	75%	\$341.25:	85%/\$26.80 \$428.20
17938	- THIRTY-EIGHT UNITS Fee: \$480.00	Benefit:	75%	\$360.00:	85%/\$26.80 \$453.20
17939	- THIRTY-NINE UNITS Fee: \$490.00	Benefit:	75%	\$367.50:	85%/\$26.80 \$463.20
17940	- FORTY UNITS Fee: \$505.00	Benefit:	75%	\$378.75:	85%/\$26.80 \$478.20
17947	- FORTY-SEVEN UNITS Fee: \$595.00	Benefit:	75%	\$446.25:	85%/\$26.80 \$568.20
† 17950	- FIFTY UNITS Fee: \$630.00	Benefit:	75%	\$472.50:	85%/\$26.80 \$603.20
† 17959	- FIFTY-NINE UNITS Fee: \$745.00	Benefit:	75%	\$558.75:	85%/\$26.80 \$718.20
17965	- In connection with radiotherapy (based on six units) Fee: \$76.00	Benefit:	75%	\$57.00:	85%/\$26.80 \$64.60
‡ 17968	Administration of an anaesthetic in connection with forceps delivery, vacuum extraction delivery, breech delivery by manipulation, rotation of head followed by delivery Fee: \$88.00	Benefit:	75%	\$66.00:	85%/\$26.80 \$74.80
17971	- In connection with a medical service, being a medical service which does not contain a reference to a number of anaesthetic units (See para T6.3 of explanatory notes to this Category) Fee: \$12.60	Benefit:	75%	\$9.45:	85%/\$26.80 \$10.70
17974	- Where the anaesthetic is administered as a therapeutic procedure Fee: \$126.00	Benefit:	75%	\$94.50:	85%/\$26.80 \$107.10
17977	- In connection with reamputation of amputation stump referred to in Item 44376 Derived Fee: 85% of the fee specified for the anaesthetic for the amputation				
17980	- In connection with computerised tomography - brain scan with or without contrast medium study Fee: \$100.00	Benefit:	75%	\$75.00:	85%/\$26.80 \$85.00

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ANAESTHETICS		MEDICAL SERVICE			
17983	- In connection with computerised tomography - body scan with or without contrast medium study Fee: \$100.00	Benefit:	75% \$75.00:	85%/\$26.80	\$85.00
17986	- in connection with the removal of phaeochromocytoma Fee: \$200.00	Benefit:	75% \$150.00:	85%/\$26.80	\$173.20
17989	- in connection with peripheral venous cannula Fee: \$51.00	Benefit:	75% \$38.25:	85%/\$26.80	\$43.35
17992	- in connection with peripheral venous cannulation by open exposure Fee: \$63.00	Benefit:	75% \$47.25:	85%/\$26.80	\$53.55
17995	- in connection with percutaneous central venous cannulation Fee: \$63.00	Benefit:	75% \$47.25:	85%/\$26.80	\$53.55
17998	- in connection with electrocochleography (insertion of electrodes and brain stem evoked response audiometry) Fee: \$138.00	Benefit:	75% \$103.50:	85%/\$26.80	\$117.30
18001	- in connection with manual removal of products of conception, treatment of postpartum haemorrhage of repair of third degree tear Fee: \$88.00	Benefit:	75% \$66.00:	85%/\$26.80	\$74.80
18004	- in connection with manipulative correction of acute inversion of uterus by vaginal approach Fee: \$100.00	Benefit:	75% \$75.00:	85%/\$26.80	\$85.00
18007	- in connection with Caesarean section Fee: \$126.00	Benefit:	75% \$94.50:	85%/\$26.80	\$107.10
18010	- in connection with repair of episiotomy Fee: \$63.00	Benefit:	75% \$47.25:	85%/\$26.80	\$53.55

LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed
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ANAESTHETICS	DENTAL SERVICE
	SUBGROUP 3 - ADMINISTRATION OF AN ANAESTHETIC IN CONNECTION WITH A DENTAL SERVICE
18101	<p>(IN CONNECTION WITH A DENTAL SERVICE NOT BEING A MEDICAL SERVICE PRESCRIBED FOR THE PAYMENT OF MEDICARE BENEFITS)</p> <p>ADMINISTRATION by a medical practitioner OF AN ANAESTHETIC, OTHER THAN AN ENDOTRACHEAL ANAESTHETIC, in connection with a dental operation</p> <p>Fee: \$50.00 Benefit: 75% \$37.50: 85%/\$26.80 \$42.50</p>
18105	<p>ADMINISTRATION by a medical practitioner OF AN ENDOTRACHEAL ANAESTHETIC for extraction of a tooth or teeth not covered by Item 18109</p> <p>Fee: \$76.00 Benefit: 75% \$57.00: 85%/\$26.80 \$64.60</p>
18109	<p>ADMINISTRATION by a medical practitioner of an ENDOTRACHEAL ANAESTHETIC for removal of a tooth or teeth requiring incision of soft tissue and removal of bone</p> <p>Fee: \$100.00 Benefit: 75% \$75.00: 85%/\$26.80 \$85.00</p>
18113	<p>ADMINISTRATION by a medical practitioner of an ENDOTRACHEAL ANAESTHETIC for restorative dental work where the procedure is of not more than 30 minutes duration</p> <p>Fee: \$76.00 Benefit: 75% \$57.00: 85%/\$26.80 \$64.60</p>
18118	<p>ADMINISTRATION by a medical practitioner of an ENDOTRACHEAL ANAESTHETIC for restorative dental work where the procedure is of more than 30 minutes duration</p> <p>Fee: \$126.00 Benefit: 75% \$94.50: 85%/\$26.80 \$107.10</p>
18122	<p>ADMINISTRATION by a medical practitioner of an ENDOTRACHEAL ANAESTHETIC in connection with a dental operation, not covered by any other item in this Group</p> <p>Fee: \$88.00 Benefit: 75% \$66.00: 85%/\$26.80 \$74.80</p>
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991 Page 130</p>	

REGIONAL OR FIELD NERVE BLOCKS	
GROUP T7 - REGIONAL OR FIELD NERVE BLOCKS	
18200	<p>REGIONAL OR FIELD NERVE BLOCK, being one of the following nerve blocks - abdominal (in association with an intra-peritoneal operation); brachial plexus; caudal; cervical plexus (not including the uterine cervix); epidural (peridural); ilio-inguinal, ilio-hypogastric, genito-femoral (involving all three nerves); intercostal (involving any four or more nerves, one or both sides); paravertebral (thoracic or lumbar); pudendal; retrobulbar with facial nerve; sacral or spinal (intrathecal)</p> <p>Fee: \$64.00 Benefit: 75% \$48.00: 85%/\$26.80 \$54.40</p>
18203	<p>MAINTENANCE OF A REGIONAL OR FIELD NERVE BLOCK referred to in Item 18200 by the administration of local anaesthetic through an in situ needle or catheter when performed other than by the operating surgeon <i>(See para T7.2 of explanatory notes to this Category)</i></p> <p>Fee: \$27.50 Benefit: 75% \$20.65: 85%/\$26.80 \$23.40</p>
18206	<p>INTRODUCTION OF A NARCOTIC, for the control of post-operative pain, into the epidural or intrathecal space in association with an operation <i>(See para T7.3 of explanatory notes to this Category)</i></p> <p>Fee: \$34.50 Benefit: 75% \$25.90: 85%/\$26.80 \$29.35</p>
18209	<p>INTRODUCTION at the end of an operation of a local anaesthetic into the caudal, lumbar or thoracic epidural space for the control of post-operative pain, in association with general anaesthesia <i>(See para T7.4 of explanatory notes to this Category)</i></p> <p>Fee: \$34.50 Benefit: 75% \$25.90: 85%/\$26.80 \$29.35</p>
18212	<p>MAINTENANCE of narcotic analgesia referred to in Item 18206 by the administration of a narcotic through an in situ needle or catheter, when performed other than by the operating surgeon <i>(See para T7.5 of explanatory notes to this Category)</i></p> <p>Fee: \$27.50 Benefit: 75% \$20.65: 85%/\$26.80 \$23.40</p>
18215	<p>NERVE BLOCK with local anaesthetic agent (with or without x-ray control), of the coeliac plexus; lumbar sympathetic chain; thoracic sympathetic chain; glossopharyngeal nerve or obturator nerve (AU 8 - 17908)</p> <p>Fee: \$95.00 Benefit: 75% \$71.25: 85%/\$26.80 \$80.75</p>
18218	<p>NERVE BLOCK with alcohol, phenol or other neurolytic agent (with or without x-ray control, localisation by electrical stimulator or preliminary block with local anaesthetic) of the coeliac plexus nerve; the splanchnic nerves; the lumbar sympathetic chain; the thoracic sympathetic chain; cranial nerve (other than the trigeminal nerve); an epidural or a caudal block (AU 8 - 17908)</p> <p>Fee: \$106.00 Benefit: 75% \$79.50: 85%/\$26.80 \$90.10</p>
18224	<p>INTRAVENOUS REGIONAL ANAESTHESIA OF LIMB BY RETROGRADE PERFUSION</p> <p>Fee: \$61.00 Benefit: 75% \$45.75: 85%/\$26.80 \$51.85</p>

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OPERATIONS		GENERAL
GROUP T8 - SURGICAL OPERATIONS		
SUBGROUP 1 - GENERAL		
30000	Operative procedure on tissue, organ or region not covered by any other item in this Group, including any consultation on the same occasion Fee: \$12.60 Benefit: 75% \$9.45: 85%/\$26.80 \$10.70	
30003	DRESSING OF LOCALISED BURNS (not involving grafting) - each attendance at which the procedure is performed, including any associated consultation Fee: \$21.50 Benefit: 75% \$16.15: 85%/\$26.80 \$18.30	
30006	DRESSING OF BURNS, EXTENSIVE, without anaesthesia (not involving grafting) - each attendance at which the procedure is performed, including any associated consultation Fee: \$32.00 Benefit: 75% \$24.00: 85%/\$26.80 \$27.20	
30009 G 30010 S	DRESSING OF LOCALISED BURNS UNDER GENERAL ANAESTHESIA (not involving grafting) - each attendance at which the procedure is performed, including any associated consultation (AU 7 - 17907) Fee: \$42.00 Benefit: 75% \$31.50: 85%/\$26.80 \$35.70 Fee: \$51.00 Benefit: 75% \$38.25: 85%/\$26.80 \$43.35	
30013 G 30014 S	DRESSING OF BURNS, EXTENSIVE, UNDER GENERAL ANAESTHESIA (not involving grafting) - each attendance at which the procedure is performed, including any associated consultation (AU 10 - 17910) Fee: \$90.00 Benefit: 75% \$67.50: 85%/\$26.80 \$76.50 Fee: \$108.00 Benefit: 75% \$81.00: 85%/\$26.80 \$91.80	
30017	EXCISION, under general anaesthesia, OF BURNS involving not more than 10 per cent of body surface, where grafting is not carried out during the same operation (AU 10 - 17910) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20	
30020	EXCISION, under general anaesthesia, OF BURNS involving more than 10 per cent of body surface, where grafting is not carried out during the same operation (AU 15 - 17915) Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20	
30023	DEBRIDEMENT, under general anaesthesia or major regional or field block, of deep or extensive contaminated wound of soft tissue, including suturing of that wound when performed (AU 10 - 17910) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20	
30026	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), superficial, not covered by any item in Group T4 (AU 5 - 17905) Fee: \$36.00 Benefit: 75% \$27.00: 85%/\$26.80 \$30.60	
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OPERATIONS		GENERAL			
30029	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), involving deeper tissue, not covered by any item in Group T4 (AU 6 - 17906) Fee: \$62.00 Benefit: 75% \$46.50: 85%/\$26.80 \$52.70				
30032	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), superficial (AU 7 - 17907) Fee: \$57.00 Benefit: 75% \$42.75: 85%/\$26.80 \$48.45				
30035	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), involving deeper tissue (AU 7 - 17907) Fee: \$81.00 Benefit: 75% \$60.75: 85%/\$26.80 \$68.85				
30038	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, large (MORE THAN 7 CENTIMETRES LONG), superficial, not covered by any item in Group T4 (AU 6 - 17906) Fee: \$62.00 Benefit: 75% \$46.50: 85%/\$26.80 \$52.70				
30041 G	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, large (MORE THAN 7 CENTIMETRES LONG), involving deeper tissue, not covered by any item in Group T4 (AU 7 - 17907)	Fee: \$99.00 Benefit: 75% \$74.25: 85%/\$26.80 \$84.15			
30042 S		Fee: \$126.00 Benefit: 75% \$94.50: 85%/\$26.80 \$107.10			
30045	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, large (MORE THAN 7 CENTIMETRES LONG), superficial (AU 7 - 17907) Fee: \$81.00 Benefit: 75% \$60.75: 85%/\$26.80 \$68.85				
30048 G	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, large (MORE THAN 7 CENTIMETRES LONG), involving deeper tissue (AU 8 - 17908)	Fee: \$104.00 Benefit: 75% \$78.00: 85%/\$26.80 \$88.40			
30049 S		Fee: \$128.00 Benefit: 75% \$96.00: 85%/\$26.80 \$108.80			
30052	REPAIR OF FULL THICKNESS LACERATION OF EAR, EYELID OR NOSE with accurate apposition of each layer of tissue (AU 10 - 17910) Fee: \$174.00 Benefit: 75% \$130.50: 85%/\$26.80 \$147.90				
30055	DRESSING AND REMOVAL OF SUTURES requiring a general anaesthetic, not associated with any other item in this Group (AU 5 - 17905) Fee: \$51.00 Benefit: 75% \$38.25: 85%/\$26.80 \$43.35				
LEGEND: + New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS		GENERAL			
30058	CONTROL OF POST-OPERATIVE HAEMORRHAGE, under general anaesthesia following perineal or vaginal operations (AU 6 - 17906) Fee: \$99.00 Benefit: 75% \$74.25: 85%/\$26.80 \$84.15				
30061	SUPERFICIAL FOREIGN BODY, REMOVAL OF, (including from cornea or sclera), as an independant procedure (AU 5 - 17905) Fee: \$16.20 Benefit: 75% \$12.15: 85%/\$26.80 \$13.75				
30064	SUBCUTANEOUS FOREIGN BODY, REMOVAL OF, requiring incision and suture, as an independent procedure (AU 6 - 17906) Fee: \$76.00 Benefit: 75% \$57.00: 85%/\$26.80 \$64.60				
30067 G 30068 S	FOREIGN BODY IN MUSCLE, TENDON OR OTHER DEEP TISSUE, removal of, as an independent procedure (AU 7 - 17907) Fee: \$154.00 Benefit: 75% \$115.50: 85%/\$26.80 \$130.90 Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80 \$163.20				
30071	BIOPSY OF SKIN OR MUCOUS MEMBRANE, as an independent procedure (AU 5 - 17905) Fee: \$36.00 Benefit: 75% \$27.00: 85%/\$26.80 \$30.60				
30074 G 30075 S	BIOPSY OF LYMPH GLAND, MUSCLE OR OTHER DEEP TISSUE OR ORGAN, as an independent procedure (AU 6 - 17906) Fee: \$81.00 Benefit: 75% \$60.75: 85%/\$26.80 \$68.85 Fee: \$104.00 Benefit: 75% \$78.00: 85%/\$26.80 \$88.40				
30078	DRILL BIOPSY OF LYMPH GLAND, DEEP TISSUE OR ORGAN, as an independent procedure (AU 5 - 17905) <i>(see para T8.9 of explanatory notes to this Category)</i> Fee: \$33.50 Benefit: 75% \$25.15: 85%/\$26.80 \$28.50				
30081	BIOPSY OF BONE MARROW by trephine using open approach (AU 5 - 17905) Fee: \$76.00 Benefit: 75% \$57.00: 85%/\$26.80 \$64.60				
30084	BIOPSY OF BONE MARROW by trephine using percutaneous approach with a Jamshidi needle or similar device (AU 5 - 17905) Fee: \$40.50 Benefit: 75% \$30.40: 85%/\$26.80 \$34.45				
30087	BIOPSY OF BONE MARROW by aspiration or PUNCH BIOPSY OF SYNOVIAL MEMBRANE (AU 5 - 17905) Fee: \$20.50 Benefit: 75% \$15.40: 85%/\$26.80 \$17.45				
30090	BIOPSY OF PLEURA, PERCUTANEOUS - one or more biopsies on any one occasion (AU 5 - 17905) Fee: \$89.00 Benefit: 75% \$66.75: 85%/\$26.80 \$75.65				
30093	NEEDLE BIOPSY OF VERTEBRA (AU 8 - 17908) Fee: \$118.00 Benefit: 75% \$88.50: 85%/\$26.80 \$100.30				

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OPERATIONS		GENERAL				
30096	SCALENE NODE BIOPSY (AU 5 - 17905) Fee: \$126.00 Benefit: 75% \$94.50: 85%/\$26.80 \$107.10					
30099	SINUS, excision of, involving superficial tissue only (AU 6 - 17906) Fee: \$62.00 Benefit: 75% \$46.50: 85%/\$26.80 \$52.70					
30102 G 30103 S	SINUS, excision of, involving muscle and deep tissue (AU 7 - 17907) Fee: \$104.00 Benefit: 75% \$78.00: 85%/\$26.80 \$88.40 Fee: \$126.00 Benefit: 75% \$94.50: 85%/\$26.80 \$107.10					
30106 G 30107 S	GANGLION OR SMALL BURSA, excision of (AU 6 - 17906) Fee: \$108.00 Benefit: 75% \$81.00: 85%/\$26.80 \$91.80 Fee: \$152.00 Benefit: 75% \$114.00: 85%/\$26.80 \$129.20					
30110 G 30111 S	BURSA (LARGE), INCLUDING OLECRANON, CALCANEUM OR PATELLA, excision of (AU 6 - 17906) Fee: \$196.00 Benefit: 75% \$147.00: 85%/\$26.80 \$169.20 Fee: \$255.00 Benefit: 75% \$191.25: 85%/\$26.80 \$228.20					
30114	BURSA, SEMIMEMBRANOSUS (Baker's cyst), excision of (AU 7 - 17907) Fee: \$255.00 Benefit: 75% \$191.25: 85%/\$26.80 \$228.20					
30117 G 30118 S	TUMOUR, CYST, ULCER OR SCAR, (excluding a scar removed during the surgical approach at an operation), up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, not covered by Item 30121/30122, 30125/30126, 30129, 30132 or 30195 (AU 6 - 17906) Fee: \$67.00 Benefit: 75% \$50.25: 85%/\$26.80 \$56.95 Fee: \$87.00 Benefit: 75% \$65.25: 85%/\$26.80 \$73.95					
30121 G 30122 S	TUMOURS, CYSTS, ULCERS OR SCARS, (excluding a scar removed during the surgical approach at an operation), up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on MORE THAN 3 BUT NOT MORE THAN 10 LESIONS, not covered by Item 30195 (AU 9 - 17909) Fee: \$174.00 Benefit: 75% \$130.50: 85%/\$26.80 \$147.90 Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20					
30125 G 30126 S	TUMOURS, CYSTS, ULCERS OR SCARS, (excluding a scar removed during the surgical approach at an operation), up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on MORE THAN 10 BUT NOT MORE THAN 20 LESIONS, not covered by Item 30195 (AU 13 - 17913) Fee: \$230.00 Benefit: 75% \$172.50: 85%/\$26.80 \$203.20 Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20					
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OPERATIONS		GENERAL
30129	TUMOURS, CYSTS, ULCERS OR SCARS, (excluding a scar removed during the surgical approach at an operation), up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on MORE THAN 20 BUT NOT MORE THAN 50 LESIONS, not covered by Item 30195 (AU 15 - 17915) Fee: \$345.00 Benefit: 75% \$258.75: 85%/\$26.80 \$318.20	
30132	TUMOURS, CYSTS, ULCERS OR SCARS, (excluding a scar removed during the surgical approach at an operation), up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on MORE THAN 50 LESIONS, not covered by Item 30195 (AU 17 - 17917) Fee: \$475.00 Benefit: 75% \$356.25: 85%/\$26.80 \$448.20	
30135 G 30136 S	TUMOUR, CYST, ULCER OR SCAR, (excluding a scar removed during the surgical approach at an operation), more than 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane (AU 6 - 17906) Fee: \$98.00 Benefit: 75% \$73.50: 85%/\$26.80 \$83.30 Fee: \$118.00 Benefit: 75% \$88.50: 85%/\$26.80 \$100.30	
30139 G 30140 S	TUMOUR, CYST (excluding a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5mm separation between the cyst lining and tooth structure), ULCER OR SCAR, (excluding a scar removed during the surgical approach at an operation) removal of, not covered by any other item in this Group, involving muscle, bone or other deep tissue (AU 8 - 17908) Fee: \$136.00 Benefit: 75% \$102.00: 85%/\$26.80 \$115.60 Fee: \$170.00 Benefit: 75% \$127.50: 85%/\$26.80 \$144.50	
30143 G 30144 S	TUMOUR OR DEEP CYST (excluding a cyst associated with a tooth or tooth fragment), removal of, requiring wide excision, not covered by any other item in this Group (AU 8 - 17908) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20 Fee: \$255.00 Benefit: 75% \$191.25: 85%/\$26.80 \$228.20	
30147	MALIGNANT TUMOUR, removal of, from skin, requiring wide and deep excision, excluding removal of basal cell carcinoma (AU 8 - 17908) Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20	
30150	MALIGNANT TUMOUR, removal of, from skin, requiring wide and deep excision with immediate block dissection of lymph glands (AU 13 - 17913) Fee: \$575.00 Benefit: 75% \$431.25: 85%/\$26.80 \$548.20	
30153	TUMOUR, removal of, from SOFT TISSUE (INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE), EXTENSIVE EXCISION OF, WITHOUT SKIN GRAFT (AU 8 - 17908) Fee: \$345.00 Benefit: 75% \$258.75: 85%/\$26.80 \$318.20	
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OPERATIONS		GENERAL
30156	TUMOUR, removal of, from SOFT TISSUE (INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE), EXTENSIVE EXCISION OF, WITH SKIN GRAFT (AU 10 - 17910) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20	
30159	MALIGNANT TUMOUR, removal of, from any region involving a RADICAL OPERATION (not being an operation covered by any other item in this Group) (AU 13 - 17913) Fee: \$575.00 Benefit: 75% \$431.25: 85%/\$26.80 \$548.20	
30162	MALIGNANT TUMOUR, removal of, from any region involving a LIMITED OPERATION, excluding removal of basal cell carcinoma (not being an operation covered by any other item in this Group) (AU 8 - 17908) Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20	
30165	LIPECTOMY - transverse wedge excision of abdominal apron (AU 10 - 17910) Fee: \$315.00 Benefit: 75% \$236.25: 85%/\$26.80 \$288.20	
30168	LIPECTOMY - wedge excision of skin or fat not covered by Item 30165 - ONE EXCISION (AU 10 - 17910) Fee: \$315.00 Benefit: 75% \$236.25: 85%/\$26.80 \$288.20	
30171	LIPECTOMY - wedge excision of skin or fat not covered by Item 30165 - TWO OR MORE EXCISIONS (AU 12 - 17912) Fee: \$475.00 Benefit: 75% \$356.25: 85%/\$26.80 \$448.20	
30174	LIPECTOMY - subumbilical excision with undermining of skin edges and strengthening of musculo-aponeurotic wall (AU 12 - 17912) <i>(see para T8.10 of explanatory notes to this Category)</i> Fee: \$475.00 Benefit: 75% \$356.25: 85%/\$26.80 \$448.20	
30177	LIPECTOMY - radical abdominoplasty (Pitanguy type or similar) with excision of skin and subcutaneous tissue, repair of musculo-aponeurotic layer and transposition of umbilicus (AU 18 - 17918) Fee: \$680.00 Benefit: 75% \$510.00: 85%/\$26.80 \$653.20	
30180	AXILLARY HYPERHIDROSIS, wedge excision for (AU 7 - 17907) Fee: \$94.00 Benefit: 75% \$70.50: 85%/\$26.80 \$79.90	
30183	AXILLARY HYPERHIDROSIS, total excision of sweat gland bearing area (AU 10 - 17910) Fee: \$168.00 Benefit: 75% \$126.00: 85%/\$26.80 \$142.80	
30186	PLANTAR WART, removal of (AU 5 - 17905) Fee: \$32.50 Benefit: 75% \$24.40: 85%/\$26.80 \$27.65	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991		

OPERATIONS		GENERAL
‡	WARTS or MOLLUSCUM CONTAGIOSUM, 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 associated with any other item in this Group (AU 6 - 17906) <i>(See para T8.11 of explanatory notes to this Category)</i>	
30189	Fee: \$102.00 Benefit: 75% \$76.50: 85%/\$26.80	\$86.70
	PREMALIGNANT SKIN LESIONS, treatment of, by galvanocautery or electrodesiccation or cryocautery (10 or more lesions) (AU 4 - 17904) <i>(See para T8.11 of explanatory notes to this Category)</i>	
30192	Fee: \$27.50 Benefit: 75% \$20.65: 85%/\$26.80	\$23.40
	NEOPLASTIC SKIN LESIONS, excluding viral verrucae (common warts) and seborrheic keratoses, treatment by electrosurgical destruction, simple curettage or shave excision, not covered by Item 30198, 30201 or 30204 - (one or more lesions) (AU 4 - 17904)	
30195	Fee: \$43.50 Benefit: 75% \$32.65: 85%/\$26.80	\$37.00
	CANCER OF SKIN OR MUCOUS MEMBRANE, removal by serial curettage or liquid nitrogen cryosurgery using repeat freeze-thaw cycles, not covered by Item 30201 or 30204 (AU 6 - 17906) <i>(see para T8.12 of explanatory notes to this Category)</i>	
30198	Fee: \$87.00 Benefit: 75% \$65.25: 85%/\$26.80	\$73.95
	CANCER OF SKIN OR MUCOUS MEMBRANE, removal by serial curettage or liquid nitrogen cryosurgery using repeat freeze-thaw cycles (more than 3 but not more than 10 lesions) (AU 9 - 17909) <i>(see para T8.12 of explanatory notes to this Category)</i>	
30201	Fee: \$220.00 Benefit: 75% \$165.00: 85%/\$26.80	\$193.20
	CANCER OF SKIN OR MUCOUS MEMBRANE, removal by serial curettage or liquid nitrogen cryosurgery using repeat freeze-thaw cycles (more than 10 lesions) (AU 13 - 17913) <i>(see para T8.12 of explanatory notes to this Category)</i>	
30204	Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80	\$253.20
	SKIN LESIONS, multiple injections with hydrocortisone or similar preparations	
30207	Fee: \$30.50 Benefit: 75% \$22.90: 85%/\$26.80	\$25.95
	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 (AU 5 - 17905)	
30210	Fee: \$112.00 Benefit: 75% \$84.00: 85%/\$26.80	\$95.20
‡	TELANGIECTASES OR STARBURST VESSELS, diathermy or sclerosant injection of, including associated consultation - for a session of at least 20 minutes	
30213	Fee: \$76.00 Benefit: 75% \$57.00: 85%/\$26.80	\$64.60
	HAEMATOMA, aspiration of (AU 4 - 17904)	
30216	Fee: \$18.80 Benefit: 75% \$14.10: 85%/\$26.80	\$16.00

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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OPERATIONS		GENERAL			
30219	HAEMATOMA, FURUNCLE, SMALL ABSCESS OR SIMILAR LESION not requiring a general anaesthetic, INCISION WITH DRAINAGE OF (excluding after-care) Fee: \$18.80 Benefit: 75% \$14.10: 85%/\$26.80 \$16.00				
30222 G 30223 S	LARGE HAEMATOMA, LARGE ABSCESS, CARBUNCLE, CELLULITIS or similar lesion requiring a general anaesthetic, INCISION WITH DRAINAGE OF (excluding after-care) (AU 5 - 17905) Fee: \$81.00 Benefit: 75% \$60.75: 85%/\$26.80 \$68.85 Fee: \$112.00 Benefit: 75% \$84.00: 85%/\$26.80 \$95.20				
30226	MUSCLE, excision of (LIMITED), or fasciotomy (AU 6 - 17906) Fee: \$104.00 Benefit: 75% \$78.00: 85%/\$26.80 \$88.40				
30229	MUSCLE, excision of (EXTENSIVE) (AU 7 - 17907) Fee: \$188.00 Benefit: 75% \$141.00: 85%/\$26.80 \$161.20				
30232	MUSCLE, RUPTURED, repair of (limited), not associated with external wound (AU 7 - 17907) Fee: \$154.00 Benefit: 75% \$115.50: 85%/\$26.80 \$130.90				
30235	MUSCLE, RUPTURED, repair of (extensive), not associated with external wound (AU 7 - 17907) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20				
30238	FASCIA, DEEP, repair of, FOR HERNIATED MUSCLE (AU 7 - 17907) Fee: \$104.00 Benefit: 75% \$78.00: 85%/\$26.80 \$88.40				
30241	BONE TUMOUR, INNOCENT, excision of, not covered by any other item in this Group (AU 7 - 17907) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20				
30244	STYLOID PROCESS OF TEMPORAL BONE, removal of (AU 7 - 17907) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20				
30247	PAROTID GLAND, total extirpation of (AU 15 - 17915) Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20				
30250	PAROTID GLAND, total extirpation of, with preservation of facial nerve (AU 18 - 17918) Fee: \$860.00 Benefit: 75% \$645.00: 85%/\$26.80 \$833.20				
30253	PAROTID GLAND, SUPERFICIAL LOBECTOMY OR REMOVAL OF TUMOUR FROM, with exposure of facial nerve (AU 14 - 17914) Fee: \$575.00 Benefit: 75% \$431.25: 85%/\$26.80 \$548.20				
30256	SUBMANDIBULAR GLAND, extirpation of (AU 8 - 17908) Fee: \$305.00 Benefit: 75% \$228.75: 85%/\$26.80 \$278.20				
30259	SUBLINGUAL GLAND, extirpation of (AU 7 - 17907) Fee: \$136.00 Benefit: 75% \$102.00: 85%/\$26.80 \$115.60				

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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OPERATIONS		GENERAL			
30262	SALIVARY GLAND, DILATATION OR DIATHERMY of duct (AU 6 - 17906) Fee: \$40.50 Benefit: 75% \$30.40: 85%/\$26.80 \$34.45				
30265 G 30266 S	SALIVARY GLAND, removal of CALCULUS from duct or meatotomy or marsupialisation, one or more such procedures. (AU 7 - 17907) Fee: \$81.00 Benefit: 75% \$60.75: 85%/\$26.80 \$68.85 Fee: \$104.00 Benefit: 75% \$78.00: 85%/\$26.80 \$88.40				
30269	SALIVARY GLAND, repair of CUTANEOUS FISTULA OF (AU 7 - 17907) Fee: \$104.00 Benefit: 75% \$78.00: 85%/\$26.80 \$88.40				
30272	TONGUE, partial excision of (AU 7 - 17907) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20				
30275	RADICAL EXCISION OF INTRA-ORAL TUMOUR INVOLVING RESECTION OF MANDIBLE AND LYMPH GLANDS OF NECK (commando-type operation) (AU 18 - 17918) Fee: \$1,215.00 Benefit: 75% \$911.25: 85%/\$26.80 \$1,188.20				
30278	TONGUE TIE, repair of, not covered by any other item in this Group (AU 6 - 17906) Fee: \$32.00 Benefit: 75% \$24.00: 85%/\$26.80 \$27.20				
30281	TONGUE TIE, MANDIBULAR FRENULUM or MAXILLARY FRENULUM, repair of, in a person aged not less than two years, under general anaesthesia (AU 6 - 17906) Fee: \$82.00 Benefit: 75% \$61.50: 85%/\$26.80 \$69.70				
30282 G 30283 S	RANULA OR MUCOUS CYST OF MOUTH, removal of (AU 9 - 17909) Fee: \$108.00 Benefit: 75% \$81.00: 85%/\$26.80 \$91.80 Fee: \$140.00 Benefit: 75% \$105.00: 85%/\$26.80 \$119.00				
30286	BRANCHIAL CYST, removal of (AU 9 - 17909) Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20				
30289	BRANCHIAL FISTULA, removal of (AU 9 - 17909) Fee: \$345.00 Benefit: 75% \$258.75: 85%/\$26.80 \$318.20				
30292	CYSTIC HYGROMA, removal of massive lesion requiring extensive excision - with or without thoracotomy (AU 11 - 17911) Fee: \$660.00 Benefit: 75% \$495.00: 85%/\$26.80 \$633.20				
30295	THYROIDECTOMY, total, or THYROIDECTOMY following previous total hemithyroidectomy or following previous unilateral or bilateral sub-total thyroidectomy (AU 14 - 17914) Fee: \$680.00 Benefit: 75% \$510.00: 85%/\$26.80 \$653.20				
30298	PARATHYROID TUMOUR, removal of (AU 13 - 17913) Fee: \$755.00 Benefit: 75% \$566.25: 85%/\$26.80 \$728.20				
30301	PARATHYROID GLANDS, removal of, other than for tumour (AU 16 - 17916) Fee: \$860.00 Benefit: 75% \$645.00: 85%/\$26.80 \$833.20				

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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OPERATIONS		GENERAL			
30304	CERVICAL RE-EXPLORATION for recurrent or persistent hyperparathyroidism (AU 20 - 17920) Fee: \$920.00 Benefit: 75% \$690.00: 85%/\$26.80 \$893.20				
30307	TOTAL HEMITHYROIDECTOMY or BILATERAL SUB-TOTAL THYROIDECTOMY, with or without exposure of recurrent laryngeal nerve (AU 12 - 17912) Fee: \$565.00 Benefit: 75% \$423.75: 85%/\$26.80 \$538.20				
30310	THYROID, excision of localised tumour of, or unilateral sub-total thyroidectomy (AU 10 - 17910) Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20				
30313	THYROGLOSSAL CYST, removal of (AU 10 - 17910) Fee: \$270.00 Benefit: 75% \$202.50: 85%/\$26.80 \$243.20				
30316	THYROGLOSSAL CYST AND FISTULA, removal of (AU 10 - 17910) Fee: \$400.00 Benefit: 75% \$300.00: 85%/\$26.80 \$373.20				
30319	CERVICAL OESOPHAGOSTOMY or CLOSURE OF CERVICAL OESOPHAGOSTOMY with or without plastic repair (AU 13 - 17913) Fee: \$305.00 Benefit: 75% \$228.75: 85%/\$26.80 \$278.20				
30322	CERVICAL OESOPHAGECTOMY with tracheostomy and oesophagostomy, with or without plastic reconstruction; or LARYNGOPHARYNGECTOMY with tracheostomy and plastic reconstruction (AU 22 - 17922) Fee: \$1,215.00 Benefit: 75% \$911.25: 85%/\$26.80 \$1,188.20				
30325	LYMPH GLANDS OF NECK, limited excision of (AU 9 - 17909) Fee: \$255.00 Benefit: 75% \$191.25: 85%/\$26.80 \$228.20				
30328	LYMPH GLANDS OF NECK, radical excision of (AU 20 - 17920) Fee: \$680.00 Benefit: 75% \$510.00: 85%/\$26.80 \$653.20				
30331	LYMPH GLANDS OF GROIN OR AXILLA, limited excision of (AU 9 - 17909) Fee: \$170.00 Benefit: 75% \$127.50: 85%/\$26.80 \$144.50				
30334	LYMPH GLANDS OF GROIN OR AXILLA, radical excision of (AU 13 - 17913) Fee: \$495.00 Benefit: 75% \$371.25: 85%/\$26.80 \$468.20				
30337 G	SIMPLE MASTECTOMY with or without frozen section biopsy (AU 9 - 17909) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20				
30338 S		Fee: \$305.00 Benefit: 75% \$228.75: 85%/\$26.80 \$278.20			
30341 G	BREAST, excision of CYST, fibro adenoma or other local lesion or segmental resection for any other reason (AU 7 - 17907) Fee: \$136.00 Benefit: 75% \$102.00: 85%/\$26.80 \$115.60				
30342 S		Fee: \$176.00 Benefit: 75% \$132.00: 85%/\$26.80 \$149.60			

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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OPERATIONS		GENERAL			
30345 G 30346 S	BREAST, excision of CYST, fibro adenoma or other local lesion or segmental resection for any other reason, where frozen section biopsy is performed or where specimen radiography is used (AU 8 - 17908) Fee: \$180.00 Benefit: 75% \$135.00: 85%/\$26.80 \$153.20 Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20				
30349 G 30350 S	PARTIAL MASTECTOMY, involving more than one quarter of the breast tissue with or without frozen section biopsy (AU 8 - 17908) Fee: \$180.00 Benefit: 75% \$135.00: 85%/\$26.80 \$153.20 Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20				
30353	BREAST, extended simple mastectomy with or without frozen section biopsy (AU 12 - 17912) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20				
30356	SUBCUTANEOUS MASTECTOMY with or without frozen section biopsy (AU 12 - 17912) <i>(see para T8.13 of explanatory notes to this Category)</i> Fee: \$380.00 Benefit: 75% \$285.00: 85%/\$26.80 \$353.20				
30359	BREAST, radical or modified radical mastectomy with or without frozen section biopsy (AU 16 - 17916) Fee: \$595.00 Benefit: 75% \$446.25: 85%/\$26.80 \$568.20				
30362	NIPPLE, INVERTED, surgical eversion of (AU 7 - 17907) Fee: \$104.00 Benefit: 75% \$78.00: 85%/\$26.80 \$88.40				
30365	LAPAROTOMY (exploratory), including associated biopsies, where no other intra-abdominal procedure is performed (AU 9 - 17909) Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20				
30368	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 (AU 11 - 17911) <i>(see para T8.14 of explanatory notes to this Category)</i> Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20				
30371	LAPAROTOMY INVOLVING DIVISION OF PERITONEAL ADHESIONS (where no other intra-abdominal procedure is performed) (AU 14 - 17911) Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20				
30374	LAPAROTOMY INVOLVING DIVISION OF ADHESIONS in association with another intra-abdominal procedure where the time taken to divide the adhesions exceeds 45 minutes (AU 14 - 17914) Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20				
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 142					

OPERATIONS		GENERAL
30377	LAPAROTOMY WITH DIVISION OF EXTENSIVE ADHESIONS (duration greater than 2 hours) with or without insertion of long intestinal tube (AU 20 - 17920) Fee: \$640.00 Benefit: 75% \$480.00: 85%/\$26.80 \$613.20	
30380	LAPAROTOMY FOR GRADING OF LYMPHOMA, including splenectomy, liver biopsies, lymph node biopsies and oophoropexy (AU 14 - 17914) Fee: \$755.00 Benefit: 75% \$566.25: 85%/\$26.80 \$728.20	
30383	LAPAROTOMY FOR CONTROL OF POST-OPERATIVE HAEMORRHAGE, where no other procedure is performed (AU 11 - 17911) Fee: \$390.00 Benefit: 75% \$292.50: 85%/\$26.80 \$363.20	
30386	LAPAROTOMY for drainage of pelvic abscess, appendiceal abscess, ruptured appendix or for peritonitis from any cause; with or without appendicectomy (AU 10 - 17910) Fee: \$340.00 Benefit: 75% \$255.00: 85%/\$26.80 \$313.20	
30389	LAPAROTOMY INVOLVING OPERATION ON ABDOMINAL VISCERA (including pelvic viscera), not covered by any other Item in this Group (AU 12 - 17912) Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20	
30392	LAPAROTOMY WITH INSERTION OF PORTACATH for administration of cytotoxic therapy including placement of reservoir (AU 11 - 17911) Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20	
30395	SUBPHRENIC ABSCESS, drainage of (AU 10 - 17910) Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20	
30398	LIVER BIOPSY, percutaneous (AU 6 - 17906) Fee: \$120.00 Benefit: 75% \$90.00: 85%/\$26.80 \$102.00	
30401	LIVER BIOPSY by wedge excision when performed in association with another intra-abdominal procedure (AU 11 - 17911) Fee: \$61.00 Benefit: 75% \$45.75: 85%/\$26.80 \$51.85	
30404	LIVER TUMOUR, removal of other than by biopsy (AU 13 - 17913) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20	
30407	LIVER, MASSIVE RESECTION OF, or LOBECTOMY (AU 18 - 17918) Fee: \$1,030.00 Benefit: 75% \$772.50: 85%/\$26.80 \$1,003.20	
30410	LIVER ABSCESS, ABDOMINAL, drainage of (AU 11 - 17911) Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20	
30413	HYDATID CYST OF LIVER, PERITONEUM OR VISCUS, drainage procedure for (AU 11 - 17911) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20	
30416	OPERATIVE CHOLANGIOGRAPHY (including one or more cholegrams performed during the one operation) OR OPERATIVE PANCREATOGRAPHY (AU 10 - 17910) Fee: \$128.00 Benefit: 75% \$96.00: 85%/\$26.80 \$108.80	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991		

OPERATIONS		GENERAL			
30419 G 30420 S	<p>CHOLECYSTECTOMY (AU 11 - 17911)</p> <p>Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20</p> <p>Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20</p>				
30423	<p>CHOLEDOCHOSCOPY (AU 7 - 17907)</p> <p>Fee: \$128.00 Benefit: 75% \$96.00: 85%/\$26.80 \$108.80</p>				
30426	<p>CHOLEDOCHOTOMY (WITH OR WITHOUT CHOLECYSTECTOMY), including dilatation of sphincter of Oddi and removal of calculi (AU 13 - 17913)</p> <p>Fee: \$595.00 Benefit: 75% \$446.25: 85%/\$26.80 \$568.20</p>				
30429	<p>CHOLEDOCHOTOMY (WITH OR WITHOUT CHOLECYSTECTOMY), including dilatation of sphincter of Oddi and removal of calculi WITH CHOLEDOCHODUODENOSTOMY, CHOLEDOCHOGASTROSTOMY OR CHOLEDOCHOENTEROSTOMY (AU 18 - 17918)</p> <p>Fee: \$700.00 Benefit: 75% \$525.00: 85%/\$26.80 \$673.20</p>				
30432	<p>TRANSDUODENAL OPERATION ON SPHINCTER OF ODDI, including dilatation, removal of calculi, sphincterotomy and sphincteroplasty with or without choledochotomy, with or without cholecystectomy (AU 15 - 17915)</p> <p>Fee: \$700.00 Benefit: 75% \$525.00: 85%/\$26.80 \$673.20</p>				
30435	<p>CHOLECYSTODUODENOSTOMY, CHOLECYSTOGASTROSTOMY or CHOLECYSTOENTEROSTOMY with or without enteroenterostomy (AU 15 - 17915)</p> <p>Fee: \$595.00 Benefit: 75% \$446.25: 85%/\$26.80 \$568.20</p>				
30438	<p>OPERATION FOR RECONSTRUCTION OF HEPATIC DUCT OR COMMON BILE DUCT for correction of strictures or atresia including all necessary anastomoses, not associated with Item 30419, 30420, 30426, 30429, 30432 or 30435 (AU 19 - 17919)</p> <p>Fee: \$1,020.00 Benefit: 75% \$765.00: 85%/\$26.80 \$993.20</p>				
30441	<p>OESOPHAGOSCOPY (not covered by Item 41816 or 41822), GASTROSCOPY, DUODENOSCOPY or PANENDOSCOPY (one or more such procedures), with or without biopsy, not associated with Item 30444 or 30447 (AU 6 - 17906)</p> <p>Fee: \$136.00 Benefit: 75% \$102.00: 85%/\$26.80 \$115.60</p>				
30444	<p>OESOPHAGOSCOPY (not covered by Item 41816 or 41822), GASTROSCOPY, DUODENOSCOPY or PANENDOSCOPY (one or more such procedures), with endoscopic sclerosing injection of oesophageal or gastric varices, not associated with Item 30441 or 30447 (AU 7 - 17907)</p> <p>Fee: \$188.00 Benefit: 75% \$141.00: 85%/\$26.80 \$161.20</p>				
30447	<p>OESOPHAGOSCOPY (not covered by Item 41816, 41822 or 41825), GASTROSCOPY, DUODENOSCOPY or PANENDOSCOPY (one or more such procedures), with one or more of the following procedures - polypectomy, removal of foreign body, diathermy coagulation of bleeding upper gastrointestinal lesions, not associated with Item 30441 or 30444 (AU 7 - 17907)</p> <p>Fee: \$188.00 Benefit: 75% \$141.00: 85%/\$26.80 \$161.20</p>				
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 144</p>					

OPERATIONS		GENERAL			
30450	OESOPHAGEAL PROSTHESIS, insertion of, including endoscopy and dilatation (AU 9 - 17909) Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20				
30453	ENDOSCOPIC RETROGRADE CHOLANGIO-PANCREATOGRAPHY (AU 8 - 17908) Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80 \$223.20				
30456	ENDOSCOPIC SPHINCTEROTOMY with or without extraction of stones from common bile duct (AU 8 - 17908) Fee: \$390.00 Benefit: 75% \$292.50: 85%/\$26.80 \$363.20				
30459	BILIARY MANOMETRY (AU 9 - 17909) Fee: \$230.00 Benefit: 75% \$172.50: 85%/\$26.80 \$203.20				
30462	ENDOSCOPIC BILIARY DILATATION (AU 11 - 17911) Fee: \$290.00 Benefit: 75% \$217.50: 85%/\$26.80 \$263.20				
30465	BILE DUCT, ENDOSCOPIC STENTING OF (including endoscopy and dilatation) (AU 11 - 17911) Fee: \$380.00 Benefit: 75% \$285.00: 85%/\$26.80 \$353.20				
30468	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (initial procedure) (AU 10 - 17910) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20				
30471	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (repeat procedure) (AU 10 - 17910) Fee: \$174.00 Benefit: 75% \$130.50: 85%/\$26.80 \$147.90				
30474	ENDOSCOPIC LASER THERAPY for malignancy of upper or lower gastrointestinal tract (AU 12 - 17912) Fee: \$330.00 Benefit: 75% \$247.50: 85%/\$26.80 \$303.20				
30477	VAGOTOMY - TRUNKAL (AU 11 - 17911) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20				
30480	VAGOTOMY - SELECTIVE (AU 12 - 17912) Fee: \$485.00 Benefit: 75% \$363.75: 85%/\$26.80 \$458.20				
30483	VAGOTOMY, HIGHLY SELECTIVE; or VAGOTOMY, TRUNKAL OR SELECTIVE, with pyloroplasty or gastroenterostomy (AU 13 - 17913) Fee: \$575.00 Benefit: 75% \$431.25: 85%/\$26.80 \$548.20				
30486	VAGOTOMY, HIGHLY SELECTIVE with pyloroplasty or gastroenterostomy or dilatation of pylorus (AU 13 - 17913) Fee: \$680.00 Benefit: 75% \$510.00: 85%/\$26.80 \$653.20				
30489	GASTRIC REDUCTION OR GASTROPLASTY for obesity, by any method (AU 13 - 17913) Fee: \$595.00 Benefit: 75% \$446.25: 85%/\$26.80 \$568.20				

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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OPERATIONS		GENERAL
30492	GASTRIC BY-PASS FOR OBESITY, including anastomosis, by any method (AU 21 - 17921) Fee: \$835.00 Benefit: 75% \$626.25: 85%/\$26.80 \$808.20	
30495	GASTROENTEROSTOMY (INCLUDING GASTRODUODENOSTOMY) OR ENTEROCOLOSTOMY OR ENTEROENTEROSTOMY (AU 12 - 17912) Fee: \$485.00 Benefit: 75% \$363.75: 85%/\$26.80 \$458.20	
30498	GASTROENTEROSTOMY or GASTRODUODENOSTOMY, reconstruction of (AU 14 - 17914) Fee: \$615.00 Benefit: 75% \$461.25: 85%/\$26.80 \$588.20	
30501	PANCREATIC CYST - ANASTOMOSIS TO STOMACH OR DUODENUM (AU 13 - 17913) Fee: \$485.00 Benefit: 75% \$363.75: 85%/\$26.80 \$458.20	
30504	PARTIAL GASTRECTOMY, with or without gastro-jejunostomy (AU 15 - 17915) Fee: \$680.00 Benefit: 75% \$510.00: 85%/\$26.80 \$653.20	
30507	GASTRECTOMY, TOTAL, FOR BENIGN DISEASE (AU 19 - 17919) Fee: \$860.00 Benefit: 75% \$645.00: 85%/\$26.80 \$833.20	
30510	GASTRECTOMY, RADICAL SUB-TOTAL, for carcinoma (AU 19 - 17919) <i>(see para T8.15 of explanatory notes to this Category)</i> Fee: \$865.00 Benefit: 75% \$648.75: 85%/\$26.80 \$838.20	
30513	GASTRECTOMY, RADICAL TOTAL, for carcinoma (AU 21 - 17921) Fee: \$1,020.00 Benefit: 75% \$765.00: 85%/\$26.80 \$993.20	
30516	PYLOROPLASTY, INFANT, OR PYLOROMYOTOMY (RAMSTEDT'S operation) (AU 9 - 17909) Fee: \$305.00 Benefit: 75% \$228.75: 85%/\$26.80 \$278.20	
30519	ENTEROSTOMY or COLOSTOMY, closure of - not involving resection of bowel (AU 11 - 17911) Fee: \$410.00 Benefit: 75% \$307.50: 85%/\$26.80 \$383.20	
30522	COLOSTOMY OR ILEOSTOMY, refashioning of (AU 10 - 17910) Fee: \$410.00 Benefit: 75% \$307.50: 85%/\$26.80 \$383.20	
30525	INTUSSUSCEPTION, reduction of, by fluid Fee: \$162.00 Benefit: 75% \$121.50: 85%/\$26.80 \$137.70	
30528	INTUSSUSCEPTION, LAPAROTOMY and resection of (AU 14 - 17914) Fee: \$660.00 Benefit: 75% \$495.00: 85%/\$26.80 \$633.20	
30531	SMALL INTESTINE, resection of, without anastomosis (including formation of stoma) (AU 17 - 17917) Fee: \$600.00 Benefit: 75% \$450.00: 85%/\$26.80 \$573.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 146		

OPERATIONS		GENERAL			
30534	SMALL INTESTINE, resection of, with anastomosis (AU 18 - 17918) Fee: \$665.00 Benefit: 75% \$498.75: 85%/\$26.80 \$638.20				
30537 G	APPENDICECTOMY, not covered by Item 30543 (AU 8 - 17908) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20				
30540 S	APPENDICECTOMY, not covered by Item 30543 (AU 8 - 17908) Fee: \$305.00 Benefit: 75% \$228.75: 85%/\$26.80 \$278.20				
30543	APPENDICECTOMY, when performed in conjunction with any other intra-abdominal procedure through the same incision (AU 5 - 17905) Fee: \$85.00 Benefit: 75% \$63.75: 85%/\$26.80 \$72.25				
30546	SMALL BOWEL INTUBATION with biopsy Fee: \$124.00 Benefit: 75% \$93.00: 85%/\$26.80 \$105.40				
30549	SMALL BOWEL INTUBATION - as an independent procedure Fee: \$62.00 Benefit: 75% \$46.50: 85%/\$26.80 \$52.70				
30552	PANCREATECTOMY, PARTIAL (AU 15 - 17915) Fee: \$820.00 Benefit: 75% \$615.00: 85%/\$26.80 \$793.20				
30555	PANCREATICO-DUODENECTOMY, WHIPPLE'S OPERATION (AU 30 - 17930) Fee: \$1,215.00 Benefit: 75% \$911.25: 85%/\$26.80 \$1,188.20				
30558	PANCREATIC ABSCESS, drainage of, excluding after-care (AU 11 - 17911) Fee: \$355.00 Benefit: 75% \$266.25: 85%/\$26.80 \$328.20				
30561	ANASTOMOSIS OF PANCREATIC DUCT TO BOWEL (AU 18 - 17918) Fee: \$860.00 Benefit: 75% \$645.00: 85%/\$26.80 \$833.20				
30564	SPLENORRHAPHY OR PARTIAL SPLENECTOMY FOR TRAUMA (AU 13 - 17913) Fee: \$620.00 Benefit: 75% \$465.00: 85%/\$26.80 \$593.20				
30567	SPLENECTOMY FOR TRAUMA (AU 13 - 17913) Fee: \$495.00 Benefit: 75% \$371.25: 85%/\$26.80 \$468.20				
30570	SPLENECTOMY, OTHER THAN FOR TRAUMA (AU 13 - 17913) Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20				
30573	RETROPERITONEAL TUMOUR, removal of (AU 15 - 17915) Fee: \$595.00 Benefit: 75% \$446.25: 85%/\$26.80 \$568.20				
30576	RETROPERITONEAL ABSCESS, drainage of, not involving laparotomy (AU 9 - 17909) Fee: \$320.00 Benefit: 75% \$240.00: 85%/\$26.80 \$293.20				
30579	LAPAROSCOPY, diagnostic (AU 7 - 17907) Fee: \$152.00 Benefit: 75% \$114.00: 85%/\$26.80 \$129.20				
30582	LAPAROSCOPY with biopsy (AU 7 - 17907) Fee: \$196.00 Benefit: 75% \$147.00: 85%/\$26.80 \$169.20				

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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OPERATIONS		GENERAL
30585	LAPAROSCOPY, involving puncture of cysts, diathermy of endometriosis, ventrosuspension, division of adhesions or any other procedure - one or more procedures with or without biopsy - not associated with Item 30582, 35687 or 35688 (AU 7 - 17907) Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20	
30588	PARACENTESIS ABDOMINIS Fee: \$36.00 Benefit: 75% \$27.00: 85%/\$26.80 \$30.60	
30591 G 30592 S	FEMORAL OR INGUINAL HERNIA OR INFANTILE HYDROCELE, repair of, not covered by Items 30595, 30624 or 30625 (AU 8 - 17908) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20 Fee: \$320.00 Benefit: 75% \$240.00: 85%/\$26.80 \$293.20	
30595	STRANGULATED, INCARCERATED OR OBSTRUCTED HERNIA, repair of, without bowel resection (AU 10 - 17910) Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20	
30598	DIAPHRAGMATIC HERNIA, TRAUMATIC, repair of (AU 17 - 17917) Fee: \$535.00 Benefit: 75% \$401.25: 85%/\$26.80 \$508.20	
30601	DIAPHRAGMATIC HERNIA, CONGENITAL repair of, by thoracic or abdominal approach (AU 14 - 17914) <i>(see para T8.16 of explanatory notes to this Category)</i> Fee: \$660.00 Benefit: 75% \$495.00: 85%/\$26.80 \$633.20	
30604	ANTIREFLUX OPERATION involving insertion of prosthetic device - not associated with Item 30601, 30607, 30610 or 30613 (AU 11 - 17911) <i>(see para T8.16 of explanatory notes to this Category)</i> Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20	
30607	ANTIREFLUX OPERATION by fundoplasty, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus - not covered by Item 30601 or 30604 (AU 18 - 17918) <i>(see para T8.16 of explanatory notes to this Category)</i> Fee: \$620.00 Benefit: 75% \$465.00: 85%/\$26.80 \$593.20	
30610	OESOPHAGOGASTRIC MYOTOMY (Heller's operation) via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus (AU 17 - 17917) <i>(see para T8.16 of explanatory notes to this Category)</i> Fee: \$620.00 Benefit: 75% \$465.00: 85%/\$26.80 \$593.20	
30613	OESOPHAGOGASTRIC MYOTOMY (Heller's operation) via abdominal or thoracic approach, WITH FUNDOPLASTY, with or without closure of the diaphragmatic hiatus (AU 18 - 17918) <i>(see para T8.16 of explanatory notes to this Category)</i> Fee: \$740.00 Benefit: 75% \$555.00: 85%/\$26.80 \$713.20	

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OPERATIONS		GENERAL				
30616 G	UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, in a person under ten years of age (AU 8 - 17908)	Fee: \$182.00	Benefit: 75%	\$136.50:	85%/\$26.80	\$155.20
30617 S		Fee: \$245.00	Benefit: 75%	\$183.75:	85%/\$26.80	\$218.20
30620 G	UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, in a person ten years of age or over (AU 8 - 17908)	Fee: \$205.00	Benefit: 75%	\$153.75:	85%/\$26.80	\$178.20
30621 S		Fee: \$280.00	Benefit: 75%	\$210.00:	85%/\$26.80	\$253.20
30624 G	VENTRAL, INCISIONAL, LUMBAR OR RECURRENT HERNIA OR BURST ABDOMEN, repair of (AU 10 - 17910)	Fee: \$305.00	Benefit: 75%	\$228.75:	85%/\$26.80	\$278.20
30625 S		Fee: \$360.00	Benefit: 75%	\$270.00:	85%/\$26.80	\$333.20
30628	HYDROCELE, tapping of	Fee: \$24.50	Benefit: 75%	\$18.40:	85%/\$26.80	\$20.85
30631	HYDROCELE, removal of, when not associated with Items 30638, 30641 and 30644 (AU 7 - 17907)	Fee: \$162.00	Benefit: 75%	\$121.50:	85%/\$26.80	\$137.70
30634 G	VARICOCELE, surgical correction of when not associated with Items 30638, 30641 and 30644, one procedure (AU 7 - 17907)	Fee: \$162.00	Benefit: 75%	\$121.50:	85%/\$26.80	\$137.70
30635 S		Fee: \$200.00	Benefit: 75%	\$150.00:	85%/\$26.80	\$173.20
30638 G	ORCHIDECTOMY, simple or subscapsular, unilateral with or without insertion of testicular prosthesis (AU 7 - 17907)	Fee: \$205.00	Benefit: 75%	\$153.75:	85%/\$26.80	\$178.20
30641 S		Fee: \$280.00	Benefit: 75%	\$210.00:	85%/\$26.80	\$253.20
30644	EXPLORATION OF SPERMATIC CORD, inguinal approach, with or without testicular biopsy and with or without excision of spermatic cord and testis (AU 8 - 17908)	Fee: \$360.00	Benefit: 75%	\$270.00:	85%/\$26.80	\$333.20
30647	UNDESCENDED TESTIS, orchidopexy or transplantation of, with or without associated hernial repair (AU 8 - 17908)	Fee: \$360.00	Benefit: 75%	\$270.00:	85%/\$26.80	\$333.20
30650	SECONDARY DETACHMENT OF TESTIS FROM THIGH (AU 6 - 17906)	Fee: \$78.00	Benefit: 75%	\$58.50:	85%/\$26.80	\$66.30
30653	CIRCUMCISION of person UNDER SIX MONTHS of age (AU 6 - 17906)	Fee: \$32.00	Benefit: 75%	\$24.00:	85%/\$26.80	\$27.20
30656	CIRCUMCISION of person UNDER TEN YEARS of age but not less than six months of age (AU 6 - 17906)	Fee: \$74.00	Benefit: 75%	\$55.50:	85%/\$26.80	\$62.90

LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed
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OPERATIONS		GENERAL			
30659 G	CIRCUMCISION of person TEN YEARS OF AGE OR OVER (AU 6 - 17906)	Fee: \$104.00	Benefit: 75% \$78.00:	85%/\$26.80	\$88.40
30660 S		Fee: \$128.00	Benefit: 75% \$96.00:	85%/\$26.80	\$108.80
30663	HAEMORRHAGE, arrest of, following circumcision requiring general anaesthesia (AU 5 - 17905)	Fee: \$99.00	Benefit: 75% \$74.25:	85%/\$26.80	\$84.15
30666	PARAPHIMOSIS, reduction of, under general anaesthesia, with or without dorsal incision, not associated with any other item in this Group (AU 5 - 17905)	Fee: \$32.50	Benefit: 75% \$24.40:	85%/\$26.80	\$27.65
30669	FAECAL FISTULA, repair of (AU 12 - 17912)	Fee: \$485.00	Benefit: 75% \$363.75:	85%/\$26.80	\$458.20
30672	COCCYX, excision of (AU 8 - 17908)	Fee: \$305.00	Benefit: 75% \$228.75:	85%/\$26.80	\$278.20
30675 G	PILONIDAL SINUS OR CYST, OR SACRAL SINUS OR CYST, excision of, in a person ten years of age or over (AU 8 - 17908)	Fee: \$205.00	Benefit: 75% \$153.75:	85%/\$26.80	\$178.20
30676 S		Fee: \$260.00	Benefit: 75% \$195.00:	85%/\$26.80	\$233.20
30679	PILONIDAL SINUS, injection of sclerosant fluid under anaesthesia (AU 6 - 17906)	Fee: \$66.00	Benefit: 75% \$49.50:	85%/\$26.80	\$56.10

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OPERATIONS		COLORECTAL
SUBGROUP 2 - COLORECTAL		
32000	LARGE INTESTINE, resection of, without anastomosis, including right hemicolectomy (including formation of stoma) (AU 18 - 17918) Fee: \$710.00 Benefit: 75% \$532.50: 85%/\$26.80 \$683.20	
32003	LARGE INTESTINE, resection of, with anastomosis, including right hemicolectomy (AU 20 - 17920) Fee: \$745.00 Benefit: 75% \$558.75: 85%/\$26.80 \$718.20	
32006	LEFT HEMICOLECTOMY, including the descending and sigmoid colon (including formation of stoma) (AU 15 - 17915) Fee: \$790.00 Benefit: 75% \$592.50: 85%/\$26.80 \$763.20	
32009	TOTAL COLECTOMY AND ILEOSTOMY (AU 22 - 17922) Fee: \$940.00 Benefit: 75% \$705.00: 85%/\$26.80 \$913.20	
32012	TOTAL COLECTOMY AND ILEO-RECTAL ANASTOMOSIS (AU 20 - 17920) Fee: \$1,040.00 Benefit: 75% \$780.00: 85%/\$26.80 \$1,013.20	
32015	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY - one surgeon (AU 20 - 17920) Fee: \$1,275.00 Benefit: 75% \$956.25: 85%/\$26.80 \$1,248.20	
32018	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, COMBINED SYNCHRONOUS OPERATION; ABDOMINAL RESECTION (including after-care) (AU 17 - 17917) Fee: \$1,080.00 Benefit: 75% \$810.00: 85%/\$26.80 \$1,053.20	
32021	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, COMBINED SYNCHRONOUS OPERATION; PERINEAL RESECTION Fee: \$390.00 Benefit: 75% \$292.50: 85%/\$26.80 \$363.20	
32024	RECTUM, HIGH RESTORATIVE ANTERIOR RESECTION WITH INTRAPERITONEAL ANASTOMOSIS (of the rectum) greater than 10 centimetres from the anal verge - excluding resection of sigmoid colon alone (AU 22 - 17922) Fee: \$940.00 Benefit: 75% \$705.00: 85%/\$26.80 \$913.20	
32027	RECTUM, LOW RESTORATIVE ANTERIOR RESECTION WITH EXTRAPERITONEAL ANASTOMOSIS (of the rectum) less than 10 centimetres from the anal verge (AU 26 - 17926) Fee: \$1,225.00 Benefit: 75% \$918.75: 85%/\$26.80 \$1,198.20	
32030	RECTOSIGMOIDECTOMY - (Hartmann's operation) (AU 15 - 17915) Fee: \$685.00 Benefit: 75% \$513.75: 85%/\$26.80 \$658.20	
32033	RESTORATION OF BOWEL continuity following Hartmann's operation including dismantling of colostomy (AU 15 - 17915) Fee: \$1,040.00 Benefit: 75% \$780.00: 85%/\$26.80 \$1,013.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 151		

OPERATIONS		COLORECTAL
32036	SACROCOCCYGEAL AND PRESACRAL TUMOUR - excision of (AU 13 - 17913) Fee: \$1,315.00 Benefit: 75% \$986.25: 85%/\$26.80 \$1,288.20	
32039	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF - one surgeon (AU 17 - 17917) Fee: \$1,057.50 Benefit: 75% \$791.25: 85%/\$26.80 \$1,028.20	
32042	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF, COMBINED SYNCHRONOUS OPERATION - abdominal resection (AU 16 - 17916) Fee: \$890.00 Benefit: 75% \$667.50: 85%/\$26.80 \$863.20	
32045	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF, COMBINED SYNCHRONOUS OPERATION - perineal resection Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20	
32048	ABDOMINO-PERINEAL PULL THROUGH RESECTION with colo-anal anastomosis (one or two stages), including associated colostomy (AU 30 - 17930) Fee: \$1,315.00 Benefit: 75% \$986.25: 85%/\$26.80 \$1,288.20	
32051	TOTAL COLECTOMY WITH EXCISION OF RECTUM and ileoanal anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomy - one surgeon (AU 36 - 17936) Fee: \$1,595.00 Benefit: 75% \$1,196.25: 85%/\$26.80 \$1,568.20	
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) (AU 30 - 17930) Fee: \$1,465.00 Benefit: 75% \$1,098.75: 85%/\$26.80 \$1,438.20	
32057	TOTAL COLECTOMY WITH EXCISION OF RECTUM and ileoanal anastomosis with formation of ileal reservoir - conjoint surgery, perineal surgeon Fee: \$390.00 Benefit: 75% \$292.50: 85%/\$26.80 \$363.20	
32060	ILEOSTOMY CLOSURE with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy - one surgeon (AU 30 - 17930) Fee: \$1,595.00 Benefit: 75% \$1,196.25: 85%/\$26.80 \$1,568.20	
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) (AU 26 - 17926) Fee: \$1,465.00 Benefit: 75% \$1,098.75: 85%/\$26.80 \$1,438.20	
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 Fee: \$390.00 Benefit: 75% \$292.50: 85%/\$26.80 \$363.20	

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OPERATIONS		COLORECTAL			
32069	ILEOSTOMY RESERVOIR, continent type, creation of, including conversion of existing ileostomy where appropriate (AU 30 - 17930) Fee: \$1,180.00 Benefit: 75% \$885.00: 85%/\$26.80 \$1,153.20				
32072	SIGMOIDOSCOPIC EXAMINATION (with rigid sigmoidoscope), with or without biopsy Fee: \$36.50 Benefit: 75% \$27.40: 85%/\$26.80 \$31.05				
32075	SIGMOIDOSCOPIC EXAMINATION (with rigid sigmoidoscope), UNDER GENERAL ANAESTHESIA, with or without biopsy, not associated with any other item in this Group (AU 5 - 17905) Fee: \$57.00 Benefit: 75% \$42.75: 85%/\$26.80 \$48.45				
32078	SIGMOIDOSCOPIC EXAMINATION with diathermy OR resection of one or more polyps where the time taken is less than or equal to 45 minutes (AU 7 - 17907) Fee: \$128.00 Benefit: 75% \$96.00: 85%/\$26.80 \$108.80				
32081	SIGMOIDOSCOPIC EXAMINATION with diathermy OR resection of one or more polyps where the time taken is greater than 45 minutes (AU 10 - 17910) Fee: \$178.00 Benefit: 75% \$133.50: 85%/\$26.80 \$151.30				
32084	FLEXIBLE FIBREOPTIC SIGMOIDOSCOPY or FIBREOPTIC COLONOSCOPY up to the hepatic flexure, WITH or WITHOUT BIOPSY (AU 6 - 17906) Fee: \$85.00 Benefit: 75% \$63.75: 85%/\$26.80 \$72.25				
32087	FLEXIBLE FIBREOPTIC SIGMOIDOSCOPY or FIBREOPTIC COLONOSCOPY up to the hepatic flexure WITH REMOVAL OF ONE OR MORE POLYPS - not covered by Item 32078 (AU 10 - 17910) Fee: \$156.00 Benefit: 75% \$117.00: 85%/\$26.80 \$132.60				
32090	FIBREOPTIC COLONOSCOPY - examination of colon beyond the hepatic flexure WITH or WITHOUT BIOPSY (AU 8 - 17908) Fee: \$255.00 Benefit: 75% \$191.25: 85%/\$26.80 \$228.20				
32093	FIBREOPTIC COLONOSCOPY - examination of colon beyond the hepatic flexure WITH REMOVAL OF ONE OR MORE POLYPS (AU 10 - 17910) Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20				
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 (AU 6 - 17906) Fee: \$178.00 Benefit: 75% \$133.50: 85%/\$26.80 \$151.30				
32099	RECTAL TUMOUR of five centimetres or less in diameter, per anal submucosal excision of (excluding snare diathermy) (AU 10 - 17910) Fee: \$230.00 Benefit: 75% \$172.50: 85%/\$26.80 \$203.20				
32102	RECTAL TUMOUR of greater than five centimetres in diameter, per anal submucosal excision of (AU 14 - 17914) Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20				
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS		COLORECTAL			
32105	ANORECTAL CARCINOMA - per anal full thickness excision of (AU 13 - 17913) Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20				
32108	RECTAL TUMOUR, trans-sphincteric excision of (Kraske or similar operation) (AU 13 - 17913) Fee: \$690.00 Benefit: 75% \$517.50: 85%/\$26.80 \$663.20				
32111	RECTAL PROLAPSE - Delorme procedure for (AU 10 - 17910) Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20				
32114	RECTAL STRICTURE, per anal release of (AU 8 - 17908) Fee: \$120.00 Benefit: 75% \$90.00: 85%/\$26.80 \$102.00				
32117	RECTAL PROLAPSE, abdominal repair of (AU 13 - 17913) Fee: \$690.00 Benefit: 75% \$517.50: 85%/\$26.80 \$663.20				
32120	RECTAL PROLAPSE, perineal repair of (AU 6 - 17906) Fee: \$178.00 Benefit: 75% \$133.50: 85%/\$26.80 \$151.30				
32123	ANAL STRICTURE, anoplasty for (AU 7 - 17907) Fee: \$230.00 Benefit: 75% \$172.50: 85%/\$26.80 \$203.20				
32126	ANAL INCONTINENCE, Parks' intersphincteric procedure for (AU 12 - 17912) Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20				
32129	ANAL SPHINCTER, direct repair of (AU 12 - 17912) Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20				
32132	HAEMORRHOIDS OR RECTAL PROLAPSE - sclerotherapy for (AU 6 - 17906) Fee: \$31.00 Benefit: 75% \$23.25: 85%/\$26.80 \$26.35				
32135	HAEMORRHOIDS OR RECTAL PROLAPSE - rubber band ligation of with or without sclerotherapy, cryosurgery or infra red therapy for (AU 5 - 17905) Fee: \$46.50 Benefit: 75% \$34.90: 85%/\$26.80 \$39.55				
32138	HAEMORRHOIDECTOMY (AU 8 - 17908) Fee: \$255.00 Benefit: 75% \$191.25: 85%/\$26.80 \$228.20				
32141	ANAL POLYPS, excision of one or more of (AU 5 - 17905) Fee: \$61.00 Benefit: 75% \$45.75: 85%/\$26.80 \$51.85				
32144	ANAL SKIN TAGS, excision of one or more of (AU 7 - 17907) Fee: \$31.00 Benefit: 75% \$23.25: 85%/\$26.80 \$26.35				
32147	PERIANAL THROMBOSIS, incision of (AU 7 - 17907) Fee: \$31.00 Benefit: 75% \$23.25: 85%/\$26.80 \$26.35				
32150	OPERATION FOR FISSURE-IN-ANO including excision, or sphincterotomy, but excluding dilatation only (AU 6 - 17906) Fee: \$178.00 Benefit: 75% \$133.50: 85%/\$26.80 \$151.30				

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OPERATIONS		COLORECTAL			
32153	ANUS, DILATATION OF, under general anaesthesia, with or without disimpaction of faeces, not associated with any other item in this Group (AU 4 - 17904) Fee: \$48.50 Benefit: 75% \$36.40: 85%/\$26.80 \$41.25				
32156	FISTULA IN ANO, SUBCUTANEOUS, excision of (AU 7 - 17907) Fee: \$91.00 Benefit: 75% \$68.25: 85%/\$26.80 \$77.35				
32159	ANAL FISTULA, excision of, involving lower half of the anal sphincter mechanism (AU 7 - 17907) Fee: \$230.00 Benefit: 75% \$172.50: 85%/\$26.80 \$203.20				
32162	ANAL FISTULA, excision of, involving the upper half of the anal sphincter mechanism (AU 11 - 17911) Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20				
32165	ANAL FISTULA, repair of, by mucosal flap advancement (AU 15 - 17915) Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20				
32168	FISTULA WOUND, review of, under general anaesthetic (AU 7 - 17907) Fee: \$91.00 Benefit: 75% \$68.25: 85%/\$26.80 \$77.35				
32171	ANORECTAL EXAMINATION, with or without biopsy, under general anaesthetic, not associated with any other item in this Group (AU 6 - 17906) Fee: \$61.00 Benefit: 75% \$45.75: 85%/\$26.80 \$51.85				
32174	INTRA-ANAL, perianal or ischio-rectal abscess, drainage of (excluding aftercare) (AU 8 - 17908) Fee: \$61.00 Benefit: 75% \$45.75: 85%/\$26.80 \$51.85				
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 (AU 6 - 17906) Fee: \$120.00 Benefit: 75% \$90.00: 85%/\$26.80 \$102.00				
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 (AU 11 - 17911) Fee: \$178.00 Benefit: 75% \$133.50: 85%/\$26.80 \$151.30				
32183	INTESTINAL SLING PROCEDURE prior to radiotherapy (AU 15 - 17915) Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80 \$223.20				
32186	COLONIC LAVAGE, total, intra operative (AU 12 - 17912) Fee: \$124.00 Benefit: 75% \$93.00: 85%/\$26.80 \$105.40				

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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OPERATIONS		VASCULAR
SUBGROUP 3 - VASCULAR		
VARICOSE VEINS		
32500	VARICOSE VEINS, multiple simultaneous injections by continuous compression techniques including associated consultation - ONE OR BOTH LEGS - not associated with any other varicose veins operation on the same leg (excluding after-care)	Fee: \$96.00 Benefit: 75% \$72.00: 85%/\$26.80 \$81.60
32503	VARICOSE VEINS, multiple ligations, with or without local stripping or excision, including sub-fascial ligation of one or more deep perforating veins through separate incisions - ONE LEG - not associated with item 32506, 32509 or 32530 on the same leg (AU 7 - 17907)	Fee: \$184.00 Benefit: 75% \$138.00: 85%/\$26.80 \$157.20
32506	VARICOSE VEINS, high ligation and complete or partial stripping or excision of long or short saphenous vein or its major tributaries, with multiple ligations, local stripping or excision of minor veins, with or without sclerotherapy of minor veins - one leg (AU 10 - 17910)	Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20
32509	VARICOSE VEINS, high ligation and stripping or excision of both long and short saphenous veins or their major tributaries, with multiple ligations, local stripping or excision of minor veins, with or without sclerotherapy of minor veins - one leg (AU 12 - 17912)	Fee: \$502.50 Benefit: 75% \$378.75: 85%/\$26.80 \$478.20
32512	LONG SAPHENOUS VEIN, complete dissection and ligation of, at the sapheno-femoral junction, for migrating thrombosis of long saphenous vein (AU 11 - 17911)	Fee: \$305.00 Benefit: 75% \$228.75: 85%/\$26.80 \$278.20
32515	VARICOSE VEINS, complete dissection at SAPHENO-FEMORAL JUNCTION, with or without ligation of long saphenous vein, with or without ligation of the major tributaries at sapheno-femoral junction - ONE LEG (AU 6 - 17906)	Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20
32518	VARICOSE VEINS, complete dissection at sapheno-popliteal junction, with or without ligation of the short saphenous vein, with or without ligation of the major tributaries at the sapheno-popliteal junction - one leg (AU 6 - 17906)	Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20
32521	VARICOSE VEINS, sub-fascial ligation of single deep perforating vein not associated with any other varicose vein operation on the same leg - ONE LEG (AU 6 - 17906)	Fee: \$138.00 Benefit: 75% \$103.50: 85%/\$26.80 \$117.30
32524	VARICOSE VEINS, sub-fascial ligation of multiple deep perforating vein - one leg (Cockett's operation, Linton's operation or similar procedure) (AU 7 - 17907)	Fee: \$340.00 Benefit: 75% \$255.00: 85%/\$26.80 \$313.20
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 156		

OPERATIONS		VASCULAR			
32527	GROIN OR POPLITEAL FOSSA, reoperation in, for recurrent sapheno-popliteal incompetence - one leg (AU 12 - 17912) Fee: \$415.00 Benefit: 75% \$311.25: 85%/\$26.80 \$388.20				
32530	GROIN OR POPLITEAL FOSSA, reoperation in, for recurrent sapheno-femoral incompetence or recurrent sapheno-popliteal incompetence with one or more of the following - multiple ligations, local stripping or excision of minor veins or sclerotherapy of minor veins - one leg (AU 13 - 17913) Fee: \$545.00 Benefit: 75% \$408.75: 85%/\$26.80 \$518.20				
BYPASS OR ANASTOMOSIS FOR OCCLUSIVE ARTERIAL DISEASE					
32700	ARTERY OF NECK, bypass using vein or synthetic material (AU 19 - 17919) Fee: \$990.00 Benefit: 75% \$742.50: 85%/\$26.80 \$963.20				
32703	INTERNAL CAROTID ARTERY, transection and reanastomosis of, or resection of small length and reanastomosis of - with or without endarterectomy (AU 18 - 17918) Fee: \$820.00 Benefit: 75% \$615.00: 85%/\$26.80 \$793.20				
32706	INTERNAL CAROTID ARTERY, re-operation for recurrent stenosis with by-pass by graft of vein or synthetic material (AU 19 - 17919) Fee: \$1,170.00 Benefit: 75% \$877.50: 85%/\$26.80 \$1,143.20				
32709	AORTO-ILIAC OR AORTO-FEMORAL GRAFTING, straight or bifurcated (AU 21 - 17921) Fee: \$965.00 Benefit: 75% \$723.75: 85%/\$26.80 \$938.20				
32712	ILIO-FEMORAL BYPASS GRAFTING (AU 18 - 17918) Fee: \$865.00 Benefit: 75% \$648.75: 85%/\$26.80 \$838.20				
32715	AXILLARY or SUBCLAVIAN TO FEMORAL BYPASS GRAFTING to one or both FEMORAL ARTERIES (AU 19 - 17919) Fee: \$865.00 Benefit: 75% \$648.75: 85%/\$26.80 \$838.20				
32718	FEMORO-FEMORAL OR ILIO-FEMORAL CROSS-OVER BYPASS GRAFTING (AU 18 - 17918) Fee: \$820.00 Benefit: 75% \$615.00: 85%/\$26.80 \$793.20				
32721	RENAL ARTERY, bypass grafting to (AU 22 - 17922) Fee: \$1,300.00 Benefit: 75% \$975.00: 85%/\$26.80 \$1,273.20				
32724	RENAL ARTERIES (both), bypass grafting to (AU 26 - 17926) Fee: \$1,475.00 Benefit: 75% \$1,106.25: 85%/\$26.80 \$1,448.20				
32727	SPLENO-RENAL ARTERIAL BYPASS GRAFTING (AU 21 - 17921) Fee: \$1,300.00 Benefit: 75% \$975.00: 85%/\$26.80 \$1,273.20				
32730	MESENTERIC VESSEL (single), bypass grafting to (AU 18 - 17918) Fee: \$1,120.00 Benefit: 75% \$840.00: 85%/\$26.80 \$1,093.20				
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS		VASCULAR
32733	MESENTERIC VESSELS (multiple), bypass grafting to (AU 21 - 17921) Fee: \$1,300.00 Benefit: 75% \$975.00: 85%/\$26.80 \$1,273.20	
32736	INFERIOR MESENTERIC ARTERY, operation on, when performed in association with another intra-abdominal vascular operation (AU 17 - 17917) Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80 \$258.20	
32739	FEMORAL ARTERY BYPASS GRAFTING using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with above knee anastomosis (AU 19 - 17919) Fee: \$890.00 Benefit: 75% \$667.50: 85%/\$26.80 \$863.20	
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 (AU 20 - 17920) Fee: \$1,020.00 Benefit: 75% \$765.00: 85%/\$26.80 \$993.20	
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 (AU 21 - 17921) Fee: \$1,165.00 Benefit: 75% \$873.75: 85%/\$26.80 \$1,138.20	
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 (AU 22 - 17922) Fee: \$1,265.00 Benefit: 75% \$948.75: 85%/\$26.80 \$1,238.20	
32751	FEMORAL ARTERY BYPASS GRAFTING using synthetic graft, with lower anastomosis above or below the knee (AU 18 - 17918) Fee: \$820.00 Benefit: 75% \$615.00: 85%/\$26.80 \$793.20	
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 one or both anastomoses (AU 20 - 17920) Fee: \$1,020.00 Benefit: 75% \$765.00: 85%/\$26.80 \$993.20	
32757	FEMORAL ARTERY SEQUENTIAL BYPASS GRAFTING, (using a vein or synthetic material) where an additional anastomosis is made to separately revascularise more than one artery - each additional artery revascularised beyond a femoral bypass (AU 16 - 17916) Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80 \$258.20	
32760	VEIN, harvesting of from leg or arm for bypass or replacement graft when not performed through same incision as operation - each vein (AU 9 - 17909) Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20	
32763	ARTERIAL BYPASS GRAFTING, using vein or synthetic material, not covered by any other item in this Group (AU 18 - 17918) Fee: \$820.00 Benefit: 75% \$615.00: 85%/\$26.80 \$793.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991		

OPERATIONS		VASCULAR
32766	ARTERIAL OR VENOUS ANASTOMOSIS, not covered by any other item in this Group, as an independent procedure (AU 15 - 17915) Fee: \$545.00 Benefit: 75% \$408.75: 85%/\$26.80 \$518.20	
32769	ARTERIAL OR VENOUS ANASTOMOSIS not covered by any other item in this Group, when performed in combination with another vascular operation (including graft to graft anastomosis) (AU 15 - 17915) Fee: \$188.00 Benefit: 75% \$141.00: 85%/\$26.80 \$161.20	
	BYPASS, REPLACEMENT, LIGATION OF ANEURYSMS	
33100	ANEURYSM OF COMMON OR INTERNAL CAROTID ARTERY, OR BOTH, replacement by graft of vein or synthetic material (AU 20 - 17920) Fee: \$990.00 Benefit: 75% \$742.50: 85%/\$26.80 \$963.20	
33103	THORACIC ANEURYSM, replacement by graft (AU 35 - 17935) Fee: \$1,390.00 Benefit: 75% \$1,042.50: 85%/\$26.80 \$1,363.20	
33106	ARTERY OR VEIN BYPASS GRAFT, patch grafting to using vein or synthetic material, not associated with any other vascular operation (AU 14 - 17914) Fee: \$485.00 Benefit: 75% \$363.75: 85%/\$26.80 \$458.20	
33109	THORACO-ABDOMINAL ANEURYSM, replacement by graft including re-implantation of arteries (AU 40 - 17940) Fee: \$1,680.00 Benefit: 75% \$1,260.00: 85%/\$26.80 \$1,653.20	
33112	SUPRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by graft including re-implantation of arteries (AU 35 - 17935) Fee: \$1,455.00 Benefit: 75% \$1,091.25: 85%/\$26.80 \$1,428.20	
33115	INFARENAL ABDOMINAL AORTIC ANEURYSM, replacement by tube graft (AU 26 - 17926) Fee: \$1,020.00 Benefit: 75% \$765.00: 85%/\$26.80 \$993.20	
33118	INFARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to iliac arteries (with or without excision of common iliac aneurysms) (AU 29 - 17929) Fee: \$1,165.00 Benefit: 75% \$873.75: 85%/\$26.80 \$1,138.20	
33121	INFARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to one or both femoral arteries (with or without excision or bypass of common iliac aneurysms) (AU 29 - 17929) Fee: \$1,165.00 Benefit: 75% \$873.75: 85%/\$26.80 \$1,138.20	
33124	ANEURYSM OF ILIAC ARTERY (common, external or internal), replacement by graft - unilateral (AU 18 - 17918) Fee: \$835.00 Benefit: 75% \$626.25: 85%/\$26.80 \$808.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991		
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OPERATIONS		VASCULAR	
33127	ANEURYSMS OF ILIAC ARTERIES (common, external or internal), replacement by graft - bilateral (AU 20 - 17920) Fee: \$1,095.00 Benefit: 75% \$821.25: 85%/\$26.80 \$1,068.20		
33130	ANEURYSM OF VISCERAL ARTERY, excision and repair by direct anastomosis or replacement by graft (AU 18 - 17918) Fee: \$955.00 Benefit: 75% \$716.25: 85%/\$26.80 \$928.20		
33133	ANEURYSM OF VISCERAL ARTERY, dissection and ligation of arteries without restoration of continuity (AU 16 - 17916) Fee: \$715.00 Benefit: 75% \$536.25: 85%/\$26.80 \$688.20		
33136	FALSE ANEURYSM, repair of, at aortic anastomosis following previous aortic surgery (AU 25 - 17925) Fee: \$1,800.00 Benefit: 75% \$1,350.00: 85%/\$26.80 \$1,773.20		
33139	FALSE ANEURYSM, repair of, in iliac artery and restoration of arterial continuity (AU 19 - 17919) Fee: \$1,095.00 Benefit: 75% \$821.25: 85%/\$26.80 \$1,068.20		
33142	FALSE ANEURYSM, repair of, in femoral artery and restoration of arterial continuity (AU 18 - 17918) Fee: \$1,020.00 Benefit: 75% \$765.00: 85%/\$26.80 \$993.20		
33145	RUPTURED THORACIC AORTIC ANEURYSM, replacement by graft (AU 38 - 17938) Fee: \$1,755.00 Benefit: 75% \$1,316.25: 85%/\$26.80 \$1,728.20		
33148	RUPTURED THORACO-ABDOMINAL AORTIC ANEURYSM, replacement by graft (AU 40 - 17940) Fee: \$2,180.00 Benefit: 75% \$1,635.00: 85%/\$26.80 \$2,153.20		
33151	RUPTURED SUPRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by graft (AU 38 - 17938) Fee: \$2,070.00 Benefit: 75% \$1,552.50: 85%/\$26.80 \$2,043.20		
33154	RUPTURED INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by tube graft (AU 28 - 17928) Fee: \$1,535.00 Benefit: 75% \$1,151.25: 85%/\$26.80 \$1,508.20		
33157	RUPTURED INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to iliac arteries (with or without excision or bypass of common iliac aneurysms) (AU 30 - 17930) Fee: \$1,710.00 Benefit: 75% \$1,282.50: 85%/\$26.80 \$1,683.20		
33160	RUPTURED INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to one or both femoral arteries (AU 30 - 17930) Fee: \$1,710.00 Benefit: 75% \$1,282.50: 85%/\$26.80 \$1,683.20		
33163	RUPTURED ILIAC ARTERY ANEURYSM, replacement by graft (AU 22 - 17922) Fee: \$1,450.00 Benefit: 75% \$1,087.50: 85%/\$26.80 \$1,423.20		

LEGEND: † New Service ‡ Description Amended + Fees Amended ● AU Units Amended * Item no.Changed
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OPERATIONS		VASCULAR	
33166	RUPTURED ANEURYSM OF VISCERAL ARTERY, replacement by anastomosis or graft (AU 22 - 17922) Fee: \$1,450.00	Benefit: 75% \$1,087.50:	85%/\$26.80 \$1,423.20
33169	RUPTURED ANEURYSM OF VISCERAL ARTERY, simple ligation of (AU 18 - 17918) Fee: \$1,130.00	Benefit: 75% \$847.50:	85%/\$26.80 \$1,103.20
33172	ANEURYSM OF MAJOR ARTERY, replacement by graft, not covered by any other item in this Group (AU 21 - 17921) Fee: \$880.00	Benefit: 75% \$660.00:	85%/\$26.80 \$853.20
ENDARTERECTOMY AND ARTERIAL PATCH			
33500	ARTERY OR ARTERIES OF NECK, endarterectomy of, including closure by suture (where endarterectomy of one or more arteries is undertaken through one arteriotomy incision) (AU 17 - 17917) Fee: \$780.00	Benefit: 75% \$585.00:	85%/\$26.80 \$753.20
33503	INTERNAL CAROTID ARTERY, re-operation for recurrent stenosis with endarterectomy and closure by suture (AU 19 - 17919) Fee: \$990.00	Benefit: 75% \$742.50:	85%/\$26.80 \$963.20
33506	INNOMINATE OR SUBCLAVIAN ARTERY, endarterectomy of, including closure by suture (AU 18 - 17918) Fee: \$875.00	Benefit: 75% \$656.25:	85%/\$26.80 \$848.20
33509	AORTIC ENDARTERECTOMY, including closure by suture, not associated with another procedure on the aorta (AU 18 - 17918) Fee: \$905.00	Benefit: 75% \$678.75:	85%/\$26.80 \$878.20
33512	AORTO-ILIAC ENDARTERECTOMY (one or both iliac arteries), including closure by suture not associated with Item 33515 (AU 19 - 17919) Fee: \$980.00	Benefit: 75% \$735.00:	85%/\$26.80 \$953.20
33515	AORTO-FEMORAL ENDARTERECTOMY (one or both femoral arteries) or BILATERAL ILIO-FEMORAL ENDARTERECTOMY, including closure by suture, not in association with Item 33512 (AU 20 - 17920) Fee: \$1,050.00	Benefit: 75% \$787.50:	85%/\$26.80 \$1,023.20
33518	ILIAC ENDARTERECTOMY, including closure by suture, not associated with another procedure on the iliac artery (AU 17 - 17917) Fee: \$875.00	Benefit: 75% \$656.25:	85%/\$26.80 \$848.20
33521	ILIO-FEMORAL ENDARTERECTOMY (one side), including closure by suture (AU 17 - 17917) Fee: \$950.00	Benefit: 75% \$712.50:	85%/\$26.80 \$923.20
33524	RENAL ARTERY, endarterectomy of (AU 19 - 17919) Fee: \$1,120.00	Benefit: 75% \$840.00:	85%/\$26.80 \$1,093.20
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991			

OPERATIONS		VASCULAR
33527	RENAL ARTERIES (both), endarterectomy of (AU 21 - 17921) Fee: \$1,300.00 Benefit: 75% \$975.00: 85%/\$26.80 \$1,273.20	
33530	COELIAC OR SUPERIOR MESENTERIC ARTERY, endarterectomy of (AU 19 - 17919) Fee: \$1,120.00 Benefit: 75% \$840.00: 85%/\$26.80 \$1,093.20	
33533	COELIAC AND SUPERIOR MESENTERIC ARTERY, endarterectomy of (AU 20 - 17920) Fee: \$1,300.00 Benefit: 75% \$975.00: 85%/\$26.80 \$1,273.20	
33536	INFERIOR MESENTERIC ARTERY, endarterectomy of, not associated with any other item in this Group (AU 19 - 17919) Fee: \$925.00 Benefit: 75% \$693.75: 85%/\$26.80 \$898.20	
33539	ARTERY OF EXTREMITIES, endarterectomy of, including closure by suture (AU 12 - 17912) Fee: \$670.00 Benefit: 75% \$502.50: 85%/\$26.80 \$643.20	
33542	EXTENDED DEEP FEMORAL ENDARTERECTOMY where the endarterectomy is at least 7cms long (AU 17 - 17917) Fee: \$955.00 Benefit: 75% \$716.25: 85%/\$26.80 \$928.20	
33545	ARTERY OR VEIN, patch grafting to by vein or synthetic material in association with another arterial or venous operation where patch is less than 3cm long (AU 13 - 17913) (See para T8.17 of explanatory notes to this Category) Fee: \$188.00 Benefit: 75% \$141.00: 85%/\$26.80 \$161.20	
33548	ARTERY OR VEIN, patch grafting to by vein or synthetic material in association with another arterial or venous operation where patch is 3cm long or greater (AU 14 - 17914) (See para T8.17 of explanatory notes to this Category) Fee: \$385.00 Benefit: 75% \$288.75: 85%/\$26.80 \$358.20	
33551	VEIN, harvesting of from leg or arm for patch when not performed through same incision as operation (AU 9 - 17909) (See para T8.17 of explanatory notes to this Category) Fee: \$188.00 Benefit: 75% \$141.00: 85%/\$26.80 \$161.20	
33554	ENDARTERECTOMY, in association with an arterial bypass operation to prepare the site for anastomosis - each site (AU 16 - 17916) Fee: \$97.00 Benefit: 75% \$72.75: 85%/\$26.80 \$82.45	
	EMBOLECTOMY, THROMBECTOMY AND VASCULAR TRAUMA	
33800	EMBOLUS, removal of, from artery of neck (AU 15 - 17915) Fee: \$815.00 Benefit: 75% \$611.25: 85%/\$26.80 \$788.20	

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OPERATIONS		VASCULAR
33803	EMBOLECTOMY or THROMBECTOMY, by abdominal approach, of an artery or bypass graft of trunk (AU 16 - 17916) Fee: \$775.00 Benefit: 75% \$581.25: 85%/\$26.80 \$748.20	
33806	EMBOLECTOMY OR THROMBECTOMY, from an artery or bypass graft of extremities, or embolectomy of abdominal artery via the femoral artery (AU 11 - 17911) Fee: \$560.00 Benefit: 75% \$420.00: 85%/\$26.80 \$533.20	
33809	INFERIOR VENA CAVA OR ILIAC VEIN, thrombectomy of (AU 12 - 17912) Fee: \$690.00 Benefit: 75% \$517.50: 85%/\$26.80 \$663.20	
33812	THROMBUS, removal of, from femoral or other similar large vein (AU 10 - 17910) Fee: \$640.00 Benefit: 75% \$480.00: 85%/\$26.80 \$613.20	
33815	MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with restoration of continuity, by lateral suture (AU 12 - 17912) Fee: \$590.00 Benefit: 75% \$442.50: 85%/\$26.80 \$563.20	
33818	MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with restoration of continuity, by direct anastomosis (AU 13 - 17913) Fee: \$690.00 Benefit: 75% \$517.50: 85%/\$26.80 \$663.20	
33821	MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with restoration of continuity, by interposition graft of synthetic material or vein (AU 15 - 17915) Fee: \$785.00 Benefit: 75% \$588.75: 85%/\$26.80 \$758.20	
33824	MAJOR ARTERY OR VEIN OF NECK, repair of wound of, with restoration of continuity, by lateral suture (AU 13 - 17913) Fee: \$750.00 Benefit: 75% \$562.50: 85%/\$26.80 \$723.20	
33827	MAJOR ARTERY OR VEIN OF NECK, repair of wound of, with restoration of continuity, by direct anastomosis (AU 14 - 17914) Fee: \$880.00 Benefit: 75% \$660.00: 85%/\$26.80 \$853.20	
33830	MAJOR ARTERY OR VEIN OF NECK, repair of wound of, with restoration of continuity, by interposition graft of synthetic material or vein (AU 16 - 17916) Fee: \$1,010.00 Benefit: 75% \$757.50: 85%/\$26.80 \$983.20	
33833	MAJOR ARTERY OR VEIN OF ABDOMEN, repair of wound of, with restoration of continuity by lateral suture (AU 16 - 17916) Fee: \$915.00 Benefit: 75% \$686.25: 85%/\$26.80 \$888.20	
33836	MAJOR ARTERY OR VEIN OF ABDOMEN, repair of wound of, with restoration of continuity by direct anastomosis (AU 17 - 17917) Fee: \$1,095.00 Benefit: 75% \$821.25: 85%/\$26.80 \$1,068.20	
33839	MAJOR ARTERY OR VEIN OF ABDOMEN, repair of wound of, with restoration of continuity by means of interposition graft (AU 18 - 17918) Fee: \$1,280.00 Benefit: 75% \$960.00: 85%/\$26.80 \$1,253.20	

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OPERATIONS		VASCULAR			
33842	ARTERY OF NECK, re-operation for bleeding or thrombosis after carotid or vertebral artery surgery (AU 12 - 17912) Fee: \$630.00 Benefit: 75% \$472.50: 85%/\$26.80 \$603.20				
33845	LAPAROTOMY for control of post operative bleeding or thrombosis after intra-abdominal vascular procedure, where no other procedure is performed (AU 14 - 17914) Fee: \$440.00 Benefit: 75% \$330.00: 85%/\$26.80 \$413.20				
33848	EXTREMITY, re-operation on, for control of bleeding or thrombosis after vascular procedure, where no other procedure is performed (AU 12 - 17912) Fee: \$440.00 Benefit: 75% \$330.00: 85%/\$26.80 \$413.20				
LIGATION, EXCISION, ELECTIVE REPAIR, DECOMPRESSION OF VESSELS					
34100	MAJOR ARTERY OF NECK, elective ligation or exploration of, not associated with any other vascular procedure (AU 11 - 17911) Fee: \$485.00 Benefit: 75% \$363.75: 85%/\$26.80 \$458.20				
34103	GREAT ARTERY OR GREAT VEIN (including subclavian, axillary, iliac, femoral or popliteal), ligation of, or exploration of, not associated with any other vascular procedure (AU 13 - 17913) Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80 \$258.20				
34106	ARTERY OR VEIN (including brachial, radial, ulnar or tibial), ligation of, by elective operation, or exploration of, not associated with any other vascular procedure (AU 9 - 17909) Fee: \$200.00 Benefit: 75% \$150.00: 85%/\$26.80 \$173.20				
34109	TEMPORAL ARTERY, biopsy of (AU 7 - 17907) Fee: \$235.00 Benefit: 75% \$176.25: 85%/\$26.80 \$208.20				
34112	ARTERIO-VEINUS FISTULA OF AN EXTREMITY, dissection and ligation (AU 14 - 17914) Fee: \$590.00 Benefit: 75% \$442.50: 85%/\$26.80 \$563.20				
34115	ARTERIO-VEINUS FISTULA OF THE NECK, dissection and ligation (AU 17 - 17917) Fee: \$670.00 Benefit: 75% \$502.50: 85%/\$26.80 \$643.20				
34118	ARTERIO-VEINUS FISTULA OF THE ABDOMEN, dissection and ligation (AU 19 - 17919) Fee: \$955.00 Benefit: 75% \$716.25: 85%/\$26.80 \$928.20				
34121	ARTERIO-VEINUS FISTULA OF AN EXTREMITY, dissection and repair of, with restoration of continuity (AU 18 - 17918) Fee: \$760.00 Benefit: 75% \$570.00: 85%/\$26.80 \$733.20				
34124	ARTERIO-VEINUS FISTULA OF THE NECK, dissection and repair of, with restoration of continuity (AU 18 - 17918) Fee: \$835.00 Benefit: 75% \$626.25: 85%/\$26.80 \$808.20				
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 164					

OPERATIONS		VASCULAR			
34127	ARTERIO-VEINUS FISTULA OF THE ABDOMEN, dissection and repair of, with restoration of continuity (AU 22 - 17922) Fee: \$1,095.00 Benefit: 75% \$821.25: 85%/\$26.80 \$1,068.20				
34130	SURGICALLY CREATED ARTERIO-VEINUS FISTULA OF AN EXTREMITY, closure of (AU 10 - 17910) Fee: \$340.00 Benefit: 75% \$255.00: 85%/\$26.80 \$313.20				
34133	SCALENOTOMY (AU 10 - 17910) Fee: \$385.00 Benefit: 75% \$288.75: 85%/\$26.80 \$358.20				
34136	FIRST RIB, resection of portion of (AU 13 - 17913) Fee: \$615.00 Benefit: 75% \$461.25: 85%/\$26.80 \$588.20				
34139	CERVICAL RIB, removal of, or other operation for removal of thoracic outlet compression, not covered by any other item in this Group (AU 13 - 17913) Fee: \$615.00 Benefit: 75% \$461.25: 85%/\$26.80 \$588.20				
34142	COELIAC ARTERY, decompression of, for coeliac artery compression syndrome, as an independent procedure (AU 19 - 17919) Fee: \$760.00 Benefit: 75% \$570.00: 85%/\$26.80 \$733.20				
34145	POPLITEAL ARTERY, exploration of, for popliteal entrapment, with or without division of fibrous tissue and muscle (AU 13 - 17913) Fee: \$555.00 Benefit: 75% \$416.25: 85%/\$26.80 \$528.20				
34148	CAROTID BODY TUMOUR, resection of, with or without repair or reconstruction of internal or common carotid arteries, when tumour is less than 4cm in maximum diameter (AU 19 - 17919) Fee: \$990.00 Benefit: 75% \$742.50: 85%/\$26.80 \$963.20				
34151	CAROTID BODY TUMOUR, resection of, with or without repair or reconstruction of internal or common carotid arteries, when tumour is greater than 4cm in maximum diameter (AU 19 - 17919) Fee: \$1,350.00 Benefit: 75% \$1,012.50: 85%/\$26.80 \$1,323.20				
34154	RECURRENT CAROTID BODY TUMOUR, resection of, with or without repair or replacement of portion of common or internal carotid arteries (AU 19 - 17919) Fee: \$1,610.00 Benefit: 75% \$1,207.50: 85%/\$26.80 \$1,583.20				
34157	NECK, excision of infected bypass graft, including closure of vessel or vessels (AU 15 - 17915) Fee: \$820.00 Benefit: 75% \$615.00: 85%/\$26.80 \$793.20				
34160	AORTO-DUODENAL FISTULA, repair of, by suture of aorta and repair of duodenum (AU 24 - 17924) Fee: \$1,535.00 Benefit: 75% \$1,151.25: 85%/\$26.80 \$1,508.20				

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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OPERATIONS		VASCULAR
34163	AORTO-DUODENAL FISTULA, repair of, by insertion of aortic graft and repair of duodenum (AU 26 - 17926) Fee: \$1,970.00 Benefit: 75% \$1,477.50: 85%/\$26.80 \$1,943.20	
34166	AORTO-DUODENAL FISTULA, repair of, by oversewing of abdominal aorta, repair of duodenum and axillo-bifemoral grafting (AU 26 - 17926) Fee: \$1,970.00 Benefit: 75% \$1,477.50: 85%/\$26.80 \$1,943.20	
34169	INFECTED BYPASS GRAFT FROM TRUNK, excision of, including closure of arteries (AU 20 - 17920) Fee: \$1,095.00 Benefit: 75% \$821.25: 85%/\$26.80 \$1,068.20	
34172	INFECTED AXILLO-FEMORAL OR FEMORO-FEMORAL GRAFT, excision of, including closure of arteries (AU 15 - 17915) Fee: \$890.00 Benefit: 75% \$667.50: 85%/\$26.80 \$863.20	
34175	INFECTED BYPASS GRAFT FROM EXTREMITIES, excision of including closure of arteries (AU 15 - 17915) Fee: \$820.00 Benefit: 75% \$615.00: 85%/\$26.80 \$793.20	
OPERATIONS FOR VASCULAR ACCESS		
34500	ARTERIOVENOUS SHUNT, EXTERNAL, insertion of (AU 9 - 17909) Fee: \$210.00 Benefit: 75% \$157.50: 85%/\$26.80 \$183.20	
34503	ARTERIOVENOUS ANASTOMOSIS OF UPPER OR LOWER LIMB, in association with another venous or arterial operation (AU 14 - 17914) Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80 \$258.20	
34506	ARTERIOVENOUS SHUNT, EXTERNAL, removal of (AU 5 - 17905) Fee: \$144.00 Benefit: 75% \$108.00: 85%/\$26.80 \$122.40	
34509	ARTERIOVENOUS ANASTOMOSIS OF UPPER OR LOWER LIMB, not in association with another venous or arterial operation (AU 14 - 17914) Fee: \$675.00 Benefit: 75% \$506.25: 85%/\$26.80 \$648.20	
34512	ARTERIOVENOUS ACCESS DEVICE, insertion of (AU 14 - 17914) Fee: \$740.00 Benefit: 75% \$555.00: 85%/\$26.80 \$713.20	
34515	ARTERIOVENOUS ACCESS DEVICE, thrombectomy of (AU 11 - 17911) Fee: \$530.00 Benefit: 75% \$397.50: 85%/\$26.80 \$503.20	
34518	STENOSIS OF ARTERIOVENOUS FISTULA OR PROSTHETIC ARTERIOVENOUS ACCESS DEVICE, correction of (AU 14 - 17914) Fee: \$885.00 Benefit: 75% \$663.75: 85%/\$26.80 \$858.20	
34521	INTRA-ABDOMINAL ARTERY OR VEIN, cannulation of for infusion chemotherapy, by open operation (excluding aftercare) (AU 11 - 17911) Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20	

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OPERATIONS		VASCULAR
34524	ARTERIAL CANNULATION for infusion chemotherapy by open operation, not covered by Item 34521 (excluding after-care) (AU 10 - 17910) Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80 \$258.20	
34527	CENTRAL VEIN CATHETERISATION by open exposure, using subcutaneous tunnel with pump or access port as with Hickman or Broviac catheter or other chemotherapy delivery device (AU 11 - 17911) Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80 \$258.20	
34530	HICKMAN OR BROVIAC CATHETER, OR OTHER CHEMOTHERAPY DEVICE, removal of (AU 10 - 17910) Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80 \$258.20	
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) (AU 18 - 17918) Fee: \$855.00 Benefit: 75% \$641.25: 85%/\$26.80 \$828.20	
ENDOVASCULAR INTERVENTION PROCEDURES		
34700	INFERIOR VENA CAVAL FILTER, insertion of, by percutaneous method using interventional imaging techniques (AU 11 - 17911) Fee: \$530.00 Benefit: 75% \$397.50: 85%/\$26.80 \$503.20	
34703	INFERIOR VENA CAVAL FILTER, insertion of, by open operation (AU 12 - 17912) Fee: \$560.00 Benefit: 75% \$420.00: 85%/\$26.80 \$533.20	
COMPLEX VENOUS OPERATIONS		
34800	INFERIOR VENA CAVA, plication, ligation, or application of caval clip (AU 13 - 17913) Fee: \$560.00 Benefit: 75% \$420.00: 85%/\$26.80 \$533.20	
34803	INFERIOR VENA CAVA, reconstruction of or bypass by vein or synthetic material (AU 24 - 17924) Fee: \$1,230.00 Benefit: 75% \$922.50: 85%/\$26.80 \$1,203.20	
34806	CROSS LEG BYPASS GRAFTING, saphenous to iliac or femoral vein (AU 14 - 17914) Fee: \$670.00 Benefit: 75% \$502.50: 85%/\$26.80 \$643.20	
34809	SAPHENOUS VEIN ANASTOMOSIS to femoral or popliteal vein for femoral vein bypass (AU 14 - 17914) Fee: \$670.00 Benefit: 75% \$502.50: 85%/\$26.80 \$643.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 167		

OPERATIONS		VASCULAR	
34812	VENOUS STENOSIS OR OCCLUSION, vein bypass for, using vein or synthetic material, not associated with items 34806 or 34809 (AU 13 - 17913) Fee: \$810.00 Benefit: 75% \$607.50: 85%/\$26.80 \$783.20		
34815	VEIN STENOSIS, patch angioplasty for, (excluding vein graft stenosis)-using vein or synthetic material (AU 15 - 17915) (See para T8.17 of explanatory notes to this Category) Fee: \$670.00 Benefit: 75% \$502.50: 85%/\$26.80 \$643.20		
34818	VENOUS VALVE, plication or repair to restore valve competency (AU 25 - 17925) Fee: \$735.00 Benefit: 75% \$551.25: 85%/\$26.80 \$708.20		
34821	VEIN TRANSPLANT to restore valvular function (AU 15 - 17915) Fee: \$1,000.00 Benefit: 75% \$750.00: 85%/\$26.80 \$973.20		
34824	EXTERNAL STENT, application of, to restore venous valve competency to superficial vein - one stent (AU 10 - 17910) Fee: \$340.00 Benefit: 75% \$255.00: 85%/\$26.80 \$313.20		
34827	EXTERNAL STENTS, application of, to restore venous valve competency to superficial vein or veins - more than one stent (AU 11 - 17911) Fee: \$415.00 Benefit: 75% \$311.25: 85%/\$26.80 \$388.20		
34830	EXTERNAL STENT, application of, to restore venous valve competency to deep vein (one stent) (AU 11 - 17911) Fee: \$485.00 Benefit: 75% \$363.75: 85%/\$26.80 \$458.20		
34833	EXTERNAL STENTS, application of, to restore venous valve competency to deep vein or veins (more than one stent) (AU 12 - 17912) Fee: \$630.00 Benefit: 75% \$472.50: 85%/\$26.80 \$603.20		
34836	PORTAL HYPERTENSION, vascular decompression operation for (including spleno-renal, porto-caval and mesenterico-caval anastomosis) (AU 24 - 17924) Fee: \$1,095.00 Benefit: 75% \$821.25: 85%/\$26.80 \$1,068.20		
SYMPATHECTOMY			
35000	LUMBAR SYMPATHECTOMY (AU 11 - 17911) Fee: \$485.00 Benefit: 75% \$363.75: 85%/\$26.80 \$458.20		
35003	CERVICAL OR UPPER THORACIC SYMPATHECTOMY by any surgical approach (AU 16 - 17916) Fee: \$630.00 Benefit: 75% \$472.50: 85%/\$26.80 \$603.20		
35006	CERVICAL OR UPPER THORACIC SYMPATHECTOMY, where operation is a reoperation for previous incomplete sympathectomy by any surgical approach (AU 13 - 17913) Fee: \$790.00 Benefit: 75% \$592.50: 85%/\$26.80 \$763.20		
LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed November 1,1991 Page 168			

OPERATIONS	VASCULAR
35009	<p>LUMBAR SYMPATHECTOMY, where operation is following chemical sympathectomy or for previous incomplete surgical sympathectomy (AU 11 - 17911) Fee: \$615.00 Benefit: 75% \$461.25: 85%/\$26.80 \$588.20</p>
35100	<p>DEBRIDEMENT AND AMPUTATIONS FOR VASCULAR DISEASE</p> <p>ISCHAEMIC LIMB, debridement of necrotic material, gangrenous tissue, slough in, in the operating theatre of a hospital, when debridement includes muscle, tendon or bone (AU 8 - 17908) Fee: \$255.00 Benefit: 75% \$191.25: 85%/\$26.80 \$228.20</p>
35103	<p>ISCHAEMIC LIMB, debridement of necrotic material, gangrenous tissue, or slough in, in the operating theatre of a hospital, superficial tissue only (AU 9 - 17909) Fee: \$162.00 Benefit: 75% \$121.50: 85%/\$26.80 \$137.70</p>
35200	<p style="text-align: center;">MISCELLANEOUS VASCULAR PROCEDURES</p> <p>‡ OPERATIVE ARTERIOGRAPHY OR VENOGRAPHY, one or more of, performed during the course of an operative procedure on an artery or vein, one site (AU 8 - 17908) Fee: \$118.00 Benefit: 75% \$88.50: 85%/\$26.80 \$100.30</p>
35203	<p>TRANSLUMINAL BALLOON ANGIOPLASTY OF CORONARY ARTERY AND DILATATION OF VESSEL, using interventional imaging techniques (AU 12 - 17912) Fee: \$355.00 Benefit: 75% \$266.25: 85%/\$26.80 \$328.20</p>
35206	<p>TRANSLUMINAL BALLOON ANGIOPLASTY OF PERIPHERAL VESSEL AND DILATATION OF VESSEL, using interventional imaging techniques (AU 12 - 17912) Fee: \$355.00 Benefit: 75% \$266.25: 85%/\$26.80 \$328.20</p>
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 169</p>	

OPERATIONS		GYNAECOLOGICAL				
SUBGROUP 4 - GYNAECOLOGICAL						
35500	GYNAECOLOGICAL EXAMINATION UNDER ANAESTHESIA, not associated with any other item in this Group (AU 5 - 17905)					
	Fee: \$56.00	Benefit: 75%	\$42.00:	85%/\$26.80	\$47.60	
35503	INTRA-UTERINE CONTRACEPTIVE DEVICE, INTRODUCTION OF, not associated with any other item in this Group (AU 5 - 17905)					
	Fee: \$37.00	Benefit: 75%	\$27.75:	85%/\$26.80	\$31.45	
35506	INTRA-UTERINE CONTRACEPTIVE DEVICE, REMOVAL OF UNDER GENERAL ANAESTHESIA, not associated with any other item in this Group (AU 5 - 17905)					
	Fee: \$37.00	Benefit: 75%	\$27.75:	85%/\$26.80	\$31.45	
35509	HYMENECTOMY (AU 5 - 17905)					
	Fee: \$62.00	Benefit: 75%	\$46.50:	85%/\$26.80	\$52.70	
35512 G	BARTHOLIN'S CYST, excision of (AU 7 - 17907)					
	Fee: \$124.00	Benefit: 75%	\$93.00:	85%/\$26.80	\$105.40	
35513 S	BARTHOLIN'S CYST, excision of (AU 7 - 17907)					
	Fee: \$152.00	Benefit: 75%	\$114.00:	85%/\$26.80	\$129.20	
35516 G	BARTHOLIN'S CYST OR GLAND, marsupialisation of (AU 6 - 17906)					
	Fee: \$80.00	Benefit: 75%	\$60.00:	85%/\$26.80	\$68.00	
35517 S	BARTHOLIN'S CYST OR GLAND, marsupialisation of (AU 6 - 17906)					
	Fee: \$100.00	Benefit: 75%	\$75.00:	85%/\$26.80	\$85.00	
35520	BARTHOLIN'S ABSCESS, incision of (AU 5 - 17905)					
	Fee: \$40.00	Benefit: 75%	\$30.00:	85%/\$26.80	\$34.00	
35523	URETHRA OR URETHRAL CARUNCLE, cauterisation of (AU 4 - 17904)					
	Fee: \$40.00	Benefit: 75%	\$30.00:	85%/\$26.80	\$34.00	
35526 G	URETHRAL CARUNCLE, excision of (AU 6 - 17906)					
	Fee: \$80.00	Benefit: 75%	\$60.00:	85%/\$26.80	\$68.00	
35527 S	URETHRAL CARUNCLE, excision of (AU 6 - 17906)					
	Fee: \$100.00	Benefit: 75%	\$75.00:	85%/\$26.80	\$85.00	
35530	CLITORIS, amputation of, where medically indicated (AU 7 - 17907)					
	Fee: \$186.00	Benefit: 75%	\$139.50:	85%/\$26.80	\$159.20	
35533	VULVOPLASTY or LABIOPLASTY, where medically indicated, not associated with Item 35536 (AU 9 - 17909)					
	Fee: \$240.00	Benefit: 75%	\$180.00:	85%/\$26.80	\$213.20	
35536	VULVA, wide local excision of suspected malignancy; or hemivulvectomy; or superficial vulvectomy, (including colposcopically directed CO2 laser), one or more procedures (AU 9 - 17909)					
	Fee: \$240.00	Benefit: 75%	\$180.00:	85%/\$26.80	\$213.20	

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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OPERATIONS		GYNAECOLOGICAL			
35539	COLPOSCOPICALLY DIRECTED CO2 LASER THERAPY for intraepithelial neoplasia of the cervix, vagina, vulva, urethra or anal canal, including associated biopsies - one anatomical site (AU 5 - 17905) Fee: \$188.00 Benefit: 75% \$141.00: 85%/\$26.80 \$161.20				
35542	COLPOSCOPICALLY DIRECTED CO2 LASER THERAPY for intraepithelial neoplasia of the cervix, vagina, vulva, urethra or anal canal, including associated biopsies - two or more anatomical sites (AU 6 - 17906) Fee: \$220.00 Benefit: 75% \$165.00: 85%/\$26.80 \$193.20				
35545	COLPOSCOPICALLY DIRECTED CO2 LASER THERAPY for condylomata, unsuccessfully treated by other methods (AU 6 - 17906) Fee: \$126.00 Benefit: 75% \$94.50: 85%/\$26.80 \$107.10				
35548	VULVECTOMY (RADICAL) for malignancy (AU 17 - 17917) Fee: \$460.00 Benefit: 75% \$345.00: 85%/\$26.80 \$433.20				
35551	PELVIC LYMPH GLANDS, excision of (radical) (AU 15 - 17915) Fee: \$470.00 Benefit: 75% \$352.50: 85%/\$26.80 \$443.20				
35554	VAGINA, DILATATION OF, as an independent procedure including any associated consultation (AU 4 - 17904) Fee: \$30.00 Benefit: 75% \$22.50: 85%/\$26.80 \$25.50				
35557	VAGINA, removal of simple tumour (including Gartner duct cyst) (AU 8 - 17908) Fee: \$148.00 Benefit: 75% \$111.00: 85%/\$26.80 \$125.80				
35560	VAGINA, partial or complete removal of (AU 13 - 17913) Fee: \$470.00 Benefit: 75% \$352.50: 85%/\$26.80 \$443.20				
35563	VAGINAL RECONSTRUCTION for congenital absence, gynatresia or urogenital sinus (AU 18 - 17918) Fee: \$470.00 Benefit: 75% \$352.50: 85%/\$26.80 \$443.20				
35566	VAGINAL SEPTUM, excision of, for correction of double vagina (AU 12 - 17912) Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20				
35569	PLASTIC REPAIR TO ENLARGE VAGINAL ORIFICE (AU 9 - 17909) Fee: \$110.00 Benefit: 75% \$82.50: 85%/\$26.80 \$93.50				
35572	COLPOTOMY - not covered by any other item in this Group (AU 6 - 17906) Fee: \$85.00 Benefit: 75% \$63.75: 85%/\$26.80 \$72.25				
35575 G 35576 S	ANTERIOR VAGINAL REPAIR OR POSTERIOR VAGINAL REPAIR (involving repair of rectocele or enterocele or both) not covered by Item 35579, 35580, 35583 or 35584 (AU 10 - 17910) Fee: \$240.00 Benefit: 75% \$180.00: 85%/\$26.80 \$213.20 Fee: \$295.00 Benefit: 75% \$221.25: 85%/\$26.80 \$268.20				

LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed
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OPERATIONS		GYNAECOLOGICAL			
35579 G 35580 S	ANTERIOR VAGINAL REPAIR AND POSTERIOR VAGINAL REPAIR (involving repair of rectocele or enterocele or both) not covered by Item 35583 or 35584 (AU 10 - 17910) Fee: \$295.00 Benefit: 75% \$221.25: 85%/\$26.80 \$268.20 Fee: \$370.00 Benefit: 75% \$277.50: 85%/\$26.80 \$343.20				
35583 G 35584 S	DONALD-FOTHERGILL OR MANCHESTER OPERATION FOR GENITAL PROLAPSE (AU 10 - 17910) Fee: \$350.00 Benefit: 75% \$262.50: 85%/\$26.80 \$323.20 Fee: \$465.00 Benefit: 75% \$348.75: 85%/\$26.80 \$438.20				
35587	URETHROCELE, operation for (AU 9 - 17909) Fee: \$120.00 Benefit: 75% \$90.00: 85%/\$26.80 \$102.00				
35590	Operation involving ABDOMINAL APPROACH for repair of ENTEROCELE OR SUSPENSION OF VAGINAL VAULT OR ENTEROCELE AND SUSPENSION OF VAGINAL VAULT (AU 9 - 17909) Fee: \$370.00 Benefit: 75% \$277.50: 85%/\$26.80 \$343.20				
35593	VAGINAL REPAIR OF ENTEROCELE with or without repair of rectocele, not associated with Items 35575, 35576, 35579, 35580, 35583, 35584, 35590, 35656, 35657 or 35673, and where on a previous occasion there has been performed surgery reflected by a procedure in Items 35575, 35576, 35579, 35580, 35583, 35584, 35590, 35656, 35657 or 35673 (AU 8 - 17908) Fee: \$365.00 Benefit: 75% \$273.75: 85%/\$26.80 \$338.20				
35596	FISTULA BETWEEN GENITAL AND URINARY OR ALIMENTARY TRACTS, repair of, not covered by Items 37029, 37333 or 37336 (AU 13 - 17913) Fee: \$470.00 Benefit: 75% \$352.50: 85%/\$26.80 \$443.20				
35599	STRESS INCONTINENCE, sling operation for (AU 12 - 17912) Fee: \$465.00 Benefit: 75% \$348.75: 85%/\$26.80 \$438.20				
35602	STRESS INCONTINENCE, combined synchronous ABDOMINO-VAGINAL operation for; abdominal procedure (including after-care) (AU 12 - 17912) Fee: \$465.00 Benefit: 75% \$348.75: 85%/\$26.80 \$438.20				
35605	STRESS INCONTINENCE, combined synchronous ABDOMINO-VAGINAL operation for; vaginal procedure (including after-care) Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80 \$223.20				
35608	CERVIX, cauterisation (other than by chemical means), ionisation, diathermy or biopsy of, with or without dilatation of cervix (AU 5 - 17905) Fee: \$44.00 Benefit: 75% \$33.00: 85%/\$26.80 \$37.40				
35611	CERVIX, removal of polyp or polypi, with or without dilatation of cervix, not associated with Item 35608 (AU 5 - 17905) Fee: \$43.50 Benefit: 75% \$32.65: 85%/\$26.80 \$37.00				
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OPERATIONS		GYNAECOLOGICAL			
35614	EXAMINATION OF LOWER FEMALE GENITAL TRACT by a Hinselmann-type colposcope in a patient with a previous abnormal cervical smear or a history of maternal ingestion of oestrogen or where a patient, because of suspicious signs of cancer, has been referred by another medical practitioner (AU 5 - 17905) <i>(see para T8.18 of explanatory notes to this Category)</i> Fee: \$44.00 Benefit: 75% \$33.00: 85%/\$26.80 \$37.40				
35617 G	CERVIX, cone biopsy, amputation or repair of, not covered by Item 35583 or 35584 (AU 7 - 17907) Fee: \$120.00 Benefit: 75% \$90.00: 85%/\$26.80 \$102.00				
35618 S	Fee: \$148.00 Benefit: 75% \$111.00: 85%/\$26.80 \$125.80				
35621	CERVIX, dilatation of, under general anaesthesia, not covered by Item 35639, 35640 or 35643 (AU 5 - 17905) <i>(see para T8.19 of explanatory notes to this Category)</i> Fee: \$56.00 Benefit: 75% \$42.00: 85%/\$26.80 \$47.60				
35624	ENDOMETRIAL BIOPSY where malignancy is suspected in patients with abnormal uterine bleeding or post menopausal bleeding (AU 5 - 17905) Fee: \$36.50 Benefit: 75% \$27.40: 85%/\$26.80 \$31.05				
35627	HYSTEROSCOPY with dilatation of cervix under general anaesthesia (AU 7 - 17907) Fee: \$74.00 Benefit: 75% \$55.50: 85%/\$26.80 \$62.90				
35630	HYSTEROSCOPY with endometrial biopsy or suction curettage, or both (AU 7 - 17907) Fee: \$57.00 Benefit: 75% \$42.75: 85%/\$26.80 \$48.45				
35633	HYSTEROSCOPY with uterine adhesiolysis or polypectomy or tubal catheterization or removal of IUD which cannot be removed by other means, one or more of (AU 8 - 17908) Fee: \$150.00 Benefit: 75% \$112.50: 85%/\$26.80 \$127.50				
35636	HYSTEROSCOPY AND LAPAROSCOPY under general anaesthesia involving either myomectomy or resection of uterine septum, or both (AU 10 - 17910) Fee: \$300.00 Benefit: 75% \$225.00: 85%/\$26.80 \$273.20				
35639 G	UTERUS, CURETTAGE OF, with or without dilatation (including curettage for incomplete miscarriage) under general anaesthesia, or under epidural or spinal (intrathecal) nerve block where undertaken in a hospital or approved day hospital facility (AU 5 - 17905) <i>(see para T8.20 of explanatory notes to this Category)</i> Fee: \$93.00 Benefit: 75% \$69.75: 85%/\$26.80 \$79.05				
35640 S	Fee: \$126.00 Benefit: 75% \$94.50: 85%/\$26.80 \$107.10				
35643	EVACUATION OF THE CONTENTS OF THE GRAVID UTERUS BY CURETTAGE OR SUCTION CURETTAGE not covered by Item 35639/35640 (AU 5 - 17905) Fee: \$150.00 Benefit: 75% \$112.50: 85%/\$26.80 \$127.50				
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS		GYNAECOLOGICAL			
35646	UTERUS - COLPOSCOPY with cervical biopsy and radical diathermy of cervix (AU 8 - 17908) (see para T8.21 of explanatory notes to this Category) Fee: \$140.00 Benefit: 75% \$105.00: 85%/\$26.80 \$119.00				
35649	HYSTEROTOMY or UTERINE MYOMECTOMY, abdominal (AU 10 - 17910) Fee: \$370.00 Benefit: 75% \$277.50: 85%/\$26.80 \$343.20				
35652 G 35653 S	HYSTERECTOMY, ABDOMINAL, SUB-TOTAL or TOTAL, with or without removal of uterine adnexae (AU 11 - 17911) Fee: \$370.00 Benefit: 75% \$277.50: 85%/\$26.80 \$343.20 Fee: \$465.00 Benefit: 75% \$348.75: 85%/\$26.80 \$438.20				
35656 G 35657 S	HYSTERECTOMY, VAGINAL, with or without uterine curettage, not covered by Item 35673 (AU 11 - 17911) Fee: \$365.00 Benefit: 75% \$273.75: 85%/\$26.80 \$338.20 Fee: \$465.00 Benefit: 75% \$348.75: 85%/\$26.80 \$438.20				
35660 G 35661 S	HYSTERECTOMY, ABDOMINAL, with excision of ovarian, para-ovarian, broad ligament or other adnexal cyst or mass, one or more, with conservation of the ovaries (AU 12 - 17912) Fee: \$485.00 Benefit: 75% \$363.75: 85%/\$26.80 \$458.20 Fee: \$615.00 Benefit: 75% \$461.25: 85%/\$26.80 \$588.20				
35664	RADICAL HYSTERECTOMY with radical excision of pelvic lymph glands (with or without excision of uterine adnexae) for proven malignancy including excision of any one or more of parametrium, paracolpos, upper vagina or contiguous pelvic peritoneum (AU 17 - 17917) Fee: \$870.00 Benefit: 75% \$652.50: 85%/\$26.80 \$843.20				
35667	RADICAL HYSTERECTOMY without gland dissection (with or without excision of uterine adnexae) for proven malignancy including excision of any one or more of parametrium, paracolpos, upper vagina or contiguous pelvic peritoneum (AU 17 - 17917) Fee: \$665.00 Benefit: 75% \$498.75: 85%/\$26.80 \$638.20				
35670	HYSTERECTOMY, abdominal, with radical excision of pelvic lymph glands, with or without removal of uterine adnexae (AU 19 - 17919) Fee: \$700.00 Benefit: 75% \$525.00: 85%/\$26.80 \$673.20				
35673	HYSTERECTOMY, VAGINAL (with or without uterine curettage) with salpingectomy, oophorectomy or excision of ovarian cyst, one or more, one or both sides (AU 12 - 17912) Fee: \$520.00 Benefit: 75% \$390.00: 85%/\$26.80 \$493.20				
35676 G 35677 S	ECTOPIC GESTATION, removal of (AU 9 - 17909) Fee: \$295.00 Benefit: 75% \$221.25: 85%/\$26.80 \$268.20 Fee: \$370.00 Benefit: 75% \$277.50: 85%/\$26.80 \$343.20				
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 174					

OPERATIONS		GYNAECOLOGICAL			
35680	BICORNUATE UTERUS, plastic reconstruction for (AU 14 - 17914) Fee: \$400.00 Benefit: 75% \$300.00: 85%/\$26.80 \$373.20				
35683 G 35684 S	UTERUS, SUSPENSION OR FIXATION OF, as an independent procedure (AU 8 - 17908) Fee: \$240.00 Benefit: 75% \$180.00: 85%/\$26.80 \$213.20 Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20				
35687 G 35688 S	STERILISATION BY TRANSECTION OR RESECTION OF FALLOPIAN TUBES, via abdominal or vaginal routes or via laparoscopy using diathermy or any other method (AU 8 - 17908) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20 Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20				
35691	STERILISATION BY INTERRUPTION OF FALLOPIAN TUBES, when performed in conjunction with Caesarean section (AU 5 - 17905) Fee: \$110.00 Benefit: 75% \$82.50: 85%/\$26.80 \$93.50				
35694	TUBOPLASTY (salpingostomy, salpingolysis or tubal implantation into uterus), UNILATERAL or BILATERAL, one or more procedures (AU 11 - 17911) Fee: \$440.00 Benefit: 75% \$330.00: 85%/\$26.80 \$413.20				
35697	MICROSURGICAL TUBOPLASTY (salpingostomy, salpingolysis or tubal implantation into uterus), UNILATERAL or BILATERAL, one or more procedures (AU 16 - 17916) Fee: \$650.00 Benefit: 75% \$487.50: 85%/\$26.80 \$623.20				
35700	FALLOPIAN TUBES, unilateral microsurgical anastomosis of, using operating microscope (AU 18 - 17918) Fee: \$505.00 Benefit: 75% \$378.75: 85%/\$26.80 \$478.20				
35703	HYDROTUBATION OF FALLOPIAN TUBES as a non-repetitive procedure not associated with any other item in this Group (AU 7 - 17907) Fee: \$46.50 Benefit: 75% \$34.90: 85%/\$26.80 \$39.55				
35706	RUBIN TEST FOR PATENCY OF FALLOPIAN TUBES (AU 7 - 17907) Fee: \$46.50 Benefit: 75% \$34.90: 85%/\$26.80 \$39.55				
35709	FALLOPIAN TUBES, hydrotubation of, as a repetitive post-operative procedure (AU 7 - 17907) Fee: \$30.00 Benefit: 75% \$22.50: 85%/\$26.80 \$25.50				
35712 G 35713 S	LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PARA-OVARIAN, FIMBRIAL or BROAD LIGAMENT CYST - one such procedure, not associated with hysterectomy (AU 9 - 17909) Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80 \$223.20 Fee: \$310.00 Benefit: 75% \$232.50: 85%/\$26.80 \$283.20				
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS	GYNAECOLOGICAL
35716 G 35717 S	<p>LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PARA-OVARIAN, FIMBRIAL or BROAD LIGAMENT CYST - two or more such procedures, unilateral or bilateral, not associated with hysterectomy (AU 10 - 17910)</p> <p>Fee: \$300.00 Benefit: 75% \$225.00: 85%/\$26.80 \$273.20 Fee: \$375.00 Benefit: 75% \$281.25: 85%/\$26.80 \$348.20</p>
35720	<p>RADICAL OR DEBULKING OPERATION for advanced gynaecological malignancy, with or without omentectomy (AU 16 - 17916) <i>(see para T8.22 of explanatory notes to this Category)</i></p> <p>Fee: \$465.00 Benefit: 75% \$348.75: 85%/\$26.80 \$438.20</p>
35723	<p>RETRO-PERITONEAL LYMPH NODE BIOPSIES from above the level of the aortic bifurcation, for staging or restaging of gynaecological malignancy (AU 19 - 17919)</p> <p>Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20</p>
35726	<p>INFRA-COLIC OMENTECTOMY with multiple peritoneal biopsies for staging or restaging of gynaecological malignancy (AU 16 - 17916)</p> <p>Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20</p>

OPERATIONS		UROLOGICAL
SUBGROUP 5 - UROLOGICAL		
GENERAL		
36500	ADRENAL GLAND, excision of - partial or total (AU 12 - 17912) Fee: \$635.00 Benefit: 75% \$476.25: 85%/\$26.80 \$608.20	
36503	RENAL TRANSPLANT (not covered by Item 36506 or 36509) (AU 24 - 17924) Fee: \$960.00 Benefit: 75% \$720.00: 85%/\$26.80 \$933.20	
36506	RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together - vascular anastomosis including after-care (AU 24 - 17924) Fee: \$635.00 Benefit: 75% \$476.25: 85%/\$26.80 \$608.20	
36509	RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together - ureterovesical anastomosis including after-care Fee: \$540.00 Benefit: 75% \$405.00: 85%/\$26.80 \$513.20	
36512	DONOR NEPHRECTOMY (cadaver) one or both kidneys Fee: \$540.00 Benefit: 75% \$405.00: 85%/\$26.80 \$513.20	
36515 G	NEPHRECTOMY, complete (AU 11 - 17911) Fee: \$530.00 Benefit: 75% \$397.50: 85%/\$26.80 \$503.20	
36516 S	NEPHRECTOMY, complete (AU 11 - 17911) Fee: \$635.00 Benefit: 75% \$476.25: 85%/\$26.80 \$608.20	
36519	NEPHRECTOMY, complete, complicated by previous surgery on the same kidney (AU 13 - 17913) Fee: \$890.00 Benefit: 75% \$667.50: 85%/\$26.80 \$863.20	
36522	NEPHRECTOMY, partial (AU 13 - 17913) Fee: \$765.00 Benefit: 75% \$573.75: 85%/\$26.80 \$738.20	
36525	NEPHRECTOMY, partial, complicated by previous surgery on the same kidney (AU 15 - 17915) Fee: \$1,085.00 Benefit: 75% \$813.75: 85%/\$26.80 \$1,058.20	
36528	NEPHRECTOMY, radical with en bloc dissection of lymph nodes, with or without adrenalectomy (AU 17 - 17917) Fee: \$890.00 Benefit: 75% \$667.50: 85%/\$26.80 \$863.20	
36531	NEPHRO-URETERECTOMY, complete, including associated bladder repair and any associated endoscopic procedures (AU 17 - 17914) Fee: \$795.00 Benefit: 75% \$596.25: 85%/\$26.80 \$768.20	
36534	KIDNEY, FUSED, renal symphysiotomy for (AU 14 - 17914) Fee: \$635.00 Benefit: 75% \$476.25: 85%/\$26.80 \$608.20	
36537	KIDNEY OR PERINEPHRIC AREA, EXPLORATION OF, with or without drainage of, by open exposure, not covered by any other item in this Group (AU 10 - 17910) Fee: \$475.00 Benefit: 75% \$356.25: 85%/\$26.80 \$448.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991		

OPERATIONS		UROLOGICAL
36540	NEPHROLITHOTOMY OR PYELOLITHOTOMY, or both, through the same skin incision, for one or two stones (AU 12 - 17912) Fee: \$765.00 Benefit: 75% \$573.75: 85%/\$26.80 \$738.20	
36543	NEPHROLITHOTOMY OR PYELOLITHOTOMY, or both, extended, for staghorn stone or 3 or more stones, including one or more of the following: nephrostomy, pyelostomy, pedicle control with or without freezing, calyorrhaphy or pyeloplasty (AU 12 - 17912) Fee: \$890.00 Benefit: 75% \$667.50: 85%/\$26.80 \$863.20	
36546	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY (ESWL) to urinary tract and post-treatment care for three days, including pre-treatment consultation, unilateral (AU 12 - 17912) Fee: \$475.00 Benefit: 75% \$356.25: 85%/\$26.80 \$448.20	
36549	URETEROLITHOTOMY (AU 11 - 17911) Fee: \$575.00 Benefit: 75% \$431.25: 85%/\$26.80 \$548.20	
36552	NEPHROSTOMY or pyelostomy, open, as an independent procedure (AU 11 - 17911) Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20	
36555	NEPHROPEXY, as an independent procedure (AU 9 - 17909) Fee: \$350.00 Benefit: 75% \$262.50: 85%/\$26.80 \$323.20	
36558	RENAL CYST OR CYSTS, excision or unroofing of (AU 11 - 17911) Fee: \$445.00 Benefit: 75% \$333.75: 85%/\$26.80 \$418.20	
36561	RENAL BIOPSY (closed) (AU 6 - 17906) Fee: \$118.00 Benefit: 75% \$88.50: 85%/\$26.80 \$100.30	
36564	PYELOPLASTY, by open exposure (AU 14 - 17914) Fee: \$635.00 Benefit: 75% \$476.25: 85%/\$26.80 \$608.20	
36567	PYELOPLASTY in congenitally abnormal kidney or solitary kidney, by open exposure (AU 14 - 17914) Fee: \$700.00 Benefit: 75% \$525.00: 85%/\$26.80 \$673.20	
36570	PYELOPLASTY, complicated by previous surgery on the same kidney, by open exposure (AU 15 - 17915) Fee: \$890.00 Benefit: 75% \$667.50: 85%/\$26.80 \$863.20	
36573	DIVIDED URETER, repair of (AU 13 - 17913) Fee: \$635.00 Benefit: 75% \$476.25: 85%/\$26.80 \$608.20	
36576	KIDNEY, exposure and exploration of, including repair or nephrectomy, for trauma, not associated with any other procedure performed on the kidney, renal pelvis or renal pedicle (AU 13 - 17913) Fee: \$795.00 Benefit: 75% \$596.25: 85%/\$26.80 \$768.20	

LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed
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OPERATIONS		UROLOGICAL			
36579	URETERECTOMY, COMPLETE OR PARTIAL, with or without associated bladder repair, not associated with Item 37000 (AU 12 - 17912) Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20				
36582	URETER, replacement of, by bowel (AU 12 - 17912) Fee: \$890.00 Benefit: 75% \$667.50: 85%/\$26.80 \$863.20				
36585	URETER, transplantation of, into skin (AU 10 - 17910) Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20				
36588	URETER, reimplantation into bladder (AU 12 - 17912) Fee: \$635.00 Benefit: 75% \$476.25: 85%/\$26.80 \$608.20				
36591	URETER, reimplantation into bladder with psoas hitch or Boari flap or both (AU 12 - 17912) Fee: \$765.00 Benefit: 75% \$573.75: 85%/\$26.80 \$738.20				
36594	URETER, transplantation of, into intestine (AU 12 - 17912) Fee: \$635.00 Benefit: 75% \$476.25: 85%/\$26.80 \$608.20				
36597	URETER, transplantation of, into another ureter (AU 12 - 17912) Fee: \$635.00 Benefit: 75% \$476.25: 85%/\$26.80 \$608.20				
36600	URETER, transplantation of, into isolated intestinal segment, unilateral (AU 14 - 17914) Fee: \$765.00 Benefit: 75% \$573.75: 85%/\$26.80 \$738.20				
36603	URETERS, transplantation of, into isolated intestinal segment, bilateral (AU 16 - 17916) Fee: \$890.00 Benefit: 75% \$667.50: 85%/\$26.80 \$863.20				
36606	INTESTINAL URINARY RESERVOIR, continent, formation of, including formation of non-return valves and implantation of ureters (one or both) into reservoir (AU 27 - 17927) Fee: \$1,595.00 Benefit: 75% \$1,196.25: 85%/\$26.80 \$1,568.20				
36609	INTESTINAL URINARY CONDUIT OR URETEROSTOMY, revision of (AU 13 - 17913) Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20				
36612	URETER, exploration of, with or without drainage of, as an independent procedure (AU 11 - 17911) Fee: \$445.00 Benefit: 75% \$333.75: 85%/\$26.80 \$418.20				
36615	URETEROLYSIS, with or without repositioning of ureter, for retroperitoneal fibrosis, ovarian vein syndrome or similar condition (AU 11 - 17911) Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20				
36618	REDUCTION URETEROPLASTY (AU 14 - 17914) Fee: \$445.00 Benefit: 75% \$333.75: 85%/\$26.80 \$418.20				
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS		UROLOGICAL
36621	CLOSURE OF CUTANEOUS URETEROSTOMY (AU 9 - 17909) Fee: \$320.00 Benefit: 75% \$240.00: 85%/\$26.80 \$293.20	
36624	NEPHROSTOMY, percutaneous, including associated imaging (AU 9 - 17909) Fee: \$385.00 Benefit: 75% \$288.75: 85%/\$26.80 \$358.20	
36627	NEPHROSCOPY, percutaneous, with or without any one or more of; stone extraction, biopsy or diathermy, not covered by Items 36639, 36642, 36645 or 36648 (AU 11 - 17911) Fee: \$475.00 Benefit: 75% \$356.25: 85%/\$26.80 \$448.20	
36630	The services covered by Item 36627 where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation due to bleeding (AU 10 - 17910) Fee: \$235.00 Benefit: 75% \$176.25: 85%/\$26.80 \$208.20	
36633	NEPHROSCOPY, percutaneous, with incision of any one or more of; renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, not in association with Items 36627, 36639, 36642, 36645 or 36648 (AU 11 - 17911) Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20	
36636	NEPHROSCOPY, percutaneous, with incision of any one or more of; renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, in association with Items 36627, 36639, 36642, 36645 or 36648 (AU 13 - 17913) Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20	
36639	NEPHROSCOPY, percutaneous, with destruction and extraction of one or two stones using ultrasound or electrohydraulic shock waves or lasers (not covered by Items 36645 or 36648) (AU 13 - 17913) Fee: \$575.00 Benefit: 75% \$431.25: 85%/\$26.80 \$548.20	
36642	The services covered by Item 36639 where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation due to bleeding (AU 12 - 17912) Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80 \$258.20	
36645	NEPHROSCOPY, percutaneous, with removal or destruction of a stone greater than 3 cms in any dimension, or for three or more stones (AU 17 - 17917) Fee: \$735.00 Benefit: 75% \$551.25: 85%/\$26.80 \$708.20	
36648	The services covered by Item 36645 where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation (AU 16 - 17916) Fee: \$655.00 Benefit: 75% \$491.25: 85%/\$26.80 \$628.20	
OPERATIONS ON THE BLADDER (CLOSED)		
36800	BLADDER, catheterisation of, where no other procedure is performed (AU 4 - 17904) Fee: \$19.00 Benefit: 75% \$14.25: 85%/\$26.80 \$16.15	
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 180</p>		

OPERATIONS		UROLOGICAL			
36803	URETEROSCOPY, with or without any one or more of; cystoscopy, ureteric meatotomy, ureteric dilatation and pyeloscopy, not associated with Item 36806, 36809, 36812, 36824, 36848 or 36857 (AU 7 - 17907) Fee: \$320.00 Benefit: 75% \$240.00: 85%/\$26.80 \$293.20				
36806	URETEROSCOPY as described in Item 36803, plus one or more of extraction of stone, biopsy or diathermy (AU 9 - 17909) Fee: \$445.00 Benefit: 75% \$333.75: 85%/\$26.80 \$418.20				
36809	URETEROSCOPY as described in Item 36803 plus destruction of stone with ultrasound, electrohydraulic shock waves, or laser, with extraction of fragments (AU 11 - 17911) Fee: \$575.00 Benefit: 75% \$431.25: 85%/\$26.80 \$548.20				
36812	CYSTOSCOPY with urethroscopy with or without urethral dilatation, not associated with any other urological endoscopic procedure on the lower urinary tract except Item 37327 (AU 5 - 17905) Fee: \$114.00 Benefit: 75% \$85.50: 85%/\$26.80 \$96.90				
36815	CYSTOSCOPY, with or without urethroscopy, for the treatment of penile warts or urethral warts, not associated with Item 30189 (AU 6 - 17906) <i>(See para T8.11 of explanatory notes to this Category)</i> Fee: \$164.00 Benefit: 75% \$123.00: 85%/\$26.80 \$139.40				
36818	CYSTOSCOPY with ureteric catheterisation including fluoroscopic imaging of the upper urinary tract, unilateral or bilateral, not associated with Item 36824 or 36830 (AU 6 - 17906) Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80 \$163.20				
36821	CYSTOSCOPY with one or more of; ureteric dilatation, insertion of ureteric stent, or brush biopsy of ureter or renal pelvis, unilateral, not associated with Item 36824 or 36830 (AU 6 - 17906) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20				
36824	CYSTOSCOPY, with ureteric catheterisation, unilateral or bilateral, not associated with Item 36818 or 36821 (AU 5 - 17905) Fee: \$146.00 Benefit: 75% \$109.50: 85%/\$26.80 \$124.10				
36827	CYSTOSCOPY, with controlled hydro-dilatation of the bladder (AU 5 - 17905) Fee: \$158.00 Benefit: 75% \$118.50: 85%/\$26.80 \$134.30				
36830	CYSTOSCOPY, with ureteric meatotomy (AU 5 - 17905) Fee: \$140.00 Benefit: 75% \$105.00: 85%/\$26.80 \$119.00				
36833	CYSTOSCOPY WITH REMOVAL OF FOREIGN BODY (AU 6 - 17906) Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80 \$163.20				
36836	CYSTOSCOPY, with biopsy of bladder, not associated with Items 36812, 36830, 36839, 36845, 36848, 36854, 37203, 37206 or 37215 (AU 6 - 17906) Fee: \$158.00 Benefit: 75% \$118.50: 85%/\$26.80 \$134.30				
LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS		UROLOGICAL			
36839	CYSTOSCOPY, with resection or diathermy of bladder tumour or other lesion of the bladder or prostate, not associated with Item 36845 (AU 6 - 17906) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20				
36842	CYSTOSCOPY, with lavage of blood clots from bladder including any associated diathermy of prostate or bladder and not associated with Item 36812 and Items 36827 to 36863 and Items 37203 and 37206 (AU 8 - 17908) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20				
36845	CYSTOSCOPY, with diathermy or resection of multiple bladder tumours in more than two quadrants of the bladder or solitary tumour greater than 2cms in diameter (AU 6 - 17906) Fee: \$475.00 Benefit: 75% \$356.25: 85%/\$26.80 \$448.20				
36848	CYSTOSCOPY, with resection of ureterocele (AU 5 - 17905) Fee: \$158.00 Benefit: 75% \$118.50: 85%/\$26.80 \$134.30				
36851	CYSTOSCOPY, with injection into bladder wall (AU 5 - 17905) Fee: \$158.00 Benefit: 75% \$118.50: 85%/\$26.80 \$134.30				
36854	CYSTOSCOPY, with endoscopic incision or resection of external sphincter, bladder neck or both (AU 7 - 17907) Fee: \$320.00 Benefit: 75% \$240.00: 85%/\$26.80 \$293.20				
36857	ENDOSCOPIC MANIPULATION OR EXTRACTION of ureteric calculus (AU 6 - 17906) Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80 \$223.20				
36860	ENDOSCOPIC EXAMINATION of intestinal conduit or reservoir (AU 5 - 17905) Fee: \$114.00 Benefit: 75% \$85.50: 85%/\$26.80 \$96.90				
36863	LITHOLAPAXY, with or without cystoscopy (AU 7 - 17907) Fee: \$320.00 Benefit: 75% \$240.00: 85%/\$26.80 \$293.20				
OPERATIONS ON THE BLADDER (OPEN)					
37000	BLADDER, partial excision of (AU 13 - 17913) Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20				
37003 G 37004 S	BLADDER, repair of rupture (AU 13 - 17913) Fee: \$365.00 Benefit: 75% \$273.75: 85%/\$26.80 \$338.20 Fee: \$445.00 Benefit: 75% \$333.75: 85%/\$26.80 \$418.20				
37007 G 37008 S	CYSTOSTOMY OR CYSTOTOMY, suprapubic, not covered by Item 37011 and not associated with other open bladder procedure (AU 8 - 17908) Fee: \$230.00 Benefit: 75% \$172.50: 85%/\$26.80 \$203.20 Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80 \$258.20				
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 182</p>					

OPERATIONS		UROLOGICAL	
37011	SUPRAPUBIC STAB CYSTOTOMY (AU 6 - 17906) Fee: \$64.00 Benefit: 75% \$48.00: 85%/\$26.80 \$54.40		
37014	BLADDER, total excision of (AU 29 - 17929) Fee: \$735.00 Benefit: 75% \$551.25: 85%/\$26.80 \$708.20		
37017	BLADDER TUMOURS, suprapubic diathermy of (AU 10 - 17910) Fee: \$475.00 Benefit: 75% \$356.25: 85%/\$26.80 \$448.20		
37020	BLADDER DIVERTICULUM, excision or obliteration of (AU 10 - 17910) Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20		
37023	VESICAL FISTULA, cutaneous, operation for (AU 12 - 17912) Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80 \$258.20		
37026	CUTANEOUS VESICOSTOMY, establishment of (AU 9 - 17909) Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80 \$258.20		
37029	VESICO-VAGINAL FISTULA, closure of, by abdominal approach (AU 12 - 17912) Fee: \$635.00 Benefit: 75% \$476.25: 85%/\$26.80 \$608.20		
37032	VESICO-VAGINAL FISTULA, closure of, synchronous combined approach, abdominal component, including aftercare (AU 12 - 17912) Fee: \$575.00 Benefit: 75% \$431.25: 85%/\$26.80 \$548.20		
37035	VESICO-VAGINAL FISTULA, closure of, synchronous combined approach, vaginal component, including aftercare Fee: \$415.00 Benefit: 75% \$311.25: 85%/\$26.80 \$388.20		
37038	VESICO-INTESTINAL FISTULA, closure of, excluding bowel resection (AU 11 - 17911) Fee: \$475.00 Benefit: 75% \$356.25: 85%/\$26.80 \$448.20		
37041	BLADDER ASPIRATION by needle Fee: \$32.00 Benefit: 75% \$24.00: 85%/\$26.80 \$27.20		
37044	BLADDER STRESS INCONTINENCE, suprapubic procedure for, not covered by Item 35599 (AU 9 - 17909) Fee: \$475.00 Benefit: 75% \$356.25: 85%/\$26.80 \$448.20		
37047	BLADDER ENLARGEMENT using intestine (AU 23 - 17923) Fee: \$1,145.00 Benefit: 75% \$858.75: 85%/\$26.80 \$1,118.20		
37050	BLADDER EXTROPHY CLOSURE, not involving sphincter reconstruction (AU 14 - 17914) Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20		
37053	BLADDER TRANSECTION AND RE-ANASTOMOSIS TO TRIGONE (AU 16 - 17916) Fee: \$590.00 Benefit: 75% \$442.50: 85%/\$26.80 \$563.20		

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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OPERATIONS		UROLOGICAL
OPERATIONS ON THE PROSTATE		
37200	PROSTATECTOMY, open (AU 13 - 17913) Fee: \$700.00 Benefit: 75% \$525.00: 85%/\$26.80 \$673.20	
37203	PROSTATECTOMY (endoscopic), with or without cystoscopy and with or without urethroscopy, and including services covered by Item 36854, 37303, 37321 or 37324 (AU 10 - 17910) Fee: \$795.00 Benefit: 75% \$596.25: 85%/\$26.80 \$768.20	
37206	PROSTATECTOMY (endoscopic), with or without cystoscopy and with or without urethroscopy, and including services covered by Item 36854, 37303, 37321 or 37324 continuation of, within 10 days of initial procedure which had to be discontinued for medical reasons (AU 9 - 17909) Fee: \$385.00 Benefit: 75% \$288.75: 85%/\$26.80 \$358.20	
37209	PROSTATE, total excision of (AU 13 - 17913) Fee: \$890.00 Benefit: 75% \$667.50: 85%/\$26.80 \$863.20	
37212	PROSTATE, open perineal biopsy or open drainage of abscess (AU 6 - 17906) Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80 \$163.20	
37215	PROSTATE, biopsy of, endoscopic, with or without cystoscopy (AU 6 - 17906) Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80 \$258.20	
37218	PROSTATE, needle biopsy of, or injection into (AU 5 - 17905) Fee: \$95.00 Benefit: 75% \$71.25: 85%/\$26.80 \$80.75	
37221	PROSTATIC ABSCESS, endoscopic drainage of (AU 7 - 17907) Fee: \$320.00 Benefit: 75% \$240.00: 85%/\$26.80 \$293.20	
OPERATIONS ON URETHRA, PENIS OR SCROTUM		
37300	URETHRAL SOUNDS, passage of, as an independent procedure (AU 5 - 17905) Fee: \$32.00 Benefit: 75% \$24.00: 85%/\$26.80 \$27.20	
37303	URETHRAL STRICTURE, dilatation of (AU 5 - 17905) Fee: \$51.00 Benefit: 75% \$38.25: 85%/\$26.80 \$43.35	
37306	URETHRA, repair of rupture of distal section (AU 9 - 17909) Fee: \$445.00 Benefit: 75% \$333.75: 85%/\$26.80 \$418.20	
37309	URETHRA, repair of rupture of prostatic or membranous segment (AU 10 - 17910) Fee: \$635.00 Benefit: 75% \$476.25: 85%/\$26.80 \$608.20	
37312	URETHRAL FISTULA, closure of (AU 8 - 17908) Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80 \$163.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991		

OPERATIONS		UROLOGICAL
37315	URETHROSCOPY, as an independent procedure (AU 5 - 17905) Fee: \$95.00 Benefit: 75% \$71.25: 85%/\$26.80 \$80.75	
37318	URETHROSCOPY with any one or more of; biopsy, diathermy or removal of foreign body or stone (AU 7 - 17907) Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80 \$163.20	
37321	URETHRAL MEATOTOMY, EXTERNAL (AU 4 - 17904) Fee: \$64.00 Benefit: 75% \$48.00: 85%/\$26.80 \$54.40	
37324	URETHROTOMY OR URETHROSTOMY, internal or external (AU 5 - 17905) Fee: \$158.00 Benefit: 75% \$118.50: 85%/\$26.80 \$134.30	
37327	URETHROTOMY, optical, for urethral stricture (AU 5 - 17905) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20	
37330	URETHRECTOMY, partial or complete, for removal of tumour (AU 9 - 17909) Fee: \$445.00 Benefit: 75% \$333.75: 85%/\$26.80 \$418.20	
37333	URETHRO-VAGINAL FISTULA, closure of (AU 9 - 17909) Fee: \$385.00 Benefit: 75% \$288.75: 85%/\$26.80 \$358.20	
37336	URETHRO-RECTAL FISTULA, closure of (AU 10 - 17910) Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20	
37339	PERI-URETHRAL INJECTION of Teflon, including urethroscopy and cystoscopy (AU 5 - 17905) Fee: \$166.00 Benefit: 75% \$124.50: 85%/\$26.80 \$141.10	
37342	URETHROPLASTY - single stage operation (AU 10 - 17910) Fee: \$575.00 Benefit: 75% \$431.25: 85%/\$26.80 \$548.20	
37345	URETHROPLASTY - two stage operation - first stage (AU 9 - 17909) Fee: \$475.00 Benefit: 75% \$356.25: 85%/\$26.80 \$448.20	
37348	URETHROPLASTY - two stage operation - second stage (AU 9 - 17909) Fee: \$475.00 Benefit: 75% \$356.25: 85%/\$26.80 \$448.20	
37351	URETHROPLASTY, not covered by any other item in this Group (AU 9 - 17909) Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80 \$163.20	
37354	HYPOSPADIAS, meatotomy and hemi-circumcision (AU 7 - 17907) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20	
37357	HYPOSPADIAS, glanuloplasty incorporating meatal advancement (AU 8 - 17908) Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80 \$258.20	
37360	HYPOSPADIAS OR EPISPADIAS, with or without chordee, correction of, as a staged procedure, first stage (AU 10 - 17910) Fee: \$320.00 Benefit: 75% \$240.00: 85%/\$26.80 \$293.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991		
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OPERATIONS		UROLOGICAL			
37363	HYPOSPADIAS OR EPISPADIAS, with or without chordee, correction of, as a staged procedure, second stage (AU 11 - 17911) Fee: \$475.00 Benefit: 75% \$356.25: 85%/\$26.80 \$448.20				
37366	HYPOSPADIAS OR EPISPADIAS, with or without chordee, correction of, as one stage procedure, not covered by Item 37357 (AU 13 - 17913) Fee: \$575.00 Benefit: 75% \$431.25: 85%/\$26.80 \$548.20				
37369	URETHRA, excision of prolapse of (AU 7 - 17907) Fee: \$128.00 Benefit: 75% \$96.00: 85%/\$26.80 \$108.80				
37372	URETHRAL DIVERTICULUM, excision of (AU 8 - 17908) Fee: \$320.00 Benefit: 75% \$240.00: 85%/\$26.80 \$293.20				
37375	URETHRAL SPHINCTER, reconstruction by bladder tubularisation technique or similar procedure (AU 16 - 17916) Fee: \$795.00 Benefit: 75% \$596.25: 85%/\$26.80 \$768.20				
37378	URETHRA, operation for correction of male urinary incontinence, not covered by Item 37381 or 37390 (AU 9 - 17909) Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20				
37381	ARTIFICIAL URINARY SPHINCTER, insertion of cuff, perineal approach (AU 10 - 17910) Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20				
37384	ARTIFICIAL URINARY SPHINCTER, insertion of cuff, abdominal approach (AU 16 - 17916) Fee: \$795.00 Benefit: 75% \$596.25: 85%/\$26.80 \$768.20				
37387	ARTIFICIAL URINARY SPHINCTER, insertion of pressure regulating balloon and pump (AU 8 - 17908) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20				
37390	ARTIFICIAL URINARY SPHINCTER, revision or removal of, with or without replacement (AU 12 - 17912) Fee: \$635.00 Benefit: 75% \$476.25: 85%/\$26.80 \$608.20				
37393	PRIAPISM, decompression by glanular stab cavernoso-spongiosum shunt or penile aspiration with or without lavage (AU 7 - 17907) Fee: \$158.00 Benefit: 75% \$118.50: 85%/\$26.80 \$134.30				
37396	PRIAPISM, shunt operation for, not covered by Item 37393 (AU 10 - 17910) Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20				
37399	URETHRAL VALVE, destruction of, including cystoscopy and urethroscopy (AU 7 - 17907) Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80 \$223.20				

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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OPERATIONS		UROLOGICAL
37402	PENIS, partial amputation of (AU 8 - 17908) Fee: \$320.00 Benefit: 75% \$240.00: 85%/\$26.80	\$293.20
37405	PENIS, complete or radical amputation of (AU 12 - 17912) Fee: \$635.00 Benefit: 75% \$476.25: 85%/\$26.80	\$608.20
37408	PENIS, repair of laceration of cavernous tissue, or fracture involving cavernous tissue (AU 8 - 17908) Fee: \$320.00 Benefit: 75% \$240.00: 85%/\$26.80	\$293.20
37411	PENIS, repair of avulsion (AU 12 - 17912) Fee: \$635.00 Benefit: 75% \$476.25: 85%/\$26.80	\$608.20
37414	PENIS, injection of, for investigation or treatment of impotence, priapism or Peyronie's plaque Fee: \$32.00 Benefit: 75% \$24.00: 85%/\$26.80	\$27.20
37417	PENIS, correction of chordee, with or without excision of fibrous plaque or plaques and with or without grafting (AU 8 - 17908) Fee: \$385.00 Benefit: 75% \$288.75: 85%/\$26.80	\$358.20
37420	PENIS, surgery to inhibit rapid penile drainage causing impotence, by ligation of veins deep to Bucks fascia including one or more deep cavernosal veins with or without pharmacological erection test (AU 7 - 17907) Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80	\$223.20
37423	PENIS, lengthening by translocation of corpora (AU 14 - 17914) Fee: \$635.00 Benefit: 75% \$476.25: 85%/\$26.80	\$608.20
37426	PENIS, artificial erection device, insertion of, into one or both corpora (AU 8 - 17908) Fee: \$670.00 Benefit: 75% \$502.50: 85%/\$26.80	\$643.20
37429	PENIS, artificial erection device, insertion of pump and pressure regulating reservoir (AU 11 - 17911) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80	\$198.20
37432	PENIS, artificial erection device, complete or partial revision or removal of components, with or without replacement (AU 11 - 17911) Fee: \$635.00 Benefit: 75% \$476.25: 85%/\$26.80	\$608.20
37435	PENIS, frenuloplasty as an independent procedure (AU 5 - 17905) Fee: \$64.00 Benefit: 75% \$48.00: 85%/\$26.80	\$54.40
37438	SCROTUM, partial excision of (AU 7 - 17907) Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80	\$163.20
37441	PENIS ERECTION TEST FOR HYPOSPADIAS AND CHORDEE when performed under general anaesthesia, as an independent procedure (AU 5 - 17905) Fee: \$63.00 Benefit: 75% \$47.25: 85%/\$26.80	\$53.55
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991		

OPERATIONS		UROLOGICAL			
37444	URETEROLITHOTOMY COMPLICATED BY PREVIOUS SURGERY at the same site of the same ureter (AU 12 - 17912) Fee: \$690.00 Benefit: 75% \$517.50: 85%/\$26.80 \$663.20				
OPERATIONS ON TESTES, VASA OR SEMINAL VESICLES					
37600 G 37601 S	SPERMATOCELE OR EPIDIDYMAL CYST, excision of, one or more of, on one side (AU 6 - 17906) Fee: \$158.00 Benefit: 75% \$118.50: 85%/\$26.80 \$134.30 Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80 \$163.20				
37604	EXPLORATION OF SCROTAL CONTENTS, with or without fixation and with or without biopsy, unilateral (AU 5 - 17905) Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80 \$163.20				
37607	RETROPERITONEAL LYMPH NODE DISSECTION, unilateral, not associated with Item 36528 (AU 12 - 17912) Fee: \$635.00 Benefit: 75% \$476.25: 85%/\$26.80 \$608.20				
37610	RETROPERITONEAL LYMPH NODE DISSECTION, unilateral, not associated with Item 36528, following previous similar retroperitoneal dissection, retroperitoneal irradiation or chemotherapy (AU 24 - 17924) Fee: \$960.00 Benefit: 75% \$720.00: 85%/\$26.80 \$933.20				
37613	EPIDIDYMECTOMY (AU 8 - 17908) Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80 \$163.20				
37616	VASO-VASOSTOMY or VASO-EPIDIDYMOSTOMY, unilateral, using operating microscope (AU 14 - 17914) Fee: \$475.00 Benefit: 75% \$356.25: 85%/\$26.80 \$448.20				
37619	VASO-VASOSTOMY or VASO-EPIDIDYMOSTOMY, unilateral (AU 9 - 17909) Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80 \$163.20				
37622 G 37623 S	VASOTOMY OR VASECTOMY, unilateral or bilateral (AU 5 - 17905) Fee: \$134.00 Benefit: 75% \$100.50: 85%/\$26.80 \$113.90 Fee: \$158.00 Benefit: 75% \$118.50: 85%/\$26.80 \$134.30				
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 188</p>					

OPERATIONS		CARDIO-THORACIC
	SUBGROUP 6 - CARDIO-THORACIC	
	ADULT CARDIAC SURGERY	
38200	RIGHT HEART CATHERISATION, including fluoroscopy, oximetry, dye dilution curves, cardiac output measurement by any method, shunt detection and exercise stress test (AU 12 - 17912) Fee: \$305.00 Benefit: 75% \$228.75: 85%/\$26.80 \$278.20	
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 (AU 12 - 17912) Fee: \$365.00 Benefit: 75% \$273.75: 85%/\$26.80 \$338.20	
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 (AU 14 - 17914) Fee: \$445.00 Benefit: 75% \$333.75: 85%/\$26.80 \$418.20	
38209	CARDIAC ELECTROPHYSIOLOGICAL STUDY - up to and including 3 catheter investigation of any one or more of - syncope, atrio-ventricular conduction, sinus node function or simple ventricular tachycardia studies, not in association with Item 38212 (AU 19 - 17919) Fee: \$570.00 Benefit: 75% \$427.50: 85%/\$26.80 \$543.20	
38212	CARDIAC ELECTROPHYSIOLOGICAL STUDY - 4 or more catheter supraventricular tachycardia investigation; or complex ventricular tachycardia investigation involving multiple ventricular tachycardia inductions, or multiple catheter mapping, or acute intravenous anti-arrhythmic drug testing with pre and post drug inductions; or catheter ablation; or intra-operative mapping; or electrophysiological services during defibrillator implantation or testing - not in association with Item 38209 (AU 27 - 17927) Fee: \$945.00 Benefit: 75% \$708.75: 85%/\$26.80 \$918.20	
38215	SELECTIVE CORONARY ARTERIOGRAPHY - placement of catheters and injection of opaque material (AU 14 - 17914) Fee: \$310.00 Benefit: 75% \$232.50: 85%/\$26.80 \$283.20	
38218	SELECTIVE CORONARY ARTERIOGRAPHY - placement of catheters and injection of opaque material with right or left heart catheterisation, or both (AU 16 - 17916) Fee: \$515.00 Benefit: 75% \$386.25: 85%/\$26.80 \$488.20	
38221	INTRA-AORTIC BALLOON FOR COUNTERPULSATION, operation for insertion by arteriotomy, or removal and arterioplasty (excluding repair by patch graft) (AU 14 - 17914) Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 189		

OPERATIONS		CARDIO-THORACIC			
38224	PERMANENT INTERNAL PACEMAKER AND MYOCARDIAL ELECTRODES, insertion or replacement of by thoracotomy (AU 11 - 17911) Fee: \$830.00 Benefit: 75% \$622.50: 85%/\$26.80 \$803.20				
38227	PERMANENT TRANSVENOUS ELECTRODE, insertion or replacement of (AU 12 - 17912) Fee: \$410.00 Benefit: 75% \$307.50: 85%/\$26.80 \$383.20				
38230	PERMANENT PACEMAKER, insertion or replacement of (AU 12 - 17912) Fee: \$260.00 Benefit: 75% \$195.00: 85%/\$26.80 \$233.20				
38233	TEMPORARY TRANSVENOUS PACEMAKING ELECTRODE, insertion of (AU 11 - 17911) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20				
38236	OPEN HEART SURGERY for congenital heart disease in children up to two years, excluding patent ductus arteriosus (AU 38 - 17938) Fee: \$1,325.00 Benefit: 75% \$993.75: 85%/\$26.80 \$1,298.20				
38239	OPEN HEART SURGERY for single valve replacement, atrial septal defect, pulmonary valvotomy, congenital heart disease (not covered by Item 38236) or any other open heart operation not covered by any other item in this Group (AU 32 - 17932) Fee: \$1,325.00 Benefit: 75% \$993.75: 85%/\$26.80 \$1,298.20				
38242	OPEN HEART SURGERY on more than one valve or involving more than one chamber (AU 38 - 17938) Fee: \$1,910.00 Benefit: 75% \$1,432.50: 85%/\$26.80 \$1,883.20				
38245	CORONARY ARTERY OR ARTERIES, direct surgery to, employing cardiopulmonary by-pass (AU 36 - 17936) Fee: \$1,515.00 Benefit: 75% \$1,136.25: 85%/\$26.80 \$1,488.20				
THORACIC SURGERY					
38400	THORACIC CAVITY, aspiration of, for diagnostic purposes, not associated with Item 38403 Fee: \$27.50 Benefit: 75% \$20.65: 85%/\$26.80 \$23.40				
38403	THORACIC CAVITY, aspiration of, with therapeutic drainage (paracentesis), with or without diagnostic sample Fee: \$47.50 Benefit: 75% \$35.65: 85%/\$26.80 \$40.40				
38406	PERICARDIUM, paracentesis of (excluding after-care) (AU 6 - 17906) Fee: \$77.00 Benefit: 75% \$57.75: 85%/\$26.80 \$65.45				
38409	INTERCOSTAL DRAIN, insertion of, not involving resection of rib (excluding after-care) (AU 7 - 17907) Fee: \$77.00 Benefit: 75% \$57.75: 85%/\$26.80 \$65.45				
LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS		CARDIO-THORACIC			
38412	PERCUTANEOUS NEEDLE BIOPSY of lung (AU 7 - 17907) Fee: \$118.00 Benefit: 75% \$88.50: 85%/\$26.80 \$100.30				
38415	EMPYEMA, radical operation for, involving resection of rib (AU 13 - 17913) Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20				
38418	THORACOTOMY, exploratory, with or without biopsy (AU 11 - 17911) Fee: \$635.00 Benefit: 75% \$476.25: 85%/\$26.80 \$608.20				
38421	THORACOTOMY, with pulmonary decortication (AU 17 - 17917) Fee: \$940.00 Benefit: 75% \$705.00: 85%/\$26.80 \$913.20				
38424	THORACOTOMY, with pleurectomy or pleurodesis, OR ENUCLEATION OF HYDATID cysts (AU 16 - 17916) Fee: \$680.00 Benefit: 75% \$510.00: 85%/\$26.80 \$653.20				
38427	THORACOPLASTY (COMPLETE) (AU 21 - 17921) Fee: \$940.00 Benefit: 75% \$705.00: 85%/\$26.80 \$913.20				
38430	THORACOPLASTY (IN STAGES) - each stage (AU 14 - 17914) Fee: \$490.00 Benefit: 75% \$367.50: 85%/\$26.80 \$463.20				
38433	PECTUS EXCAVATUM OR PECTUS CARINATUM, radical correction of (AU 16 - 17916) Fee: \$830.00 Benefit: 75% \$622.50: 85%/\$26.80 \$803.20				
38436	THORACOSCOPY, with or without division of pleural adhesions (AU 7 - 17907) Fee: \$196.00 Benefit: 75% \$147.00: 85%/\$26.80 \$169.20				
38439	PNEUMONECTOMY or lobectomy (AU 18 - 17918) Fee: \$940.00 Benefit: 75% \$705.00: 85%/\$26.80 \$913.20				
38442	OESOPHAGECTOMY, with direct anastomosis OR WITH STOMACH TRANSPOSITION (AU 23 - 17923) Fee: \$940.00 Benefit: 75% \$705.00: 85%/\$26.80 \$913.20				
38445	OESOPHAGECTOMY, with interposition of small or large bowel (AU 27 - 17927) Fee: \$1,170.00 Benefit: 75% \$877.50: 85%/\$26.80 \$1,143.20				
38448	MEDIASTINUM, cervical exploration of, with or without biopsy (AU 10 - 17910) Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20				
38451	PERICARDIUM, TRANSTHORACIC DRAINAGE OF (other than for treatment of constrictive pericarditis) (AU 14 - 17914) Fee: \$680.00 Benefit: 75% \$510.00: 85%/\$26.80 \$653.20				

LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed
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OPERATIONS

CARDIO-THORACIC

<p>38454</p>	<p>INTRATHORACIC OPERATION on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than one of those organs, not covered by any other item in this Group (AU 28 - 17928) <i>(see para T8.23 of explanatory notes to this Category)</i> Fee: \$940.00 Benefit: 75% \$705.00: 85%/\$26.80 \$913.20</p>

OPERATIONS		NEUROSURGICAL			
SUBGROUP 7 - NEUROSURGICAL					
GENERAL					
39000	LUMBAR PUNCTURE, or spinal or epidural injection not covered by Item 18200 (AU 5 - 17905) Fee: \$52.00 Benefit: 75% \$39.00: 85%/ \$26.80 \$44.20				
39003	CISTERNAL PUNCTURE Fee: \$59.00 Benefit: 75% \$44.25: 85%/ \$26.80 \$50.15				
39006	VENTRICULAR PUNCTURE (not including burr-hole) Fee: \$110.00 Benefit: 75% \$82.50: 85%/ \$26.80 \$93.50				
39009	SUBDURAL HAEMORRHAGE, tap for, each tap (AU 6 - 17906) Fee: \$41.00 Benefit: 75% \$30.75: 85%/ \$26.80 \$34.85				
39012	BURR-HOLE, single, preparatory to ventricular puncture or for inspection purpose - not included in any other Items (AU 11 - 17911) Fee: \$164.00 Benefit: 75% \$123.00: 85%/ \$26.80 \$139.40				
39015	VENTRICULAR RESERVOIR or intracranial pressure monitoring device, insertion of - including burr-hole (excluding after-care) (AU 12 - 17912) Fee: \$260.00 Benefit: 75% \$195.00: 85%/ \$26.80 \$233.20				
39018	CEREBROSPINAL FLUID reservoir, insertion of (AU 10 - 17910) Fee: \$260.00 Benefit: 75% \$195.00: 85%/ \$26.80 \$233.20				
PROCEDURES FOR PAIN RELIEF					
39100	INJECTION OF PRIMARY BRANCH OF TRIGEMINAL NERVE with alcohol, cortisone, phenol, or similar substance (AU 8 - 17908) Fee: \$164.00 Benefit: 75% \$123.00: 85%/ \$26.80 \$139.40				
39103	INTRATHECAL INJECTION of alcohol or phenol Fee: \$164.00 Benefit: 75% \$123.00: 85%/ \$26.80 \$139.40				
39106	NEURECTOMY, INTRACRANIAL, for trigeminal neuralgia (AU 16 - 17916) Fee: \$820.00 Benefit: 75% \$615.00: 85%/ \$26.80 \$793.20				
39109	TRIGEMINAL GANGLIOTOMY by radiofrequency, balloon or glycerol (AU 8 - 17908) Fee: \$305.00 Benefit: 75% \$228.75: 85%/ \$26.80 \$278.20				
39112	CRANIAL NERVE, intracranial decompression of, using microsurgical techniques (AU 25 - 17925) Fee: \$1,060.00 Benefit: 75% \$795.00: 85%/ \$26.80 \$1,033.20				
LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed November 1,1991 Page 193					

OPERATIONS		NEUROSURGICAL	
39115	PERCUTANEOUS NEUROTOMY of posterior divisions of spinal nerves by any method on one or more occasions within a thirty day period, including any spinal, epidural or regional nerve block given at the time of such neurotomy (AU 6 - 17906) Fee: \$68.00 Benefit: 75% \$51.00: 85%/\$26.80 \$57.80		
39118	PERCUTANEOUS NEUROTOMY for facet joint denervation by radio-frequency probe or cryoprobe using radiological imaging control (AU 7 - 17907) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20		
39121	PERCUTANEOUS CORDOTOMY (AU 9 - 17909) Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20		
39124	CORDOTOMY OR MYELOTOMY, laminectomy for, or operation for dorsal root entry zone (Drez) lesion (AU 13 - 17913) Fee: \$1,115.00 Benefit: 75% \$836.25: 85%/\$26.80 \$1,088.20		
39127	SUBCUTANEOUS RESERVOIR AND SPINAL CATHETER FOR PAIN, insertion of (AU 8 - 17908) Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20		
39130	PERCUTANEOUS EPIDURAL IMPLANT FOR PAIN, insertion of (one or two stages), not involving laminectomy (AU 8 - 17908) Fee: \$450.00 Benefit: 75% \$337.50: 85%/\$26.80 \$423.20		
39133	EPIDURAL STIMULATOR or INTRATHECAL INFUSION DEVICE, revision of (AU 7 - 17907) Fee: \$110.00 Benefit: 75% \$82.50: 85%/\$26.80 \$93.50		
39136	PERCUTANEOUS EPIDURAL IMPLANT FOR PAIN, removal of (AU 7 - 17907) Fee: \$110.00 Benefit: 75% \$82.50: 85%/\$26.80 \$93.50		
39139	EPIDURAL IMPLANT FOR PAIN, laminectomy and insertion of, including implantation of pulse generator (one or two stages) (AU 18 - 17918) Fee: \$740.00 Benefit: 75% \$555.00: 85%/\$26.80 \$713.20		
PERIPHERAL NERVES			
39300	CUTANEOUS NERVE (including digital nerve), primary repair of, using microsurgical techniques (AU 9 - 17909) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20		
39303	CUTANEOUS NERVE (including digital nerve), secondary repair of, using microsurgical techniques (AU 10 - 17910) Fee: \$320.00 Benefit: 75% \$240.00: 85%/\$26.80 \$293.20		
39306	NERVE TRUNK, primary repair of, using microsurgical techniques (AU 11 - 17911) Fee: \$465.00 Benefit: 75% \$348.75: 85%/\$26.80 \$438.20		
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 194			

OPERATIONS		NEUROSURGICAL	
39309	NERVE TRUNK, secondary repair of, using microsurgical techniques (AU 12 - 17912) Fee: \$490.00 Benefit: 75% \$367.50: 85%/\$26.80 \$463.20		
39312	NERVE TRUNK, (interfascicular), neurolysis of, using microsurgical techniques (AU 11 - 17911) Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20		
39315	NERVE TRUNK, nerve graft to, (cable graft) including harvesting of nerve graft using microsurgical techniques (AU 16 - 17916) Fee: \$710.00 Benefit: 75% \$532.50: 85%/\$26.80 \$683.20		
39318	CUTANEOUS NERVE (including digital nerve), nerve graft to, using microsurgical techniques (AU 12 - 17912) Fee: \$440.00 Benefit: 75% \$330.00: 85%/\$26.80 \$413.20		
39321	NERVE, transposition of (AU 8 - 17908) Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20		
39324	NEURECTOMY, NEUROTOMY or removal of tumour from superficial peripheral nerve (AU 8 - 17908) Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80 \$163.20		
39327	NEURECTOMY, NEUROTOMY or removal of tumour from deep peripheral nerve (AU 10 - 17910) Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20		
39330	NEUROLYSIS by open operation without transposition, not associated with Item 7100 (AU 7 - 17907) Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80 \$163.20		
39333	BRACHIAL PLEXUS, exploration of not covered by any other item in this Part (AU 11 - 17911) Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20		
CRANIAL NERVES			
39500	VESTIBULAR NERVE, section of, via posterior fossa (AU 24 - 17924) Fee: \$875.00 Benefit: 75% \$656.25: 85%/\$26.80 \$848.20		
39503	FACIO-HYPOGLOSSAL nerve or FACIO-ACCESSORY nerve, anastomosis of (AU 28 - 17928) Fee: \$660.00 Benefit: 75% \$495.00: 85%/\$26.80 \$633.20		
CRANIO-CEREBRAL INJURIES			
39600	Intracranial haemorrhage, burr-hole craniotomy for - including burr holes (AU 11 - 17911) Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20		

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OPERATIONS		NEUROSURGICAL			
39603	INTRACRANIAL HAEMORRHAGE, osteoplastic craniotomy or extensive craniectomy and removal of haematoma (AU 18 - 17918) Fee: \$825.00 Benefit: 75% \$618.75: 85%/\$26.80 \$798.20				
39606	FRACTURED SKULL, depressed or comminuted, operation for (AU 12 - 17912) Fee: \$550.00 Benefit: 75% \$412.50: 85%/\$26.80 \$523.20				
39609	FRACTURED SKULL, compound, without dural penetration, operation for (AU 12 - 17912) Fee: \$660.00 Benefit: 75% \$495.00: 85%/\$26.80 \$633.20				
39612	FRACTURED SKULL, compound or complicated, with dural penetration and brain laceration, operation for (AU 14 - 17914) Fee: \$770.00 Benefit: 75% \$577.50: 85%/\$26.80 \$743.20				
39615	FRACTURED SKULL with rhinorrhoea or otorrhoea, cranioplasty and repair of (AU 16 - 17916) Fee: \$825.00 Benefit: 75% \$618.75: 85%/\$26.80 \$798.20				
INTRACRANIAL NEOPLASMS					
39700	SKULL TUMOUR, benign or malignant, excision of, excluding cranioplasty (AU 27 - 17927) Fee: \$385.00 Benefit: 75% \$288.75: 85%/\$26.80 \$358.20				
39703	INTRACRANIAL tumour or cyst, burr-hole and biopsy of, or drainage of, or both (AU 10 - 17910) Fee: \$355.00 Benefit: 75% \$266.25: 85%/\$26.80 \$328.20				
39706	INTRACRANIAL tumour, biopsy or decompression of via osteoplastic flap OR biopsy and decompression of via osteoplastic flap (AU 18 - 17918) Fee: \$765.00 Benefit: 75% \$573.75: 85%/\$26.80 \$738.20				
39709	CRANIOTOMY for removal of glioma, metastatic carcinoma or any other tumour in cerebrum, cerebellum or brain stem - not covered by any other Item in this Group (AU 25 - 17925) Fee: \$1,095.00 Benefit: 75% \$821.25: 85%/\$26.80 \$1,068.20				
39712	CRANIOTOMY FOR REMOVAL OF MENINGIOMA, pinealoma, cranio-pharyngioma, intraventricular tumour or any other intracranial tumour not covered by any other item in this Group (AU 25 - 17925) Fee: \$1,975.00 Benefit: 75% \$1,481.25: 85%/\$26.80 \$1,948.20				
39715	PITUITARY TUMOUR, hypophysectomy or removal of by transcranial or transphenoidal approach (AU 25 - 17925) Fee: \$1,365.00 Benefit: 75% \$1,023.75: 85%/\$26.80 \$1,338.20				
LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed November 1,1991 Page 196					

OPERATIONS		NEUROSURGICAL	
39718	ARACHNOIDAL CYST, craniotomy for (AU 15 - 17915) Fee: \$600.00 Benefit: 75% \$450.00: 85%/\$26.80 \$573.20		
39721	CRANIOTOMY, involving osteoplastic flap, for re-opening post-operatively for haemorrhage, swelling, etc (AU 16 - 17916) Fee: \$550.00 Benefit: 75% \$412.50: 85%/\$26.80 \$523.20		
CEREBROVASCULAR DISEASE			
39800	ANEURYSM, clipping or reinforcement of sac (AU 28 - 17928) Fee: \$1,970.00 Benefit: 75% \$1,477.50: 85%/\$26.80 \$1,943.20		
39803	INTRACRANIAL ARTERIOVENOUS MALFORMATION, excision of (AU 32 - 17932) Fee: \$1,970.00 Benefit: 75% \$1,477.50: 85%/\$26.80 \$1,943.20		
39806	ANEURYSM, or arteriovenous malformation, intracranial proximal artery clipping of (AU 24 - 17924) Fee: \$885.00 Benefit: 75% \$663.75: 85%/\$26.80 \$858.20		
39809	ARTERIOVENOUS MALFORMATION, craniotomy and direct embolisation of (AU 32 - 17932) Fee: \$985.00 Benefit: 75% \$738.75: 85%/\$26.80 \$958.20		
39812	INTRACRANIAL ANEURYSM or arteriovenous fistula, ligation of cervical vessel or vessels (AU 10 - 17910) Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20		
39815	CAROTID-CAVERNOUS FISTULA, obliteration of - combined cervical and intracranial procedure (AU 40 - 17940) Fee: \$1,260.00 Benefit: 75% \$945.00: 85%/\$26.80 \$1,233.20		
39818	EXTRACRANIAL TO INTRACRANIAL BYPASS using superficial temporal artery or saphenous vein graft (AU 32 - 17932) Fee: \$1,260.00 Benefit: 75% \$945.00: 85%/\$26.80 \$1,233.20		
INFECTION			
39900	INTRACRANIAL INFECTION, drainage of, via burr-hole - including burr-hole (AU 10 - 17910) Fee: \$355.00 Benefit: 75% \$266.25: 85%/\$26.80 \$328.20		
39903	INTRACRANIAL ABSCESS, excision of (AU 17 - 17917) Fee: \$1,095.00 Benefit: 75% \$821.25: 85%/\$26.80 \$1,068.20		
39906	OSTEOMYELITIS OF SKULL or removal of infected bone flap, craniectomy for (AU 10 - 17910) Fee: \$550.00 Benefit: 75% \$412.50: 85%/\$26.80 \$523.20		
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991			

OPERATIONS		NEUROSURGICAL
CEREBRO-SPINAL FLUID CIRCULATION DISORDERS		
40000	VENTRICULO-CISTERNOSTOMY (Torkildsen's operation) (AU 15 - 17915) Fee: \$630.00 Benefit: 75% \$472.50: 85%/\$26.80 \$603.20	
40003	CRANIAL OR CISTERNAL SHUNT DIVERSION, insertion of (AU 14 - 17914) Fee: \$630.00 Benefit: 75% \$472.50: 85%/\$26.80 \$603.20	
40006	LUMBAR SHUNT DIVERSION, insertion of (AU 13 - 17913) Fee: \$495.00 Benefit: 75% \$371.25: 85%/\$26.80 \$468.20	
40009	CRANIAL, CISTERNAL OR LUMBAR SHUNT, revision or removal of (AU 12 - 17912) Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20	
40012	THIRD VENTRICULOSTOMY (AU 15 - 17915) Fee: \$710.00 Benefit: 75% \$532.50: 85%/\$26.80 \$683.20	
40015	SUBTEMPORAL DECOMPRESSION (AU 26 - 17926) Fee: \$164.00 Benefit: 75% \$123.00: 85%/\$26.80 \$139.40	
40018	LUMBAR CEREBROSPINAL FLUID DRAIN, insertion of (AU 6 - 17906) Fee: \$110.00 Benefit: 75% \$82.50: 85%/\$26.80 \$93.50	
CONGENITAL DISORDERS		
40100	MENINGOCELE, excision and closure of (AU 13 - 17913) Fee: \$475.00 Benefit: 75% \$356.25: 85%/\$26.80 \$448.20	
40103	MYELOMENINGOCELE, excision and closure of, including skin flaps or Z plasty where performed (AU 15 - 17915) Fee: \$700.00 Benefit: 75% \$525.00: 85%/\$26.80 \$673.20	
40106	ARNOLD-CHIARI MALFORMATION, decompression of (AU 35 - 17935) Fee: \$710.00 Benefit: 75% \$532.50: 85%/\$26.80 \$683.20	
40109	ENCEPHALOCOELE, excision and closure of (AU 34 - 17934) Fee: \$765.00 Benefit: 75% \$573.75: 85%/\$26.80 \$738.20	
40112	TETHERED CORD, release of, including lipomeningocele or diastematomyelia (AU 35 - 17935) Fee: \$985.00 Benefit: 75% \$738.75: 85%/\$26.80 \$958.20	
40115	CRANIOSTENOSIS, operation for - single suture (AU 17 - 17917) Fee: \$495.00 Benefit: 75% \$371.25: 85%/\$26.80 \$468.20	
40118	CRANIOSTENOSIS, operation for - more than one suture (AU 20 - 17920) Fee: \$660.00 Benefit: 75% \$495.00: 85%/\$26.80 \$633.20	
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OPERATIONS		NEUROSURGICAL	
SPINAL DISORDERS			
40300	INTERVERTEBRAL DISC OR DISCS, laminectomy for exploration or removal of (AU 12 - 17912) Fee: \$660.00 Benefit: 75% \$495.00: 85%/\$26.80 \$633.20		
40303	RECURRENT DISC LESION OR SPINAL STENOSIS, laminectomy for - one level (AU 13 - 17913) Fee: \$750.00 Benefit: 75% \$562.50: 85%/\$26.80 \$723.20		
40306	SPINAL CANAL STENOSIS, laminectomy (multi-level), for treatment of (AU 16 - 17916) Fee: \$990.00 Benefit: 75% \$742.50: 85%/\$26.80 \$963.20		
40309	EXTRADURAL TUMOUR OR ABSCESS, laminectomy for (AU 12 - 17912) Fee: \$750.00 Benefit: 75% \$562.50: 85%/\$26.80 \$723.20		
40312	INTRADURAL LESION, laminectomy for, not covered by any other item in this Group (AU 13 - 17913) Fee: \$1,010.00 Benefit: 75% \$757.50: 85%/\$26.80 \$983.20		
40315	CRANIOCERVICAL JUNCTION LESION, transoral approach for (AU 29 - 17929) Fee: \$1,095.00 Benefit: 75% \$821.25: 85%/\$26.80 \$1,068.20		
40318	INTRAMEDULLARY TUMOUR OR ARTERIOVENOUS MALFORMATION, laminectomy and radical excision of (AU 14 - 17914) Fee: \$1,365.00 Benefit: 75% \$1,023.75: 85%/\$26.80 \$1,338.20		
40321	POSTERIOR SPINAL FUSION, not covered by items 40324 and 40327 (AU 18 - 17918) Fee: \$750.00 Benefit: 75% \$562.50: 85%/\$26.80 \$723.20		
40324	LAMINECTOMY FOLLOWED BY POSTERIOR FUSION, performed by neurosurgeon and orthopaedic surgeon operating together - laminectomy, including aftercare (AU 18 - 17918) Fee: \$440.00 Benefit: 75% \$330.00: 85%/\$26.80 \$413.20		
40327	LAMINECTOMY FOLLOWED BY POSTERIOR FUSION, performed by neurosurgeon and orthopaedic surgeon operating together - posterior fusion, including aftercare Fee: \$440.00 Benefit: 75% \$330.00: 85%/\$26.80 \$413.20		
40330	SPINAL RHIZOLYSIS involving exposure of spinal nerve roots, with or without laminectomy (AU 16 - 17916) Fee: \$660.00 Benefit: 75% \$495.00: 85%/\$26.80 \$633.20		
40333	CERVICAL DISCECTOMY (ANTERIOR), without fusion (AU 19 - 17919) Fee: \$550.00 Benefit: 75% \$412.50: 85%/\$26.80 \$523.20		
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OPERATIONS		NEUROSURGICAL	
40336	INTRADISCAL INJECTION OF CHYMOPAPAIN (DISCASE) - one disc (AU 8 - 17908) <i>(see para T8.24 of explanatory notes to this Category)</i> Fee: \$220.00 Benefit: 75% \$165.00: 85%/\$26.80 \$193.20		
40339	HYDROMELIA, plugging of obex for, with or without duroplasty (AU 25 - 17925) Fee: \$1,095.00 Benefit: 75% \$821.25: 85%/\$26.80 \$1,068.20		
40342	HYDROMELIA, craniotomy and laminectomy for, with cavity packing and CSF shunt (AU 25 - 17925) Fee: \$1,010.00 Benefit: 75% \$757.50: 85%/\$26.80 \$983.20		
SKULL RECONSTRUCTION			
40600	CRANIOPLASTY, reconstructive (AU 16 - 17916) Fee: \$660.00 Benefit: 75% \$495.00: 85%/\$26.80 \$633.20		
EPILEPSY			
40700	CORPUS CALLOSUM, anterior section of, for epilepsy (AU 25 - 17925) Fee: \$1,200.00 Benefit: 75% \$900.00: 85%/\$26.80 \$1,173.20		
40703	CORTICECTOMY, TOPECTOMY or PARTIAL LOBECTOMY for epilepsy (AU 23 - 17923) Fee: \$1,010.00 Benefit: 75% \$757.50: 85%/\$26.80 \$983.20		
40706	HEMISPHERECTOMY for intractible epilepsy (AU 40 - 17940) Fee: \$1,475.00 Benefit: 75% \$1,106.25: 85%/\$26.80 \$1,448.20		
40709	BURR-HOLE PLACEMENT of intracranial depth or surface electrodes (AU 15 - 17915) Fee: \$355.00 Benefit: 75% \$266.25: 85%/\$26.80 \$328.20		
40712	INTRACRANIAL ELECTRODE PLACEMENT via craniotomy (AU 21 - 17921) Fee: \$720.00 Benefit: 75% \$540.00: 85%/\$26.80 \$693.20		
STEREOTACTIC PROCEDURES			
40800	STEREOTACTIC ANATOMICAL LOCALISATION in association with an intracranial operative procedure (AU 17 - 17917) Fee: \$615.00 Benefit: 75% \$461.25: 85%/\$26.80 \$588.20		
40803	INTRACRANIAL STEREOTACTIC PROCEDURE BY ANY METHOD, not covered by any other item in this Group (AU 17 - 17917) Fee: \$825.00 Benefit: 75% \$618.75: 85%/\$26.80 \$798.20		

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MISCELLANEOUS

40900

LEUCOTOMY for psychiatric disorder (AU 15 - 17915)

Fee: \$620.00

Benefit: 75% \$465.00: 85%/\$26.80 \$593.20

OPERATIONS		EAR, NOSE AND THROAT			
SUBGROUP 8 - EAR, NOSE AND THROAT					
41500	EAR, foreign body in, removal of, otherwise than by simple syringing (AU 4 - 17904) Fee: \$57.00 Benefit: 75% \$42.75: 85%/\$26.80 \$48.45				
41503	EAR, foreign body in, removal of, involving incision of external auditory canal (AU 6 - 17906) Fee: \$164.00 Benefit: 75% \$123.00: 85%/\$26.80 \$139.40				
41506	AURAL POLYP, removal of (AU 4 - 17904) Fee: \$99.00 Benefit: 75% \$74.25: 85%/\$26.80 \$84.15				
41509	EXTERNAL AUDITORY MEATUS, surgical removal of keratosis obturans from, not covered by any other item in this Group (AU 9 - 17909) Fee: \$112.00 Benefit: 75% \$84.00: 85%/\$26.80 \$95.20				
41512	MEATOPLASTY involving removal of cartilage or bone or both cartilage and bone not covered by Item 41515 (AU 9 - 17909) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20				
41515	MEATOPLASTY involving removal of cartilage or bone or both cartilage and bone associated with Item 41530, 41548, 41557, 41560 or 41563 (AU 7 - 17907) <i>(see para T8.25 of explanatory notes to this Category)</i> Fee: \$265.00 Benefit: 75% \$198.75: 85%/\$26.80 \$238.20				
41518	EXTERNAL AUDITORY MEATUS, removal of EXOSTOSES IN (AU 12 - 17912) Fee: \$640.00 Benefit: 75% \$480.00: 85%/\$26.80 \$613.20				
41521	Correction of AUDITORY CANAL STENOSIS, including meatoplasty, with or without grafting (AU 12 - 17912) Fee: \$680.00 Benefit: 75% \$510.00: 85%/\$26.80 \$653.20				
41524	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL in association with Items 41557, 41560 and 41563 (AU 9 - 17909) <i>(see para T8.26 of explanatory notes to this Category)</i> Fee: \$196.00 Benefit: 75% \$147.00: 85%/\$26.80 \$169.20				
41527	MYRINGOPLASTY, trans-canal approach (Rosen incision) (AU 11 - 17911) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20				
41530	MYRINGOPLASTY, post-aural or endaural approach with or without mastoid inspection (AU 12 - 17912) Fee: \$660.00 Benefit: 75% \$495.00: 85%/\$26.80 \$633.20				
41533	ATTICOTOMY without reconstruction of the bony defect, with or without myringoplasty (AU 12 - 17912) Fee: \$790.00 Benefit: 75% \$592.50: 85%/\$26.80 \$763.20				

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OPERATIONS		EAR, NOSE AND THROAT			
41536	ATTICOTOMY with reconstruction of the bony defect, with or without myringoplasty (AU 14 - 17914) Fee: \$885.00 Benefit: 75% \$663.75: 85%/\$26.80 \$858.20				
41539	OSSICULAR CHAIN RECONSTRUCTION (AU 12 - 17912) Fee: \$750.00 Benefit: 75% \$562.50: 85%/\$26.80 \$723.20				
41542	OSSICULAR CHAIN RECONSTRUCTION AND MYRINGOPLASTY (AU 13 - 17913) Fee: \$820.00 Benefit: 75% \$615.00: 85%/\$26.80 \$793.20				
41545	MASTOIDECTOMY (CORTICAL) (AU 12 - 17912) Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20				
41548	OBLITERATION OF THE MASTOID CAVITY (AU 10 - 17910) Fee: \$475.00 Benefit: 75% \$356.25: 85%/\$26.80 \$448.20				
41551	MASTOIDECTOMY, intact wall technique, with myringoplasty (AU 16 - 17916) Fee: \$1,095.00 Benefit: 75% \$821.25: 85%/\$26.80 \$1,068.20				
41554	MASTOIDECTOMY, intact wall technique, with myringoplasty and ossicular chain reconstruction (AU 18 - 17918) Fee: \$1,290.00 Benefit: 75% \$967.50: 85%/\$26.80 \$1,263.20				
41557	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) (AU 13 - 17913) Fee: \$750.00 Benefit: 75% \$562.50: 85%/\$26.80 \$723.20				
41560	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) AND MYRINGOPLASTY (AU 13 - 17913) Fee: \$820.00 Benefit: 75% \$615.00: 85%/\$26.80 \$793.20				
41563	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL), MYRINGOPLASTY AND OSSICULAR CHAIN RECONSTRUCTION (AU 14 - 17914) Fee: \$1,020.00 Benefit: 75% \$765.00: 85%/\$26.80 \$993.20				
41566	REVISION OF MASTOIDECTOMY (radical, modified radical or intact wall), including myringoplasty (AU 16 - 17916) Fee: \$750.00 Benefit: 75% \$562.50: 85%/\$26.80 \$723.20				
41569	DECOMPRESSION OF FACIAL NERVE in its mastoid portion (AU 13 - 17913) Fee: \$820.00 Benefit: 75% \$615.00: 85%/\$26.80 \$793.20				
41572	LABYRINTHOTOMY OR DESTRUCTION OF LABYRINTH (AU 12 - 17912) Fee: \$710.00 Benefit: 75% \$532.50: 85%/\$26.80 \$683.20				
41575	CEREBELLO - PONTINE ANGLE TUMOUR, removal of by two surgeons operating conjointly, by transmastoid, translabyrinthine or retromastoid approach - transmastoid, translabyrinthine or retromastoid procedure (including after-care) (AU 39 - 17939) Fee: \$1,675.00 Benefit: 75% \$1,256.25: 85%/\$26.80 \$1,648.20				

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OPERATIONS		EAR, NOSE AND THROAT	
41578	CEREBELLO - PONTINE ANGLE TUMOUR, removal of by two surgeons operating conjointly, by transmastoid, translabyrinthine or retromastoid approach - intracranial procedure (including after-care) Fee: \$1,675.00 Benefit: 75% \$1,256.25: 85%/\$26.80 \$1,648.20		
41581	SKULL BASE TUMOUR, removal of by infra-temporal approach (AU 40 - 17940) Fee: \$1,930.00 Benefit: 75% \$1,447.50: 85%/\$26.80 \$1,903.20		
41584	PARTIAL TEMPORAL BONE RESECTION for removal of tumour involving mastoidectomy with or without decompression of facial nerve (AU 28 - 17928) Fee: \$1,325.00 Benefit: 75% \$993.75: 85%/\$26.80 \$1,298.20		
41587	TOTAL TEMPORAL BONE RESECTION for removal of tumour (AU 32 - 17932) Fee: \$1,805.00 Benefit: 75% \$1,353.75: 85%/\$26.80 \$1,778.20		
41590	ENDOLYMPHATIC SAC, TRANSMASTOID DECOMPRESSION with or without drainage of (AU 12 - 17912) Fee: \$820.00 Benefit: 75% \$615.00: 85%/\$26.80 \$793.20		
41593	TRANSLABYRINTHINE VESTIBULAR NERVE SECTION (AU 22 - 17922) Fee: \$1,070.00 Benefit: 75% \$802.50: 85%/\$26.80 \$1,043.20		
41596	RETROLABYRINTHINE VESTIBULAR and/or COCHLEAR NERVE SECTION (AU 26 - 17926) Fee: \$1,200.00 Benefit: 75% \$900.00: 85%/\$26.80 \$1,173.20		
41599	INTERNAL AUDITORY MEATUS, exploration by middle cranial fossa approach with cranial nerve decompression (AU 23 - 17923) Fee: \$1,200.00 Benefit: 75% \$900.00: 85%/\$26.80 \$1,173.20		
41602	FENESTRATION OPERATION - each ear (AU 11 - 17911) Fee: \$820.00 Benefit: 75% \$615.00: 85%/\$26.80 \$793.20		
41605	VENOUS GRAFT TO FENESTRATION CAVITY (AU 12 - 17912) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20		
41608	STAPEDECTOMY (AU 11 - 17911) Fee: \$750.00 Benefit: 75% \$562.50: 85%/\$26.80 \$723.20		
41611	STAPES MOBILISATION (AU 10 - 17910) Fee: \$485.00 Benefit: 75% \$363.75: 85%/\$26.80 \$458.20		
41614	ROUND WINDOW SURGERY including repair of cochleotomy (AU 11 - 17911) Fee: \$750.00 Benefit: 75% \$562.50: 85%/\$26.80 \$723.20		
41617	COCHLEAR IMPLANT, insertion of, including mastoidectomy (AU 23 - 17923) Fee: \$1,305.00 Benefit: 75% \$978.75: 85%/\$26.80 \$1,278.20		
41620	GLOMUS TUMOUR, transtympanic removal of (AU 12 - 17912) Fee: \$570.00 Benefit: 75% \$427.50: 85%/\$26.80 \$543.20		
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 204			

OPERATIONS		EAR, NOSE AND THROAT			
41623	GLOMUS TUMOUR, transmastoid removal of, including mastoidectomy (AU 13 - 17913) Fee: \$820.00 Benefit: 75% \$615.00: 85%/\$26.80 \$793.20				
41626	ABSCESS OR INFLAMMATION OF MIDDLE EAR, operation for (excluding after-care) (AU 7 - 17907) Fee: \$99.00 Benefit: 75% \$74.25: 85%/\$26.80 \$84.15				
41629	MIDDLE EAR, EXPLORATION OF (AU 9 - 17909) Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20				
41632	MIDDLE EAR, insertion of tube for DRAINAGE OF (including myringotomy) (AU 7 - 17907) Fee: \$164.00 Benefit: 75% \$123.00: 85%/\$26.80 \$139.40				
41635	CLEARANCE OF MIDDLE EAR FOR GRANULOMA, CHOLESTEATOMA and POLYP, one or more, with or without myringoplasty (AU 10 - 17910) Fee: \$790.00 Benefit: 75% \$592.50: 85%/\$26.80 \$763.20				
41638	CLEARANCE OF MIDDLE EAR FOR GRANULOMA, CHOLESTEATOMA and POLYP, one or more, with or without myringoplasty with ossicular chain reconstruction (AU 16 - 17916) Fee: \$985.00 Benefit: 75% \$738.75: 85%/\$26.80 \$958.20				
41641	PERFORATION OF TYMPANUM, cauterisation or diathermy of (AU 6 - 17906) Fee: \$32.50 Benefit: 75% \$24.40: 85%/\$26.80 \$27.65				
41644	EXCISION OF RIM OF EARDRUM PERFORATION, not associated with myringoplasty (AU 6 - 17906) Fee: \$98.00 Benefit: 75% \$73.50: 85%/\$26.80 \$83.30				
41647	EAR TOILET requiring use of operating microscope and microinspection of tympanic membrane with or without general anaesthesia (AU 7 - 17907) Fee: \$76.00 Benefit: 75% \$57.00: 85%/\$26.80 \$64.60				
41650	TYMPANIC MEMBRANE, microinspection of one or both ears under general anaesthesia, not associated with any other item in this Group (AU 7 - 17907) Fee: \$76.00 Benefit: 75% \$57.00: 85%/\$26.80 \$64.60				
41653	EXAMINATION OF NASAL CAVITY or POST-NASAL SPACE, or NASAL CAVITY AND POST-NASAL SPACE, UNDER GENERAL ANAESTHESIA, not associated with any other item in this Group (AU 6 - 17906) Fee: \$49.50 Benefit: 75% \$37.15: 85%/\$26.80 \$42.10				
41656	NASAL HAEMORRHAGE, POSTERIOR, ARREST OF, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding after-care) (AU 8 - 17908) Fee: \$85.00 Benefit: 75% \$63.75: 85%/\$26.80 \$72.25				
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OPERATIONS		EAR, NOSE AND THROAT			
41659	NOSE, removal of FOREIGN BODY IN, other than by simple probing (AU 6 - 17906) Fee: \$54.00 Benefit: 75% \$40.50: 85%/\$26.80 \$45.90				
41662	NASAL POLYP OR POLYPI (SIMPLE), removal of (see para T8.27 of explanatory notes to this Category) Fee: \$57.00 Benefit: 75% \$42.75: 85%/\$26.80 \$48.45				
41665 G 41668 S	NASAL POLYP OR POLYPI (requiring admission to hospital), removal of (AU 7 - 17907) (see para T8.27 of explanatory notes to this Category) Fee: \$118.00 Benefit: 75% \$88.50: 85%/\$26.80 \$100.30 Fee: \$152.00 Benefit: 75% \$114.00: 85%/\$26.80 \$129.20				
41671	NASAL SEPTUM, SEPTOPLASTY, SUBMUCOUS RESECTION or closure of septal perforation (AU 9 - 17909) Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20				
41674	CAUTERISATION (other than by chemical means) OR CAUTERISATION by chemical means when performed under general anaesthesia OR DIATHERMY OF SEPTUM, TURBINATES OR PHARYNX - one or more of these procedures (including any consultation on the same occasion) not associated with any other operation on the nose (AU 6 - 17906) Fee: \$69.00 Benefit: 75% \$51.75: 85%/\$26.80 \$58.65				
41677	NASAL HAEMORRHAGE, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both (AU 7 - 17907) Fee: \$62.00 Benefit: 75% \$46.50: 85%/\$26.80 \$52.70				
41680	CRYOTHERAPY TO NOSE in the treatment of nasal haemorrhage (AU 7 - 17907) Fee: \$112.00 Benefit: 75% \$84.00: 85%/\$26.80 \$95.20				
41683	DIVISION OF NASAL ADHESIONS, with or without stenting not associated with any other operation on the nose and not performed during the post-operative period of a nasal operation (AU 6 - 17906) Fee: \$81.00 Benefit: 75% \$60.75: 85%/\$26.80 \$68.85				
41686	DISLOCATION OF TURBINATE OR TURBINATES, one or both sides, not associated with any other item in this Group (AU 6 - 17906) Fee: \$49.50 Benefit: 75% \$37.15: 85%/\$26.80 \$42.10				
41689	TURBINECTOMY or turbinectomies, partial or total, unilateral (AU 6 - 17906) Fee: \$94.00 Benefit: 75% \$70.50: 85%/\$26.80 \$79.90				
41692	TURBINATES, submucous resection of, unilateral (AU 8 - 17908) Fee: \$122.00 Benefit: 75% \$91.50: 85%/\$26.80 \$103.70				
41695	TURBINATES, cryotherapy to (AU 6 - 17906) Fee: \$69.00 Benefit: 75% \$51.75: 85%/\$26.80 \$58.65				
LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS		EAR, NOSE AND THROAT			
41698	MAXILLARY ANTRUM, PROOF PUNCTURE AND LAVAGE OF (AU 6 - 17906) Fee: \$22.50 Benefit: 75% \$16.90: 85%/\$26.80 \$19.15				
41701	MAXILLARY ANTRUM, proof puncture and lavage of, under general anaesthesia (requiring admission to hospital) not associated with any other item in this Group (AU 6 - 17906) Fee: \$63.00 Benefit: 75% \$47.25: 85%/\$26.80 \$53.55				
41704	MAXILLARY ANTRUM, LAVAGE OF - each attendance at which the procedure is performed, including any associated consultation (AU 6 - 17906) Fee: \$18.80 Benefit: 75% \$14.10: 85%/\$26.80 \$16.00				
41707	MAXILLARY ARTERY, transantral ligation of (AU 9 - 17909) Fee: \$305.00 Benefit: 75% \$228.75: 85%/\$26.80 \$278.20				
41710	ANTROSTOMY (RADICAL) (AU 9 - 17909) Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20				
41713	ANTROSTOMY (RADICAL) with transantral ethmoidectomy or transantral vidian neurectomy (AU 10 - 17910) Fee: \$420.00 Benefit: 75% \$315.00: 85%/\$26.80 \$393.20				
41716	ANTRUM, intranasal operation on, or removal of foreign body from (AU 8 - 17908) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20				
41719	ANTRUM, drainage of, through tooth socket (AU 7 - 17907) Fee: \$81.00 Benefit: 75% \$60.75: 85%/\$26.80 \$68.85				
41722	ORO-ANTRAL FISTULA, plastic closure of (AU 11 - 17911) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20				
41725	ETHMOIDAL ARTERY OR ARTERIES, transorbital ligation of (unilateral) (AU 10 - 17910) Fee: \$310.00 Benefit: 75% \$232.50: 85%/\$26.80 \$283.20				
41728	LATERAL RHINOTOMY with removal of tumour (AU 12 - 17912) Fee: \$620.00 Benefit: 75% \$465.00: 85%/\$26.80 \$593.20				
41731	FRONTO-NASAL ETHMOIDECTOMY with or without sphenoidectomy (AU 9 - 17909) Fee: \$535.00 Benefit: 75% \$401.25: 85%/\$26.80 \$508.20				
41734	RADICAL FRONTO-ETHMOIDECTOMY with osteoplastic flap (AU 13 - 17913) Fee: \$700.00 Benefit: 75% \$525.00: 85%/\$26.80 \$673.20				
41737	FRONTAL SINUS OR ETHMOIDAL SINUSES, intranasal operation on (AU 9 - 17909) Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20				
41740	FRONTAL SINUS, catheterisation of (AU 6 - 17906) Fee: \$40.50 Benefit: 75% \$30.40: 85%/\$26.80 \$34.45				

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OPERATIONS		EAR, NOSE AND THROAT			
41743	FRONTAL SINUS, trephine of (AU 6 - 17906) Fee: \$230.00 Benefit: 75% \$172.50: 85%/\$26.80 \$203.20				
41746	FRONTAL SINUS, radical obliteration of (AU 10 - 17910) Fee: \$535.00 Benefit: 75% \$401.25: 85%/\$26.80 \$508.20				
41749	ETHMOIDAL SINUSES, external operation on (AU 10 - 17910) Fee: \$420.00 Benefit: 75% \$315.00: 85%/\$26.80 \$393.20				
41752	SPHENOIDAL SINUS, intranasal operation on (AU 10 - 17910) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20				
41755	EUSTACHIAN TUBE, catheterisation of (AU 6 - 17906) Fee: \$32.00 Benefit: 75% \$24.00: 85%/\$26.80 \$27.20				
41758	DIVISION OF PHARYNGEAL ADHESIONS (AU 7 - 17907) Fee: \$81.00 Benefit: 75% \$60.75: 85%/\$26.80 \$68.85				
41761	POST-NASAL SPACE, direct examination of, with or without biopsy (AU 7 - 17907) Fee: \$85.00 Benefit: 75% \$63.75: 85%/\$26.80 \$72.25				
41764	NASENDOSCOPY or SINOSCOPY or FIBREOPTIC EXAMINATION of NASOPHARYNX and LARYNX (AU 7 - 17907) Fee: \$84.00 Benefit: 75% \$63.00: 85%/\$26.80 \$71.40				
41767	NASOPHARYNGEAL ANGIOFIBROMA, transpalatal removal (AU 12 - 17912) Fee: \$505.00 Benefit: 75% \$378.75: 85%/\$26.80 \$478.20				
41770	PHARYNGEAL POUCH, removal of, with or without cricopharyngeal myotomy (AU 16 - 17916) Fee: \$485.00 Benefit: 75% \$363.75: 85%/\$26.80 \$458.20				
41773	PHARYNGEAL POUCH, ENDOSCOPIC RESECTION OF (Dohlman's operation) (AU 14 - 17914) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20				
41776	CRICOPHARYNGEAL MYOTOMY with or without inversion of pharyngeal pouch (AU 10 - 17910) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20				
41779	PHARYNGOTOMY (lateral), with or without total excision of tongue (AU 6 - 17906) Fee: \$485.00 Benefit: 75% \$363.75: 85%/\$26.80 \$458.20				
41782	PARTIAL PHARYNGECTOMY via PHARYNGOTOMY (AU 12 - 17912) Fee: \$655.00 Benefit: 75% \$491.25: 85%/\$26.80 \$628.20				
41785	PARTIAL PHARYNGECTOMY via PHARYNGOTOMY with partial or total glossectomy (AU 14 - 17914) Fee: \$815.00 Benefit: 75% \$611.25: 85%/\$26.80 \$788.20				
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OPERATIONS		EAR, NOSE AND THROAT			
†	PHARYNGEAL FLAP or PHARYNGOPLASTY, with or without tonsillectomy (AU 15 - 17915)				
41786	Fee: \$505.00	Benefit: 75%	\$378.75:	85%/\$26.80	\$478.20
	TONSILS OR TONSILS AND ADENOIDS, removal of, in a person aged LESS THAN TWELVE YEARS (AU 7 - 17907)				
41788 G	Fee: \$152.00	Benefit: 75%	\$114.00:	85%/\$26.80	\$129.20
41789 S	Fee: \$205.00	Benefit: 75%	\$153.75:	85%/\$26.80	\$178.20
	TONSILS OR TONSILS AND ADENOIDS, removal of, in a person TWELVE YEARS OF AGE OR OVER (AU 8 - 17908)				
41792 G	Fee: \$190.00	Benefit: 75%	\$142.50:	85%/\$26.80	\$163.20
41793 S	Fee: \$255.00	Benefit: 75%	\$191.25:	85%/\$26.80	\$228.20
	TONSILS OR TONSILS AND ADENOIDS, ARREST OF HAEMORRHAGE requiring general anaesthesia, following removal of (AU 9 - 17909)				
41796 G	Fee: \$78.00	Benefit: 75%	\$58.50:	85%/\$26.80	\$66.30
41797 S	Fee: \$99.00	Benefit: 75%	\$74.25:	85%/\$26.80	\$84.15
	ADENOIDS, removal of (AU 6 - 17906)				
41800 G	Fee: \$81.00	Benefit: 75%	\$60.75:	85%/\$26.80	\$68.85
41801 S	Fee: \$112.00	Benefit: 75%	\$84.00:	85%/\$26.80	\$95.20
	LINGUAL TONSIL OR LATERAL PHARYNGEAL BANDS, removal of (AU 7 - 17907)				
41804	Fee: \$62.00	Benefit: 75%	\$46.50:	85%/\$26.80	\$52.70
	PERITONSILLAR ABSCESS (quinsy), incision of (AU 7 - 17907)				
41807	Fee: \$48.50	Benefit: 75%	\$36.40:	85%/\$26.80	\$41.25
‡	UVULOTOMY or UVULECTOMY (AU 6 - 17906)				
41810	Fee: \$24.50	Benefit: 75%	\$18.40:	85%/\$26.80	\$20.85
	VALLECULAR OR PHARYNGEAL CYSTS, removal of (AU 8 - 17908)				
41813	Fee: \$245.00	Benefit: 75%	\$183.75:	85%/\$26.80	\$218.20
	OESOPHAGOSCOPY (with rigid oesophagoscope) (AU 6 - 17906)				
41816	Fee: \$128.00	Benefit: 75%	\$96.00:	85%/\$26.80	\$108.80
	OESOPHAGEAL AND ANASTOMOTIC STRICTURE, endoscopic dilatation of (AU 7 - 17907)				
41819	Fee: \$240.00	Benefit: 75%	\$180.00:	85%/\$26.80	\$213.20
	OESOPHAGOSCOPY (with rigid oesophagoscope), with biopsy (AU 7 - 17907)				
41822	Fee: \$164.00	Benefit: 75%	\$123.00:	85%/\$26.80	\$139.40
	OESOPHAGOSCOPY (with rigid oesophagoscope), with removal of foreign body (AU 7 - 17907)				
41825	Fee: \$245.00	Benefit: 75%	\$183.75:	85%/\$26.80	\$218.20

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OPERATIONS		EAR, NOSE AND THROAT	
41828	OESOPHAGEAL STRICTURE, dilatation of, without oesophagoscopy (AU 6 - 17906) Fee: \$36.00 Benefit: 75% \$27.00: 85%/\$26.80 \$30.60		
41831	OESOPHAGUS, endoscopic pneumatic dilatation of (AU 8 - 17908) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20		
41834	LARYNGECTOMY (TOTAL) (AU 20 - 17920) Fee: \$890.00 Benefit: 75% \$667.50: 85%/\$26.80 \$863.20		
41837	VERTICAL HEMI-LARYNGECTOMY including tracheostomy (AU 17 - 17917) Fee: \$850.00 Benefit: 75% \$637.50: 85%/\$26.80 \$823.20		
41840	SUPRAGLOTTIC LARYNGECTOMY including tracheostomy (AU 21 - 17921) Fee: \$1,045.00 Benefit: 75% \$783.75: 85%/\$26.80 \$1,018.20		
41843	LARYNGOPHARYNGECTOMY or PRIMARY RESTORATION OF ALIMENTARY CONTINUITY after laryngopharyngectomy USING STOMACH OR BOWEL (AU 20 - 17920) Fee: \$920.00 Benefit: 75% \$690.00: 85%/\$26.80 \$893.20		
41846	LARYNX, direct examination of the supraglottic, glottic and subglottic regions, not associated with any other procedure on the larynx nor with the administration of a general anaesthetic (AU 8 - 17908) <i>(see para T8.28 of explanatory notes to this Category)</i> Fee: \$128.00 Benefit: 75% \$96.00: 85%/\$26.80 \$108.80		
41849	LARYNX, direct examination of, with biopsy (AU 8 - 17908) Fee: \$188.00 Benefit: 75% \$141.00: 85%/\$26.80 \$161.20		
41852	LARYNX, direct examination of, WITH REMOVAL OF TUMOUR (AU 9 - 17909) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20		
41855	MICROLARYNGOSCOPY (AU 8 - 17908) Fee: \$198.00 Benefit: 75% \$148.50: 85%/\$26.80 \$171.20		
41858	MICROLARYNGOSCOPY with removal of juvenile papillomata (AU 10 - 17910) <i>(see para T8.29 of explanatory notes to this Category)</i> Fee: \$340.00 Benefit: 75% \$255.00: 85%/\$26.80 \$313.20		
41861	MICROLARYNGOSCOPY with removal of papillomata by laser surgery (AU 13 - 17913) Fee: \$415.00 Benefit: 75% \$311.25: 85%/\$26.80 \$388.20		
41864	MICROLARYNGOSCOPY WITH REMOVAL OF TUMOUR (AU 9 - 17909) Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20		
41867	MICROLARYNGOSCOPY with arytenoidectomy (AU 13 - 17913) Fee: \$420.00 Benefit: 75% \$315.00: 85%/\$26.80 \$393.20		

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OPERATIONS		EAR, NOSE AND THROAT			
41870	TEFLON INJECTION INTO VOCAL CORD (AU 9 - 17909) Fee: \$315.00 Benefit: 75% \$236.25: 85%/\$26.80 \$288.20				
41873	LARYNX, FRACTURED, operation for (AU 15 - 17915) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20				
41876	LARYNX, external operation on, OR LARYNGOFISSURE with or without cordectomy (AU 13 - 17913) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20				
41879	LARYNGOPLASTY or TRACHEOPLASTY, including tracheostomy (AU 17 - 17917) Fee: \$655.00 Benefit: 75% \$491.25: 85%/\$26.80 \$628.20				
41882 G	TRACHEOSTOMY (AU 10 - 17910) Fee: \$126.00 Benefit: 75% \$94.50: 85%/\$26.80 \$107.10				
41883 S	Fee: \$164.00 Benefit: 75% \$123.00: 85%/\$26.80 \$139.40				
41886	TRACHEA, removal of foreign body in (AU 7 - 17907) Fee: \$122.00 Benefit: 75% \$91.50: 85%/\$26.80 \$103.70				
41889	BRONCHOSCOPY, as an independent procedure (AU 7 - 17907) Fee: \$122.00 Benefit: 75% \$91.50: 85%/\$26.80 \$103.70				
41892	BRONCHOSCOPY with one or more endobronchial biopsies or other diagnostic or therapeutic procedures (AU 8 - 17908) Fee: \$162.00 Benefit: 75% \$121.50: 85%/\$26.80 \$137.70				
41895	BRONCHUS, removal of foreign body in (AU 9 - 17909) Fee: \$255.00 Benefit: 75% \$191.25: 85%/\$26.80 \$228.20				
41898	FIBROPTIC BRONCHOSCOPY with one or more transbronchial lung biopsies, with or without bronchial or broncho-alveolar lavage, with or without the use of interventional imaging (AU 8 - 17908) Fee: \$178.00 Benefit: 75% \$133.50: 85%/\$26.80 \$151.30				
41901	ENDOSCOPIC LASER RESECTION OF ENDOBRONCHIAL TUMOURS for relief of obstruction including any associated endoscopic procedures (AU 15 - 17915) Fee: \$415.00 Benefit: 75% \$311.25: 85%/\$26.80 \$388.20				
41904	BRONCHOSCOPY with dilatation of tracheal stricture (AU 7 - 17907) Fee: \$170.00 Benefit: 75% \$127.50: 85%/\$26.80 \$144.50				
41907	NASAL SEPTUM BUTTON, insertion of (AU 6 - 17906) Fee: \$84.00 Benefit: 75% \$63.00: 85%/\$26.80 \$71.40				

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OPERATIONS		OPHTHALMOLOGY	
SUBGROUP 9 - OPHTHALMOLOGY			
42503	OPHTHALMOLOGICAL EXAMINATION under general anaesthesia, not associated with any other item in this Group (AU 5 - 17905) Fee: \$70.00 Benefit: 75% \$52.50: 85%/\$26.80 \$59.50		
42506	EYE, ENUCLEATION OF, with or without sphere implant (AU 8 - 17908) Fee: \$330.00 Benefit: 75% \$247.50: 85%/\$26.80 \$303.20		
42509	EYE, ENUCLEATION OF, with insertion of integrated implant (AU 9 - 17909) Fee: \$420.00 Benefit: 75% \$315.00: 85%/\$26.80 \$393.20		
42512	GLOBE, EVISCERATION OF (AU 8 - 17908) Fee: \$330.00 Benefit: 75% \$247.50: 85%/\$26.80 \$303.20		
42515	GLOBE, EVISCERATION OF, AND INSERTION OF INTRASCLERAL BALL OR CARTILAGE (AU 9 - 17909) Fee: \$420.00 Benefit: 75% \$315.00: 85%/\$26.80 \$393.20		
42518	ANOPHTHALMIC ORBIT, INSERTION OF CARTILAGE OR ARTIFICIAL IMPLANT as a delayed procedure, or REMOVAL OF IMPLANT FROM SOCKET (AU 9 - 17909) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20		
† 42521	ANOPHTHALMIC SOCKET, treatment of, by insertion of a wired-in conformer, integrated implant or dermofat graft, as a secondary procedure (AU 16 - 17916) Fee: \$830.00 Benefit: 75% \$622.50: 85%/\$26.80 \$803.20		
42524	ORBIT, SKIN GRAFT TO, as a delayed procedure (AU 7 - 17907) Fee: \$140.00 Benefit: 75% \$105.00: 85%/\$26.80 \$119.00		
42527	CONTRACTED SOCKET, RECONSTRUCTION INCLUDING MUCOUS MEMBRANE GRAFTING AND STENT MOULD (AU 11 - 17911) Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20		
42530	ORBIT, EXPLORATION with or without biopsy, requiring REMOVAL OF BONE (AU 9 - 17909) Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20		
42533	ORBIT, EXPLORATION OF, with drainage or biopsy not requiring removal of bone (AU 8 - 17908) Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20		
42536	ORBIT, EXENTERATION OF, with or without skin graft and with or without temporalis muscle transplant (AU 11 - 17911) Fee: \$575.00 Benefit: 75% \$431.25: 85%/\$26.80 \$548.20		
42539	ORBIT, EXPLORATION OF, with removal of tumour or foreign body, requiring removal of bone (AU 12 - 17912) Fee: \$820.00 Benefit: 75% \$615.00: 85%/\$26.80 \$793.20		

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OPERATIONS		OPHTHALMOLOGY			
42542	ORBIT, EXPLORATION OF, with removal of tumour or of foreign body (AU 10 - 17910) Fee: \$345.00 Benefit: 75% \$258.75: 85%/\$26.80 \$318.20				
† 42545	ORBIT, decompression of, for dysthyroid eye disease, two or more walls, one eye (AU 16 - 17916) Fee: \$880.00 Benefit: 75% \$660.00: 85%/\$26.80 \$853.20				
† 42548	OPTIC NERVE MENINGES, incision of (AU 17 - 17917) Fee: \$525.00 Benefit: 75% \$393.75: 85%/\$26.80 \$498.20				
42551	EYEBALL, PERFORATING WOUND OF, not involving intraocular structures - repair involving suture of cornea or sclera, or both, not covered by Item 42632 (AU 10 - 17910) Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20				
42554	EYEBALL, PERFORATING WOUND OF, with incarceration or prolapse of uveal tissue - repair (AU 12 - 17912) Fee: \$505.00 Benefit: 75% \$378.75: 85%/\$26.80 \$478.20				
42557	EYEBALL, PERFORATING WOUND OF, with incarceration of lens or vitreous - repair (AU 12 - 17912) Fee: \$710.00 Benefit: 75% \$532.50: 85%/\$26.80 \$683.20				
42560	INTRAOCULAR FOREIGN BODY, magnetic removal from anterior segment (AU 10 - 17910) Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20				
42563	INTRAOCULAR FOREIGN BODY, nonmagnetic removal from anterior segment (AU 11 - 17911) Fee: \$355.00 Benefit: 75% \$266.25: 85%/\$26.80 \$328.20				
42566	INTRAOCULAR FOREIGN BODY, magnetic removal from posterior segment (AU 10 - 17910) Fee: \$505.00 Benefit: 75% \$378.75: 85%/\$26.80 \$478.20				
42569	INTRAOCULAR FOREIGN BODY, nonmagnetic removal from posterior segment (AU 12 - 17912) Fee: \$710.00 Benefit: 75% \$532.50: 85%/\$26.80 \$683.20				
‡ 42572	ORBITAL ABSCESS OR CYST, drainage of (AU 6 - 17906) Fee: \$81.00 Benefit: 75% \$60.75: 85%/\$26.80 \$68.85				
42575	TARSAL CYST, extirpation of (AU 6 - 17906) Fee: \$57.00 Benefit: 75% \$42.75: 85%/\$26.80 \$48.45				
42578	TARSAL CARTILAGE, excision of (AU 8 - 17908) Fee: \$320.00 Benefit: 75% \$240.00: 85%/\$26.80 \$293.20				
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS		OPHTHALMOLOGY			
‡ 42581	ECTROPION OR ENTROPION, tarsal cauterisation of Fee: \$81.00 Benefit: 75% \$60.75: 85%/\$26.80 \$68.85				
42584	TARSORRHAPHY (AU 8 - 17908) Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80 \$163.20				
‡ 42587	CRYOTHERAPY or ELECTROLYSIS EPILATION for trichiasis - each eyelid (AU 6 - 17906) Fee: \$35.50 Benefit: 75% \$26.65: 85%/\$26.80 \$30.20				
42590	CANTHOPLASTY, medial or lateral (AU 9 - 17909) Fee: \$235.00 Benefit: 75% \$176.25: 85%/\$26.80 \$208.20				
42593	LACRIMAL GLAND, excision of palpebral lobe (AU 8 - 17908) Fee: \$140.00 Benefit: 75% \$105.00: 85%/\$26.80 \$119.00				
42596	LACRIMAL SAC, excision of, or operation on (AU 8 - 17908) Fee: \$345.00 Benefit: 75% \$258.75: 85%/\$26.80 \$318.20				
+ 42599	LACRIMAL CANALICULAR SYSTEM, establishment of patency by closed operation using silicone tubes or similar, one eye (AU 10 - 17910) Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20				
‡ 42602	LACRIMAL CANALICULAR SYSTEM, establishment of patency by open operation, one eye (AU 8 - 17908) Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20				
42605	LACRIMAL CANALICULUS, immediate repair of (AU 8 - 17908) Fee: \$320.00 Benefit: 75% \$240.00: 85%/\$26.80 \$293.20				
+ 42608	LACRIMAL DRAINAGE by insertion of glass tube, as an independent procedure (AU 10 - 17910) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20				
42611	NASOLACRIMAL TUBE (unilateral) replacement of, under general anaesthesia, or lacrimal passages, probing for obstruction, unilateral or bilateral, with or without lavage (AU 4 - 17904) Fee: \$99.00 Benefit: 75% \$74.25: 85%/\$26.80 \$84.15				
42614	LACRIMAL PASSAGES, lavage of, unilateral, not associated with Item 42611 (excluding after-care) (AU 4 - 17904) Fee: \$33.00 Benefit: 75% \$24.75: 85%/\$26.80 \$28.05				
42617	PUNCTUM SNIP operation (AU 4 - 17904) Fee: \$94.00 Benefit: 75% \$70.50: 85%/\$26.80 \$79.90				
+ 42620	PUNCTUM, occlusion of, by use of a plug (AU 5 - 17905) Fee: \$36.50 Benefit: 75% \$27.40: 85%/\$26.80 \$31.05				
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS		OPHTHALMOLOGY			
42623	DACRYOCYSTORHINOSTOMY (AU 11 - 17911) Fee: \$480.00 Benefit: 75% \$360.00: 85%/\$26.80 \$453.20				
† 42626	DACRYOCYSTORHINOSTOMY where a previous dacryocystorhinostomy has been performed (AU 11 - 17911) Fee: \$775.00 Benefit: 75% \$581.25: 85%/\$26.80 \$748.20				
42629	CONJUNCTIVORHINOSTOMY including dacryocystorhinostomy and fashioning of conjunctival flaps (AU 12 - 17912) Fee: \$585.00 Benefit: 75% \$438.75: 85%/\$26.80 \$558.20				
42632	CONJUNCTIVAL PERITOMY OR REPAIR OF CORNEAL LACERATION by conjunctival flap (AU 6 - 17906) Fee: \$81.00 Benefit: 75% \$60.75: 85%/\$26.80 \$68.85				
† 42635	CORNEAL PERFORATIONS, sealing of, with tissue adhesive (AU 9 - 17909) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20				
42638	CONJUNCTIVAL GRAFT OVER CORNEA (AU 7 - 17907) Fee: \$260.00 Benefit: 75% \$195.00: 85%/\$26.80 \$233.20				
† 42641	AUTOCONJUNCTIVAL TRANSPLANT, or mucous membrane graft (AU 11 - 17911) Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20				
42644	CORNEA OR SCLERA, removal of imbedded foreign body from (excluding after-care) (AU 8 - 17908) Fee: \$49.50 Benefit: 75% \$37.15: 85%/\$26.80 \$42.10				
42647	CORNEAL SCARS, removal of, by partial keratectomy, not in association with Item 42686 (AU 8 - 17908) Fee: \$140.00 Benefit: 75% \$105.00: 85%/\$26.80 \$119.00				
42650	CORNEA, epithelial debridement for corneal ulcer or corneal erosion (excluding after-care) (AU 8 - 17908) Fee: \$49.50 Benefit: 75% \$37.15: 85%/\$26.80 \$42.10				
42653	CORNEA, transplantation of, full thickness, including collection of donor material (AU 13 - 17913) Fee: \$920.00 Benefit: 75% \$690.00: 85%/\$26.80 \$893.20				
† 42656	CORNEA, transplantation of, full thickness, including collection of donor material where there have been two previous graft operations (AU 13 - 17913) Fee: \$1,150.00 Benefit: 75% \$862.50: 85%/\$26.80 \$1,123.20				
42659	CORNEA, transplantation of, superficial or lamellar, including collection of donor material (AU 11 - 17911) Fee: \$620.00 Benefit: 75% \$465.00: 85%/\$26.80 \$593.20				
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS		OPHTHALMOLOGY			
†	SCLERA, transplantation of, full thickness, including collection of donor material (AU 15 - 17915)	42662	Fee: \$620.00	Benefit: 75% \$465.00: 85%/\$26.80	\$593.20
†	SCLERA, transplantation of, superficial or lamellar, including collection of donor material (AU 14 - 17914)	42665	Fee: \$415.00	Benefit: 75% \$311.25: 85%/\$26.80	\$388.20
†	CORNEAL SUTURES, removal of, not earlier than six weeks after operation requiring use of slit lamp or operating microscope (AU 6 - 17906)	42668	Fee: \$52.00	Benefit: 75% \$39.00: 85%/\$26.80	\$44.20
‡	REFRACTIVE KERATOPLASTY with penetrating incisions (excluding radial keratotomy) following corneal grafting or intraocular operation INCLUDING ANY MEASUREMENTS AND CALCULATIONS associated with the procedure (AU 10 - 17910) <i>(See para T8.30 of explanatory notes to this Category)</i>	42671	Fee: \$620.00	Benefit: 75% \$465.00: 85%/\$26.80	\$593.20
†	CORNEAL INCISIONS, non penetrating, for the correction of astigmatism following surgery of anterior chamber or corneal grafting, and including associated ultrasound pachymetry of corneal thickness, with or without compression sutures (AU 10 - 17910)	42674	Fee: \$310.00	Benefit: 75% \$232.50: 85%/\$26.80	\$283.20
	CONJUNCTIVA, CAUTERY OF, INCLUDING TREATMENT OF PANNUS - each attendance at which treatment is given including any associated consultation (AU 4 - 17904)	42677	Fee: \$42.00	Benefit: 75% \$31.50: 85%/\$26.80	\$35.70
†	CONJUNCTIVA, cryotherapy to, for melanotic lesions or similar using CO2 or N20 (AU 7 - 17907)	42680	Fee: \$205.00	Benefit: 75% \$153.75: 85%/\$26.80	\$178.20
†	CONJUNCTIVAL CYSTS, removal of, requiring admission to hospital or approved day hospital facility (AU 6 - 17906)	42683	Fee: \$83.00	Benefit: 75% \$62.25: 85%/\$26.80	\$70.55
	PTERYGIUM, removal of (AU 6 - 17906)	42686	Fee: \$188.00	Benefit: 75% \$141.00: 85%/\$26.80	\$161.20
‡	PINGUECULA, removal of, not associated with the fitting of contact lenses (AU 6 - 17906)	42689	Fee: \$81.00	Benefit: 75% \$60.75: 85%/\$26.80	\$68.85
	LIMBIC TUMOUR, removal of (AU 7 - 17907)	42692	Fee: \$190.00	Benefit: 75% \$142.50: 85%/\$26.80	\$163.20
†	LIMBIC TUMOUR, excision of, requiring keratectomy or sclerectomy (AU 12 - 17912)	42695	Fee: \$310.00	Benefit: 75% \$232.50: 85%/\$26.80	\$283.20
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS		OPHTHALMOLOGY			
42698	LENS EXTRACTION (AU 11 - 17911) Fee: \$540.00 Benefit: 75% \$405.00: 85%/\$26.80 \$513.20				
42701	ARTIFICIAL LENS, insertion of (AU 11 - 17911) Fee: \$300.00 Benefit: 75% \$225.00: 85%/\$26.80 \$273.20				
42704	ARTIFICIAL LENS, REMOVAL or REPOSITIONING of by open operation, not associated with Item 42701 (AU 9 - 17909) Fee: \$320.00 Benefit: 75% \$240.00: 85%/\$26.80 \$293.20				
42707	ARTIFICIAL LENS, REMOVAL of and REPLACEMENT with a different lens (AU 12 - 17912) Fee: \$550.00 Benefit: 75% \$412.50: 85%/\$26.80 \$523.20				
† 42710	ARTIFICIAL LENS, removal of, and replacement with a lens inserted into the posterior chamber and sutured to the iris or sclera (AU 15 - 17915) Fee: \$620.00 Benefit: 75% \$465.00: 85%/\$26.80 \$593.20				
† 42713	INTRAOCULAR LENSES, repositioning of, by the use of a McCannell suture or similar (AU 11 - 17911) Fee: \$260.00 Benefit: 75% \$195.00: 85%/\$26.80 \$233.20				
42716	CATARACT, JUVENILE, removal of, including subsequent needlings (AU 11 - 17911) Fee: \$825.00 Benefit: 75% \$618.75: 85%/\$26.80 \$798.20				
42719	CAPSULECTOMY OR REMOVAL OF VITREOUS via the anterior chamber by any method, not associated with any other intraocular operation on that eye (AU 9 - 17909) <i>(See para T8.31 of explanatory notes to this Category)</i> Fee: \$355.00 Benefit: 75% \$266.25: 85%/\$26.80 \$328.20				
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 associated with any other intraocular operation on that eye - one or both procedures (AU 15 - 17915) <i>(See para T8.31 of explanatory notes to this Category)</i> Fee: \$390.00 Benefit: 75% \$292.50: 85%/\$26.80 \$363.20				
‡ 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, not associated with any other intraocular operation on that eye, other than Item 42728 (AU 25 - 17925) <i>(See para T8.31 of explanatory notes to this Category)</i> Fee: \$920.00 Benefit: 75% \$690.00: 85%/\$26.80 \$893.20				
† 42728	CRYOTHERAPY OF RETINA or other intraocular structures with an internal probe in association with Item 42725 (AU 9 - 17909) Fee: \$156.00 Benefit: 75% \$117.00: 85%/\$26.80 \$132.60				
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS		OPHTHALMOLOGY			
42731	<p>CAPSULECTOMY or LENSECTOMY by posterior chamber sclerotomy associated with the removal of vitreous or division of vitreous bands or removal of pre-retinal membrane from the posterior chamber by cutting and suction and replacement by saline, Hartmann's or similar solution, not associated with any other intraocular operation (AU 25 - 17925) <i>(See para T8.31 of explanatory notes to this Category)</i> Fee: \$1,045.00 Benefit: 75% \$783.75: 85%/\$26.80 \$1,018.20</p>				
‡ @ 42734	<p>CAPSULOTOMY, other than by laser (AU 9 - 17909) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20</p>				
+ 42737	<p>NEEDLING OF POSTERIOR CAPSULE (AU 8 - 17908) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20</p>				
+ 42740	<p>PARACENTESIS OF ANTERIOR OR POSTERIOR CHAMBER OR BOTH, for the injection of therapeutic substances, or the removal of aqueous or vitreous for diagnostic purposes, one or more of (AU 9 - 17909) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20</p>				
42743	<p>ANTERIOR CHAMBER, IRRIGATION OF BLOOD FROM, as an independent procedure (AU 7 - 17907) Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20</p>				
‡ 42746	<p>GLAUCOMA, filtering operation for (AU 10 - 17910) Fee: \$660.00 Benefit: 75% \$495.00: 85%/\$26.80 \$633.20</p>				
+ 42749	<p>GLAUCOMA, filtering operation for, where previous filtering operation has been performed (AU 10 - 17910) Fee: \$825.00 Benefit: 75% \$618.75: 85%/\$26.80 \$798.20</p>				
+ 42752	<p>GLAUCOMA, insertion of Molteno valve for, one or more stages (AU 18 - 17918) Fee: \$920.00 Benefit: 75% \$690.00: 85%/\$26.80 \$893.20</p>				
+ 42755	<p>GLAUCOMA, removal of Molteno valve (AU 8 - 17908) Fee: \$114.00 Benefit: 75% \$85.50: 85%/\$26.80 \$96.90</p>				
42758	<p>GONIOTOMY (AU 10 - 17910) Fee: \$480.00 Benefit: 75% \$360.00: 85%/\$26.80 \$453.20</p>				
‡ 42761	<p>DIVISION OF ANTERIOR OR POSTERIOR SYNECHIAE, as an independent procedure, other than by laser (AU 9 - 17909) Fee: \$355.00 Benefit: 75% \$266.25: 85%/\$26.80 \$328.20</p>				
‡ 42764	<p>IRIDECTOMY (including excision of tumour of iris) OR IRIDOTOMY, as an independent procedure, other than by laser (AU 10 - 17910) Fee: \$355.00 Benefit: 75% \$266.25: 85%/\$26.80 \$328.20</p>				
42767	<p>TUMOUR, INVOLVING CILIARY BODY OR CILIARY BODY AND IRIS, excision of (AU 12 - 17912) Fee: \$750.00 Benefit: 75% \$562.50: 85%/\$26.80 \$723.20</p>				

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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OPERATIONS		OPHTHALMOLOGY
42770	CYCLODIATHERMY OR CYCLOCRYOTHERAPY (AU 8 - 17908) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20	
42773	DETACHED RETINA, diathermy or cryotherapy for, not associated with Item 42776 (AU 11 - 17911) Fee: \$620.00 Benefit: 75% \$465.00: 85%/\$26.80 \$593.20	
‡ 42776	DETACHED RETINA, buckling or resection operation for (AU 15 - 17915) Fee: \$920.00 Benefit: 75% \$690.00: 85%/\$26.80 \$893.20	
† 42779	DETACHED RETINA, revision operation for (AU 15 - 17915) Fee: \$1,150.00 Benefit: 75% \$862.50: 85%/\$26.80 \$1,123.20	
‡ @ + 42782	LASER TRABECULOPLASTY - each treatment to one eye, to a maximum of four treatments to that eye in a two year period (AU 6 - 17906) Fee: \$310.00 Benefit: 75% \$232.50: 85%/\$26.80 \$283.20	
† 42785	LASER IRIDOTOMY - each treatment to one eye, to a maximum of two treatments to that eye in a two year period (AU 6 - 17906) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20	
† 42788	LASER CAPSULOTOMY - each treatment to one eye, to a maximum of two treatments to that eye in a two year period (AU 6 - 17906) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20	
† 42791	LASER VITREOLYSIS OR CORTICOLYSIS OF LENS MATERIAL OR FIBRINOLYSIS - each treatment to one eye, to a maximum of two treatments to that eye in a two year period (AU 6 - 17906) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20	
† 42794	DIVISION OF SUTURE BY LASER - each treatment to one eye, to a maximum of two treatments to that eye in a two year period (AU 5 - 17905) Fee: \$46.50 Benefit: 75% \$34.90: 85%/\$26.80 \$39.55	
† 42797	LASER COAGULATION OF CORNEAL OR SCLERAL BLOOD VESSELS - each treatment to one eye, to a maximum of four treatments to that eye in a two year period (AU 5 - 17905) Fee: \$46.50 Benefit: 75% \$34.90: 85%/\$26.80 \$39.55	
† 42800	PTERYGIUM, removal by laser in one or more stages (AU 6 - 17906) Fee: \$188.00 Benefit: 75% \$141.00: 85%/\$26.80 \$161.20	
† 42803	PINQUECULA, removal of by laser in one or more stages (not for contact lenses) (AU 6 - 17906) Fee: \$81.00 Benefit: 75% \$60.75: 85%/\$26.80 \$68.85	
† 42806	IRIS TUMOUR, laser photocoagulation of (AU 9 - 17909) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20	

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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OPERATIONS		OPHTHALMOLOGY			
† 42809	RETINA, photocoagulation of (AU 9 - 17909) Fee: \$310.00 Benefit: 75% \$232.50: 85%/\$26.80 \$283.20				
42812	DETACHED RETINA, removal of encircling silicone band from (AU 8 - 17908) Fee: \$114.00 Benefit: 75% \$85.50: 85%/\$26.80 \$96.90				
† 42815	POSTERIOR CHAMBER, removal of silicone oil from (AU 12 - 17912) Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20				
‡ 42818	RETINA, CRYOTHERAPY TO, as an independent procedure, with external probe (AU 13 - 17913) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20				
42821	RETROBULBAR TRANSILLUMINATION, as an independent procedure (AU 5 - 17905) Fee: \$62.00 Benefit: 75% \$46.50: 85%/\$26.80 \$52.70				
42824	RETROBULBAR INJECTION OF ALCOHOL OR OTHER DRUG, as an independent procedure Fee: \$48.00 Benefit: 75% \$36.00: 85%/\$26.80 \$40.80				
@ 42827	BOTULINUS TOXIN, injection of, for blepharospasm, including all such injections on any one day (AU 5 - 17905) Fee: \$31.00 Benefit: 75% \$23.25: 85%/\$26.80 \$26.35				
† 42830	BOTULINUS TOXIN, injection of, for strabismus including all such injections on any one day and associated electromyography (AU 6 - 17906) Fee: \$108.00 Benefit: 75% \$81.00: 85%/\$26.80 \$91.80				
42833	SQUINT, OPERATION FOR, ON ONE OR BOTH EYES, the operation involving a total of ONE OR TWO MUSCLES (AU 8 - 17908) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20				
† 42836	SQUINT, OPERATION FOR, ON ONE OR BOTH EYES, the operation involving a total of ONE OR TWO MUSCLES where there have been two or more previous squint operations on the eye or eyes (AU 8 - 17908) Fee: \$500.00 Benefit: 75% \$375.00: 85%/\$26.80 \$473.20				
42839	SQUINT, OPERATION FOR, ON ONE OR BOTH EYES, the operation involving a total of THREE OR MORE MUSCLES (AU 9 - 17909) Fee: \$480.00 Benefit: 75% \$360.00: 85%/\$26.80 \$453.20				
† 42842	SQUINT, OPERATION FOR, ON ONE OR BOTH EYES, the operation involving a total of THREE OR MORE MUSCLES where there have been two or more previous squint operations on the eye or eyes (AU 9 - 17909) Fee: \$600.00 Benefit: 75% \$450.00: 85%/\$26.80 \$573.20				

OPERATIONS		OPHTHALMOLOGY			
42845	<p>READJUSTMENT OF ADJUSTABLE SUTURES, one or both eyes, as an independent procedure following an operation for correction of squint (AU 6 - 17906) (See para T8.32 of explanatory notes to this Category)</p> <p>Fee: \$130.00 Benefit: 75% \$97.50: 85%/\$26.80 \$110.50</p>				
42848	<p>SQUINT, muscle transplant for (Hummelsheim type, or similar operation) (AU 9 - 17909)</p> <p>Fee: \$480.00 Benefit: 75% \$360.00: 85%/\$26.80 \$453.20</p>				
‡ @ + 42851	<p>SQUINT, muscle transplant for (Hummelsheim type, or similar operation) where there have been two or more previous squint operations on the eye or eyes (AU 9 - 17909)</p> <p>Fee: \$600.00 Benefit: 75% \$450.00: 85%/\$26.80 \$573.20</p>				
42854	<p>RUPTURED MEDIAL PALPEBRAL LIGAMENT or ruptured EXTRA-OCULAR MUSCLE, repair of (AU 9 - 17909)</p> <p>Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20</p>				
42857	<p>RESUTURING OF WOUND FOLLOWING INTRAOCULAR PROCEDURES with or without excision of prolapsed iris (AU 9 - 17909)</p> <p>Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20</p>				
† 42860	<p>LID, upper or lower, scleral graft to, with recession of the lid retractors (AU 13 - 17913)</p> <p>Fee: \$620.00 Benefit: 75% \$465.00: 85%/\$26.80 \$593.20</p>				
† 42863	<p>EYELID UPPER, recession of (AU 12 - 17912)</p> <p>Fee: \$535.00 Benefit: 75% \$401.25: 85%/\$26.80 \$508.20</p>				
† 42866	<p>ENTROPION, repair of, by tightening, shortening or repair of inferior retractors by open operation (AU 13 - 17913)</p> <p>Fee: \$520.00 Benefit: 75% \$390.00: 85%/\$26.80 \$493.20</p>				
† 42869	<p>EYELID closure in facial nerve paralysis, insertion of foreign implant for (AU 11 - 17911)</p> <p>Fee: \$380.00 Benefit: 75% \$285.00: 85%/\$26.80 \$353.20</p>				
† 42872	<p>EYEBROW, elevation of, for parietic states (AU 9 - 17909)</p> <p>Fee: \$166.00 Benefit: 75% \$124.50: 85%/\$26.80 \$141.10</p>				
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991</p>					

OPERATIONS		OSTEOMYELITIS
SUBGROUP 10 - OPERATIONS FOR OSTEOMYELITIS		
43500	OPERATION ON PHALANX (AU 7 - 17907) Fee: \$85.00 Benefit: 75% \$63.75: 85%/\$26.80 \$72.25	
43503	OPERATION ON STERNUM, CLAVICLE, RIB, ULNA, RADIUS, CARPUS, TIBIA, FIBULA, TARSUS, SKULL, MANDIBLE OR MAXILLA (other than alveolar margins) - ONE BONE (AU 10 - 17910) Fee: \$140.00 Benefit: 75% \$105.00: 85%/\$26.80 \$119.00	
43506	OPERATION ON HUMERUS OR FEMUR - ONE BONE (AU 10 - 17910) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20	
43509	OPERATION ON SPINE OR PELVIC BONES - ONE BONE (AU 13 - 17913) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20	
43512	OPERATION ON SCAPULA, STERNUM, CLAVICLE, RIB, ULNA, RADIUS, METACARPUS, CARPUS, PHALANX, TIBIA, FIBULA, METATARSUS, TARSUS, MANDIBLE OR MAXILLA (other than alveolar margins) - ONE BONE or ANY COMBINATION OF ADJOINING BONES (AU 12 - 17912) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20	
43515	OPERATION ON HUMERUS OR FEMUR - ONE BONE (AU 11 - 17911) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20	
43518	OPERATION ON SPINE OR PELVIC BONES - ONE BONE (AU 12 - 17912) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20	
43521	OPERATION ON SKULL (AU 12 - 17912) Fee: \$320.00 Benefit: 75% \$240.00: 85%/\$26.80 \$293.20	
43524	OPERATION ON ANY COMBINATION OF ADJOINING BONES, being bones referred to in Item 43515, 43518 or 43521 (AU 12 - 17912) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20	

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OPERATIONS		PAEDIATRIC
SUBGROUP 11 - PAEDIATRIC		
	OPERATIONS FOR CORRECTION OF CONGENITAL ABNORMALITIES	
43800	HYPERTELORISM, correction of (AU 14 - 17914) Fee: \$635.00 Benefit: 75% \$476.25: 85%/\$26.80 \$608.20	
43803	CHOANAL ATRESIA, plastic repair of (AU 16 - 17916) Fee: \$620.00 Benefit: 75% \$465.00: 85%/\$26.80 \$593.20	
43806	CHOANAL ATRESIA, repair of by puncture and dilatation (AU 11 - 17911) Fee: \$154.00 Benefit: 75% \$115.50: 85%/\$26.80 \$130.90	
43809	MACROCHEILIA, MACROGLOSSIA OR MACROSTOMIA, operation for (AU 13 - 17913) Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20	
43812	TORTICOLLIS, operation for (AU 7 - 17907) Fee: \$255.00 Benefit: 75% \$191.25: 85%/\$26.80 \$228.20	
43815	OESOPHAGUS, correction of congenital stenosis by oesophagectomy and anastomosis (AU 21 - 17921) Fee: \$755.00 Benefit: 75% \$566.25: 85%/\$26.80 \$728.20	
43818	TRACHEO-OESOPHAGEAL FISTULA (with or without atresia), ligation and division of (AU 20 - 17920) Fee: \$755.00 Benefit: 75% \$566.25: 85%/\$26.80 \$728.20	
43821	OESOPHAGEAL ATRESIA, with or without fistula, correction of (AU 23 - 17923) Fee: \$940.00 Benefit: 75% \$705.00: 85%/\$26.80 \$913.20	
43824	NEONATAL ALIMENTARY OBSTRUCTION, laparotomy for, with or without resection, including reduction of volvulus (AU 15 - 17915) Fee: \$660.00 Benefit: 75% \$495.00: 85%/\$26.80 \$633.20	
43827	ANAL SPHINCTEROTOMY as an independent procedure for Hirschsprung's disease (AU 6 - 17906) Fee: \$184.00 Benefit: 75% \$138.00: 85%/\$26.80 \$157.20	
43830	HIRSCHSPRUNG'S DISEASE, rectosigmoidectomy for (AU 22 - 17922) Fee: \$860.00 Benefit: 75% \$645.00: 85%/\$26.80 \$833.20	
43833	EXOMPHALOS OR GASTROSCHISIS, operation for (AU 13 - 17913) Fee: \$750.00 Benefit: 75% \$562.50: 85%/\$26.80 \$723.20	
43836	EXOMPHALOS OR GASTROSCHISIS, operation for, by plastic flap (AU 14 - 17914) Fee: \$835.00 Benefit: 75% \$626.25: 85%/\$26.80 \$808.20	

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OPERATIONS		PAEDIATRIC			
43839	ANO-RECTAL MALFORMATION, perineal anoplasty, primary or secondary repair (AU 10 - 17910) Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20				
43842	ANO-RECTAL MALFORMATION, rectoplasty, primary or secondary repair, not covered by Item 8406 (AU 18 - 17918) Fee: \$815.00 Benefit: 75% \$611.25: 85%/\$26.80 \$788.20				
43845	CONTRACTED BLADDER NECK (congenital), wedge excision or perurethral resection of (AU 11 - 17911) Fee: \$420.00 Benefit: 75% \$315.00: 85%/\$26.80 \$393.20				
43848	URACHAL FISTULA, operation for (AU 11 - 17911) Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20				
43851	SPHINCTER RECONSTRUCTION for ectopia vesicae, ectopia cloacae or congenital incontinence (AU 12 - 17912) Fee: \$830.00 Benefit: 75% \$622.50: 85%/\$26.80 \$803.20				
43854	URETHRAL VALVES OR URETHRAL MEMBRANE, open removal of (AU 12 - 17912) Fee: \$495.00 Benefit: 75% \$371.25: 85%/\$26.80 \$468.20				
43857	LYMPHANGIECTASIS OF LIMB (Milroy's disease) - limited excision of (AU 14 - 17914) Fee: \$255.00 Benefit: 75% \$191.25: 85%/\$26.80 \$228.20				
43860	LYMPHANGIECTASIS OF LIMB (Milroy's disease) - radical excision of (AU 18 - 17918) Fee: \$570.00 Benefit: 75% \$427.50: 85%/\$26.80 \$543.20				
OPERATIONS FOR EXCISION OF CONGENITAL ABNORMALITIES					
44100	EXTRA DIGIT, ligation of pedicle (AU 4 - 17904) Fee: \$33.50 Benefit: 75% \$25.15: 85%/\$26.80 \$28.50				
44103	EXTRA DIGIT, amputation of (AU 6 - 17906) Fee: \$85.00 Benefit: 75% \$63.75: 85%/\$26.80 \$72.25				
44106 G	DERMOID, periorbital or superficial nasal, excision of (AU 8 - 17908) Fee: \$122.00 Benefit: 75% \$91.50: 85%/\$26.80 \$103.70				
44107 S	DERMOID, periorbital or superficial nasal, excision of (AU 8 - 17908) Fee: \$156.00 Benefit: 75% \$117.00: 85%/\$26.80 \$132.60				
44110	DERMOID, ORBITAL, excision of (AU 8 - 17908) Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20				
44113	DERMOID OF NOSE, excision of, with intranasal extension (AU 8 - 17908) Fee: \$390.00 Benefit: 75% \$292.50: 85%/\$26.80 \$363.20				
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OPERATIONS		AMPUTATIONS			
SUBGROUP 12 - AMPUTATIONS					
HAND, MIDCARPAL OR TRANSMETACARPAL (AU 7 - 17907)					
44324 G	Fee: \$156.00	Benefit: 75%	\$117.00:	85%/\$26.80	\$132.60
44325 S	Fee: \$205.00	Benefit: 75%	\$153.75:	85%/\$26.80	\$178.20
HAND, FOREARM OR THROUGH ARM (AU 8 - 17908)					
44328	Fee: \$245.00	Benefit: 75%	\$183.75:	85%/\$26.80	\$218.20
AT SHOULDER (AU 12 - 17912)					
44331	Fee: \$405.00	Benefit: 75%	\$303.75:	85%/\$26.80	\$378.20
INTERSCAPULOTHORACIC (AU 15 - 17915)					
44334	Fee: \$820.00	Benefit: 75%	\$615.00:	85%/\$26.80	\$793.20
ONE DIGIT of foot (AU 6 - 17906)					
44337 G	Fee: \$81.00	Benefit: 75%	\$60.75:	85%/\$26.80	\$68.85
44338 S	Fee: \$99.00	Benefit: 75%	\$74.25:	85%/\$26.80	\$84.15
TWO DIGITS of one foot (AU 7 - 17907)					
44341 G	Fee: \$122.00	Benefit: 75%	\$91.50:	85%/\$26.80	\$103.70
44342 S	Fee: \$152.00	Benefit: 75%	\$114.00:	85%/\$26.80	\$129.20
THREE DIGITS of one foot (AU 8 - 17908)					
44345 G	Fee: \$140.00	Benefit: 75%	\$105.00:	85%/\$26.80	\$119.00
44346 S	Fee: \$174.00	Benefit: 75%	\$130.50:	85%/\$26.80	\$147.90
FOUR DIGITS of one foot (AU 9 - 17909)					
44349 G	Fee: \$162.00	Benefit: 75%	\$121.50:	85%/\$26.80	\$137.70
44350 S	Fee: \$198.00	Benefit: 75%	\$148.50:	85%/\$26.80	\$171.20
FIVE DIGITS of one foot (AU 10 - 17910)					
44353 G	Fee: \$182.00	Benefit: 75%	\$136.50:	85%/\$26.80	\$155.20
44354 S	Fee: \$225.00	Benefit: 75%	\$168.75:	85%/\$26.80	\$198.20
TOE, including metatarsal or part of metatarsal - each toe (AU 7 - 17907)					
44357 G	Fee: \$99.00	Benefit: 75%	\$74.25:	85%/\$26.80	\$84.15
44358 S	Fee: \$126.00	Benefit: 75%	\$94.50:	85%/\$26.80	\$107.10
FOOT AT ANKLE (Syme, Pirogoff types) (AU 8 - 17908)					
44361	Fee: \$245.00	Benefit: 75%	\$183.75:	85%/\$26.80	\$218.20
FOOT, MIDTARSAL OR TRANSMETATARSAL (AU 7 - 17907)					
44364	Fee: \$205.00	Benefit: 75%	\$153.75:	85%/\$26.80	\$178.20
THROUGH THIGH, AT KNEE OR BELOW KNEE (AU 10 - 17910)					
44367	Fee: \$360.00	Benefit: 75%	\$270.00:	85%/\$26.80	\$333.20
AT HIP (AU 14 - 17914)					
44370	Fee: \$495.00	Benefit: 75%	\$371.25:	85%/\$26.80	\$468.20

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OPERATIONS	AMPUTATIONS
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44373	<p>HINDQUARTER (AU 17 - 17917)</p> <p>Fee: \$1,020.00 Benefit: 75% \$765.00: 85%/\$26.80 \$993.20</p>
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44376	<p>AMPUTATION STUMP, reamputation of, to provide adequate skin and muscle cover</p> <p>Derived Fee: 75% of the original amputation fee</p>
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OPERATIONS		PLASTIC & RECONSTRUCTIVE			
	SUBGROUP 13 - PLASTIC AND RECONSTRUCTIVE SURGERY				
	METICULOUS REPAIR DESIGNED TO OBTAIN MAXIMUM FUNCTIONAL RESULTS INCLUDING THE PREPARATION OF THE DEFECT REQUIRING REPAIR				
	<i>(Note: See par. T8.35 of Explanatory notes to this Category for definition of "Local skin flap")</i>				
	GENERAL				
	SINGLE STAGE LOCAL MUSCLE FLAP REPAIR, on eyelid, nose, lip, neck, hand, thumb, finger or genitals (AU 7 - 17907)				
45000	Fee: \$375.00	Benefit: 75%	\$281.25:	85%/\$26.80	\$348.20
	SINGLE STAGE LOCAL MYOCUTANEOUS FLAP REPAIR to one defect, simple and small (AU 11 - 17911)				
45003	Fee: \$415.00	Benefit: 75%	\$311.25:	85%/\$26.80	\$388.20
	SINGLE STAGE LARGE MYOCUTANEOUS FLAP REPAIR to one defect, (pectoralis major, latissimus dorsi, or similar large muscle) (AU 16 - 17916)				
45006	Fee: \$715.00	Benefit: 75%	\$536.25:	85%/\$26.80	\$688.20
	SINGLE STAGE LOCAL muscle flap repair to one defect, simple and small (AU 11 - 17911)				
45009	Fee: \$260.00	Benefit: 75%	\$195.00:	85%/\$26.80	\$233.20
	SINGLE STAGE LARGE MUSCLE FLAP REPAIR to one defect, (pectoralis major, gastrocnemius, gracilis or similar large muscle) (AU 17 - 17917)				
45012	Fee: \$435.00	Benefit: 75%	\$326.25:	85%/\$26.80	\$408.20
	MUSCLE OR MYOCUTANEOUS FLAP, delay of (AU 8 - 17908)				
45015	Fee: \$205.00	Benefit: 75%	\$153.75:	85%/\$26.80	\$178.20
	DERMIS, DERMOFAT OR FASCIA GRAFT (excluding transfer of fat by injection) (AU 12 - 17912)				
45018	Fee: \$325.00	Benefit: 75%	\$243.75:	85%/\$26.80	\$298.20
	ABRASIVE THERAPY, limited to one aesthetic area (AU 6 - 17906) <i>(See para T8.33 of explanatory notes to this Category)</i>				
45021	Fee: \$122.00	Benefit: 75%	\$91.50:	85%/\$26.80	\$103.70
	ABRASIVE THERAPY to more than one aesthetic area (AU 7 - 17907) <i>(See para T8.33 of explanatory notes to this Category)</i>				
45024	Fee: \$275.00	Benefit: 75%	\$206.25:	85%/\$26.80	\$248.20
	ANGIOMA, cauterisation of or injection into, where undertaken in the operating theatre of a hospital or approved day-hospital facility (AU 7 - 17907)				
45027	Fee: \$83.00	Benefit: 75%	\$62.25:	85%/\$26.80	\$70.55
LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed November 1,1991					
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OPERATIONS		PLASTIC & RECONSTRUCTIVE			
45030	<p>ANGIOMA OF SKIN and subcutaneous tissue (excluding facial muscle or breast) or mucous surface, small, excision and suture of (AU 7 - 17907)</p> <p>Fee: \$89.00 Benefit: 75% \$66.75: 85%/\$26.80 \$75.65</p>				
45033	<p>ANGIOMA OF FACIAL MUSCLE OR BREAST, large or involving deeper tissue, excision and suture of (AU 9 - 17909)</p> <p>Fee: \$166.00 Benefit: 75% \$124.50: 85%/\$26.80 \$141.10</p>				
45036	<p>ANGIOMA OF NECK, deep, excision of (AU 10 - 17910)</p> <p>Fee: \$775.00 Benefit: 75% \$581.25: 85%/\$26.80 \$748.20</p>				
45039	<p>ARTERIOVENOUS MALFORMATION (3 centimetres or less) of superficial tissue, excision of (AU 11 - 17911)</p> <p>Fee: \$166.00 Benefit: 75% \$124.50: 85%/\$26.80 \$141.10</p>				
45042	<p>ARTERIOVENOUS MALFORMATION (greater than 3 centimetres), excision of (AU 16 - 17916)</p> <p>Fee: \$210.00 Benefit: 75% \$157.50: 85%/\$26.80 \$183.20</p>				
45045	<p>ARTERIOVENOUS MALFORMATION on eyelid, nose, lip, neck, hand, thumb, finger or genitals, excision of (AU 16 - 17916)</p> <p>Fee: \$210.00 Benefit: 75% \$157.50: 85%/\$26.80 \$183.20</p>				
45048	<p>LYMPHOEDEMATOUS TISSUE of lower leg and foot, or thigh, or upper arm, or forearm and hand, major excision of (AU 15 - 17915)</p> <p>Fee: \$535.00 Benefit: 75% \$401.25: 85%/\$26.80 \$508.20</p>				
45051	<p>FOREIGN IMPLANT, (non biological), insertion of, for contour reconstruction for pathological deformity (AU 10 - 17910) (See para T8.34 of explanatory notes to this Category)</p> <p>Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20</p>				
SKIN FLAP SURGERY					
45200	<p>SINGLE STAGE LOCAL FLAP, where indicated to repair one defect, simple and small, excluding flap for male pattern baldness (AU 7 - 17907)</p> <p>Fee: \$196.00 Benefit: 75% \$147.00: 85%/\$26.80 \$169.20</p>				
45203	<p>SINGLE STAGE LOCAL FLAP, where indicated to repair one defect, complicated or large, excluding flap for male pattern baldness (AU 10 - 17910)</p> <p>Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20</p>				
45206	<p>SINGLE STAGE LOCAL FLAP where indicated to repair one defect, on eyelid, nose, lip, neck, hand, thumb, finger or genitals (AU 12 - 17912)</p> <p>Fee: \$265.00 Benefit: 75% \$198.75: 85%/\$26.80 \$238.20</p>				
45209	<p>DIRECT FLAP REPAIR (cross arm, abdominal or similar), first stage (AU 11 - 17911)</p> <p>Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20</p>				
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 228</p>					

OPERATIONS		PLASTIC & RECONSTRUCTIVE			
45212	DIRECT FLAP REPAIR (cross arm, abdominal or similar), second stage (AU 9 - 17909) Fee: \$162.00 Benefit: 75% \$121.50: 85%/\$26.80 \$137.70				
45215	DIRECT FLAP REPAIR, cross leg, first stage (AU 13 - 17913) Fee: \$700.00 Benefit: 75% \$525.00: 85%/\$26.80 \$673.20				
45218	DIRECT FLAP REPAIR, cross leg, second stage (AU 10 - 17910) Fee: \$315.00 Benefit: 75% \$236.25: 85%/\$26.80 \$288.20				
45221	DIRECT FLAP REPAIR, small (cross finger or similar), first stage (AU 7 - 17907) Fee: \$180.00 Benefit: 75% \$135.00: 85%/\$26.80 \$153.20				
45224	DIRECT FLAP REPAIR, small (cross finger or similar), second stage (AU 7 - 17907) Fee: \$81.00 Benefit: 75% \$60.75: 85%/\$26.80 \$68.85				
45227	INDIRECT FLAP OR TUBED PEDICLE, formation of (AU 10 - 17910) Fee: \$305.00 Benefit: 75% \$228.75: 85%/\$26.80 \$278.20				
45230	DIRECT OR INDIRECT FLAP OR TUBED PEDICLE, delay of (AU 8 - 17908) Fee: \$154.00 Benefit: 75% \$115.50: 85%/\$26.80 \$130.90				
45233	INDIRECT FLAP OR TUBED PEDICLE, preparation of intermediate or final site and attachment to the site (AU 10 - 17910) Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20				
45236	INDIRECT FLAP OR TUBED PEDICLE, spreading of pedicle, as a separate procedure (AU 8 - 17908) Fee: \$255.00 Benefit: 75% \$191.25: 85%/\$26.80 \$228.20				
45239	DIRECT, INDIRECT OR LOCAL FLAP, revision of (AU 7 - 17907) Fee: \$180.00 Benefit: 75% \$135.00: 85%/\$26.80 \$153.20				
	FREE GRAFTS				
45400	FREE GRAFTING (split skin) of a granulating area, small (AU 7 - 17907) Fee: \$140.00 Benefit: 75% \$105.00: 85%/\$26.80 \$119.00				
45403	FREE GRAFTING (split skin) of a granulating area, extensive (AU 11 - 17911) Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20				
45406	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving not more than 3 per cent of total body surface (AU 8 - 17908) Fee: \$310.00 Benefit: 75% \$232.50: 85%/\$26.80 \$283.20				
45409	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 3 per cent or more but less than 6 per cent of total body surface (AU 10 - 17910) Fee: \$415.00 Benefit: 75% \$311.25: 85%/\$26.80 \$388.20				
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OPERATIONS		PLASTIC & RECONSTRUCTIVE	
45412	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 6 per cent or more but less than 9 per cent of total body surface (AU 12 - 17912) Fee: \$570.00 Benefit: 75% \$427.50: 85%/\$26.80 \$543.20		
45415	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 9 per cent or more but less than 12 per cent of total body surface (AU 14 - 17914) Fee: \$620.00 Benefit: 75% \$465.00: 85%/\$26.80 \$593.20		
45418	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 12 per cent or more of total body surface (AU 16 - 17916) Fee: \$675.00 Benefit: 75% \$506.25: 85%/\$26.80 \$648.20		
45421	FREE GRAFTING (split skin) to burns, including excision of burnt tissue, on eyelid, nose, lip, neck, hand, thumb, finger or genitals (AU 18 - 17918) Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20		
45424	FREE GRAFTING (xenograft or homograft split skin) to burns including excision of burnt tissue - involving not more than 3 per cent of total body surface (AU 13 - 17913) Fee: \$230.00 Benefit: 75% \$172.50: 85%/\$26.80 \$203.20		
45427	FREE GRAFTING (xenograft or homograft split skin) to burns including excision of burnt tissue - involving 3 per cent or more but less than 6 per cent of total body surface (AU 15 - 17915) Fee: \$330.00 Benefit: 75% \$247.50: 85%/\$26.80 \$303.20		
45430	FREE GRAFTING (xenograft or homograft split skin) to burns including excision of burnt tissue - involving 6 per cent or more but less than 9 per cent of total body surface (AU 17 - 17917) Fee: \$485.00 Benefit: 75% \$363.75: 85%/\$26.80 \$458.20		
45433	FREE GRAFTING (xenograft or homograft split skin) to burns including excision of burnt tissue - involving 9 per cent or more but less than 12 per cent of total body surface (AU 19 - 17919) Fee: \$540.00 Benefit: 75% \$405.00: 85%/\$26.80 \$513.20		
45436	FREE GRAFTING (xenograft or homograft split skin) to burns including excision of burnt tissue - involving 12 per cent or more of total body surface (AU 21 - 17921) Fee: \$600.00 Benefit: 75% \$450.00: 85%/\$26.80 \$573.20		
45439	FREE GRAFTING (split skin) to one defect, including elective dissection, small (AU 8 - 17908) Fee: \$196.00 Benefit: 75% \$147.00: 85%/\$26.80 \$169.20		
45442	FREE GRAFTING (split skin) to one defect, including elective dissection, extensive (AU 11 - 17911) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20		
45445	FREE GRAFTING (split skin) as inlay graft to one defect including elective dissection using a mould (including insertion of, and removal of mould) (AU 11 - 17911) Fee: \$385.00 Benefit: 75% \$288.75: 85%/\$26.80 \$358.20		

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OPERATIONS		PLASTIC & RECONSTRUCTIVE	
45448	FREE GRAFTING (split skin) to one defect, including elective dissection on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, not covered by Items 45442 or 45445 (AU 8 - 17908) Fee: \$260.00 Benefit: 75% \$195.00: 85%/\$26.80 \$233.20		
45451	FREE GRAFTING (full thickness), to one defect, excluding grafts for male pattern baldness (AU 9 - 17909) Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20		
OTHER GRAFTS AND MISCELLANEOUS PROCEDURES			
45500	MICROVASCULAR REPAIR using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit (AU 14 - 17914) Fee: \$750.00 Benefit: 75% \$562.50: 85%/\$26.80 \$723.20		
45503	MICRO-ARTERIAL OR MICRO-VEINOUS GRAFT using microsurgical techniques (AU 22 - 17922) Fee: \$1,400.00 Benefit: 75% \$1,050.00: 85%/\$26.80 \$1,373.20		
45506	SCAR, of face or neck, revision of, NOT MORE THAN 3 cm. IN LENGTH, where undertaken in the operating theatre of a hospital or approved day-hospital facility (AU 8 - 17908) Fee: \$152.00 Benefit: 75% \$114.00: 85%/\$26.80 \$129.20		
45509	MICROVASCULAR ANASTOMOSIS of artery or vein using microsurgical techniques, for reimplantation of limb or digit or free transfer of tissue (AU 38 - 17938) Fee: \$1,220.00 Benefit: 75% \$915.00: 85%/\$26.80 \$1,193.20		
45512	SCAR, of face or neck, revision of, MORE THAN 3 cm. IN LENGTH, where undertaken in the operating theatre of a hospital or approved day-hospital facility (AU 9 - 17909) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20		
45515	SCAR, other than on face or neck, not more than 7 centimetres in length, revision of, where undertaken in the operating theatre of a hospital or approved day-hospital facility, as an independent procedure (AU 10 - 17910) Fee: \$128.00 Benefit: 75% \$96.00: 85%/\$26.80 \$108.80		
45518	SCAR, other than on face or neck, more than 7 centimetres in length, revision of, where undertaken in the operating theatre of a hospital or approved day-hospital facility, as an independent procedure (AU 12 - 17912) Fee: \$156.00 Benefit: 75% \$117.00: 85%/\$26.80 \$132.60		
45521	MAMMAPLASTY, reduction (unilateral), with or without repositioning of nipple (AU 10 - 17910) Fee: \$620.00 Benefit: 75% \$465.00: 85%/\$26.80 \$593.20		
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991			

OPERATIONS		PLASTIC & RECONSTRUCTIVE			
45524	MAMMAPLASTY, AUGMENTATION, for significant breast asymmetry where the augmentation is limited to one breast (AU 10 - 17910) <i>(see para T8.36 of explanatory notes to this Category)</i> Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20				
45527	MAMMAPLASTY, AUGMENTATION, (unilateral), following mastectomy (AU 9 - 17909) Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20				
45530	BREAST RECONSTRUCTION (unilateral) using a latissimus dorsi or other large myocutaneous flap, including repair of secondary skin defect, excluding repair of muscular aponeurotic layer (AU 20 - 17920) <i>(see para T8.37 of explanatory notes to this Category)</i> Fee: \$755.00 Benefit: 75% \$566.25: 85%/\$26.80 \$728.20				
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 (AU 15 - 17915) Fee: \$855.00 Benefit: 75% \$641.25: 85%/\$26.80 \$828.20				
45536	BREAST RECONSTRUCTION using breast sharing technique (second stage) including division of pedicle, inseting of breast flap, with closure of donor site or other similar procedure (AU 12 - 17912) Fee: \$315.00 Benefit: 75% \$236.25: 85%/\$26.80 \$288.20				
45539	BREAST RECONSTRUCTION (unilateral), following mastectomy, using tissue expansion - insertion of tissue expansion unit and all attendances for subsequent expansion injections (AU 9 - 17909) Fee: \$740.00 Benefit: 75% \$555.00: 85%/\$26.80 \$713.20				
45542	BREAST RECONSTRUCTION (unilateral), following mastectomy, using tissue expansion - removal of tissue expansion unit and insertion of permanent prosthesis (AU 9 - 17909) Fee: \$420.00 Benefit: 75% \$315.00: 85%/\$26.80 \$393.20				
45545	NIPPLE OR AREOLA or both, reconstruction of by any technique (AU 10 - 17910) <i>(see para T8.38 of explanatory notes to this Category)</i> Fee: \$430.00 Benefit: 75% \$322.50: 85%/\$26.80 \$403.20				
45548	BREAST PROSTHESIS, removal of, as an independent procedure (AU 11 - 17911) Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80 \$163.20				
45551	FIBROUS CAPSULE SURROUNDING BREAST PROSTHESIS, excision or multiple incisions to, as an independent procedure (AU 10 - 17910) Fee: \$305.00 Benefit: 75% \$228.75: 85%/\$26.80 \$278.20				
45554	BREAST PROSTHESIS, replacement of, following medical complications, (including rupture, migration, or capsule formation) where new pocket is formed (AU 15 - 17915) Fee: \$480.00 Benefit: 75% \$360.00: 85%/\$26.80 \$453.20				
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 232					

OPERATIONS		PLASTIC & RECONSTRUCTIVE			
45560	HAIR TRANSPLANTATION for the treatment of alopecia of congenital or traumatic origin or due to disease, excluding male pattern baldness, not covered by any other item in this Group (AU 11 - 17911) Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20				
45563	NEUROVASCULAR ISLAND FLAP, or free transfer of tissue with vascular or neurovascular pedicle, including repair of secondary defect excluding flap for male pattern baldness (AU 15 - 17915) Fee: \$755.00 Benefit: 75% \$566.25: 85%/\$26.80 \$728.20				
45566	TISSUE EXPANSION not covered by Item 45539 or 45542 - insertion of tissue expansion unit and all attendances for subsequent expansion injections (AU 10 - 17910) Fee: \$740.00 Benefit: 75% \$555.00: 85%/\$26.80 \$713.20				
45572	INTRA OPERATIVE TISSUE EXPANSION performed during an operation when combined with any other Item in Group T8 including expansion injections and excluding treatment of male pattern baldness (AU 13 - 17913) Fee: \$200.00 Benefit: 75% \$150.00: 85%/\$26.80 \$173.20				
45575	FACIAL NERVE PARALYSIS, free fascia graft for (AU 12 - 17912) Fee: \$495.00 Benefit: 75% \$371.25: 85%/\$26.80 \$468.20				
45578	FACIAL NERVE PARALYSIS, muscle transfer for (AU 13 - 17913) Fee: \$575.00 Benefit: 75% \$431.25: 85%/\$26.80 \$548.20				
45581	FACIAL NERVE PALSY, excision of tissue for (AU 12 - 17912) Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80 \$163.20				
45584	LIPOSUCTION (suction assisted lipolysis) to one regional area (thigh, buttock, or similar), for treatment of post-traumatic pseudolipoma (AU 13 - 17913) <i>(See para T8.39 of explanatory notes to this Category)</i> Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20				
45587	MELOPLASTY for correction of facial asymmetry due to soft tissue abnormality where the meloplasty is limited to one side of the face (AU 14 - 17914) <i>(see para T8.40 of explanatory notes to this Category)</i> Fee: \$615.00 Benefit: 75% \$461.25: 85%/\$26.80 \$588.20				
45590	ORBITAL CAVITY, reconstruction of a wall or floor, with or without foreign implant (AU 12 - 17912) Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20				
45593	ORBITAL CAVITY, bone or cartilage graft to orbital wall or floor including reduction of prolapsed or entrapped orbital contents (AU 14 - 17914) Fee: \$390.00 Benefit: 75% \$292.50: 85%/\$26.80 \$363.20				
45596	MAXILLA, total resection of (AU 29 - 17929) Fee: \$620.00 Benefit: 75% \$465.00: 85%/\$26.80 \$593.20				

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OPERATIONS		PLASTIC & RECONSTRUCTIVE			
45599	MANDIBLE, total resection of both sides, including condylectomies where performed (AU 35 - 17935) Fee: \$485.00 Benefit: 75% \$363.75: 85%/\$26.80 \$458.20				
45602	MANDIBLE, including lower border, OR MAXILLA, sub-total resection of (AU 19 - 17919) Fee: \$480.00 Benefit: 75% \$360.00: 85%/\$26.80 \$453.20				
45605	MANDIBLE OR MAXILLA, segmental resection of, for tumours or cysts (AU 13 - 17913) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20				
45608	MANDIBLE, hemi-mandibular reconstruction with bone graft, not associated with Item 45599 (AU 15 - 17915) Fee: \$570.00 Benefit: 75% \$427.50: 85%/\$26.80 \$543.20				
45611	MANDIBLE, condylectomy (AU 11 - 17911) Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20				
45614	EYELID, WHOLE THICKNESS RECONSTRUCTION OF other than by direct suture only (AU 10 - 17910) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20				
45617	UPPER EYELID, REDUCTION OF, for skin redundancy obscuring vision, herniation of orbital fat in exophthalmos, facial nerve palsy or post-traumatic scarring, or, in respect of one of these conditions, the restoration of symmetry of the contralateral upper eyelid (AU 7 - 17907) <i>(see para T8.41 of explanatory notes to this Category)</i> Fee: \$162.00 Benefit: 75% \$121.50: 85%/\$26.80 \$137.70				
45620	LOWER EYELID, REDUCTION OF, for herniation of orbital fat in exophthalmos, facial nerve palsy or post-traumatic scarring, or, in respect of one of these conditions, the restoration of symmetry of the contralateral lower eyelid (AU 8 - 17908) <i>(see para T8.41 of explanatory notes to this Category)</i> Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20				
45623	PTOSIS (unilateral), correction of (AU 12 - 17912) Fee: \$535.00 Benefit: 75% \$401.25: 85%/\$26.80 \$508.20				
45626	ECTROPION OR ENTROPION, correction of (unilateral) (AU 9 - 17909) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20				
45629	SYMBLEPHARON, grafting for (AU 8 - 17908) Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20				
45632	RHINOPLASTY, correction of lateral or alar cartilages (AU 10 - 17910) Fee: \$350.00 Benefit: 75% \$262.50: 85%/\$26.80 \$323.20				
45635	RHINOPLASTY, correction of bony vault only (AU 10 - 17910) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20				

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OPERATIONS		PLASTIC & RECONSTRUCTIVE				
45638	RHINOPLASTY - TOTAL, including correction of all bony and cartilaginous elements of the external nose (AU 12 - 17912) Fee: \$700.00 Benefit: 75% \$525.00: 85%/\$26.80 \$673.20					
45641	RHINOPLASTY involving nasal or septal cartilage graft (AU 14 - 17914) Fee: \$745.00 Benefit: 75% \$558.75: 85%/\$26.80 \$718.20					
45644	RHINOPLASTY involving autogenous bone or cartilage graft obtained from distant donor site, including obtaining of graft (AU 13 - 17913) Fee: \$880.00 Benefit: 75% \$660.00: 85%/\$26.80 \$853.20					
45647	FACE, contour restoration of one region, using autogenous bone or cartilage graft (not covered by Item 45644) (AU 18 - 17918) Fee: \$880.00 Benefit: 75% \$660.00: 85%/\$26.80 \$853.20					
45650	RHINOPLASTY, secondary revision of (AU 10 - 17910) Fee: \$102.00 Benefit: 75% \$76.50: 85%/\$26.80 \$86.70					
45653	RHINOPHYMA, shaving of (AU 9 - 17909) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20					
45656	COMPOSITE GRAFT (Chondro-cutaneous or chondro-mucosal) to nose, ear or eyelid (AU 11 - 17911) Fee: \$345.00 Benefit: 75% \$258.75: 85%/\$26.80 \$318.20					
45659	LOP EAR, BAT EAR OR SIMILAR DEFORMITY, correction of (AU 8 - 17908) Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20					
45662	CONGENITAL ATRESIA, reconstruction of external auditory canal (AU 11 - 17911) Fee: \$485.00 Benefit: 75% \$363.75: 85%/\$26.80 \$458.20					
45665	LIP, EYELID OR EAR, FULL THICKNESS WEDGE EXCISION OF, with repair by direct sutures (AU 8 - 17908) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20					
45668	VERMILIONECTOMY (AU 8 - 17908) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20					
45671	LIP OR EYELID RECONSTRUCTION using full thickness flap (Abbe or similar), first stage (AU 11 - 17911) Fee: \$575.00 Benefit: 75% \$431.25: 85%/\$26.80 \$548.20					
45674	LIP OR EYELID RECONSTRUCTION using full thickness flap (Abbe or similar), second stage (AU 4 - 17904) Fee: \$168.00 Benefit: 75% \$126.00: 85%/\$26.80 \$142.80					
45677	CLEFT LIP, unilateral - primary repair, one stage, without anterior palate repair (AU 12 - 17912) Fee: \$375.00 Benefit: 75% \$281.25: 85%/\$26.80 \$348.20					
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OPERATIONS		PLASTIC & RECONSTRUCTIVE			
45680	CLEFT LIP, unilateral - primary repair, one stage, with anterior palate repair (AU 14 - 17914) Fee: \$465.00 Benefit: 75% \$348.75: 85%/\$26.80 \$438.20				
45683	CLEFT LIP, bilateral - primary repair, one stage, without anterior palate repair (AU 14 - 17914) Fee: \$520.00 Benefit: 75% \$390.00: 85%/\$26.80 \$493.20				
45686	CLEFT LIP, bilateral - primary repair, one stage, with anterior palate repair (AU 16 - 17916) Fee: \$610.00 Benefit: 75% \$457.50: 85%/\$26.80 \$583.20				
45689	CLEFT LIP, lip adhesion procedure, unilateral or bilateral (AU 10 - 17910) Fee: \$180.00 Benefit: 75% \$135.00: 85%/\$26.80 \$153.20				
45692	CLEFT LIP, partial revision, including minor flap revision alignment and adjustment, including revision of minor whistle deformity if performed (AU 10 - 17910) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20				
45695	CLEFT LIP, total revision, including major flap revision, muscle reconstruction and revision of major whistle deformity (AU 12 - 17912) Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20				
45698	CLEFT LIP, primary columella lengthening procedure, bilateral (AU 10 - 17910) Fee: \$315.00 Benefit: 75% \$236.25: 85%/\$26.80 \$288.20				
45701	CLEFT LIP RECONSTRUCTION using full thickness flap (Abbe or similar), first stage (AU 12 - 17912) Fee: \$570.00 Benefit: 75% \$427.50: 85%/\$26.80 \$543.20				
45704	CLEFT LIP reconstruction using full thickness flap (Abbe or similar), second stage (AU 8 - 17908) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20				
45707	CLEFT PALATE, primary repair (AU 14 - 17914) Fee: \$540.00 Benefit: 75% \$405.00: 85%/\$26.80 \$513.20				
45710	CLEFT PALATE, secondary repair, closure of fistula using local flaps (AU 13 - 17913) Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20				
45713	CLEFT PALATE, secondary repair, lengthening procedure (AU 12 - 17912) Fee: \$385.00 Benefit: 75% \$288.75: 85%/\$26.80 \$358.20				
45716	VELO-PHARYNGEAL INCOMPETENCE, pharyngeal flap for, or pharyngoplasty for (AU 15 - 17915) Fee: \$540.00 Benefit: 75% \$405.00: 85%/\$26.80 \$513.20				

OPERATIONS		PLASTIC & RECONSTRUCTIVE	
45719	MANDIBLE OR MAXILLA, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 16 - 17916) Fee: \$750.00 Benefit: 75% \$562.50: 85%/\$26.80 \$723.20		
45722	MANDIBLE OR MAXILLA, bilateral osteotomy or osteectomy of, including transportation of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 20 - 17920) Fee: \$955.00 Benefit: 75% \$716.25: 85%/\$26.80 \$928.20		
45725	MANDIBLE OR MAXILLA, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (AU 14 - 17914) <i>(See para T8.42 of explanatory notes to this Category)</i> Fee: \$665.00 Benefit: 75% \$498.75: 85%/\$26.80 \$638.20		
45728	MANDIBLE OR MAXILLA, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site (AU 18 - 17918) Fee: \$850.00 Benefit: 75% \$637.50: 85%/\$26.80 \$823.20		
45731	MANDIBLE or MAXILLA, OSTEOTOMIES or OSTEECTOMIES of, involving THREE OR MORE such procedures on the ONE JAW, including transposition of nerves and vessels and bone grafts taken from the same site (AU 22 - 17922) Fee: \$965.00 Benefit: 75% \$723.75: 85%/\$26.80 \$938.20		
45734	MANDIBLE OR MAXILLA, OSTEOTOMIES OR OSTEECTOMIES of, involving TWO such procedures of each JAW, including transposition of nerves and vessels and bone grafts taken from the same site (AU 26 - 17926) Fee: \$1,110.00 Benefit: 75% \$832.50: 85%/\$26.80 \$1,083.20		
45737	MANDIBLE OR MAXILLA, COMPLEX BILATERAL OSTEOTOMIES or OSTEECTOMIES of involving THREE or MORE such procedures of ONE JAW and TWO such procedures of the OTHER JAW, INCLUDING GENIOPLASTY (when performed) and transposition of nerves and vessels and bone grafts taken from the same site (AU 32 - 17932) Fee: \$1,220.00 Benefit: 75% \$915.00: 85%/\$26.80 \$1,193.20		
45740	MANDIBLE or MAXILLA, COMPLEX BILATERAL OSTEOTOMIES or OSTEECTOMIES of, involving THREE or MORE such procedures of EACH JAW, INCLUDING GENIOPLASTY (when performed) and transposition of nerves and vessels and bone grafts taken from the same site (AU 34 - 17934) Fee: \$1,330.00 Benefit: 75% \$997.50: 85%/\$26.80 \$1,303.20		
45743	MANDIBLE OR MAXILLA, osteotomies or osteectomies of, involving three or more such procedures on the ONE JAW, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 24 - 17924) Fee: \$1,085.00 Benefit: 75% \$813.75: 85%/\$26.80 \$1,058.20		
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OPERATIONS		PLASTIC & RECONSTRUCTIVE	
45746	MANDIBLE OR MAXILLA, osteotomies or oteectomies of, involving TWO such procedures of EACH JAW, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 28 - 17928) Fee: \$1,250.00 Benefit: 75% \$937.50: 85%/\$26.80 \$1,223.20		
45749	MANDIBLE OR MAXILLA, complex bilateral osteotomies or osteectomies of, involving THREE or MORE such procedures of ONE JAW and TWO such procedures of the OTHER JAW, including genioplasty (when performed) and transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 34 - 17934) Fee: \$1,370.00 Benefit: 75% \$1,027.50: 85%/\$26.80 \$1,343.20		
45752	MANDIBLE OR MAXILLA, complex bilateral osteotomies or osteectomies of, involving THREE or MORE such procedures of EACH JAW, including genioplasty (when performed) and transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 36 - 17936) <i>(See para T8.42 of explanatory notes to this Category)</i> Fee: \$1,490.00 Benefit: 75% \$1,117.50: 85%/\$26.80 \$1,463.20		
45755	TEMPORO-MANDIBULAR MENISCECTOMY (AU 9 - 17909) Fee: \$255.00 Benefit: 75% \$191.25: 85%/\$26.80 \$228.20		
45758	TEMPORO-MANDIBULAR JOINT, arthroplasty (AU 6 - 17906) Fee: \$455.00 Benefit: 75% \$341.25: 85%/\$26.80 \$428.20		
45761	GENIOPLASTY, including transposition of nerves and bone grafts taken from the same site (AU 10 - 17910) <i>(see para T8.43 of explanatory notes to this Category)</i> Fee: \$515.00 Benefit: 75% \$386.25: 85%/\$26.80 \$488.20		
45764	GENIOPLASTY associated with Item 45719, 45722, 45725, 45728, 45731, 45734, 45743 or 45746 (AU 8 - 17908) Fee: \$300.00 Benefit: 75% \$225.00: 85%/\$26.80 \$273.20		
45767	HYPERTELORISM, correction of, intra-cranial (AU 47 - 17947) Fee: \$1,730.00 Benefit: 75% \$1,297.50: 85%/\$26.80 \$1,703.20		
45770	HYPERTELORISM, correction of, sub-cranial (AU 26 - 17926) Fee: \$1,325.00 Benefit: 75% \$993.75: 85%/\$26.80 \$1,298.20		
45773	TREACHER COLLINS SYNDROME, PERIORBITAL CORRECTION OF, with rib and iliac bone grafts (AU 30 - 17930) Fee: \$1,205.00 Benefit: 75% \$903.75: 85%/\$26.80 \$1,178.20		
45776	ORBITAL DYSTOPIA (UNILATERAL), CORRECTION OF, with total repositioning of one orbit, intra-cranial (AU 35 - 17935) Fee: \$1,205.00 Benefit: 75% \$903.75: 85%/\$26.80 \$1,178.20		
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OPERATIONS		PLASTIC & RECONSTRUCTIVE			
45779	ORBITAL DYSTOPIA (UNILATERAL), CORRECTION OF, with total repositioning of one orbit, extra-cranial (AU 18 - 17918) Fee: \$890.00 Benefit: 75% \$667.50: 85%/\$26.80 \$863.20				
45782	FRONTO-ORBITAL ADVANCEMENT, UNILATERAL (AU 19 - 17919) Fee: \$680.00 Benefit: 75% \$510.00: 85%/\$26.80 \$653.20				
45785	CRANIAL VAULT RECONSTRUCTION for oxycephaly, brachycephaly, turriccephaly or similar condition - (bilateral fronto-orbital advancement) (AU 39 - 17939) Fee: \$1,150.00 Benefit: 75% \$862.50: 85%/\$26.80 \$1,123.20				
45788	GLENOID FOSSA, ZYGOMATIC ARCH AND TEMPORAL BONE, RECONSTRUCTION OF, (Obwegeser technique) (AU 19 - 17919) Fee: \$1,135.00 Benefit: 75% \$851.25: 85%/\$26.80 \$1,108.20				
45791	ABSENT CONDYLE AND ASCENDING RAMUS in hemifacial microsomia, CONSTRUCTION OF, not including harvesting of graft material (AU 15 - 17915) Fee: \$615.00 Benefit: 75% \$461.25: 85%/\$26.80 \$588.20				
45794	OSSEO-INTEGRATION PROCEDURE - extra oral, implantation of titanium fixture (AU 20 - 17920) Fee: \$345.00 Benefit: 75% \$258.75: 85%/\$26.80 \$318.20				
45797	OSSEO-INTEGRATION PROCEDURE, fixation of transcutaneous abutment (AU 16 - 17916) Fee: \$128.00 Benefit: 75% \$96.00: 85%/\$26.80 \$108.80				

OPERATIONS		HAND SURGERY
SUBGROUP 14 - HAND SURGERY		
†	<i>Note: Items 46300 to 46510 are restricted to surgery on the hand/s.</i>	
46300	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, arthrodesis of (AU 9 - 17909) Fee: \$235.00 Benefit: 75% \$176.25: 85%/\$26.80 \$208.20	
† 46303	CARPOMETACARPAL JOINT, arthrodesis of (AU 10 - 17910) Fee: \$260.00 Benefit: 75% \$195.00: 85%/\$26.80 \$233.20	
† 46306	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, interposition arthroplasty of (including volar plate arthroplasty), and including tendon transfers or realignment on the one ray (AU 10 - 17910) Fee: \$365.00 Benefit: 75% \$273.75: 85%/\$26.80 \$338.20	
† 46309	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, total replacement arthroplasty of, including associated synovectomy, tendon transfer or realignment - one joint (AU 10 - 17910) Fee: \$365.00 Benefit: 75% \$273.75: 85%/\$26.80 \$338.20	
† 46312	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, total replacement arthroplasty of, including associated synovectomy, tendon transfer or realignment - two joints (AU 11 - 17911) Fee: \$465.00 Benefit: 75% \$348.75: 85%/\$26.80 \$438.20	
† 46315	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, total replacement arthroplasty of, including associated synovectomy, tendon transfer or realignment - three joints (AU 14 - 17914) Fee: \$620.00 Benefit: 75% \$465.00: 85%/\$26.80 \$593.20	
† 46318	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, total replacement arthroplasty of, including associated synovectomy, tendon transfer or realignment - four joints (AU 15 - 17915) Fee: \$775.00 Benefit: 75% \$581.25: 85%/\$26.80 \$748.20	
† 46321	INTER-PHALANGEAL JOINT OR METACARPOPHALANGEAL JOINT, total replacement arthroplasty of, including associated synovectomy, tendon transfer or realignment - five or more joints (AU 16 - 17916) Fee: \$930.00 Benefit: 75% \$697.50: 85%/\$26.80 \$903.20	
† 46324	CARPAL BONE replacement arthroplasty including associated tendon transfer or realignment when performed (AU 15 - 17915) Fee: \$525.00 Benefit: 75% \$393.75: 85%/\$26.80 \$498.20	
† 46327	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, arthrotomy of (AU 8 - 17908) Fee: \$140.00 Benefit: 75% \$105.00: 85%/\$26.80 \$119.00	
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OPERATIONS		HAND SURGERY			
+	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, arthrotomy of, with ligamentous or capsular repair (AU 9 - 17909)	Fee: \$240.00	Benefit: 75%	\$180.00:	85%/\$26.80 \$213.20
46330					
+	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, ligamentous repair of, using free tissue graft or implant (AU 10 - 17910)	Fee: \$390.00	Benefit: 75%	\$292.50:	85%/\$26.80 \$363.20
46333					
+	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, synovectomy, capsulectomy or debridement of, not associated with any procedure related to that joint (AU 9 - 17909)	Fee: \$182.00	Benefit: 75%	\$136.50:	85%/\$26.80 \$155.20
46336					
+	EXTENSOR TENDONS or FLEXOR TENDONS of hand or wrist, synovectomy of (AU 10 - 17910)	Fee: \$320.00	Benefit: 75%	\$240.00:	85%/\$26.80 \$293.20
46339					
+	DISTAL RADIOULNAR JOINT or CARPOMETACARPAL JOINT OR JOINTS, synovectomy of (AU 10 - 17910)	Fee: \$320.00	Benefit: 75%	\$240.00:	85%/\$26.80 \$293.20
46342					
+	RECONSTRUCTION of DISTAL RADIOULNAR JOINT (AU 11 - 17911)	Fee: \$390.00	Benefit: 75%	\$292.50:	85%/\$26.80 \$363.20
46345					
+	DIGIT, synovectomy of flexor tendon or tendons - one digit (AU 9 - 17909)	Fee: \$168.00	Benefit: 75%	\$126.00:	85%/\$26.80 \$142.80
46348					
+	DIGIT, synovectomy of flexor tendon or tendons - two digits (AU 11 - 17911)	Fee: \$250.00	Benefit: 75%	\$187.50:	85%/\$26.80 \$223.20
46351					
+	DIGIT, synovectomy of flexor tendon or tendons - three digits (AU 12 - 17912)	Fee: \$335.00	Benefit: 75%	\$251.25:	85%/\$26.80 \$308.20
46354					
+	DIGIT, synovectomy of flexor tendon or tendons - four digits (AU 14 - 17914)	Fee: \$420.00	Benefit: 75%	\$315.00:	85%/\$26.80 \$393.20
46357					
+	DIGIT, synovectomy of flexor tendon or tendons - five digits (AU 15 - 17915)	Fee: \$505.00	Benefit: 75%	\$378.75:	85%/\$26.80 \$478.20
46360					
‡ @ +	TENDON SHEATH of hand or wrist, open operation on, for STENOSING TENOVAGINITIS (AU 7 - 17907)	Fee: \$140.00	Benefit: 75%	\$105.00:	85%/\$26.80 \$119.00
46363					
‡ @ +	DUPUYTREN'S CONTRACTURE, subcutaneous fasciotomy for - one band (AU 7 - 17907)	Fee: \$88.00	Benefit: 75%	\$66.00:	85%/\$26.80 \$74.80
46366					
+	DUPUYTREN'S CONTRACTURE, palmar fasciotomy for - one hand (AU 9 - 17909)	Fee: \$88.00	Benefit: 75%	\$66.00:	85%/\$26.80 \$74.80
46369					
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991					
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OPERATIONS		HAND SURGERY			
†	DUPUYTREN'S CONTRACTURE, fasciectomy for, from one ray, including dissection of nerves - one hand (AU 10 - 17910)				
46372	Fee: \$295.00 Benefit: 75% \$221.25: 85%/\$26.80	\$268.20			
†	DUPUYTREN'S CONTRACTURE, fasciectomy for, from two rays, including dissection of nerves - one hand (AU 11 - 17911)				
46375	Fee: \$350.00 Benefit: 75% \$262.50: 85%/\$26.80	\$323.20			
†	DUPUYTREN'S CONTRACTURE, fasciectomy for, from three or more rays, including dissection of nerves - one hand (AU 14 - 17914)				
46378	Fee: \$465.00 Benefit: 75% \$348.75: 85%/\$26.80	\$438.20			
†	INTER-PHALANGEAL JOINT, joint capsule release when performed in association with operation for Dupuytren's Contracture - each procedure (AU 7 - 17907)				
46381	Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80	\$178.20			
†	Z-PLASTY (or similar local flap procedure) when performed in association with operation for Dupuytren's Contracture - one such procedure (AU 7 - 17907)				
46384	Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80	\$178.20			
†	DUPUYTREN'S CONTRACTURE, fasciectomy for, from one ray, including dissection of nerves - operation for recurrence in that ray (AU 11 - 17911)				
46387	Fee: \$425.00 Benefit: 75% \$318.75: 85%/\$26.80	\$398.20			
†	DUPUYTREN'S CONTRACTURE, fasciectomy for, from two rays, including dissection of nerves - operation for recurrence in those rays (AU 15 - 17915)				
46390	Fee: \$570.00 Benefit: 75% \$427.50: 85%/\$26.80	\$543.20			
†	DUPUYTREN'S CONTRACTURE, fasciectomy for, from three or more rays, including dissection of nerves - operation for recurrence in those rays (AU 17 - 17917)				
46393	Fee: \$660.00 Benefit: 75% \$495.00: 85%/\$26.80	\$633.20			
†	PHALANX or METACARPAL of the hand, osteotomy or osteectomy of (AU 9 - 17909)				
46396	Fee: \$235.00 Benefit: 75% \$176.25: 85%/\$26.80	\$208.20			
†	PHALANX or METACARPAL of the hand, osteotomy of, with internal fixation (AU 11 - 17911)				
46399	Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80	\$258.20			
†	PHALANX or METACARPAL, bone grafting of, for pseudarthrosis (non-union), including obtaining of graft material (AU 12 - 17912)				
46402	Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80	\$258.20			
†	PHALANX or METACARPAL, bone grafting of, for pseudarthrosis (non-union), involving internal fixation and including obtaining of graft material (AU 13 - 17913)				
46405	Fee: \$390.00 Benefit: 75% \$292.50: 85%/\$26.80	\$363.20			
†	TENDON, reconstruction of, by tendon graft (AU 14 - 17914)				
46408	Fee: \$475.00 Benefit: 75% \$356.25: 85%/\$26.80	\$448.20			

LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed
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OPERATIONS		HAND SURGERY			
† 46411	FLEXOR TENDON PULLEY, reconstruction of, by graft (AU 10 - 17910) Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20				
@ + 46414	ARTIFICIAL TENDON PROSTHESIS, INSERTION OF, in preparation for tendon grafting (AU 11 - 17911) Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20				
† 46417	TENDON transfer for restoration of hand function, each transfer (AU 11 - 17911) Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20				
‡ @ + 46420	EXTENSOR TENDON OF HAND OR WRIST, primary repair of, each tendon (AU 10 - 17910) Fee: \$140.00 Benefit: 75% \$105.00: 85%/\$26.80 \$119.00				
‡ @ + 46423	EXTENSOR TENDON OF HAND OR WRIST, secondary repair of, each tendon (AU 10 - 17910) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20				
‡ @ + 46426	FLEXOR TENDON OF HAND OR WRIST, primary repair of, proximal to A1 pulley, each tendon (AU 10 - 17910) Fee: \$235.00 Benefit: 75% \$176.25: 85%/\$26.80 \$208.20				
‡ @ + 46429	FLEXOR TENDON OF HAND OR WRIST, secondary repair of, proximal to A1 pulley, each tendon (AU 11 - 17911) Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80 \$258.20				
‡ @ + 46432	FLEXOR TENDON OF HAND, primary repair of, distal to A1 pulley, each tendon (AU 11 - 17911) Fee: \$310.00 Benefit: 75% \$232.50: 85%/\$26.80 \$283.20				
+ 46435	FLEXOR TENDON OF HAND, secondary repair of, distal to A1 pulley, each tendon (AU 12 - 17912) Fee: \$365.00 Benefit: 75% \$273.75: 85%/\$26.80 \$338.20				
+ 46438	MALLET FINGER, closed pin fixation of (AU 7 - 17907) Fee: \$93.00 Benefit: 75% \$69.75: 85%/\$26.80 \$79.05				
+ 46441	MALLET FINGER, open repair of, including pin fixation when performed (AU 9 - 17909) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20				
+ 46444	BOUTONNIERE DEFORMITY without joint contracture, reconstruction of (AU 10 - 17910) Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20				
+ 46447	BOUTONNIERE DEFORMITY with joint contracture, reconstruction of (AU 12 - 17912) Fee: \$420.00 Benefit: 75% \$315.00: 85%/\$26.80 \$393.20				

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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OPERATIONS		HAND SURGERY			
@ +	EXTENSOR TENDON, TENOLYSIS OF, following tendon injury, repair or graft (AU 8 - 17908)	46450	Fee: \$156.00	Benefit: 75% \$117.00:	85%/\$26.80 \$132.60
@ +	FLEXOR TENDON, TENOLYSIS OF, following tendon injury, repair or graft (AU 9 - 17909)	46453	Fee: \$260.00	Benefit: 75% \$195.00:	85%/\$26.80 \$233.20
†	FINGER, percutaneous tenotomy of (AU 7 - 17907)	46456	Fee: \$67.00	Benefit: 75% \$50.25:	85%/\$26.80 \$56.95
†	OPERATION for OSTEOMYELITIS on distal phalanx (AU 9 - 17909)	46459	Fee: \$130.00	Benefit: 75% \$97.50:	85%/\$26.80 \$110.50
†	OPERATION for OSTEOMYELITIS on middle or proximal phalanx, metacarpal or carpus (AU 10 - 17910)	46462	Fee: \$205.00	Benefit: 75% \$153.75:	85%/\$26.80 \$178.20
†	AMPUTATION of SINGLE DIGIT, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (AU 8 - 17908)	46465	Fee: \$156.00	Benefit: 75% \$117.00:	85%/\$26.80 \$132.60
†	AMPUTATION of TWO DIGITS, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (AU 10 - 17910)	46468	Fee: \$270.00	Benefit: 75% \$202.50:	85%/\$26.80 \$243.20
†	AMPUTATION of THREE DIGITS, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (AU 13 - 17913)	46471	Fee: \$390.00	Benefit: 75% \$292.50:	85%/\$26.80 \$363.20
†	AMPUTATION of FOUR DIGITS, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (AU 15 - 17915)	46474	Fee: \$505.00	Benefit: 75% \$378.75:	85%/\$26.80 \$478.20
†	AMPUTATION of FIVE DIGITS, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover (AU 16 - 17916)	46477	Fee: \$620.00	Benefit: 75% \$465.00:	85%/\$26.80 \$593.20
†	AMPUTATION of SINGLE DIGIT, proximal to nail bed, involving section of bone and requiring soft tissue cover, including metacarpal (AU 10 - 17910)	46480	Fee: \$260.00	Benefit: 75% \$195.00:	85%/\$26.80 \$233.20
†	REVISION of AMPUTATION STUMP to provide adequate soft tissue cover (AU 9 - 17909)	46483	Fee: \$205.00	Benefit: 75% \$153.75:	85%/\$26.80 \$178.20
†	NAIL BED, accurate reconstruction of nail bed laceration using magnification, undertaken in the operating theatre of a hospital or approved day-hospital facility (AU 8 - 17908)	46486	Fee: \$156.00	Benefit: 75% \$117.00:	85%/\$26.80 \$132.60

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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OPERATIONS		HAND SURGERY
† 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 (AU 9 - 17909) Fee: \$182.00 Benefit: 75% \$136.50: 85%/\$26.80 \$155.20	
† 46492	FLEXION CONTRACTURE of HAND OR DIGIT, correction of, involving tissues deeper than skin and subcutaneous tissue (AU 9 - 17909) Fee: \$235.00 Benefit: 75% \$176.25: 85%/\$26.80 \$208.20	
† 46495	GANGLION OR MUCOUS CYST OF DISTAL DIGIT, excision of, not in association with Items 30106 or 30107 (AU 9 - 17909) Fee: \$140.00 Benefit: 75% \$105.00: 85%/\$26.80 \$119.00	
† 46498	GANGLION OF FLEXOR TENDON SHEATH, excision of, not in association with Items 30106 or 30107 (AU 9 - 17909) Fee: \$124.00 Benefit: 75% \$93.00: 85%/\$26.80 \$105.40	
† 46501	GANGLION OF VOLAR OR DORSAL WRIST JOINT, excision of, not in association with Items 30106 or 30107 (AU 10 - 17910) Fee: \$182.00 Benefit: 75% \$136.50: 85%/\$26.80 \$155.20	
† 46504	NEUROVASCULAR ISLAND FLAP, for pulp innervation (AU 19 - 17919) Fee: \$760.00 Benefit: 75% \$570.00: 85%/\$26.80 \$733.20	
@ 46507	DIGIT, transposition of - complete procedure (AU 23 - 17923) Fee: \$885.00 Benefit: 75% \$663.75: 85%/\$26.80 \$858.20	
‡ @ + 46510	MACRODACTYLY, surgical reduction of enlarged elements - each digit (AU 14 - 17914) Fee: \$182.00 Benefit: 75% \$136.50: 85%/\$26.80 \$155.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 245		

OPERATIONS		ORTHOPAEDIC
SUBGROUP 15 - ORTHOPAEDIC		
†	<i>(Note: See paragraph T8.44 of explanatory notes to this Category for definitions of "closed reduction and "open reduction")</i>	
TREATMENT OF DISLOCATIONS		
47000	MANDIBLE, treatment of dislocation of, by closed reduction (AU 6 - 17906) Fee: \$48.50 Benefit: 75% \$36.40: 85%/\$26.80 \$41.25	
† 47003	CLAVICLE, treatment of dislocation of, by closed reduction (AU 6 - 17906) Fee: \$58.00 Benefit: 75% \$43.50: 85%/\$26.80 \$49.30	
† 47006	CLAVICLE, treatment of dislocation of, by open reduction (AU 9 - 17909) Fee: \$78.00 Benefit: 75% \$58.50: 85%/\$26.80 \$66.30	
† 47009	SHOULDER, treatment of dislocation of, requiring general anaesthesia, not covered by Item 47012 (AU 6 - 17906) Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80 \$98.60	
† 47012	SHOULDER, treatment of dislocation of, requiring general anaesthesia, open reduction (AU 9 - 17909) Fee: \$235.00 Benefit: 75% \$176.25: 85%/\$26.80 \$208.20	
† 47015	SHOULDER, treatment of dislocation of, not requiring general anaesthesia Fee: \$58.00 Benefit: 75% \$43.50: 85%/\$26.80 \$49.30	
† 47018	ELBOW, treatment of dislocation of, by closed reduction (AU 6 - 17906) Fee: \$136.00 Benefit: 75% \$102.00: 85%/\$26.80 \$115.60	
† 47021	ELBOW, treatment of dislocation of, by open reduction (AU 9 - 17909) Fee: \$182.00 Benefit: 75% \$136.50: 85%/\$26.80 \$155.20	
† 47024	RADIOULNAR JOINT, DISTAL or PROXIMAL, treatment of dislocation of, by closed reduction, not associated with fracture or dislocation in the same region (AU 6 - 17906) Fee: \$136.00 Benefit: 75% \$102.00: 85%/\$26.80 \$115.60	
† 47027	RADIOULNAR JOINT, DISTAL or PROXIMAL, treatment of dislocation of, by open reduction, not associated with fracture or dislocation in the same region (AU 9 - 17909) Fee: \$182.00 Benefit: 75% \$136.50: 85%/\$26.80 \$155.20	
† 47030	CARPUS, or CARPUS on RADIUS and ULNA, or CARPOMETACARPAL JOINT, treatment of dislocation of, by closed reduction (AU 6 - 17906) Fee: \$136.00 Benefit: 75% \$102.00: 85%/\$26.80 \$115.60	
† 47033	CARPUS, or CARPUS on RADIUS and ULNA, or CARPOMETACARPAL JOINT, treatment of dislocation of, by open reduction (AU 10 - 17910) Fee: \$182.00 Benefit: 75% \$136.50: 85%/\$26.80 \$155.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 246		

OPERATIONS		ORTHOPAEDIC			
† 47036	INTERPHALANGEAL JOINT, treatment of dislocation of, by closed reduction (AU 8 - 17908) Fee: \$58.00 Benefit: 75% \$43.50: 85%/\$26.80 \$49.30				
† 47039	INTERPHALANGEAL JOINT, treatment of dislocation of, by open reduction (AU 8 - 17908) Fee: \$78.00 Benefit: 75% \$58.50: 85%/\$26.80 \$66.30				
† 47042	METACARPOPHALANGEAL JOINT, treatment of dislocation of, by closed reduction (AU 6 - 17906) Fee: \$78.00 Benefit: 75% \$58.50: 85%/\$26.80 \$66.30				
† 47045	METACARPOPHALANGEAL JOINT, treatment of dislocation of, by open reduction (AU 9 - 17909) Fee: \$104.00 Benefit: 75% \$78.00: 85%/\$26.80 \$88.40				
† 47048	HIP, treatment of dislocation of, by closed reduction (AU 6 - 17906) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20				
† 47051	HIP, treatment of dislocation of, by open reduction (AU 11 - 17911) Fee: \$300.00 Benefit: 75% \$225.00: 85%/\$26.80 \$273.20				
† 47054	KNEE, treatment of dislocation of, by closed reduction (AU 6 - 17906) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20				
† 47057	PATELLA, treatment of dislocation of, by closed reduction (AU 6 - 17906) Fee: \$88.00 Benefit: 75% \$66.00: 85%/\$26.80 \$74.80				
† 47060	PATELLA, treatment of dislocation of, by open reduction (AU 10 - 17910) Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80 \$98.60				
† 47063	ANKLE or TARSUS, treatment of dislocation of, by closed reduction (AU 8 - 17908) Fee: \$176.00 Benefit: 75% \$132.00: 85%/\$26.80 \$149.60				
† 47066	ANKLE or TARSUS, treatment of dislocation of, by open reduction (AU 12 - 17912) Fee: \$235.00 Benefit: 75% \$176.25: 85%/\$26.80 \$208.20				
† 47069	TOE, treatment of dislocation of, by closed reduction (AU 5 - 17905) Fee: \$48.50 Benefit: 75% \$36.40: 85%/\$26.80 \$41.25				
† 47072	TOE, treatment of dislocation of, by open reduction (AU 7 - 17907) Fee: \$65.00 Benefit: 75% \$48.75: 85%/\$26.80 \$55.25				

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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OPERATIONS		ORTHOPAEDIC
†	(Note: See paragraph T8.44 of explanatory notes to this Category for definitions of "closed reduction" and "open reduction")	
	TREATMENT OF FRACTURES	
47300	DISTAL PHALANX of FINGER or THUMB, treatment of fracture of, by closed reduction, including percutaneous fixation where used (AU 6 - 17906)	Fee: \$58.00 Benefit: 75% \$43.50: 85%/\$26.80 \$49.30
47303	DISTAL PHALANX of FINGER or THUMB, treatment of intra-articular fracture of, by closed reduction (AU 6 - 17906)	Fee: \$68.00 Benefit: 75% \$51.00: 85%/\$26.80 \$57.80
47306	DISTAL PHALANX of FINGER or THUMB, treatment of fracture of, by open reduction (AU 8 - 17908)	Fee: \$78.00 Benefit: 75% \$58.50: 85%/\$26.80 \$66.30
47309	DISTAL PHALANX of FINGER or THUMB, treatment of intra-articular fracture of, by open reduction (AU 8 - 17908)	Fee: \$97.00 Benefit: 75% \$72.75: 85%/\$26.80 \$82.45
47312	MIDDLE PHALANX of FINGER, treatment of fracture of, by closed reduction (AU 6 - 17906)	Fee: \$88.00 Benefit: 75% \$66.00: 85%/\$26.80 \$74.80
47315	MIDDLE PHALANX of FINGER, treatment of intra-articular fracture of, by closed reduction (AU 6 - 17906)	Fee: \$100.00 Benefit: 75% \$75.00: 85%/\$26.80 \$85.00
47318	MIDDLE PHALANX OF FINGER, treatment of fracture of, by open reduction (AU 8 - 17908)	Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80 \$98.60
47321	MIDDLE PHALANX OF FINGER, treatment of intra-articular fracture of, by open reduction (AU 8 - 17908)	Fee: \$146.00 Benefit: 75% \$109.50: 85%/\$26.80 \$124.10
47324	PROXIMAL PHALANX OF FINGER OR THUMB, treatment of fracture of, by closed reduction (AU 6 - 17906)	Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80 \$98.60
47327	PROXIMAL PHALANX OF FINGER OR THUMB, treatment of intra-articular fracture of, by closed reduction (AU 6 - 17906)	Fee: \$136.00 Benefit: 75% \$102.00: 85%/\$26.80 \$115.60
47330	PROXIMAL PHALANX OF FINGER OR THUMB, treatment of fracture of, by open reduction (AU 8 - 17908)	Fee: \$156.00 Benefit: 75% \$117.00: 85%/\$26.80 \$132.60
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991		

OPERATIONS		ORTHOPAEDIC
† 47333	PROXIMAL PHALANX OF FINGER OR THUMB, treatment of intra-articular fracture of, by open operation (AU 8 - 17908) Fee: \$194.00 Benefit: 75% \$145.50: 85%/\$26.80 \$167.20	
† 47336	METACARPAL, treatment of fracture of, by closed reduction (AU 6 - 17906) Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80 \$98.60	
† 47339	METACARPAL, treatment of intra-articular fracture of, by closed reduction (AU 6 - 17906) Fee: \$136.00 Benefit: 75% \$102.00: 85%/\$26.80 \$115.60	
† 47342	METACARPAL, treatment of fracture of, by open reduction (AU 10 - 17910) Fee: \$156.00 Benefit: 75% \$117.00: 85%/\$26.80 \$132.60	
† 47345	METACARPAL, treatment of intra-articular fracture of, by open reduction (AU 10 - 17910) Fee: \$194.00 Benefit: 75% \$145.50: 85%/\$26.80 \$167.20	
† 47348	CARPUS (excluding scaphoid), treatment of fracture of, not covered by Item 47351 (AU 6 - 17906) Fee: \$65.00 Benefit: 75% \$48.75: 85%/\$26.80 \$55.25	
† 47351	CARPUS (excluding scaphoid), treatment of fracture of, by open reduction (AU 11 - 17911) Fee: \$162.00 Benefit: 75% \$121.50: 85%/\$26.80 \$137.70	
† 47354	CARPAL SCAPHOID, treatment of fracture of, not covered by Item 47357 (AU 6 - 17906) Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80 \$98.60	
† 47357	CARPAL SCAPHOID, treatment of fracture of, by open reduction (AU 12 - 17912) Fee: \$260.00 Benefit: 75% \$195.00: 85%/\$26.80 \$233.20	
† 47360	RADIUS OR ULNA, distal end of, treatment of fracture of, not covered by Items 47363 or 47366 (AU 6 - 17906) Fee: \$91.00 Benefit: 75% \$68.25: 85%/\$26.80 \$77.35	
† 47363	RADIUS OR ULNA, distal end of, treatment of fracture of, by closed reduction (AU 6 - 17906) Fee: \$136.00 Benefit: 75% \$102.00: 85%/\$26.80 \$115.60	
† 47366	RADIUS OR ULNA, distal end of, treatment of fracture of, by open reduction (AU 11 - 17911) Fee: \$182.00 Benefit: 75% \$136.50: 85%/\$26.80 \$155.20	
† 47369	RADIUS, distal end of, treatment of Colles', Smith's or Barton's fracture, not covered by Items 47372 or 47375 (AU 6 - 17906) Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80 \$98.60	
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OPERATIONS		ORTHOPAEDIC			
† 47372	RADIUS, distal end of, treatment of Colles', Smith's or Barton's fracture, by closed reduction (AU 6 - 17906) Fee: \$194.00 Benefit: 75% \$145.50: 85%/\$26.80 \$167.20				
† 47375	RADIUS, distal end of, treatment of Colles', Smith's or Barton's fracture of, by open reduction (AU 11 - 17911) Fee: \$260.00 Benefit: 75% \$195.00: 85%/\$26.80 \$233.20				
† 47378	RADIUS OR ULNA, shaft of, treatment of fracture of, not covered by Items 47381, 47384, 47385 or 47386 (AU 6 - 17906) Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80 \$98.60				
† 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 (AU 7 - 17907) Fee: \$176.00 Benefit: 75% \$132.00: 85%/\$26.80 \$149.60				
† 47384	RADIUS OR ULNA, shaft of, treatment of fracture of, by open reduction (AU 11 - 17911) Fee: \$235.00 Benefit: 75% \$176.25: 85%/\$26.80 \$208.20				
† 47385	RADIUS OR ULNA, shaft of, treatment of fracture of, associated 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 (AU 11 - 17911) Fee: \$200.00 Benefit: 75% \$150.00: 85%/\$26.80 \$173.20				
† 47386	RADIUS OR ULNA, shaft of, treatment of fracture of, associated with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by open reduction or internal fixation (AU 12 - 17912) Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20				
† 47387	RADIUS AND ULNA, shafts of, treatment of fracture of, not covered by Items 47390 or 47393 (AU 6 - 17906) Fee: \$188.00 Benefit: 75% \$141.00: 85%/\$26.80 \$161.20				
† 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 (AU 7 - 17907) Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20				
† 47393	RADIUS AND ULNA, shafts of, treatment of fracture of, by open reduction (AU 11 - 17911) Fee: \$375.00 Benefit: 75% \$281.25: 85%/\$26.80 \$348.20				
† 47396	OLECRANON, treatment of fracture of, not covered by Item 47399 (AU 7 - 17907) Fee: \$130.00 Benefit: 75% \$97.50: 85%/\$26.80 \$110.50				
† 47399	OLECRANON, treatment of fracture of, by open reduction (AU 12 - 17912) Fee: \$260.00 Benefit: 75% \$195.00: 85%/\$26.80 \$233.20				
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS		ORTHO PAEDIC
†	OLECRANON, treatment of fracture of, involving excision of olecranon fragment and reimplantation of tendon (AU 11 - 17911)	
47402	Fee: \$194.00 Benefit: 75% \$145.50: 85%/\$26.80 \$167.20	
†	RADIUS, treatment of fracture of head or neck of, closed management of (AU 6 - 17906)	
47405	Fee: \$130.00 Benefit: 75% \$97.50: 85%/\$26.80 \$110.50	
†	RADIUS, treatment of fracture of head or neck of, open management of, including internal fixation and excision where performed (AU 12 - 17912)	
47408	Fee: \$260.00 Benefit: 75% \$195.00: 85%/\$26.80 \$233.20	
†	HUMERUS, treatment of fracture of tuberosity of, not covered by item 47417 (AU 6 - 17906)	
47411	Fee: \$78.00 Benefit: 75% \$58.50: 85%/\$26.80 \$66.30	
†	HUMERUS, treatment of fracture of tuberosity of, by open reduction (AU 11 - 17911)	
47414	Fee: \$156.00 Benefit: 75% \$117.00: 85%/\$26.80 \$132.60	
†	HUMERUS, treatment of fracture of tuberosity of, and associated dislocation of shoulder, by closed reduction (AU 8 - 17908)	
47417	Fee: \$182.00 Benefit: 75% \$136.50: 85%/\$26.80 \$155.20	
†	HUMERUS, treatment of fracture of tuberosity of, and associated dislocation of shoulder, by open reduction (AU 15 - 17915)	
47420	Fee: \$355.00 Benefit: 75% \$266.25: 85%/\$26.80 \$328.20	
†	HUMERUS, proximal, treatment of fracture of, not covered by Item 47426, 47429 or 47432 (AU 8 - 17908)	
47423	Fee: \$150.00 Benefit: 75% \$112.50: 85%/\$26.80 \$127.50	
†	HUMERUS, proximal, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital or approved day hospital facility (AU 8 - 17908)	
47426	Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20	
†	HUMERUS, proximal, treatment of fracture of, by open reduction (AU 15 - 17915)	
47429	Fee: \$300.00 Benefit: 75% \$225.00: 85%/\$26.80 \$273.20	
†	HUMERUS, proximal, treatment of intra-articular fracture of, by open reduction (AU 17 - 17917)	
47432	Fee: \$375.00 Benefit: 75% \$281.25: 85%/\$26.80 \$348.20	
†	HUMERUS, proximal, treatment of fracture of, and associated dislocation of shoulder, by closed reduction (AU 9 - 17909)	
47435	Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80 \$258.20	
†	HUMERUS, proximal, treatment of fracture of, and associated dislocation of shoulder, by open reduction (AU 17 - 17917)	
47438	Fee: \$455.00 Benefit: 75% \$341.25: 85%/\$26.80 \$428.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991		

OPERATIONS		ORTHOPAEDIC
† 47441	HUMERUS, proximal, treatment of intra-articular fracture of, and associated dislocation of shoulder, by open reduction (AU 17 - 17917) Fee: \$565.00 Benefit: 75% \$423.75: 85%/\$26.80 \$538.20	
† 47444	HUMERUS, shaft of, treatment of fracture of, not covered by Item 47447 or 47450 (AU 8 - 17908) Fee: \$156.00 Benefit: 75% \$117.00: 85%/\$26.80 \$132.60	
† 47447	HUMERUS, shaft of, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital or approved day hospital facility (AU 9 - 17909) Fee: \$235.00 Benefit: 75% \$176.25: 85%/\$26.80 \$208.20	
† 47450	HUMERUS, shaft of, treatment of fracture of, by open reduction (AU 15 - 17915) Fee: \$310.00 Benefit: 75% \$232.50: 85%/\$26.80 \$283.20	
† 47453	HUMERUS, distal, (supracondylar or condylar), treatment of fracture of, not covered by Items 47456 or 47459 (AU 8 - 17908) Fee: \$182.00 Benefit: 75% \$136.50: 85%/\$26.80 \$155.20	
† 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 (AU 8 - 17908) Fee: \$270.00 Benefit: 75% \$202.50: 85%/\$26.80 \$243.20	
† 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 (AU 15 - 17915) Fee: \$365.00 Benefit: 75% \$273.75: 85%/\$26.80 \$338.20	
† 47462	CLAVICLE, treatment of fracture of, not covered by Item 47465 (AU 7 - 17907) Fee: \$78.00 Benefit: 75% \$58.50: 85%/\$26.80 \$66.30	
† 47465	CLAVICLE, treatment of fracture of, by open reduction (AU 13 - 17913) Fee: \$156.00 Benefit: 75% \$117.00: 85%/\$26.80 \$132.60	
† 47466	STERNUM, treatment of fracture of, not covered by Item 47467 (AU 7 - 17907) Fee: \$78.00 Benefit: 75% \$58.50: 85%/\$26.80 \$66.30	
† 47467	STERNUM, treatment of fracture of, by open reduction (AU 13 - 17913) Fee: \$156.00 Benefit: 75% \$117.00: 85%/\$26.80 \$132.60	
† 47468	SCAPULA, neck or glenoid region of, treatment of fracture of, by open reduction (AU 15 - 17915) Fee: \$300.00 Benefit: 75% \$225.00: 85%/\$26.80 \$273.20	
47471	RIBS (one or more), treatment of fracture of - each attendance Fee: \$29.50 Benefit: 75% \$22.15: 85%/\$26.80 \$25.10	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991		

OPERATIONS		ORTHOPAEDIC			
† 47474	PELVIC RING, treatment of fracture of, not involving disrupting pelvic ring or acetabulum Fee: \$130.00	Benefit:	75% \$97.50:	85%/\$26.80	\$110.50
† 47477	PELVIC RING, treatment of fracture of, with disrupting pelvic ring or acetabulum Fee: \$162.00	Benefit:	75% \$121.50:	85%/\$26.80	\$137.70
† 47480	PELVIC RING, treatment of fracture of, requiring traction (AU 7 - 17907) Fee: \$325.00	Benefit:	75% \$243.75:	85%/\$26.80	\$298.20
† 47483	PELVIC RING, treatment of fracture of, requiring control by external fixation (AU 12 - 17912) Fee: \$390.00	Benefit:	75% \$292.50:	85%/\$26.80	\$363.20
† 47486	PELVIC RING, treatment of fracture of, by open reduction and involving internal fixation of anterior segment, including diastasis of pubic symphysis (AU 20 - 17920) Fee: \$650.00	Benefit:	75% \$487.50:	85%/\$26.80	\$623.20
† 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 (AU 24 - 17924) Fee: \$975.00	Benefit:	75% \$731.25:	85%/\$26.80	\$948.20
† 47492	ACETABULUM, treatment of fracture of, and associated dislocation of hip (AU 7 - 17907) Fee: \$162.00	Benefit:	75% \$121.50:	85%/\$26.80	\$137.70
† 47495	ACETABULUM, treatment of fracture of, and associated dislocation of hip, requiring traction (AU 8 - 17908) Fee: \$325.00	Benefit:	75% \$243.75:	85%/\$26.80	\$298.20
† 47498	ACETABULUM, treatment of fracture of, and associated dislocation of hip, requiring internal fixation, with or without traction (AU 16 - 17916) Fee: \$485.00	Benefit:	75% \$363.75:	85%/\$26.80	\$458.20
† 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 (AU 20 - 17920) Fee: \$650.00	Benefit:	75% \$487.50:	85%/\$26.80	\$623.20
† 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 (AU 24 - 17924) Fee: \$975.00	Benefit:	75% \$731.25:	85%/\$26.80	\$948.20
† 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 (AU 24 - 17924) Fee: \$975.00	Benefit:	75% \$731.25:	85%/\$26.80	\$948.20

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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OPERATIONS		ORTHOPAEDIC
† 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 (AU 24 - 17924) Fee: \$975.00 Benefit: 75% \$731.25: 85%/\$26.80 \$948.20	
† 47513	SACRO-ILIAC JOINT DISRUPTION requiring internal fixation when performed in association with Items 47501 to 47510 (AU 18 - 17918) Fee: \$260.00 Benefit: 75% \$195.00: 85%/\$26.80 \$233.20	
† 47516	FEMUR, treatment of fracture of, by closed reduction or traction (AU 8 - 17908) Fee: \$300.00 Benefit: 75% \$225.00: 85%/\$26.80 \$273.20	
† 47519	FEMUR, treatment of trochanteric or subcapital fracture of, by internal fixation (AU 14 - 17914) Fee: \$595.00 Benefit: 75% \$446.25: 85%/\$26.80 \$568.20	
† 47522	FEMUR, treatment of subcapital fracture of, by hemi-arthroplasty (AU 13 - 17913) Fee: \$520.00 Benefit: 75% \$390.00: 85%/\$26.80 \$493.20	
† 47525	FEMUR, treatment of fracture of, for slipped capital femoral epiphysis (AU 13 - 17913) Fee: \$595.00 Benefit: 75% \$446.25: 85%/\$26.80 \$568.20	
† 47528	FEMUR, treatment of fracture of, by internal fixation or external fixation (AU 14 - 17914) Fee: \$520.00 Benefit: 75% \$390.00: 85%/\$26.80 \$493.20	
† 47531	FEMUR, treatment of fracture of shaft, by internal fixation and cross fixation (AU 15 - 17915) Fee: \$660.00 Benefit: 75% \$495.00: 85%/\$26.80 \$633.20	
† 47534	FEMUR, condylar region of, treatment of intra-articular (T shaped condylar) fracture of, requiring internal fixation, with or without internal fixation of one or more osteochondral fragments (AU 20 - 17920) Fee: \$745.00 Benefit: 75% \$558.75: 85%/\$26.80 \$718.20	
† 47537	FEMUR, condylar region of, treatment of fracture of, requiring internal fixation of one or more osteochondral fragments, not in association with Item 47534 (AU 14 - 17914) Fee: \$300.00 Benefit: 75% \$225.00: 85%/\$26.80 \$273.20	
† 47540	HIP SPICA, application of, as an independant procedure (AU 9 - 17909) Fee: \$150.00 Benefit: 75% \$112.50: 85%/\$26.80 \$127.50	
† 47543	TIBIA, plateau of, treatment of medial or lateral fracture of, not covered by Items 47546 or 47549 (AU 8 - 17908) Fee: \$156.00 Benefit: 75% \$117.00: 85%/\$26.80 \$132.60	
† 47546	TIBIA, plateau of, treatment of medial or lateral fracture of, by closed reduction (AU 8 - 17908) Fee: \$235.00 Benefit: 75% \$176.25: 85%/\$26.80 \$208.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed November 1,1991		
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OPERATIONS		ORTHOPAEDIC			
†	TIBIA, plateau of, treatment of medial or lateral fracture of, by open reduction (AU 13 - 17913)				
47549	Fee: \$310.00	Benefit: 75%	\$232.50:	85%/\$26.80	\$283.20
†	TIBIA, plateau of, treatment of both medial and lateral fractures of, not covered by Items 47555 or 47558 (AU 12 - 17912)				
47552	Fee: \$260.00	Benefit: 75%	\$195.00:	85%/\$26.80	\$233.20
†	TIBIA, plateau of, treatment of both medial and lateral fractures of, by closed reduction (AU 8 - 17908)				
47555	Fee: \$390.00	Benefit: 75%	\$292.50:	85%/\$26.80	\$363.20
†	TIBIA, plateau of, treatment of both medial and lateral fractures of, by open reduction (AU 13 - 17913)				
47558	Fee: \$520.00	Benefit: 75%	\$390.00:	85%/\$26.80	\$493.20
†	TIBIA, shaft of, treatment of fracture of, not covered by Items 47564, 47567, 47570 or 47573, with or without associated fibular fracture (AU 10 - 17910)				
47561	Fee: \$188.00	Benefit: 75%	\$141.00:	85%/\$26.80	\$161.20
†	TIBIA, shaft of, treatment of fracture of, by closed reduction, with or without associated fibular fracture (AU 8 - 17908)				
47564	Fee: \$280.00	Benefit: 75%	\$210.00:	85%/\$26.80	\$253.20
†	TIBIA, shaft of, treatment of intra-articular fracture of, by closed reduction, with or without associated fibular fracture (AU 8 - 17908)				
47567	Fee: \$325.00	Benefit: 75%	\$243.75:	85%/\$26.80	\$298.20
†	TIBIA, shaft of, treatment of fracture of, by open reduction, with or without associated fibular fracture (AU 12 - 17912)				
47570	Fee: \$375.00	Benefit: 75%	\$281.25:	85%/\$26.80	\$348.20
†	TIBIA, shaft of, treatment of intra-articular fracture of, by open reduction, with or without associated fibula fracture (AU 15 - 17915)				
47573	Fee: \$470.00	Benefit: 75%	\$352.50:	85%/\$26.80	\$443.20
†	FIBULA, treatment of fracture of (AU 6 - 17906)				
47576	Fee: \$78.00	Benefit: 75%	\$58.50:	85%/\$26.80	\$66.30
†	PATELLA, treatment of fracture of, not covered by Items 47582 or 47585 (AU 6 - 17906)				
47579	Fee: \$110.00	Benefit: 75%	\$82.50:	85%/\$26.80	\$93.50
†	PATELLA, treatment of fracture of, by excision of patella or pole with reattachment of tendon (AU 10 - 17910)				
47582	Fee: \$225.00	Benefit: 75%	\$168.75:	85%/\$26.80	\$198.20
†	PATELLA, treatment of fracture of, by internal fixation (AU 12 - 17912)				
47585	Fee: \$290.00	Benefit: 75%	\$217.50:	85%/\$26.80	\$263.20

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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OPERATIONS		ORTHOPAEDIC
† 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 one or more ligaments (AU 19 - 17919) Fee: \$910.00 Benefit: 75% \$682.50: 85%/\$26.80 \$883.20	
† 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 one or more ligaments (AU 23 - 17923) Fee: \$1,100.00 Benefit: 75% \$825.00: 85%/\$26.80 \$1,073.20	
† 47594	ANKLE JOINT, treatment of fracture of, not covered by Item 47597 (AU 8 - 17908) Fee: \$150.00 Benefit: 75% \$112.50: 85%/\$26.80 \$127.50	
† 47597	ANKLE JOINT, treatment of fracture of, by closed reduction (AU 8 - 17908) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20	
† 47600	ANKLE JOINT, treatment of fracture of, by internal fixation of one of malleolus, fibula or diastasis (AU 10 - 17910) Fee: \$300.00 Benefit: 75% \$225.00: 85%/\$26.80 \$273.20	
† 47603	ANKLE JOINT, treatment of fracture of, by internal fixation of more than one of malleolus, fibula or diastasis (AU 12 - 17912) Fee: \$390.00 Benefit: 75% \$292.50: 85%/\$26.80 \$363.20	
† 47606	CALCANEUM OR TALUS, treatment of fracture of, not covered by Items 47609, 47612, 47615 or 47618, with or without dislocation (AU 8 - 17908) Fee: \$162.00 Benefit: 75% \$121.50: 85%/\$26.80 \$137.70	
† 47609	CALCANEUM OR TALUS, treatment of fracture of, by closed reduction, with or without dislocation (AU 9 - 17909) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20	
† 47612	CALCANEUM OR TALUS, treatment of intra-articular fracture of, by closed reduction, with or without dislocation (AU 9 - 17909) Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20	
† 47615	CALCANEUM OR TALUS, treatment of fracture of, by open reduction, with or without dislocation (AU 12 - 17912) Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20	
† 47618	CALCANEUM OR TALUS, treatment of intra-articular fracture of, by open reduction, with or without dislocation (AU 13 - 17913) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20	
† 47621	TARSO-METATARSAL, treatment of intra-articular fracture of, by closed reduction, with or without dislocation (AU 9 - 17909) Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20	

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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OPERATIONS		ORTHOPAEDIC			
† 47624	TARSO-METATARSAL, treatment of fracture of, by open reduction, with or without dislocation (AU 14 - 17914) Fee: \$390.00 Benefit: 75% \$292.50: 85%/\$26.80 \$363.20				
† 47627	TARSUS (excluding calcaneum or talus), treatment of fracture of (AU 8 - 17908) Fee: \$110.00 Benefit: 75% \$82.50: 85%/\$26.80 \$93.50				
† 47630	TARSAL (excluding calcaneum or talus), treatment of fracture of, by open reduction, with or without dislocation (AU 13 - 17913) Fee: \$235.00 Benefit: 75% \$176.25: 85%/\$26.80 \$208.20				
† 47633	METATARSAL, one of, treatment of fracture of (AU 6 - 17906) Fee: \$78.00 Benefit: 75% \$58.50: 85%/\$26.80 \$66.30				
† 47636	METATARSAL, one of, treatment of fracture of, by closed reduction (AU 6 - 17906) Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80 \$98.60				
† 47639	METATARSAL, one of, treatment of fracture of, by open reduction (AU 8 - 17908) Fee: \$156.00 Benefit: 75% \$117.00: 85%/\$26.80 \$132.60				
† 47642	METATARSALS, two of, treatment of fracture of (AU 7 - 17907) Fee: \$104.00 Benefit: 75% \$78.00: 85%/\$26.80 \$88.40				
† 47645	METATARSALS, two of, treatment of fracture of, by closed reduction (AU 7 - 17907) Fee: \$156.00 Benefit: 75% \$117.00: 85%/\$26.80 \$132.60				
† 47648	METATARSALS, two of, treatment of fracture of, by open reduction (AU 11 - 17911) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20				
† 47651	METATARSALS, three or more of, treatment of fracture of (AU 8 - 17908) Fee: \$162.00 Benefit: 75% \$121.50: 85%/\$26.80 \$137.70				
† 47654	METATARSALS, three or more of, treatment of fracture of, by closed reduction (AU 8 - 17908) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20				
† 47657	METATARSALS, three or more of, treatment of fracture of, by open reduction (AU 10 - 17910) Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20				
† 47660	PHALANX OF GREAT TOE, treatment of fracture of (AU 7 - 17907) Fee: \$65.00 Benefit: 75% \$48.75: 85%/\$26.80 \$55.25				
† 47663	PHALANX OF GREAT TOE, treatment of fracture of, by closed reduction (AU 7 - 17907) Fee: \$97.00 Benefit: 75% \$72.75: 85%/\$26.80 \$82.45				
† 47666	PHALANX OF GREAT TOE, treatment of fracture of, by open reduction (AU 9 - 17909) Fee: \$162.00 Benefit: 75% \$121.50: 85%/\$26.80 \$137.70				
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 257					

OPERATIONS		ORTHOPAEDIC			
+ 47669	PHALANX OF TOE (other than great toe), one of, treatment of fracture of (AU 6 - 17906) Fee: \$39.00 Benefit: 75% \$29.25: 85%/\$26.80 \$33.15				
† 47672	PHALANX OF TOE (other than great toe), one of, treatment of fracture of, by open reduction (AU 8 - 17908) Fee: \$78.00 Benefit: 75% \$58.50: 85%/\$26.80 \$66.30				
+ 47675	PHALANX OF TOE (other than great toe), more than one of, treatment of fracture of (AU 6 - 17906) Fee: \$58.00 Benefit: 75% \$43.50: 85%/\$26.80 \$49.30				
† 47678	PHALANX OF TOE (other than great toe), more than one of, treatment of fracture of, by open reduction (AU 11 - 17911) Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80 \$98.60				
‡ 47681	SPINE (excluding sacrum), transverse process, vertebral body, or posterior elements - each attendance Fee: \$29.50 Benefit: 75% \$22.15: 85%/\$26.80 \$25.10				
† 47684	SPINE FRACTURE, dislocation or fracture-dislocation, without spinal cord involvement, including immobilisation by calipers (AU 9 - 17909) Fee: \$520.00 Benefit: 75% \$390.00: 85%/\$26.80 \$493.20				
† 47687	SPINE FRACTURE, dislocation or fracture-dislocation, with spinal cord involvement, including immobilisation by calipers, and including up to fourteen days post-operative care Fee: \$910.00 Benefit: 75% \$682.50: 85%/\$26.80 \$883.20				
† 47690	SPINE FRACTURE, dislocation or fracture-dislocation, without cord involvement, including immobilisation by calipers, requiring reduction by closed manipulation (AU 9 - 17909) Fee: \$715.00 Benefit: 75% \$536.25: 85%/\$26.80 \$688.20				
† 47693	SPINE FRACTURE, dislocation or fracture-dislocation, with cord involvement, including immobilisation by calipers, requiring reduction by closed manipulation, including up to fourteen days post-operative care Fee: \$910.00 Benefit: 75% \$682.50: 85%/\$26.80 \$883.20				
† 47696	SPINE, reduction of fracture or dislocation of, without cord involvement, undertaken in the operating theatre of a hospital or approved day-hospital facility (AU 9 - 17909) Fee: \$260.00 Benefit: 75% \$195.00: 85%/\$26.80 \$233.20				
† 47699	SPINE FRACTURE, dislocation or fracture-dislocation, without cord involvement, requiring open reduction with or without internal fixation (AU 18 - 17918) Fee: \$1,035.00 Benefit: 75% \$776.25: 85%/\$26.80 \$1,008.20				
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS		ORTHOPAEDIC
† 47702	SPINE FRACTURE, dislocation or fracture-dislocation, with cord involvement, requiring open reduction with or without internal fixation, including up to fourteen days post-operative care (AU 18 - 17918) Fee: \$1,295.00 Benefit: 75% \$971.25: 85%/\$26.80 \$1,268.20	
+ 47703	SKULL, treatment of fracture of, each attendance Fee: \$29.50 Benefit: 75% \$22.15: 85%/\$26.80 \$25.10	
† 47705	SKULL CALIPERS, insertion of, as an independent procedure (AU 8 - 17908) Fee: \$194.00 Benefit: 75% \$145.50: 85%/\$26.80 \$167.20	
‡ + 47708	PLASTER JACKET, application of, as an independent procedure (AU 8 - 17908) Fee: \$150.00 Benefit: 75% \$112.50: 85%/\$26.80 \$127.50	
† 47711	HALO, application of, as an independent procedure (AU 8 - 17908) Fee: \$220.00 Benefit: 75% \$165.00: 85%/\$26.80 \$193.20	
† 47714	HALO, application of, in addition to spinal fusion for scoliosis, or other conditions (AU 8 - 17908) Fee: \$166.00 Benefit: 75% \$124.50: 85%/\$26.80 \$141.10	
† 47717	HALO-THORACIC TRACTION - application of both halo and thoracic jacket (AU 11 - 17911) Fee: \$290.00 Benefit: 75% \$217.50: 85%/\$26.80 \$263.20	
† 47720	HALO-FEMORAL TRACTION, as an independent procedure (AU 10 - 17910) Fee: \$290.00 Benefit: 75% \$217.50: 85%/\$26.80 \$263.20	
† 47723	HALO-FEMORAL TRACTION, in association with a major spine operation (AU 12 - 17912) Fee: \$290.00 Benefit: 75% \$217.50: 85%/\$26.80 \$263.20	
† 47726	BONE GRAFT, harvesting of, via separate incision, associated with any item in this Group - Autogenous - small quantity (AU 7 - 17907) Fee: \$97.00 Benefit: 75% \$72.75: 85%/\$26.80 \$82.45	
† 47729	BONE GRAFT, harvesting of, via separate incision, associated with any item in this Group - Autogenous - large quantity (AU 7 - 17907) Fee: \$162.00 Benefit: 75% \$121.50: 85%/\$26.80 \$137.70	
† 47732	VASCULARISED PEDICLE BONE GRAFT, harvesting of, associated with any item in this Group (AU 8 - 17908) Fee: \$260.00 Benefit: 75% \$195.00: 85%/\$26.80 \$233.20	
‡ 47735	NASAL BONES, treatment of fracture of, not covered by Items 47738 or 47741 Fee: \$29.50 Benefit: 75% \$22.15: 85%/\$26.80 \$25.10	
† 47738	NASAL BONES, treatment of fracture of, by open reduction (AU 8 - 17908) Fee: \$162.00 Benefit: 75% \$121.50: 85%/\$26.80 \$137.70	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991		
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OPERATIONS		ORTHOPAEDIC			
47741	NASAL BONES, treatment of fracture of, by open reduction involving osteotomies (AU 12 - 17912) Fee: \$330.00 Benefit: 75% \$247.50: 85%/\$26.80 \$303.20				
+ 47744	ZYGOMA, treatment of fracture of (AU 7 - 17907) Fee: \$110.00 Benefit: 75% \$82.50: 85%/\$26.80 \$93.50				
+	GENERAL				
47900	BONE CYST, injection into or aspiration of (AU 8 - 17908) Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80 \$98.60				
+ 47903	EPICONDYLITIS, open operation for (AU 8 - 17908) Fee: \$162.00 Benefit: 75% \$121.50: 85%/\$26.80 \$137.70				
† 47904	DIGITAL NAIL, removal of, not covered by Item 47906 (AU 5 - 17905) Fee: \$39.00 Benefit: 75% \$29.25: 85%/\$26.80 \$33.15				
† 47906	DIGITAL NAIL, removal of, in the operating theatre of a hospital or approved day hospital facility (AU 5 - 17905) Fee: \$78.00 Benefit: 75% \$58.50: 85%/\$26.80 \$66.30				
‡ + 47909	MIDDLE PALMAR, THENAR OR HYPOTHENAR SPACES, drainage of (excluding aftercare) (AU 6 - 17906) Fee: \$97.00 Benefit: 75% \$72.75: 85%/\$26.80 \$82.45				
+ 47912	PULP SPACE INFECTION, PARONYCHIA of HANDS or FEET, incision for, not covered by any other item in this Group (excluding after-care) (AU 5 - 17905) Fee: \$39.00 Benefit: 75% \$29.25: 85%/\$26.80 \$33.15				
† 47915	INGROWING TOENAIL, wedge resection for, not associated with Item 47918 (AU 6 - 17906) Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80 \$98.60				
† 47918	INGROWING TOENAIL, radical excision of nailbed (AU 6 - 17906) Fee: \$162.00 Benefit: 75% \$121.50: 85%/\$26.80 \$137.70				
+ 47921	ORTHOPAEDIC PIN OR WIRE, insertion of, as an independent procedure (AU 6 - 17906) Fee: \$78.00 Benefit: 75% \$58.50: 85%/\$26.80 \$66.30				
† 47924	BURIED WIRE, PIN OR SCREW, one or more of, which were inserted for internal fixation purposes, removal of requiring incision and suture, not covered by Items 47927 or 47930 - per bone (AU 6 - 17906) Fee: \$26.00 Benefit: 75% \$19.50: 85%/\$26.80 \$22.10				
† 47927	BURIED WIRE, PIN OR SCREW, one 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 (AU 6 - 17906) Fee: \$97.00 Benefit: 75% \$72.75: 85%/\$26.80 \$82.45				

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OPERATIONS		ORTHOPAEDIC			
+	PLATE, ROD OR NAIL AND ASSOCIATED WIRES, PINS OR SCREWS, one or more of, all of which were inserted for internal fixation purposes, removal of, not associated with Items 47924 or 47927 - per bone (AU 8 - 17908)	47930	Fee: \$182.00	Benefit: 75% \$136.50: 85%/\$26.80	\$155.20
‡ +	EXOSTOSIS OF SMALL BONE, excision of, including simple removal of bunion and any associated bursa (AU 6 - 17906)	47933	Fee: \$142.00	Benefit: 75% \$106.50: 85%/\$26.80	\$120.70
+	EXOSTOSIS OF LARGE BONE, excision of (AU 7 - 17907)	47936	Fee: \$176.00	Benefit: 75% \$132.00: 85%/\$26.80	\$149.60
+	LIMB LENGTHENING (single or first stage) osteotomy for, including application of distracting apparatus (AU 12 - 17912)	47939	Fee: \$550.00	Benefit: 75% \$412.50: 85%/\$26.80	\$523.20
+	LIMB LENGTHENING (second stage) internal fixation with bone grafting, including removal of distracting apparatus (AU 12 - 17912)	47942	Fee: \$550.00	Benefit: 75% \$412.50: 85%/\$26.80	\$523.20
+	DISTRACTING APPARATUS, removal of, without internal fixation (AU 6 - 17906)	47945	Fee: \$162.00	Benefit: 75% \$121.50: 85%/\$26.80	\$137.70
+	EXTERNAL FIXATION, removal of, in the operating theatre of a hospital or approved day hospital facility (AU 6 - 17906)	47948	Fee: \$110.00	Benefit: 75% \$82.50: 85%/\$26.80	\$93.50
+	EXTERNAL FIXATION, removal of, in association with operations involving internal fixation or bone grafting or both (AU 7 - 17907)	47951	Fee: \$130.00	Benefit: 75% \$97.50: 85%/\$26.80	\$110.50
+	TENDON, large rupture, repair of, not covered by any other item in this Group (AU 10 - 17910)	47954	Fee: \$260.00	Benefit: 75% \$195.00: 85%/\$26.80	\$233.20
+	TENDON, large, lengthening of, not covered by any other item in this Group (AU 9 - 17909)	47957	Fee: \$194.00	Benefit: 75% \$145.50: 85%/\$26.80	\$167.20
‡ +	TENOTOMY, SUBCUTANEOUS, not covered by any other item in this Group (AU 4 - 17904)	47960	Fee: \$91.00	Benefit: 75% \$68.25: 85%/\$26.80	\$77.35
‡ +	TENOTOMY, OPEN, with or without tenoplasty, not covered by any other item in this Group (AU 7 - 17907)	47963	Fee: \$150.00	Benefit: 75% \$112.50: 85%/\$26.80	\$127.50
+	TENDON OR LIGAMENT, TRANSFER, not covered by any other item in this Group (AU 9 - 17909)	47966	Fee: \$300.00	Benefit: 75% \$225.00: 85%/\$26.80	\$273.20
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS		ORTHOPAEDIC			
† 47969	TENOSYNOVECTOMY, not covered by any other item in this Group (AU 8 - 17908) Fee: \$182.00 Benefit: 75% \$136.50: 85%/\$26.80 \$155.20				
† 47972	TENDON SHEATH, open operation for tendo-vaginitis, not covered by any other item in this Group (AU 8 - 17908) Fee: \$162.00 Benefit: 75% \$121.50: 85%/\$26.80 \$137.70				
BONE GRAFTS					
+ 48200	FEMUR, bone graft to (AU 12 - 17912) Fee: \$520.00 Benefit: 75% \$390.00: 85%/\$26.80 \$493.20				
† 48203	FEMUR, bone graft to, with internal fixation (AU 14 - 17914) Fee: \$630.00 Benefit: 75% \$472.50: 85%/\$26.80 \$603.20				
+ 48206	TIBIA, bone graft to (AU 10 - 17910) Fee: \$390.00 Benefit: 75% \$292.50: 85%/\$26.80 \$363.20				
† 48209	TIBIA, bone graft to, with internal fixation (AU 12 - 17912) Fee: \$500.00 Benefit: 75% \$375.00: 85%/\$26.80 \$473.20				
† 48212	HUMERUS, bone graft to (AU 10 - 17910) Fee: \$390.00 Benefit: 75% \$292.50: 85%/\$26.80 \$363.20				
† 48215	HUMERUS, bone graft to, with internal fixation (AU 12 - 17912) Fee: \$500.00 Benefit: 75% \$375.00: 85%/\$26.80 \$473.20				
+ 48218	RADIUS AND ULNA, bone graft to (AU 10 - 17910) Fee: \$390.00 Benefit: 75% \$292.50: 85%/\$26.80 \$363.20				
† 48221	RADIUS AND ULNA, bone graft to, with internal fixation of one or both bones (AU 12 - 17912) Fee: \$520.00 Benefit: 75% \$390.00: 85%/\$26.80 \$493.20				
† 48224	RADIUS OR ULNA, bone graft to (AU 10 - 17910) Fee: \$260.00 Benefit: 75% \$195.00: 85%/\$26.80 \$233.20				
† 48227	RADIUS OR ULNA, bone graft to, with internal fixation of one or both bones (AU 11 - 17911) Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20				
† 48230	SCAPHOID, bone graft to, for non union (AU 10 - 17910) Fee: \$290.00 Benefit: 75% \$217.50: 85%/\$26.80 \$263.20				
† 48233	SCAPHOID, bone graft to, for non union, with internal fixation (AU 10 - 17910) Fee: \$420.00 Benefit: 75% \$315.00: 85%/\$26.80 \$393.20				
† 48236	SCAPHOID, bone graft to, for mal-union, including osteotomy, bone graft and internal fixation (AU 11 - 17911) Fee: \$550.00 Benefit: 75% \$412.50: 85%/\$26.80 \$523.20				
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OPERATIONS		ORTHOPAEDIC
+ 48239	BONE GRAFT, not covered by any other item in this Group (AU 10 - 17910) Fee: \$305.00 Benefit: 75% \$228.75: 85%/\$26.80 \$278.20	
† 48242	BONE GRAFT, with internal fixation, not covered by any other item in this Group (AU 11 - 17911) Fee: \$420.00 Benefit: 75% \$315.00: 85%/\$26.80 \$393.20	
† 48400	OSTEOTOMY OR OSTEECTOMY PHALANX, METATARSAL, ACCESSORY BONE OR SESAMOID BONE, osteotomy or osteectomy of, excluding services covered by Items 49848 or 49851 (AU 7 - 17907) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20	
† 48403	PHALANX OR METATARSAL, osteotomy or osteectomy of, with internal fixation (AU 8 - 17908) Fee: \$355.00 Benefit: 75% \$266.25: 85%/\$26.80 \$328.20	
+ 48406	FIBULA, RADIUS, ULNA, CLAVICLE, SCAPULA (other than acromion), RIB, TARSUS OR CARPUS, osteotomy or osteectomy of (AU 9 - 17909) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20	
+ 48409	FIBULA, RADIUS, ULNA, CLAVICLE, SCAPULA (other than Acromion), RIB, TARSUS OR CARPUS, osteotomy or osteectomy of, with internal fixation (AU 10 - 17910) Fee: \$355.00 Benefit: 75% \$266.25: 85%/\$26.80 \$328.20	
† 48412	HUMERUS, osteotomy or osteectomy of (AU 11 - 17911) Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20	
† 48415	HUMERUS, osteotomy or osteectomy of, with internal fixation (AU 12 - 17912) Fee: \$550.00 Benefit: 75% \$412.50: 85%/\$26.80 \$523.20	
† 48418	TIBIA, osteotomy or osteectomy of (AU 9 - 17909) Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20	
† 48421	TIBIA, osteotomy or osteectomy of, with internal fixation (AU 12 - 17912) Fee: \$550.00 Benefit: 75% \$412.50: 85%/\$26.80 \$523.20	
+ 48424	FEMUR OR PELVIS, osteotomy or osteectomy of (AU 15 - 17915) Fee: \$520.00 Benefit: 75% \$390.00: 85%/\$26.80 \$493.20	
† 48427	FEMUR OR PELVIS, osteotomy or osteectomy of, with internal fixation (AU 17 - 17917) Fee: \$630.00 Benefit: 75% \$472.50: 85%/\$26.80 \$603.20	
+ 48500	EPIPHYSIODESIS FEMUR, epiphysiodesis of (AU 11 - 17911) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20	

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OPERATIONS		ORTHOPAEDIC
+ 48503	TIBIA AND FIBULA, epiphysiodesis of (AU 11 - 17911) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20	
+ 48506	FEMUR, TIBIA AND FIBULA, epiphysiodesis of (AU 15 - 17915) Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20	
+ 48509	EPIPHYSIODESIS, staple arrest of hemi-epiphysis (AU 10 - 17910) Fee: \$162.00 Benefit: 75% \$121.50: 85%/\$26.80 \$137.70	
+ 48512	EPIPHYSIODESIS, operation to prevent closure of plate (AU 15 - 17915) Fee: \$615.00 Benefit: 75% \$461.25: 85%/\$26.80 \$588.20	
+	SPINE	
48600	SPINE, MANIPULATION OF, performed in the operating theatre of a hospital or approved day hospital facility (AU 6 - 17906) Fee: \$65.00 Benefit: 75% \$48.75: 85%/\$26.80 \$55.25	
+	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 associated with Items 48600 or 50115 (AU 6 - 17906) Fee: \$97.00 Benefit: 75% \$72.75: 85%/\$26.80 \$82.45	
+	SCOLIOSIS or KYPHOSIS, spinal fusion for (without instrumentation) (AU 24 - 17924) Fee: \$910.00 Benefit: 75% \$682.50: 85%/\$26.80 \$883.20	
+	SCOLIOSIS or KYPHOSIS, spinal fusion for, using Harrington or other nonsegmental fixation (AU 24 - 17924) Fee: \$1,135.00 Benefit: 75% \$851.25: 85%/\$26.80 \$1,108.20	
+	SCOLIOSIS, spinal fusion for, using segmental instrumentation (C D, Zielke, Luque, or similar) (AU 30 - 17930) Fee: \$1,685.00 Benefit: 75% \$1,263.75: 85%/\$26.80 \$1,658.20	
+	SCOLIOSIS, re-exploration for, involving adjustment or removal of instrumentation or simple bone grafting procedure (AU 14 - 17914) Fee: \$305.00 Benefit: 75% \$228.75: 85%/\$26.80 \$278.20	
+	SCOLIOSIS, revision of failed scoliosis surgery, involving more than one of multiple osteotomy, fusion or instrumentation (AU 26 - 17926) Fee: \$1,685.00 Benefit: 75% \$1,263.75: 85%/\$26.80 \$1,658.20	
+	SCOLIOSIS, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke, or similar) - not more than four levels (AU 26 - 17926) Fee: \$1,100.00 Benefit: 75% \$825.00: 85%/\$26.80 \$1,073.20	
+	SCOLIOSIS, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke or similar) - more than four levels (AU 30 - 17930) Fee: \$1,360.00 Benefit: 75% \$1,020.00: 85%/\$26.80 \$1,333.20	
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OPERATIONS		ORTHOPAEDIC
† 48627	SCOLIOSIS, spinal fusion for, combined with segmental instrumentation (C D, Zielke or similar) down to and including pelvis (AU 30 - 17930) Fee: \$1,750.00 Benefit: 75% \$1,312.50: 85%/\$26.80 \$1,723.20	
† 48630	SCOLIOSIS, requiring anterior decompression of spinal cord with resection of vertebrae including bone graft and instrumentation in the presence of spinal cord involvement (AU 30 - 17930) Fee: \$1,945.00 Benefit: 75% \$1,458.75: 85%/\$26.80 \$1,918.20	
† 48636	PERCUTANEOUS LUMBAR DISCECTOMY, one or more levels (AU 9 - 17909) Fee: \$560.00 Benefit: 75% \$420.00: 85%/\$26.80 \$533.20	
+ 48639	VERTEBRAL BODY, total or sub-total excision of, including bone grafting or other form of fixation (AU 28 - 17928) Fee: \$940.00 Benefit: 75% \$705.00: 85%/\$26.80 \$913.20	
† 48642	SPINE, posterior, bone graft to, not covered by Items 48648 or 48651 - one or two levels (AU 16 - 17916) Fee: \$550.00 Benefit: 75% \$412.50: 85%/\$26.80 \$523.20	
† 48645	SPINE, posterior, bone graft to, not covered by Items 48648 or 48651 - more than two levels (AU 18 - 17918) Fee: \$745.00 Benefit: 75% \$558.75: 85%/\$26.80 \$718.20	
† 48648	SPINE, bone graft to, (postero-lateral fusion) - one or two levels (AU 16 - 17916) Fee: \$745.00 Benefit: 75% \$558.75: 85%/\$26.80 \$718.20	
† 48651	SPINE, bone graft to, (postero-lateral fusion) - more than two levels (AU 18 - 17918) Fee: \$1,035.00 Benefit: 75% \$776.25: 85%/\$26.80 \$1,008.20	
+ 48654	SPINAL FUSION (posterior interbody), with laminectomy, one level (AU 18 - 17918) Fee: \$745.00 Benefit: 75% \$558.75: 85%/\$26.80 \$718.20	
+ 48657	SPINAL FUSION (posterior interbody), with laminectomy, more than one level (AU 21 - 17921) Fee: \$1,035.00 Benefit: 75% \$776.25: 85%/\$26.80 \$1,008.20	
† 48660	SPINAL FUSION (anterior interbody) to cervical, thoracic or lumbar regions - one level (AU 18 - 17918) Fee: \$745.00 Benefit: 75% \$558.75: 85%/\$26.80 \$718.20	
† 48663	SPINAL FUSION (anterior interbody) to cervical, thoracic or lumbar regions - one level (where an assisting surgeon performs the approach) - principal surgeon (AU 18 - 17918) Fee: \$560.00 Benefit: 75% \$420.00: 85%/\$26.80 \$533.20	
† 48666	SPINAL FUSION (anterior interbody) to cervical, thoracic or lumbar regions - one level (where an assisting surgeon performs the approach) - assisting surgeon Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20	

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OPERATIONS		ORTHOPAEDIC			
† 48669	SPINAL FUSION (anterior interbody) to cervical, thoracic or lumbar regions - more than one level (AU 20 - 17920) Fee: \$1,005.00 Benefit: 75% \$753.75: 85%/\$26.80 \$978.20				
† 48672	SPINAL FUSION (anterior interbody) to cervical, thoracic or lumbar regions - more than one level (where an assisting surgeon performs the approach) - principal surgeon (AU 20 - 17920) Fee: \$750.00 Benefit: 75% \$562.50: 85%/\$26.80 \$723.20				
† 48675	SPINAL FUSION (anterior interbody) to cervical, thoracic or lumbar regions - more than one level (where an assisting surgeon performs the approach) - assisting surgeon Fee: \$455.00 Benefit: 75% \$341.25: 85%/\$26.80 \$428.20				
† 48678	SPINE, simple internal fixation of, involving one or more of facet screw, wire loop or similar, in association with Items 48642 to 48675 (AU 16 - 17916) <i>(See para T8.45 of explanatory notes to this Category)</i> Fee: \$390.00 Benefit: 75% \$292.50: 85%/\$26.80 \$363.20				
† 48681	SPINE, non-segmental internal fixation of (Harrington or similar), other than for scoliosis, in association with Items 48642 to 48675 (AU 16 - 17916) <i>(See para T8.45 of explanatory notes to this Category)</i> Fee: \$650.00 Benefit: 75% \$487.50: 85%/\$26.80 \$623.20				
† 48684	SPINE, segmental internal fixation of, other than for scoliosis, in association with Items 48642 to 48675 - one or two levels (AU 16 - 17916) <i>(See para T8.45 of explanatory notes to this Category)</i> Fee: \$650.00 Benefit: 75% \$487.50: 85%/\$26.80 \$623.20				
† 48687	SPINE, segmental internal fixation of, other than for scoliosis, in association with Items 48642 to 48675 - three or four levels (AU 20 - 17920) <i>(See para T8.45 of explanatory notes to this Category)</i> Fee: \$910.00 Benefit: 75% \$682.50: 85%/\$26.80 \$883.20				
† 48690	SPINE, segmental internal fixation of, other than for scoliosis, in association with Items 48642 to 48675 - more than four levels (AU 22 - 17922) <i>(See para T8.45 of explanatory notes to this Category)</i> Fee: \$1,035.00 Benefit: 75% \$776.25: 85%/\$26.80 \$1,008.20				
† 48900	SHOULDER SHOULDER, excision of coraco-acromial ligament or removal of calcium deposit from cuff or both (AU 10 - 17910) Fee: \$194.00 Benefit: 75% \$145.50: 85%/\$26.80 \$167.20				
† 48903	SHOULDER, decompression of subacromial space by acromionectomy, excision of coraco-acromial ligament and distal clavicle, or any combination (AU 14 - 17914) Fee: \$390.00 Benefit: 75% \$292.50: 85%/\$26.80 \$363.20				

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OPERATIONS		ORTHOPAEDIC			
† 48906	SHOULDER, repair of rotator cuff, including excision of coraco-acromial ligament or removal of calcium deposit from cuff, or both - not associated with Item 48900 (AU 14 - 17914) Fee: \$390.00 Benefit: 75% \$292.50: 85%/\$26.80 \$363.20				
† 48909	SHOULDER, repair of rotator cuff, including decompression of subacromial space by acromionectomy, excision of coraco-acromial ligament and distal clavicle, or any combination, not associated with Item 48903 (AU 15 - 17915) Fee: \$520.00 Benefit: 75% \$390.00: 85%/\$26.80 \$493.20				
+ 48912	SHOULDER - arthrotomy of (AU 9 - 17909) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20				
† 48915	SHOULDER, hemi-arthroplasty of (AU 14 - 17914) Fee: \$520.00 Benefit: 75% \$390.00: 85%/\$26.80 \$493.20				
† 48918	SHOULDER, total replacement arthroplasty of, including any associated rotator cuff repair (AU 17 - 17917) Fee: \$1,035.00 Benefit: 75% \$776.25: 85%/\$26.80 \$1,008.20				
† 48921	SHOULDER, total replacement arthroplasty, revision of (AU 17 - 17917) Fee: \$1,070.00 Benefit: 75% \$802.50: 85%/\$26.80 \$1,043.20				
† 48924	SHOULDER, total replacement arthroplasty, revision of, requiring bone graft to scapula or humerus, or both (AU 23 - 17923) Fee: \$1,230.00 Benefit: 75% \$922.50: 85%/\$26.80 \$1,203.20				
† 48927	SHOULDER prosthesis, removal of (AU 10 - 17910) Fee: \$255.00 Benefit: 75% \$191.25: 85%/\$26.80 \$228.20				
† 48930	SHOULDER, anterior stabilisation procedure for recurrent dislocation (AU 13 - 17913) Fee: \$520.00 Benefit: 75% \$390.00: 85%/\$26.80 \$493.20				
† 48933	SHOULDER, stabilisation procedure for multi-directional instability (AU 15 - 17915) Fee: \$680.00 Benefit: 75% \$510.00: 85%/\$26.80 \$653.20				
† 48936	Shoulder, synovectomy of, as an independent procedure (AU 12 - 17912) Fee: \$520.00 Benefit: 75% \$390.00: 85%/\$26.80 \$493.20				
† 48939	SHOULDER, arthrodesis of (AU 16 - 17916) Fee: \$745.00 Benefit: 75% \$558.75: 85%/\$26.80 \$718.20				
† 48942	SHOULDER, arthrodesis of, including removal of prosthesis, requiring bone grafting or internal fixation (AU 18 - 17918) Fee: \$975.00 Benefit: 75% \$731.25: 85%/\$26.80 \$948.20				
† 48945	SHOULDER, diagnostic arthroscopy of (including biopsy) - not associated with any other arthroscopic procedure of the shoulder region (AU 7 - 17907) Fee: \$188.00 Benefit: 75% \$141.00: 85%/\$26.80 \$161.20				
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS		ORTHOPAEDIC
†	SHOULDER, arthroscopic surgery of, involving any one or more of: removal of loose bodies; debridement of labrum, synovium or rotator cuff; or chondroplasty - not associated with any other arthroscopic procedure of the shoulder region (AU 12 - 17912)	
48948	Fee: \$420.00	Benefit: 75% \$315.00: 85%/\$26.80 \$393.20
†	SHOULDER, arthroscopic division of coraco-acromial ligament including acromioplasty - not associated with any other arthroscopic procedure of the shoulder region (AU 12 - 17912)	
48951	Fee: \$615.00	Benefit: 75% \$461.25: 85%/\$26.80 \$588.20
†	SHOULDER, arthroscopic total synovectomy of - not associated with any other arthroscopic procedure of the shoulder region (AU 12 - 17912)	
48954	Fee: \$650.00	Benefit: 75% \$487.50: 85%/\$26.80 \$623.20
†	SHOULDER, arthroscopic stabilisation of, for recurrent instability - not associated with any other arthroscopic procedure of the shoulder region (AU 14 - 17914)	
48957	Fee: \$745.00	Benefit: 75% \$558.75: 85%/\$26.80 \$718.20
†	SHOULDER, arthroscopic reconstruction of, including repair of rotator cuff - not associated with any other arthroscopic procedure of the shoulder region (AU 14 - 17914)	
48960	Fee: \$650.00	Benefit: 75% \$487.50: 85%/\$26.80 \$623.20
†	ELBOW	
	ELBOW, arthrotomy of, involving one or more of lavage, removal of loose body or division of contracture (AU 11 - 17911)	
49100	Fee: \$225.00	Benefit: 75% \$168.75: 85%/\$26.80 \$198.20
†	ELBOW, ligamentous stabilisation of (AU 11 - 17911)	
49103	Fee: \$485.00	Benefit: 75% \$363.75: 85%/\$26.80 \$458.20
†	ELBOW, arthrodesis of (AU 13 - 17913)	
49106	Fee: \$650.00	Benefit: 75% \$487.50: 85%/\$26.80 \$623.20
†	ELBOW, total synovectomy of (AU 13 - 17913)	
49109	Fee: \$485.00	Benefit: 75% \$363.75: 85%/\$26.80 \$458.20
†	ELBOW, silastic or other replacement of radial head (AU 13 - 17913)	
49112	Fee: \$485.00	Benefit: 75% \$363.75: 85%/\$26.80 \$458.20
†	ELBOW, total joint replacement of (AU 19 - 17919)	
49115	Fee: \$780.00	Benefit: 75% \$585.00: 85%/\$26.80 \$753.20
†	ELBOW, diagnostic arthroscopy of, including biopsy (AU 7 - 17907)	
49118	Fee: \$188.00	Benefit: 75% \$141.00: 85%/\$26.80 \$161.20
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991		

OPERATIONS		ORTHOPAEDIC			
†	ELBOW, arthroscopic surgery involving any one or more of drilling of defect, removal of loose body or chondroplasty - not associated with any other arthroscopic procedure of the elbow joint (AU 10 - 17910)				
49121	Fee: \$420.00	Benefit: 75%	\$315.00:	85%/	\$26.80 \$393.20
†	WRIST				
	WRIST, arthrodesis of, including bone graft, with or without internal fixation of the radiocarpal joint (AU 12 - 17912)				
49200	Fee: \$565.00	Benefit: 75%	\$423.75:	85%/	\$26.80 \$538.20
†	WRIST, limited arthrodesis of the intercarpal joint, including bone graft (AU 12 - 17912)				
49203	Fee: \$420.00	Benefit: 75%	\$315.00:	85%/	\$26.80 \$393.20
†	WRIST, excision arthroplasty of, with radial styloidectomy and proximal carpectomy (AU 12 - 17912)				
49206	Fee: \$390.00	Benefit: 75%	\$292.50:	85%/	\$26.80 \$363.20
†	WRIST, total replacement arthroplasty of (AU 18 - 17918)				
49209	Fee: \$520.00	Benefit: 75%	\$390.00:	85%/	\$26.80 \$493.20
†	WRIST, arthrotomy of (AU 10 - 17910)				
49212	Fee: \$162.00	Benefit: 75%	\$121.50:	85%/	\$26.80 \$137.70
†	WRIST, reconstruction of, including repair of single or multiple ligaments or capsules, including associated arthrotomy (AU 12 - 17912)				
49215	Fee: \$445.00	Benefit: 75%	\$333.75:	85%/	\$26.80 \$418.20
†	WRIST, diagnostic arthroscopy of, including radiocarpal or midcarpal joints, or both (including biopsy) - not associated with any other arthroscopic procedure of the wrist joint (AU 7 - 17907)				
49218	Fee: \$188.00	Benefit: 75%	\$141.00:	85%/	\$26.80 \$161.20
†	WRIST, arthroscopic surgery of, involving any one or more of drilling of defect, removal of loose body, local synovectomy or debridement - not associated with any other arthroscopic procedure of the wrist joint (AU 12 - 17912)				
49221	Fee: \$420.00	Benefit: 75%	\$315.00:	85%/	\$26.80 \$393.20
†	WRIST, arthroscopic debridement of or total synovectomy of - not associated with any other arthroscopic procedure of the wrist joint (AU 12 - 17912)				
49224	Fee: \$485.00	Benefit: 75%	\$363.75:	85%/	\$26.80 \$458.20
†	WRIST, arthroscopic pinning of osteochondral fragment - not associated with any other arthroscopic procedure of the wrist joint (AU 12 - 17912)				
49227	Fee: \$485.00	Benefit: 75%	\$363.75:	85%/	\$26.80 \$458.20
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS		ORTHOPAEDIC	
	HIP		
+ 49300	SACRO-ILIAC JOINT - arthrodesis of (AU 16 - 17916) Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80		\$333.20
† 49303	HIP, arthrotomy of, including lavage, drainage or biopsy when performed (AU 11 - 17911) Fee: \$375.00 Benefit: 75% \$281.25: 85%/\$26.80		\$348.20
+ 49306	HIP - arthrodesis of (AU 20 - 17920) Fee: \$745.00 Benefit: 75% \$558.75: 85%/\$26.80		\$718.20
† 49309	HIP, arthrectomy or excision arthroplasty of, including removal of prosthesis (Austin Moore or similar (non cement)) (AU 16 - 17916) Fee: \$520.00 Benefit: 75% \$390.00: 85%/\$26.80		\$493.20
† 49312	HIP, arthrectomy or excision arthroplasty of, including removal of prosthesis (cemented, porous coated or similar) (AU 16 - 17916) Fee: \$650.00 Benefit: 75% \$487.50: 85%/\$26.80		\$623.20
‡ + 49315	HIP, arthroplasty of, unipolar or bipolar (AU 13 - 17913) Fee: \$585.00 Benefit: 75% \$438.75: 85%/\$26.80		\$558.20
† 49318	HIP, total replacement arthroplasty of, including minor grafting (AU 18 - 17918) Fee: \$910.00 Benefit: 75% \$682.50: 85%/\$26.80		\$883.20
† 49321	HIP, total replacement arthroplasty of, including major grafting, including obtaining of graft (AU 20 - 17920) Fee: \$1,100.00 Benefit: 75% \$825.00: 85%/\$26.80		\$1,073.20
† 49324	HIP, total replacement arthroplasty of, revision procedure including removal of prosthesis (AU 22 - 17922) Fee: \$1,295.00 Benefit: 75% \$971.25: 85%/\$26.80		\$1,268.20
† 49327	HIP, total replacement arthroplasty of, revision procedure requiring bone grafting to acetabulum, including obtaining of graft (AU 22 - 17922) Fee: \$1,490.00 Benefit: 75% \$1,117.50: 85%/\$26.80		\$1,463.20
† 49330	HIP, total replacement arthroplasty of, revision procedure requiring bone grafting to femur, including obtaining of graft (AU 22 - 17922) Fee: \$1,490.00 Benefit: 75% \$1,117.50: 85%/\$26.80		\$1,463.20
† 49333	HIP, total replacement arthroplasty of, revision procedure requiring bone grafting to both acetabulum and femur, including obtaining of graft (AU 24 - 17924) Fee: \$1,685.00 Benefit: 75% \$1,263.75: 85%/\$26.80		\$1,658.20
† 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), in association with Items 49324 to 49333 (AU 22 - 17922) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80		\$218.20
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991			

OPERATIONS		ORTHOPAEDIC			
†	HIP, revision total replacement of, requiring anatomic specific allograft of proximal femur greater than 5 cms in length (AU 24 - 17924)				
49339	Fee: \$1,915.00	Benefit:	75% \$1,436.25:	85%/\$26.80	\$1,888.20
†	HIP, revision total replacement of, requiring anatomic specific allograft of acetabulum (AU 24 - 17924)				
49342	Fee: \$1,915.00	Benefit:	75% \$1,436.25:	85%/\$26.80	\$1,888.20
†	HIP, revision total replacement of, requiring anatomic specific allograft of both femur and acetabulum (AU 26 - 17926)				
49345	Fee: \$2,270.00	Benefit:	75% \$1,702.50:	85%/\$26.80	\$2,243.20
†	HIP, congenital dislocation of, manipulation of, with application of cast (excluding aftercare) (AU 5 - 17905)				
49348	Fee: \$110.00	Benefit:	75% \$82.50:	85%/\$26.80	\$93.50
†	HIP, congenital dislocation of, treatment of, involving supervision of splint, harness or cast - each attendance (AU 5 - 17905)				
49351	Fee: \$39.00	Benefit:	75% \$29.25:	85%/\$26.80	\$33.15
†	HIP, congenital dislocation of, open reduction of (AU 8 - 17908)				
49354	Fee: \$585.00	Benefit:	75% \$438.75:	85%/\$26.80	\$558.20
†	KNEE				
	KNEE, arthrotomy of, involving one or more of; capsular release, biopsy or lavage, or removal of loose body or foreign body (AU 10 - 17910)				
49500	Fee: \$260.00	Benefit:	75% \$195.00:	85%/\$26.80	\$233.20
†	KNEE, meniscectomy of, repair of collateral ligament, patellectomy of, chondroplasty of, osteoplasty of, or single transfer of ligament or tendon or any other single procedure not covered by any other item in this Group - any one procedure (AU 10 - 17910)				
49503	Fee: \$335.00	Benefit:	75% \$251.25:	85%/\$26.80	\$308.20
†	KNEE, meniscectomy of, repair of collateral ligament, patellectomy of, chondroplasty of, osteoplasty of, or single transfer of ligament or tendon or any other procedure not covered by any other item in this Group - any two or more procedures (AU 12 - 17912)				
49506	Fee: \$505.00	Benefit:	75% \$378.75:	85%/\$26.80	\$478.20
†	KNEE, total synovectomy of, arthrodesis of, patello-femoral stabilisation or repair of cruciate ligament - any one procedure (AU 12 - 17912)				
49509	Fee: \$520.00	Benefit:	75% \$390.00:	85%/\$26.80	\$493.20
†	KNEE, arthrodesis of, with removal of prosthesis (AU 13 - 17913)				
49512	Fee: \$745.00	Benefit:	75% \$558.75:	85%/\$26.80	\$718.20
†	KNEE, removal of prosthesis, cemented or uncemented, including associated cement, as the first stage of a two stage procedure (AU 9 - 17909)				
49515	Fee: \$585.00	Benefit:	75% \$438.75:	85%/\$26.80	\$558.20
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991					
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OPERATIONS		ORTHOPAEDIC
† 49518	KNEE, total replacement arthroplasty of (AU 18 - 17918) Fee: \$910.00 Benefit: 75% \$682.50: 85%/\$26.80 \$883.20	
† 49521	KNEE, total replacement arthroplasty of, requiring major bone grafting to femur or tibia, including obtaining of graft (AU 19 - 17919) Fee: \$1,100.00 Benefit: 75% \$825.00: 85%/\$26.80 \$1,073.20	
† 49524	KNEE, total replacement arthroplasty of, requiring major bone grafting to femur and tibia, including obtaining of graft (AU 20 - 17920) Fee: \$1,295.00 Benefit: 75% \$971.25: 85%/\$26.80 \$1,268.20	
† 49527	KNEE, total replacement arthroplasty of, revision procedure, including removal of prosthesis (AU 21 - 17921) Fee: \$1,100.00 Benefit: 75% \$825.00: 85%/\$26.80 \$1,073.20	
† 49530	KNEE, total replacement arthroplasty of, revision procedure, requiring bone grafting to femur or tibia, including obtaining of graft and including removal of prosthesis (AU 22 - 17922) Fee: \$1,360.00 Benefit: 75% \$1,020.00: 85%/\$26.80 \$1,333.20	
† 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 (AU 23 - 17923) Fee: \$1,555.00 Benefit: 75% \$1,166.25: 85%/\$26.80 \$1,528.20	
† 49536	KNEE, repair or reconstruction of, for chronic instability involving either cruciate or collateral ligaments (AU 15 - 17915) Fee: \$650.00 Benefit: 75% \$487.50: 85%/\$26.80 \$623.20	
† 49539	KNEE, reconstructive surgery of cruciate ligaments (open or arthroscopic, or both), including surgery to other internal derangements, not covered by any other item in this Group (AU 13 - 17913) Fee: \$650.00 Benefit: 75% \$487.50: 85%/\$26.80 \$623.20	
† 49542	KNEE, reconstructive surgery to cruciate ligaments (open or arthroscopic, or both), including meniscus repair, extracapsular procedure and debridement when performed (AU 14 - 17914) Fee: \$910.00 Benefit: 75% \$682.50: 85%/\$26.80 \$883.20	
† 49545	KNEE, revision arthrodesis of (AU 15 - 17915) Fee: \$520.00 Benefit: 75% \$390.00: 85%/\$26.80 \$493.20	
† 49548	KNEE, revision of patello-femoral stabilisation (AU 11 - 17911) Fee: \$650.00 Benefit: 75% \$487.50: 85%/\$26.80 \$623.20	
† 49551	KNEE, revision of procedures covered by Items 49536, 49539 or 49542 (AU 15 - 17915) Fee: \$910.00 Benefit: 75% \$682.50: 85%/\$26.80 \$883.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 272		

OPERATIONS		ORTHOPAEDIC			
†	KNEE, revision total knee replacement of, by anatomic specific allograft of tibia or femur (AU 23 - 17923)				
49554	Fee: \$1,295.00	Benefit:	75% \$971.25:	85%/\$26.80	\$1,268.20
†	KNEE, diagnostic arthroscopy of (including biopsy, simple trimming of meniscal margin or plica) - not associated with any other arthroscopic procedure of the knee region (AU 7 - 17907)				
49557	Fee: \$188.00	Benefit:	75% \$141.00:	85%/\$26.80	\$161.20
†	KNEE, arthroscopic surgery of, involving any one or more of: meniscectomy, removal of loose body, lateral release, or chondroplasty - not associated with any other arthroscopic procedure of the knee region (AU 10 - 17910)				
49560	Fee: \$420.00	Benefit:	75% \$315.00:	85%/\$26.80	\$393.20
†	KNEE, arthroscopic surgery of, involving meniscus repair or osteoplasty, or both (AU 10 - 17910)				
49563	Fee: \$615.00	Benefit:	75% \$461.25:	85%/\$26.80	\$588.20
†	KNEE, arthroscopic total synovectomy of (AU 12 - 17912)				
49566	Fee: \$520.00	Benefit:	75% \$390.00:	85%/\$26.80	\$493.20
†	ANKLE				
†	ANKLE, diagnostic arthroscopy of, including biopsy (AU 8 - 17908)				
49700	Fee: \$188.00	Benefit:	75% \$141.00:	85%/\$26.80	\$161.20
†	ANKLE, arthroscopic surgery of (AU 12 - 17912)				
49703	Fee: \$420.00	Benefit:	75% \$315.00:	85%/\$26.80	\$393.20
†	ANKLE, arthrotomy of, involving one or more of; lavage, removal of loose body or division of contracture (AU 10 - 17910)				
49706	Fee: \$225.00	Benefit:	75% \$168.75:	85%/\$26.80	\$198.20
†	ANKLE, ligamentous stabilisation of (AU 11 - 17911)				
49709	Fee: \$485.00	Benefit:	75% \$363.75:	85%/\$26.80	\$458.20
†	ANKLE, arthrodesis of (AU 12 - 17912)				
49712	Fee: \$520.00	Benefit:	75% \$390.00:	85%/\$26.80	\$493.20
†	ANKLE, total joint replacement of (AU 17 - 17917)				
49715	Fee: \$780.00	Benefit:	75% \$585.00:	85%/\$26.80	\$753.20
†	ANKLE, Achilles' tendon or other major tendon, repair of (AU 10 - 17910)				
49718	Fee: \$260.00	Benefit:	75% \$195.00:	85%/\$26.80	\$233.20
†	ANKLE, Achilles' tendon rupture managed by non-operative treatment				
49721	Fee: \$162.00	Benefit:	75% \$121.50:	85%/\$26.80	\$137.70
†	ANKLE, Achilles' tendon, secondary repair or reconstruction of (AU 11 - 17911)				
49724	Fee: \$455.00	Benefit:	75% \$341.25:	85%/\$26.80	\$428.20
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS		ORTHOPAEDIC
† 49727	ANKLE, Achilles' tendon, operation for lengthening (AU 10 - 17910) Fee: \$194.00 Benefit: 75% \$145.50: 85%/\$26.80 \$167.20	
† 49800	FOOT FOOT, flexor or extensor tendon, primary repair of (AU 9 - 17909) Fee: \$91.00 Benefit: 75% \$68.25: 85%/\$26.80 \$77.35	
† 49803	FOOT, flexor or extensor tendon, secondary repair of (AU 9 - 17909) Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80 \$98.60	
† 49806	FOOT, subcutaneous tenotomy of, one or more tendons (AU 4 - 17904) Fee: \$91.00 Benefit: 75% \$68.25: 85%/\$26.80 \$77.35	
† 49809	FOOT, open tenotomy of, with or without tenoplasty (AU 7 - 17907) Fee: \$150.00 Benefit: 75% \$112.50: 85%/\$26.80 \$127.50	
† 49812	FOOT, tendon or ligament transplantation of, not covered by any other item in this Group (AU 10 - 17910) Fee: \$300.00 Benefit: 75% \$225.00: 85%/\$26.80 \$273.20	
† 49815	FOOT, triple arthrodesis of (AU 12 - 17912) Fee: \$520.00 Benefit: 75% \$390.00: 85%/\$26.80 \$493.20	
† 49818	FOOT, excision of calcaneal spur (AU 6 - 17906) Fee: \$188.00 Benefit: 75% \$141.00: 85%/\$26.80 \$161.20	
† 49821	FOOT, correction of hallux valgus or hallux rigidus by excision arthroplasty (Kellers or similar procedure) - unilateral (AU 9 - 17909) Fee: \$300.00 Benefit: 75% \$225.00: 85%/\$26.80 \$273.20	
† 49824	FOOT, correction of hallux valgus or hallux rigidus by excision arthroplasty (Kellers or similar procedure) - bilateral (AU 10 - 17910) Fee: \$520.00 Benefit: 75% \$390.00: 85%/\$26.80 \$493.20	
† 49827	FOOT, correction of hallux valgus and transfer of adductor hallucis tendon - unilateral (AU 10 - 17910) Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20	
† 49830	FOOT, correction of hallux valgus and transfer of adductor hallucis tendon - bilateral (AU 12 - 17912) Fee: \$565.00 Benefit: 75% \$423.75: 85%/\$26.80 \$538.20	
† 49833	FOOT, correction of hallux valgus by osteotomy of first metatarsal including internal fixation where performed - unilateral (AU 10 - 17910) Fee: \$355.00 Benefit: 75% \$266.25: 85%/\$26.80 \$328.20	
† 49836	FOOT, correction of hallux valgus by osteotomy of first metatarsal including internal fixation where performed - bilateral (AU 13 - 17913) Fee: \$615.00 Benefit: 75% \$461.25: 85%/\$26.80 \$588.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991 Page 274		

OPERATIONS		ORTHOPAEDIC			
† 49839	FOOT, correction of hallux rigidus or hallux valgus by prosthetic arthroplasty - unilateral (AU 11 - 17911) Fee: \$355.00 Benefit: 75% \$266.25: 85%/\$26.80 \$328.20				
† 49842	FOOT, correction of hallux rigidus or hallux valgus by prosthetic arthroplasty - bilateral (AU 14 - 17914) Fee: \$615.00 Benefit: 75% \$461.25: 85%/\$26.80 \$588.20				
† 49845	FOOT, arthrodesis of, first metatarso-phalangeal joint (AU 10 - 17910) Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20				
‡ + 49848	FOOT, correction of claw or hammer toe (AU 8 - 17908) Fee: \$110.00 Benefit: 75% \$82.50: 85%/\$26.80 \$93.50				
† 49851	FOOT, correction of claw or hammer toe with internal fixation (AU 8 - 17908) Fee: \$142.00 Benefit: 75% \$106.50: 85%/\$26.80 \$120.70				
‡ + 49854	FOOT, radical plantar fasciotomy or fasciectomy of (AU 9 - 17909) Fee: \$260.00 Benefit: 75% \$195.00: 85%/\$26.80 \$233.20				
† 49857	FOOT, metatarso-phalangeal joint replacement (AU 12 - 17912) Fee: \$240.00 Benefit: 75% \$180.00: 85%/\$26.80 \$213.20				
† 49860	FOOT, synovectomy of metatarso-phalangeal joint, single joint (AU 9 - 17909) Fee: \$194.00 Benefit: 75% \$145.50: 85%/\$26.80 \$167.20				
† 49863	FOOT, synovectomy of metatarso-phalangeal joint, two or more joints (AU 11 - 17911) Fee: \$290.00 Benefit: 75% \$217.50: 85%/\$26.80 \$263.20				
† 49866	FOOT, neurectomy for plantar digital neuritis (Morton's or Bett's syndrome) (AU 7 - 17907) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20				
+ 49869	TALIPES EQUINOVARUS, posterior release of (AU 8 - 17908) Fee: \$260.00 Benefit: 75% \$195.00: 85%/\$26.80 \$233.20				
+ 49872	TALIPES EQUINOVARUS, medial release of (AU 8 - 17908) Fee: \$260.00 Benefit: 75% \$195.00: 85%/\$26.80 \$233.20				
† 49875	TALIPES EQUINOVARUS, combined postero-medial release of (AU 9 - 17909) Fee: \$390.00 Benefit: 75% \$292.50: 85%/\$26.80 \$363.20				
† 49878	TALIPES EQUINOVARUS, calcaneo valgus or metatarsus varus, treatment by cast, splint or manipulation - each attendance (AU 6 - 17906) Fee: \$39.00 Benefit: 75% \$29.25: 85%/\$26.80 \$33.15				
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991					

OPERATIONS		ORTHOPAEDIC
†	OTHER JOINTS	
50100	JOINT, diagnostic arthroscopy of (including biopsy), not covered by any other item in this Group and not associated with any other arthroscopic procedure (AU 8 - 17908) Fee: \$188.00 Benefit: 75% \$141.00: 85%/\$26.80 \$161.20	
† 50103	JOINT, arthrotomy of, not covered by any other item in this Group (AU 9 - 17909) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20	
† 50106	JOINT, stabilisation of, involving one or more of: repair of capsule, repair of ligament or internal fixation, not covered by any other item in this Group (AU 10 - 17910) Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20	
† 50109	JOINT, arthrodesis of, not covered by any other item in this Group (AU 11 - 17911) Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20	
+ 50112	JOINT, CICATRICIAL FLEXION CONTRACTURE OF, correction of, involving tissues deeper than skin and subcutaneous tissue (AU 10 - 17910) Fee: \$260.00 Benefit: 75% \$195.00: 85%/\$26.80 \$233.20	
† 50115	JOINTS or JOINTS, manipulation of, performed in the operating theatre of a hospital or approved day hospital facility not associated with any other item in this Group (AU 4 - 17904) Fee: \$97.00 Benefit: 75% \$72.75: 85%/\$26.80 \$82.45	
‡ + 50118	SUBTALAR JOINT, arthrodesis of (AU 11 - 17911) Fee: \$300.00 Benefit: 75% \$225.00: 85%/\$26.80 \$273.20	
† 50121	GREATER TROCHANTER, transplplantation of ileopsoas tendon to (AU 13 - 17913) Fee: \$585.00 Benefit: 75% \$438.75: 85%/\$26.80 \$558.20	
‡ + 50124	JOINT or other SYNOVIAL CAVITY, aspiration of, injection into, or both of these procedures; payable on not more than 25 occasions in any twelve month period (AU 5 - 17905) Fee: \$20.50 Benefit: 75% \$15.40: 85%/\$26.80 \$17.45	
†	MALIGNANT DISEASE	
50200	AGGRESSIVE OR POTENTIALLY MALIGNANT BONE OR DEEP SOFT TISSUE TUMOUR, biopsy of (not including aftercare) (AU 5 - 17905) Fee: \$130.00 Benefit: 75% \$97.50: 85%/\$26.80 \$110.50	
† 50203	BONE OR MALIGNANT DEEP SOFT TISSUE TUMOUR, lesional or marginal excision of (AU 8 - 17908) Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80 \$258.20	
† 50206	BONE TUMOUR, lesional or marginal excision of, combined with any one of; liquid nitrogen freezing, autograft, allograft or cementation (AU 9 - 17909) Fee: \$420.00 Benefit: 75% \$315.00: 85%/\$26.80 \$393.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1,1991		

OPERATIONS		ORTHOPAEDIC
† 50209	BONE TUMOUR, lesional or marginal excision of, combined with any two or more of; liquid nitrogen freezing, autograft, allograft or cementation (AU 10 - 17910) Fee: \$520.00 Benefit: 75% \$390.00: 85%/\$26.80 \$493.20	
† 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 (AU 19 - 17919) Fee: \$1,135.00 Benefit: 75% \$851.25: 85%/\$26.80 \$1,108.20	
† 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) (AU 21 - 17921) Fee: \$1,425.00 Benefit: 75% \$1,068.75: 85%/\$26.80 \$1,398.20	
† 50218	MALIGNANT TUMOUR of LONG BONE, enbloc resection of, with replacement or arthrodesis of adjacent joint (AU 21 - 17921) Fee: \$1,880.00 Benefit: 75% \$1,410.00: 85%/\$26.80 \$1,853.20	
† 50221	MALIGNANT or AGGRESSIVE SOFT TISSUE TUMOUR of PELVIS, SACRUM or SPINE; or SCAPULA and SHOULDER, enbloc resection of (AU 22 - 17922) Fee: \$1,750.00 Benefit: 75% \$1,312.50: 85%/\$26.80 \$1,723.20	
† 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 (AU 25 - 17925) Fee: \$1,945.00 Benefit: 75% \$1,458.75: 85%/\$26.80 \$1,918.20	
† 50227	MALIGNANT BONE TUMOUR, enbloc resection of, with massive anatomic specific allograft or autograft, with or without prosthetic replacement (AU 27 - 17927) Fee: \$2,270.00 Benefit: 75% \$1,702.50: 85%/\$26.80 \$2,243.20	
† 50230	BENIGN TUMOUR, resection of, requiring anatomic specific allograft, with or without internal fixation (AU 19 - 17919) Fee: \$1,165.00 Benefit: 75% \$873.75: 85%/\$26.80 \$1,138.20	
† 50233	MALIGNANT TUMOUR, amputation for, hemipelvectomy or interscapulo-thoracic (AU 26 - 17926) Fee: \$1,490.00 Benefit: 75% \$1,117.50: 85%/\$26.80 \$1,463.20	
† 50236	MALIGNANT TUMOUR, amputation for, hip dis-articulation, shoulder dis-articulation or proximal third femur (AU 20 - 17920) Fee: \$1,165.00 Benefit: 75% \$873.75: 85%/\$26.80 \$1,138.20	
† 50239	MALIGNANT TUMOUR, amputation for, not covered by any other item in this Group (AU 13 - 17913) Fee: \$780.00 Benefit: 75% \$585.00: 85%/\$26.80 \$753.20	

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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ASSISTANCE AT OPERATIONS

GROUP T9 - ASSISTANCE AT OPERATIONS

NOTE: *Benefit in respect of assistance at an operation is not payable unless the assistance is rendered by a medical practitioner other than the anaesthetist or assistant anaesthetist. The amount specified is the amount payable whether the assistance is rendered by one or more than one medical practitioner.*

Assistance at any operation for which the fee exceeds \$174 but does not exceed \$310 or at a series or a combination of operations where the fee for at least one of the operations exceeds \$174 but where the fee for the series or combination of operations does not exceed \$310

51300

Fee: \$59.00 **Benefit:** 75% \$44.25: 85%/\$26.80 \$50.15

Assistance at any operation for which the fee exceeds \$310 or at a combination of operations for which the aggregate fee exceeds \$310 provided that the fee for at least one of the operations exceeds \$174

51303

Derived Fee: one fifth of the established fee for the operation or combination of operations

Assistance at a delivery involving Caesarean section

51306

Fee: \$86.00 **Benefit:** 75% \$64.50: 85%/\$26.80 \$73.10

Assistance at a series or combination of operations, one of which is a delivery involving Caesarean section

51309

Derived Fee: one fifth of the established fee for the operation or combination of operations (\$430 being the Schedule fee for the Caesarean section component in the calculation of the established fee)

**MEDICARE BENEFITS ADVISORY COMMITTEE (MBAC)
--RECOMMENDATIONS
(see paragraph 10.1 of Section 1)**

	ANAESTHETICS
17971(01)	ADMINISTRATION OF AN ANAESTHETIC ASSOCIATED with pharyngotomy with excision of tongue - FOURTEEN UNITS Fee: \$178.00 Benefit: 75% \$133.50: 85%/\$26.80 \$151.30
17971(02)	ADMINISTRATION OF AN ANAESTHETIC ASSOCIATED with removal of keratoses, warts or similar lesions Fee: Derived Fee - 3 Basic units plus 1 unit for each 15 minutes
	OPERATIONS
30000(77)	PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAM AND BILIARY DRAINAGE - using interventional imaging techniques (AU 11 - 17971(77)) Fee: \$360.00 Benefit: 75% \$270.00 85%/\$26.80 \$333.20
30000(79)	EXTRACTION OF CALCULUS FROM BILIARY OR RENAL TRACT - using interventional imaging techniques - not associated with Items 36627, 36630, 36645, 36648 (AU 11 - 17971(79)) Fee: \$360.00 Benefit: 75% \$270.00 85%/\$26.80 \$333.20
30000(80)	PERCUTANEOUS BIOPSY OF DEEP ORGAN - using interventional imaging techniques (AU 6 - 17971(80)) Fee: \$132.00 Benefit: 75% \$99.00 85%/\$26.80 \$112.20
30000(81)	NEEDLE LOCALISATION OF BREAST LESION - using interventional imaging techniques (AU 6 - 17971(81)) Fee: \$132.00 Benefit: 75% \$99.00 85%/\$26.80 \$112.20
30000(83)	CHANGING OF PERCUTANEOUS NEPHROSTOMY TUBE - using interventional imaging techniques - not associated with Items 36627 - 36648 (AU 7 - 17971(83)) Fee: \$184.00 Benefit: 75% \$138.00 85%/\$26.80 \$157.20
30000(84)	PERCUTANEOUS DRAINAGE OF DEEP ABSCESS OR DEEP CYST(S) - using interventional imaging techniques (AU 7 - 17971(84)) Fee: \$194.00 Benefit: 75% \$145.50 85%/\$26.80 \$167.20
30000(85)	CHANGING OF BILIARY DRAINAGE TUBE - using interventional imaging techniques (AU 6 - 17971(85)) Fee: \$184.00 Benefit: 75% \$138.00 85%/\$26.80 \$157.20
30000(86)	CHANGING OF ABSCESS DRAINAGE TUBE, using interventional imaging techniques (AU 5 - 17971(86)) Fee: \$184.00 Benefit: 75% \$138.00 85%/\$26.80 \$157.20

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
November 1, 1991

30000(107)	INJECTION OF ONE OR BOTH OF LOCAL ANAESTHETIC OR CORTICOSTEROID with or without contrast medium under image intensification and/or nerve stimulation into one or more zygapophyseal or costo-transverse joints and/or one or more primary rami of spinal nerves including associated attendances (AU 8 - 17971(107)) Fee: \$75.00 Benefit: 75% \$56.25: 85%/\$26.80 \$63.75
30000(135)	EXCISION OF FRENULUM OF TONGUE AND REPAIR under general anaesthesia (AU 6 - 17971(135)) Fee: \$83.00 Benefit: 75% \$62.25: 85%/\$26.80 \$70.55
30000(136)	URETHRAL CATHETERISATION, BLADDER LAVAGE AND HYDROSTATIC DILATATION, including any associated consultation Fee: \$63.00 Benefit: 75% \$47.25: 85%/\$26.80 \$53.55
30000(144)	VAGINAL REPAIR (INVOLVING REPAIR OF ENTEROCHELE) with transvaginal sacrospinus ligament colposuspension (AU 10 - 17971(144)) Fee: \$345.00 Benefit: 75% \$258.75: 85%/\$26.80 \$318.20
30000(145)	BALLOON VALVULOPLASTY OR SEPTOSTOMY including cardiac catheterisations before and after balloon dilatation (AU 16 - 17971(145)) Fee: \$630.00 Benefit: 75% \$472.50: 85%/\$26.80 \$603.20
30000(146)	FULL THICKNESS WEDGE EXCISION OF EAR with repair by direct suture (AU 8 - 17971(146)) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20
30000(157)	OPEN HEART SURGERY, with arterial switch procedure for transposition of great vessels (AU 32 - 17971(157)) Fee: \$2,575.00 Benefit: 75% \$1,931.25: 85%/\$26.80 \$2,548.20
30000(159)	POST-OPERATIVE HAEMORRHAGE FOLLOWING CARDIAC SURGERY, exploratory thoracotomy for (AU 11 - 17971(159)) Fee: \$630.00 Benefit: 75% \$472.50: 85%/\$26.80 \$603.20
30000(174)	SURGICAL CONTROL OF DROOLING, relocation of both submandibular ducts (AU 16 - 17971(174)) Fee: \$765.00 Benefit: 75% \$573.75: 85%/\$26.80 \$738.20
30000(179)	EXCISION OF HYDATID CYST OF THE LIVER with drainage and excision of liver tissue (AU 18 - 17971(179)) Fee: \$605.00 Benefit: 75% \$453.75: 85%/\$26.80 \$578.20
30000(180)	DILATION OF RECTAL STRICTURE (AU 5 - 17971(180)) Fee: \$87.00 Benefit: 75% \$65.25: 85%/\$26.80 \$73.95
30000(183)	ENDOSCOPY with balloon dilation of gastric or gastroduodenal stricture (AU 7 - 17971(183)) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20
LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed November 1, 1991 Page 280	

30000(184)	LARYNGEAL WEB, division of, using microlaryngoscopic techniques (AU 9 - 17971(184)) Fee: \$270.00 Benefit: 75% \$202.50: 85%/\$26.80 \$243.20
30000(185)	REPAIR OF VAGINO-PERINEAL FISTULA under general anaesthesia (AU 7 - 17971(185)) Fee: \$140.00 Benefit: 75% \$105.00: 85%/\$26.80 \$119.00
30000(188)	REMOVAL OF TENCKHOFF PERITONEAL DIALYSIS CATHETER, (including catheter cuffs) (AU 7 - 17971(188)) Fee: \$158.00 Benefit: 75% \$118.50: 85%/\$26.80 \$134.30
30000(191)	STERNUM, REWIRING of (AU 9 - 17971(191)) Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20
30000(205)	OVARIAN CYST(S), TRANS-VAGINAL DRAINAGE using interventional imaging techniques and not associated with services provided for assisted reproductive techniques (AU 7 - 17971(205)) Fee: \$194.00 Benefit: 75% \$145.50: 85%/\$26.80 \$167.20
30000(210)	FOETAL BLOOD SAMPLING - using interventional imaging techniques (AU 7 - 17971(210)) Fee: \$194.00 Benefit: 75% \$145.50: 85%/\$26.80 \$167.20
30000(212)	MANDIBLE, FIXATION BY INTERMAXILLARY WIRING, excluding wiring for obesity Fee: \$166.00 Benefit: 75% \$124.50: 85%/\$26.80 \$141.10
30000(222)	TRANSLUMINAL BALLOON ARTERIOPLASTY involving passing of laser thermal probe - using interventional imaging techniques (AU 11 - 17971(222)) Fee: \$415.00 Benefit: 75% \$311.25: 85%/\$26.80 \$388.20
30000(225)	BONE GROWTH STIMULATOR, insertion of (AU 8 - 17971(225)) Fee: \$260.00 Benefit: 75% \$195.00: 85%/\$26.80 \$233.20
30000(226)	FORAGE, (Drill decompression), OF NECK AND/OR HEAD OF FEMUR (AU 8 - 17971(226)) Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80 \$223.20
30000(227)	FORAGE, (Drill decompression), OF NECK AND/OR HEAD OF FEMUR, in association with pressure testing (AU 9 - 17971(227)) Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20
30000(230)	MASTOIDECTOMY, radical or modified radical, obliteration of the mastoid cavity, blind sac closure of external auditory canal and obliteration of eustachian tube (AU 16 - 17971(230)) Fee: \$1,315.00 Benefit: 75% \$986.25: 85%/\$26.80 \$1,288.20
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991	
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30000(238)	BLADDER STRESS INCONTINENCE, vaginal procedure for (AU 10 - 17971(238/239)) G Fee: \$310.00 Benefit: 75% \$232.50: 85%/\$26.80 \$283.20
30000(239)	S Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20
30000(243)	ENDOMETRIUM, ENDOSCOPIC ABLATION OF, by laser or diathermy resection for chronic refractory menorrhagia including hysteroscopy or laparoscopy performed on the same day but excluding services covered by Items 30582/30585 (AU 9 - 17971(243)) Fee: \$310.00 Benefit: 75% \$232.50: 85%/\$26.80 \$283.20
30000(246)	BALLOON DILATATION OF OESOPHAGUS using interventional imaging techniques (AU 8 - 17971(246)) Fee: \$158.00 Benefit: 75% \$118.50: 85%/\$26.80 \$134.30
30000(248)	MYOCARDIAL BIOPSY BY CARDIAC CATHETERISATION (AU 7 - 17971(248)) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20
30000(250)	NASUM SEPTUM, RECONSTRUCTION of (AU 9 - 17971(250)) Fee: \$415.00 Benefit: 75% \$311.25: 85%/\$26.80 \$388.20
30000(254)	PAROTID DUCT, repair of, using micro-surgical techniques (AU 14 - 17971(254)) Fee: \$475.00 Benefit: 75% \$356.25: 85%/\$26.80 \$448.20
30000(256)	ANEURYSM, thoracaortic resection and grafting (AU 42 - 17971(256)) Fee: \$1,210.00 Benefit: 75% \$907.50: 85%/\$26.80 \$1,183.20
30000(258)	FULL THICKNESS LACERATION of lip with separate apposition of each layer (AU 7 - 17971(258)) Fee: \$174.00 Benefit: 75% \$130.50: 85%/\$26.80 \$147.90
30000(259)	CLITOROPLASTY, with relocation of urethral orifice, reduction of (AU 16 - 17971(259)) Fee: \$575.00 Benefit: 75% \$431.25: 85%/\$26.80 \$548.20
30000(260)	MITROFANOFF CONTINENT VALVE, formation of (AU 20 - 17971(260)) Fee: \$800.00 Benefit: 75% \$600.00: 85%/\$26.80 \$773.20
30000(261)	FULL FACE CHEMICAL PEEL for severely sun-damaged skin performed in operating theatre of a hospital or approved day hospital facility (AU 7 - 17971(261)) Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20
30000(262)	INJECTION OF PHENOL, or similar substance into major nerve of limb Fee: \$79.00 Benefit: 75% \$59.25: 85%/\$26.80 \$67.15
30000(264)	CHOLYCYSTECTOMY, percutaneous (AU 11 - 17971(264)) Fee: \$580.00 Benefit: 75% \$435.00: 85%/\$26.80 \$553.20
30000(265)	CHOLECYSTECTOMY, preceded by laparoscopy (AU 11 - 17971(265)) Fee: \$580.00 Benefit: 75% \$435.00: 85%/\$26.80 \$553.20

30000(267)	ULNA, DISTAL, silastic replacement of (AU 9 - 17971(267)) Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20
30000(268)	PERIPHERAL ARTERIAL ATHERECTOMY and balloon angioplasty but excluding associated radiological services and preparation (AU 13 - 17971(268)) Fee: \$595.00 Benefit: 75% \$446.25: 85%/\$26.80 \$568.20
30000(269)	PROSTATIC COIL, insertion of, under ultrasound control (AU 7 - 17971(269)) Fee: \$142.00 Benefit: 75% \$106.50: 85%/\$26.80 \$120.70
30000(271)	CYSTOSCOPY with insertion of urethral prosthesis (AU 7 - 17971(271)) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20
60700(17)	<p style="text-align: center;">RADIOLOGY</p> PERITONEOGRAM (herniography) with or without ionic or non-ionic contrast medium including preparation - performed on a person over 14 years of age Fee: \$106.00 Benefit: 75% \$79.50: 85%/\$26.80 \$90.10
61501(1)	<p style="text-align: center;">NUCLEAR MEDICINE</p> RADIONUCLIDE COLON TRANSIT STUDY Fee: \$565.00 Benefit: 75% \$423.75: 85%/\$26.80 \$538.20

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SECTION 3

INDEX TO GENERAL MEDICAL SERVICES

PLEASE NOTE:

This index is a reference point for medical services which attract Medicare benefits under items included in the Schedule of General Medical Services. Medical practitioners should peruse the actual description of the item in the Schedule to ensure the correct item number is selected and to ascertain whether there are any restrictions relating to the payment of benefits. Restrictions are, as far as practicable, included in the description of the item. Otherwise they will be outlined in the notes immediately preceding the particular Category of the Schedule.

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*Payable on attendance basis

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*Payable on attendance basis

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*Payable on attendance basis

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Payable on attendance basis

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access device, stenosis of, correction of	34518
access device, thrombectomy of	34515
anastomosis of upper or lower limb	34503,34509
fistula, dissection and ligation/repair	34112,34115,34118,
	34121,34124,34127
fistula, ligation of cervical vessel/s	39812
fistula of extremity, surgically created, closure of	34130
fistula, stenosis of, correction of	34518
shunt, de clotting of	13106
shunt, external, insertion/removal	34500,34506
malformation, craniotomy and direct embolisation	39809
malformation, excision of	45039,45042,45045
malformation, intracranial, excision of	39803
malformation, intracranial proximal artery clipping of	39806
malformation, laminectomy and radical excision of	40318
Artery, anastomosis of, microvascular	45509
bypass grafting for occlusive arterial disease	32700-32763
coeliac, decompression for coeliac artery compression	
syndrome, independent procedure	34142
coronary, direct surgery to	38245
embolectomy of	33800,33803,33806
endarterectomy of	33500-33542
ethmoidal, transorbital ligation of	41725
great, ligation or exploration not otherwise covered	34103
ligation or exploration not otherwise covered	34106
major, of neck, ligation or exploration not otherwise covered	34100
major, repair of wound of	33815-33839
maxillary, transantral ligation of	41707
neck, reoperation for bleeding or thrombosis after surgery	33842

Payable on attendance basis

Service	Item
patch grafting to	33106,33545,33548
popliteal, exploration of, for popliteal entrapment	34145
renal, aberrant, operation for	36537
temporal, biopsy of	34109
thrombectomy of	33803,33806
umbilical, catheterisation	13303
Arthrectomy, hip	49309,49312
Arthrodesis, ankle	49712
elbow	49106
finger	46300,46303
hip	49306
knee	49512,49545
of joint	50109
sacro-iliac joint	49300
shoulder	48939,48942
subtalar	50118
triple, of foot or ankle region	49815,49845
wrist	49200,49203
Arthroplasty, carpal bone	46324
finger	46306,46309,46312, 46315,46318,46321
foot	49839,49842
hip	46309,49309-49330
knee	49518-49533
shoulder	48915,48918,48921, 48924
temporo-mandibular joint	45758
wrist	49206,49209
Arthroscopic surgery, ankle	49703
elbow	49121
knee	49560,49563,49566
shoulder	48948,48951,48954, 48957,48960
wrist	49221,49224,49227
Arthroscopy, ankle	49700
elbow	49118
knee	49557
other joints	50100
shoulder	48945
wrist	49218
Arthrotomy, ankle	49706
elbow	49100
finger joint	46327,46330
hip	49303
knee	49500
of joint	50103
shoulder	48912
wrist	49212

Payable on attendance basis

Service	Item
Artificial erection device, insertion of	37426,37429
revision or removal of	37432
insemination	*
lens	
- insertion of	42701
- removal of	42704
- removal and replacement with different lens	42707
- repositioning of, by open operation	42704
urinary sphincter	
- insertion of	37381,37384,37387
- revision or removal of	37390
Arytenoidectomy with microlaryngoscopy	41867
Aspiration biopsy of bone marrow	30087
of bladder	37041
of breast cyst	*
of haematoma	30216
of synovial cavity (restriction applies)	50124
of thoracic cavity	38400,38403
Assistance at operations	51300,51303,51306,
	51309
in administration of an anaesthetic	17500
Assisted reproductive technologies	13200-13221
Atresia, biliary, reconstruction for	30438
choanal, repair of	43803,43806
congenital, reconstruction external auditory canal	45662
oesophagus, dilation for	41819,41822,41825,
	41828,41831
oesophagus, operation for	43821
tracheal, dilatation of, with bronchoscopy	41904
Attendances, postoperative	(see note T8.7)
by vocationally registered GP	
- surgery	3,23,36,44
- home visit	4,24,37,47
- institution	13,25,38,48
- hospital	19,33,40,50
- nursing home	20,35,43,51
by other than vocationally registered GP	
- surgery	52,53,54,57
- home visit	58,59,60,65
- institution	81,83,84,86
- hospital	87,89,90,91
- nursing home	92,93,95,96
by vocationally or non-vocationally registered GP	
- emergency, after hours (restriction applies)	97,98
- family group therapy	170,171,172
- prolonged, continuous life saving treatment	160-164
by anaesthetist, in preparation for anaesthesia	17600,17603
by specialist	

*Payable on attendance basis

Service	Item
- surgery, hospital or nursing home	104,105
- home visit	107,108
by consultant physician (other than in psychiatry)	
- surgery, hospital or nursing home	110,116,119
- home visit	122,128,131
by consultant psychiatrist	
- surgery, hospital or nursing home	134-142
- home visit	144-152
- interview of a person other than the patient	157,158
- family group psychotherapy	154,155,156
- group psychotherapy	154
Atticotomy	41533
with reconstruction of bony defect	41536
Audiogram, air conduction	11309
air and bone conduction	11312
- and speech	11315
- and speech with other Cochlear tests	11318
impedance	11324,11327,11330
Audiometry, brain stem evoked response	11300
non-determinate	11306
Auditory canal, external	
- reconstruction of	41524
- reconstruction, for congenital atresia	45662
- removal of foreign body from	41503
canal stenosis, correction of, with meatoplasty	41521
meatus, external, removal of exostoses in	41518
meatus, internal, exploration	41599
Augmentation mammoplasty,	(see mammoplasty)
Aural polyp, removal of	41506
Austin Moore arthroplasty of hip	49315
Autoconjunctival transplant	42641
Autologous transfusion, collection of blood for	13709
Avulsion, penis, repair of	37411
Axilla, lymph glands of, excision of	30331,30334
Axillary hyperhidrosis, excision of	30180,30183
vessel, ligation or exploration not otherwise covered	34103
Axillofemoral graft, infected, excision of	34172

B

Baker's cyst, excision of	30114
Bands, lateral pharyngeal, removal of	41804
Bartholin's abscess, incision of	35520
cyst, excision of	35512,35513
cyst or gland, marsupialisation or cauterly	
destruction of	35516,35517
Barton's fracture of radius, treatment of	47369,47372,47375
Basal cell carcinoma, complicated, removal of	30153,30156

Payable on attendance basis

Service	Item
uncomplicated, removal of	(see tumour, other)
Bassini's operation	30591,30592
Bat ear or similar deformity, correction of	45659
Bicornuate uterus, plastic reconstruction for	35680
Bile duct, common, operations on	30426,30429,30432, 30435,30438
endoscopic stenting of	30465
Biliary atresia, laparotomy and dissection	30389
atresia, reconstruction of bile duct	30438
dilatation, endoscopic	30462
manometry	30459
Biopsy, bladder, with cystoscopy	36836
bone marrow	30081,30084,30087
bronchus	41892
cervix	35608
cone, of cervix	35617,35618
drill, of lymph gland, deep tissue or organ	30078
endometrial, for suspected malignancy	35624
endometrium	*
intracranial tumour	39703,39706
larynx	41849
liver, percutaneous	30398
liver, wedge excision	30401
lung, needle	38412
lymph gland, muscle or other deep tissue or organ	30074,30075
needle aspiration	*
oesophagus	41822
ovarian by laparoscopy	30582,30585
pleura	30090
prostate	37212,37215,37218
punch, of synovial membrane	30087
rectum, full thickness	32096
renal	36561
scalene node	30096
skin or mucous membrane	30071
testis	37604
vertebra	30093
via laparoscope	30582,30585
with cervical exploration of mediastinum	38448
with direct examination of larynx	41849
with gastroscopy or duodenoscopy	30441
with intubation of small bowel	30546
Birthmark, congenital, removal of other than by radiotherapy	45027,45030,45033, 45036
Bladder, aspiration of, by needle	37041
biopsy of, with cystoscopy	36836
catheterisation of	36800
cystostomy or cystotomy	37007,37008

*Payable on attendance basis

Service	Item
diverticulum of, excision or obliteration of	37020
ectopic, 'turning-in' operation	43851
enlargement of, using intestine	37047
evacuation of clot from, by cystoscopy	36812
excision of	37014
extrophy closure	37050
introduction of cytotoxic agent into	13903
lavage of clot from, by cystoscopy	36842
neck, contracted, congenital, wedge excision or perurethral resection of	43845
neck, contracture, operation for	36854
neck, resection, endoscopic, with cystoscopy	36854
partial excision of	37000
prolapse of (gynaecological), repair of	35575,35576,35579, 35580,35583,35584
repair of rupture	37003,37004
stress incontinence, suprapubic procedure	37044
suprapubic stab cystotomy	37011
transection, with re-anastomosis to trigone	37053
tumour/s, diathermy or resection with cystoscopy	36839,36845
tumour/s, suprapubic diathermy of	37017
wall, injection into, with cystoscopy	36851
washout test of	11921
Blepharospasm, injection of botulinus toxin for	42827
Block, nerve, regional or field	18200-18224
Blood, administration of	13703,13706
cell separation	*
collection of, for pathology test	12100,13312
collection of, for transfusion	13709
dye - dilution indicator test	11715
pressure monitoring by intravascular cannula	11600
transfusion	13306,13309,13315, 13703,13706
transfusion, intrauterine foetal	13315
volume estimation	12500
Bone, cysts, injection into or aspiration of	47900
flap, infected, craniectomy for	39906
graft, harvesting of	47726,47729,47732
graft to - femur	48200,48203
- humerus	48212,48215
- radius and ulna	48221
- radius or ulna	48218,48224,48227
- scaphoid	48230,48233,48236
- spine	48642,48645,48648, 48651
- tibia	48206,48209
graft, not covered by any other item	48239
graft, with internal fixation	48242

*Payable on attendance basis

Service	Item
large, extosis, excision of	47936
marrow - administration of	13706
- aspiration biopsy of	30087
- harvesting of for transplantation	13700
nasal, fracture, treatment of	47735,47738
small, exostosis of	47933
tumour, benign	50230
tumour, innocent, excision of	30241
tumour, malignant	50200-50239
Botulinus toxin injection for blepharospasm or strabismus	42827
Boutonnierre, reconstruction of deformity	46444,46447
Bowel, continuity restoration following Hartmann's operation	32033
mobilisation of	30389
resection of	30531,30534,32000, 32003
ruptured, repair or removal of	30368
small, intubation	30546,30549
small or large, interposition with oesophagectomy	38445
Brachial plexus block	18200,18203
plexus, exploration of	39333
vessel, ligation or exploration not otherwise covered	34106
Brachycephaly, cranial vault reconstruction for	45785
Brain stem evoked response audiometry	11300
Branchial cyst, removal of	30286
fistula, removal of	30289
Breast, cyst, aspiration of	*
cyst, excision of	30341,30342,30345, 30346
mammoplasty, augmentation	45524,45527
mammoplasty, reduction	45521
manipulation fibrous tissue surrounding prosthesis	*
mastectomy	30337,30338,30353, 30356,30359
mastectomy, partial	30349,30350
prosthesis, fibrous capsule surrounding, excision or multiple incisions, as an independant procedure	45551
prosthesis, removal as an independant procedure	45548
prosthesis, replacement following medical complications	45554
reconstruction using large myocutaneous flap	45530
reconstruction using breast sharing technique	45533,45536
reconstruction using tissue expansion, unilateral	45539,45542
section of, for biopsy	30074,30075
Broad ligament cyst, excision of	35712,35713,35716, 35717
cyst, excision with abdominal hysterectomy	35660,35661
removal of fatty tumour of	30389
Brodie's abscess, operation of	43515
Bronchial tree, intrathoracic operation on	38454

*Payable on attendance basis

Service	Item
Bronchoscopy, as an independent procedure	41889
fibreoptic	41898
with biopsy or other procedure	41892
with dilatation of tracheal stricture	41904
Bronchspirometry	11500
Bronchus, operations on	41889,41892,41895
removal of foreign body in	41895
Broviac catheter, insertion of, for chemotherapy	34527
removal of	34530
Brush biopsy of ureter or renal pelvis, with cystoscopy	36821
Bubonocele operation	30591,30592
Buckling operation for detached retina	42776
Bunion, excision of	47933
Burns, dressing of (not involving grafting)	30003,30006,30009, 30010,30013,30014
excision of under GA (not involving grafting)	30017,30020
Burr-hole biopsy of sternum	30081
craniotomy	39012,39600,39703, 39900
placement of intracranial electrodes	40709
single, preparatory to ventricular puncture	39012
Bursa, incision of	*
large, excision of	30110,30111
semimembranosus, excision of	30114
small, excision of	30106,30107
Burst abdomen, repair of	30624,30625
Bypass, extracranial to intracranial	39818
graft, infected, of extremities, excision of	34175
graft, infected, of neck, excision of	34157
graft, infected, of trunk, excision of	34169
grafting, for occlusive arterial disease	32700-32763
grafting, cross leg, saphenous to iliac or femoral vein	34806

C

Caecostomy	30368
closure of	30519
Caesarean section	16520
Calcaneal spur, of foot, excision of	49818
Calcanean bursa, excision of	30110,30111
Calcaneum fracture, treatment of	47606-47618
Calculus, removal of	
- from bladder	36863
- from kidney	36540,36543
- from parotid or salivary gland duct	30265,30266
- from sublingual gland duct	30265,30266
- with cystotomy	37007,37008
staghorn, nephro or pyelolithotomy for	36543

*Payable on attendance basis

Service	Item
ureteric, endoscopic removal or manipulation of	36857
Caldwell-Luc operation	41710
Caloric test of labyrinth(s)	11333,11336
Cancer of skin or mucous membrane, removal of	30198,30201,30204
Cannula, intralymphatic insertion of, for introduction of radio-active material	13912
intravascular, blood pressure monitoring by	11600
Cannulation, arterial, for infusion chemotherapy	34524
intra-abdominal vessel, for infusion chemotherapy of a vein in a neonate	34521 13300
Canthoplasty	42590
Capsule, fibrous, surrounding breast prosthesis, excision or multiple incisions, as an independant procedure	45551
posterior, needling of	42737
Capsulectomy	42719,42722,42731
of finger joints	46336
Capsulotomy	42734
laser	42788
Carbolisation of eye	*
Carbon dioxide output, estimation of	11503
Carbuncle, incision with drainage of, requiring GA	30222,30223
Carcinoma	(see tumour)
Cardiac by-pass, whole body perfusion	13603
catheterisation	38200-38218
electrophysiological studies	38209,38212
operation (intrathoracic)	38454
pacemaker, insertion or replacement of	38224,38230
rhythm, restoration of, by electrical stimulation	13400
surgery, open, congenital, in children	38236
Cardiopulmonary by-pass, for direct surgery to coronary artery or arteries	38245
Cardiospasm, Heller's operation for	38454
Cardiotocography, antenatal (restriction applies)	16555
Carotid artery, internal, transection/resection and reanastomosis	32703
internal, re-operation for recurrent stenosis	32706,33503
body tumour, resection of	34148,34151,34154
cavernous fistula, obliteration of	39815
vessels, examination of	11618,11621,11624
Carpal bone, replacement of, arthroplasty	46324
scaphoid, fracture, treatment of	47354,47357
tunnel syndrome, radical operation for	39330
Carpometacarpal joint, synovectomy of	46342
Carpometacarpal joint, arthrodesis of	46303
joint, dislocation, treatment of	47030,47033
Carpus dislocation, treatment of	47030,47033
fracture, treatment of	47348,47351
operation on, for acute osteomyelitis	43503,46462
operation on, for chronic osteomyelitis	43512,46462

*Payable on attendance basis

Service	Item
osteectomy of	48406,48409
osteotomy of	48406,48409
Cartilage, tarsal, excision of	42578
Caruncle, urethral, cauterisation of	35523
urethral, excision of	35526,35527
Cataract, juvenile, removal of	42716
Catheter, peritoneal insertion and fixation of	13109
Catheterisation, bladder, independent procedure	36800
cardiac	38200-38218
central vein	13318,13800
central vein using subcutaneous tunnel	34527
eustachian tube	41755
frontal sinus	41740
right heart balloon flotation	13803,13806
umbilical artery	13303
umbilical or scalp vein in a neonate	13300
ureteric, with cystoscopy	36824
Caudal block	18200,18203
Cauterisation, angioma (restriction applies)	45027
cervix	35608
haemangioma (restriction applies)	45027
of tarsus for ectropion	42581
of perforation of tympanum	41641
of septum or turbinates or pharynx	41674
of urethra or urethral caruncle	35523
Cautery, conjunctiva, including treatment of pannus	42677
destruction of Bartholin's cyst or gland	35516,35517
nasal, for arrest of haemorrhage	41677
Cavity synovial, or joint, aspiration of (restriction applies)	50124
Cellulitis, incision with drainage of, under GA	30222,30223
Central nervous system evoked responses	11024,11027
vein catheterisation	13318,13800
vein catheterisation using subcutaneous tunnel	34527
Cerebello-pontine angle tumour	
- suboccipital removal of	39712
- transmastoid, translabyrinthine or retromastoid removal	41575,41578
Cerebral ventricle, puncture of	39006
Cerebrospinal fluid drain, lumbar, insertion of	40018
fluid reservoir, insertion of	39018
Cervical discectomy (anterior), without fusion	40333
exploration of mediastinum	38448
oesophagectomy	30322
oesophagostomy, closure or plastic repair of	30319
plexus block (not including the uterine cervix)	18200,18203
re-exploration for hyperparathyroidism	30304
rib, removal of	34139
sympathectomy	35003,35006
Cervicectomy, abdominal	30389

Payable on attendance basis

Service	Item
Cervix, amputation or repair of	35617,35618
cauterisation of, other than by chemical means	35608
colposcopic examination of	35614
cone biopsy of	35617,35618
diathermy of	35608
dilatation of	35621
ionisation of	35608
laser therapy (restriction applies)	35539,35542,35545
purse string ligation for threatened miscarriage	16535,16536
removal of polyp from	35611
removal of purse string ligature, under GA	16539
repair of	35583,35584,35617, 35618
Chalazion, extirpation of	42575
Chamber posterior, removal of silicone oil	42815
Chemopallidectomy	40803
Chemotherapy device, insertion by central vein catheterisation	34527
device, removal of	34530
infusion, cannulation for	34521,34524
Chest wall, closure of after drainage for empyema	30139,30140
Choanal atresia, repair of	43803,43806
Cholangiography, operative	30416
Cholangiopancreatography	30453
Cholecystectomy	30419,30420
Cholecystoduodenostomy	30435
Cholecystoenterostomy	30435
Cholecystogastrostomy	30435
Cholecystostomy	30368
Choledochoduodenostomy	30429,30438
Choledochenterostomy	30429,30438
Choledochogastrostomy	30429,30438
Choledochoscopy	30423
Choledochotomy	30426,30429
Chondro-cutaneous or chondro-mucosal graft	45656
Chordee, correction of	37417
correction of, for hypospadias or epispadias	37360,37363,37366
penis erection test for	37441
Chorionic villus sampling, including associated imaging	16552
Chymopapain, (Discase), intradiscal injection of	40336
Cicatrical flexion contracture of joint, correction of	50112
Cicatrical flexion contracture of joint, correction of	50112
Ciliary body and/or iris, excision of tumour	42767
Circumcision	30653,30656,30659, 30660
arrest of post-operative haemorrhage	
- with GA	30663
- without GA	*
Cisternal puncture	39003

*Payable on attendance basis

Service	Item
shunt diversion, insertion of	40003
shunt, revision or removal of	40009
Clavicle, dislocation, treatment of	47003,47006
operation for acute osteomyelitis	43503
operation for chronic osteomyelitis	43512
osteectomy	48406,48409
osteotomy	48406,48409
treatment of fracture of	47462,47465
Claw toe, correction of	49848
Cleft lip, operations for	45677-45704
palate, correction of	45707,45710,45713
Clitoris, amputation of, where medically indicated	35530
Clot, evacuation of, from bladder by cystoscopy	36812
Coccyx, excision of	30672
Cochlear implant, insertion of, with mastoidectomy	41617
tests	11318,11321
Cochleotomy, or repair of round window	41614
Cockett's operation	32524
Coeliac artery, decompression for coeliac artery compression	
syndrome	34142
Colectomy, total, and ileostomy	32009
total, and ileo-rectal anastomosis	32012
total, with excision of rectum and ileostomy	
- one surgeon	32015
- conjoint surgery	32018,32021
total, with excision of rectum and ileo-anal	
anastomosis - one surgeon	32051
- conjoint surgery	32054,32057
Colles' fracture of radius, treatment of	47369,47372,47375
Colonic lavage, total, intra-operative	32186
Colonoscopy, fiberoptic	32084,32090
with removal of one or more polyps	32087,32093
Colostomy	30368
entero-	30495
closure of	30519
following exploratory laparotomy	30368
for Hirschsprung's disease	30368
lavage of	*
refashioning of	30522
Colotomy	30368
Colour discrimination test, Farnsworth Munsell 100 hue	*
Colpoperineorrhaphy	35575,35576,35579,
	35580
Colpopexy	35590
Colpoplasty	35583,35584
Colporrhaphy	35572
Colposcopy, cervical biopsy and radical diathermy	35646
using Hinselmann-type instrument	35614

*Payable on attendance basis

Service	Item
Colpotomy	35572
Common bile duct, operations on	30429
Composite graft to nose, ear or eyelid	45656
Computerised perimetry	11221,11224,11227
Conduction studies, nerve	11012,11015,11018
Condylectomy	45611,48406,48424
of mandible	45611
Cone biopsy of cervix	35617,35618
Confinement	16506,16507,16510, 16513,16516,16517
Congenital absence of vagina, reconstruction for	35563
atresia, reconstruction external auditory canal	45662
heart disease, open heart surgery	38454
incontinence, reconstruction of sphincter for	43851
Conjunctiva, cautery of,	42677
removal of tumour from	(see tumour,other)
Conjunctival cysts, removal of	42683
graft over cornea	42638
lacerations not involving sclera	30032
peritomy	42632
Conjunctivorhinostomy	42629
Conjunctiva, cryotherapy to	42680
Consultation	(see attendances)
Contact lenses, attendances	10815
Contour reconstruction, insertion of foreign implant for restoration of one region of the face by autogenous bone or cartilage graft	45051 45647
Contraceptive device, intra-uterine, introduction of	35503
intra-uterine, removal under GA	35506
Contracted bladder neck, congenital, excision or resection socket, reconstruction	43845 42527
Contracture, cicatricial flexion of joint, correction of	50112
Dupuytren's, subcutaneous fasciotomy for	46366
flexion, of hand or digit, correction of	46492
Cordotomy, laminectomy for	39124
percutaneous	39121
Cornea, conjunctival graft over	42638
epithelial debridement for corneal ulcer/erosion	42650
removal of imbedded foreign body	42644
removal of superficial foreign body	30061
transplantation of	42653,42659,42662
Corneal blood vessels, laser coagulation of	42797
incisions, non penetrating	42674
perforations, sealing of	42635
scars, excision of	42647
sutures, removal of	42668
ulcer, ionisation of	*
ulcer, epithelial debridement of cornea for	42650

* Payable on attendance basis

Service	Item
Coronary artery or arteries, direct surgery to	38245
Corpus callosum, anterior section of, for epilepsy	40700
Cortical mastoidectomy	41545
Corticectomy, for epilepsy	40703
Corticolysis of lens material	42791
Counterpulsation by intra-aortic balloon	
- insertion by arteriotomy, or removal and arterioplasty	38221
- management of	12106,12109
Cranial nerve, infiltration of	18215
nerve, intracranial decompression of	39112
shunt diversion, insertion of	40003
shunt, revision or removal of	40009
vault reconstruction for oxycephaly, brachycephaly, turricephaly or similar condition	45785
Craniectomy and removal of haematoma	39603
for osteomyelitis of skull	39906
Cranio-cervical junction lesion, transoral approach for	40315
Cranioplasty and repair of fractured skull	39615
reconstructive	40600
Craniostenosis, operations for	40115,40118
Craniotomy and tumour removal	39709,39712
burr-hole	39012
burr-hole for intracranial haemorrhage	39600
for arachnoidal cyst	39718
for arteriovenous malformation	39809
for hydromelia (with laminectomy)	40342
for reopening post-op for haemorrhage, swelling etc	39721
Cricopharyngeal myotomy	41770,41776
Cryotherapy for detached retina	42773
for pre-detachment of retina	42818
for trichiasis	42587
to nose in the treatment of haemorrhage	41680
to retina	42818
Curettage, for evacuation of gravid uterus	35643
uterus (D and C)	35639,35640
Cutaneous neoplastic lesions, treatment of	30192,30195,30198, 30201,30204
nerve, nerve graft to	39318
nerve, primary repair of	39300
nerve, secondary repair of	39303
ureterostomy, closure of	36621
vesical fistula, operation for	37023
vesicostomy, establishment of	37026
Cyclocryotherapy or cyclodiathermy	42770
Cyst, adnexal, excision of, with abdominal hysterectomy	35660,35661
arachnoidal, craniotomy for	39718
Baker's, excision of	30114
Bartholin's, excision of	35512,35513

*Payable on attendance basis

Service	Item
Bartholin's, marsupialisation or cautery destruction	35516,35517
bone, injection into or aspiration of	47900
brain, operations for	39703
branchial, removal of	30286
breast, aspiration of	*
breast, excision of	30341,30342,30345, 30346
broad ligament, excision of	35660,35661,35712, 35713,35716,35717
dentigerous (restriction applies)	30139,30140,30143, 30144
epididymal, removal of	37600,37601
fimbrial, excision of	35712,35713,35716, 35717
hydatid, abdominal, removal of	30413
hydatid, lungs, enucleation of	38424
intracranial, needling and drainage of	39703
kidney, removal from	36558
meibomian, incision of	42575
mucous, of mouth, removal	30282,30283
ovarian, excision of, with laparotomy	35712,35713,35716, 35717
ovarian, excision of, with hysterectomy	35660,35661,35673
pancreatic, anastomosis to stomach or duodenum	30501
parovarian, excision of, with laparotomy	35712,35713,35716, 35717
parovarian, excision of, with abdominal hysterectomy	35660,35661
pharyngeal, removal of	41813
pilonidal, excision of	30675,30676
renal, excision of	36558
tarsal, extirpation of	42575
thyroglossal, removal of	30313
vaginal, excision of	35557
vallecular, removal of	41813
viscus (abdominal), removal of	30413
not otherwise covered, removal of	(see tumour,other)
Cystic hygroma, removal of	30292
Cystocele, repair of	35575,35576,35579, 35580,35583,35584
Cystography, preparation for	36800
Cystometrography	11903,11912,11915, 11918
Cystoscopy, with	
- biopsy of bladder	36836
- controlled hydrodilatation of bladder	36827
- diathermy or resection of bladder tumour/s	36839,36845
- endoscopic incision or resection of external sphincter, bladder neck or both	36854

Payable on attendance basis

Service	Item
- injection into bladder wall	36851
- insertion of ureteric stent, or brush biopsy of ureter or renal pelvis	36821
- lavage of blood clots from bladder	36842
- or without litholapaxy	36863
- or without urethroscopy, for treatment of penile or urethral warts	36815
- removal of foreign body	36833
- resection of ureterocele	36848
- ureteric catheterisation	36818,36824
- ureteric meatotomy	36830
- urethroscopy with/without urethral dilatation	36812
Cystostomy, suprapubic	37007,37008
suprapubic, change of tube	*
Cystotomy, suprapubic	37007,37008
suprapubic, stab	37011
suprapubic, with removal of calculus	37007,37008
Cytotoxic agent	
- infusion of	13903,13906,13909
- intra-arterial infusion, preparation	13906
- intralymphatic infusion	13909
- introduction into the bladder	13903
therapy, laparotomy with insertion of portacath	30392

D

D and C	35639,35640
Dacryocystectomy	42596
Dacryocystorhinostomy	42623
where previous dacryocystorhinostomy was performed	42626
Debridement, epithelial, for corneal ulcer or erosion	42650
of contaminated wound	30023
of finger joints	46336
of tissue, ischaemic limb	35100,35103
Debulking operation for gynaecological malignancy	35720
Decompression of Arnold-Chiari malformation	40106
of facial nerve, mastoid portion	41569
of intracranial tumour via osteoplastic flap	39706
operation for priapism	37393
subtemporal	40015
Deep fascia, repair of, for herniated muscle	30238
seated haemangioma of neck, excision of	45036
tissue, biopsy of	30074,30075
tissue, drill biopsy of	30078
Delorme procedure	32111
Dental anaesthetic	18101-18122
Dermabrasion	45021,45024
Dermis, dermo-fat or fascia graft	45018

*Payable on attendance basis

Service	Item
Dermoid, excision of	(see tumour,other)
of nose, excision of, with intranasal extension	44113
of nose, periorbital or superficial, excision of	44106,44107
orbital, excision of	44110
Detached retina, diathermy or cryotherapy for	42773
light coagulation for	42782
removal of silicone band from	42812
resection, buckling or revision operation	42776
Dialysis, peritoneal	13112
peritoneal, supervision of, in hospital	13100,13103
Diaphragmatic hernia, repair of	30598,30601,30604, 30607,30610,30613
simple closure of	30389
Diathermy of bladder tumours	36839,36845,37017
cervix	35608,35646
detached retina	42773
perforation of tympanum	41641
pharynx	41674
plantar wart	30186
rectal polyps with sigmoidoscopy	32078
salivary gland duct	30262
septum	41674
telangiectases or starburst vessels	30213
turbinates	41674
urethra	37318
Digit, amputation of	44103,46465
amputation of, including metacarpal	46480
correction of, flexion contracture	46492
distal, excision of ganglion or mucous cyst	46495
extra, ligation of pedicle	44100
synovectomy of tendon/s	46348,46351,46354, 46357,46360
transposition of	46507
Digital nail, removal of	47904,47906
nerve, nerve graft to	39318
nerve, primary repair of	39300
nerve, secondary repair of	39303
temperature, measurement of, one or more digits	11615
Dilatation of anus, as an independent procedure, under GA	32153
anus (Lord's procedure)	32153
cervix, under GA	35621
salivary gland duct	30262
urethral stricture	37303
uterus and curettage of	35639,35640
vagina, as an independent procedure	35554
Disarticulation, of limb	(see amputation)
Disc, intervertebral, laminectomy for exploration or removal	40300
lesion, recurrent, laminectomy for	40303

*Payable on attendance basis

Service	Item
Discectomy, cervical (anterior), without fusion	40333
percutaneous lumbar	48636
Disimpaction of faeces under GA	32153
Dislocation, ankle, treatment of	47063,47066
carpus, treatment of	47030,47033
clavicle, treatment of	47003,47006
elbow, treatment of	47018,47021
hip, treatment of	47048,47051,47495, 47498,49348,49351, 49354
interphalangeal joint, treatment of	47036,47039
knee, treatment of	47054
mandible, treatment of	47000
metacarpophalangeal joint, treatment of	47042,47045
of shoulder, associated with fracture of humerus	47417,47420,47435, 47438,47441
patella, treatment of	47057,47060
radioulnar joint, treatment of	47024,47027
shoulder, treatment of	47009,47012,47015, 48930
toe, treatment of	47069,47072
Distal radioulnar joint, reconstruction of	46345
synovectomy of	46342
Distracting apparatus, removal of, from limb	47945
Diverticulum, bladder, excision or obliteration of	37020
Meckel's, removal of	30368
urethral, excision of	37372
Divided ureter, repair of	36573
Dohlman's operation	41773
Donald-Fothergill operation	35583,35584
Donor nephrectomy (cadaver)	36512
Doppler recordings, examination of carotid vessels	11618,11621,11624
examination of peripheral vessels	11603,11606,11609, 11612
Double vagina, excision of septum for correction of	35566
Drez lesion, operation for	39124
Drill biopsy of lymph gland, deep tissue or organ	30078
Duct, bile, anastomosis of	30561
bile, reconstruction of	30438
common bile, operations on	30426,30429,30432, 30435,30438
hepatic, reconstruction of	30438
salivary gland, diathermy or dilatation of	30262
salivary gland, removal of calculus from or meatotomy or marsupialisation	30265,30266
tear, probing of	42611
Duodenal intubation	30549
ulcer, perforated, laparotomy involving suture of	30368

*Payable on attendance basis

Service	Item
Duodenoscopy	30441,30444,30447
Duodenum, removal of diverticulum	30389
Dupuytren's contracture, fasciectomy for	46369,46372,46375, 46378,46387,46390, 46393
operation for	46381,46384
subcutaneous fasciotomy for	46366
Dysmenorrhoea, treatment of, by dilatation of cervix	35621

E

E.C.G.	11700,11703,11709, 11712
E.C.T.	153
E.E.G.	11000,11003,11006
Ear, composite graft to	45656
drum perforation, excision of rim	41644
full thickness laceration, repair of	30052
full thickness wedge excision of	45665
lop, bat or similar deformity, correction of	45659
middle, clearance of	41635,41638
middle, exploration of	41629
middle, insertion of tube for drainage of	41632
middle, operation for abscess or inflammation of	41626
removal of foreign body from	41500,41503
syringe of	*
toilet, requiring use of operating microscope and micro-inspection of tympanic membrane	41647
Echocardiography	55106
Eclampsia, treatment of	16542
Ectopia, vesicae or cloacae, sphincter reconstruction for	43851
Ectopic bladder, 'turning-in' operation	43851
gestation, removal of	35676,35677
Ectropion, correction of	45626
tarsal cauterisation for	42581
Elbow, arthrodesis of	49106
arthroscopic surgery of	49121
arthroscopy of	49118
arthrotomy of	49100
dislocation, treatment of	47018,47021
ligamentous stabilisation of	49103
radial head, replacement of	49112
total replacement of, revision operation	49115
total synovectomy of	49109
Electrical stimulation, maximal perineal	*
restoration of cardiac rhythm by	13400
Electrocardiographic monitoring, during exercise	
- bicycle, ergometer or treadmill	11712

* Payable on attendance basis

Service	Item
- continuous, of ambulatory patients	11709
Electrocardiography, twelve lead, report or tracing only	11703
twelve lead, tracing and report	11700
Electrocochleography, insertion of electrodes for	11303
Electroconvulsive therapy	153
Electrocorticography	11009
Electrode, permanent transvenous, insertion or replacement	38227
temporary transvenous pacemaking, insertion of	38233
Electrodes for electrocochleography, insertion of	11303
intracranial placement	40709,40712
myocardial, insertion or replacement	38224
Electrodiagnosis, neuromuscular	11012,11015,11018, 11021
Electroencephalography (E.E.G)	11000
prolonged recording	11003
temporosphenoidal	11006
Electrolysis epilation, for trichiasis	42587
Electromyography (E.M.G.)	11012,11021
Electroneurography of facial nerve	11015
Electronystagmography (E.N.G.)	11339
Electrooculography	11206
and electroretinography	11209
Electrophysiological studies, cardiac	38209,38212
Electroretinography	11206
and electro-oculography	11209
Embolectomy	33800,33803,33806
Empyema, intercostal drainage of	38409
radical operation for	38415
Encephalocoele, excision and closure of	40109
Endarterectomy	33500-33542
to prepare bypass site for anastomosis	33554
Endobronchial tumour, endoscopic laser resection of	41901
Endolymphatic sac, transmastoid decompression	41590
Endometrium, biopsy of	*
biopsy of for suspected malignancy	35624
biopsy of with hysteroscopy	35630
Endoscopic biliary dilatation	30462
biopsy of prostate	37215
bladder neck resection with cystoscopy	36854
drainage of prostatic abscess	37221
examination of intestinal conduit or reservoir	36860
external sphincterotomy	36854
gastrostomy, percutaneous	30468,30471
laser resection of endobronchial tumours	41901
laser therapy of gastrointestinal tract	30474
manipulation or extraction of ureteric calculus	36857
pancreatocholangiography	30453
prostatectomy	37203

* Payable on attendance basis

Service	Item
resection of median bar	36854
resection of pharyngeal pouch	41773
stenting of bile duct	30465
Endotracheal anaesthetic, administration of, in connection with dental operation	18105-18122
Enterocoele, repair of by abdominal approach	35590
vaginal approach	35575,35576,35593
Enterocolostomy	30495
Enteroenterostomy	30495
Enterostomy, closure of	30519
with laparotomy	30368
Enterotomy, with laparotomy	30368
Entropion, repair of	42866
Entropion, correction of	45626
Enucleation of eye	42506,42509
hydatid cysts of lung	38424
Epicondylitis, open operation for	47903
Epididymal cyst, excision of	37600,37601
Epididymectomy	37613
Epidural block	18200,18203
block, for control of post-operative pain	18209
implant, laminectomy and insertion of	39139
implant, percutaneous insertion of	39130
implant, percutaneous, removal of	39136
injection, diagnostic or therapeutic	39000
space, introduction of a narcotic	18206
stimulator, revision of	39133
Epigastric hernia, repair of, person under 10 years	30616,30617
over 10 years	30620,30621
Epilation electrolysis, for trichiasis	42587
Epilepsy, operations for	40700,40703,40706, 40709,40712
Epiphyseal arrest	48500,48503,48506, 48509
plate, operation for the prevention of closure	48512
Epiphyseodesis	48500,48503,48506
Epiphysiodesis, femur	48500,48506
fibula	48503,48506
operation to prevent closure of plate	48512
staple arrest of hemi-epiphysis	48509
tibia	48503,48506
Epispadias, correction of	37360,37363,37366
Epistaxis, treatment of	41656,41677,41680
Epithelial debridement for corneal ulcer or erosion	42650
Ergometry, in connection with electrocardiography	11712
Erythrocyte radioactive uptake survival time test	12503
screening test, volume Cr51	12500
ESWL	36546

*Payable on attendance basis

Service	Item
Ethmoidal artery or arteries, transorbital ligation of sinuses, operation on	41725 41737,41749
Ethmoidectomy, fronto-nasal	41731
fronto-radical	41734
transantral, with radical antrostomy	41713
Eustachian tube, catheterisation of	41755
Evacuation of products of conception by intrauterine manual removal	16564
Eversion, surgical, of inverted nipple	30362
Evisceration of globe of eye	42512,42515
Evoked response audiometry, brain stem responses, central nervous system	11300 11024,11027
Exenteration of orbit of eye	42536
Exomphalos, operation for	43833,43836
Exostoses in external auditory meatus, removal of	41518
Exostosis, excision of, small bone	47933
Extensor tendon of hand or wrist, primary repair of	46420
of hand or wrist, secondary repair of	46423
of hand, tenolysis of	46450
synovectomy of	46339
External auditory canal, reconstruction	41524
auditory canal, reconstruction for congenital atresia	45662
auditory meatus, removal of exostoses in	41518
stent/s, application of, to restore venous valve competency	34824,34827,34830, 34833
Extra digit, amputation of	44103
ligation of pedicle	44100
Extracorporeal shock wave lithotripsy	36546
Extracranial to intracranial bypass	39818
Extradural tumour or abscess, laminectomy for	40309
Eye, artificial lens, insertion of	42701
removal and replacement of	42707
removal or repositioning of	42704
ball, repair of perforating wound of	42551,42554,42557
carbolicisation of	*
dermoid, excision of	44106,44107,44110
enucleation of	42506,42509
extraction of lens	42698
foreign body in, removal of	42560,42563,42566, 42569,42644
foreign body in, superficial, removal of	*
globe of, evisceration of	42512
paracentesis, in relation to	42734
trephining of	42746
Eyebrow, elevation of	42872
Eyelashes, ingrowing, operation for	45626
Eyelid, closure in facial nerve paralysis, implant insertion	42869

*Payable on attendance basis

Service	Item
composite graft to	45656
ectropion or entropion, correction of	45626
full thickness laceration, repair of	30052
full thickness wedge excision of	45665
grafting for symblepharon	45629
ptosis, correction of	45623
reconstruction of, whole thickness	45614,45671,45674
reduction of	45617,45620
removal of cyst from	42575
tarsorrhaphy	42584
upper recession of	42863
F	
Facial, nerve, decompression of	41569
nerve palsy, excision of tissue for	45581
nerve paralysis, plastic operation for	45575,45578
scar, revision of (restriction applies)	45506,45512
Facio-hypoglossal or facio-accessory nerve, anastomosis of	39503
Faecal fistula, repair of	30669
Fallopian tubes, catheterisation of, with hysteroscopy	35633
hydrotubation of	35703,35709
implantation of, into uterus	35694,35697
microsurgical anastomosis of	35700
Rubin test for patency	35703
sterilisation by transection or resection	35687,35688
Family group psychotherapy	154,155,156
therapy	170,171,172
Farnsworth Munsell 100 hue colour discrimination test	*
Fascia, deep, repair of, for herniated muscle	30238
graft	45018
Fasciectomy, for Dupuytren's Contracture	46369,46372,46375, 46378,46387,46390, 46393
Fasciotomy	30226
plantar, radical	49854
subcutaneous, for Dupuytren's contracture	46366
Feet, incision of acute infection of	47912
Femoral hernia, repair of	30591,30592
vein, puncture in infants, for blood collection	13312
vessel, ligation or exploration not otherwise covered	34103
Femorofemoral graft, infected, excision of	34172
Femur, bone graft to	48200,48203
epiphyseodesis	48500,48506
fitting of acrylic head to	49315
fracture, treatment of	47516,47519,47522, 47525,47528,47531, 47534,47537,49336

*Payable on attendance basis

Service	Item
operation on, for acute osteomyelitis	43506
operation on, for chronic osteomyelitis	43515
osteectomy of	48424,48427
osteotomy of	48424,48427
Fenestration cavity, venous graft to	41605
operation	41602
Fibreoptic bronchoscopy	(see bronchoscopy)
colonoscopy	(see colonoscopy)
Fibrinolysis	42791
Fibrinous bands in vitreous body, division of	42764
Fibro-adenoma, excision of from breast	30341,30342,30345, 30346
Fibroma, removal of	(see tumour,other)
Fibula, epiphyseodesis	48503,48506
fracture, treatment of	47576
operation on, for acute osteomyelitis	43503
operation on, for chronic osteomyelitis	43512
osteectomy of	48406,48409
osteotomy of	48406,48409
Field block	18200-18224
Filtering and allied operations for glaucoma	42746
Fimbrial cyst, removal of	35712,35713,35716, 35717
Finger, fracture, treatment of	47300-47333
macroductyly, surgical reduction or enlarged elements	46510
mallet, closed pin fixation of	46438
mallet, open repair of	46441
percutaneous tenotomy of	46456
phalanx, operation on	43500
trigger, correction of	46363
First rib, resection of portion of	34136
Fissure in ano, operation for	32150
Fistula, anal, excision of	32159,32162
anal, repair of	32165
antrobuccol, operation for	41722
aorto-duodenal, repair of	34160,34163,34166
arteriovenous, ligation of cervical vessel/s	39812
between genital and urinary or alimentary tracts, repair of	35596
branchial, removal of	30289
carotid-cavernous, obliteration of	39815
cutaneous, salivary gland, repair of	30269
faecal, repair of	30669
in ano, subcutaneous, excision of	32156
oro-antral, plastic closure of	41722
parotid gland, repair of	30269
sacrococcygeal, excision of	30675,30676
thyroglossal, removal of	30316

*Payable on attendance basis

Service	Item
tracheo-oesophageal, ligation and division of	43818
urachal, operation for	43848
urethral, closure of	37312
urethro-rectal	37336
urethro-vaginal	37333
vaginal, excision of	35596
vesical, cutaneous, operation for	37023
vesico-intestinal, closure of	37038
vesico-vaginal, closure of	37029,37032,37035
wound, review of, under GA	32168
Fixation, external, removal of	47948,47951
internal, of spine	48678,48681,48684, 48687,48690
Flap, Abbe, secondary correction for cleft lip	45701
direct, indirect or local, revision of	45239
indirect	45227,45230,45233, 45236
myocutaneous, delay of	45015
myocutaneous, for breast reconstruction	45530
neurovascular island	45563,46504
pharyngeal, for velo-pharyngeal incompetence	45716
repair, direct	45209-45224
repair, local, single stage	45200,45203,45206
repair, muscle, single stage	45000,45009,45012
repair, myocutaneous, single stage	45003,45006
Flexion contracture, cicatricial, of joint, correction of	50112
Flexor tendon of hand or wrist, primary repair of	46426,46432
tendon of hand or wrist, secondary repair of	46429
tendon of hand, primary suture of	46426,46432
tendon of hand, secondary suture of	46429
tendon of hand, tenolysis of	46453
tendon, secondary repair of	46435
tendon, synovectomy of	46339
tendon/s, digit, synovectomy of tendon/s	46348,46351,46354, 46357,46360
Fluid balance, supervision of	*
Foetal blood transfusion, intrauterine	13315
Foetus, retained, intrauterine manual removal of	16564
Foot, amputation or disarticulation of	44361,44364
arthrodesis of	49815
calcaneal spur, excision of	49818
claw or hammer toe, correction of	49851
correction of claw or hammer toe	49848
hallux valgus or hallux rigidus, correction of	49821-49845
incision for acute infection of	47912
metatarso-phalangeal joint, replacement of	49857
metatarso-phalangeal joint, synovectomy of	49860,49863
neurectomy for plantar digital neuritis	49866

* Payable on attendance basis

Service	Item
or hand, paronychia of, incision for pulp space infection	47912
radical plantar fasciotomy or fasciectomy of	49854
talipes equinovarus	49875,49878
tendon of, repair of	49800,49803,49806, 49809
tendon or ligament transplantation of	49812
Forceps delivery, administration of anaesthetic	17968
Forearm, amputation or disarticulation of	44328
Foreign body, antrum, removal of	41716
bladder, cystoscopic removal of	36833
bronchus, removal of	41895
cornea or sclera, imbedded, removal of	42644
cornea or sclera, superficial, removal of	30061
ear, removal of	41500,41503
intra-ocular, removal of	42560,42563,42566, 42569
joint, removal of	(see arthrotomy)
maxillary sinus, removal of	41716
muscle or other deep tissue, removal of	30067,30068
nose, removal of	41659
oesophagus, removal of	41825
pharynx, removal of	30061
removal of with urethroscopy	37318
subcutaneous, removal, not otherwise covered	30064
superficial, removal of not otherwise covered	30061
tendon, removal of	30067,30068
trachea, removal of	41886
implant for contour reconstruction, insertion of	45051
Fothergill operation	35583,35584
Fracture, acetabulum, treatment of	47492,47495,47498, 47501,47504,47507, 47510
ankle, treatment of	47594,47597,47600, 47603
calcaneum or talus, treatment of	47606,47609,47612, 47615,47618
carpal scaphoid, treatment of	47354,47357
carpus, treatment of	47348,47351
clavicle, treatment of	47462,47465
femur, treatment of	47516-47537
fibula, treatment of	47576
finger or thumb	47300-47333
humerus, treatment of	47411-47459
knee, treatment of	47588,47591
metacarpal, treatment of	47336,47339,47342, 47345
metatarsal(s), treatment of	47633-47657
nasal bone, treatment of	47735,47738

Payable on attendance basis

Service	Item
olecranon, treatment of	47396,47399,47402
patella, treatment of	47579,47582,47585
pelvic ring, treatment of	47474-47489
radius or ulna, treatment of	47360,47363,47366, 47378,47381,47384, 47385,47386,47387, 47390,47393,47405, 47408
rib(s), treatment of	47471
scapula, treatment of	47468
simple, not requiring open operation	47669,47675
skull, operations for	39606,39609,39612, 39615
spine, treatment of	47681-47702
sternum, treatment of	47466,47467
tarso-metatarsal, treatment of	47621,47624
tarsul, treatment of	47630
tarsus, treatment of	47627
tibia, treatment of	47543-47573
toe, of phalanx, treatment of	47660-47678
uncomplicated, not requiring open operation	47669,47675
Free grafts, full thickness	45451
split skin	45400,45403,45439, 45442,45445,45448
split skin to burns	45406-45436
transfer of tissue	45563
transfer of tissue, anastomosis of artery or vein for	45509
Frenulum, mandibular or maxillary, repair of	30281
Frontal sinus, catheterisation of	41740
intranasal operation on	41737
operations on	41731-41746
radical obliteration of	41746
trephine of	41743
Fronto-ethmoidectomy, radical	41734
Fronto-nasal ethmoidectomy	41731
Fronto-orbital advancement	45782,45785
Full thickness grafts, free	45451
wedge excision of lip, eyelid or ear	45665
Fundi, optic, examination of	11212
Funnel chest, elevation of	38433
Furuncle, incision with drainage of	30219,30222,30223
Fused kidney, symphysiotomy for	36534
Fusion spinal, posterior interbody, with laminectomy to cervical, thoracic or lumbar regions	48654,48657 48660-48675

G

Gallbladder, drainage of	30368
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Payable on attendance basis

Service	Item
excision of	30419,30420
other operations on	30426,30429,30432, 30435
Gamete intra-fallopian transfer	13200-13221
Ganglion, block, lumbar	18215
excision of	30106,30107
of distal digit, excision of	46495
of flexor tendon sheath, excision of	46498
of volar or dorsal wrist joint, excision of	46501
Gastrectomy, partial	30504
sub-total, radical, for carcinoma	30510
total	30507,30513
Gastric by-pass for obesity	30492
cooling (by lavage with ice-cold water)	*
hypothermia	13500,13503
lavage in the treatment of ingested poison	14200
reduction for obesity	30489
ulcer, perforated, laparotomy involving suture of	30368
Gastro-camera investigation	30441
Gastroduodenostomy	30495
reconstruction of	30498
Gastroenterostomy	30495
reconstruction of	30498
with vagotomy	30483,30486
Gastrointestinal blood loss estimation	12506
protein loss	12509
Gastrojejunostomy with partial gastrectomy	30504
Gastropexy for hiatus hernia	30389
Gastroschisis, operation for	43833,43836
Gastroscopy	30441,30444,30447
Gastrostomy, percutaneous endoscopic	30468,30471
with laparotomy	30368
Genioplasty	45761,45764
Genital prolapse, operations for	35575,35576,35579, 35580,35583,35584
Gilliam's operation	35683,35684
Girdlestone arthroplasty of hip	49315
Gland, adrenal, excision of	36500
Bartholin's, marsupialisation of	35516,35517
groin, dissection of	30143,30144
lacrimal, excision of palpebral lobe	42593
lymph, biopsy of	30074,30075
lymph, drill biopsy of	30078
lymph, pelvic, excision of	35551
lymph, pelvic, excision of, with hysterectomy	35664
parathyroid, removal of	30301
parotid, superficial lobectomy or tumour removal	30253
parotid, total extirpation of	30247,30250

*Payable on attendance basis

Service	Item
salivary, duct, dilatation or diathermy of	30262
salivary, duct, removal of calculus from or meatotomy or marsupialisation	30265,30266
salivary, operations on	30262,30265,30266, 30269
sublingual, extirpation of	30259
submandibular, extirpation of	30256
Glaucoma, filtering and allied operations for	42746,42749
iridectomy for	42764
iridectomy and sclerectomy for	42746
iridotomy for	42764
Lagrange's operation for	42746
Molteno valve, insertion of	42752
Molteno valve, removal of	42755
provocative tests for	11200
tonography for, one or both eyes	11203
Glenoid fossa, reconstruction of	45788
Glioma, craniotomy for removal of	39709
Globe of eye, evisceration of	42512,42515
Glomus tumour, transmastoid removal of	41623
transtympanic, removal of	41620
Glossectomy, partial or total, with partial pharyngectomy	41785
Goniotomy	42758
Grafenberg's (or Graf) ring, introduction of	35503
removal of under GA	35506
Graft, axillo-femoral or femoro-femoral, infected, excision of	34172
bone, to - femur	48200,48203
- humerus	48212,48215
- radius or ulna	48218,48224,48227
- radius and ulna	48221
- scaphoid	48230,48233,48236
- spine	48642-48651
- tibia	48206,48209
- other bones	48239
bone, with internal fixation	48242
bypass, for occlusive arterial disease	(see bypass)
bypass, for treatment of aneurysm	(see aneurysm)
chondro-cutaneous or chondro-mucosal	45656
composite, to nose, ear or eyelid	45656
conjunctival over cornea	42638
corneal	42653,42659
dermis, dermo-fat or fascia	45018
free fascia or muscle for facial nerve paralysis	45575,45578
free, full thickness	45451
free, split skin	45400,45403,45439, 45442,45445,45448
free, split skin to burns	45406-45436
inlay, using a mould	45445

*Payable on attendance basis

Service	Item
micro-arterial or micro-venous	45503
nerve	39315,39318
skin, to orbit	42524
venous, to fenestration cavity	41605
Grafting, bypass, for occlusive arterial disease	(see bypass)
bypass, for treatment of aneurysm	(see aneurysm)
for symblepharon	45629
patch, to artery or vein	33106,33545,33548
tendon, insertion of artificial prosthesis	46414
Granuloma, removal of, from eye, surgical excision	42689
cautery of	42677
Gravid uterus, evacuation of the contents, by curettage	35643
Great vessel, intrathoracic operation on	38454
ligation or exploration not otherwise covered	34103
Groin, lymph glands of, excision of	30331,30334
Grommet, free, in canal, removal of	*
in situ in drum, removal of	41500
insertion of	41632
Group psychotherapy	154
psychotherapy, family	154,155,156
therapy, family	170,171,172
Gunderson flap operation	42638
Gynaecological examination under anaesthesia	35500
Gynatresia, vaginal reconstruction for	35563

H

Habitual miscarriage, treatment of	16523
Haemangioma, cauterisation of (restriction applies)	45027
of neck, deep-seated, excision of	45036
Haematoma, aspiration of	30216
incision with drainage of, not requiring GA	30219
large, incision with drainage of, requiring GA	30222,30223
pelvic, drainage of	30389
Haemodialysis, in hospital	13100,13103
Haemofiltration, in hospital	13100,13103
Haemoperfusion, in hospital	13100,13103
Haemorrhage, antepartum, treatment of	16542
arrest of	
- following circumcision, without GA	*
- following circumcision, with GA	30663
- requiring GA, following removal of tonsils and/or anenoids	41796,41797
intracranial, burr-hole craniotomy for	39600
nasal, arrest of, by cauterisation or nasal cavity packing	41677
nasal, cryotherapy for treatment of	41680
nasal, posterior, arrest of	41656

*Payable on attendance basis

Service	Item
post-operative, control of, perineal or vaginal	30058
post-operative, laparotomy for	30383
postpartum, treatment of	16567
extremity, reoperation on for control of	33848
subdural, tap for	39009
Haemorrhoidectomy	32138
Haemorrhoids, injection into	*
rubber band ligation of	32135
sclerotherapy for	32132
Hair transplants for congenital or traumatic alopecia	45560
Hallux rigidus, correction of	49821-49845
valgus, correction of	49821-49845
Halo, application	47711,47714
femoral, traction, application of	47720,47723
removal of	47945
thoracic, traction, application of	47717
Hammer toe, correction of	49848
Hand, amputation or disarticulation of	44324,44325,44328
correction of flexion contracture	46492
extensor tendon of, tenolysis of	46450
flexor tendon of, tenolysis of	46453
incision of, for acute infection	47912
or foot, paronychia of, incision for pulp space infection	47912
or wrist, extensor tendon of, primary repair of	46420
or wrist, extensor tendon of, secondary repair of	46423
or wrist, flexor tendon of, primary repair of	46426,46432
or wrist, flexor tendon of, secondary repair of	46429
secondary repair of flexor tendon	46435
tendon sheath of, for stenosing tendovaginitis	46363
tendon transfer for restoration of function	46417
Hartmann's operation	32030
Heart, catheterisation of	38200,38203,38206,
	38218
electrical stimulation of	13400
intrathoracic operation on	38454
surgery, open	38236,38239,38242
Heller's operation	30610,30613
Hemicircumcision, for hypospadias	37354
Hemicolectomy	32006
Hemiepiphysectomy, staple arrest of	48509
Hemilaryngectomy, vertical, with tracheostomy	41840
Hemispherectomy, for intractible epilepsy	40706
Hemithyroidectomy	30307
Hepatic duct, reconstruction of	30438
Hernia, diaphragmatic, repair of	30598-30613
diaphragmatic, simple closure of	30389
femoral or inguinal, repair of	30591,30592
strangulated, incarcerated or obstructed, repair of	30595

*Payable on attendance basis

Service	Item
umbilical, epigastric, or linea alba, repair of	30616,30617,30620, 30621
ventral, incisional, lumbar or recurrent, repair of	30624,30625
Herniated muscle, fascia, deep, repair of	30238
Hiatus hernia	30601
Hickman catheter, insertion of, for chemotherapy	34527
removal of	34530
Hindquarter, amputation or disarticulation of	44373
Hinselmann colposcope, examination of uterine cervix with	35614
Hip, amputation or disarticulation at	44370
arthrectomy	49309,49312
arthrodesis	49306
arthroplasty	49315-49333
arthrotomy	49303
congenital dislocation of, manipulation	49348,49351,49354
dislocation of, associated with fracture of acetabulum	47495,47498
dislocation, treatment of	47048,47051
prosthesis, operation on	49315
spica, application of	47540
total replacement of, revision operation	49336,49339,49342, 49345
Hirschsprung's disease, anal sphincterotomy for	43827
colostomy or enterostomy for	30368
rectosigmoidectomy for	43830
Hormone implantation, by cannula or incision	14203,14206
Humerus, bone graft to	48212,48215
operation for acute osteomyelitis	43506
operation for chronic osteomyelitis	43515
osteectomy of	48412,48415
osteotomy of	48412,48415
treatment of fracture of	47411-47459
Hummelsheim type of muscle transplant for squint	42848
Hydatid cyst, liver, drainage procedure for	30413
lungs, enucleation of	38424
peritoneum, drainage procedure for	30413
viscus, drainage procedure for	30413
Hydrocele, infantile, repair of	30591,30592
removal of	30631
tapping of	30628
Hydrocephalus, operations for	40000,40003,40006, 40009
Hydrocortisone, multiple injections into keloid under GA	30210
Hydrodilatation of the bladder with cystoscopy	36827
Hydromelia, operations for	40339,40342
Hydrotubation of Fallopian tubes	35703,35709
Hygroma, cystic, removal of	30292
Hymenal redundant tissue, removal of	(see tumour,other)
Hymenectomy	35509

*Payable on attendance basis

Service	Item
Hyperbaric oxygen therapy	13000,13003
- in conjunction with anaesthesia	13006,13009
treatment (restriction applies)	13012
Hyperemesis gravidarum, treatment of	16526
Hyperhidrosis, axillary	
- total excision of sweat gland bearing area	30183
- wedge excision for	30180
Hyperparathyroidism, cervical re-exploration for	30304
Hypertelorism, correction of	43800
correction of, intra-cranial or sub-cranial	45767,45770
Hypertension, portal, vascular decompression operation for	34836
Hypertrophied tissue, removal of	(see tumour,other)
Hypnotherapy	*
Hypodermic injections	*
Hypophysectomy	39715
Hypospadias, correction of	37360,37363,37366
granuloplasty incorporating meatal advancement	37357
meatotomy and hemi-circumcision	37354
penis erection test for	37441
urethral reconstruction for	37363,37366
Hypothenar spaces, drainage of	47909
Hypothermia, gastric	13500,13503
total body	13606
Hysterectomy, abdominal	35652,35653,35660,
	35661,35670
radical	35664,35667
vaginal	35656,35657,35673
Hysteroscopy	35627,35630,35633,
	35636
Hysterotomy	35649
I	
Ileo-rectal anastomosis with total colectomy	32012
Ileostomy, closure of, with rectal resection	32060,32063,32066
closure of, without resection of bowel	30519
refashioning of	30522
reservoir, continent type, creation of	32069
trimming	*
with proctocolectomy	32015
with total colectomy	32009
Iliac vessel, ligation or exploration not otherwise covered	34103
Immunisation against infectious disease	*
Implant, cochlear, insertion of	41617
epidural, percutaneous insertion of	39130
epidural, for pain, removal of	39136
foreign, insertion for contour reconstruction	45051
insertion or removal from eye socket	42518

Payable on attendance basis

Service	Item
of progesterone	14203,14206
Implantation, Fallopian tubes into uterus	35694,35697
hormone, by cannula or incision	14203,14206
living tissue, by cannula or incision	14203,14206
Impotence, injection for investigation or treatment	37414
Incidental appendicectomy	30543
Incisional hernia, repair of	30624,30625
Incomplete confinement	16513
Incontinence, anal, Parks' intersphincteric procedure	32126
bladder stress, suprapubic operation	37044
congenital, reconstruction of sphincter	43851
male urinary, correction of	37378
stress, sling operation for	35599
Induction and management of second trimester labour	16545,16546
Indwelling oesophageal tube, gastrostomy for fixation	30368
Infantile hydrocele, repair of	30591,30592
Infection, acute intercurrent, complicating pregnancy	16532
Inferior vena cava, operations on	34800,34803
vena caval filter, insertion of	34700,34703
Infiltration, alcohol, etc, around nerve or in muscle	*
of cranial nerve	18215
of local anaesthetic	(see explan notes)
of sympathetic plexus	18215
Inflammation of middle ear, operation for	41626
Infusion chemotherapy, cannulation for	34521,34524
intra-arterial, cytotoxic agent	13906
intra-arterial, sympatholytic agent	13900
intralymphatic, cytotoxic agent	13909
intravenous, cytotoxic agent	13903
Ingrowing eyelashes, operation for	45626
Inguinal abscess, incision of	30222,30223
hernia, repair of	30591,30592
Injection, alcohol, etc, around nerve or in muscle	*
alcohol, cortisone, phenol into trigeminal nerve	39100
alcohol, retrobulbar	42824
botulinus toxin	42827
epidural for post-operative pain	18209
hormones, for habitual miscarriage	16523
immunoglobulin	*
into angioma (restriction applies)	45027
into prostate	37218
intramuscular	*
intrathecal, of alcohol or phenol	39103
intravenous	*
local anaesthetic	(see explan notes)
sclerosant fluid into pilonidal sinus	30679
spinal or epidural	39000
Injections, multiple, for skin lesions	30207

*Payable on attendance basis

Service	Item
varicose veins	*
Inlay graft, using a mould	45445
Innocent bone tumour, excision of	30241
Inoculation against infectious disease	*
Insufflation Fallopian tubes, for patency (Rubin test)	35706
Inter-phalangeal joint, arthrodesis of	46300
joint, arthrotomy of	46327,46330
joint, interposition arthroplasty of	46306
joint, joint capsule release of	46381
joint, ligamentous repair of	46333
joint, synovectomy, capulectomy or debridement of	46336
joint, total replacement arthroplasty of	46309,46312,46315, 46318,46321
Intercostal nerve block	18200,18203
Internal auditory meatus	
- exploration by middle cranial fossa approach	41599
drainage of empyema, not involving rib resection	38409
Interphalangeal joint, dislocation, treatment of	47036,47039
Interscapulothoracic amputation or disarticulation	44334
Intervertebral disc/s, laminectomy for exploration or removal	40300
Intestinal conduit or reservoir, endoscopic examination	36860
sling procedure prior to radiotherapy	32183
obstruction, surgical relief of	30389
plication, Noble type, with enterolysis	30368
urinary conduit, revision	36609
urinary reservoir, continent, formation	36606
Intra-abdominal artery or vein, cannulation of for	
infusion chemotherapy	34521
Intra-anal abscess, drainage of	32174
Intra-aortic balloon for counterpulsation	
- insertion by arteriotomy	38221
- management of	12106,12109
- removal and arterioplasty	38221
Intra-arterial cannulisation	12103
infusion, of cytotoxic agent	13906
infusion, of sympatholytic agent	13900
Intracerebral tumour, craniotomy and removal of	39709
Intracranial abscess, excision of	39903
aneurysm, clipping or reinforcement of sac	39800
aneurysm, ligation of cervical vessel/s	39812
arteriovenous malformation, excision of	39803
cyst, drainage of via burr-hole	39703
electrode placement	40709,40712
haemorrhage, burr-hole craniotomy for	39600,39603
infection, drainage of via burr-hole	39900
neurectomy, for trigeminal neuralgia	39106
pressure monitoring device, insertion of	39015
stereotactic procedures	40800,40803

*Payable on attendance basis

Service	Item
tumour, biopsy and/or decompression	39706
tumour, burr-hole biopsy for	39703,39706
tumour, craniotomy and removal of	39709,39712
Intradiscal injection of chymopapain	40336
Intradural lesion, laminectomy for, not otherwise covered	40312
Intraepithelial neoplasia, laser therapy for	35539,35542,35545
Intralymphatic infusion, cytotoxic agent	13909
insertion of needle or cannula for introduction of radioactive material	13912
Intramedullary tumour, laminectomy and radical excision	40318
Intramuscular injections	*
Intranasal operation on antrum or removal of foreign body	41716
operation on frontal sinus or ethmoid sinuses	41737
operation on sphenoidal sinus	41752
Intraocular excision of dermoid of eye	44110
foreign body, removal of	42560,42563,42566, 42569
procedures, resuturing of wound after	42857
Intraoral tumour, radical excision of	30275
Intraorbital abscess, drainage of	42572
Intrascleral ball or cartilage, insertion of	42515
Intrathecal block	18200,18203
infusion device, revision of	39133
injection of alcohol or phenol	39103
space, introduction of a narcotic	18206
Intrathoracic operation on heart, lungs, etc	38454
Intrauterine contraceptive device, introduction of	35503
contraceptive device, removal of under GA	35506
foetal blood transfusion	13315
Intravascular cannula, for blood pressure monitoring	11600
injections	*
perfusion of a sympatholytic agent	13900
regional anaesthesia of limb	18224
Intubation, small bowel	30546,30549
Intussusception, laparotomy and reduction of	30368
laparotomy and resection of	30528
reduction of, by fluid	30525
Inversion of uterus, acute, manipulative correction	16570
Inverted nipple, surgical eversion of	30362
Invitro fertilisation	13200-13221
Ionisation, cervix	35608
corneal ulcer	*
zinc, of nostrils, in the treatment of hay fever	*
Iontophoresis, collection of specimen of sweat by	12200
Iridectomy	42764
and sclerectomy, for glaucoma (Lagrange's op)	42746
following intraocular procedures	42857
Iridencleisis	42746

*Payable on attendance basis

Service	Item
Iridocyclectomy	42767
Iridotomy	42764
laser	42785
Iris and ciliary body, excision of tumour of	42767
excision of tumour of	42764
tumour, laser photocoagulation of	42806
Iron kinetic test	12503
Ischaemic limb, debridement of deep tissue	35100
debridement of superficial tissue	35103
Ischio-rectal abscess, drainage of	32174
incision with drainage	30222,30223

J

Jacket, plaster, application of, to spine	47708
Jaw, aspiration biopsy of one or more cysts of	52021
operation on, for acute osteomyelitis	43503
operation on, for chronic osteomyelitis	43512
Joint, arthrodesis of	50109
arthroscopy of	50100
arthrotomy of	50103
aspiration of (restriction applies)	50124
cicatrical flexion contracture of, correction	50112
dislocation, treatment of	47024-47045
greater trochanter, transplantation of	50121
manipulation of	50115
sacro-iliac, arthrodesis	49300
sacro-iliac, disruption of	47513
stabilisation of	50106
subtalar, arthrodesis of	50118
Juvenile cataract, removal of	42716

K

Keloid, excision of	(see tumour, other)
extensive, multiple injections of hydrocortisone	30210
Keratectomy, partial, for corneal scars	42647
Keratoplasty	42653,42659
refractive	42671
Keratosis, obturans, surgical removal from external	
auditory meatus	41509
treatment of	*
Kidney, dialysis, in hospital	13100,13103
donor, continuous perfusion of	13600
exploration of	36537
fused, symphysiotomy for	36534
ruptured, exposure and exploration of	36576
solitary, pyeloplasty by open exposure	36567

Payable on attendance basis

Service	Item
transplant	36503,36506,36509
Kirschner wire, insertion of	47921
Klockoff's test, in assessment of cochlear function changes	11321
Knee, arthrodesis of	49512,49545
arthroplasty of	49518-49533
arthroscopy of	49557,49560,49563, 49566
arthrotomy of	49500
dislocation, treatment of	47054
fracture, treatment of	47588,47591
orthopaedic treatment of	49503,49506,49509
patello-femoral stabilisation	49548
prothesis, removal of	49515
repair or reconstruction of	49536,49539,49542
revision of	49551,49554
Kondoleon operation	30143,30144
Kyphosis, spinal fusion for	48606,48609

L

Labial adhesions, separation of	*
Labioplasty, where medically indicated	35533
Labour, second trimester, management of	16545,16546
Labyrinthotomy, or destruction of labyrinth	41572
Labyrinths, caloric test of	11333,11336
Laceration, full thickness, of nose, ear or eyelid, repair of (restriction applies)	30052
repair and suturing of	30026-30049
Lacrimal canalicular system, establishment of patency	42599,42602
canaliculus, immediate repair of	42605
drainage by insertion of glass tube	42608
gland, excision of palpebral lobe	42593
passages, lavage of	42614
passages, obstruction, probing for	42611
sac, excision of	42596
Lagrange's operation (iridectomy and sclerectomy)	42746
Laminectomy and insertion of epidural implant	39139
followed by posterior fusion	40324,40327
for cordotomy or myelotomy	39124
for exploration or removal of intervertebral disc/s	40300
for extradural tumour or abscess	40309
for hydromelia	40342
for intradural lesion	40312
for recurrent disc lesion	40303
for spinal canal stenosis	40303,40306
with bone graft to spine and posterior interbody fusion	48654,48657
with excision of arteriovenous malformation	40318
with excision of intra-medullary tumour	40318

*Payable on attendance basis

Service	Item
Laparoscopy and hysteroscopy under GA	35636
diagnostic	30579
involving procedures performed via laparoscope	30585
sterilisation via	35687,35688
with biopsy	30582
with transection/resection of Fallopian tubes	35687,35688
Laparotomy and division of peritoneal adhesions	30371,30374
and resection of intussusception	30528
exploratory	30365
for control of post-operative haemorrhage or thrombosis	30383,33845
for drainage	30386
for grading of lymphoma	30380
for neonatal alimentary obstruction	43824
involving gynaecological procedures not associated with hysterectomy	35712,35713,35716,35717
involving other operation on abdominal viscera	30368,30389
with division of extensive adhesions	30377
with insertion of portacath	30392
Large intestine, resection of	32000,32003
Laryngectomy	41834
supraglottic	41840
Laryngofissure, external operation on	41876
Laryngopharyngectomy	41843
- or primary restoration of alimentary continuity after	41843
- with tracheostomy and plastic reconstruction	30322
Laryngoplasty	41876,41879
Laryngoscopy	41846,41849,41852
fiberoptic, with examination of larynx	41764
Larynx, direct examination of	41846
direct examination of, with biopsy	41849
direct examination of, with removal of tumour	41852
external operation on	41876
fiberoptic examination of	41764
fractured, operation for	41873
Laser beam, application to eyes	42782
photocoagulation	14056-14095
therapy for intraepithelial neoplasia	35539,35542,35545
therapy for malignancy of gastrointestinal tract	30474
Lateral pharyngeal bands, removal of	41804
pharyngotomy	41779
rhinotomy with removal of tumour	41728
Lavage and proof puncture of maxillary antrum	41698,41701
colonic, total, intra-operative	32186
colostomy	*
gastric, in the treatment of ingested poison	14200
lacrimal	42614
maxillary antrum	41704

*Payable on attendance basis

Service	Item
stomach	*
uterine (saline flushing)	*
Lens, artificial, insertion of	42701
artificial, removal or repositioning	42704
artificial, removal and replacement	42707,42710
extraction	42698
intraocular, repositioning of	42713
Lensectomy	42731
Lesion, craniocervical junction, transoral approach for	40315
intradural, laminectomy for, not otherwise covered	40312
Lesions, skin, multiple injections for	30207
Leucotomy, for psychiatric disorders	40900
Leukoplakia, tongue, diathermy for	*
Lid, ophthalmic, suturing of	42584
scleral graft to	42860
Ligament, finger joint, repair of	46333
of foot, repair of	49812
or tendon transfer	47966
ruptured medial palpebral, repair of	42854
transplantation	47966
Ligation, great vessel	34103
purse string, cervix, for threatened miscarriage	16535,16536
rubber band, of haemorrhoids or rectal prolapse	32135
transantral, of maxillary artery	41707
Ligature of cervix, purse string, removal of	16539
Light coagulation for detached retina	42782
Limb, fasciotomy of	30226
intravenous regional anaesthesia	18224
ischaemic, debridement of tissue	35100,35103
lengthening	47939,47942
perfusion of	13600,34533
Limbic tumour, removal or excision of	42692,42695
Linea alba hernia, repair of, under 10 years	30616,30617
repair of, over 10 years	30620,30621
Lingual tonsil, removal of	41804
Linton's operation	32524
Lip, cleft, operations for	45677-45704
full thickness wedge excision	45665
reconstruction	45671,45674
tumour, excision of	(see tumour,other)
Lipectomy, radical abdominoplasty	30177
subumbilical	30174
transverse wedge excision of abdominal apron	30165,30168,30171
Lipoma, removal of	(see tumour,other)
Liposuction, for treatment of post-traumatic pseudolipoma	45584
Lippe's loop, introduction of	35503
removal of under GA	35506
Lisfranc's amputation	44364

Payable on attendance basis

Service	Item
Litholapaxy, with or without cystoscopy	36863
Lithotripsy, extracorporeal shock wave (ESWL)	36546
Little's Area, cautery of	41674
Liver abscess, abdominal drainage of	30410
biopsy, percutaneous	30398
biopsy, wedge excision	30401
hydatid cyst of, drainage procedure for	30413
massive resection of, or lobectomy	30407
ruptured, repair	30368
tumour, removal of other than by biopsy	30404
Living tissue, implantation of	14203,14206
Lobectomy, liver	30407
or pneumonectomy	38439
partial, for epilepsy	40703
superficial, of parotid gland	30253
Local anaesthetic, injection of	(see explan notes)
infiltration around nerve or in muscle with alcohol,	
novocaine or similar preparation	*
Loose bodies in joint	(see arthrotomy)
Lop ear or similar deformity, correction of	45659
Lord's procedure, massive dilatation of anus	32153
Lumbar cerebrospinal fluid drain, insertion of	40018
discectomy, percutaneous	48636
hernia, repair of	30624,30625
paravertebral block	18200,18203
puncture	39000
shunt diversion, insertion of	40006
shunt, revision or removal of	40009
sympathectomy	35000,35009
Lunate bone, osteectomy or osteotomy of	48406
Lung compliance, estimation of	11503
hydatid cysts, enucleation of	38424
intrathoracic operation, not otherwise covered	38454
needle biopsy of	38412
Lymph glands, biopsy of	30074,30075
glands, drill biopsy of	30078
glands, infusion of, with cytotoxic agent	13909
glands, of groin or axilla, excision of	30331,30334
glands, of neck, excision of	30325,30328
glands, pelvic, radical excision of	35551
node biopsies, retroperitoneal	35723
node dissection, retroperitoneal	37607,37610
Lymphadenectomy, pelvic	35551
Lymphangiectasis of limb (Milroy's disease), excision	43857,43860
Lymphangioma, congenital, removal from eye	45027,45030,45033
Lymphoedema, major excision of	45048
Lymphoid patches, removal of	(see tumour,other)

*Payable on attendance basis

Service	Item
M	
Macrocheilia, operation for	43809
Macroductyly, surgical reduction of enlarged elements	46510
Macroglossia, operation for	43809
Macrostomia, operation for	43809
Macules, electrosurgical destruction or chemotherapy of	*
Magnetic removal of intraocular foreign body	42560,42566
Malignant tumours	(see tumour)
Mallet finger, closed pin fixation of	46438
open repair of	46441
Mammaplasty, augmentation	45524,45527
reduction	45521
Mammary prosthesis, removal	30067,30068
Manchester operation for genital prolapse	35583,35584
Mandible, condylectomy	45611
dislocations, treatment of	47000
hemi-mandiblectomy of	52120
hemi-mandibular reconstruction with bone graft	45608
operation on, for acute osteomyelitis	43503
operation on, for chronic osteomyelitis	43512
osteectomy or osteotomy of	45725-45752
removal of one or more plates	52105
removal of buried wire, pin or screw	52099,52102
resection of	45599,45602,45605
segmental resection of, for tumours	45605
Mandibular, frenulum, repair of, under GA	30281
Manipulation of fibrous tissue surrounding breast prosthesis	*
of spine	48600,48603
of ureteric calculus, endoscopic	36857
without anaesthesia	*
Manipulative correction of acute inversion of uterus	16570
Manometric oesophageal motility test	11800
Manometry, biliary	30459
Marshall-Marchetti operation for urethropexy	35599,37044
Marsupialisation of Bartholin's cyst or gland	35516,35517
salivary gland	30265,30266
Mastectomy, extended, simple	30353
partial, more than one-quarter of breast tissue	30349,30350
radical	30359
simple	30337,30338
subcutaneous	30356
Mastoid cavity, obliteration of	41548
portion, decompression of facial nerve	41569
Mastoidectomy, cortical	41545
intact wall technique, with myringoplasty	41551,41554
radical or modified radical	41557,41560,41563
revision of, with myringoplasty	41566

Payable on attendance basis

Service	Item
with insertion of cochlear implant	41617
with transmastoid removal of glomus tumour	41623
Maxilla, fractures, treatment of	53422,53427
operation on, for acute osteomyelitis	43503
operation on, for chronic osteomyelitis	43512
osteectomy or osteotomy	45719-45743
removal of one or more plates	52105
removal of buried wire, pin or screw	52099,52102
resection of	45596,45602,45605
sub-total resection of	52117
total resection of	52126
osteotomy or osteectomy of	52345-52375
Maxillary antrum, lavage of	41704
antrum, proof puncture and lavage of	41698,41701
artery, transantral ligation of	41707
frenulum, repair of	30281
sinus, drainage of, through tooth socket	41719
sinus, operations on	41710,41713,41716, 41719,41722
Meatoplasty, with correction of auditory canal stenosis	41521
with removal of cartilage and/or bone	41512,41515
Meatotomy and hemi-circumcision, hypospadias	37354
ureteric, with cystoscopy	36830
urethral	37321
Meatus, external auditory, removal of exostoses in	41518
external auditory, removal of keratosis obturans	41509
internal auditory, exploration by middle cranial fossa approach	41599
pinhole urinary, dilatation of	37300
intrathoracic operation on	38454
Meibomian cyst, extirpation of	42575
Melanoma, excision of	(see tumour,other)
Meloplasty, for correction of facial asymmetry	45587
joint, interposition arthroplasty of	46306
joint, ligamentous repair of	46333
operation on, for chronic osteomyelitis	43512
Metatarsal fracture, treatment of	47633-47657
Metatarso-phalangeal joint, synovectomy of	49860,49863
total replacement of	49857
Metatarsus, amputation or disarticulation of	44357,44358
operation on, for chronic osteomyelitis	43500
Microlaryngoscopy	41855
- with arytenoidectomy	41867
- with removal of juvenile papillomata	41858
- with removal of papillomata by laser surgery	41861
- with removal of tumour	41864
Microsomia, construction of condyle and ramus	45791
Microvascular anastomosis using microsurgical techniques	45509

Payable on attendance basis

Service	Item
repair using microsurgical techniques	45500
Middle ear, clearance of	41635,41638
exploration of	41629
insertion of tube for drainage of	41632
operation for abscess or inflammation of	41626
Midtarsal amputation of foot	44364
Miles' operation	32039
Milroy's disease, operation for	43857,43860
Miscarriage, habitual, treatment of	16523
incomplete, curettage for	35639,35640
threatened, ligation of cervix	16535,16536
threatened, treatment of	16526
Mitral valve stenosis, valvectomy for	38454
Mole, desiccation by diathermy	*
evacuation by manual removal	16564
Molluscum contagiosum, removal in operating theatre	30189
Moschowitz operation	35590
Motility test, manometric, of oesophagus	11800
Mouth, lowering of floor of, (Obwegeser or similar)	52621
premalignant growth in, removal of	(see tumour,other)
Mucous membrane, biopsy of	30071
excision of fold of	(see tumour,other)
graft	42641
removal of cancer by serial curettage	30198,30201,30204
repair of recent wound of	30026-30049
Multiple delivery, administration of anaesthetic	17968
simultaneous injections for varicose veins	32500
Muscle, activity sampling (electromyography)	11012,11015,11018
biopsy of	30074,30075
excision of	30226,30229
extra-ocular, ruptured, repair of	42854
flap, delay of	45015
flap repair	45000,45009,45012
local infiltration in	*
removal of foreign body from	30067,30068
ruptured, repair of	30232,30235
transfer for facial nerve paralysis	45578
transplant (Hummelsheim type), for squint	42848
Myelomeningocele, excision and closure of	40103
Myelotomy, laminectomy for	39124
Myocardial electrodes	
- and permanent pacemaker, insertion or replacement	38224
- transvenous, insertion or replacement	38227,38233
Myocutaneous flap, delay of	45015
flap repair	45003,45006
Myomectomy	35649
Myotomy, cricopharyngeal	41770,41776
oesophagogastric (Heller's operation)	30610,30613

*Payable on attendance basis

Service	Item
of ocular muscles	42833,42839,42851
Myringoplasty	41527,41530
- and ossicular chain reconstruction	41542
- and mastoidectomy	41551,41560
- and revision of mastoidectomy	41566
- with mastoidectomy and ossicular chain reconstruction	41554,41563
Myringotomy	41626
N	
Naevus, excision of	(see tumour,other)
Nail bed, exploration and repair of deformity	46489
bed, reconstruction of laceration	46486
digital, removal of	47904,47906
plate or rod, removal of	47930
Narcotherapy	*
Narcotic, analgesia, maintenance of	18212
introduction of, into epidural/intrathecal space	18206
Nasal adhesions, division of	41683
bones, fracture, treatment of	47735,47738,47741
cavity and/or post nasal space, examination of	41653
cavity, packing for arrest of haemorrhage	41677
haemorrhage, arrest of, by cauterisation or nasal cavity packing	41677
haemorrhage, cryotherapy in the treatment of	41680
haemorrhage, posterior, arrest of	41656
polyp or polypi, removal of	41662,41665,41668
septum, septoplasty, submucous resection or closure of septal perforation	41671
septum button, insertion of	41907
space, post, direct examination of	41761
turbinates, cryotherapy	41695
Nasendoscopy	41764
Naso-lacrimal tube, cleaning and replacement without GA replacement of	*
	42611
Nasopharyngeal angiofibroma, transpalatal removal	41767
Nasopharynx, fiberoptic examination of	41764
Neck, deep-seated haemangioma, excision of	45036
excision of infected by-pass graft	34157
lymph glands, excision of	30325,30328
scar, revision of (restriction applies)	45506,45512
Needle biopsy, aspiration	*
biopsy of prostate	37218
biopsy of vertebra	30093
intralymphatic insertion, for introduction of radioactive material	13912
Needling of cataract	42734
Neonatal alimentary obstruction, laparotomy for	43824

*Payable on attendance basis

Service	Item
Neoplasia, intraepithelial, laser therapy	35539,35542,35545
Neoplasms, bladder, diathermy of	37017
Neoplastic lesions, cutaneous, treatment of	30195
Nephrectomy, complete	36515,36516,36519
partial	36522,36525
donor (cadaver)	36512
radical with en bloc dissection of lymph nodes	36528
Nephrolithotomy	36540,36543
Nephropexy, as an independent procedure	36555
Nephroscopy, percutaneous, with	
- destruction and extraction of one or two stones	36639,36642
- incision of any one or more of; renal pelvis, calyx or calyces or ureter	36633,36636
- or without any one or more of; stone extraction, biopsy or diathermy	36627,36630
- removal or destruction of a stone greater than 3cm or 3 or more stones	36645,36648
Nephrostomy	36552
percutaneous, including associated imaging	36624
Nephroureterectomy, complete, with bladder repair	36531
Nerve block, regional or field	18200-18224
conduction times, estimation of (electromyography)	11012,11015
cranial, intracranial decompression	39112
cutaneous, nerve graft to	39318
cutaneous, primary repair	39300
cutaneous, secondary repair	39303
exploration of	39330
facio-hypoglossal or facio-accessory, anastomosis of	39503
graft to nerve trunk	39315
intracranial, for trigeminal neuralgia	39106
local infiltration around, with alcohol etc	*
peripheral, removal of tumour from	39324,39327
section, translabyrinthine, vestibular	41593
section, retrolabyrinthine, vestibular/cochlear	41596
transposition of	39321
trigeminal, primary branch, injection with alcohol etc	39100
trunk, internal (interfascicular), neurolysis of	39312
trunk, nerve graft to	39315
trunk, primary repair of	39306
trunk, secondary repair of	39309
vestibular, section of, via posterior fossa	39500
Neurectomy, intracranial, for trigeminal neuralgia	39106
peripheral nerve	39324,39327
transantral vidian, with antrostomy	41713
Neurolysis, by open operation	39330
of nerve trunk	39312
Neuroma, acoustic, removal of	39712,41575,41578
Neuromuscular electrodiagnosis	11012,11015,11018,

*Payable on attendance basis

Service	Item
	11021
Neurotomy, of deep peripheral nerve	39327
of superficial peripheral nerve	39324
percutaneous	39115,39118
Neurovascular island flap	45563
Nipple, inverted, surgical eversion of	30362
reconstruction of	45545
removal of accessory	(see tumour, other)
Noble type intestinal plication with enterolysis	30368
Node, lymph, biopsy of	30074,30075
scalene, biopsy	30096
Nodes, lymph, infusion of with cytotoxic agent	13909
lymph, pelvic, excision of	35551
Nodule, treatment of by electrosurgical destruction or cryosurgery	*
Non-gravid uterus, suction curettage of	35639,35640
Nose, cauterisation or packing, for haemorrhage	41677
composite graft to	45656
cryotherapy to, for haemorrhage	41680
dermoid of, congenital, excision of	44106,44107,44113
foreign body in, removal of, other than simple	41659
full thickness repair of laceration (restriction)	30052
O	
Ocular muscle, torn, repair of	42854
Oculoplethysmography in examination of carotid vessels	11618,11621,11624
Oesophageal motility test, manometric	11800
prosthesis, insertion of	30450
stricture, endoscopic dilatation of	41819
tube, indwelling, gastrostomy for fixation	30368
Oesophagectomy	38442,38445
cervical	30322
Oesophagogastric myotomy	30610,30613
Oesophagoscopy, rigid	41816,41819,41822,
	41825
flexible	30441,30444,30447,
	41819
Oesophagostomy, cervical	30319,30322
closure or plastic repair of	30319
Oesophagus, correction of atresia of	43821
correction of congenital stenosis	43815
dilatation of	41819,41822,41825,
	41828,41831
intrathoracic operation on	38454
removal of foreign body in	41825
Olecranon, excision of bursa of	30110,30111
fracture, treatment of	47396,47399,47402

*Payable on attendance basis

Service	Item
Omentectomy, infra-colic	35726
with debulking operation	35720
Oophorectomy, not associated with hysterectomy	35712,35713,35716,
with vaginal hysterectomy	35717
Open heart surgery, congenital, in children	35673
Operations, assistance at	38236
	51300,51303,51306,
	51309
Operative arteriography or venography	35200
cholangiography or pancreatography	30416
procedure not otherwise covered	30000
Ophthalmological examination under GA	42503
Optic fundi, examination of	11212
nerve meninges, incision of	40903,42548
Orbit, anophthalmic, insertion of cartilage or implant	42518
of eye, exenteration of	42536
of eye, exploration of	42530,42533,42539,
	42542
of eye, skin graft to	42524
one eye, decompression of	42545
Orbital cavity, bone or cartilage graft to	45593
cavity, reconstruction of	45590
dermoid, congenital, excision of	44110
dystopia, correction of	45776,45779
implant, enucleation of eye	42506
implant, evisceration of eye and insertion of	42515
implant, integrated, with enucleation of eye	42509
Orbitotomy	42530,42533
Orchidectomy	30638,30641
Orchidopexy	30647,30650
Oro-antral fistula, plastic closure of	41722
pin or wire, insertion of	47921
Osseo-integration procedures	45794,45797
Ossicular chain reconstruction	41539,41542,41563,
	41638
Osteectomy of accessory bone	48400
carpus	48406
clavicle	48406
femur	48424,48427
fibula	48406
humerus	48412,48415
mandible or maxilla	45719-45743
metatarsal	48400,48403
pelvic bone	48424
pelvis	48427
phalanx	48400,48403
radius	48406
rib	48406

*Payable on attendance basis

Service	Item
scapula (other than acromion)	48406
sesamoid bone	48400
tarsus	48406
tibia	48418,48421
ulna	48406
Osteomyelitis, acute, operation for	43500,43503,43506, 43509
carpus, operation for	46462
chronic, operation for	43512,43515,43518, 43521,43524
metacarpal, operation for	46462
phalanx, operation for	46459,46462
skull, craniectomy for	39906
Osteotomy of accessory bone	48400
carpus	48406,48409
clavicle	48406,48409
femur	48424,48427
fibula	48406,48409
foot	49833,49836
humerus	48412,48415
mandible or maxilla	45719-45743
metatarsal	48400,48403
pelvic bone	48424
pelvis	48427
phalanx	48400,48403
radius	48406,48409
rib	48406,48409
scapula (other than acromion)	48406,48409
sesamoid bone	48400
tarsus	48406,48409
tibia	48418,48421
ulna	48406,48409
Otitis media, acute, operation for	41626
Ovarian biopsy by laparoscopy	30585
cyst, excision of, with laparotomy	35712,35713,35716, 35717
cyst, excision of, with hysterectomy	35660,35661,35673
cyst, puncture of, via laparoscope	30585
tumour, radical or debulking operation for	35720
Ovaries, prolapse, operation for	30389
Ovary, repositioning	35683,35684
Oxycephaly, cranial vault reconstruction for	45785
Oxygen consumption, estimation of	11503
therapy, hyperbaric	13000,13003
therapy, hyperbaric, in conjunction with anaesthesia	13006,13009

P

Payable on attendance basis

Service	Item
Pacemaker, permanent, insertion or replacement	38224,38230
Pacemaking electrode, temporary, insertion	38233
Palate, cleft, repair of	45707,45710,45713
plastic closure of defect of	52330
Palmar spaces, middle, drainage of	47909
Palpebral ligament, medial, ruptured, repair of	42854
lobe of lacrimal gland, excision of	42593
Pancreas, drainage of	30368
partial excision of	30552
Pancreatic abscess, drainage of	30558
cyst, anastomosis to stomach or duodenum	30501
juice, collection of	30549
Pancreatico-duodenectomy (Whipple's operation)	30555
Pancreato-cholangiography, endoscopic	30453
Pancreatography, operative	30416
Panendoscopy	30441,30444,30447
Panhysterectomy	35664
Pannus, treatment of, with cautery of conjunctiva	42677
Papilloma, bladder, transurethral resection	36839,36845
larynx, removal of	41852
removal of	(see tumour,other)
Papillomata, juvenile, removal of with microlaryngoscopy	41858
removal of by laser surgery	41861
Papules, electrosurgical destruction or chemotherapy of	*
Paracentesis abdominis	30588
anterior or posterior chamber or both	42740
in relation to eye	42734
of pericardium	38406
of tympanum	41626
Paralysis, facial nerve, plastic operations for	45575,45578
Paraphimosis, reduction of under GA	30666
Parathyroid glands, removal of	30301
tumour, removal of	30298
Paravertebral block	18200,18203
Paretic states, eyebrows, elevation of	42872
Parks' intersphincteric operation	32126
Paronychia, incision of	47912
of hands or feet	47912
Parotid duct, diathermy or dilatation	30262
duct, removal of calculus from, or meatotomy	
or marsupialisation	30265,30266
fistula, repair of	30269
gland, superficial lobectomy or removal of tumour	30253
gland, total extirpation of	30247,30250
Parovarian cyst, excision of	35660,35661,35712, 35713,35716,35717
Patch angioplasty for vein stenosis	34815
grafting to artery or vein	33106,33545,33548

*Payable on attendance basis

Service	Item
Patella, dislocation, treatment of	47057,47060
fracture, treatment of	47579,47582,47585
Patellar bursa, excision of	30110,30111
Patent ductus arteriosus, operation for, congenital	38454
Pectus carinatum or excavatum, correction of	38433
Pedicle, tubed, or indirect flap	
- delay of	45230
- formation of	45227
- preparation of site and attachment to site	45233
- spreading of pedicle	45236
Pelvi-ureteric junction, plastic procedures to	36564
Pelvic abscess, drainage via rectum or vagina	30222,30223
abscess, laparotomy for drainage of	30386
bone, operation on, for osteomyelitis	43509,43518
bone, osteectomy of	48424,48427
bone, osteotomy of	48427
haematoma, drainage of	30389
lymph glands, excision of	35551,35664,35670
ring, treatment of fracture of	47474-47489
Pelvis, osteotomy or osteectomy of	48424,48427
Penicillin, injection of	*
Penile warts, cystoscopy for treatment of	36815
Penis, artificial erection device, insertion	37426,37429
artificial erection device, revision or removal of	37432
circumcision	30653,30656,30659,30660
complete or radical amputation of	37405
correction of chordee	37417
frenuloplasty	37435
injection of	37414
lengthening by translocation of corpora	37423
paraphimosis, reduction of under GA	30666
partial amputation of	37402
repair of avulsion	37411
repair of laceration of cavernous tissue, or fracture	37408
surgery for penile drainage causing impotence	37420
Peptic ulcer, perforated, suture of	30368,37420
Perchlorate discharge study	12521
Percutaneous cordotomy	39121
endoscopic gastrostomy	30468,30471
epidural implant, insertion	39130
epidural implant, removal	39136
liver biopsy	30398
lumbar discectomy	48636
needle biopsy of lung	38412
neurotomy	39115,39118
Perforated duodenal ulcer, suture of	30368
gastric ulcer, suture of	30368

Payable on attendance basis

Service	Item
peptic ulcer, suture of	30368
Perforating wound of eyeball, repair of	42551,42554,42557
Perfusion of donor kidney, continuous	13600
of limb or organ	13600
retrograde	18224
retrograde, intravenous, sympatholytic agent	13900
whole body	13603
Perianal abscess, drainage of	32174
abscess, incision with drainage	30222,30223
tag, removal of, under GA	32144
tag, removal of, without GA	*
thrombosis, incision of	32147
Pericardium, drainage of, transthoracic	38451
paracentesis of	38406
Peridural block	18200,18203
Perimetry, quantitative	*
quantitative, computerised	11221,11224,11227
Perineal anoplasty, ano-rectal malformation	43839
biopsy of prostate	37212
operation, for post-operative haemorrhage	30058
prostatectomy	37200
stimulation maximal, electrical	*
stimulation maximal, for stress incontinence	*
Perineorrhaphy	35575,35576
and anterior colporrhaphy	35579,35580
Perinephric abscess, drainage of	36537
area, exploration of	36537
Periorbital correction of Treacher Collins Syndrome	45773
dermoid, congenital, excision of	44106,44107
Doppler examination, carotid vessels	11618,11621,11624
Peripheral nerve, neurectomy, neurotomy or tumour removal	39324,39327
vessels, examination of	11603,11606,11609, 11612
Peritomy, conjunctival	42632
Peritoneal adhesions, division of with laparotomy	30371,30374
biopsies, multiple, with infracolic omentectomy	35726
catheter, insertion and fixation of	13109
dialysis	13112
Peritoneoscopy	(see laparoscopy)
Peritoneum, hydatid cyst, drainage procedure	30413
Peritonitis, laparotomy for	30386
Peritonsillar abscess, incision of	41807
Periurethral Teflon injection for urinary incontinence	37339
Perurethral resection of contracted bladder neck	43845
Peyronie's plaque, injection for	37414
operation for	37417
Phalanx, bone grafting of, for pseudarthrosis	46402,46405
distal, for osteomyelitis	46459

*Payable on attendance basis

Service	Item
finger or thumb, fractures, treatment of	47300-47333
middle or proximal, for osteomyelitis	46462
operation for acute osteomyelitis	43500
operation for chronic osteomyelitis	43512
osteectomy of	46399,48400,48403
osteotomy of	46399,48400,48403
toe, fracture, treatment of	47669,47675
Pharyngeal adhesions, division of	41758
bands or lingual tonsils, removal of	41804
cysts, removal of	41813
flap for velo-pharyngeal incompetence	45716
pouch, endoscopic resection(Dohlman's operation)	41773
pouch, removal of	41770
Pharyngectomy, partial	41782,41785
Pharyngoplasty	41786,45716
Pharyngotomy (lateral)	41779
Pharynx, cauterisation or diathermy	41674
removal of foreign body from	30061
Phenol, intrathecal injection of	39103
Phlebotomy	*
Phonoangiography in the examination of carotid vessels	11618,11621,11624
Phonocardiography	11706
Photocoagulation, laser	14056-14095
of xenon arc	42782
Physician, consultant, attendance by	(see attendances)
Pigeon chest, correction of	38433
Pilonidal cyst or sinus, excision of	30675,30676
sinus, injection of sclerosant fluid	30679
Pin, orthopaedic, insertion of	47921
wire or screw, buried, removal of	47924,47927
Pinguecula, removal of	42689
Pinhole urinary meatus, dilatation of	37300
Pinquecula removal of by laser	42803
Pirogoff's amputation of foot	44361
Pitanguy abdominoplasty	30177
Pituitary tumour, removal of	39715
Placenta, intrauterine manual removal of	16564
ultrasonic localisation by Doppler	*
Placentography preparation for	36800
Plantar fasciotomy, radical	49854
wart, removal of	30186
Plaster jacket, application of, to spine	47708
Plastic flap operation for exomphalos, congenital	43836
procedures to pelvi-ureteric junction	36564
reconstruction for bicornuate uterus	35680
reconstruction of lacrimal canaliculus	42602
repair, direct flap	45209-45224
repair, of cervical oesophagostomy	30319

*Payable on attendance basis

Service	Item
repair, of choanal atresia	43803
repair, single stage, local flap	45200,45203,45206
repair, to enlarge vaginal orifice	35569
Plate, rod or nail, removal of	47930
Plethysmography	11603,11606,11609, 11612
Pleura, percutaneous biopsy of	30090
Pleurectomy with thoracotomy	38424
Pleurodesis with thoracotomy	38424
Plexus block, brachial	18200,18203
block, cervical	18200,18203
brachial, exploration of	39333
sympathetic, infiltration	18215
Plication, intestinal, with enterolysis, Noble type	30368
Pneumonectomy or lobectomy	38439
Poison, ingested, gastric-lavage in the treatment of	14200
Polyhydramnios, attendance other than routine antenatal	16529
Polyp, anal, excision of	32141
aural, removal of	41506,41509
cervix, removal of	35611
larynx, removal of	41852
nasal, removal of	41662,41665,41668
rectal, removal with sigmoidoscopy	32078,32081
uterus, removal of	35639,35640
Polypectomy, with hysteroscopy	35633
Popliteal artery, exploration of, for popliteal entrapment	34145
vessel, ligation or exploration not otherwise covered	34103
Portacath, laparotomy with insertion of	30392
Portal hypertension, vascular decompression operation for	34836
Posterior sclerotomy	42734
spinal fusion	40321,40324,40327
vaginal repair	35575,35576,35579, 35580
Postnasal space, examination under GA	41653
direct examination with or without biopsy	41761
Postnatal care	16506,16507,16516, 16517,16520
Postoperative haemorrhage	
- control of following perineal or vaginal operations	30058
- laparotomy for control of	30383
- tonsils/adenoids, arrest, under GA	41796,41797
pain, epidural injection for control of	18206,18209
Postpartum haemorrhage, treatment of	16567
Preauricular sinus operations	30099,30102,30103
Preeclampsia, treatment of	16542
Pregnancy, complicated by	
- acute intercurrent infection, attendance other than routine	16532
- diabetes or anaemia, attendance other than	

Payable on attendance basis

Service	Item
routine antenatal	16529
multiple, attendance other than routine antenatal	16529
Premalignant skin lesions, treatment of	30192
Premature labour, attendances other than routine antenatal	16529,16532
Preoperative examination for anaesthesia, separate attendance	17600,17603
Prepuce, breakdown of adhesions of	*
operations on	30653,30656,30659, 30660,30666
Presacral and sacrococcygeal tumour, excision of	32036
Priapism, decompression by glanular stab cavernospongiosum shunt	37393
injection for	37414
shunt operation for	37396
Primary repair of cutaneous nerve	39300
repair of extensor tendon of hand or wrist	46420
repair of flexor tendon of hand or wrist	46426,46432
repair of nerve trunk	39306
restoration of alimentary continuity after	
laryngopharyngectomy	41843
Proctocolectomy with ileostomy	32015,32018,32021
Proctoscopy	*
Products of conception, intrauterine manual removal of	16564
Professional attendances	(see attendances)
Progesterone implant	14203,14206
Prolapse, bladder, repair of	35575-35584
genital, operations for	35575-35584
ovaries, operation for	30389
rectum, reduction of	*
rectum, repair of	32117,32120
rectum, rubber band ligation of	32135
rectum, sclerotherapy for	32132
urethra, excision of	37369
urethra, operation for	35587
Prolonged professional attendance for continuous	160,161,162
life-saving treatment	163,164
Proof puncture of maxillary antrum	41698,41701
Prostate, endoscopic biopsy of	37215
needle biopsy of	37218
open perineal biopsy	37212
total excision of	37209
Prostatectomy, endoscopic	37203,37206
open	37200
Prostatic abscess, endoscopic drainage of	37221
open drainage of	37212
Prosthesis, breast, manipulation fibrous tissue surrounding	*
breast, removal as an independant procedure	45548
breast, replacement following medical complications	45554
knee, removal of	49515
oesophageal, insertion of	30450

*Payable on attendance basis

Service	Item
shoulder, removal of	48927
Provocative test for glaucoma	11200
Pseudarthrosis, bone grafting of metatarsal for	46402,46405
bone grafting of phalanx for	46402,46405
Psychiatry, by consultant psychiatrists	(see attendances)
Psychotherapy, by consultant psychiatrists	(see attendances)
Pterygium, removal of	42686,42803
Ptosis, correction of	45623
Pudendal block	18200,18203
Pulmonary artery pressure monitoring, open heart surgery	
-under 12 years of age	11627
-over 12 years of age	11630
decortication with thoracotomy	38421
stenosis, valvulotomy	38239
Pulp space infection, incision for	47912
Punch biopsy of synovial membrane	30087
Punctum, occlusion of	42620
snip operation	42617
Purse string ligation of cervix for threatened miscarriage	16535,16536
ligature of cervix, removal under GA	16539
Putti-Platt operation for recurrent shoulder dislocation	8017
Puva therapy	14050,14053
Pyelography retrograde, preparation for	36824
Pyelolithotomy	36540,36543
Pyeloplasty, by open exposure	36564,36567,36570
Pyelostomy, open	36552
Pyloromyotomy	30516
Pyloroplasty	30368,30516
with vagotomy	30483,30486
Pylorus, dilation of, with vagotomy	30486
Pyogenic granulation, cauterisation of	*
Pyonephrosis, drainage of	36537
Q	
Quinsy, incision of	41807
R	
Radial vessel, ligation or exploration not otherwise covered	34106
Radiation dosimetry	15518-15533
field setting	15500-15515
oncology treatment	15203,15204,15211, 15214
Radioactive B12 absorption test	12512,12515
Radioisotope, therapeutic dose, administration of	16000,16003,16006, 16009,16012
Radiotherapy, deep or orthovoltage	15100-15115

*Payable on attendance basis

Service	Item
planning	15500-15533
radioactive sources, sealed	15303-15357
radioactive sources, unsealed	16000,16003,16006, 16009,16012
superficial	15000,15003,15006, 15009,15012
Radioulnar joint, dislocation, treatment of	47024,47027
Radius, and ulna, bone graft to	48221
bone graft to	48218
fracture, treatment of	47360-47393,47405
operation on, for acute osteomyelitis	43503
operation on, for chronic osteomyelitis	43512
or ulna, bone graft to	48224,48227
osteectomy of	48406
osteotomy of	48406,48409
Ramstedt's pyloromyotomy	30516
Ranula, removal of	30282,30283
Rectal biopsy, full thickness	32096
fistula, closure of	37038,37336
polyp, removal of with sigmoidoscopy	32078,32081
prolapse, Delorme procedure for	32111
prolapse, reduction of	*
prolapse, repair of	32117,32120
prolapse, rubber band ligation of	32135
prolapse, sclerotherapy for	32132
stricture, per anal release of	32114
tumour, excision of	32099,32102,32108
Rectocele, repair of	35575,35576,35579, 35580
Rectoplasty, ano-rectal malformation	43842
Rectosigmoidectomy, (Hartmann's operation)	32030
for Hirschsprung's disease	43830
Rectovaginal fistula, repair of	35596
Rectum, anterior resection of	32024,32027
suction biopsy of	30071
villous tumour of, local excision	32102
Recurrent hernia, repair of	30624,30625
sapheno-femoral incompetence, operation for	32530
sapheno-popliteal incompetence, operation for	32527,32530
Reduction ureteroplasty	36618
Refitting of contact lenses	10815
Reflux, vesico-ureteric, correction of	36588
Refractive keratoplasty	42671
Regional nerve block	18200-18224
Regitine phentolamine test for phaeochromocytoma	*
Renal artery, aberrant, operation for	36537
biopsy (closed)	36561
cyst, excision of	36558

Payable on attendance basis

Service	Item
dialysis in hospital	13100,13103
function test	12524,12527
pelvis, brush biopsy of, with cystoscopy	36821
transplant	36503,36506,36509
Respiratory function, estimation of	11503,11506,11509, 11512
Restoration of cardiac rhythm by electrical stimulation	13400
Resuturing of surgical wounds, excluding repair of burst abdomen	*
of wound following intraocular procedures	42857
Retina, cryotherapy of	42728,42818
detached, diathermy or cryotherapy for	42773
detached, removal of encircling silicone band from	42812
detached, resection or buckling operation for	42776
detached, revision operation for	42779
light coagulation for	42782
photocoagulation of	42809
pre-detachment of, cryotherapy for	42818
Retinal photography	11215,11218
Retrobulbar abscess, operation for	42572
injection of alcohol	42824
transillumination	42821
Retroperitoneal abscess, drainage of	30576
lymph node biopsies	35723
lymph node dissection	37607,37610
tumour, removal of	30573
Retropharyngeal abscess, incision with drainage of	30222,30223
Retropubic prostatectomy	37200
Retroversion, operation for	35683,35684
Rhinophyma, shaving of	45653
Rhinoplasty procedures	45632,45635,45638, 45641,45644,45650
Rhinotomy, lateral, with removal of tumour	41728
Rhizolysis, spinal	40330
Rib, cervical, removal of	34139
first, resection of portion	34136
operation for acute osteomyelitis	43503
operation for chronic osteomyelitis	43512
osteectomy of	48406,48409
osteotomy of	48406,48409
resection, with radical operation for empyema	38415
treatment of fracture of	47471
Rod, plate or nail, removal of	47930
Rodent ulcer, operation for	(see tumour,other)
Rosen incision, myringoplasty	41527
Rotator cuff of shoulder, repair of	48906,48909
Round window repair or cochleotomy	41614
Rovsing's operation	36537

Payable on attendance basis

Service	Item
Rubin test for patency of Fallopian tubes	35706
Ruptured medial palpebral ligament, repair of	42854
membranes, threatened premature labour	16532
muscle, repair of	30232,30235
urethra, repair of	37306,37309
viscus, major repair or removal of	30368
S	
Sacral block	18200,18203
sinus, excision of	30675,30676
Sacrococcygeal and presacral tumour, excision of	32036
Sacroiliac joint, arthrodesis of	49300
disruption of	47513
Salivary gland, operations on	30262,30265,30266, 30269
Salpingectomy not associated with hysterectomy	35712,35713,35716, 35717
with vaginal hysterectomy	35673
Salpingo-oophorectomy not associated with hysterectomy	35712,35713,35716, 35717
Salpingolysis	35694,35697
Salpingostomy	35694,35697
Sapheno-femoral incompetence, re-operation for	32530
Sapheno-popliteal incompetence, re-operation for	32527,32530
Saphenous vein anastomosis	34809
vein, long, complete dissection and ligation	32512
Scalene node biopsy	30096
Scalenotomy	34133
Scalp vein catheterisation in a neonate	13300
Scaphoid, bone graft to	48230,48233,48236
Scapula, operation for chronic osteomyelitis	43512
(other than acromion), osteotomy of	48406,48409
(other than acromion), osteotomy of	48406,48409
treatment of fracture of	47468
Scar, abrasive therapy to	45021,45024
face or neck, revision of (restriction applies)	45506,45512
other than on face or neck, revision of (restriction)	45515,45518
removal of, not otherwise covered	(see tumour,other)
Scars, corneal, removal of, by partial keratectomy	42647
Schilling test	12512,12515
Sclera, removal of imbedded foreign body	42644
removal of superficial foreign body	30061
transplantation of	42662
transplantation of, superficial or lamellar	42665
Scleral blood vessels, laser coagulations of	42797
graft to lid	42860
Sclerectomy and iridectomy for glaucoma	42746

Payable on attendance basis

Service	Item
Sclerosant fluid, injection of into pilonidal sinus	30679
injection of telangiectases or starburst vessels	30213
Scoliosis, anterior correction of (Dwyer procedure)	48621,48624
re-exploration for	48615
requiring anterior decompression of spinal cord etc	48630
revision of failed scoliosis surgery	48618
spinal fusion for	48606,48609,48612, 48627
spinal fusion with use of Harrington rod	48681
Screw, pin or wire, buried, removal of	47924,47927
Scrotal contents, exploration of	37604
Scrotum, excision of abscess of	30222,30223
partial excision of	37438
Sebaceous cyst, removal of	(see tumour,other)
Second trimester labour, management of	16545,16546
Secondary, repair of extensor tendon of hand or wrist	46423
repair of flexor tendon of hand or wrist	46429
Semimembranosus bursa, excision of	30114
Septal perforation, closure of	41671
Septoplasty of nasal septum	41671
Septum button, nasal, insertion of	41907
cauterisation or diathermy of	41674
nasal, septoplasty, submucous resection or closure of septal perforation	41671
vaginal, excision of, for correction of double vagina	35566
Sequestrectomy	43512,43515,43518, 43521,43524
Sesamoid bone, osteotomy or osteectomy of	48400
Shirodkar suture	16535,16536
Shoulder, amputation or disarticulation at	44331
arthrectomy or arthrodesis	48939,48942
arthroscopic surgery	48948,48951,48954, 48957,48960
arthroscopy	48945
arthrotomy	48912
dislocation of, associated with fracture of humerus	47417,47420,47435, 47438,47441
dislocation, treatment of	47009,47012,47015
hemi-arthroplasty of	48915
orthopaedic treatment of	48900,48903
prosthesis, removal of	48927
removal of calcium deposit from cuff	48900
rotator cuff, repair of	48906,48909
stabilisation, anterior, for recurrent dislocation	48930
stabilisation, for multidirection instability	48933
synovectomy of	48936
total replacement of	48918,48921,48924
Shunt, arteriovenous, external, insertion/removal	34500,34506

Payable on attendance basis

Service	Item
cranial or cisternal, insertion of	40003
cranial or cisternal, revision or removal of	40009
lumbar, insertion of	40006
lumbar, revision or removal of	40009
Sigmoidoscopic examination	32072,32075
- with diathermy or resection of polyp/s	32078,32081
Sigmoidoscopy, fibreoptic, flexible	32084,32087
Silicone band, encircling, removal from detached retina	42812
Sinoscopy	41764
Sinus, diathermy of	*
ethmoidal, external operation on	41749
excision of	30099,30102,30103
frontal, catheterisation of	41740
frontal, radical obliteration of	41746
frontal, trephine of	41743
intranasal operation on	41737
maxillary, drainage of, through tooth socket	41719
pilonidal, excision of	30675,30676
injection of sclerosant fluid under anaesthesia	30679
sphenoidal, intranasal operation on	41752
urogenital, vaginal reconstruction for	35563
Skin, biopsy of	30071
cancer, treatment of	30198,30201,30204
graft to orbit	42524
grafts	(see graft)
lesions, multiple injections for	30207
lesions, treatment of	30192,30195
malignant tumour, removal of	30147,30150
repair of recent wound of	30026-30049
sensitivity testing for allergens	12000,12003
tags, anal, excision of	32144
Skull base tumour, removal by infra-temporal approach	41581
calipers, insertion of	47705
fracture, attendance	47703
fractured, operations for	39606,39609,39612, 39615
osteomyelitis, acute, operation for	43503
osteomyelitis, chronic, operation for	43521
osteomyelitis, craniectomy for	39906
treatment of fracture, not requiring operation	47703
tumour, excision of	39700
Sleep apnoea, overnight investigation for	12203
Sling operation for stress incontinence	35599
procedure, intestinal, prior to radiotherapy	32183
Small bone, exostosis, excision of	47933
bowel intubation	30546,30549
intestine, resection of	30531,30534
Smith's fracture of radius, treatment of	47369,47372,47375

Payable on attendance basis

Service	Item
Smith-Petersen nail, removal of	30067,30068
Socket, eye, contracted, reconstruction of	42527
Specialist attendance	(see attendances)
Specimen of sweat, collection of, by iontophoresis	12200
Spermatic cord, exploration of, inguinal approach	30644
Spermatocoele, excision of	37600,37601
Sphenoidal sinus, intranasal operation on	41752
Sphincter, anal, direct repair of	32129
anal, stretching of	32153
of Oddi, direct operation on	30426,30429,30432
urethral, reconstruction	37375
urinary, artificial, insertion	37381,37384,37387
urinary, artificial, revision or removal	37390
Sphincterotomy, anal, as an independent procedure	43827
endoscopic	30456,36854
Spinal block	18200,18203
canal stenosis, laminectomy for	40303,40306
catheter and subcutaneous reservoir, insertion of	39127
fusion, application of halo for scoliosis	47714
fusion, posterior	40321,40324,40327, 48654,48657
fusion to cervical, thoracic or lumbar regions	48660-48675
injection for neurological diagnosis	39000
nerves, percutaneous neurotomy	39115
rhizolysis	40330
shunt for hydrocephalus	40006
Spine, application of plaster jacket to	47708
bone graft to	48642,48645,48648, 48651
fracture, treatment of	47681-47702
internal fixation of	48678,48681,48684, 48687,48690
manipulation of	48600,48603
operation on, for acute osteomyelitis	43509
operation on, for chronic osteomyelitis	43518
Spleen, ruptured, repair or removal of	30368
Splenectomy	30567,30570
Splenorrhaphy	30564
Split skin free grafts, including elective dissection	45439,45442,45445, 45448
on granulating areas	45400,45403
Squint, muscle transplant (Hummelsheim type)	42848
operation for	42833,42836,42839, 42842
readjustment of adjustable sutures	42845
recurrent, operation for	42851
Stapedectomy	41608
Stapes mobilisation	41611

*Payable on attendance basis

Service	Item
Staple arrest of hemi-epiphysis	48509
Stenosing tendovaginitis, tendon sheath of hand or wrist, open operation on	46363
Stenosis, arteriovenous fistula or access device, correction of	34518
auditory canal, correction of	41521
congenital, of oesophagus, radical correction	43815
pulmonary, valvulotomy for	38239,38454
spinal canal, laminectomy for	40303,40306
tracheal, dilatation of, with bronchoscopy	41904
venous, operations for	34812,34815
Stent or stents, external, application of, to restore venous valve competency	34824,34827,34830, 34833
Stereotactic procedures	40800,40803
Sterilisation (female)	35687,35688
in conjunction with Caesarean section	35691
Sternum, biopsy of	30081,30087
operation for acute osteomyelitis	43503
operation for chronic osteomyelitis	43512
treatment of fracture of	47466,47467
Stomach lavage	*
lavage in the treatment of ingested poison	14200
transposition with oesophagectomy	38442
Stone, removal of, by urethroscopy	36540,36543
Strabismus, injection of botulinus toxin for	42827
operation for	42833,42839,42845, 42848,42851
Strabismus injection of botulinus toxin	42830
Stress incontinence, abdomino-vaginal operation for	35602,35605
Marshall-Marchetti, urethropexy for	35599,37044
sling operation for	35599
treatment by maximal perineal stimulation	*
Stricture, anal, anoplasty for	32123
oesophagus, dilatation of	41819,41822,41825, 41831
rectum, plastic operation to	30389
tracheal, dilatation of, with bronchoscopy	41904
urethral, dilatation of	37303
Stump, amputation, reamputation of	44376
trimming of	*
Styloid process of temporal bone, removal of	30244
Subclavian vessel, ligation or exploration not otherwise covered	34103
Subcutaneous fasciotomy, Dupuytren's contracture	46366
fistula in ano, excision of	32156
foreign body, removal not otherwise covered	30064
reservoir and spinal catheter, insertion of	39127
tenotomy	47960
tissue, repair of recent wound of	30026-30049
Subdural haemorrhage, tap for	39009

*Payable on attendance basis

Service	Item
Sublingual gland, removal of calculus from duct or meatotomy or marsupialisation	30265,30266
gland, extirpation of	30259
Submandibular abscess, incision of	30222,30223
gland, extirpation of	30256
Submaxillary gland, repair of cutaneous fistula	30269
Submucous resection of nasal septum	41671
of turbinates	41692
Subperiosteal abscess	43500-43524
Subphrenic abscess, drainage of	30395
Subtalar arthrodesis	50118
Subtemporal decompression	40015
Subungual haematoma, incision of	30219
Suction biopsy of rectum	30071
curettage of uterus	35639,35640,35643
Supraglottic laryngectomy with tracheostomy	41840
Suprapubic cystostomy or cystotomy	37007,37008
cystostomy tube, change of	*
prostatectomy	37200
stab cystotomy	37011
Surgical eversion of inverted nipple	30362
reduction of enlarged elements, macrodactyly	46510
wounds, resuturing of, excluding repair of burst abdomen	*
Suspension of uterus	35683,35684
vaginal vault, abdominal approach	35590
Suture, laser division of, eye	42794
shirodkar	16535,16536
traumatic wounds	30026-30049
Sutures, adjustable, readjustment of, for squint	42845
dressings and removal of, requiring GA	30055
Swann-Ganz catheterisation	13803,13806
Sweat, collection of specimen of, by iontophoresis	12200
gland bearing area, excision of	30180,30183
Symblepharon, grafting for	45629
Syme's amputation of foot	44361
Sympathectomy	35000,35003,35006,35009
Sympathetic trunk, injection into	18215
Sympatholytic agent, introduction into vein or artery	13900
Symphysiotomy, renal, for fused kidney	36534
Synechiae, division of	42761
Synovectomy, of elbow	49109
of finger joints	46336
of hand tendons	46336,46342
of metatarso-phalangeal joint	49860,49863
of shoulder	48936
of tendons of digit	46348,46351,46354,

Payable on attendance basis

Service	Item
	46357,46360
total, of wrist	49224
Synovial, membrane, punch biopsy of	30087
T	
Talipes equinovarus, manipulation of	49878
medial release procedure	49872,49875
posterior release procedure	49869
Talus fracture, treatment of	47606-47618
Tarsal cartilage, excision of	42578
cauterisation of, for ectropion	42581
cyst, extirpation of	42575
fracture, treatment of	47630
Tarsometatarsal joint, fracture, treatment of	47621,47624
Lisfranc's amputation of	44364
Tarsorrhaphy	42584
Tarsus, dislocation, treatment of	47063,47066
fracture, treatment of	47627
operation on, for acute osteomyelitis	43503
operation on, for chronic osteomyelitis	43512
osteectomy of	48406,48409
osteotomy of	48406,48409
Tear duct, probing of	42611
third degree, repair of	16573
Teflon injection, into vocal cord	41870
peri-urethral	37339
Telangiectases vessels, diathermy or sclerosant injection of	30213
Temperature, digital, measurement of	11615
Temporal bone, resection for removal of tumour	41584,41587
removal of styloid process of	30244
reconstruction of	45788
Temporo-mandibular joint, arthroplasty	45758
meniscectomy	45755
Temporosphenoidal electroencephalography	11006
Tendon	
- Achilles, repair of	49718,49721,49724, 49727
- artificial prosthesis, insertion of for grafting	46414
- foot, adductor hallucis, transfer of	49827,49830
- foot, repair of	49800-49812
- hand or wrist, extensor, primary repair of	46420
- hand or wrist, extensor, secondary repair of	46423
- hand or wrist, flexor, primary repair of	46426,46432
- hand or wrist, flexor, secondary repair of	46429
- lengthening of	47957,47960,47963
- major, of ankle, repair of	49718,49721,49724, 49727

*Payable on attendance basis

Service	Item
- or ligament transfer	47966
- reconstruction of, by tendon graft	46408
- repair of	47954
- sheath of hand or wrist, for stenosing tendovaginitis	46363
- subcutaneous tenotomy	47960
- subcutaneous, open	47963
- tendo-vaginitis, open operation for	47972
- transfer of, for restoration of hand function	46417
- transplantation of	47966
Tendovaginitis, stenosing, of hand or wrist	46363
tendon sheath, open operation for	47972
Tenolysis of extensor tendon of hand	46450
flexor tendon of hand	46453
Tenoplasty	47963
Tenosynovectomy	47969
Tenosynovitis, open operation on tendon sheath of hand or wrist	46363
Tenotomy	47960,47963
percutaneous, of finger	46456
Tensillon test	*
Testis, exploration of	37604
secondary detachment from thigh	30650
undescended, transplantation of	30647
Testopexy	30647,30650
Tethered cord, release of	40112
Tetralogy of Fallot, operation for	38239,38454
Thenar spaces, drainage of	47909
Thermography of breasts	(see mammography)
Thigh, amputation through	44367
Third degree tear, repair of	16573
Thompson arthroplasty of hip	49315
Thoracic block	18200,18203
cavity, aspiration for diagnostic purposes	38400
outlet compression, removal operation	34139
sympathectomy	35003,35006
Thoracoplasty	38427,38430
Thoracoscopy	38436
Thoracotomy	38418,38421,38424
Threatened abortion, treatment of	16526
miscarriage, purse string ligation of cervix	16535,16536
miscarriage, treatment of	16526
premature labour, treatment of	16529,16532
Three snip operation	42617
Thrombectomy of arteriovenous access device	34515
of artery or vein	33803,33806,33809,
	33812
Thrombosis, reoperation on extremity for	33848
Thumb, fractures, treatment of	47300-47333
nodule, removal of	(see tumour,other)

*Payable on attendance basis

Service	Item
Thymectomy	38454
Thymoma, malignant, removal from mediastinum	38454
Thyroglossal cyst and fistula, removal of	30316
removal of	30313
Thyroid, excision of localised tumour of	30310
uptake	12518
Thyroidectomy, sub-total	30307,30310
total	30295
Tibia, bone graft to	48206,48209
epiphyseodesis	48503,48506
fracture, treatment of	47543-47573
operation on, for acute osteomyelitis	43503
operation on, for chronic osteomyelitis	43512
osteectomy of	48418,48421
osteotomy of	48418,48421
Tibial vessel, ligation or exploration not otherwise covered	34106
Tissue expansion for breast reconstruction	45539,45542,45566
expansion, intra-operative	45572
free transfer of	45563
living, implantation of	14203,14206
subcutaneous, repair of recent wound of	30026-30049
Toe, amputation or disarticulation of	44337-44358
dislocation, treatment of	47069,47072
fractures, treatment of	47669,47675
hammer or claw, correction of	49848,49851
phalanx, fracture, treatment of	47660,47663,47666, 47669,47672,47675, 47678
phalanx of, operation for acute osteomyelitis	43500
Toenail, ingrowing, excision or wedge resection for	47915,47918
Tongue, partial or complete excision of	30272,41779,41785
tie, repair of	30278,30281
Tonography, one or both eyes	11203
Tonsils, lingual, removal of	41804
or tonsils and adenoids	
- arrest of haemorrhage, requiring GA	41796,41797
- removal of, under twelve years	41788,41789
- removal of, twelve years or over	41792,41793
Topectomy, for epilepsy	40703
Torek (testis) operations	30647,30650
Torkildsen's operation	40000
Torticollis, operation for	43812
Trachea removal of foreign body from	41886
Trachelorrhaphy	35617,35618
Tracheo-oesophageal fistula, ligation and division of	43818
Tracheoplasty or laryngoplasty with tracheostomy	41879
Tracheostomy	41882,41883
closure of	30102,30103

*Payable on attendance basis

Service	Item
with laryngoplasty or tracheoplasty	41879
with supraglottic laryngectomy	41840
with vertical hemi-laryngectomy	41837
Transantral ethmoidectomy with radical antrostomy	41713
ligation of maxillary artery	41707
vidian neurectomy	41713
Transfusion	13306,13309,13315, 13703,13706
collection of blood for	13709
Transillumination, retrobulbar	42821
Translabyrinthine vestibular nerve section	41593
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*Payable on attendance basis

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*Payable on attendance basis

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*Payable on attendance basis

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Payable on attendance basis

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* Payable on attendance basis

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Payable on attendance basis

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Payable on attendance basis

SECTION 4

ORAL AND MAXILLOFACIAL SERVICES BY APPROVED DENTAL PRACTITIONERS

PLEASE NOTE:

The information contained in this Section relates specifically to the Medicare Arrangements relating to Services by Approved Dental Practitioners. More comprehensive information on the Medicare Benefits Schedule book and the Medicare Arrangements are contained in the FOREWORD and the GENERAL EXPLANATORY NOTES (Section 1) of this book, which should be read in conjunction with this Section. (The arrangements set out in Section 1 apply equally to Approved Dental Practitioners)

CATEGORY 4 - ORAL AND MAXILLOFACIAL SERVICES
(by Approved Dental Practitioners)

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CATEGORY 4 - ORAL AND MAXILLOFACIAL SERVICES (by Approved Dental Practitioners)

OUTLINE OF ARRANGEMENTS

OA. INTRODUCTION

OA.1 Benefits for Medical Services by Dental Practitioners

Under the provisions of the Health Insurance Act 1973 (the Act), Medicare benefits are payable where an eligible person incurs medical expenses in respect of certain professional services rendered by an approved dental practitioner.

Details of the services attracting Medicare benefits are set out in the Schedule following these explanatory notes.

OB. APPROVAL OF DENTAL PRACTITIONERS (ORAL SURGEONS)

OB.1 Application for Approval

State registered dentists practising in the specialty of oral surgery may apply to the Medical Benefits (Dental Practitioners) Advisory Committee for the purposes of Subsection 3(1) of the Act for approval to carry out prescribed medical services (oral surgery). When these practitioners are approved they may perform those items of oral surgery listed in this Section. All dental practitioners approved for the purposes of Subsection 3(1) of the Act are also recognised to perform those items of oral surgery listed in Group C2 of the booklet "Medicare Benefits for Services by Dental Practitioners in the Treatment of Cleft Lip and Cleft Palate Conditions".

A Medical Benefits (Dental Practitioners) Advisory Committee considers applications lodged by dental practitioners and recommends to the Minister the names of those dental practitioners who, in its opinion, should be approved by the Minister for the purposes of Subsection 3(1) of the Act.

The Committee is composed of dental practitioners nominated by the Australian Dental Association.

The main criteria for granting approval for the purposes of the Act are that the dental practitioner should be either -

- . a State registered oral surgeon who is engaged in the referred practice of oral surgery; or
- . a dental practitioner who can substantiate, by experience, or hospital or teaching appointments, a competence in the field of oral surgery.

Practitioners who consider that they meet the criteria set out in the preceding paragraph and who wish to be considered for approval for the purposes of Subsection 3(1) of the Act should write to the Department of Health, Housing and Community Services, GPO Box 9848, Canberra ACT 2601 for an application form.

Advice concerning the names and addresses of practitioners who have been approved for the purposes of Subsection 3(1) of the Act may be obtained from the local State Manager of the Commonwealth Department of Health, Housing and Community Services; the local office of the Health Insurance Commission (see para 1.3 of Section 1 of this book for addresses); or from the local State Branch of the Australian Dental Association.

It is emphasised that -

- (i) the sole purpose of granting approval to dental practitioners is to enable payment of Medicare benefits;
- (ii) the services set out in this Section of the Medicare Benefits Schedule book, and the Cleft Lip and Cleft Palate Schedule are the only ones for which Medicare benefits are payable when the services are performed by an eligible dental practitioner.

OB.2 Right of Appeal for Dental Practitioners Not Approved

Where the Minister decides that a dental practitioner should not be approved as an oral surgeon, the dental practitioner may appeal to the Medical Benefits (Dental Practitioners) Appeals Committee, which is composed of dental practitioners who are not on the Advisory Committee. The application should be made to the Department of Health, Housing and Community Services, GPO Box 9848, Canberra ACT 2601.

EXPLANATORY NOTES

OC. INTERPRETATION OF THE SCHEDULE

OC.1 Principles of Interpretation

Each professional service listed in the Schedule is a complete medical service in itself. Where a service is rendered partly by one practitioner and partly by another, only the one amount of benefit is payable.

OC.2 Schedule Fees and Medicare Benefits, Two or More Operations

The Schedule fees for two or more operations performed on a patient on the one occasion are calculated by the following rule:-

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

- NOTE: 1. Fees so calculated which result in a sum which is not a multiple of 5 cents are to be taken to the next higher multiple of 5 cents
2. Where two or more operations performed on the one occasion have fees which are equal, one of these amounts shall be treated as being greater than the other or others of those amounts.

The above rule does not apply to an operation which is one of two or more operations performed under the one anaesthetic on the same patient by different dental practitioners unless either practitioner assists the other. In this case, the fees and benefits specified in the Schedule apply. For these purposes the term "operation" includes all services in this Category.

If the operation comprises a combination of procedures which are commonly performed together and for which a specific combined item is provided in the Schedule, it is regarded as the one item and service in applying the multiple operation rule.

OC.3 After-care

The fee specified for each of the operations listed in the Schedule contains a component for the consequential after-care customarily provided unless otherwise indicated. After-care is deemed to include all post-operative treatment rendered by practitioners and need not necessarily be limited to treatment given by the approved dental practitioner or to treatment given by any one practitioner.

This does not preclude, however, the payment of benefit for professional services for the treatment by a dental practitioner of an intercurrent condition or an unusual complication arising from the operation. Cases which are considered to come under this heading should be referred to the local Health Insurance Commission for consideration.

Some minor operations are merely stages in the treatment of a particular condition. Professional services by dental practitioners subsequent to such operations should not be regarded as after-care but rather as continuation of the treatment of the original condition and should attract benefit. Item 3386 is a service to which this policy applies.

OC.4 Administration of Anaesthetics by Medical Practitioners

When a medical practitioner administers an anaesthetic in connection with a procedure prescribed for the payment of Medicare benefits (and the procedure has been performed by an approved

dental practitioner), Medicare benefits are payable for the administration of the anaesthetic on the same basis as if the procedure had been rendered by a medical practitioner.

Medicare benefits are also payable for the services of one assistant anaesthetist (a medical practitioner) where the anaesthetic administered by the anaesthetist has an anaesthetic unit value of not less than 21 units.

Before Medicare benefits will be paid for the administration of an anaesthetic, or for the services of an assistant anaesthetist, the name of the practitioner who rendered the procedure must be shown on the account.

The Schedule fee and benefits payable for the administration of an anaesthetic in connection with a particular medical service are determined according to the number of anaesthetic units allocated to each procedure likely to be performed under anaesthesia. The number of units appropriate for each procedure is shown after the description of the procedure.

To ascertain the Schedule fee from the number of anaesthetic units so determined, medical practitioners should refer to Group T6 of Category 3 of this Book.

OC.5 Assistance at Operations (51800, 51803)

The benefit for assistance at an operation varies according to the Schedule fee for the operation.

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

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

OC.6 Operations

Osteotomy of Jaw (Items 52342 - 52375)

The fees and benefits for these items include the various forms of internal or dental fixation, jaw immobilisation, the transposition of nerves and vessels and bone grafts taken from the same site. Bone grafts taken from a separate site, e.g. iliac crest, would attract additional benefit under Item 52318 in accordance with the multiple operation rule.

Genioplasty (Item 52378)

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

Fracture of Mandible or Maxilla (Items 53406,53409)

There are two maxillae in the skull and for the purpose of these items the mandible is regarded as comprising two bones. Hence a bilateral fracture of the mandible would be assessed as, say Item 53409 x 1½; two maxillae and one side of the mandible as Item 53406 x 1½ + 53409 x ¼.

Splinting in Item 53406 or 53409 refers to cap splints, arch bars, silver (cast metal) or acrylic splints.

ORAL & MAXILLOFACIAL		CONSULTATIONS
GROUP O1 - CONSULTATIONS		
†	PROFESSIONAL ATTENDANCE (other than a second or subsequent attendance in a single course of treatment) BY AN APPROVED DENTAL PRACTITIONER where the patient is referred to him/her - an attendance related to a subsequent operative procedure described in an item in Groups O3 to O9 where that attendance is at consulting rooms, hospital or nursing home	
51700	Fee: \$59.00	Benefit: 75% \$44.25: 85%/\$26.80 \$50.15
†	PROFESSIONAL ATTENDANCE BY AN APPROVED DENTAL PRACTITIONER where the patient is referred to him/her - each attendance related to an operative procedure described in an item in Groups O3 to O9 subsequent to the first in a single course of treatment where that attendance is at consulting rooms, hospital or nursing home	
51703	Fee: \$29.50	Benefit: 75% \$22.15: 85%/\$26.80 \$25.10

GROUP O2 - ASSISTANCE AT OPERATION

†	ASSISTANCE by an APPROVED DENTAL PRACTITIONER at any operation for which the fee exceeds \$174 but does not exceed \$310 or at a series or a combination of operations where the fee for at least one of the operations exceeds \$174 but where the fee for the series or combination of operations does not exceed \$310 <i>(See para OC. of explanatory notes to this Category)</i>
51800	Fee: \$59.00 Benefit: 75% \$44.25: 85%/\$26.80 \$50.15

†	ASSISTANCE by an APPROVED DENTAL PRACTITIONER at any operation for which the fee exceeds \$310 or at a combination of operations for which the aggregate fee exceeds \$310 provided that the fee for at least one of the operations exceeds \$174 Derived Fee: one fifth of the established fee for the operation or combination of operations
51803	

ORAL & MAXILLOFACIAL	GENERAL SURGERY
GROUP O3 - GENERAL SURGERY	
52000	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), superficial (AU 7 - 17907) Fee: \$57.00 Benefit: 75% \$42.75: 85%/\$26.80 \$48.45
52003	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), involving deeper tissue (AU 7 - 17907) Fee: \$81.00 Benefit: 75% \$60.75: 85%/\$26.80 \$68.85
52006	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, large (MORE THAN 7 CENTIMETRES LONG), superficial (AU 7 - 17907) Fee: \$81.00 Benefit: 75% \$60.75: 85%/\$26.80 \$68.85
52009	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, large (MORE THAN 7 CENTIMETRES LONG), involving deeper tissue (AU 8 - 17908) Fee: \$128.00 Benefit: 75% \$96.00: 85%/\$26.80 \$108.80
52012	SUPERFICIAL FOREIGN BODY, removal of, as an independent procedure (AU 5 - 17905) Fee: \$16.20 Benefit: 75% \$12.15: 85%/\$26.80 \$13.75
‡	SUBCUTANEOUS FOREIGN BODY, removal of, requiring incision and suture, as an independent procedure (AU 6 - 17906) Fee: \$76.00 Benefit: 75% \$57.00: 85%/\$26.80 \$64.60
52018	FOREIGN BODY IN MUSCLE, TENDON OR OTHER DEEP TISSUE, removal of, as an independent procedure (AU 7 - 17907) Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80 \$163.20
†	ASPIRATION BIOPSY of ONE or MORE JAW CYSTS as an independent procedure to obtain material for diagnostic purposes and not associated with an operative procedure on the same day (AU 6 - 17906) Fee: \$20.50 Benefit: 75% \$15.40: 85%/\$26.80 \$17.45
52024	BIOPSY OF SKIN OR MUCOUS MEMBRANE, as an independent procedure (AU 5 - 17905) Fee: \$35.50 Benefit: 75% \$26.65: 85%/\$26.80 \$30.20
52027	BIOPSY OF LYMPH GLAND, MUSCLE OR OTHER DEEP TISSUE OR ORGAN, as an independent procedure (AU 6 - 17906) Fee: \$104.00 Benefit: 75% \$78.00: 85%/\$26.80 \$88.40
52030	SINUS, excision of, involving superficial tissue only (AU 6 - 17906) Fee: \$62.00 Benefit: 75% \$46.50: 85%/\$26.80 \$52.70
LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed November 1, 1991 Page 371	

ORAL & MAXILLOFACIAL		GENERAL SURGERY
52033	SINUS, excision of, involving muscle and deep tissue (AU 7 - 17907) Fee: \$126.00 Benefit: 75% \$94.50: 85%/\$26.80 \$107.10	
52036	TUMOUR, CYST, ULCER OR SCAR, (other than a scar removed during the surgical approach at an operation), up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, not covered by Item 52039 (AU 6 - 17906) Fee: \$87.00 Benefit: 75% \$65.25: 85%/\$26.80 \$73.95	
52039	TUMOURS, CYSTS, ULCERS OR SCARS, (other than a scar removed during the surgical approach at an operation), up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on more than 3 but not more than 10 lesions (AU 9 - 17909) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20	
52042	TUMOUR, CYST, ULCER OR SCAR, (other than a scar removed during the surgical approach at an operation), more than 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane (AU 6 - 17906) Fee: \$118.00 Benefit: 75% \$88.50: 85%/\$26.80 \$100.30	
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 5 mm separation between the cyst lining and tooth structure), ULCER OR SCAR (other than a scar removed during the surgical approach at an operation), removal of, not covered by any other item in Groups O3 to O9, involving muscle, bone, or other deep tissue (AU 8 - 17908) Fee: \$170.00 Benefit: 75% \$127.50: 85%/\$26.80 \$144.50	
52048	TUMOUR OR DEEP CYST (other than a cyst associated with a tooth or tooth fragment), removal of, requiring wide excision, not covered by any other item in Groups O3 to O9 (AU 8 - 17908) Fee: \$255.00 Benefit: 75% \$191.25: 85%/\$26.80 \$228.20	
‡	TUMOUR, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, without skin or mucosal graft (AU 8 - 17908) 52051 Fee: \$345.00 Benefit: 75% \$258.75: 85%/\$26.80 \$318.20	
‡	TUMOUR, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, with skin or mucosal graft (AU 10 - 17910) 52054 Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20	
‡	LARGE HAEMATOMA, LARGE ABSCESS, CARBUNCLE, CELLULITIS or similar lesion, INCISION WITH DRAINAGE OF (excluding after-care), where undertaken in the operating theatre of a hospital or approved day-hospital facility (AU 5 - 17905) 52057 Fee: \$112.00 Benefit: 75% \$84.00: 85%/\$26.80 \$95.20	
52060	MUSCLE, excision of (AU 6 - 17906) Fee: \$130.00 Benefit: 75% \$97.50: 85%/\$26.80 \$110.50	
LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed November 1, 1991		
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ORAL & MAXILLOFACIAL		GENERAL SURGERY	
52063	BONE TUMOUR, INNOCENT, excision of, not covered by any other item in Groups O3 to O9 (AU 7 - 17907) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20		
52066	SUBMANDIBULAR GLAND, extirpation of (AU 8 - 17908) Fee: \$305.00 Benefit: 75% \$228.75: 85%/\$26.80 \$278.20		
52069	SUBLINGUAL GLAND, extirpation of (AU 7 - 17907) Fee: \$136.00 Benefit: 75% \$102.00: 85%/\$26.80 \$115.60		
52072	SALIVARY GLAND, DILATATION OR DIATHERMY of duct (AU 6 - 17906) Fee: \$40.50 Benefit: 75% \$30.40: 85%/\$26.80 \$34.45		
52075	SALIVARY GLAND, removal of CALCULUS from duct or meatotomy or marsupialisation, one or more such procedures (AU 7 - 17907) Fee: \$104.00 Benefit: 75% \$78.00: 85%/\$26.80 \$88.40		
52078	TONGUE, partial excision of (AU 7 - 17907) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20		
‡ 52081	TONGUE TIE, division or excision of frenulum (AU 6 - 17906) Fee: \$32.00 Benefit: 75% \$24.00: 85%/\$26.80 \$27.20		
‡ 52084	TONGUE TIE, MANDIBULAR FRENULUM OR MAXILLARY FRENULUM, division or excision of frenulum, in a person aged not less than 2 years (AU 6 - 17906) Fee: \$82.00 Benefit: 75% \$61.50: 85%/\$26.80 \$69.70		
52087	RANULA OR MUCOUS CYST OF MOUTH, removal of (AU 9 - 17909) Fee: \$140.00 Benefit: 75% \$105.00: 85%/\$26.80 \$119.00		
52090	OPERATION ON MANDIBLE OR MAXILLA (other than alveolar margins) - ONE BONE (AU 10 - 17910) Fee: \$140.00 Benefit: 75% \$105.00: 85%/\$26.80 \$119.00		
52093	OPERATION ON MANDIBLE OR MAXILLA OR MANDIBLE AND MAXILLA (other than alveolar margins) (AU 12 - 17912) Fee: \$245.00 Benefit: 75% \$183.75: 85%/\$26.80 \$218.20		
‡ 52096	ORTHOPAEDIC PIN OR WIRE, insertion of, into maxilla or mandible or zygoma, as an independent procedure (AU 5 - 17905) Fee: \$85.00 Benefit: 75% \$63.75: 85%/\$26.80 \$72.25		
+ 52099	BURIED WIRE, PIN or SCREW, one 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 associated with Items 52102 or 52105 (AU 6 - 17906) Fee: \$156.00 Benefit: 75% \$117.00: 85%/\$26.80 \$132.60		

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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ORAL & MAXILLOFACIAL		GENERAL SURGERY
† 52102	BURIED WIRE, PIN or SCREW, one 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 (AU 6 - 17906) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20	
† 52105	PLATE, one or more of, and associated screw and wire which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, per bone, not associated with Items 52099 or 52102 (AU 6 - 17906) Fee: \$260.00 Benefit: 75% \$195.00: 85%/\$26.80 \$233.20	
† 52108	LIP, full thickness wedge excision of, with repair by direct sutures (AU 8 - 17908) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20	
† 52111	VERMILIONECTOMY (AU 8 - 17908) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20	
‡ 52114	MANDIBLE or MAXILLA, segmental resection of, for tumours or cysts (AU 13 - 17913) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20	
† 52117	MANDIBLE, including lower border, or MAXILLA, sub-total resection of (AU 13 - 17913) Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20	
† 52120	MANDIBLE, hemimandiblectomy of, including condylectomy where performed (AU 29 - 17929) Fee: \$570.00 Benefit: 75% \$427.50: 85%/\$26.80 \$543.20	
‡ @ + 52123	MANDIBLE, total resection of both sides, including condylectomies where performed (AU 35 - 17935) Fee: \$830.00 Benefit: 75% \$622.50: 85%/\$26.80 \$803.20	
† 52126	MAXILLA, total resection of (AU 25 - 17925) Fee: \$620.00 Benefit: 75% \$465.00: 85%/\$26.80 \$593.20	
† 52129	MAXILLA, total resection of both maxillae (AU 30 - 17930) Fee: \$830.00 Benefit: 75% \$622.50: 85%/\$26.80 \$803.20	
† 52132	TRACHEOSTOMY (AU 10 - 17910) Fee: \$164.00 Benefit: 75% \$123.00: 85%/\$26.80 \$139.40	
† 52135	POST-OPERATIVE or POST-NASAL HAEMORRHAGE, or both, control of, where undertaken in the operating theatre of a hospital or approved day-hospital facility (AU 7 - 17907) Fee: \$99.00 Benefit: 75% \$74.25: 85%/\$26.80 \$84.15	
† 52138	MAXILLARY ARTERY, ligation of (AU 12 - 17912) Fee: \$305.00 Benefit: 75% \$228.75: 85%/\$26.80 \$278.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991		

ORAL & MAXILLOFACIAL		GENERAL SURGERY
† 52141	FACIAL, MANDIBULAR or LINGUAL ARTERY or VEIN or ARTERY and VEIN, ligation of, not covered by item 52138 (AU 12 - 17912) Fee: \$305.00 Benefit: 75% \$228.75: 85%/\$26.80 \$278.20	
† 52144	FOREIGN BODY, deep, removal of using interventional imaging techniques (AU 10 - 17910) Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80 \$258.20	
† 52147	DUCT OF MAJOR SALIVARY GLAND, transposition of (AU 16 - 17916) Fee: \$270.00 Benefit: 75% \$202.50: 85%/\$26.80 \$243.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991		

GROUP O4 - PLASTIC & RECONSTRUCTIVE

‡	SINGLE STAGE LOCAL FLAP, where indicated, repair to one defect, with skin or mucosa (AU 7 - 17907)
52300	Fee: \$196.00 Benefit: 75% \$147.00: 85%/\$26.80 \$169.20
†	SINGLE STAGE LOCAL FLAP, where indicated, repair to one defect, with buccal pad of fat (AU 10 - 17910)
52303	Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20
†	SINGLE STAGE LOCAL FLAP, where indicated, repair to one defect, using temporalis muscle (AU 10 - 17910)
52306	Fee: \$435.00 Benefit: 75% \$326.25: 85%/\$26.80 \$408.20
‡	FREE GRAFTING (mucosa or split skin) of a granulating area (AU 7 - 17907)
52309	Fee: \$140.00 Benefit: 75% \$105.00: 85%/\$26.80 \$119.00
‡	FREE GRAFTING (mucosa or split skin) to one defect, including elective dissection (AU 8 - 17908)
52312	Fee: \$196.00 Benefit: 75% \$147.00: 85%/\$26.80 \$169.20
‡	FREE GRAFTING, FULL THICKNESS, to one defect (mucosa or skin) (AU 9 - 17909)
52315	Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20
‡	HARVESTING OF BONE GRAFT via separate incision, associated with any other item in Groups O3 to O9 - autogenous (AU 8 - 17908)
52318	Fee: \$345.00 Benefit: 75% \$258.75: 85%/\$26.80 \$318.20
‡	FOREIGN IMPLANT (NON-BIOLOGICAL), insertion of, for CONTOUR RECONSTRUCTION of pathological deformity, not associated with Item 52624 (AU 10 - 17910)
52321	Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20
†	DIRECT FLAP REPAIR, using tongue, first stage (AU 7 - 17907)
52324	Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20
†	DIRECT FLAP REPAIR, using tongue, second stage (AU 7 - 17907)
52327	Fee: \$160.00 Benefit: 75% \$120.00: 85%/\$26.80 \$136.00
†	PALATAL DEFECT (oro-nasal fistula), plastic closure of, including services covered by Item 52300, 52303, 52306 or 52324 (AU 14 - 17914)
52330	Fee: \$540.00 Benefit: 75% \$405.00: 85%/\$26.80 \$513.20
‡ +	CLEFT PALATE, primary repair (AU 14 - 17914)
52333	Fee: \$540.00 Benefit: 75% \$405.00: 85%/\$26.80 \$513.20
‡ +	CLEFT PALATE, secondary repair, closure of fistula using local flaps (AU 13 - 17913)
52336	Fee: \$335.00 Benefit: 75% \$251.25: 85%/\$26.80 \$308.20

ORAL & MAXILLOFACIAL		PLASTIC & RECONSTRUCTION	
+ 52339	CLEFT PALATE, secondary repair, lengthening procedure (AU 12 - 17912) Fee: \$385.00 Benefit: 75% \$288.75: 85%/\$26.80 \$358.20		
‡ 52342	MANDIBLE or MAXILLA, UNILATERAL OSTEOTOMY or OSTEECTOMY of, including transposition of nerves and vessels and bone grafts taken from the same site (AU 14 - 17914) <i>(See para OC. of explanatory notes to this Category)</i> Fee: \$670.00 Benefit: 75% \$502.50: 85%/\$26.80 \$643.20		
† 52345	MANDIBLE or MAXILLA, UNILATERAL OSTEOTOMY or OSTEECTOMY of, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 19 - 17919) <i>(See para OC. of explanatory notes to this Category)</i> Fee: \$835.00 Benefit: 75% \$626.25: 85%/\$26.80 \$808.20		
@ 52348	MANDIBLE or MAXILLA, BILATERAL OSTEOTOMY OR OSTEECTOMY of, including transposition of nerves and vessels and bone grafts taken from the same site (AU 25 - 17925) <i>(See para OC. of explanatory notes to this Category)</i> Fee: \$850.00 Benefit: 75% \$637.50: 85%/\$26.80 \$823.20		
† 52351	MANDIBLE or MAXILLA, BILATERAL OSTEOTOMY or OSTEECTOMY of, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 29 - 17929) <i>(See para OC. of explanatory notes to this Category)</i> Fee: \$1,055.00 Benefit: 75% \$791.25: 85%/\$26.80 \$1,028.20		
‡@ 52354	MANDIBLE or MAXILLA, OSTEOTOMIES or OSTEECTOMIES of, involving THREE OR MORE such procedures on the ONE JAW, including transposition of nerves and vessels and bone grafts taken from the same site (AU 29 - 17929) <i>(See para OC. of explanatory notes to this Category)</i> Fee: \$970.00 Benefit: 75% \$727.50: 85%/\$26.80 \$943.20		
† 52357	MANDIBLE or MAXILLA, OSTEOTOMIES or OSTEECTOMIES of, involving three or more such procedures on the one jaw, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 32 - 17932) <i>(See para OC. of explanatory notes to this Category)</i> Fee: \$1,205.00 Benefit: 75% \$903.75: 85%/\$26.80 \$1,178.20		
‡ 52360	MANDIBLE or MAXILLA, OSTEOTOMIES or OSTEECTOMIES of, involving TWO such procedures of EACH JAW, including transposition of nerves and vessels and bone grafts taken from the same site (AU 26 - 17926) <i>(See para OC. of explanatory notes to this Category)</i> Fee: \$1,110.00 Benefit: 75% \$832.50: 85%/\$26.80 \$1,083.20		
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ORAL & MAXILLOFACIAL	PLASTIC & RECONSTRUCTION
† 52363	<p>MANDIBLE or MAXILLA, OSTEOTOMIES or OSTEECTOMIES of, involving two such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 32 - 17932) (See para OC. of explanatory notes to this Category) Fee: \$1,390.00 Benefit: 75% \$1,042.50: 85%/\$26.80 \$1,363.20</p>
‡@ 52366	<p>MANDIBLE or MAXILLA, COMPLEX BILATERAL OSTEOTOMIES or OSTEECTOMIES of, involving THREE or MORE such procedures of ONE JAW and TWO SUCH PROCEDURES of the OTHER JAW, INCLUDING GENIOPLASTY when performed and transposition of nerves and vessels and bone grafts taken from the same site (AU 47 - 17947) (See para OC. of explanatory notes to this Category) Fee: \$1,220.00 Benefit: 75% \$915.00: 85%/\$26.80 \$1,193.20</p>
† 52369	<p>MANDIBLE or MAXILLA, COMPLEX BILATERAL OSTEOTOMIES or OSTEECTOMIES of, involving three or more such procedures of one jaw and two such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 50 - 17950) (See para OC. of explanatory notes to this Category) Fee: \$1,520.00 Benefit: 75% \$1,140.00: 85%/\$26.80 \$1,493.20</p>
‡@ 52372	<p>MANDIBLE or MAXILLA, COMPLEX BILATERAL OSTEOTOMIES or OSTEECTOMIES of, involving THREE or MORE such procedures of EACH JAW, INCLUDING GENIOPLASTY when performed and transposition of nerves and vessels and bone grafts taken from the same site (AU 50 - 17950) (See para OC. of explanatory notes to this Category) Fee: \$1,330.00 Benefit: 75% \$997.50: 85%/\$26.80 \$1,303.20</p>
† 52375	<p>MANDIBLE or MAXILLA, COMPLEX BILATERAL OSTEOTOMIES or OSTEECTOMIES of, involving THREE OR MORE such procedures of EACH JAW, including GENIOPLASTY when performed and transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 59 - 17959) (See para OC. of explanatory notes to this Category) Fee: \$1,665.00 Benefit: 75% \$1,248.75: 85%/\$26.80 \$1,638.20</p>
‡@ 52378	<p>GENIOPLASTY including transposition of nerves and vessels and bone grafts taken from the same site (AU 16 - 17916) (See para OC. of explanatory notes to this Category) Fee: \$520.00 Benefit: 75% \$390.00: 85%/\$26.80 \$493.20</p>

ORAL & MAXILLOFACIAL	PREPROSTHETIC
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GROUP O5 - PREPROSTHETIC	
‡ @ + 52600	MANDIBULAR OR PALATAL EXOSTOSIS, excision of (AU 10 - 17910) Fee: \$235.00 Benefit: 75% \$176.25: 85%/\$26.80 \$208.20
+ 52603	MYLOHYLOID RIDGE, reduction of (AU 10 - 17910) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20
+ 52606	MAXILLARY TUBEROSITY, reduction of (AU 12 - 17912) Fee: \$170.00 Benefit: 75% \$127.50: 85%/\$26.80 \$144.50
+ 52609	PAPILLARY HYPERPLASIA OF THE PALATE, removal of - less than five lesions (AU 10 - 17910) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20
+ 52612	PAPILLARY HYPERPLASIA OF THE PALATE, removal of - five to twenty lesions (AU 12 - 17912) Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20
+ 52615	PAPILLARY HYPERPLASIA OF THE PALATE, removal of - more than twenty lesions (AU 13 - 17913) Fee: \$345.00 Benefit: 75% \$258.75: 85%/\$26.80 \$318.20
+ 52618	VESTIBULOPLASTY, submucosal or open, including excision of muscle and skin or mucosal graft when performed - unilateral or bilateral (AU 19 - 17919) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20
+ 52621	FLOOR OF MOUTH LOWERING (Obwegeser or similar procedure), including excision of muscle and skin or mucosal graft when performed - unilateral (AU 19 - 17919) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20
+ 52624	ALVEOLAR RIDGE AUGMENTATION with bone or alloplast or both - unilateral (AU 13 - 17913) Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20
+ 52627	OSSEO-INTEGRATION PROCEDURE - extra oral implantation of titanium fixture (AU 11 - 17911) Fee: \$345.00 Benefit: 75% \$258.75: 85%/\$26.80 \$318.20
+ 52630	OSSEO-INTEGRATION PROCEDURE - fixation of transcantaneous abutment (AU 6 - 17906) Fee: \$128.00 Benefit: 75% \$96.00: 85%/\$26.80 \$108.80

GROUP O6 - NEUROSURGICAL

†	NEUROLYSIS BY OPEN OPERATION, without transposition, not associated with Item 52803 (AU 7 - 17907)
52800	Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80 \$163.20
†	NERVE TRUNK, internal (interfascicular), NEUROLYSIS of, using microsurgical techniques (AU 11 - 17911)
52803	Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20
†	NEURECTOMY, NEUROTOMY or REMOVAL OF TUMOUR from superficial peripheral nerve (AU 8 - 17908)
52806	Fee: \$190.00 Benefit: 75% \$142.50: 85%/\$26.80 \$163.20
†	NEURECTOMY, NEUROTOMY or REMOVAL OF TUMOUR from deep peripheral nerve (AU 10 - 17910)
52809	Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20
‡ +	NERVE TRUNK, PRIMARY repair of, using microsurgical techniques (AU 8 - 17908)
52812	Fee: \$465.00 Benefit: 75% \$348.75: 85%/\$26.80 \$438.20
‡ +	NERVE TRUNK, SECONDARY repair of, using microsurgical techniques (AU 9 - 17909)
52815	Fee: \$490.00 Benefit: 75% \$367.50: 85%/\$26.80 \$463.20
+	NERVE, TRANSPOSITION OF (AU 8 - 17908)
52818	Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20
†	NERVE GRAFT TO NERVE TRUNK (cable graft) including harvesting of nerve graft using microsurgical techniques (AU 16 - 17916)
52821	Fee: \$710.00 Benefit: 75% \$532.50: 85%/\$26.80 \$683.20
†	PERIPHERAL BRANCHES OF THE TRIGEMINAL NERVE, cryosurgery of, for pain relief (AU 8 - 17908)
52824	Fee: \$305.00 Benefit: 75% \$228.75: 85%/\$26.80 \$278.20

GROUP O7 - EAR, NOSE & THROAT

53000	MAXILLARY ANTRUM, PROOF PUNCTURE AND LAVAGE OF (AU 6 - 17906) Fee: \$22.50 Benefit: 75% \$16.90: 85%/\$26.80 \$19.15
‡ 53003	MAXILLARY ANTRUM, PROOF PUNCTURE AND LAVAGE OF, where undertaken in the operating theatre of a hospital or approved day-hospital facility - not associated with any other item in Groups O3 to O9 (AU 6 - 17906) Fee: \$63.00 Benefit: 75% \$47.25: 85%/\$26.80 \$53.55
53006	ANTROSTOMY (RADICAL) (AU 9 - 17909) Fee: \$355.00 Benefit: 75% \$266.25: 85%/\$26.80 \$328.20
53009	ANTRUM, intranasal operation on or removal of foreign body from (AU 8 - 17908) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20
53012	ANTRUM, drainage of, through tooth socket (AU 7 - 17907) Fee: \$81.00 Benefit: 75% \$60.75: 85%/\$26.80 \$68.85
53015	ORO-ANTRAL FISTULA, plastic closure of (AU 11 - 17911) Fee: \$405.00 Benefit: 75% \$303.75: 85%/\$26.80 \$378.20
† 53018	TURBINECTOMY or TURBINECTOMIES, partial or total, unilateral (AU 6 - 17906) Fee: \$94.00 Benefit: 75% \$70.50: 85%/\$26.80 \$79.90

ORAL & MAXILLOFACIAL

TEMPOROMANDIBULAR JOINT

GROUP O8 - TEMPOROMANDIBULAR JOINT

‡ 53200	MANDIBLE, treatment of a dislocation of, not requiring open reduction (AU 4 - 17904) Fee: \$32.50 Benefit: 75% \$24.40: 85%/\$26.80 \$27.65
‡ @ 53203	MANDIBLE, treatment of a dislocation of, requiring open reduction (AU 4 - 17904) Fee: \$82.00 Benefit: 75% \$61.50: 85%/\$26.80 \$69.70
† 53206	TEMPOROMANDIBULAR JOINT, manipulation of, performed in the operating theatre of a hospital or day-hospital facility, not associated with any other Item in Groups O3 to O9 (AU 4 - 17904) Fee: \$98.00 Benefit: 75% \$73.50: 85%/\$26.80 \$83.30
† 53209	GLENOID FOSSA, ZYGOMATIC ARCH and TEMPORAL BONE, reconstruction of (Obwegeser technique) (AU 19 - 17919) Fee: \$1,135.00 Benefit: 75% \$851.25: 85%/\$26.80 \$1,108.20
† 53212	ABSENT CONDYLE and ASCENDING RAMUS in hemifacial microsomia, construction of, not including harvesting of graft material (AU 15 - 17915) Fee: \$610.00 Benefit: 75% \$457.50: 85%/\$26.80 \$583.20
† 53215	TEMPOROMANDIBULAR JOINT, arthroscopy of, with or without biopsy, not associated with any other arthroscopic procedure of that joint (AU 9 - 17909) Fee: \$225.00 Benefit: 75% \$168.75: 85%/\$26.80 \$198.20
† 53218	TEMPOROMANDIBULAR JOINT, arthroscopy of, removal of loose bodies, debridement, or treatment of adhesions - one or more such procedures (AU 12 - 17912) Fee: \$455.00 Benefit: 75% \$341.25: 85%/\$26.80 \$428.20
† 53221	TEMPOROMANDIBULAR JOINT, open surgical exploration of, with or without microsurgical techniques (AU 18 - 17918) Fee: \$600.00 Benefit: 75% \$450.00: 85%/\$26.80 \$573.20
‡ @ + 53224	TEMPOROMANDIBULAR JOINT, open surgical exploration of, with condylectomy or condylotomy, with or without microsurgical techniques (AU 20 - 17920) Fee: \$670.00 Benefit: 75% \$502.50: 85%/\$26.80 \$643.20
† 53227	TEMPOROMANDIBULAR JOINT, open surgical exploration of, with or without meniscus or capsular surgery, including meniscectomy when performed, with or without microsurgical techniques (AU 24 - 17924) Fee: \$820.00 Benefit: 75% \$615.00: 85%/\$26.80 \$793.20
† 53230	TEMPOROMANDIBULAR JOINT, open surgical exploration of, with meniscus, capsular and condylar head surgery, with or without microsurgical techniques (AU 24 - 17924) Fee: \$920.00 Benefit: 75% \$690.00: 85%/\$26.80 \$893.20

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
November 1, 1991

ORAL & MAXILLOFACIAL

TEMPOROMANDIBULAR JOINT

† 53233	TEMPOROMANDIBULAR JOINT, surgery of, involving procedures covered by Items 53224, 53227 and 53230 and also involving the use of tissue flaps, or cartilage graft, or allograft implants, with or without microsurgical techniques (AU 28 - 17928) Fee: \$1,035.00 Benefit: 75% \$776.25: 85%/\$26.80 \$1,008.20
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ORAL & MAXILLOFACIAL		TREATMENT OF FRACTURES	
GROUP O9 - TREATMENT OF FRACTURES			
‡ + 53400	MAXILLA, unilateral or bilateral, treatment of fracture of, not requiring splinting Fee: \$108.00 Benefit: 75% \$81.00: 85%/\$26.80 \$91.80		
† 53403	MANDIBLE, treatment of fracture of, not requiring splinting Fee: \$108.00 Benefit: 75% \$81.00: 85%/\$26.80 \$91.80		
‡ @ 53406	MAXILLA, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (AU 14 - 17914) <i>(See para OC. of explanatory notes to this Category)</i> Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20		
‡ @ + 53409	MANDIBLE, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (AU 14 - 17914) <i>(See para OC. of explanatory notes to this Category)</i> Fee: \$280.00 Benefit: 75% \$210.00: 85%/\$26.80 \$253.20		
‡ @ + 53410	ZYGOMATIC BONE, treatment of fracture of, not requiring surgical reduction Fee: \$59.00 Benefit: 75% \$44.25: 85%/\$26.80 \$50.15		
† 53411	ZYGOMATIC BONE, treatment of fracture of, requiring surgical reduction by a temporal, intra-oral or other approach (AU 7 - 17907) Fee: \$164.00 Benefit: 75% \$123.00: 85%/\$26.80 \$139.40		
† 53412	ZYGOMATIC BONE, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at one (1) site (AU 9 - 17909) Fee: \$270.00 Benefit: 75% \$202.50: 85%/\$26.80 \$243.20		
† 53413	ZYGOMATIC BONE, treatment of fracture of, requiring surgical reduction and involving internal and/or external fixation at two (2) sites (AU 10 - 17910) Fee: \$330.00 Benefit: 75% \$247.50: 85%/\$26.80 \$303.20		
† 53414	ZYGOMATIC BONE, treatment of fracture of, requiring surgical reduction and involving internal and/or external fixation at three (3) sites (AU 11 - 17911) Fee: \$380.00 Benefit: 75% \$285.00: 85%/\$26.80 \$353.20		
‡ @ + 53415	MAXILLA, treatment of fracture of, requiring open operation (AU 7 - 17907) Fee: \$300.00 Benefit: 75% \$225.00: 85%/\$26.80 \$273.20		
† 53416	MANDIBLE, treatment of fracture of, requiring open reduction (AU 7 - 17907) Fee: \$300.00 Benefit: 75% \$225.00: 85%/\$26.80 \$273.20		
‡ @ + 53418	MAXILLA, treatment of fracture of, requiring internal fixation not involving plate(s) (AU 9 - 17909) Fee: \$390.00 Benefit: 75% \$292.50: 85%/\$26.80 \$363.20		
† 53419	MANDIBLE, treatment of fracture of, requiring internal fixation not involving plate(s) (AU 9 - 17909) Fee: \$390.00 Benefit: 75% \$292.50: 85%/\$26.80 \$363.20		

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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ORAL & MAXILLOFACIAL		TREATMENT OF FRACTURES	
† 53422	MAXILLA, treatment of fracture of, requiring internal fixation involving plate(s) (AU 11 - 17911) Fee: \$495.00	Benefit: 75% \$371.25:	85%/\$26.80 \$468.20
† 53423	MANDIBLE, treatment of fracture of, requiring internal fixation involving plate(s) (AU 11 - 17911) Fee: \$495.00	Benefit: 75% \$371.25:	85%/\$26.80 \$468.20
‡ @ + 53424	MAXILLA, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction not involving plate(s) (AU 10 - 17910) Fee: \$425.00	Benefit: 75% \$318.75:	85%/\$26.80 \$398.20
† 53425	MANDIBLE, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction not involving plate(s) (AU 10 - 17910) Fee: \$425.00	Benefit: 75% \$318.75:	85%/\$26.80 \$398.20
† 53427	MAXILLA, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction involving the use of plate(s) (AU 12 - 17912) Fee: \$580.00	Benefit: 75% \$435.00:	85%/\$26.80 \$553.20
† 53429	MANDIBLE, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction involving the use of plate(s) (AU 12 - 17912) Fee: \$580.00	Benefit: 75% \$435.00:	85%/\$26.80 \$553.20
‡ @ + 53439	MANDIBLE, treatment of a closed fracture of, involving a joint surface (AU 6 - 17906) Fee: \$164.00	Benefit: 75% \$123.00:	85%/\$26.80 \$139.40

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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A	
Abscess, large, incision with drainage requiring GA	52057
Antrobuccal fistula operation	53015
Antrostomy, radical	53006
Antrum, drainage of, through tooth socket	53012
intranasal operation, or removal of foreign body	53009
maxillary, proof puncture and lavage of	53000,53003
maxillary, removal of foreign body from	53009
Axillary sinus, excision of	52033
B	
Basal cell carcinoma, complicated, removal of	52051,52054
uncomplicated, removal of	52036,52039,52042, 52045,52048
Biopsy, lymph gland, muscle or other deep tissue or organ skin or mucous membrane	52027 52024
Bone graft tumour, innocent, excision of	52318 52063
C	
Calculus, removal of, from salivary gland duct	52075
Caldwell-Luc's operation	53006
Carbuncle, incision with drainage requiring GA	52057
Cellulitis, incision with drainage requiring GA	52057
Cleft palate, cleft requiring major repair	52333
closure of fistula, secondary repair	52336
complete cleft, primary repair	52333
lengthening procedure, secondary repair	52339
Complicated fracture requiring open operation	53424
Condylectomy, of mandible	53224
Contour reconstruction, insertion of foreign implants for	52321
Cyst, not otherwise covered, removal of	52036,52039,52042, 52045,52048
D	
Deep tissue or organ, biopsy of	52027
Dermoid, excision of	52036,52039,52042, 52045
Diathermy, salivary gland duct	52072
Dilatation, salivary gland duct	52072
Dislocation, mandible, treatment of	53200,53203
Duct, salivary gland, diathermy or dilatation of	52072
salivary gland, removal of calculus from	52075
sublingual gland, removal of calculus from	52075

Payable on attendance basis

Service	Item
E	
Endo-biopsy	52024,52027
Exostosis, small bone, excision of	52600
F	
Fibroma, removal of	52036,52039,52042, 52045
Fistula, antrobuccal, operation for	53015
oro-antral, plastic closure of	53015
Foreign body, antrum, removal of	53009
maxillary sinus, removal of	53009
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Fracture, closed, treatment of involving a joint surface	53439
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Free grafts, full thickness	52315
split skin	52309,52312
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G	
Gland, lymph, biopsy of	52027
salivary, dilatation or diathermy of duct	52072
salivary, incision of	52057
salivary, removal of calculus from duct, or	
meatotomy or marsupialisation	52075
sublingual, extirpation of	52069
submandibular, extirpation of	52066
submaxillary, extirpation of	52066
submaxillary, incision of	52057
Grafts, free, full thickness	52315
split skin	52309,52312
H	
Haematoma, large, incision with drainage requiring GA	52057
Hypertrophied tissue, removal of	52036,52039,52042, 52045

*Payable on attendance basis

Service	Item
I	
Innocent bone tumour, excision of	52063
Intranasal operation on antrum or removal of foreign body	53009
J	
Jaw, dislocation, treatment of	52021,53200
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K	
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Lymphoid patches, removal of	52036,52039,52042, 52045
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operation on, for acute osteomyelitis	52090
operation on, for chronic osteomyelitis	52093
osteectomy or osteotomy of	52342-52375
Maxillary antrum, proof puncture and lavage of	53000,53003

*Payable on attendance basis

Service	Item
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sinus, operations on	53006,53009
Melanoma, excision of	52036,52039,52042, 52045
Mucous membrane, biopsy of	52024
repair of recent wound of	52000,52003,52006, 52009
Muscle, biopsy of	52027
excision of	52060
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N	
Naevus, excision of	52036,52039,52042, 52045
Nerve, transposition of	52818
trunk, repair of	52812,52815
Node, lymph, biopsy of	52027
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chronic, operation on mandible or maxilla	52093
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P	
Palate, cleft, closure of fistula, secondary repair	52336
complete cleft, primary repair	52333
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Papilloma, removal of	52036,52039,52042, 52045
Pin, orthopaedic, insertion of	52096
orthopaedic, removal of	52012,52015,52018
Plastic repair, free grafts	52309,52312,52315
single stage, local flap	52300
Plates, orthopaedic, removal of	52015,52018
Preauricular sinus operations	52030
Primary repair of nerve trunk	52812
Proof puncture of maxillary antrum	53000,53003

*Payable on attendance basis

Service	Item
R	
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Ranula, removal of	52087
Reduction, dislocation	53200,53203
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T	
Tendon, foreign body in, removal of or other deep tissue, foreign body in, removal of	52018 52018
Tissue, subcutaneous, repair of recent wound	52000,52003,52006,

*Payable on attendance basis

Service	Item
	52009
Tongue, partial excision of	52078
tie repair of	52081,52084
Traumatic wounds, repair of	52000,52003,52006, 52009
Tumour, bone, innocent, excision of	52063
mandible, plastic segmental resection for	52114
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soft tissue, excision of	52051,52054
W	
Washout, antrum	53000,53003
Wire, orthopaedic, insertion of	52096
orthopaedic, removal of	52012,52015,52018
Wound, traumatic, suture of	52000,52003,52006, 52009
Z	
Zygoma, fracture, treatment of	53410

Payable on attendance basis

SECTION 5

DIAGNOSTIC IMAGING SERVICES

PLEASE NOTE:

The information contained in this Section relates specifically to the Diagnostic Imaging Services Arrangements under Medicare. More comprehensive information on the Medicare Benefits Schedule book and the Medicare Arrangements are contained in the FOREWORD and the GENERAL EXPLANATORY NOTES (Section 1) of this book, which should be read in conjunction with this Section.

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CATEGORY 5 - DIAGNOSTIC IMAGING SERVICES

OUTLINE OF ARRANGEMENTS

DIA. DIAGNOSTIC IMAGING SERVICES IN RELATION TO MEDICARE BENEFITS

DIA.1 Introduction

In December 1990 Royal assent was given to legislation imposing certain conditions on the payment of Medicare benefits for diagnostic imaging services and prohibiting certain practices in the provision of those services. The services covered by this legislation, which came into effect on 1 May 1991, are diagnostic radiology, CT scanning, ultrasound, magnetic resonance imaging and nuclear scanning.

Under this legislation, except in certain circumstances, Medicare benefits are only payable for a diagnostic service if it is rendered following a written request for that service by another medical practitioner. For X-rays of the head the requesting practitioner may also be a dental practitioner, and for X-rays of the spine the requesting practitioner may also be a chiropractor.

To help in defining a diagnostic imaging service, a separate Diagnostic Imaging Services Table was established.

The items of service which are subject to the written request requirement are classified as "R-type" (requested) services and are identified in the Diagnostic Imaging Services Table with the symbol "(R)" after the item description.

The items of service not subject to the request requirement are classified as "NR-type" (not requested) services and are identified with the symbol "(NR)" after the item description.

The "NR-type" items of service are ultrasound items 55000 and 55006, the following items in Group I3, diagnostic radiology - Items 57500, 57506, 57512, 57518, 57524, 57700, 57706, 58500, 58515, 58900 - and all items in Subgroup I3.18 (Preparation). All other diagnostic imaging services are classified "R-type" services. The items in Subgroup I3.18 have not been classified as "R-type" services because this would require that there be a written request for the preparation items as well as the particular service to which it is related.

DIA.2 Services Rendered "On Behalf Of" Medical Practitioners

DIA.2.1 Medicare Benefits Attracted

Diagnostic imaging services attract Medicare benefits if the service is rendered by:

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

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

DIA.3 Basic Requirements

DIA.3.1 General Rule for Medicare Eligibility

Except in circumstances detailed below, a Medicare benefit is not payable for a diagnostic imaging service unless, prior to commencing the relevant service, the providing practitioner receives a signed and dated written request from a referring practitioner who determined that the service was necessary.

DIA.3.2 *Referral to Specified Practitioner Not Required*

It is not necessary that a written request for a diagnostic imaging service be addressed to a particular practitioner or that, if the request is addressed to a particular practitioner, the service must be rendered by that practitioner.

DIA.3.3 *Request for More Than One Service*

A practitioner may use a single request to order a number of diagnostic imaging services. However, all services provided under this request must be rendered within seven days after the rendering of the first service.

DIA.4 *Exemptions from Basic Requirements*

DIA.4.1 *General Provision*

The exemptions from the general written request requirements detailed below only apply to those "R-type" items of service for which there are no corresponding "NR-type" item of service.

DIA.4.2 *Specialist*

A written request is not required for the payment of Medicare benefits when the diagnostic imaging service is provided by or on behalf of a specialist (other than a specialist in diagnostic radiology) in the course of that specialist practising his or her specialty and after determining that the service was necessary. See section DIB.1.3 for details required on accounts.

DIA.4.3 *Remote Area Exemption*

A written request is not required for the payment of Medicare benefits for an "R-type" diagnostic imaging service rendered by a medical practitioner in a remote area, provided:

- the "R-type" service is not one for which there is a corresponding "NR-type" service; and
- the medical practitioner rendering the service has been granted a remote area exemption for that service.

Further information regarding the remote area exemption is set out in section DIC of these explanatory notes. See section DIB.1.3 for details required on accounts.

DIA.4.4 *Emergencies*

The written request requirement does not apply if the providing practitioner determined that, because the need for the service arose in an emergency, the service should be performed as quickly as possible. See section DIB.1.3 for details required on accounts.

DIA.4.5 *Lost Requests*

The written request requirement does not apply where:

- the person who received the diagnostic imaging service or someone acting on that person's behalf claimed that a medical practitioner, dentist or chiropractor had made a written request for such a service but that the request had been lost; and
- the provider of the diagnostic imaging service or that practitioner's agent or employee obtained confirmation from the requesting practitioner.

In respect of requests by dentists and chiropractors, the lost request exemption is applicable only to radiographic examinations of the head and the spine respectively. For details required on accounts, see section DIB.1.3.

DIA.4.6 *Additional Necessary Services*

A written request is not required for a diagnostic imaging service if that service was rendered after one which had been formally requested and the providing practitioner had determined that, on the basis of the results obtained from the requested service, that an additional service was necessary. For details required on accounts, see section DIB.1.3.

DIA.4.7 *Pre-existing Diagnostic Imaging Practices*

The legislation provides for exemption from the written request requirement for services provided by practitioners who have operated pre-existing diagnostic imaging practices. To qualify for this "grandparent" exemption the providing practitioner must:

- (a) be treating his or her own patient;
- (b) have determined that the service was necessary;
- (c) have rendered between 17 October 1988 and 16 October 1990 at least 50 services (which resulted in the payment of Medicare benefits) of the kind which have been designated "R-type" services from 1 May 1991;
- (d) provide the exempted services at the practice location where the services which enabled the practitioner to qualify for the "grandparent" exemption were rendered; and
- (e) render the service before 1 January 1993 as the legislation provides that, from that date, the exemption provision is automatically repealed.

The above exemption applies to the services covered by the following items: 57712, 57715, 57718, 57900, 57903, 57912, 57915, 57921, 58100, 58103, 58106, 58109, 58112, 58115, 58118, 58521, 58524, 58527, 58700, 58924 and 59103.

For details required on accounts, see section DIB.1.3.

DIA.5 Medicare Benefits Not Payable

DIA.5.1 *Medicare Benefits in Relation to Diagnostic Imaging Services Rendered in Contravention of State or Territory Laws*

Where a diagnostic imaging service is rendered by or on behalf of a medical practitioner and the rendering of that service by the doctor or any other person contravenes a State or Territory law relating directly or indirectly to the use of diagnostic procedures or equipment, Medicare benefits are not payable.

DIA.5.2 *Medicare Benefit Not Payable in Respect of Services Rendered by Disqualified Practitioners*

Medicare benefits are not payable for a diagnostic imaging service if, at the time the service was rendered, the providing practitioner or the practitioner on whose behalf the service was rendered was disqualified fully or partially from the Medicare benefits arrangements.

DIA.5.3 *Notification of Contraventions of Certain State and Territory Laws to Relevant Authorities*

The General Manager of the Health Insurance Commission may notify the relevant State or Territory authorities if he/she believes that a person may have contravened a law of a State or Territory relating directly or indirectly to the use of diagnostic imaging procedures or equipment.

DIB. DIAGNOSTIC IMAGING SERVICES REQUESTS

DIB.1 Form etc. of Request

DIB.1.1 *Details of Services Requested*

A written request for a diagnostic imaging service does not have to be in any particular form. However, the legislation provides that a request must contain sufficient information, in terms that are generally understood by the profession, to clearly identify the item of service requested. Responsibility for the adequacy of requesting details rests with the requesting practitioner.

DIB.1.2 *Contravention of Request Requirements*

A practitioner who, without reasonable excuse, makes a request for a diagnostic imaging service that does not include the required information in his or her request or in a request made on his or her behalf is guilty of an offence under the Health Insurance Act 1973 punishable, upon conviction, by a fine of \$1000.

A medical practitioner who renders "R-type" diagnostic imaging services and who, without reasonable excuse, provides either directly or indirectly to a requesting practitioner a document to be used in the making of a request which would contravene the request information requirements is guilty of an offence under the Health Insurance Act 1973 punishable, upon conviction, by a fine of \$1000.

DIB.1.3 *Details Required on Accounts, Receipts and Medicare Assignment of Benefits Forms*

In addition to the normal particulars of the patient, the services performed and the fees charged, the details which are to be entered on accounts or receipts, and Medicare assignment of benefits forms in respect of diagnostic imaging services are as follows:

- . For "R-type" (requested) services and services rendered subsequent to lost requests, the account or receipt or the Medicare assignment form must indicate the date of the request and the name and provider number, or the name and address, of the requesting practitioner.
- . For a specialist service, a remote area service, and additional service or a pre-existing diagnostic imaging practice service, the account etc. must be endorsed with the letters "SD" to indicate that the service was self determined.
- . For emergencies, the account etc. must be endorsed "emergency".
- . In respect of lost requests the account etc. must be endorsed "lost request".

DIB.1.4 *Retention of Requests etc.*

A medical practitioner who has rendered an "R-type" diagnostic imaging service in response to a written request must retain that request for the period of 18 months commencing on the day on which the service was rendered.

A medical practitioner must, if requested by the General Manager of the Health Insurance Commission, produce to an officer of the Commission written requests retained by that practitioner for an "R-type" diagnostic imaging service as soon as practicable but in any case no later than the end of the day after the day on which the General Manager's request was made.

The officer of the Health Insurance Commission is authorised to make and retain copies of or take and retain extracts from written requests or written confirmations of lost requests.

A medical practitioner who, without reasonable excuse, fails to comply with the above requirements is guilty of an offence under the Health Insurance Act 1973 punishable, upon conviction, by a fine of \$1000.

DIB.1.5 *Other Records of Diagnostic Imaging Services*

Providers of diagnostic imaging services must keep records of diagnostic imaging services in a manner that facilitates retrieval on the basis of the patient's name and date of service.

These records must include the report by the providing practitioner on the diagnostic imaging service.

For services rendered after a lost request, the records must include words to the effect that the request was lost but confirmed by the requesting practitioner and the manner of confirmation, e.g. how and when.

For emergency services, the records must indicate the nature of the emergency.

Medical practitioners must retain records of R-type diagnostic imaging services for a period of 18 months commencing on the day on which the service was rendered.

If requested by the General Manager of the Health Insurance Commission, records retained by a providing practitioner must be produced to an officer of the Commission as soon as practicable but in any event within seven days after the day the General Manager requests the production of those records.

Officers of the Health Insurance Commission may make and retain copies, or take and retain extracts, of such records.

A medical practitioner who, without reasonable excuse, contravenes any of the above provisions is guilty of an offence under the Health Insurance Act 1973 punishable, upon conviction, by a fine of \$1000.

DIC. REMOTE AREA EXEMPTIONS

DIC.1 Remote Areas

DIC.1.1 *Designation of Remote Areas*

For remote area exemption purposes a remote area is one that is:

- (a) more than 30 kilometres by road from a hospital which provides a radiology service under the direction of a specialist in the specialty of diagnostic radiology; and
- (b) more than 30 kilometres by road from a free-standing radiology facility under the direction of a specialist in the specialty of diagnostic radiology.

Consideration may also be given to applications for remote area exemptions which do not satisfy the above distance criteria if the applicant can demonstrate that his or her practice location is of sufficient distance from a hospital or facility of the kind mentioned in (a) and (b) to warrant it being declared to be remote by virtue of the physical or financial hardship that not declaring it to be remote would cause to a significant proportion of patients in the area.

As is explained in section DIC.1.5, a remote area exemption may be restricted to certain services.

DIC.1.2 *Application for Remote Area Exemption*

A medical practitioner who believes that he or she qualifies for exemption under the remote area definition and wishes to apply for such an exemption should make application, using the approved form (which is obtainable from the Health Insurance Commission), to the General Manager, Health Insurance Commission, c/o Manager, Eligibility and Benefits, PO Box 9822 in the Capital city in his or her State.

The form requires that the applicant provide the following details:

- (a) the practitioner's name, address and practice location;
- (b) a statement setting out the services for which exemption is sought;
- (c) the reasons for seeking the exemption;
- (d) the name, location, and distance from the applicant's practice, of the nearest radiology facility under the direction of a specialist radiologist; and
- (e) if any arrangements exist for the provision of services by a visiting radiologist, the nature of those arrangements.

DIC.1.3 *Request for Further Information*

An applicant for remote area exemption may be requested by the Minister for Health, Housing and Community Services to provide additional information within 60 days of a remote area exemption application having been made.

DIC.1.4 *Grant of Remote Area Exemption*

The applicant must be granted a remote area exemption if the the Minister is satisfied:

- (a) the applicant provided the required information;
- (b) the applicant's practice is located in a remote area; and
- (c) the facilities for rendering "R-type" diagnostic imaging services in the area in which the applicant's practice is located, including any visiting facilities, are such that, were the formal written request requirement to apply to the rendering of those services, patients in the area would suffer physical or financial hardship.

DIC.1.5 *Restrictions on Remote Area Exemption*

Where the physical or financial hardship would only apply to the rendering of a limited range of diagnostic imaging services, the notice granting exemption from the written request requirements may restrict the remote area exemption to those services.

If a limited exemption is granted, the applicant will be provided in writing with the reasons for that restriction.

The person to whom a remote area exemption applies may apply in writing at any time seeking the removal of the restriction or a reduction in its scope.

The applicant may be requested in writing, within 60 days of making the application for removal of a restriction or a reduction in its scope, to provide additional information relating to the application.

If the Minister is satisfied that retention of the restriction or the refusal to grant a reduction in its scope would cause physical or financial hardship to patients in the area, the restriction must be removed or reduced in scope and the applicant must be notified in writing accordingly.

DIC.1.6 *Refusal of Application*

The Minister may refuse an application for a remote area exemption, the removal of a restriction on a remote area exemption, or a reduction in the scope of a restriction on a remote area exemption by giving the applicant written notice of the refusal and the reasons for the refusal.

DIC.1.7 *Deemed Refusal for Review Purposes*

For the purposes of review by the Administrative Appeals Tribunal, the Minister will be deemed to have refused an application for a remote area exemption, the removal of a remote area restriction or a reduction in the scope of such a restriction if, at the end of 60 days after the application was made, the Minister has not made a decision, or has not sought further information from the applicant, or, having obtained additional information from the applicant, has not notified the applicant of his or her decision.

DIC.1.8 *Duration of Remote Area Exemption*

A remote area exemption remains in force for 3 years unless revoked by the Minister.

DIC.1.9 *Renewal of Exemption*

A holder of a remote area exemption may apply for its renewal at any time within six months before it is due to expire. In any event, the Health Insurance Commission will send the holder a reminder notice and a renewal application six weeks before the current exemption expires.

The arrangements for dealing with renewal applications are the same as those applying to initial applications.

DIC.1.10 *Revocation of Exemption*

The Minister may revoke a remote area exemption if satisfied that the practice of the practitioner granted the exemption is no longer situated in a remote area, or that adequate diagnostic imaging facilities have become available in the relevant area to enable the written request requirement to

operate without causing physical or financial hardship to patients in that area.

The Minister may also revoke an exemption if a Medicare Participation Review Committee has so advised.

Before revoking a remote area exemption, the practitioner must be given written notice indicating that revocation is being considered, detailing the grounds for considering revocation, and stating that the practitioner has the right to make a written submission, within six months of being given the notice, as to why the exemption should not be revoked.

The Minister must give due consideration to any such submissions made by or on behalf of the practitioner during those six months.

DID. REVIEW OF DECISIONS

DID.1 Administrative Appeals Tribunal

DID.1.1 *Review by Administrative Appeals Tribunal*

A practitioner may apply to the Administrative Appeals Tribunal for a review of:

- (a) a decision to restrict a remote area exemption to certain "R-type" diagnostic imaging services; or
- (b) a decision to reduce the scope of a remote area exemption; or
- (c) a decision to refuse a remote area exemption; or
- (d) a deemed refusal of a remote area exemption application or of the reduction of the scope of an exemption; or
- (e) a decision to revoke a remote area exemption following advice by a Medicare Participation Review Committee.

DID.1.2 *Statements to Accompany Notification of Decisions*

When a person affected by a decision set out in DID.1.1 above is given written notice of that decision, the notice must include a statement advising that, if the person is dissatisfied with the decision, an application may be made to the Administrative Appeals Tribunal for a review of that decision.

Failure to comply with the above requirement does not affect the validity of the decision.

DIE. PROHIBITED PRACTICES

DIE.1 Prohibited Diagnostic Imaging Practices

For Medicare benefit purposes, a person is taken to be engaged in a prohibited diagnostic practice if:

- (a) the person is a service provider who directly or indirectly offers any inducement (whether by way of money, property or other benefit or advantage), or threatens any detriment or disadvantage, to a practitioner or any other person in order to encourage the practitioner to request the rendering of a diagnostic imaging service; or
- (b) the person is a service provider who, without reasonable excuse:
 - (i) directly or indirectly invites a practitioner to request the rendering of a diagnostic imaging service; or
 - (ii) does any act or thing that the person knows, or ought reasonably to know, is likely to have the effect of directly or indirectly encouraging a practitioner to request the rendering of a diagnostic imaging service; or
- (c) the person is a practitioner, or the employer of a practitioner, who, without reasonable excuse, asks, receives or obtains, or agrees to receive or obtain, any property, benefit or advantage of any kind for himself or herself, or any other person, from a service provider or a person acting on behalf of the service provider; or

- (d) the person is a practitioner who:
 - (i) accepts a request from another practitioner to render a diagnostic imaging service; and
 - (ii) in respect of any service (including a service for the use of diagnostic imaging equipment) connected with the rendering of the diagnostic imaging service, makes a payment, directly or indirectly:
 - (A) to the other practitioner; or
 - (B) if the diagnostic imaging service is not provided in a hospital - to a person who is the other practitioner's employer or to an employee of such a person; or
- (e) the person is a practitioner who accepts a request from another practitioner to render a diagnostic imaging service where there is in force an arrangement under which:
 - (i) the two practitioners share, directly or indirectly, the cost of employing staff, or of buying, renting or maintaining items of equipment; and
 - (ii) the amounts payable under the arrangement are not fixed at normal commercial rates; or
- (f) the person is a practitioner who accepts a request from another practitioner to render a diagnostic imaging service where there is in force an arrangement under which:
 - (i) the 2 practitioners share a particular space in a building; or
 - (ii) one practitioner provides, directly or indirectly, space in a building for the use or occupation of the other practitioner or permits the other practitioner to use or occupy space in a building;
 and the amounts payable under the arrangement are not fixed at normal commercial rates; or
- (g) the person is a specialist in the speciality of diagnostic radiology who stations diagnostic imaging equipment or employees of the specialist at the premises of another practitioner (whether it is a full-time arrangement or not), so that diagnostic imaging services may be rendered to the practitioner's patients by or on behalf of the specialist.

DIF. POSSIBLE PROHIBITED PRACTICES

DIF.1 Notice of Possible Breaches

DIF.1.1 *Minister to Give Notice*

Where the Minister has reasonable grounds for believing that a person has engaged in prohibited diagnostic imaging practices, the Minister is required to notify that person in writing giving the grounds for that belief and setting out the particulars of the prohibited practice. The Minister is also required to invite the practitioner to show cause within 28 days, commencing on the day the notice is given, why no further action should be taken in relation to the person.

DIF.1.2 *Minister to Consider Submissions*

Where a person makes a submission to the Minister within 28 days, the Minister must take the submission into account in determining whether to take further action in respect of that person.

DIF.1.3 *Minister May Take Further Action*

If after 28 days the person has not made submissions to the Minister, or the person has made submissions and the Minister is satisfied that there are reasonable grounds for believing the person may have engaged in a prohibited diagnostic imaging practice, the Minister must give notice in writing to the Chairperson of a Medicare Participation Review Committee, setting out the particulars of the prohibited diagnostic imaging practice and the grounds for the Minister's belief.

Where a person provides a submission within the 28 day period and the Minister decides that no further action be taken against the person, that decision must be conveyed to the person in writing.

DIG. MEDICARE PARTICIPATION REVIEW COMMITTEE

DIG.1 Chairperson to Establish Committee

DIG.1.1 *Establishment of Committee*

Upon receiving a notice from the Minister that a person is believed to have engaged in a prohibited diagnostic imaging practice, the Chairperson of a Medicare Participation Review Committee must establish a Committee.

Where a Chairperson receives a notice in relation to a practitioner, and the Committee has already been established in relation to the practitioner but the Committee has yet to make a determination in relation to the practitioner, the Chairperson must as soon as practicable, bring the notice to the attention of the Committee.

DIG.1.2 *Composition of Committees*

For the purposes of determining whether a person has engaged in a prohibited diagnostic imaging practice, the Medicare Participation Review Committee will consist of five persons.

With the exception of the Chairperson, who must be a legal practitioner of not less than five years standing, all members must be medical practitioners experienced in the rendering of diagnostic services.

No Committee member may have a direct or indirect interest (whether pecuniary or otherwise) in a matter to be considered by the Committee.

DIG.1.3 *Provision of Information to Person*

Any information given to a Committee by the Health Insurance Commission about a person must also be given to that person at or about the same time.

DIG.1.4 *Committee may add Parties to Proceedings*

Where a Committee has reasonable grounds to believe that a person who employs or employed the practitioner (in respect of whom the Committee was established), or is or was an officer of a body corporate that employs or employed that practitioner may have caused or permitted the practitioner, or any other person, to engage in prohibited diagnostic imaging practices, it may determine whether the person caused or permitted those prohibited practices.

If the Committee has been established in relation to a body corporate which employs or employed a practitioner and the Committee has reasonable grounds to believe that a person who is or was an officer of the body corporate caused or permitted the practitioner to engage in a prohibited practice, it may determine whether it should consider whether that officer caused or permitted that prohibited practice to be engaged in.

DIG.1.5 *Written Notice to Persons*

Written notice of any determination made by a Medicare Participation Review Committee must be given to the person in respect of whom the determination is made.

DIG.1.6 *Committee Determinations*

If a Committee determines that a person engaged in, or permitted another person to engage in, a prohibited diagnostic imaging practice, it must make one of the following determinations:

- that no action should be taken against the person;
- that it should counsel the person;
- that it should reprimand the person;
- that the person, if a practitioner, is disqualified for the purposes of attracting Medicare benefits for some or all diagnostic imaging services for a specified period of not more than 5 years;
- where the person employs, or has employed, a practitioner - that any practitioner who is employed by the person is, while so employed, taken to be disqualified;

- where the person is or has been an officer of a body corporate that employs, or has employed, a practitioner - that any practitioner who is employed by a body corporate of which the person is an officer is, while so employed at a time when the person is such an officer, taken to be disqualified.

All determinations by Medicare Participation Review Committees must be in writing.

DIG.1.7 *Nature Of Disqualification*

A Committee, having determined that a practitioner is disqualified or taken to be disqualified, must specify whether the disqualification is full or partial; if partial the Committee must indicate whether the disqualification is in respect of one or more of the following:

- the provision of specified professional services, or the provision of professional services other than specified professional services;
- the provision of professional services to a specified class of persons, or the provision of professional services to persons other than a specified class of persons; and
- the provision of professional services within a specified location, or the provision of professional services otherwise than within a specified location.

DIG.1.8 *Specification of Period of Disqualification*

Where a Committee determines that a practitioner is disqualified, or taken to be disqualified, the Committee must specify in the determination the period of disqualification which must not exceed 5 years.

DIG.1.9 *Determination of Services*

A Committee must identify all services it determines were rendered as the result of a person engaging in prohibited diagnostic imaging practices. If Medicare benefits were paid to a practitioner or have been paid or are payable to a person other than a practitioner, the Committee must determine that the benefits or a specified part of the benefits be paid by the practitioner to the Commonwealth. If Medicare benefits are payable but have not been paid, the Committee must determine that the benefits or a specified proportion of the benefits cease to be payable.

DIG.1.10 *Revocation of Remote Area Exemption*

If a Committee determines that a medical practitioner engaged in, or caused or permitted another person to engage in a prohibited diagnostic imaging practice, and the practitioner has been granted a remote area exemption, the Committee must include in its determination advice to the Minister on whether the remote area exemption should be revoked and give its reasons for so advising.

DIG.1.11 *Recovery of Benefits Paid*

Any Medicare payment made for a diagnostic imaging service which contravened a State or Territory law relating to the use of diagnostic imaging procedures or equipment is payable to the Commonwealth by the person who contravened the law.

EXPLANATORY NOTES

DIH. ULTRASOUND

DIH.1 *Ultrasonic Cross-sectional Echography (items 55000 and 55003)*

Item 55000 covers ultrasonic cross-sectional echography where the examination is rendered by a practitioner on his/her own or partner's patient. Item 55003 covers the examination where the patient has been referred to a medical practitioner outside the referring practitioner's practice especially for ultrasound scanning.

As a rule, benefit is payable once only for ultrasonic examination at the one attendance, irrespective of the areas involved. Additional benefits may, however, be payable where examinations of non-contiguous body areas are involved. Such cases should be referred to the Health Insurance Commission.

DIH.2 Routine Ultrasonic Scanning

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

Details of diagnostic imaging requesting requirement are set out in Section DIA.

DIH.3 Investigations of Vascular Disease (Items 55012-55027)

These items relate to examinations performed in the investigation of vascular disease. The fees include components for interpretation of the results and provision of the report which must be performed by a medical practitioner.

DII. COMPUTERISED TOMOGRAPHY

DII.1 General

It will be noted that there are separate items in respect of computerised tomography services, i.e. services performed on a body scanner and those performed on a brain scanner.

DII.2 Scan of more than one area

Items have been provided to cover the common combinations of regions - see DII.6. However, where regions are scanned on the one occasion which are not covered by a combination item, for example, Item 56000 (scan of brain) and Item 56603 (scan of extremities), both examinations would attract separate benefit.

DII.3 CT Scan of Temporal Bones with Air Study - (Item 56018)

This service would be preceded by a CT brain scan on either the same day or the previous day. The brain scan attracts a separate benefit.

DII.4 CT Scan of Spine with Intrathecal Contrast Medium - (Item 56218)

The intrathecal injection of contrast medium attracts benefit under Item 60957 or 60960.

DII.5 CT Scan of Extremities - (Items 56600-56624)

Benefit for these services is attracted according to the total number of slices irrespective of whether one part or more than one part of the one extremity is scanned or more than one extremity is scanned, eg, even if the left ankle and the right elbow are examined on the one occasion, the number of slices involved would determine the appropriate item.

DII.6 CT Scans of Multiple Regions - (Items 56700-57106)

The Schedule provides items to cater for the common combinations of regions. The items relating to the individual regions should not be used when scans of multiple regions are performed.

DIJ. DIAGNOSTIC RADIOLOGY

DIJ.1 General

The benefits allocated to each item from 57500 to 60981 inclusive covers the total procedure, i.e. the examination, reading and report. Separate benefits are not payable for individual components of the service, eg preliminary reading.

DIJ.2 Films - exposure of more than one

Where the radiographic examination of a specific area involves the exposure of more than one film, benefits are payable once only, except where special provision is made in the description of the item for the inclusion of all films taken for the purpose of the examination.

DIJ.3 Comparison X-rays - Limbs

Where it is necessary for one or more films of the opposite limb to be taken for comparison purposes, benefits are payable for radiographic examination of one limb only. Comparison views are considered to be part of the examination requested.

DIJ.4 Plain Abdominal Film (Item 58900/58903)

Benefits are not attracted for Items 58900/58903 in association with barium meal examinations or cholecystograms whether provided on the same day or previous day. Benefits are payable for the preliminary plain film in conjunction with barium enema studies.

DIJ.5 Radiography of the Breast (Items 59300 and 59303)

Benefits under these items are attracted only where the patient has been referred in specific circumstances. To facilitate these requirements the Regulations to the Health Insurance Act require the referring medical practitioner to complete a referral letter or note (to be personally signed by the medical practitioner) indicating that the patient has been referred for mammography in accordance with the requirements outlined in the description of the items.

DIJ.6 Study of region or organ not covered by any other item in this Group (Item 60700)

A nominal fee only has been allocated to this item. The procedure to be adopted for the purpose of facilitating payment of Medicare benefits is outlined at paragraph 10.1 et seq. of the General Explanatory Notes in Section 1 of this book.

DIK. MAGNETIC RESONANCE IMAGING

DIK.1 General

Benefits under this item are restricted to services rendered in specific recognised hospitals. The following hospitals have been approved for Medicare benefits, although some units are not yet operational (As from 1 February 1992, it is expected that these services will be covered under Health Program Grants, and that Medicare benefits will cease to be payable):

- . Royal North Shore Hospital of Sydney
Pacific Highway
ST LEONARDS NSW 2065
- . Royal Prince Alfred Hospital
Missenden Road
CAMPERDOWN NSW 2050
- . Alfred Hospital
Commercial Road
PRAHRAN VIC 3181
- . Royal Melbourne Hospital
Grattan Street
PARKVILLE VIC 3052
- . St Vincent's Hospital
Victoria Parade
FITZROY VIC 3065
- . Princess Alexandra Hospital
Ipswich Road
WOOLLOONGABBA QLD 4102
- . Royal Brisbane Hospital
Herston Road
HERSTON QLD 4006
- . Royal Adelaide Hospital
North Terrace
ADELAIDE SA 5000

· Sir Charles Gairdner Hospital
Verdun Street
NEDLANDS WA 6009

· Royal Hobart Hospital
Liverpool Street
HOBART TAS 7000

DIL. NUCLEAR MEDICINE IMAGING

DIL.1 General

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

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

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

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

Many items for nuclear medicine imaging contain more than one service. If two or more services within the one item are rendered, full benefits are attracted for each service.

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

DIL.2 Radiopharmaceuticals

The Schedule fees for nuclear medicine investigations incorporate the costs of radiopharmaceuticals.

DIL.3 Study of region or organ not covered by any other item in this Group (Items 61501/61502)

A nominal fee only has been allocated to these items. The procedure to be adopted for the purpose of facilitating payment of Medicare benefits is outlined at paragraph 10.1 et seq. of the General Explanatory Notes in Section 1 of this book.

5500 → 55012 + 55015

ULTRASOUND		GENERAL
GROUP II - ULTRASOUND		
SUBGROUP 1 - GENERAL		
55000	ULTRASONIC CROSS-SECTIONAL ECHOGRAPHY, not associated with Item 55003, 55006 or 55009, where the patient is not referred by a medical practitioner for ultrasonic examination - each ultrasonic examination not exceeding two examinations in any one pregnancy (NR) (See para DIH. of explanatory notes to this Category)	Fee: \$32.00 Benefit: 75% \$24.00: 85%/\$26.80 \$27.20
55003	ULTRASONIC CROSS-SECTIONAL ECHOGRAPHY performed by, or on behalf of, a medical practitioner where the patient is referred by a medical practitioner for ultrasonic examination not associated with Item 55000, 55006 or 55009 and where the referring medical practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) (See para DIH. of explanatory notes to this Category)	Fee: \$93.00 Benefit: 75% \$69.75: 85%/\$26.80 \$79.05
55006	ULTRASONIC ECHOGRAPHY, UNIDIMENSIONAL, not associated with Item 55000, 55003 or 55009 (NR)	Fee: \$56.00 Benefit: 75% \$42.00: 85%/\$26.80 \$47.60
55009	ECHOCARDIOGRAPHY, not covered by Item 55000 or 55003 (R)	Fee: \$80.00 Benefit: 75% \$60.00: 85%/\$26.80 \$68.00
55012	DUPLEX SCANNING (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of carotid vessels (with or without vertebral arteries), peripheral vessels or intra-thoracic or intra-abdominal vascular structures (excluding cardiac and pregnancy related studies), (not associated with Item 55003) - one examination and report (R) (See para DIH. of explanatory notes to this Category)	Fee: \$160.00 Benefit: 75% \$120.00: 85%/\$26.80 \$136.00
55015	- two or more examinations of the kind referred to in Item 55012 and report (not associated with Item 55003) (R) (See para DIH. of explanatory notes to this Category)	Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20
55018	DUPLEX SCANNING (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of carotid vessels, with oculo-plethysmography (not associated with Item 55003) - examination and report (R) (See para DIH. of explanatory notes to this Category)	Fee: \$192.00 Benefit: 75% \$144.00: 85%/\$26.80 \$165.20

LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed
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ULTRASOUND	GENERAL
55021	<p>DUPLEX SCANNING (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis, of peripheral vessels and carotid vessels, with oculoplethysmography (not associated with Item 55003) - examination and report (R) <i>(See para DIH. of explanatory notes to this Category)</i> Fee: \$310.00 Benefit: 75% \$232.50: 85%/\$26.80 \$283.20</p>
55024	<p>DUPLEX SCANNING (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis, of peripheral vessels, including any of the investigations covered by Item 11603, 11606 or 11609 (not associated with Item 55003) - examination and report (R) <i>(See para DIH. of explanatory notes to this Category)</i> Fee: \$186.00 Benefit: 75% \$139.50: 85%/\$26.80 \$159.20</p>
55027	<p>DUPLEX SCANNING (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis, of peripheral vessels, including any of the investigations covered by Item 11612 (not associated with Item 55003) - examination and report (R) <i>(See para DIH. of explanatory notes to this Category)</i> Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20</p>
	<p>v.3 <i>was removed</i></p>
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed November 1, 1991 Page 410</p>	

ULTRASOUND		CARDIAC
SUBGROUP 2 - CARDIAC		
910 55100	TWO DIMENSIONAL REAL TIME TRANSOESOPHAGEAL ECHOCARDIOGRAPHIC EXAMINATION of the heart, not associated with any other echocardiographic examination (R)	Fee: \$186.00 Benefit: 75% \$139.50: 85%/\$26.80 \$159.20
911 55103	TWO DIMENSIONAL REAL TIME TRANSOESOPHAGEAL ECHOCARDIOGRAPHIC EXAMINATION of the heart, associated with another echocardiographic examination (R)	Fee: \$93.00 Benefit: 75% \$69.75: 85%/\$26.80 \$79.05
80.31 55106	M-MODE AND TWO DIMENSIONAL REAL TIME ECHOCARDIOGRAPHIC EXAMINATION OF THE HEART FROM AT LEAST TWO THORACIC WINDOWS, performed using a mechanical sector scanner or phased array transducer, with measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques, with recordings on video tape, not associated with Items 55000, 55003, or 55009 (R)	Fee: \$160.00 Benefit: 75% \$120.00: 85%/\$26.80 \$136.00

COMPUTERISED TOMOGRAPHY		BODY SCANNER	
GROUP 12 - COMPUTERISED TOMOGRAPHY			
SUBGROUP 1 - COMPUTERISED TOMOGRAPHY ON A BODY SCANNER (EXCLUDING MAGNETIC RESONANCE IMAGING)			
HEAD			
56000	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN with or without scan of internal auditory meatus without intravenous contrast medium (not covered by Item 57000 or 57100) (R)	Fee: \$138.00	Benefit: 75% \$103.50: 85%/\$26.80 \$117.30
56003	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN with or without scan of internal auditory meatus with intravenous contrast medium (not covered by Item 57003 or 57103) (R)	Fee: \$192.00	Benefit: 75% \$144.00: 85%/\$26.80 \$165.20
56006	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN with or without scan of internal auditory meatus without intravenous contrast medium (minimum of 8 slices) and with intravenous contrast medium (not covered by Item 57006 or 57106) (R)	Fee: \$225.00	Benefit: 75% \$168.75: 85%/\$26.80 \$198.20
56009	COMPUTERISED TOMOGRAPHY - SCAN OF PITUITARY FOSSA by multiple thin slices (including reconstructions) without or with intravenous contrast medium and with or without brain scan (R)	Fee: \$460.00	Benefit: 75% \$345.00: 85%/\$26.80 \$433.20
56012	COMPUTERISED TOMOGRAPHY - SCAN OF ORBITS by multiple thin slices (including reconstructions) without or with intravenous contrast medium and with or without brain scan (R)	Fee: \$455.00	Benefit: 75% \$341.25: 85%/\$26.80 \$428.20
56015	COMPUTERISED TOMOGRAPHY - SCAN OF MIDDLE EAR AND TEMPORAL BONE, unilateral or bilateral, detailed study by multiple thin slices (including reconstructions) without or with intravenous contrast medium and with or without brain scan (R)	Fee: \$445.00	Benefit: 75% \$333.75: 85%/\$26.80 \$418.20
56018	COMPUTERISED TOMOGRAPHY - SCAN OF TEMPORAL BONES WITH AIR STUDY (including reconstructions) and including intrathecal injection, not including an associated brain scan (R) <i>(See para DII. of explanatory notes to this Category)</i>	Fee: \$355.00	Benefit: 75% \$266.25: 85%/\$26.80 \$328.20
56021	COMPUTERISED TOMOGRAPHY - SCAN OF FACIAL BONES, sinuses and salivary glands - scan of one or more regions without intravenous contrast medium (R)	Fee: \$250.00	Benefit: 75% \$187.50: 85%/\$26.80 \$223.20
LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed November 1, 1991 Page 412			

COMPUTERISED TOMOGRAPHY		BODY SCANNER	
56024	COMPUTERISED TOMOGRAPHY - SCAN OF FACIAL BONES, sinuses and salivary glands - scan of one or more regions with intravenous contrast medium (R) Fee: \$265.00 Benefit: 75% \$198.75: 85%/\$26.80 \$238.20		
56027	COMPUTERISED TOMOGRAPHY - SCAN OF FACIAL BONES, sinuses and salivary glands - scan of one or more regions without and with intravenous contrast medium (R) Fee: \$375.00 Benefit: 75% \$281.25: 85%/\$26.80 \$348.20		
	NECK		
56100	COMPUTERISED TOMOGRAPHY - SCAN OF SOFT TISSUES OF NECK, including larynx, pharynx and upper oesophagus (not associated with cervical spine) - scan of one or more regions without intravenous contrast medium (not covered by Item 56900) (R) Fee: \$355.00 Benefit: 75% \$266.25: 85%/\$26.80 \$328.20		
56103	COMPUTERISED TOMOGRAPHY - SCAN OF SOFT TISSUES OF NECK, including larynx, pharynx and upper oesophagus (not associated with cervical spine) - scan of one or more regions with intravenous contrast medium (not covered by Item 56903) (R) Fee: \$385.00 Benefit: 75% \$288.75: 85%/\$26.80 \$358.20		
56106	COMPUTERISED TOMOGRAPHY - SCAN OF SOFT TISSUES OF NECK, including larynx, pharynx and upper oesophagus (not associated with cervical spine) - scan of one or more regions without and with intravenous contrast medium (not covered by Item 56906) (R) Fee: \$420.00 Benefit: 75% \$315.00: 85%/\$26.80 \$393.20		
	SPINE		
56200	COMPUTERISED TOMOGRAPHY - SCAN OF SPINE, one or more regions - 25 slices or less without intravenous contrast medium (R) Fee: \$176.00 Benefit: 75% \$132.00: 85%/\$26.80 \$149.60		
56203	COMPUTERISED TOMOGRAPHY - SCAN OF SPINE, one or more regions - 25 slices or less with intravenous contrast medium (R) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20		
56206	COMPUTERISED TOMOGRAPHY - SCAN OF SPINE, one or more regions - 25 slices or less without and with intravenous contrast medium (R) Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20		
56209	COMPUTERISED TOMOGRAPHY - SCAN OF SPINE, one or more regions - 26 or more slices without intravenous contrast medium (R) Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80 \$223.20		
56212	COMPUTERISED TOMOGRAPHY - SCAN OF SPINE, one or more regions - 26 or more slices with intravenous contrast medium (R) Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20		

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COMPUTERISED TOMOGRAPHY		BODY SCANNER
56215	COMPUTERISED TOMOGRAPHY - SCAN OF SPINE, one or more regions - 26 or more slices without and with intravenous contrast medium (R) Fee: \$385.00 Benefit: 75% \$288.75: 85%/\$26.80 \$358.20	
56218	COMPUTERISED TOMOGRAPHY - SCAN OF SPINE, one or more regions with intrathecal contrast medium (not including the preparation by intrathecal injection of contrast medium) (R) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80 \$223.20	
CHEST		
56300	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST (including lungs, mediastinum and pleura) without intravenous contrast medium (not covered by Item 56700, 56800, 56900, 57000 or 57100) (R) Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80 \$223.20	
56303	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST (including lungs, mediastinum and pleura) with intravenous contrast medium (not covered by Item 56703, 56803, 56903, 57003 or 57103) (R) Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80 \$258.20	
56306	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST (including lungs, mediastinum and pleura) without intravenous contrast medium (minimum of 8 slices) and with intravenous contrast medium (not covered by Item 56706, 56806, 56906, 57006 or 57106) (R) Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20	
UPPER ABDOMEN		
56400	COMPUTERISED TOMOGRAPHY - SCAN OF UPPER ABDOMEN (diaphragm to iliac crest) or PELVIS without intravenous contrast medium (not covered by Item 56700, 56800, 56900 or 57100) (R) Fee: \$138.00 Benefit: 75% \$103.50: 85%/\$26.80 \$117.30	
56403	COMPUTERISED TOMOGRAPHY - SCAN OF UPPER ABDOMEN (diaphragm to iliac crest) or PELVIS with intravenous contrast medium (not covered by Item 56703, 56803, 56903 or 57103) (R) Fee: \$168.00 Benefit: 75% \$126.00: 85%/\$26.80 \$142.80	
56406	COMPUTERISED TOMOGRAPHY - SCAN OF UPPER ABDOMEN (diaphragm to iliac crest) or PELVIS without intravenous contrast medium (minimum of 8 slices) and with intravenous contrast medium (not covered by Item 56706, 56806, 56906 or 57106) (R) Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20	
UPPER ABDOMEN AND PELVIS		
56500	COMPUTERISED TOMOGRAPHY - SCAN OF UPPER ABDOMEN AND PELVIS without intravenous contrast medium (not covered by Item 56700, 56800, 56900 or 57100) (R) Fee: \$210.00 Benefit: 75% \$157.50: 85%/\$26.80 \$183.20	
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COMPUTERISED TOMOGRAPHY		BODY SCANNER
56503	COMPUTERISED TOMOGRAPHY - SCAN OF UPPER ABDOMEN AND PELVIS with intravenous contrast medium (not covered by Item 56703, 56803, 56903 or 57103) (R) Fee: \$255.00 Benefit: 75% \$191.25: 85%/\$26.80 \$228.20	
56506	COMPUTERISED TOMOGRAPHY - SCAN OF UPPER ABDOMEN AND PELVIS without intravenous contrast medium (minimum of 8 slices) and with intravenous contrast medium (not covered by Item 56706, 56806, 56906 or 57106) (R) Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20	
	EXTREMITIES	
56600	COMPUTERISED TOMOGRAPHY - SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving up to 20 slices without intravenous contrast medium (R) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$138.00 Benefit: 75% \$103.50: 85%/\$26.80 \$117.30	
56603	COMPUTERISED TOMOGRAPHY - SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving up to 20 slices with intravenous contrast medium (R) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$168.00 Benefit: 75% \$126.00: 85%/\$26.80 \$142.80	
56606	COMPUTERISED TOMOGRAPHY - SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving up to 20 slices without and with intravenous contrast medium (R) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20	
56609	COMPUTERISED TOMOGRAPHY - SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving more than 20 slices but not more than 40 slices without intravenous contrast medium (R) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$176.00 Benefit: 75% \$132.00: 85%/\$26.80 \$149.60	
56612	COMPUTERISED TOMOGRAPHY - SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving more than 20 slices but not more than 40 slices with intravenous contrast medium (R) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20	
56615	COMPUTERISED TOMOGRAPHY - SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving more than 20 slices but not more than 40 slices without and with intravenous contrast medium (R) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20	
56618	COMPUTERISED TOMOGRAPHY - SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving more than 40 slices without intravenous contrast medium (R) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80 \$223.20	

COMPUTERISED TOMOGRAPHY		BODY SCANNER	
56621	COMPUTERISED TOMOGRAPHY - SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving more than 40 slices with intravenous contrast medium (R) (See para DII. of explanatory notes to this Category) Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20		
56624	COMPUTERISED TOMOGRAPHY - SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving more than 40 slices without and with intravenous contrast medium (R) (See para DII. of explanatory notes to this Category) Fee: \$350.00 Benefit: 75% \$262.50: 85%/\$26.80 \$323.20		
CHEST AND UPPER ABDOMEN			
56700	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST AND UPPER ABDOMEN (from lung apices to iliac crest) without intravenous contrast medium (not covered by Item 56800, 56900 or 57100) (R) (See para DII. of explanatory notes to this Category) Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80 \$223.20		
56703	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST AND UPPER ABDOMEN (from lung apices to iliac crest) with intravenous contrast medium (not covered by Item 56803, 56903 or 57103) (R) (See para DII. of explanatory notes to this Category) Fee: \$290.00 Benefit: 75% \$217.50: 85%/\$26.80 \$263.20		
56706	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST AND UPPER ABDOMEN (from lung apices to iliac crest) without and with intravenous contrast medium (not covered by Item 56806, 56906 or 57106) (R) (See para DII. of explanatory notes to this Category) Fee: \$365.00 Benefit: 75% \$273.75: 85%/\$26.80 \$338.20		
CHEST, ABDOMEN AND PELVIS			
56800	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST, ABDOMEN AND PELVIS without intravenous contrast medium (not covered by Item 56900) (R) (See para DII. of explanatory notes to this Category) Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20		
56803	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST, ABDOMEN AND PELVIS with intravenous contrast medium (not covered by Item 56903) (R) (See para DII. of explanatory notes to this Category) Fee: \$365.00 Benefit: 75% \$273.75: 85%/\$26.80 \$338.20		
56806	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST, ABDOMEN AND PELVIS without and with intravenous contrast medium (not covered by Item 56906) (R) (See para DII. of explanatory notes to this Category) Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20		

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COMPUTERISED TOMOGRAPHY		BODY SCANNER
	NECK, CHEST, ABDOMEN AND PELVIS	
56900	COMPUTERISED TOMOGRAPHY - SCAN OF NECK, CHEST, ABDOMEN AND PELVIS without intravenous contrast medium (R) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$465.00 Benefit: 75% \$348.75: 85%/\$26.80 \$438.20	
56903	COMPUTERISED TOMOGRAPHY - SCAN OF NECK, CHEST, ABDOMEN AND PELVIS with intravenous contrast medium (R) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20	
56906	COMPUTERISED TOMOGRAPHY - SCAN OF NECK, CHEST, ABDOMEN AND PELVIS without and with intravenous contrast medium (R) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$615.00 Benefit: 75% \$461.25: 85%/\$26.80 \$588.20	
	BRAIN AND CHEST	
57000	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN AND CHEST without intravenous contrast medium (R) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80 \$223.20	
57003	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN AND CHEST with intravenous contrast medium (R) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$290.00 Benefit: 75% \$217.50: 85%/\$26.80 \$263.20	
57006	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN AND CHEST without and with intravenous contrast medium (R) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$400.00 Benefit: 75% \$300.00: 85%/\$26.80 \$373.20	
	CHEST AND UPPER ABDOMEN AND BRAIN	
57100	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST AND UPPER ABDOMEN (from lung apices to iliac crest) and SCAN OF BRAIN without intravenous contrast medium (R) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$355.00 Benefit: 75% \$266.25: 85%/\$26.80 \$328.20	
57103	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST AND UPPER ABDOMEN (from lung apices to iliac crest) and SCAN OF BRAIN with intravenous contrast medium (R) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$400.00 Benefit: 75% \$300.00: 85%/\$26.80 \$373.20	
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COMPUTERISED TOMOGRAPHY		BODY SCANNER
57106	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST AND UPPER ABDOMEN (from lung apices to iliac crest) and SCAN OF BRAIN without and with intravenous contrast medium (R) (See para DII. of explanatory notes to this Category) Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20	
57200	PELVIMETRY COMPUTERISED TOMOGRAPHY - PELVIMETRY (R) Fee: \$138.00 Benefit: 75% \$103.50: 85%/\$26.80 \$117.30	
57300	DYNAMIC SCAN OF REGION COMPUTERISED TOMOGRAPHY - DYNAMIC SCAN OF REGION not associated with any other item in this Group (R) Fee: \$168.00 Benefit: 75% \$126.00: 85%/\$26.80 \$142.80	
57303	COMPUTERISED TOMOGRAPHY - DYNAMIC SCAN OF REGION when associated with another item in this Group (R) Derived Fee: The fee for computerised tomography of the area and report plus an amount of \$108.00	
	INFORMATION TO BE SUPPLIED BY CLINICIANS	

**SUBGROUP 2 - COMPUTERISED
TOMOGRAPHY ON A BRAIN SCANNER**

57400	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN without intravenous contrast medium (R) Fee: \$70.00 Benefit: 75% \$52.50: 85%/\$26.80 \$59.50
57403	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN with intravenous contrast medium (R) Fee: \$85.00 Benefit: 75% \$63.75: 85%/\$26.80 \$72.25
57406	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN without and with intravenous contrast medium (R) Fee: \$132.00 Benefit: 75% \$99.00: 85%/\$26.80 \$112.20

DIAGNOSTIC RADIOLOGY		EXTREMITIES
GROUP I3 - DIAGNOSTIC RADIOLOGY		
SUBGROUP 1 - RADIOGRAPHIC EXAMINATION OF EXTREMITIES AND REPORT		
57500	DIGIT OR PHALANGES - all or any of either hand or either foot (NR) Fee: \$29.00 Benefit: 75% \$21.75: 85%/\$26.80 \$24.65	
57503	DIGITS OR PHALANGES - all or any of either hand or either foot (R) Fee: \$38.50 Benefit: 75% \$28.90: 85%/\$26.80 \$32.75	
57506	HAND, WRIST, FOREARM, ELBOW OR ARM (elbow to shoulder) (NR) Fee: \$29.00 Benefit: 75% \$21.75: 85%/\$26.80 \$24.65	
57509	HAND, WRIST FOREARM, ELBOW OR ARM (elbow to shoulder) (R) Fee: \$38.50 Benefit: 75% \$28.90: 85%/\$26.80 \$32.75	
57512	HAND, WRIST AND LOWER FOREARM; UPPER FOREARM AND ELBOW; OR ELBOW AND ARM (elbow to shoulder) (NR) Fee: \$39.50 Benefit: 75% \$29.65: 85%/\$26.80 \$33.60	
57515	HAND, WRIST AND LOWER FOREARM; UPPER FOREARM AND ELBOW; OR ELBOW AND ARM (elbow to shoulder) (R) Fee: \$52.00 Benefit: 75% \$39.00: 85%/\$26.80 \$44.20	
57518	FOOT, ANKLE, LOWER LEG, UPPER LEG, KNEE OR THIGH (femur) (NR) Fee: \$31.50 Benefit: 75% \$23.65: 85%/\$26.80 \$26.80	
57521	FOOT, ANKLE, LOWER LEG, UPPER LEG, KNEE OR THIGH (femur) (R) Fee: \$42.00 Benefit: 75% \$31.50: 85%/\$26.80 \$35.70	
57524	FOOT, ANKLE AND LOWER LEG; OR UPPER LEG AND KNEE (NR) Fee: \$48.00 Benefit: 75% \$36.00: 85%/\$26.80 \$40.80	
57527	FOOT, ANKLE AND LOWER LEG; OR UPPER LEG AND KNEE (R) Fee: \$64.00 Benefit: 75% \$48.00: 85%/\$26.80 \$54.40	
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DIAGNOSTIC RADIOLOGY		SHOULDER OR HIP JOINT				
SUBGROUP 2 - RADIOGRAPHIC EXAMINATION OF SHOULDER OR HIP JOINT AND REPORT						
57700	SHOULDER OR SCAPULA (NR) Fee: \$39.50	Benefit: 75%	\$29.65:	85%/\$26.80	\$33.60	
57703	SHOULDER OR SCAPULA (R) Fee: \$52.00	Benefit: 75%	\$39.00:	85%/\$26.80	\$44.20	
57706	CLAVICLE (NR) Fee: \$31.50	Benefit: 75%	\$23.65:	85%/\$26.80	\$26.80	
57709	CLAVICLE (R) Fee: \$42.00	Benefit: 75%	\$31.50:	85%/\$26.80	\$35.70	
57712	HIP JOINT (R) Fee: \$46.00	Benefit: 75%	\$34.50:	85%/\$26.80	\$39.10	
57715	PELVIC GIRDLE (R) Fee: \$59.00	Benefit: 75%	\$44.25:	85%/\$26.80	\$50.15	
57718	SACRO-ILIAC JOINTS (R) Fee: \$59.00	Benefit: 75%	\$44.25:	85%/\$26.80	\$50.15	
57721	FEMUR, internal fixation of neck or intertrochanteric (pertrochanteric) fracture (R) Fee: \$96.00	Benefit: 75%	\$72.00:	85%/\$26.80	\$81.60	

DIAGNOSTIC RADIOLOGY						HEAD
SUBGROUP 3 - RADIOGRAPHIC EXAMINATION OF HEAD AND REPORT						
57900	SKULL (calvarium) (R) Fee: \$63.00	Benefit: 75%	\$47.25:	85%/\$26.80	\$53.55	
57903	SINUSES (R) Fee: \$46.00	Benefit: 75%	\$34.50:	85%/\$26.80	\$39.10	
57906	MASTOIDS (R) Fee: \$63.00	Benefit: 75%	\$47.25:	85%/\$26.80	\$53.55	
57909	PETROUS TEMPORAL BONES (R) Fee: \$63.00	Benefit: 75%	\$47.25:	85%/\$26.80	\$53.55	
57912	FACIAL BONES - orbit, maxilla or malar, any or all (R) Fee: \$46.00	Benefit: 75%	\$34.50:	85%/\$26.80	\$39.10	
57915	MANDIBLE (R) Fee: \$46.00	Benefit: 75%	\$34.50:	85%/\$26.80	\$39.10	
57918	SALIVARY CALCULUS (R) Fee: \$46.00	Benefit: 75%	\$34.50:	85%/\$26.80	\$39.10	
57921	NOSE (R) Fee: \$46.00	Benefit: 75%	\$34.50:	85%/\$26.80	\$39.10	
57924	EYE (R) Fee: \$46.00	Benefit: 75%	\$34.50:	85%/\$26.80	\$39.10	
57927	TEMPORO-MANDIBULAR JOINTS (R) Fee: \$48.00	Benefit: 75%	\$36.00:	85%/\$26.80	\$40.80	
57930	TEETH - SINGLE AREA (R) Fee: \$32.00	Benefit: 75%	\$24.00:	85%/\$26.80	\$27.20	
57933	TEETH - FULL MOUTH (R) Fee: \$76.00	Benefit: 75%	\$57.00:	85%/\$26.80	\$64.60	
57936	TEETH, ORTHOPANTOMOGRAPHY (R) Fee: \$46.00	Benefit: 75%	\$34.50:	85%/\$26.80	\$39.10	
57939	PALATO-PHARYNGEAL STUDIES with fluoroscopic screening (R) Fee: \$63.00	Benefit: 75%	\$47.25:	85%/\$26.80	\$53.55	
57942	PALATO-PHARYNGEAL STUDIES without fluoroscopic screening (R) Fee: \$48.00	Benefit: 75%	\$36.00:	85%/\$26.80	\$40.80	
57945	LARYNX (R) Fee: \$42.00	Benefit: 75%	\$31.50:	85%/\$26.80	\$35.70	

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DIAGNOSTIC RADIOLOGY		SPINE
SUBGROUP 4 - RADIOGRAPHIC EXAMINATION OF SPINE AND REPORT		
58100	SPINE - CERVICAL (R) Fee: \$63.00	Benefit: 75% \$47.25: 85%/\$26.80 \$53.55
58103	SPINE - THORACIC (R) Fee: \$54.00	Benefit: 75% \$40.50: 85%/\$26.80 \$45.90
58106	SPINE - LUMBO-SACRAL (R) Fee: \$74.00	Benefit: 75% \$55.50: 85%/\$26.80 \$62.90
58109	SPINE - SACRO-COCCYGEAL (R) Fee: \$45.00	Benefit: 75% \$33.75: 85%/\$26.80 \$38.25
58112	SPINE - TWO REGIONS (R) Fee: \$93.00	Benefit: 75% \$69.75: 85%/\$26.80 \$79.05
58115	SPINE - THREE OR MORE REGIONS (R) Fee: \$128.00	Benefit: 75% \$96.00: 85%/\$26.80 \$108.80
58118	SPINE - FUNCTIONAL VIEWS OF ONE AREA (R) Fee: \$20.00	Benefit: 75% \$15.00: 85%/\$26.80 \$17.00

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

58300	BONE AGE STUDY, WRIST AND KNEE (R)	Fee: \$46.00	Benefit: 75%	\$34.50:	85%/\$26.80	\$39.10
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58303	BONE AGE STUDY, WRIST (R)	Fee: \$38.50	Benefit: 75%	\$28.90:	85%/\$26.80	\$32.75
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58306	SKELETAL SURVEY INVOLVING FOUR OR MORE REGIONS (R)	Fee: \$87.00	Benefit: 75%	\$65.25:	85%/\$26.80	\$73.95
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DIAGNOSTIC RADIOLOGY		THORACIC
	SUBGROUP 6 - RADIOGRAPHIC EXAMINATION OF THORACIC REGION AND REPORT	
58500	CHEST (lung fields) by direct radiography (NR) Fee: \$34.50 Benefit: 75% \$25.90: 85%/\$26.80	\$29.35
58503	CHEST (lung fields) by direct radiography (R) Fee: \$46.00 Benefit: 75% \$34.50: 85%/\$26.80	\$39.10
58506	CHEST (lung fields) by direct radiography WITH FLUOROSCOPIC SCREENING (R) Fee: \$59.00 Benefit: 75% \$44.25: 85%/\$26.80	\$50.15
58509	THORACIC INLET OR TRACHEA (R) Fee: \$38.50 Benefit: 75% \$28.90: 85%/\$26.80	\$32.75
58512	CHEST, BY MINIATURE RADIOGRAPHY (R) Fee: \$21.00 Benefit: 75% \$15.75: 85%/\$26.80	\$17.85
58515	CARDIAC EXAMINATION (including barium swallow) (NR) Fee: \$44.50 Benefit: 75% \$33.40: 85%/\$26.80	\$37.85
58518	CARDIAC EXAMINATION (including barium swallow) (R) Fee: \$59.00 Benefit: 75% \$44.25: 85%/\$26.80	\$50.15
58521	STERNUM OR RIBS ON ONE SIDE (R) Fee: \$42.00 Benefit: 75% \$31.50: 85%/\$26.80	\$35.70
58524	STERNUM AND RIBS ON ONE SIDE, OR RIBS ON BOTH SIDES (R) Fee: \$55.00 Benefit: 75% \$41.25: 85%/\$26.80	\$46.75
58527	STERNUM AND RIBS ON BOTH SIDES (R) Fee: \$67.00 Benefit: 75% \$50.25: 85%/\$26.80	\$56.95

**SUBGROUP 7 - RADIOGRAPHIC
EXAMINATION OF URINARY TRACT AND REPORT**

58700	PLAIN RENAL ONLY (R) Fee: \$46.00 Benefit: 75% \$34.50: 85%/\$26.80 \$39.10
58703	DRIP-INFUSION PYELOGRAPHY (R) Fee: \$128.00 Benefit: 75% \$96.00: 85%/\$26.80 \$108.80
58706	INTRAVENOUS PYELOGRAPHY, including preliminary plain film (R) Fee: \$120.00 Benefit: 75% \$90.00: 85%/\$26.80 \$102.00
58709	INTRAVENOUS PYELOGRAPHY, including preliminary plain film and limited tomography involving up to 3 tomographic cuts (R) Fee: \$150.00 Benefit: 75% \$112.50: 85%/\$26.80 \$127.50
58712	INTRAVENOUS PYELOGRAPHY, including preliminary plain film with delayed examination for the CYSTO-URETERIC REFLEX (R) Fee: \$152.00 Benefit: 75% \$114.00: 85%/\$26.80 \$129.20
58715	ANTEGRADE OR RETROGRADE PYELOGRAPHY - including preliminary plain film (R) Fee: \$96.00 Benefit: 75% \$72.00: 85%/\$26.80 \$81.60
58718	RETROGRADE CYSTOGRAPHY OR RETROGRADE URETHROGRAPHY (R) Fee: \$64.00 Benefit: 75% \$48.00: 85%/\$26.80 \$54.40
58721	RETROGRADE MICTURATING CYSTO-URETHROGRAPHY (R) Fee: \$76.00 Benefit: 75% \$57.00: 85%/\$26.80 \$64.60
58724	RETRO-PERITONEAL PNEUMOGRAM (R) Fee: \$48.00 Benefit: 75% \$36.00: 85%/\$26.80 \$40.80

DIAGNOSTIC RADIOLOGY		ALIMENTARY/BILIARY	
SUBGROUP 8 - RADIOGRAPHIC EXAMINATION OF ALIMENTARY TRACT AND BILIARY SYSTEM AND REPORT			
58900	PLAIN ABDOMINAL ONLY, not associated with Item 58909, 58912, 58915 or 58924 (NR) <i>(See para DIJ. of explanatory notes to this Category)</i> Fee: \$34.50	Benefit: 75%	\$25.90: 85%/\$26.80 \$29.35
58903	PLAIN ABDOMINAL ONLY, not associated with Item 58909, 58912, 58915 or 58924 (R) <i>(See para DIJ. of explanatory notes to this Category)</i> Fee: \$46.00	Benefit: 75%	\$34.50: 85%/\$26.80 \$39.10
58906	OESOPHAGUS, with or without examination for foreign body or barium swallow (R) Fee: \$65.00	Benefit: 75%	\$48.75: 85%/\$26.80 \$55.25
58909	BARIUM or other opaque meal OF OESOPHAGUS, STOMACH AND DUODENUM, with or without screening of chest, with or without preliminary plain film (R) Fee: \$89.00	Benefit: 75%	\$66.75: 85%/\$26.80 \$75.65
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) Fee: \$106.00	Benefit: 75%	\$79.50: 85%/\$26.80 \$90.10
58915	BARIUM or other opaque meal, SMALL BOWEL SERIES ONLY, with or without preliminary plain film (R) Fee: \$76.00	Benefit: 75%	\$57.00: 85%/\$26.80 \$64.60
58918	OPAQUE ENEMA (R) Fee: \$89.00	Benefit: 75%	\$66.75: 85%/\$26.80 \$75.65
58921	OPAQUE ENEMA, including air contrast study (R) Fee: \$106.00	Benefit: 75%	\$79.50: 85%/\$26.80 \$90.10
58924	GRAHAM'S TEST (cholecystography), including preliminary abdominal radiograph (R) Fee: \$76.00	Benefit: 75%	\$57.00: 85%/\$26.80 \$64.60
58927	CHOLEGRAPHY DIRECT - operative or post-operative (R) Fee: \$74.00	Benefit: 75%	\$55.50: 85%/\$26.80 \$62.90
58930	CHOLEGRAPHY - intravenous (R) Fee: \$106.00	Benefit: 75%	\$79.50: 85%/\$26.80 \$90.10
58933	CHOLEGRAPHY - percutaneous transhepatic (R) Fee: \$87.00	Benefit: 75%	\$65.25: 85%/\$26.80 \$73.95

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DIAGNOSTIC RADIOLOGY

ALIMENTARY/BILIARY

58936

CHOLEGRAPHY - drip infusion (R)

Fee: \$144.00

Benefit: 75% \$108.00: 85%/\$26.80 \$122.40

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

59100

FOREIGN BODY IN EYE (special method, Sweet's or other) (R)

Fee: \$64.00

Benefit: 75% \$48.00: 85%/\$26.80 \$54.40

59103

FOREIGN BODY, LOCALISATION OF AND REPORT, not covered by any other item in this Group (R)

Derived Fee: The fee for the radiographic examination of the area and report plus an amount of \$19.80

**SUBGROUP 10 - RADIOGRAPHIC
EXAMINATION OF BREASTS AND REPORT**

RADIOGRAPHIC EXAMINATION OF BOTH BREASTS (with or without thermography) AND REPORT where the patient is referred with a specific request for this procedure and there is reason to suspect the presence of malignancy in the breasts because of the past occurrence of breast malignancy in the patient or members of the patient's family or because symptoms or indications of malignancy were found on an examination of the patient by a medical practitioner (R)
(See para DIJ. of explanatory notes to this Category)

59300 S Fee: \$76.00 Benefit: 75% \$57.00: 85%/\$26.80 \$64.60

RADIOGRAPHIC EXAMINATION OF ONE BREAST (with or without thermography) AND REPORT where the patient is referred with a specific request for this procedure and there is reason to suspect the presence of malignancy in the breast because of the past occurrence of breast malignancy in the patient or members of the patient's family or because symptoms or indications of malignancy were found on an examination of the patient by a medical practitioner (R)
(See para DIJ. of explanatory notes to this Category)

59303 S Fee: \$46.00 Benefit: 75% \$34.50: 85%/\$26.80 \$39.10

†
59306 MAMMARY DUCTOGRAM (Galactography) - one breast (R)
Fee: \$88.00 Benefit: 75% \$66.00: 85%/\$26.80 \$74.80

†
59309 MAMMARY DUCTOGRAM (Galactography) - two breasts (R)
Fee: \$176.00 Benefit: 75% \$132.00: 85%/\$26.80 \$149.60

DIAGNOSTIC RADIOLOGY		IN CONNECTION WITH PREGNANCY			
SUBGROUP 11 - RADIOGRAPHIC EXAMINATION IN CONNECTION WITH PREGNANCY AND REPORT					
59500	PREGNANT UTERUS (R) Fee: \$47.00 Benefit: 75% \$35.25: 85%/\$26.80 \$39.95				
59503	PELVIMETRY OR PLACENTOGRAPHY (R) Fee: \$87.00 Benefit: 75% \$65.25: 85%/\$26.80 \$73.95				
59506	CONTROL X-RAYS ASSOCIATED WITH INTRAUTERINE FOETAL BLOOD TRANSFUSION (R) Fee: \$64.00 Benefit: 75% \$48.00: 85%/\$26.80 \$54.40				
LEGEND: † New Service ‡ Description Amended + Fees Amended ● AU Units Amended * Item no.Changed November 1, 1991 Page 431					

DIAGNOSTIC RADIOLOGY		OPAQUE/CONTRAST MEDIA				
SUBGROUP 12 - RADIOGRAPHIC EXAMINATION WITH OPAQUE OR CONTRAST MEDIA AND REPORT						
59700	DISCOGRAPHY - one disc (R) Fee: \$67.00	Benefit: 75%	\$50.25:	85%/\$26.80	\$56.95	
59703	DACRYOCYSTOGRAPHY - one side (R) Fee: \$46.00	Benefit: 75%	\$34.50:	85%/\$26.80	\$39.10	
59706	ENCEPHALOGRAPHY (R) Fee: \$100.00	Benefit: 75%	\$75.00:	85%/\$26.80	\$85.00	
59709	CEREBRAL VENTRICULOGRAPHY (R) Fee: \$87.00	Benefit: 75%	\$65.25:	85%/\$26.80	\$73.95	
59712	HYSTEOSALPINGOGRAPHY (R) Fee: \$65.00	Benefit: 75%	\$48.75:	85%/\$26.80	\$55.25	
59715	BRONCHOGRAPHY - one side (R) Fee: \$96.00	Benefit: 75%	\$72.00:	85%/\$26.80	\$81.60	
59718	PHLEBOGRAPHY - one side (R) Fee: \$96.00	Benefit: 75%	\$72.00:	85%/\$26.80	\$81.60	
59721	SPLENOGRAPHY (R) Fee: \$96.00	Benefit: 75%	\$72.00:	85%/\$26.80	\$81.60	
59724	MYELOGRAPHY, one region (R) Fee: \$116.00	Benefit: 75%	\$87.00:	85%/\$26.80	\$98.60	
59727	MYELOGRAPHY, two regions (R) Fee: \$192.00	Benefit: 75%	\$144.00:	85%/\$26.80	\$165.20	
59730	MYELOGRAPHY, three regions (R) Fee: \$260.00	Benefit: 75%	\$195.00:	85%/\$26.80	\$233.20	
59733	SIALOGRAPHY - one gland (R) Fee: \$65.00	Benefit: 75%	\$48.75:	85%/\$26.80	\$55.25	
59736	VASOEPIDIDYMOGRAPHY - one side (R) Fee: \$65.00	Benefit: 75%	\$48.75:	85%/\$26.80	\$55.25	
59739	SINUSES AND FISTULAE (R) Derived Fee: The fee for the radiographic examination of the area and report plus an amount of \$21.00					
59742	LARYNGOGRAPHY with contrast media (R) Fee: \$48.00	Benefit: 75%	\$36.00:	85%/\$26.80	\$40.80	

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DIAGNOSTIC RADIOLOGY		OPAQUE/CONTRAST MEDIA			
59745	PNEUMOARTHROGRAPHY (R) Fee: \$41.00 Benefit: 75% \$30.75: 85%/\$26.80 \$34.85				
59748	ARTHROGRAPHY - contrast (R) Fee: \$48.00 Benefit: 75% \$36.00: 85%/\$26.80 \$40.80				
59751	ARTHROGRAPHY - double contrast (R) Fee: \$84.00 Benefit: 75% \$63.00: 85%/\$26.80 \$71.40				
59754	LYMPHANGIOGRAPHY, including follow up radiography (R) Fee: \$64.00 Benefit: 75% \$48.00: 85%/\$26.80 \$54.40				
59757	PNEUMOMEDIASTINUM (R) Fee: \$59.00 Benefit: 75% \$44.25: 85%/\$26.80 \$50.15				

DIAGNOSTIC RADIOLOGY		ANGIOGRAPHY	
SUBGROUP 13 - ANGIOGRAPHY AND REPORT			
59900	SERIAL ANGIOCARDIOGRAPHY (rapid cassette changing) - each series (R) (AU 8 - 17908) Fee: \$81.00 Benefit: 75% \$60.75: 85%/\$26.80 \$68.85		
59903	SERIAL ANGIOCARDIOGRAPHY (SINGLE PLAIN - direct roll-film method) - each series (R) (AU 8 - 17908) Fee: \$112.00 Benefit: 75% \$84.00: 85%/\$26.80 \$95.20		
59906	SERIAL ANGIOCARDIOGRAPHY (BI-PLANE - direct roll-film method) - each series (R) (AU 8 - 17908) Fee: \$112.00 Benefit: 75% \$84.00: 85%/\$26.80 \$95.20		
59909	SERIAL ANGIOCARDIOGRAPHY (indirect roll-film method) - each series (R) (AU 8 - 17908) Fee: \$112.00 Benefit: 75% \$84.00: 85%/\$26.80 \$95.20		
59912	SELECTIVE CORONARY ARTERIOGRAPHY (R) Fee: \$295.00 Benefit: 75% \$221.25: 85%/\$26.80 \$268.20		
59915	CEREBRAL ANGIOGRAPHY - one side (R) Fee: \$76.00 Benefit: 75% \$57.00: 85%/\$26.80 \$64.60		
59918	ARTERIOGRAPHY, PERIPHERAL - one side (R) Fee: \$96.00 Benefit: 75% \$72.00: 85%/\$26.80 \$81.60		
59921	AORTOGRAPHY (R) Fee: \$96.00 Benefit: 75% \$72.00: 85%/\$26.80 \$81.60		
59924	SELECTIVE ARTERIOGRAPHY - per injection and film run (R) Fee: \$96.00 Benefit: 75% \$72.00: 85%/\$26.80 \$81.60		
	<i>ANGIOGRAPHY - BY DS TECHNIQUE + REPORT</i>		
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SUBGROUP 14 - TOMOGRAPHY AND REPORT

60100	TOMOGRAPHY OF ANY PART AND REPORT (R) Fee: \$59.00 Benefit: 75% \$44.25: 85%/\$26.80 \$50.15
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**SUBGROUP 15 - STEREOSCOPIC
EXAMINATION AND REPORT**

60300

STEREOSCOPIC EXAMINATION AND REPORT (R)
Derived Fee: The fee for the radiographic examination of the area and report plus an amount of \$12.60

DIAGNOSTIC RADIOLOGY	FLUOROSCOPIC EXAMINATION
	SUBGROUP 16 - FLUOROSCOPIC EXAMINATION AND REPORT
60500	EXAMINATION WITH GENERAL ANAESTHESIA (not associated with a radiographic examination) (R) (AU 7 - 17907) Fee: \$42.00 Benefit: 75% \$31.50: 85%/\$26.80 \$35.70
60503	EXAMINATION WITHOUT GENERAL ANAESTHESIA (not associated with a radiographic examination) (R) Fee: \$29.00 Benefit: 75% \$21.75: 85%/\$26.80 \$24.65
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed November 1, 1991 Page 437	

SUBGROUP 17 - EXAMINATION NOT OTHERWISE COVERED AND REPORT

60700

Radiographic examination of any part and report not covered by any Item in this Group (R)

(See para DIJ. of explanatory notes to this Category)

Fee: \$20.00 **Benefit:** 75% \$15.00: 85%/\$26.80 \$17.00

DIAGNOSTIC RADIOLOGY		PREPARATION
SUBGROUP 18 - PREPARATION FOR RADIOLOGICAL PROCEDURE		
<i>(Note: In this Subgroup, "preparation" means the injection of opaque or contrast media or the removal of fluid and its replacement by air, oxygen or other similar preparation)</i>		
60900	ENCEPHALOGRAPHY (NR) (AU 10 - 17910) Fee: \$176.00 Benefit: 75% \$132.00: 85%/\$26.80 \$149.60	
60903	CEREBRAL ANGIOGRAPHY (one side) - percutaneous, catheter or open exposure (NR) (AU 10 - 17910) Fee: \$124.00 Benefit: 75% \$93.00: 85%/\$26.80 \$105.40	
60906	CEREBRAL VENTRICULOGRAPHY (NR) (AU 10 - 17910) Fee: \$168.00 Benefit: 75% \$126.00: 85%/\$26.80 \$142.80	
60909	DACRYOCYSTOGRAPHY - one side (NR) Fee: \$38.50 Benefit: 75% \$28.90: 85%/\$26.80 \$32.75	
60912	BRONCHOGRAPHY - one or both sides (NR) (AU 8 - 17908) Fee: \$59.00 Benefit: 75% \$44.25: 85%/\$26.80 \$50.15	
60915	AORTOGRAPHY (NR) (AU 8 - 17908) Fee: \$69.00 Benefit: 75% \$51.75: 85%/\$26.80 \$58.65	
60918	ARTERIOGRAPHY (peripheral) or PHLEBOGRAPHY - one vessel (NR) (AU 6 - 17906) Fee: \$51.00 Benefit: 75% \$38.25: 85%/\$26.80 \$43.35	
60921	SPLENOGRAPHY (NR) (AU 6 - 17906) Fee: \$42.00 Benefit: 75% \$31.50: 85%/\$26.80 \$35.70	
60924	RETROPERITONEAL PNEUMOGRAM (NR) Fee: \$46.00 Benefit: 75% \$34.50: 85%/\$26.80 \$39.10	
60927	SELECTIVE ARTERIOGRAM or PHLEBOGRAM (NR) (AU 6 - 17906) Fee: \$42.00 Benefit: 75% \$31.50: 85%/\$26.80 \$35.70	
60930	PERCUTANEOUS INJECTION of radio-opaque material into RENAL CYST (including aspiration) or RENAL PELVIS for antegrade pyelography (NR) Fee: \$59.00 Benefit: 75% \$44.25: 85%/\$26.80 \$50.15	
60933	PNEUMOARTHROGRAPHY or PNEUMOPERITONEUM (NR) Fee: \$47.00 Benefit: 75% \$35.25: 85%/\$26.80 \$39.95	
60936	ARTHROGRAPHY, single or double contrast, excluding arthrography of the joints between articular processes of the vertebrae (NR) Fee: \$47.00 Benefit: 75% \$35.25: 85%/\$26.80 \$39.95	
60939	DRIP-INFUSION PYELOGRAPHY OR CHOLEGRAPHY (NR) Fee: \$35.50 Benefit: 75% \$26.65: 85%/\$26.80 \$30.20	
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DIAGNOSTIC RADIOLOGY		PREPARATION
60942	RETROGRADE MICTURATING CYSTOURETHROGRAPHY (NR) Fee: \$66.00 Benefit: 75% \$49.50: 85%/\$26.80	\$56.10
60945	HYSTEROSALPINGOGRAPHY (NR) (AU 6 - 17906) Fee: \$59.00 Benefit: 75% \$44.25: 85%/\$26.80	\$50.15
60948	DISCOGRAPHY - one disc (NR) (AU 5 - 17905) Fee: \$38.50 Benefit: 75% \$28.90: 85%/\$26.80	\$32.75
60951	DISCOGRAPHY using Metrizamide (NR) Fee: \$59.00 Benefit: 75% \$44.25: 85%/\$26.80	\$50.15
60954	INTRA-OSSEOUS VENOGRAPHY (NR) Fee: \$44.00 Benefit: 75% \$33.00: 85%/\$26.80	\$37.40
60957	MYELOGRAPHY, not covered by Item 60960 (NR) (AU 11 - 17911) Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80	\$98.60
60960	MYELOGRAPHY, using Metrizamide (Amipaque) contrast medium (NR) (AU 11 - 17911) Fee: \$162.00 Benefit: 75% \$121.50: 85%/\$26.80	\$137.70
60963	CISTERNAL PUNCTURE (NR) Fee: \$76.00 Benefit: 75% \$57.00: 85%/\$26.80	\$64.60
60966	SINUS OR FISTULA, INJECTION INTO (NR) Fee: \$20.00 Benefit: 75% \$15.00: 85%/\$26.80	\$17.00
60969	SIALOGRAPHY (NR) Fee: \$53.00 Benefit: 75% \$39.75: 85%/\$26.80	\$45.05
60972	LYMPHANGIOGRAPHY - one side (NR) Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80	\$98.60
60975	LARYNGOGRAPHY (NR) Fee: \$59.00 Benefit: 75% \$44.25: 85%/\$26.80	\$50.15
60978	PNEUMOMEDIASTINUM (NR) Fee: \$76.00 Benefit: 75% \$57.00: 85%/\$26.80	\$64.60
60981	CHOLEGRAM (CHOLANGIOGRAM) - percutaneous transhepatic (NR) (AU 11 - 17911) Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80	\$98.60
	SUBGROUP 19 - INTRAVENOUS TECHNIQUES	

NUCLEAR MEDICINE IMAGING

GROUP I5 - NUCLEAR MEDICINE IMAGING

NOTE

(This note should be read in conjunction with explanatory notes for this Category). Benefits for a nuclear 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 practitioner, or on behalf of a medical practitioner in the practitioner's presence, and the compilation of the final report is undertaken by the medical practitioner. Additional benefits will only be attracted for a specialist physician 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.

MYOCARDIAL PERFUSION STUDY USING THALLIUM - single study for stress OR reperfusion (R)

61300 C	Fee: \$355.00	Benefit: 75%	\$266.25:	85%/	\$26.80	\$328.20
61301 NC	Fee: \$265.00	Benefit: 75%	\$198.75:	85%/	\$26.80	\$238.20

MYOCARDIAL PERFUSION STUDY USING THALLIUM - combined study for stress AND reperfusion (R)

61304 C	Fee: \$560.00	Benefit: 75%	\$420.00:	85%/	\$26.80	\$533.20
61305 NC	Fee: \$420.00	Benefit: 75%	\$315.00:	85%/	\$26.80	\$393.20

MYOCARDIAL INFARCT-AVID IMAGING STUDY (R)

61308 C	Fee: \$210.00	Benefit: 75%	\$157.50:	85%/	\$26.80	\$183.20
61309 NC	Fee: \$156.00	Benefit: 75%	\$117.00:	85%/	\$26.80	\$132.60

GATED CARDIAC BLOOD POOL (equilibrium) STUDY (R)

61312 C	Fee: \$240.00	Benefit: 75%	\$180.00:	85%/	\$26.80	\$213.20
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GATED CARDIAC BLOOD POOL STUDY with intervention (R)

61315 C	Fee: \$300.00	Benefit: 75%	\$225.00:	85%/	\$26.80	\$273.20
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CARDIAC FIRST PASS BLOOD FLOW STUDY, CARDIAC SHUNT STUDY OR CARDIAC OUTPUT STUDY (not part of other investigation) (R)

61318 C	Fee: \$182.00	Benefit: 75%	\$136.50:	85%/	\$26.80	\$155.20
61319 NC	Fee: \$136.00	Benefit: 75%	\$102.00:	85%/	\$26.80	\$115.60

CARDIAC FIRST PASS BLOOD FLOW STUDY, CARDIAC SHUNT STUDY OR CARDIAC OUTPUT STUDY when associated with another item in this Group (R)

Derived Fee: The fee for the nuclear medicine investigation plus an amount of \$87.00

CARDIAC FIRST PASS BLOOD FLOW STUDY, CARDIAC SHUNT STUDY OR CARDIAC OUTPUT STUDY when associated with another item in this Group (R)

Derived Fee: The fee for the nuclear medicine investigation plus an amount of \$65.00

LUNG PERFUSION STUDY (R)

61326 C	Fee: \$172.00	Benefit: 75%	\$129.00:	85%/	\$26.80	\$146.20
61327 NC	Fee: \$128.00	Benefit: 75%	\$96.00:	85%/	\$26.80	\$108.80

NUCLEAR MEDICINE IMAGING						
61330 C	LUNG VENTILATION STUDY using Xe127 gas (R)		Fee: \$285.00	Benefit: 75%	\$213.75:	85%/\$26.80 \$258.20
61331 NC			Fee: \$215.00	Benefit: 75%	\$161.25:	85%/\$26.80 \$188.20
61334 C	LUNG VENTILATION STUDY using Xe133 gas (R)		Fee: \$160.00	Benefit: 75%	\$120.00:	85%/\$26.80 \$136.00
61335 NC			Fee: \$120.00	Benefit: 75%	\$90.00:	85%/\$26.80 \$102.00
61338 C	LUNG VENTILATION STUDY using aerosol (R)		Fee: \$200.00	Benefit: 75%	\$150.00:	85%/\$26.80 \$173.20
61339 NC			Fee: \$150.00	Benefit: 75%	\$112.50:	85%/\$26.80 \$127.50
61342 C	LUNG PERFUSION STUDY AND LUNG VENTILATION STUDY using either Xe127 or Xe133 gas (R)		Fee: \$310.00	Benefit: 75%	\$232.50:	85%/\$26.80 \$283.20
61343 NC			Fee: \$230.00	Benefit: 75%	\$172.50:	85%/\$26.80 \$203.20
61346 C	LUNG PERFUSION STUDY AND LUNG VENTILATION STUDY using aerosol (R)		Fee: \$345.00	Benefit: 75%	\$258.75:	85%/\$26.80 \$318.20
61347 NC			Fee: \$260.00	Benefit: 75%	\$195.00:	85%/\$26.80 \$233.20
61350 C	LIVER AND SPLEEN STUDY (colloid) (R)		Fee: \$205.00	Benefit: 75%	\$153.75:	85%/\$26.80 \$178.20
61351 NC			Fee: \$154.00	Benefit: 75%	\$115.50:	85%/\$26.80 \$130.90
61354 C	RED BLOOD CELL SPLEEN OR LIVER STUDY (R)		Fee: \$210.00	Benefit: 75%	\$157.50:	85%/\$26.80 \$183.20
61355 NC			Fee: \$156.00	Benefit: 75%	\$117.00:	85%/\$26.80 \$132.60
61358 C	HEPATOBIILIARY STUDY (R)		Fee: \$335.00	Benefit: 75%	\$251.25:	85%/\$26.80 \$308.20
61359 NC			Fee: \$245.00	Benefit: 75%	\$183.75:	85%/\$26.80 \$218.20
61362 C	BOWEL HAEMORRHAGE STUDY (R)		Fee: \$385.00	Benefit: 75%	\$288.75:	85%/\$26.80 \$358.20
61363 NC			Fee: \$285.00	Benefit: 75%	\$213.75:	85%/\$26.80 \$258.20
61366 C	MECKEL'S DIVERTICULUM STUDY (R)		Fee: \$176.00	Benefit: 75%	\$132.00:	85%/\$26.80 \$149.60
61367 NC			Fee: \$134.00	Benefit: 75%	\$100.50:	85%/\$26.80 \$113.90
61370 C	SALIVARY STUDY (R)		Fee: \$176.00	Benefit: 75%	\$132.00:	85%/\$26.80 \$149.60
61371 NC			Fee: \$134.00	Benefit: 75%	\$100.50:	85%/\$26.80 \$113.90
61374 C	GASTRO-OESOPHAGEAL REFLUX STUDY (R)		Fee: \$380.00	Benefit: 75%	\$285.00:	85%/\$26.80 \$353.20
61375 NC			Fee: \$280.00	Benefit: 75%	\$210.00:	85%/\$26.80 \$253.20

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NUCLEAR MEDICINE IMAGING						
61378 C	OESOPHAGEAL CLEARANCE STUDY (R)					
61379 NC	Fee: \$114.00	Benefit: 75%	\$85.50:	85%/\$26.80	\$96.90	
	Fee: \$85.00	Benefit: 75%	\$63.75:	85%/\$26.80	\$72.25	
61382 C	GASTRIC EMPTYING STUDY using single tracer (R)					
	Fee: \$560.00	Benefit: 75%	\$420.00:	85%/\$26.80	\$533.20	
61385 C	GASTRIC EMPTYING STUDY using dual tracer (R)					
	Fee: \$600.00	Benefit: 75%	\$450.00:	85%/\$26.80	\$573.20	
61388 C	RENAL STUDY WITH OR WITHOUT DYNAMIC FLOW STUDY AND WITH OR WITHOUT COMPUTER EXTRACTION OF functional parameters (R)					
	Fee: \$260.00	Benefit: 75%	\$195.00:	85%/\$26.80	\$233.20	
61391 C	RENAL STUDY WITH INTERVENTION (R)					
61392 NC	Fee: \$315.00	Benefit: 75%	\$236.25:	85%/\$26.80	\$288.20	
	Fee: \$235.00	Benefit: 75%	\$176.25:	85%/\$26.80	\$208.20	
61395 C	CYSTOURETEROGRAM (R)					
61396 NC	Fee: \$196.00	Benefit: 75%	\$147.00:	85%/\$26.80	\$169.20	
	Fee: \$146.00	Benefit: 75%	\$109.50:	85%/\$26.80	\$124.10	
61399 C	TESTICULAR STUDY (R)					
61400 NC	Fee: \$128.00	Benefit: 75%	\$96.00:	85%/\$26.80	\$108.80	
	Fee: \$96.00	Benefit: 75%	\$72.00:	85%/\$26.80	\$81.60	
61403 C	BRAIN STUDY WITH BLOOD BRAIN BARRIER AGENT (R)					
61404 NC	Fee: \$174.00	Benefit: 75%	\$130.50:	85%/\$26.80	\$147.90	
	Fee: \$130.00	Benefit: 75%	\$97.50:	85%/\$26.80	\$110.50	
61407 C	CEREBRO-SPINAL FLUID TRANSPORT STUDY (R)					
61408 NC	Fee: \$685.00	Benefit: 75%	\$513.75:	85%/\$26.80	\$658.20	
	Fee: \$510.00	Benefit: 75%	\$382.50:	85%/\$26.80	\$483.20	
61411 C	CEREBRO-SPINAL FLUID SHUNT PATENCY STUDY (R)					
61412 NC	Fee: \$178.00	Benefit: 75%	\$133.50:	85%/\$26.80	\$151.30	
	Fee: \$134.00	Benefit: 75%	\$100.50:	85%/\$26.80	\$113.90	
61415 C	DYNAMIC BLOOD FLOW STUDY OR REGIONAL BLOOD VOLUME QUANTITATIVE STUDY (not associated with any other item in this Group) (R)					
61416 NC	Fee: \$94.00	Benefit: 75%	\$70.50:	85%/\$26.80	\$79.90	
	Fee: \$70.00	Benefit: 75%	\$52.50:	85%/\$26.80	\$59.50	
61419 C	BONE STUDY - whole body (R)					
61420 NC	Fee: \$380.00	Benefit: 75%	\$285.00:	85%/\$26.80	\$353.20	
	Fee: \$280.00	Benefit: 75%	\$210.00:	85%/\$26.80	\$253.20	
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NUCLEAR MEDICINE IMAGING						
	BONE STUDY - whole body and DYNAMIC BLOOD FLOW OR REGIONAL BLOOD VOLUME QUANTITATIVE STUDY (R)					
61423 C	Fee: \$470.00	Benefit: 75%	\$352.50:	85%/\$26.80	\$443.20	
61424 NC	Fee: \$355.00	Benefit: 75%	\$266.25:	85%/\$26.80	\$328.20	
	WHOLE BODY STUDY USING IODINE (R)					
61427 C	Fee: \$430.00	Benefit: 75%	\$322.50:	85%/\$26.80	\$403.20	
61428 NC	Fee: \$320.00	Benefit: 75%	\$240.00:	85%/\$26.80	\$293.20	
	WHOLE BODY STUDY USING GALLIUM (R)					
61431 C	Fee: \$430.00	Benefit: 75%	\$322.50:	85%/\$26.80	\$403.20	
61432 NC	Fee: \$320.00	Benefit: 75%	\$240.00:	85%/\$26.80	\$293.20	
	WHOLE BODY STUDY USING CELLS LABELLED WITH TECHNETIUM (R)					
61435 C	Fee: \$385.00	Benefit: 75%	\$288.75:	85%/\$26.80	\$358.20	
61436 NC	Fee: \$285.00	Benefit: 75%	\$213.75:	85%/\$26.80	\$258.20	
	BONE MARROW STUDY - whole body (R)					
61439 C	Fee: \$380.00	Benefit: 75%	\$285.00:	85%/\$26.80	\$353.20	
61440 NC	Fee: \$280.00	Benefit: 75%	\$210.00:	85%/\$26.80	\$253.20	
	REPEAT WHOLE BODY STUDY on different occasion using same administration of radiopharmaceutical (R)					
61443 C	Fee: \$174.00	Benefit: 75%	\$130.50:	85%/\$26.80	\$147.90	
61444 NC	Fee: \$130.00	Benefit: 75%	\$97.50:	85%/\$26.80	\$110.50	
	LOCALISED BONE OR JOINT STUDY including FLOW AND BLOOD POOL STUDIES (R)					
61447 C	Fee: \$265.00	Benefit: 75%	\$198.75:	85%/\$26.80	\$238.20	
61448 NC	Fee: \$198.00	Benefit: 75%	\$148.50:	85%/\$26.80	\$171.20	
	LOCALISED BONE, JOINT, TUMOUR, INFECTION OR INFLAMMATION SEEKING STUDY using gallium (R)					
61451 C	Fee: \$315.00	Benefit: 75%	\$236.25:	85%/\$26.80	\$288.20	
61452 NC	Fee: \$235.00	Benefit: 75%	\$176.25:	85%/\$26.80	\$208.20	
	LOCALISED BONE, JOINT, TUMOUR, INFECTION OR INFLAMMATION SEEKING STUDY using cells labelled with technetium (R)					
61455 C	Fee: \$270.00	Benefit: 75%	\$202.50:	85%/\$26.80	\$243.20	
61456 NC	Fee: \$200.00	Benefit: 75%	\$150.00:	85%/\$26.80	\$173.20	
	REPEAT LOCALISED BONE, JOINT, TUMOUR, INFECTION OR INFLAMMATION SEEKING STUDY on different occasion using same administration of radiopharmaceutical (R)					
61459 C	Fee: \$118.00	Benefit: 75%	\$88.50:	85%/\$26.80	\$100.30	
61460 NC	Fee: \$87.00	Benefit: 75%	\$65.25:	85%/\$26.80	\$73.95	
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NUCLEAR MEDICINE IMAGING

	VENOGRAPHY (including blood pool study, active uptake study or dynamic blood flow study) (R)					
61463 C	Fee: \$210.00	Benefit: 75%	\$157.50:	85%/\$26.80	\$183.20	
61464 NC	Fee: \$156.00	Benefit: 75%	\$117.00:	85%/\$26.80	\$132.60	
	LYMPHOSCINTIGRAPHY (R)					
61467 C	Fee: \$270.00	Benefit: 75%	\$202.50:	85%/\$26.80	\$243.20	
61468 NC	Fee: \$200.00	Benefit: 75%	\$150.00:	85%/\$26.80	\$173.20	
	THYROID STUDY (R)					
61471 C	Fee: \$120.00	Benefit: 75%	\$90.00:	85%/\$26.80	\$102.00	
61472 NC	Fee: \$89.00	Benefit: 75%	\$66.75:	85%/\$26.80	\$75.65	
	THYROID UPTAKE STUDY PERFORMED ON GAMMA CAMERA (R)					
61475 C	Fee: \$59.00	Benefit: 75%	\$44.25:	85%/\$26.80	\$50.15	
61476 NC	Fee: \$43.50	Benefit: 75%	\$32.65:	85%/\$26.80	\$37.00	
	PARATHYROID (R)					
61479 C	Fee: \$300.00	Benefit: 75%	\$225.00:	85%/\$26.80	\$273.20	
	ADRENAL STUDY USING SELENOCHOLESTEROL (R)					
61482 C	Fee: \$690.00	Benefit: 75%	\$517.50:	85%/\$26.80	\$663.20	
61483 NC	Fee: \$515.00	Benefit: 75%	\$386.25:	85%/\$26.80	\$488.20	
	ADRENAL STUDY (not covered by Item 61482/61483) (R)					
61486 C	Fee: \$350.00	Benefit: 75%	\$262.50:	85%/\$26.80	\$323.20	
61487 NC	Fee: \$265.00	Benefit: 75%	\$198.75:	85%/\$26.80	\$238.20	
	SINGLE PHOTON EMISSION TOMOGRAPHY when associated with another item in this Group (R)					
61490 C	Derived Fee: The fee for the nuclear medicine investigation plus an amount of \$174.00					
	TEAR DUCT STUDY (R)					
61493 C	Fee: \$176.00	Benefit: 75%	\$132.00:	85%/\$26.80	\$149.60	
61494 NC	Fee: \$134.00	Benefit: 75%	\$100.50:	85%/\$26.80	\$113.90	
	PARTICLE PERFUSION STUDY (INTRA-ARTERIAL) OR LE VEEN SHUNT STUDY (R)					
61497 C	Fee: \$200.00	Benefit: 75%	\$150.00:	85%/\$26.80	\$173.20	
61498 NC	Fee: \$150.00	Benefit: 75%	\$112.50:	85%/\$26.80	\$127.50	
	Study of region or organ not covered by any other Item in this Group (R) <i>(See para DIL. of explanatory notes to this Category)</i>					
61501 C	Fee: \$11.40	Benefit: 75%	\$8.55:	85%/\$26.80	\$9.70	
61502 NC	Fee: \$8.60	Benefit: 75%	\$6.45:	85%/\$26.80	\$7.30	

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Service	Item
A	
Abdominal X-ray, plain	58900,58903
Air contrast study with opaque enema	58921
Alimentary tract, X-ray of	2699-2718
Angiocardiography	59900,59903,59906, 59909
Angiography, cerebral	59915
- preparation for	60903
Ankle, X-ray of	57518,57521,57524, 57527
Aortography	59921
preparation for	60915
Appendix, X-ray of	58915
Arm, X-ray of	57506,57509,57512, 57515
Arteriography	59912,59918,59924
preparation for	60918,60927
selective, coronary, preparation for	38215,38218
Arthrography, contrast	59748,59751
- preparation for (restriction applies)	60936
B	
Barium meal	58909,58912,58915
Biliary system, X-ray of	58924,58927,58930, 58933,58936
Bone age study	58300,58303
Bowel, small, barium X-ray of	58912,58915
Breast X-ray (restriction applies)	59300,59303
Bronchography	59715
preparation for	60912
C	
Calculus, salivary, X-ray of	57918
Cardiac examination including barium swallow	58515,58518
measurements with kymography	58515
Cerebral angiography	59915
preparation for	60903
ventriculography	59709
preparation for	60906
Cervical spine, X-ray of	58100
Chemopallidectomy, control X-ray for	57900
Chest, X-ray of	58500,58503,58506, 58509,58512
Cholangiogram, transhepatic, preparation for	60981

Payable on attendance basis

Service	Item
Cholangiography	58927,58930,58933, 58936
Cholecystography, including preparation	58924
Choledochography	58927,58930,58933, 58936
Cholegram, transhepatic, preparation for	60981
Cholegraphy	58927,58930,58933, 58936
drip infusion, preparation for	60939
Cisternal puncture, preparation for radiology	60963
Clavicle, X-ray of	57706,57709
Coccyx, X-ray of	58109
Colon, X-ray of	58912,58918,58921
Computerised tomography	2400-2460
Contrast media, introduction for radiological procedure	2805-2859
Coronary arteriography, selective	59912
- preparation for	38215,38218
Cyst, renal, aspiration with injection of radio-opaque material	60930
Cystography	58718
Cystourethrography, retrograde	58718
retrograde micturating	58721
retrograde micturating, preparation for	60942
D	
Dacryocystography	59703
preparation for	60909
Digit, X-ray of	57500,57503
Discography	59700
preparation for	60948
preparation for using Metrizamide	60951
Drip-infusion pyelography	58703
pyelography or cholegraphy, preparation for	60939
Duodenum, X-ray of	58909,58912
Duplex scanning	55012,55015,55018, 55021,55024,55027
E	
Echocardiography	55009
Echoencephalography	55006
Echography	55000,55003,55006
Elbow, and arm, X-ray of	57512,57515
X-ray of	57506,57509
Encephalography	59706
preparation for	60900
Enema, opaque X-ray	58918,58921
Eye, foreign body in, X-ray for	59100

Payable on attendance basis

Service	Item
X-ray of	57924
F	
Facial bones, X-ray of	57912
Fallopian tubes, X-ray of, using opaque media	59712
- preparation for	60945
Femur, X-ray of	57518,57521,57721
Finger, X-ray of	57500,57503
Fistula, injection into, in preparation for radiology	60966
Fistulae, X-ray of	59739
Fluoroscopic examination	60500,60503
screening with X-ray of chest	58506
screening of palate and/or pharynx, with X-ray	57939
Foetal blood transfusion, intrauterine, control X-ray for	59506
Foot, X-ray of	57518,57521,57524, 57527
Forearm, X-ray of	57506,57509
Foreign body, localisation of and report	59103
X-ray for, in eye	59100
X-ray for, in oesophagus	58906
X-ray for, not otherwise covered	59103
G	
Gallbladder, X-ray of	58924,58927,58930, 58933,58936
Graham's test	58924
H	
Hand, X-ray of	57506,57509,57512, 57515
Heart measurement (X-ray) and kymography	58515,58518
Hip, X-ray of	57712
Hysterosalpingography	59712
preparation for	60945
I	
Insufflation, adrenal, and X-ray	58724
perirenal, in preparation for radiography	60924
Intraosseous venography, preparation for	60948
Intravenous cholangiography including preparation	58930
pyelography	58706,58709,58712
K	

*Payable on attendance basis

Service	Item
Knee and wrist, bone age study	58300
X-ray of	57518,57521,57524, 57527
Kymography with cardiac measurements	58515,58518
L	
Laryngography	59742
preparation for	60975
Larynx, X-ray of	57945
Leg, X-ray of	57518,57521,57524, 57527
Lipiodol insufflation of fallopian tubes	59712
Lumbar X-ray	58106
Lung fields, X-ray of	58500,58503,58506
Lymphangiography including follow-up radiography	59754
- preparation for	60972
M	
Magnetic resonance imaging	61200
Malar bones, X-ray of	57912
Mammography (restriction applies)	59300,59303
Mandible, X-ray of	57915
Mastoids, X-ray of	57900,57906
Maxilla, X-ray of	57912
Micturating cysto-urethrography	58721
- preparation for	60942
Myelography	59724,59727,59730
preparation for	60957
preparation for using Metrizamide	60960
N	
Nephrography	58700,58703,58706, 58709,58712,58715
Nose, X-ray of	57921
Nuclear medicine scanning	(see below)
- cardiovascular	
cardiac blood pool study	61312,61315
cardiac blood flow, shunt or output study	61318,61319,61322, 61323
myocardial infarct-avid imaging study	61308,61309
myocardial perfusion study using thalium	61300,61301,61304, 61305
- central nervous	
brain study	61403,61404
cerebro spinal fluid transport study	61407,61408

*Payable on attendance basis

Service	Item
cerebro spinal fluid shunt patency study	61411,61412
- endocrine	
adrenal study	61482,61483,61486, 61487
parathyroid study	61479
thyroid study	61471,61472
thyroid uptake	61475,61476
- gastrointestinal	
bowel haemorrhage study	61362,61363
gastric emptying study	61382,61385
gastro-oesophageal reflux study	61374,61375
hepatobiliary study	61358,61359
Le Veen shunt study	61497,61498
liver and spleen study	61350,61351
Meckel's diverticulum study	61366,61367
oesophageal clearance study	61378,61379
red blood cell spleen or liver study	61354,61355
salivary study	61370,61371
spleen study	61350,61351
- genitourinary	
cystoureterogram	61395,61396
renal study	61388,61391,61392
testicular study	61399,61400
- lymphoscintigraphy	61467,61468
- pulmonary	
lung aerosol study	61346,61347,61497, 61498
lung perfusion study	61326,61327
lung perfusion and ventilation study	61342,61343,61346, 61347
lung ventilation study	61330,61331,61334, 61335,61338,61339
- single photon emission tomography	61490
- skeletal	
bone marrow study	61439,61440
bone study, whole body	61419,61420,61423, 61424
localised bone or joint study	61447,61448
localised bone, joint, tumour, infection or inflammation seeking study	61451,61452,61455, 61456,61459,61460
- study not otherwise covered	61501,61502
- tear duct study	61493,61494
- vascular	
dynamic flow study	61415,61416
particle perfusion study (intra-arterial)	61497,61498
regional blood volume quantitative study	61415,61416
venography	61463,61464

Payable on attendance basis

Service	Item
- whole body study	61427,61428,61431, 61432,61435,61436
repeat, using same administration of radiopharmaceutical	61443,61444
O	
Oesophagus, X-ray of	58906,58909,58912
Opaque enema	58918,58921
meal	58909,58912,58915
media, preparation for radiology	2805-2859
Orbit, X-ray of	57912
Orthopantomography	57936
P	
Palatopharyngeal studies	57939,57942
Pelvic girdle, X-ray of	57715
Pelvimetry	59503
Pelvis, X-ray of	57715
Petrous temporal bones, X-ray of	57909
Phalanges, X-ray of	57500,57503
Phlebography	59718
preparation for	60918,60927
Placentography	59503
Plain abdominal X-ray	58900,58903
renal X-ray	58700
Pleura, X-ray of	58500,58503
Pneumoarthrography	59745
preparation for	60933
Pneumoencephalography	59706
preparation for	60900
Pneumomediastinum	59757
preparation for radiography	60978
Pneumoperitoneum, preparation for radiography	60933
Pregnancy, X-ray for	59500,59503
Pyelography, drip-infusion	58703
drip-infusion, preparation for	60939
intravenous, including preparation for	58706,58709,58712
retrograde	58715
R	
Radiographic examination, not otherwise covered	60700
Radioisotope studies	(see nuclear)
Renal cyst, injection of radio-opaque material into	60930
X-ray, plain	58700
Retrograde pyelography	58715
preparation for	36824

*Payable on attendance basis

Service	Item
Retroperitoneal pneumogram	58724
Rib, X-ray of	58521,58524,58527
S	
Sacral X-ray	58106,58109,58112, 58115,58118
Sacroiliac joint, X-ray of	57718
Salivary calculus, X-ray of	57918
Scans, computerised tomography	(see computerised)
magnetic resonance imaging	61200
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*Payable on attendance basis

SECTION 6

PATHOLOGY SERVICES

PLEASE NOTE:

The information contained in this Section relates specifically to the Pathology Services Arrangements under Medicare. More comprehensive information on the Medicare Benefits Schedule book and the Medicare Arrangements are contained in the FOREWORD and the GENERAL EXPLANATORY NOTES (Section 1) of this book, which should be read in conjunction with this Section.

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CATEGORY 6 - PATHOLOGY SERVICES

OUTLINE OF ARRANGEMENTS

PA. PATHOLOGY SERVICES IN RELATION TO MEDICARE BENEFITS

PA.1 Basic Requirements

PA.1.1 *Determination of Necessity of Service*

The treating practitioner must determine that the pathology service is necessary.

PA.1.2 *Request for Service*

The service may only be provided -

- . in response to a request from the treating practitioner or from another Approved Pathology Practitioner and the request must be in writing (or, if oral, confirmed in writing within fourteen days), or
- . if determined to be necessary by an Approved Pathology Practitioner who is treating the patient.

PA.1.3 *Provision of Service*

The following conditions relate to provision of services:-

- (i) The service has to be provided by or on behalf of an Approved Pathology Practitioner.
- (ii) The service has to be provided in a pathology laboratory accredited for that kind of service.
- (iii) The proprietor of the laboratory where the service is performed must be an Approved Pathology Authority.
- (iv) The Approved Pathology Practitioner providing the service must either be the proprietor of the laboratory or party to an agreement, either by way of contract of employment or otherwise, with the proprietor of the laboratory in which the service is provided.

PA.2 Exceptions to Basic Requirements

PA.2.1 *Prescribed Pathology Services*

A prescribed pathology service is a service included in Group P9 of the Pathology Schedule. Group P9 contains 11 services which may be performed by a medical practitioner in his or her own surgery on his or her own patients.

Additionally, benefit is payable only where the service is determined as being necessary by the medical practitioner rendering the service, or is in response to a request by a member of a group of practitioners to which that practitioner belongs. (See para. PO.2 for the definition of a "group of practitioners".)

PA.2.2 *Services Where Request Not Required*

A written request is not required for -

- (i) a prescribed pathology service rendered by or on behalf of a medical practitioner upon his or her own patients.
- (ii) a pathologist-determinable service. A pathologist-determinable service is a pathology service determined to be necessary by an Approved Pathology Practitioner in respect of a person who is the patient of that Approved Pathology Practitioner and which is rendered by or on behalf of that Approved Pathology Practitioner. Further information on additional pathology tests not covered by a request is provided at paragraph PB.3.

PA.3 Circumstances Where Medicare Benefits Not Attracted

PA.3.1 Services Rendered by Disqualified Practitioner

Medicare benefits are not payable for pathology services if at the time the service is rendered, the person, by or on whose behalf the service is rendered, is a person in relation to whom a determination was in force in relation to that class of services. That is, where an Approved Pathology Practitioner has breached an undertaking, and a determination has been made that Medicare benefits should not be paid during a specified period (of up to five years) in respect of specified pathology services rendered by the practitioner.

Note: An Approved Pathology Practitioner may be disqualified for reasons other than a breach of undertaking.

PA.3.2 Medicare Benefits Not Payable for Certain Pathology Tests

Certain tests of public health significance do not qualify for payment of Medicare benefits.

Examples of services in this category are:

- . examination by animal inoculation;
- . Guthrie test for phenylketonuria; neonatal screening for hypothyroidism (T4 estimation);
- . identification of M Tuberculosis by bio-chemical tests or sub-culture;
- . treponema pallidum immobilisation test;
- . pathology tests carried out on specimens collected from persons occupationally exposed to sexual transmission of disease where the purpose of the collection of specimens is for testing in accordance with conditions determined by the health authority of the State or Territory in which the service is performed; or
- . any test related to the detection of the presence of human immunodeficiency virus (HIV).

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

- . cytotoxic food testing;
- . pathology services performed for the purposes of tissue audit;
- . pathology services performed for the purposes of control estimation, repeat tests (eg, for confirmation of earlier tests, etc);
- . preparation of autogenous vaccines;
- . tissue banking and preparation procedures; or
- . pathology services which are performed routinely in association with the termination of pregnancy without there being any indication for the necessity of the services. However, benefits would be payable for the following pathology tests:
 - Items 65001/65002 - haemoglobin estimation;
 - Items 65017/65018 - blood grouping ABO and Rh (D antigen);
 - Items 65021/65022 - examination of serum for Rh and/or other blood group antibodies.

PB. REQUESTS

PB.1 Responsibilities of Treating/Requesting Practitioners

PB.1.1 Form of Request

A treating practitioner may request a pathology service either orally or in writing but oral requests must be confirmed in writing within fourteen days from the day when the oral request was made.

Pathology request forms and combined pathology request/offer to assign forms which are prepared by the pathologists and distributed to requesting practitioners must be approved by the Health Insurance Commission (see paragraph PB.2). Written pathology requests from treating practitioners that are not on a form prepared and distributed by a pathologist do not need to be approved; however, all written requests for pathology services should contain the following particulars:-

- . the individual pathology services, or recognised groups of pathology tests to be rendered (see Section PQ of these notes for the list of acceptable terms and abbreviations). The description must be sufficient to enable the item in which the service is specified to be

- identified.
- . the requesting practitioner's signature and date of request.
- . the surname, initials of given names, practice address and provider number of the requesting practitioner.
- . the patient's name and address.
- . details of the hospital status of the patient, as follows (for benefit rate assessment). That is, whether the patient was or will be, at the time of the service or when the specimen is obtained:
 - a. a private patient in a private hospital, or approved day hospital facility,
 - b. a private patient in a recognised hospital,
 - c. a hospital patient in a recognised hospital,
 - d. an outpatient of a recognised hospital.
- . details of the person to whom the request is directed. A pathology request can be directed to an Approved Pathology Practitioner or an Approved Pathology Authority. If the request is directed to an Approved Pathology Authority, the form must show the full name and address of the Approved Pathology Authority. If the request is directed to an Approved Pathology Practitioner, the form must show the surname, initials or given names and place of practice of the Approved Pathology Practitioner to whom the request is addressed.

PB.1.2 *Offence Not to Confirm an Oral Request*

A requesting practitioner who, without reasonable excuse, does not confirm in writing an oral request within fourteen days of making the oral request is guilty of an offence under the Health Insurance Act 1973 punishable, upon conviction, by a fine not exceeding \$1000.

PB.2 *Responsibilities of Approved Pathology Practitioners*

PB.2.1 *Form of Request*

There is no official "request in writing" form, and the requesting practitioner's own stationery, or pre-printed forms supplied by Approved Pathology Practitioners/Authorities are acceptable, provided there are no check lists or "tick-a-box" lists of individual tests or groups of pathology services on the forms. However, pre-printed request forms issued by Approved Pathology Practitioners/Authorities for use by requesting practitioners must be approved by the Health Insurance Commission. Forms submitted for approval should be accompanied by other information or documentation such as that contained in notes for guidance, cover sheets, etc., provided to requesting practitioners.

PB.2.2 *Offence to Provide Unapproved Request Forms*

An Approved Pathology Practitioner or Approved Pathology Authority who, without reasonable excuse, provides (directly or indirectly) to practitioners request forms which are not approved by the Health Insurance Commission, is guilty of an offence under the Health Insurance Act 1973 punishable, upon conviction, by a fine not exceeding \$1000.

PB.2.3 *Request to Approved Pathology Authority*

It is acceptable for a request to be made to an Approved Pathology Authority who is the proprietor or one of the proprietors of a laboratory in lieu of making the request to the Approved Pathology Practitioner who renders the service or on whose behalf the service is rendered.

PB.2.4 *Holding, Retention, Recording and Production of Request Forms*

Approved Pathology Practitioners must hold a request in writing for all services requested by any other practitioner before billing patients.

An Approved Pathology Practitioner is required to retain written requests/confirmation of requests for pathology services for 18 months from the day when the service was rendered. This also applies to requests which an Approved Pathology Practitioner receives of which only some tests are referred on to another Approved Pathology Practitioner (the first Approved Pathology Practitioner would retain the request for 18 months). If all tests were referred on, the second

pathologist would retain the original request, if the original request was passed on in preference to being re-requested by the first Approved Pathology Practitioner.

If the written request or written confirmation has been recorded on film or other magnetic medium approved by the Minister for Health, Housing and Community Services, for the purposes of storage and subsequent retrieval, the record so made shall be deemed to be a retention of the request or confirmation. The production or reproduction of such a record shall be deemed to be a production of the written request or written confirmation.

An Approved Pathology Practitioner is required to produce, on request from an officer of the Health Insurance Commission, no later than the end of the day following the request from the officer, a written request or written confirmation retained pursuant to the above paragraphs. The officer is authorised to make and retain copies of or take and retain extracts from written requests or written confirmations.

PB.2.5 *Offences in Relation to Retaining and Producing Request Forms*

The following offences are punishable upon conviction by a fine not exceeding \$1000:

- an Approved Pathology Practitioner who, without reasonable excuse, does not keep request forms for 18 months;
- an Approved Pathology Practitioner who, without reasonable excuse, does not produce a request form to an officer of the Health Insurance Commission before the end of the day following the day of the officer's request.

PB.2.6 *Referral From An Approved Pathology Practitioner To Another Approved Pathology Practitioner*

Where an Approved Pathology Practitioner refers some or all services requested to another Approved Pathology Practitioner not associated with the same Approved Pathology Authority the following apply:

- (a) where all the services are referred, he/she should forward the initial request to the second Approved Pathology Practitioner;
- (b) where some of the services which are listed in different items in the Schedule are referred, he/she must issue his/her own request in writing, which would show in addition to the particulars listed in paragraph PB.1.1 above:
 - (i) name and provider number of the original requesting practitioner; and
 - (ii) date of initial request.

Notes:

- The patient should be billed by each Approved Pathology Practitioner only for those services rendered by or on his/her behalf.
- Photocopies of requests are not acceptable.

Where a number of pathology services (for example drug or hormone estimations) are listed in the one item of the Schedule, Medicare benefits are payable only when all the services are rendered by or on behalf of one Approved Pathology Practitioner. (see paragraph PX.1, Rule 5.)

PB.2.7 *Offence Not To Confirm An Oral Request*

An Approved Pathology Practitioner who, without reasonable excuse, does not confirm in writing an oral request to another Approved Pathology Practitioner within fourteen days of making the oral request is guilty of an offence under the Health Insurance Act 1973 punishable, upon conviction, by a fine not exceeding \$1000.

PB.3 *Pathology Tests Not Covered by Request*

An Approved Pathology Practitioner, who has been requested to perform one or more pathology services, may consider it necessary, in the interest of the patient, that additional tests to those requested be carried out. The Approved Pathology Practitioner must discuss this need with the requesting practitioner, and if the requesting practitioner determines that additional tests are necessary, the Approved Pathology Practitioner must arrange with the requesting practitioner to forward an amended or second request for those services. The account will then be issued in the

ordinary way and the additional services will attract benefits at the "SP" rate where the Approved Pathology Practitioner is a recognised specialist pathologist and the conditions of paragraph PE.2 have been met.

PC. DETAILS REQUIRED ON ACCOUNTS, RECEIPTS OR ASSIGNMENT FORMS

PC.1 General

Medicare benefit is not payable in respect of a pathology service unless specified details are provided, by the practitioner rendering the service, on his or her account, receipt or assignment form.

PC.2 Approved Pathology Practitioner

In addition to holding a request in writing from the treating medical or dental practitioner or from another Approved Pathology Practitioner the following additional details must be recorded on the account, receipt or assignment form of the Approved Pathology Practitioner providing the service:

- . the surname and initials of the Approved Pathology Practitioner who performed the service and either his/her practice address or the provider number for the address
- . the name of the person to whom the service was rendered
- . the date on which the service was rendered
- . the name of the requesting practitioner
- . the date on which the request was made
- . the requesting practitioner's provider number
- . a description of the pathology service in words which are derived from the item description in the Schedule and are of sufficient detail to identify the specific test in the Schedule that was rendered. In lieu of such a full description, the abbreviations contained in the index and the group abbreviations listed at paragraph PQ.4 are acceptable alternatives. (see paragraph PQ.1)
- . where the treating practitioner determines or provides a pathology service on his/her own patient, the account must be endorsed "sd".

Where some services have been referred from one Approved Pathology Practitioner to another Approved Pathology Practitioner, the request details (ie, the name and provider number of the requesting practitioner and the date of the request) to be shown on the second Approved Pathology Practitioner's account, receipt or assignment form must be those of the original requesting practitioner (and not those of the first Approved Pathology Practitioner).

PC.3 Prescribed Pathology Services

For Prescribed Pathology Services (that is, pathology items in Group P9) the medical practitioner who renders the service must ensure his or her account, receipt or assignment form includes his or her name, address or provider number, the date of the service, and a description to clearly identify the service in the Schedule that was rendered.

If the service was determined necessary by another medical practitioner who is a member of the same group practice as the practitioner who rendered the service, the name of the requesting practitioner, sufficient to identify the practitioner from other practitioners in the same group practice with the same surname, must also be included together with the date on which the request was made.

PD. INBUILT MULTIPLE SERVICES RULE

PD.1 Description of Rule

The term "Inbuilt Multiple Services Rule" describes the arrangement whereby benefits for certain pathology tests are restricted depending on the number of services performed during a single patient episode. Patient episode is defined in paragraph PO.4 of these notes.

PD.2 Exemption

Exemption may be sought to the inbuilt multiple services rule under section 4B(3) of the Health Insurance Act 1973 in the case of patients whose condition requires a series of pathology investigations at various times throughout any one day. Some factors that the delegate of the Minister may take into consideration in approving an exemption are - the patient is seriously ill; there are distinct and separate collections and performances of tests; and, the services involve substantial additional expenses for the Approved Pathology Practitioner. An exemption may be sought by the initiating practitioner endorsing the request with the notation "S4B3" and the Approved Pathology Practitioner performing the pathology tests endorsing his account or assignment of benefits form similarly and by indicating the time the services were performed. Approval is not automatic. The delegate may request further information of the practitioner to justify the claim for exemption under "S4B3".

PD.3 Tests Repeated

Tests which are required to be repeated over a number of days or weeks and would otherwise be subject to restriction, must be supported by individual requests for each patient episode. Prothrombin time estimation is the only exemption so far to have been considered by the Minister. Requests for repeat prothrombin time estimations must include the approximate frequency of testing required and the time period over which the tests are necessary. The requesting practitioner must also notate "S4B3" on the pathology request form and the Approved Pathology Practitioner must notate "S4B3" on the account or assignment of benefits form.

PE. SCHEDULE FEES

PE.1 SP/OP Schedule fee levels

Items in Groups P1 to P8 of the Pathology Services Schedule have fees set at SP and OP levels. At present, OP levels are set at 75% of the SP level.

PE.2 SP Schedule fees

SP Schedule fees are payable for pathology services performed:

- . by or on behalf of an Approved Pathology Practitioner who is a recognised specialist pathologist; and
- . in private practice.

Accordingly SP Schedule fees are not payable for pathology services rendered by an Approved Pathology Practitioner, being a specialist pathologist:

- . when requested for a privately referred out-patient of a recognised hospital;
- . when requested for a private in-patient in a recognised hospital; or where
 - (i) any pathology equipment of a recognised hospital, or a laboratory included in a prescribed class of laboratories, is used, or
 - (ii) any member of the staff of a recognised hospital, or a laboratory included in a prescribed class of laboratories, participates in the course of that member's employment with that hospital or laboratory.

PE.3 OP Schedule fees

OP Schedule fees are payable in all other circumstances where:-

- . the service was performed by an Approved Pathology Practitioner who is not a recognised specialist pathologist; or
- . the service was performed by an Approved Pathology Practitioner (who may be a recognised specialist pathologist) but all the conditions of paragraph PE.2 were not met.

PE.4 Hospital, Government etc Laboratories

The following laboratories have been prescribed for the purposes of payment of Medicare benefits as outlined in paragraphs PE.2 and PE.3.

- . laboratories operated by the Commonwealth (these include Commonwealth health laboratories operated by the Department of Health, Housing and Community Services as

well as the laboratories operated by other Departments, eg the Departments of Defence and Veterans' Affairs conduct laboratories from which pathology services are provided);

- laboratories operated by a State Government or authority of a State. Laboratories operated or associated with recognised hospitals are also included;
- laboratories operated by the Northern Territory and the Australian Capital Territory; and
- laboratories operated by:
 - University of NSW
 - University of Sydney
 - University of New England
 - Monash University
 - University of Melbourne
 - University of Queensland
 - University of Adelaide
 - University of Western Australia
 - University of Tasmania
 - Australian National University

PF. ASSIGNMENT OF MEDICARE BENEFITS

PF.1 Patient Assignment

In addition to the general arrangements relating to the assignment of benefits as outlined at paragraph 6 of the "General Explanatory Notes" in Section 1 of this book it should be noted that, where the treating practitioner requests pathology services but the patient does not physically attend the Approved Pathology Practitioner, the patient may complete an assignment voucher at the time of the visit to the requesting doctor offering to assign benefits for the Approved Pathology Practitioner's services.

PF.2 Approved Pathology Practitioner Eligibility

If a practitioner requests an Approved Pathology Practitioner to perform a necessary pathology service, that Approved Pathology Practitioner must perform the service himself/herself or have it performed on his/her behalf in order to be eligible to receive benefits by way of assignment. If, however, the first Approved Pathology Practitioner arranges for the service to be rendered by a second Approved Pathology Practitioner with the same Approved Pathology Authority, the second Approved Pathology Practitioner and not the first, is eligible to receive an assignment of the Medicare benefit for the service in question.

PG. ACCREDITED PATHOLOGY LABORATORIES

PG.1 Need for Accreditation

A pathology service will not attract Medicare benefits unless that service was provided in a pathology laboratory accredited for that kind of service. Details of the administration of the pathology laboratory accreditation arrangements are set out below.

PG.2 Applying for Accreditation

To become an Approved Pathology Laboratory it is necessary to lodge a completed application form with the Commonwealth Department of Health, Housing and Community Services, PO Box 658, Woden ACT 2606 and pay the prescribed fee of \$200 (except for Victoria where the fee is \$50). It is also required that application for inspection be made to an approved inspection agency. The National Association of Testing Authorities (NATA) has been chosen to act on the Commonwealth's behalf as the primary inspection agency. The Royal Australian College of General Practitioners (RACGP) has also been appointed to inspect laboratories in Category 5 (general practitioner) in Victoria only.

PG.3 Effective Period of Accreditation

Accreditation takes effect from the date of approval by the Minister for Health, Housing and Community Services. The Minister has no power to back date an approval. Transitional accreditation may be given pending full accreditation. An application and fee are required annually.

PG.4 State Schemes

Victoria has implemented an accreditation scheme with effect from 2 March 1990. The Commonwealth accepts the Victorian State accreditation as the basis for Commonwealth accreditation. Subsequently, the Commonwealth fee has dropped to \$50 in Victoria for applications made after 2 March 1990. Victorian laboratories should contact the Victorian Pathology Services Accreditation Board for further information.

PG.5 Assessment of Applications for Accreditation

The Principles of Accreditation as determined by the Minister (and based on NPAAC guidelines) are used to assess applications for accreditation. These take into consideration staffing, supervision, premises, etc. Copies are available from the Department at the address given in paragraph PG.2.

PG.6 Refusal of Accreditation and Right of Review

An applicant who has been notified of the intention to refuse accreditation may, within 28 days of being notified, provide further information to the Minister which may be taken into consideration prior to a final decision being made.

Applicants refused accreditation or any person affected by the decision have the right to appeal to the Administrative Appeals Tribunal.

PG.7 National Pathology Accreditation Advisory Council (NPAAC)

NPAAC was established in 1979. Its functions are to assist in the introduction and maintenance of uniform standards of practice in pathology services throughout Australia and to initiate and co-ordinate educational programs in relation to pathology practice. The agencies used to inspect laboratories on the Commonwealth's behalf are required to conduct inspections using the standards set down by NPAAC.

PG.8 Change of Address/Location

Laboratories are accredited for the particular location given on the application form. Where a laboratory is relocated to other premises, any previously issued approvals for that Accredited Pathology Laboratory lapse. Medicare benefits are not payable for any pathology services performed at the new location until a new application has been approved by the Minister for Health, Housing and Community Services. Paragraph PG.2 sets out the method for applying for accreditation.

PG.9 Change of Ownership of a Laboratory

Part of the assessment of an application for an Accredited Pathology Laboratory relates to the Approved Pathology Authority status. Where the ownership, or some other material change occurs affecting the laboratory, the Minister for Health, Housing and Community Services must be provided with those changed details. Medicare benefits will not be payable for any pathology services performed on any premises other than those premises for which approval has been given.

PH. APPROVED PATHOLOGY PRACTITIONERS

PH.1 Introduction

A pathology service will not attract Medicare benefits unless that service was provided by or on behalf of an Approved Pathology Practitioner. (Approved Pathology Practitioners must be registered medical practitioners.) Set out below is information which relates to Approved Pathology Practitioner requirements.

PH.2 Applying for Acceptance of the Approved Pathology Practitioner Undertaking

To apply for acceptance of an Approved Pathology Practitioner Undertaking, it is necessary to send:-

- (i) a completed application for acceptance of an Approved Pathology Practitioner Undertaking;
- (ii) a signed Approved Pathology Practitioner Undertaking; and
- (iii) a cheque for \$100

to the Pathology Registration Co-ordinator, Health Insurance Commission, PO Box 9822 (in your capital city). An application form, undertaking and associated literature is available from the Pathology Registration Co-ordinator.

PH.3 Undertakings

PH.3.1 Consideration of Undertakings

The Minister is unable to accept an undertaking from a person in respect of whom there is a determination in force that the person has breached the undertaking, or from a person who, if the undertaking were accepted, would be likely to carry on the business of a prescribed person or would enable a person to avoid the financial consequences of the disqualification (or likely disqualification) of that prescribed person. A 'prescribed person' includes, inter alia, fully or partially disqualified persons (or persons likely to be so disqualified).

Similarly an undertaking cannot be accepted unless the Minister is satisfied that the person giving such undertaking is a fit and proper person to be an Approved Pathology Practitioner.

When an undertaking has been given, the Minister may require the person giving the undertaking to provide additional information within a fixed period of time and if the person does not comply the Minister may refuse to accept the undertaking.

PH.3.2 Refusal of Undertaking and Rights of Review

Where the Minister refuses to accept an undertaking, for any of the reasons shown above, he must notify the person of the decision. The notification must include advice of a right of internal review of the decision and a right of further appeal to the Administrative Appeals Tribunal if the internal review upholds the original decision to refuse the undertaking.

PH.3.3 Effective Period of Undertaking

The following applies:-

- (i) **Date of Effect** - the earliest day from which the Minister or delegate can accept an undertaking is the day the undertaking is signed. The day the undertaking is signed is to be the day it is actually signed and must not be backdated.
- (ii) **Period of Effect** - in determining the period of effect of the undertaking the Minister shall, unless he considers that special circumstances exist, determine that the period of effect shall be twelve months from the day on which the undertaking comes into force. There is a requirement for the Minister to notify persons giving undertakings of the period of time for which the undertaking is to have effect, and the notice is to advise persons whose interests are affected by the decision of their rights of appeal to the Administrative Appeals Tribunal against the Minister's decision.
- (iii) **Renewals** - when an undertaking is given and accepted by the Minister while a former undertaking is current, the former undertaking ceases to be in force. When an undertaking is given while a former undertaking is current and the date on which the former undertaking was to expire passes without the Minister giving notice to accept or reject the new undertaking, the former undertaking remains in force until the Minister gives such notification.
- (iv) **Cessation of Undertaking** - the undertaking ceases to be in force if it is terminated, if the Minister revokes acceptance of the undertaking, or if the period of effect for the undertaking expires - whichever event first occurs.

An Approved Pathology Practitioner may terminate an undertaking at any time provided that the practitioner gives at least 30 days notice of the termination of the undertaking.

PH.4 Obligations and Responsibilities of Approved Pathology Practitioners

The requirements of the legislation and the undertaking impose a number of obligations and responsibilities on Approved Pathology Practitioners and the Minister. The more complex of these not already dealt with are considered in paragraphs PJ, PK and PL dealing with Breaches of Undertakings, Excessive Pathology Services, and Personal Supervision.

PI. APPROVED PATHOLOGY AUTHORITIES

PI.1 Introduction

A pathology service will not attract Medicare benefits unless the proprietor of the laboratory in which the pathology service was performed is an Approved Pathology Authority. Following is information which relates to Approved Pathology Authority requirements.

PI.2 Applying for Acceptance of an Approved Pathology Authority Undertaking

To apply for acceptance of an Approved Pathology Authority Undertaking, it is necessary to send:-

- (i) a completed application for acceptance of an Approved Pathology Authority Undertaking;
- (ii) a signed Approved Pathology Authority Undertaking; and
- (iii) a cheque for \$100

to the Pathology Registration Co-ordinator, Health Insurance Commission, PO Box 9822 (in your capital city). An application form, undertaking and associated literature is available from the Pathology Registration Co-ordinator.

The application and the undertaking should be completed by the proprietor of the laboratory/ies and where the proprietor is not a natural person (e.g. company or partnership), an authorised representative/s should complete the forms. This proprietor can be:-

- (i) a natural person;
- (ii) partners (natural persons and/or companies) in a partnership;
- (iii) a body corporate (i.e. a company); or
- (iv) a government authority (e.g. a public hospital)

PI.3 Undertakings

PI.3.1 Consideration of Undertakings

The Minister is unable to accept undertakings from a person in respect of whom there is a determination in force that the person has breached the undertaking, or from a person who, if the undertaking were accepted, would be likely to carry on the business of a prescribed person or would enable a person to avoid the financial consequences of the disqualification (or likely disqualification) of that prescribed person. A 'prescribed person' includes, inter alia, fully or partially disqualified persons (or persons likely to be so disqualified).

Similarly an undertaking cannot be accepted unless the Minister is satisfied that the person giving such undertaking is a fit and proper person to be an Approved Pathology Authority.

When an undertaking has been given the Minister may require the person giving the undertaking to provide additional information within a specified period of time and if the person does not comply the Minister may refuse to accept the undertaking.

PI.3.2 Refusal of Undertaking and Rights of Review

Where the Minister refuses to accept an undertaking, he must notify the person of the decision. The notification must include advice of a right of internal review of the decision and a right of further appeal to the Administrative Appeals Tribunal if the internal review upholds the original decision to refuse the undertaking.

PI.3.3 Effective Period of Undertaking

The following applies:-

- (i) Date of Effect - the earliest day from which the Minister or delegate can accept

- an undertaking is the day the undertaking is signed. The day the undertaking is signed is to be the day it is actually signed and must not be backdated.
- (ii) **Period of Effect** - in determining the period of effect of the undertaking the Minister shall, unless he considers that special circumstances exist, determine that the period of effect shall be twelve months from the day on which the undertaking comes into force. There is a requirement for the Minister to notify persons giving undertakings of the period of time for which the undertaking is to have effect, and the notice is to advise persons whose interests are affected by the decision of their rights of appeal to the Administrative Appeals Tribunal against the Minister's decision.
 - (iii) **Renewals** - when an undertaking is given and accepted by the Minister while a former undertaking is current, the new undertaking does not take effect until the former undertaking ceases to be in force. When an undertaking is given while a former undertaking is current and the date on which the former undertaking is current and the date on which the former undertaking was to expire passes without the Minister giving notice to accept or reject the new undertaking, the former undertaking remains in force until the Minister gives such notification.
 - (iv) **Cessation of Undertaking** - the undertaking ceases to be in force if it is terminated, if the Minister revokes acceptance of the undertaking, or if the period of effect for the undertaking expires - whichever event first occurs.

An Approved Pathology Authority may terminate an undertaking at any time provided that the person gives at least 30 days notice of the termination of the undertaking.

PI.4 Obligations and Responsibilities of Approved Pathology Authorities

The requirements of the legislation and the undertaking impose a number of obligations and responsibilities on Approved Pathology Authorities and the Minister. The more complex of these not already dealt with are considered in paragraphs PJ and PK dealing with Breaches of Undertakings and Excessive Pathology Services.

PJ. BREACHES OF UNDERTAKINGS

PJ.1 Notice Required

Where the Minister has reasonable grounds for believing that an Approved Pathology Practitioner or an Approved Pathology Authority has breached the undertaking, the Minister is required to give notice in writing to the person explaining the grounds for that belief and inviting the person to put a submission to the Minister to show cause why no further action should be taken in the matter.

PJ.2 Decisions by Minister

Where a person provides a submission, the Minister may decide to take no further action against the person. Alternatively the Minister may refer the matter to a Medicare Participation Review Committee, notifying the grounds for believing that the undertaking has been breached. If after 28 days no submission has been received from the person, the Minister must refer that matter to the Committee.

PJ.3 Appeals

The Minister is empowered to suspend an undertaking where notice has been given to a Medicare Participation Review Committee of its possible breach, pending the outcome of the Committee's proceedings. The Minister must give notice in writing to the person who provided the undertaking of the determination to suspend it, and the notice shall inform the person of a right of appeal against the determination to the Administrative Appeals Tribunal. The Minister may also publish a notice of a determination in the Commonwealth Gazette. Rights of appeal to the Administrative Appeals Tribunal also exist in respect of any determination made by a Medicare Participation Review Committee.

PK. INITIATION OF EXCESSIVE PATHOLOGY SERVICES

PK.1 Notice Required

Where the Minister has reasonable grounds for believing that a person, of a specified class of persons, has initiated, or caused or permitted the initiation of excessive pathology services the Minister is required to give notice in writing to the person explaining the grounds for the belief and inviting the person to put a submission to the Minister to show cause why no further action should be taken in the matter.

PK.2 Classes of Persons

The classes of persons are:

- . the practitioner who initiated the services;
- . the employer of the practitioner who caused or permitted the practitioner to initiate the services; or
- . an officer of the body corporate employing the practitioner who caused or permitted the practitioner to initiate the services.

PK.3 Decisions by Minister

Where a person provides a submission, the Minister may decide to take no further action against the person. Alternatively, the Minister may refer the matter to a Medical Services Committee of Inquiry, notifying the grounds for believing that excessive pathology services have been initiated. If after 28 days no submission has been received from the person, the Minister must refer the matter to the Committee. The Minister must give to the person notice in writing of the decision.

PK.4 Appeals

Unlike the procedures relating to breaches of undertaking there is no power given to the Minister to determine a penalty. The Minister's role is either deciding to take no further action or referring the matter to a Medical Services Committee of Inquiry. Accordingly, there are no rights of appeal to the Administrative Appeals Tribunal applicable to the above procedures. However, rights of appeal to the Administrative Appeals Tribunal exist in respect of any determination made by a Medicare Participation Review Committee.

PL. PERSONAL SUPERVISION

PL.1 Introduction

The Health Insurance Act 1973 provides that the form of undertaking to be given by an Approved Pathology Practitioner may make provision for pathology services carried out under the personal supervision of the Approved Pathology Practitioner.

PL.2 Extract from Undertaking

The following is an extract from the Approved Pathology Practitioner undertaking:

"PART 1 - PERSONAL SUPERVISION

- 1) Subject to clause 2, I undertake that where a service is rendered on my behalf, I will accept personal responsibility for the rendering of that service under the following conditions of personal supervision -
 - a) Where a service is rendered on my behalf, I must usually be physically available in the laboratory during the rendering of that service.
 - b) I may be absent from the laboratory for brief periods where the absence is due to illness or other personal exigency, or involves activities which, in accordance with normal and accepted practice, relate to the provision of services by that laboratory. If such an absence occurs, and it does not exceed 7 consecutive days, then I will be regarded as continuing to personally supervise the rendering of services.
 - c) Where I am absent from the laboratory for more than 7 consecutive days, I must arrange for another approved pathology practitioner to personally

supervise the rendering of services in the laboratory which would otherwise be rendered by me or on my behalf. Where such an arrangement is made, then I will be regarded as continuing to personally supervise the rendering of services.

- d) For the purposes of the Health Insurance Act 1973, services will not be regarded as being rendered by me or on my behalf during any absence, for any reason, which occurs after I have already been absent for a total of 14 working days in any month that services are rendered.
- e) If a service is being rendered on my behalf outside the normal hours of operation of the laboratory, I must be able to be contacted at the time that the service is being rendered by the person who is rendering the service. If required, I must be able to personally attend at the laboratory during the rendering of the service.
- f) If a service is being rendered on my behalf by a person who is not-
 - i) a medical practitioner;
 - ii) a scientist; or
 - iii) a person having special qualifications or skills relevant to the service being rendered;

and no person in the above groups is physically present in the laboratory, then I must be physically present in the laboratory and closely supervise the rendering of the service.

- g) I accept responsibility for taking all reasonable steps to ensure that in regard to services rendered by me or on my behalf.
 - i) all persons who render services are adequately trained;
 - ii) all services which are to be rendered in the laboratory are allocated to persons with appropriate qualifications and experience to render the services;
 - iii) the methods and procedures in operation in the laboratory for the purposes of rendering service are in accordance with proper and correct practices;
 - iv) for services rendered, proper quality control methods are established and reviewed to ensure their reliability and effectiveness; and
 - v) results of services and tests rendered are accurately recorded and reported.

2) Where services are to be rendered on my behalf in a laboratory:

- a) where the Minister has declared, by notice in writing, that the laboratory is located in an isolated area (as defined in the principles for the approval of premises as an accredited pathology laboratory), and the Minister is satisfied that the service could not reasonably be rendered in another laboratory; or
- b) which is in category 3 or 4 of the categories of accreditation;

I undertake to take all reasonable measures to ensure that the service is rendered under the supervision of the person designated in the category of accreditation of that laboratory to supervise the rendering of the service.

- 3) I understand that, in relation to a laboratory which is specified in clause 2(b), the provisions of clause 2 will only apply for a period of 36 months after the commencement of section 23DB of the Health Insurance Act 1973 (1 August 1987), and that after that time the provisions of clause 1 will apply to me."

PL.3 Notes on the Above:

Part 1 of the APP Undertaking outlines the requirements for the personal supervision by an APP where a pathology service is rendered by another person on behalf of the APP. It should be noted that "on behalf of" does not relieve an APP of professional responsibility for the service or from being personally involved in the supervision of services in the laboratory.

The only exemptions from the full requirement for personal supervision of services are for the permitted absences in clause 1 in the specific circumstances declared by the Minister (clause 2(a)) and for services provided in category 3 and 4 laboratories (clause 2(b)).

PM. DETERMINATION OF FEES FOR SERVICES OF UNUSUAL LENGTH OR COMPLEXITY

PM.1 Introduction

The fee for any item listed in the Schedule is that which is regarded as being reasonable on average for that service having regard to usual and reasonable variations in the time involved in performing the service on different occasions and to reasonable ranges of complexity and technical difficulty encountered. Section 11 of the Health Insurance Act 1973 provides that the practitioner or the patient may apply to the Health Insurance Commission for higher benefits by the fixation of a higher fee, where the person rendering the professional service considers that special consideration is warranted because of the "unusual length or complexity" of the service in the particular case. The term "unusual length or complexity" in this context refers to instances where these factors significantly exceed those usually encountered for the service listed in the Schedule.

PM.2 How to Apply

Any such application for a higher fee for any listed item in the Schedule under Section 11 of the Health Insurance Act 1973 should be made to the Health Insurance Commission and should be supported by a statement by the Approved Pathology Practitioner indicating in detail those unusual features which are the basis for the claim for a higher fee. The practitioner rendering the service should advise the patient to forward this statement with the claim form and account to the relevant Medicare office. Where the practitioner direct-bills the Health Insurance Commission, his/her statement should be attached to the assignment form.

PM.3 Statement by Practitioner

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

- . the time taken;
- . the factors which caused the undue length of time taken;
- . special difficulties or complexities encountered beyond those which would normally be expected in the procedure;
- . other significant factors.

PM.4 Referral to Medicare Benefits Advisory Committee

Generally, such applications are referred for consideration by the Medicare Benefits Advisory Committee which may recommend the payment of a higher benefit. The Committee states the principles to be followed by the Health Insurance Commission in fixing the amount of any increased fee for the service which was the subject of the application.

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

PM.5 Appeals

Where the Health Insurance Commission notifies a person of a decision, either, (a) that it has formed the opinion that the professional service is not of unusual length or complexity, or, (b) fixing an increased fee based on the application of principles determined by the Committee, that person may, within one month after receipt of notification of the Health Insurance Commission's decision in the matter of an increased fee, appeal to the Minister to have the decision reviewed.

The Minister will refer the appeal to the Medicare Benefits Advisory Committee for consideration. The Committee will recommend to the Minister whether the appeal should be allowed or dismissed

and, if the appeal is to be allowed, determine the amount of the increased fee. If the Committee thinks fit it can formulate principles followed by the Committee in fixing that increased fee.

PN. CHANGES TO THE PATHOLOGY SERVICES TABLE

PN.1 Health Insurance Regulations

The Health Insurance Act 1973 allows the Minister for Health, Housing and Community Services to determine an appropriate Pathology Services Table which is then prescribed by Regulation.

The Minister has established a Committee to assist in determining changes to the Table.

This informal Committee - the Pathology Services Table Committee - comprises five representatives each from the (interested) Profession and the Commonwealth. The role of this Committee is to examine on an ongoing basis the need for changes to the structure and content of the Table including associated fees.

Any person or organisation seeking to make a submission to this Committee can contact the Secretariat at the Department using the address given at paragraph PG.2.

EXPLANATORY NOTES

PO. DEFINITIONS

PO.1 Excessive pathology service

- . means a pathology service for which Medicare benefit has become or may become payable and which is not reasonably necessary for the adequate medical or dental care of the patient concerned.

PO.2 Group of Practitioners

- . means
 - (i) a practitioner conducting a medical practice or a dental practice together with another practitioner, or other practitioners, participating (whether as employees or otherwise) in the provision of professional services as part of that practice; or
 - (ii) two or more practitioners conducting a medical practice or a dental practice as partners; or
 - (iii) those partners together with any other practitioner who participate (whether as an employee or otherwise) in the provision of professional services as part of that practice.

PO.3 Initiate

- . in relation to a pathology service means to make the decision by reason of which the service is rendered.

PO.4 Patient episode

- . is defined, for those items where the fee and benefit are related to the number of services performed in relation to the one patient episode, as covering:-
- . services requested by a medical or dental practitioner on the one calendar day although they may be rendered by an Approved Pathology Practitioner on the one day or over a number of days; or
- . the need for the items is determined on the one calendar day and rendered on that day or over a number of days.

PO.5 Personal supervision

- . means that an Approved Pathology Practitioner will, to the fullest extent possible, be responsible for exercising an acceptable level of control over the rendering of pathology

services. See paragraphs PL.1 to PL.3 for a full description of the responsibilities involved in personal supervision.

PO.6 Prescribed Pathology Service

- . is a service included in Group P9 and may be performed by a medical practitioner in his/her own surgery.

PO.7 Proprietor of a Laboratory

- . means in relation to a pathology laboratory the person, authority or body of persons having effective control of:
 - (a) the laboratory premises, whether or not the holder of an estate or interest in the premises; and
 - (b) the use of equipment used in the laboratory; and
 - (c) the employment of staff in the laboratory.

PO.8 Specialist pathologist

- . means a medical practitioner recognised for the purposes of the Health Insurance Act 1973 as a specialist in pathology (see paragraph 4.1 of the "General Explanatory Notes" in Section 1 of this book). The principal specialty of pathology includes a number of sectional specialties. Accordingly, a medical practitioner who is recognised as a specialist in a sectional specialty of pathology is recognised as a specialist pathologist for this purpose.

PP. INTERPRETATION OF THE SCHEDULE

PP.1 Chromosome Studies (Items 73281/73282, 73283/73284)

Pathologists and referring practitioners should note that a request for the chromosome analysis under items 73281/73282 and 73283/73284 will include banding and fragile x analysis determination, if able to be performed.

PP.2 Cervical and Vaginal Cytology (Items 73053 - 73058)

Items 73053 and 73054 apply only to the cytological examination of cervical smears collected from women with no symptoms, signs or recent history suggestive of cervical neoplasia as part of routine, biennial examination for the detection of pre-cancerous or cancerous changes. These items also apply to smears repeated due to an unsatisfactory routine smear.

Cytological examinations carried out under item 73053 or 73054 should be in accordance with the agreed National Policy on Screening for the Prevention of Cervical Cancer. This policy provides for:

- . An examination interval of two years for women who have no symptoms or history suggestive of abnormal cervical cytology, commencing between the ages of 18 to 20 years, or one to two years after first sexual intercourse, whichever is later.
- . Cessation of cervical smears at 70 years for women who have had two normal results within the last five years. Women over 70 who have never been examined, or who request a cervical smear, should be examined.

This policy has been endorsed by the Royal Australian College of General Practitioners, the Royal Australian College of Obstetricians and Gynaecologists, the Royal College of Pathologists of Australasia, the Australian Cancer Society and the National Health and Medical Research Council.

The Health Insurance Act excludes payment of Medicare benefits for health screening services except where Ministerial directions have been issued to enable benefits to be paid, such as the Papanicolou test. As there is now an established policy which has the support of the relevant professional bodies, routine screening in accordance with the policy will be regarded as good medical practice.

The screening policy will not be used as a basis for determining eligibility for benefits. However, the policy will be used as a guide for reviewing practitioner profiles.

Items 73055 and 73056 apply to cervical cytological examinations where the smear has been collected for the purpose of management, follow up or investigation of a previous abnormal cytology report, or collected from women with symptoms, signs or recent history suggestive of abnormal cervical cytology.

Items 73057 and 73058 apply to all vaginal cytological examinations, whether for a routine examination or for the follow up or management of a previously detected abnormal smear.

For cervical smears, treating practitioners are asked to clearly identify on the request form to the pathologist, by item number, if the smear has been taken as a routine examination or for the management of a previously detected abnormality.

PQ. ABBREVIATIONS, GROUPS OF TESTS

PQ.1 Abbreviations

As stated at paragraph PC.2 of this Outline, details that must be recorded on accounts, receipts or assignment forms of an Approved Pathology Practitioner/Authority include a description of the pathology service that is of sufficient detail to identify the specific service rendered. The lists of abbreviations for group tests are contained in paragraph PQ.4. The lists of abbreviations for individual tests are contained in the Index to this Section. The abbreviations are provided to allow users to identify and refer to particular pathology services, or particular groups of pathology services, more accurately and conveniently.

The above requirements are mandatory for billing purposes but treating practitioners requesting pathology services are encouraged to use the approved abbreviations. In this regard treating practitioners should note that:

- pathology services cannot be self determined by a rendering pathologist responding to a request. This places the onus for medical necessity on the treating practitioner who, in normal circumstances would, if he or she was unclear in deciding the appropriate test for a clinical situation, consult a pathologist for assistance.
- Approved Pathology Practitioners/Authorities undertake not to issue accounts etc unless the pathology service was rendered in response to an unambiguous request.

PQ.2 Tests not Listed

Tests which are not listed in the Pathology Services Schedule do not attract Medicare benefits. As explained at paragraph PN.1 of these Notes changes to the Pathology Services Schedule can only be made by the Minister for Health, Housing and Community Services.

PQ.3 Audit of claims

The Health Insurance Commission is undertaking routine audits of claims for pathology benefits against requested services to ensure compliance with the provisions of the Health Insurance Act 1973.

PQ.4 Groups of tests

For the purposes of recording a description of the pathology service on accounts etc, an Approved Pathology Practitioner /Authority may use group abbreviations or group descriptions for the following specified groups of tests. These groups consist of two or more tests within the same item.

Treating practitioners are encouraged to use these group abbreviations or group descriptions where appropriate.

For ease of identification of group tests, it is recommended that practitioners use the following abbreviations. Tests requested individually may attract Medicare benefits.

Group	Estimations Included in Group	Group Abbreviation	Item Numbers
Cardiac Enzymes	Lactate dehydrogenase (LDH) Aspartate aminotransferase (AST) and Creatine kinase (CK)	CE	66205/66206
Coagulation Studies	Prothrombin Time, activated partial thromboplastin time and two or more of the following tests- bleeding time, thrombin clotting time, fibrinogen degradation products, fibrin monomer, D-dimer Factor XIII screening tests.	COAG	65035/65036
Electrolytes	Sodium (NA) Potassium (K) Chloride (CL) and Bicarbonate (HCO ₃)	E	66207/66208
Lipid Studies	Cholesterol (CHOL) and Triglycerides (TRIG)	FATS	66203/66204
Liver Function Tests	Alkaline phosphatase (ALP), Alanine aminotransferase (ALT), Aspartate aminotransferase (AST), Albumin (ALB), Bilirubin (BIL), Gamma glutamyl transpeptidase (GGT), Lactate dehydrogenase (LDH), and Protein (PROT).	LFT	66211/66212
Syphilis Serology	Rapid plasma reagin test (RPR) or venereal disease research laboratory test (VDRL) and Treponema pallidum haemagglutination test (TPHA) or Fluorescent Treponemal antibody-absorption test (FTA)	STS	69231/69232
Urea, Electrolytes, Creatine	Urea, Electrolytes, Creatine	U&E	66205/66206

PX. PATHOLOGY SERVICES TABLE

PX.1 Rules for the Interpretation of the Pathology Services Table

1. In this Schedule:
"recognised pathologist" means a medical practitioner who, by reason of a determination under section 61, is recognised for the purposes of this Act (Health Insurance Act 1973) as a specialist in the speciality of pathology;
2. Where an item includes the symbol "(SP)", the item relates to a pathology service when rendered by or on behalf of an approved pathology practitioner who is a recognised pathologist other than a pathology service -
 - (a) rendered pursuant to a request made in the course of the provision of an out patient service at a recognised hospital;
 - (b) rendered pursuant to a request made in respect of a person who was, at the time when the request was made, a private patient in a recognised hospital ; or
 - (c) in the rendering of which:
 - (i) any pathology equipment of a recognised hospital, or laboratory included in a prescribed class of laboratories, is used; or
 - (ii) any member of staff of a recognised hospital, or laboratory included in a prescribed class of laboratories, participates in the course of that member's employment with that hospital or laboratory.
3. Where an item includes the symbol"(OP)", that item shall be taken to relate to a pathology service other than a pathology service;
 - (a) to which an item that includes the symbol "(SP)" relates; or
 - (b) to which sub-section 16A(7) applies.
4. For the purposes of rules 2 and 3 each of the following classes of laboratories is a prescribed class of laboratories:
 - (a) laboratories operated by the Commonwealth;
 - (b) laboratories operated by a State or an authority of a State;
 - (c) laboratories operated by the Northern Territory of Australia;
 - (d) laboratories operated by the Australian Capital Territory;
 - (e) laboratories operated by an Australian tertiary education institution.
5. Two or more pathology services rendered pursuant to 2 or more requests shall be taken to have been rendered pursuant to a single request if:
 - (a) each pathology service is rendered to the same person;
 - (b) each pathology service is of a kind listed in the one item of the table; and
 - (c) the determinations of the necessity for the pathology services were made on the same day.
6. In rule 5, "service" includes an assay, estimation or test.
7. A reference in these rules to a request made to an approved pathology practitioner includes a reference to a request that is deemed, for the purposes of section 16A, to have been made to that approved pathology practitioner.
8. Where:
 - (a) a pathology service (the 'first pathology service') is rendered pursuant to a request;
 - (b) an item of the table applies to that pathology service;
 - (c) another pathology service (the 'second pathology service') is rendered pursuant to the request; and
 - (d) the second pathology service is of a kind referred to in the item referred to in paragraph (b);
the second pathology service shall be treated as if it were completely subsumed within

the first pathology service.

Example; Dr Proctor requests an extended blood grouping test (covered by item 65019) and the test includes a basic blood grouping test (covered by item 65017). Item 65017 is referred to in item 65019. Benefit is payable under item 65019 for the extended blood grouping test but benefit is not payable separately under item 1187 for the basic blood grouping test.

9. For the purposes of Group P1 - Haematology:
 - (a) if pathology services of a kind referred to in item 65017, 65018, 65019 or 65020 are rendered to a person during a period of hospitalisation, the item applies only to the first pathology service of that kind rendered to the person during that person's hospitalisation; and
 - (b) tests performed on material stored from a previous patient episode (except tests specified in item 65023 or 65024) in response to a subsequent request are treated as being part of that previous patient episode if the second request is made within 14 days of that previous patient episode.
10. For the purposes of Group P2 - Chemical Pathology:
 - (a) where a pathology service involving the measurement of any substance in urine requires a 24 hour urine collection and/or calculation of a substance/creatinine ratio, that pathology service is treated as including any estimation of creatinine in other fluids necessary for calculation; and
 - (b) tests performed on material stored from a previous patient episode in response to a subsequent request are treated as being part of that previous patient episode if the second request occurs within 14 days of that previous patient episode.
11. For the purposes of Group P3 - Microbiology:
 - (a) serial examinations or cultures means examinations or cultures requested on the one occasion regardless of whether the materials are received on different days by the approved pathology practitioner and regardless of whether the examinations or cultures were requested on one or more request forms by the treating practitioner, and
 - (b) tests performed on material which has been stored from a previous patient episode in response to a subsequent request are treated as being part of that previous patient episode if the further request occurs within 14 days of that previous patient episode.
12. For the purposes of Group P4 - Immunology:
 - (a) tests performed on material which has been stored from a previous patient episode in response to a subsequent request are treated as being part of that previous patient episode if the further request occurs within 14 days of that previous patient episode; and
 - (b) in items 71025, 71026, 71027, 71028, 71029, 71030, 71031 and 71032, the estimation of a single antibody includes qualitative and quantitative assays for that antibody.
13. For the purposes of Group P5 - Histopathology:
 - (a) "biopsy material" means all tissue received by the approved pathology practitioner from any operation or group of operations performed on a patient at the one time other than a bone marrow biopsy; and
 - (b) where a pathology service relating to the examination of biopsy material is rendered under an item set out in Group 5 in circumstances where a further pathology service or pathology services specified in an item in Group 5 are rendered also in relation to that biopsy material, all those pathology services are treated as one pathology service under the one item appropriate to the pathology services provided.
14. For the purposes of Group P6 - Cytopathology, "serial examinations" means examinations requested on the one occasion regardless of whether the materials are received on different days by the approved pathology practitioner and regardless of whether the examinations were requested on one or more request forms by the treating practitioner.

15. Where in these rules provision is made for 2 or more pathology services to be treated as one pathology service, a reference to an appropriate item is a reference to the item which incorporates whichever of the symbols (SP) or (OP) is relevant to the rendering of that pathology service.
16. The lists of abbreviations at the end of the table are provided to allow users of the table to identify and refer to particular pathology services, or groups of pathology services, more accurately and more efficiently.

PATHOLOGY		HAEMATOTOLOGY			
GROUP P1 - HAEMATOTOLOGY					
65001 SP	Blood count consisting of erythrocyte count, C-reactive protein, erythrocyte sedimentation rate, blood viscosity, haematocrit, haemoglobin, platelet count, leucocyte count, reticulocyte count - one or two procedures	Fee: \$7.80	Benefit: 75%	\$5.85:	85%/\$26.80 \$6.65
65002 OP		Fee: \$5.85	Benefit: 75%	\$4.40:	85%/\$26.80 \$4.95
65003 SP	Three or more procedures to which item 65001/65002 applies, including any calculation or measurement of erythrocyte or other indices.	Fee: \$10.60	Benefit: 75%	\$7.95:	85%/\$26.80 \$9.00
65004 OP		Fee: \$7.95	Benefit: 75%	\$5.95:	85%/\$26.80 \$6.75
‡	Examination of blood film, with or without five part differential cell count, or five part differential cell count with or without examination of blood film, and if performed, any of these additional services - Direct Coombs test, tests for heterophile antibodies, cold agglutinins, examination of blood film by special stains to demonstrate Heinz bodies, parasites or iron, or examination of a blood film with alpha-naphthyl acetate esterase, chloroacetate esterase, neutrophil alkaline phosphatase, nitro blue tetrazolium, periodic acid Schiff, Sudan Black stains, or Kleihauer test for HbF on blood film, including any services specified in item 65027/65028	65005 SP Fee: \$14.00	Benefit: 75%	\$10.50:	85%/\$26.80 \$11.90
65006 OP		Fee: \$10.50	Benefit: 75%	\$7.85:	85%/\$26.80 \$8.90
65007 SP	Full blood examination consisting of items 65003/65004 and 65005/65006	Fee: \$24.50	Benefit: 75%	\$18.35:	85%/\$26.80 \$20.80
65008 OP		Fee: \$18.40	Benefit: 75%	\$13.80:	85%/\$26.80 \$15.65
65009 SP	Erythrocytes, qualitative or quantitative assessment of haemolysis or metabolic enzymes by - erythrocyte autohaemolysis test, erythrocyte fragility test, sugar water test, erythrocyte metabolic enzyme test, heat denaturation test, isopropanol precipitation test, acid haemolysis test, and quantitation of muramidase in serum or urine - one or more procedures	Fee: \$32.00	Benefit: 75%	\$24.00:	85%/\$26.80 \$27.20
65010 OP		Fee: \$24.00	Benefit: 75%	\$18.00:	85%/\$26.80 \$20.40
65011 SP	Tests for the diagnosis of haemoglobinopathy consisting of haemoglobin electrophoreses and two of the following - examination for HbH, quantitation of HbA2 or HbF, including any services specified in items 65001/65002, 65003/65004, 65005/65006, and 65007/65008	Fee: \$50.00	Benefit: 75%	\$37.50:	85%/\$26.80 \$42.50
65012 OP		Fee: \$37.50	Benefit: 75%	\$28.10:	85%/\$26.80 \$31.85
65013 SP	Histopathological examination of sections of bone marrow trephine biopsy including where indicated, examination of marrow smears and any special stains and immuno-chemical techniques, including any services specified in items 65001/65002, 65003/65004, 65005/65006, 65007/65008 and 65015/65016	Fee: \$154.00	Benefit: 75%	\$115.50:	85%/\$26.80 \$130.90
65014 OP		Fee: \$115.50	Benefit: 75%	\$86.60:	85%/\$26.80 \$98.15
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed DATE					

PATHOLOGY		HAEMATOLOGY			
65015 SP 65016 OP	Bone marrow examination of aspirated material including any special stains, immuno-chemical techniques and clot sections where necessary, including any services specified in items 65001/65002, 65003/65004, 65005/65006 and 65007/65008 Fee: \$112.00 Benefit: 75% \$84.00: 85%/\$26.80 \$95.20 Fee: \$84.00 Benefit: 75% \$63.00: 85%/\$26.80 \$71.40				
65017 SP 65018 OP	Blood grouping, including back-grouping when performed - ABO and Rh (D antigen). Fee: \$13.60 Benefit: 75% \$10.20: 85%/\$26.80 \$11.55 Fee: \$10.20 Benefit: 75% \$7.65: 85%/\$26.80 \$8.65				
65019 SP 65020 OP	Blood grouping - Rh phenotypes, Kell system, Duffy system, M and N factors or any other blood group system - one or more systems, including any services specified in item 65017/65018 Fee: \$27.00 Benefit: 75% \$20.25: 85%/\$26.80 \$22.95 Fee: \$20.25 Benefit: 75% \$15.20: 85%/\$26.80 \$17.20				
65021 SP 65022 OP	Blood grouping, including back-grouping when performed, and examination of serum for Rh and other blood group antibodies, including identification and quantitative estimation of any antibodies detected, and including any services specified in items 65001/65002, 65003/65004, 65005/65006 and 65007/65008 Fee: \$50.00 Benefit: 75% \$37.50: 85%/\$26.80 \$42.50 Fee: \$37.50 Benefit: 75% \$28.10: 85%/\$26.80 \$31.85				
65023 SP 65024 OP	Compatibility testing, including all necessary grouping checks of patient and donor, examination for antibodies, identification and, if necessary, quantitative estimation of any antibodies detected and any services specified in items 65001/65002, 65003/65004, 65005/65006, 65007/65008, 65017/65018 and 65021/65022 including all testing performed on any one day Fee: \$122.00 Benefit: 75% \$91.50: 85%/\$26.80 \$103.70 Fee: \$91.50 Benefit: 75% \$68.60: 85%/\$26.80 \$77.80				
65025 SP 65026 OP	Examination of serum for blood group antibodies including identification and, if necessary, quantitative estimation of any antibodies detected Fee: \$22.00 Benefit: 75% \$16.50: 85%/\$26.80 \$18.70 Fee: \$16.50 Benefit: 75% \$12.35: 85%/\$26.80 \$14.00				
65027 SP 65028 OP	Direct Coombs test, qualitative or quantitative test for cold agglutinins, or heterophile antibodies, qualitative spectroscopic examinations of blood for abnormal haemoglobins, qualitative test for red cell porphyrins and detection of metalbumin (Schumm's test) including those services specified in items 65005/65006 and 65007/65008 - one or more tests Fee: \$12.20 Benefit: 75% \$9.15: 85%/\$26.80 \$10.35 Fee: \$9.15 Benefit: 75% \$6.85: 85%/\$26.80 \$7.80				
65029 SP 65030 OP	Skin bleeding time, coagulation time, prothrombin time, activated partial thromboplastin time, thrombin time (including test for presence of an inhibitor and serial tests for fibrinolysis), test for factor XIII deficiency, fibrinogen, or one of - fibrinogen degradation products, fibrin monomer or D-dimer - one estimation Fee: \$16.80 Benefit: 75% \$12.60: 85%/\$26.80 \$14.30 Fee: \$12.60 Benefit: 75% \$9.45: 85%/\$26.80 \$10.70				

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PATHOLOGY		HAEMATOLOGY				
65031 SP	Two estimations specified in item 65029/65030					
65032 OP	Fee: \$22.20	Benefit: 75%	\$16.65:	85%/\$26.80	\$18.85	
	Fee: \$16.65	Benefit: 75%	\$12.50:	85%/\$26.80	\$14.15	
65033 SP	Three estimations specified in item 65029/65030					
65034 OP	Fee: \$27.60	Benefit: 75%	\$20.70:	85%/\$26.80	\$23.45	
	Fee: \$20.70	Benefit: 75%	\$15.50:	85%/\$26.80	\$17.60	
65035 SP	Four or more estimations specified in item 65029/65030					
65036 OP	Fee: \$33.00	Benefit: 75%	\$24.75:	85%/\$26.80	\$28.05	
	Fee: \$24.75	Benefit: 75%	\$18.55:	85%/\$26.80	\$21.05	
65037 SP	Quantitative assay, by one or more techniques, of plasminogen, antithrombin III, Protein C, Protein S, heparin co-factor II, Euglobulin clot lysis time and test for lupus anticoagulant - one estimation					
65038 OP	Fee: \$33.00	Benefit: 75%	\$24.75:	85%/\$26.80	\$28.05	
	Fee: \$24.75	Benefit: 75%	\$18.55:	85%/\$26.80	\$21.05	
65039 SP	Four or more estimations specified in item 65037/65038					
65040 OP	Fee: \$106.00	Benefit: 75%	\$79.50:	85%/\$26.80	\$90.10	
	Fee: \$79.50	Benefit: 75%	\$59.60:	85%/\$26.80	\$67.55	
65041 SP	Platelet aggregation in response to ADP, collagen, 5HT, ristocetin or similar substance - one or more estimations					
65042 OP	Fee: \$66.00	Benefit: 75%	\$49.50:	85%/\$26.80	\$56.10	
	Fee: \$49.50	Benefit: 75%	\$37.10:	85%/\$26.80	\$42.10	
65043 SP	Heparin assay, only when monitoring a patient on subcutaneous heparin or low molecular weight heparin - one or more estimations					
65044 OP	Fee: \$44.50	Benefit: 75%	\$33.35:	85%/\$26.80	\$37.80	
	Fee: \$33.40	Benefit: 75%	\$25.05:	85%/\$26.80	\$28.40	
65045 SP	Quantitative assay of Von Willebrand's factor antigen (factor VIII related antigen), Von Willebrand's factor (ristocetin cofactor), factor II, factor V, factor VII, factor VIII, factor IX, factor X, factor XI, factor XII, factor XIII, Fletcher factor, Fitzgerald factor, Passovoy factor - one estimation					
65046 OP	Fee: \$45.00	Benefit: 75%	\$33.75:	85%/\$26.80	\$38.25	
	Fee: \$33.75	Benefit: 75%	\$25.30:	85%/\$26.80	\$28.70	
65047 SP	Two estimations as specified in item 65045/65046					
65048 OP	Fee: \$64.00	Benefit: 75%	\$48.00:	85%/\$26.80	\$54.40	
	Fee: \$48.00	Benefit: 75%	\$36.00:	85%/\$26.80	\$40.80	
65049 SP	Three or more estimations as specified in item 65045/65046					
65050 OP	Fee: \$83.00	Benefit: 75%	\$62.25:	85%/\$26.80	\$70.55	
	Fee: \$62.25	Benefit: 75%	\$46.70:	85%/\$26.80	\$52.90	
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed DATE Page 481</p>						

PATHOLOGY		CHEMICAL			
GROUP P2 - CHEMICAL					
	Quantitative estimation in serum, plasma, urine or any other body fluid, by any method except by reagent strip with or without reflectance meter or electrophoresis of -alanine amino-transferase, albumin, alkaline phosphatase, amylase, aspartate aminotransferase, bicarbonate, bilirubin (total and any fractions), calcium (total, dialysed or ionized), chloride, cholesterol, creatine kinase, creatine kinase isoenzymes (when not performed as specified in item 66245/66246), creatinine, fructosamine, gamma glutamyl transpeptidase, globulin, glucose, lactate dehydrogenase, lipase, lithium, magnesium, phosphate, potassium, total protein, sodium, triglycerides, urate, urea - one estimation				
66201 SP	Fee: \$14.00	Benefit: 75%	\$10.50:	85%/\$26.80	\$11.90
66202 OP	Fee: \$10.50	Benefit: 75%	\$7.85:	85%/\$26.80	\$8.90
	Two estimations specified in item 66201/66202				
66203 SP	Fee: \$16.80	Benefit: 75%	\$12.60:	85%/\$26.80	\$14.30
66204 OP	Fee: \$12.60	Benefit: 75%	\$9.45:	85%/\$26.80	\$10.70
	Three estimations specified in item 66201/66202				
66205 SP	Fee: \$19.60	Benefit: 75%	\$14.70:	85%/\$26.80	\$16.65
66206 OP	Fee: \$14.70	Benefit: 75%	\$11.00:	85%/\$26.80	\$12.50
	Four estimations specified in item 66201/66202				
66207 SP	Fee: \$22.40	Benefit: 75%	\$16.80:	85%/\$26.80	\$19.05
66208 OP	Fee: \$16.80	Benefit: 75%	\$12.60:	85%/\$26.80	\$14.30
	Five estimations specified in item 66201/66202				
66209 SP	Fee: \$25.20	Benefit: 75%	\$18.90:	85%/\$26.80	\$21.40
66210 OP	Fee: \$18.90	Benefit: 75%	\$14.15:	85%/\$26.80	\$16.05
	Six or more estimations specified in item 66201/66202				
66211 SP	Fee: \$28.00	Benefit: 75%	\$21.00:	85%/\$26.80	\$23.80
66212 OP	Fee: \$21.00	Benefit: 75%	\$15.75:	85%/\$26.80	\$17.85
	Qualitative estimation by any method, except by reagent strip or dip-stick of the following urine constituents - bilirubin, cystine (cysteine), haemoglobin, melanin (melanogen), myoglobin, porphobilinogen, porphyrin, urobilinogen or pH measurement of body fluids other than urine (excepting urine acidification test), or cryoglobulins or cryofibrinogen in plasma - one or more estimations				
66213 SP	Fee: \$13.20	Benefit: 75%	\$9.90:	85%/\$26.80	\$11.20
66214 OP	Fee: \$9.90	Benefit: 75%	\$7.40:	85%/\$26.80	\$8.40
	Qualitative estimation by any method except by reagent strip or dip-stick of the following faecal constituents - haemoglobin, porphyrins, reducing substances - each estimation, to a maximum of three estimations, taken on separate days				
66217 SP	Fee: \$8.90	Benefit: 75%	\$6.65:	85%/\$26.80	\$7.55
66218 OP	Fee: \$6.70	Benefit: 75%	\$5.05:	85%/\$26.80	\$5.70
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed DATE					

PATHOLOGY		CHEMICAL				
‡	Immunological detection of human haemoglobin in faeces, including any additional services specified in items 66217/66218 - one estimation in any twenty eight day period					
66219 SP	Fee: \$16.80	Benefit: 75%	\$12.60:	85%/\$26.80	\$14.30	
66220 OP	Fee: \$12.60	Benefit: 75%	\$9.45:	85%/\$26.80	\$10.70	
66223 SP	Osmolality, estimation by osmometer, in serum or in urine - one or more estimations					
66224 OP	Fee: \$33.00	Benefit: 75%	\$24.75:	85%/\$26.80	\$28.05	
	Fee: \$24.75	Benefit: 75%	\$18.55:	85%/\$26.80	\$21.05	
66225 SP	Quantitative estimation of blood gases including tests performed from - pO ₂ , oxygen saturation, pCO ₂ , bicarbonate, pH, and any other measurement (eg. haemoglobin, potassium) or calculation performed on the same specimen - one or more estimations on one specimen					
66226 OP	Fee: \$45.50	Benefit: 75%	\$34.10:	85%/\$26.80	\$38.65	
	Fee: \$34.15	Benefit: 75%	\$25.60:	85%/\$26.80	\$29.05	
‡ +	Estimation of blood gases as specified in items 66225/66226 on each specimen in excess of 1 to a maximum of 6 specimens within any one day					
66227 SP	Fee: \$12.00	Benefit: 75%	\$9.00:	85%/\$26.80	\$10.20	
66228 OP	Fee: \$9.00	Benefit: 75%	\$6.75:	85%/\$26.80	\$7.65	
66229 SP	Calculus, analysis of one or more					
66230 OP	Fee: \$41.00	Benefit: 75%	\$30.75:	85%/\$26.80	\$34.85	
	Fee: \$30.75	Benefit: 75%	\$23.05:	85%/\$26.80	\$26.15	
66231 SP	Drug or chemical assays - including all qualitative and quantitative tests on blood, urine or other body fluid for a drug or drugs of abuse, including illegal drugs and legally available drugs taken other than in appropriate dosage, ingested or absorbed toxic chemicals including any services specified in items 66235/66236, 66237/66238 and 66239/66240, but excluding the surveillance of sports people and athletes for performance improving substances - one or more assays					
66232 OP	Fee: \$56.00	Benefit: 75%	\$42.00:	85%/\$26.80	\$47.60	
	Fee: \$42.00	Benefit: 75%	\$31.50:	85%/\$26.80	\$35.70	
66233 SP	Drug assays - including all qualitative and quantitative estimations on blood, urine or other body fluid for a drug or drugs of abuse or a therapeutic drug on a sample collected from a patient participating in a drug abuse treatment programme, or being treated for drug effects or under a court order or parole board supervision, but excluding the detection of nicotine and metabolites in smoking withdrawal programmes - each assay to a maximum of four assays within any twenty eight day period					
66234 OP	Fee: \$28.00	Benefit: 75%	\$21.00:	85%/\$26.80	\$23.80	
	Fee: \$21.00	Benefit: 75%	\$15.75:	85%/\$26.80	\$17.85	
66235 SP	Drug assay - quantitative estimation on blood or other body fluid by any method or methods of a drug being used therapeutically for the patient from whom the specimen was taken and not elsewhere specified in the Schedule - one estimation					
66236 OP	Fee: \$28.00	Benefit: 75%	\$21.00:	85%/\$26.80	\$23.80	
	Fee: \$21.00	Benefit: 75%	\$15.75:	85%/\$26.80	\$17.85	
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PATHOLOGY		CHEMICAL			
Two estimations specified in item 66235/66236					
66237 SP	Fee: \$39.00	Benefit: 75%	\$29.25:	85%/\$26.80	\$33.15
66238 OP	Fee: \$29.25	Benefit: 75%	\$21.95:	85%/\$26.80	\$24.85
Three or more estimations specified in item 66235/66236					
66239 SP	Fee: \$50.00	Benefit: 75%	\$37.50:	85%/\$26.80	\$42.50
66240 OP	Fee: \$37.50	Benefit: 75%	\$28.10:	85%/\$26.80	\$31.85
Amniotic fluid, spectrophotometric examination of, estimation of lecithin/sphingomyelin ratio or palmitic acid, phosphatidylglycerol or lamellar body phospholipid - one or more examinations or estimations					
66243 SP	Fee: \$44.50	Benefit: 75%	\$33.35:	85%/\$26.80	\$37.80
66244 OP	Fee: \$33.40	Benefit: 75%	\$25.05:	85%/\$26.80	\$28.40
Electrophoresis, quantitative or qualitative of serum, urine or other body fluid to demonstrate protein classes or presence and amount of paraprotein, or the isoenzymes of lactate dehydrogenase, alkaline phosphatase and creatine kinase or lipoprotein electrophoresis (only when the Cholesterol is >6.5 mmol/l and Triglyceride >3.0 mmol/l or in the diagnosis of types III and IV hyperlipidaemia), including the preliminary quantitation of total protein, albumin and globulin or of total relevant enzyme activity - one examination to a maximum of two examinations in any twelve month period					
66245 SP	Fee: \$41.00	Benefit: 75%	\$30.75:	85%/\$26.80	\$34.85
66246 OP	Fee: \$30.75	Benefit: 75%	\$23.05:	85%/\$26.80	\$26.15
Electrophoresis, quantitative or qualitative of concurrently collected, or collected within a twenty eight day period, serum, urine or other body fluid to demonstrate protein classes or presence and amount of paraprotein, including the preliminary quantitation of total protein, albumin and globulin or of total relevant enzyme activity - two or more examinations					
66247 SP	Fee: \$61.00	Benefit: 75%	\$45.75:	85%/\$26.80	\$51.85
66248 OP	Fee: \$45.75	Benefit: 75%	\$34.30:	85%/\$26.80	\$38.90
‡	Alpha-feto protein, Alpha-1 antitrypsin, Alpha-2 macroglobulin, beta-2 microglobulin, C-1 esterase inhibitor, Caeruloplasmin, Ferritin (unless specified in items 66263/66264), Haptoglobins, Microalbumin (in proven diabetes mellitus), Prealbumin, Prostate Specific Antigen, Prostatic Acid Phosphotase, Transferrin (unless specified in items 66263/66264), and, in the follow up of proven malignancy, Mucin-like carcinoma associated antigen, CA-125 antigen, CA-19.9 antigen, CA-15.3 antigen, Carcinoembryonic antigen, Mammary serum antigen, Neuron specific enolase, Thyroglobulin - quantitative estimation in serum, urine or other body fluid - one estimation				
66251 SP	Fee: \$27.00	Benefit: 75%	\$20.25:	85%/\$26.80	\$22.95
66252 OP	Fee: \$20.25	Benefit: 75%	\$15.20:	85%/\$26.80	\$17.20
Two or more estimations specified in item 66251/66252					
66253 SP	Fee: \$50.00	Benefit: 75%	\$37.50:	85%/\$26.80	\$42.50
66254 OP	Fee: \$37.50	Benefit: 75%	\$28.10:	85%/\$26.80	\$31.85
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PATHOLOGY		CHEMICAL			
	Iron studies consisting of quantitative analysis of iron, transferrin or iron binding capacity and ferritin				
66263 SP	Fee: \$53.00	Benefit: 75%	\$39.75:	85%/\$26.80	\$45.05
66264 OP	Fee: \$39.75	Benefit: 75%	\$29.80:	85%/\$26.80	\$33.80
	Serum B12, serum folate - one or more estimations within any twenty eight day period				
66265 SP	Fee: \$33.00	Benefit: 75%	\$24.75:	85%/\$26.80	\$28.05
66266 OP	Fee: \$24.75	Benefit: 75%	\$18.55:	85%/\$26.80	\$21.05
	Red cell folate and serum B12 and, if required, serum folate, to a maximum of three estimations in any twelve month period				
66267 SP	Fee: \$61.00	Benefit: 75%	\$45.75:	85%/\$26.80	\$51.85
66268 OP	Fee: \$45.75	Benefit: 75%	\$34.30:	85%/\$26.80	\$38.90
	Vitamins, quantitative estimation in blood, urine or other body fluid, by direct or indirect means, of Vitamins A, B1, B2, B3, B6, C, and E - one or more estimations within any six month period				
66269 SP	Fee: \$41.00	Benefit: 75%	\$30.75:	85%/\$26.80	\$34.85
66270 OP	Fee: \$23.20	Benefit: 75%	\$17.40:	85%/\$26.80	\$19.70
	Vitamin D or D fractions - one or more estimations				
66271 SP	Fee: \$41.00	Benefit: 75%	\$30.75:	85%/\$26.80	\$34.85
66272 OP	Fee: \$30.75	Benefit: 75%	\$23.05:	85%/\$26.80	\$26.15
	Acetoacetate, alcohol, aminoacids, ammonia, angiotensin converting enzyme, beta-hydroxybutyrate, cholinesterase, cystine (cysteine), total free fatty acids, histamine, hydroxyindoleacetic acid, hydroxyproline, lactate, neonatal bilirubin (one or more fractions), oxalate, pyruvate, serotonin, xylose, zinc - one quantitative estimation				
66273 SP	Fee: \$33.00	Benefit: 75%	\$24.75:	85%/\$26.80	\$28.05
66274 OP	Fee: \$24.75	Benefit: 75%	\$18.55:	85%/\$26.80	\$21.05
	Two or more estimations specified in item 66273/66274				
66275 SP	Fee: \$52.00	Benefit: 75%	\$39.00:	85%/\$26.80	\$44.20
66276 OP	Fee: \$39.00	Benefit: 75%	\$29.25:	85%/\$26.80	\$33.15
	Aluminium, arsenic, beryllium, cadmium, copper, chromium, gold, manganese, mercury, nickel, selenium, strontium - in blood, urine or other body fluid or tissue - one or more estimations within any six months				
66277 SP	Fee: \$47.00	Benefit: 75%	\$35.25:	85%/\$26.80	\$39.95
66278 OP	Fee: \$35.25	Benefit: 75%	\$26.45:	85%/\$26.80	\$29.95
	Blood lead estimation, other than for occupational health screening purposes, to a maximum of three estimations in any six month period - each estimation				
66279 SP	Fee: \$41.00	Benefit: 75%	\$30.75:	85%/\$26.80	\$34.85
66280 OP	Fee: \$30.75	Benefit: 75%	\$23.05:	85%/\$26.80	\$26.15
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PATHOLOGY		CHEMICAL			
	Porphyrins (one or more fractions), Catecholamines (one or more fractions), Hydroxy Methoxy Mandelic Acid (HMMA), Homovanillic Acid (HVA), Metanephrines, Methoxy Hydroxy Phenylethylene Glycol (MHPG), Phenyl Acetic Acid (PAA) - quantitative including any qualitative estimations - one or more estimations				
66281 SP	Fee: \$54.00	Benefit: 75%	\$40.50:	85%/\$26.80	\$45.90
66282 OP	Fee: \$40.50	Benefit: 75%	\$30.35:	85%/\$26.80	\$34.40
	Faecal Fat, Breath Hydrogen measurements in response to loading with disaccharides - one or more quantitative estimations within any twenty eight day period				
66283 SP	Fee: \$54.00	Benefit: 75%	\$40.50:	85%/\$26.80	\$45.90
66284 OP	Fee: \$40.50	Benefit: 75%	\$30.35:	85%/\$26.80	\$34.40
	Solid tissue or tissues excluding blood elements - assay of one or two enzymes				
66285 SP	Fee: \$54.00	Benefit: 75%	\$40.50:	85%/\$26.80	\$45.90
66286 OP	Fee: \$40.50	Benefit: 75%	\$30.35:	85%/\$26.80	\$34.40
	Assay of three to five enzymes as specified in item 66285/66286				
66287 SP	Fee: \$100.00	Benefit: 75%	\$75.00:	85%/\$26.80	\$85.00
66288 OP	Fee: \$75.00	Benefit: 75%	\$56.25:	85%/\$26.80	\$63.75
	Assay of six or more enzymes as specified in item 66285/66286				
66289 SP	Fee: \$132.00	Benefit: 75%	\$99.00:	85%/\$26.80	\$112.20
66290 OP	Fee: \$99.00	Benefit: 75%	\$74.25:	85%/\$26.80	\$84.15
	Thyroid function tests, including thyrotrophin (TSH) and at least one or more of the following tests - free thyroxine index, free thyroxine, free T3, total T3, thyroxine binding globulin				
66291 SP	Fee: \$56.00	Benefit: 75%	\$42.00:	85%/\$26.80	\$47.60
66292 OP	Fee: \$42.00	Benefit: 75%	\$31.50:	85%/\$26.80	\$35.70
	Thyrotrophin releasing hormone (TRH) test, including provision and administration of TRH and all necessary estimations of hormones				
66293 SP	Fee: \$66.00	Benefit: 75%	\$49.50:	85%/\$26.80	\$56.10
66294 OP	Fee: \$49.50	Benefit: 75%	\$37.10:	85%/\$26.80	\$42.10
	Growth hormone suppression by glucose loading, Growth hormone stimulation by exercise, Dexamethasone suppression test, L-Dopa stimulation of growth hormone, where physically performed by a recognised pathologist - one or more procedures				
66295 SP	Fee: \$15.80	Benefit: 75%	\$11.85:	85%/\$26.80	\$13.45
66296 OP	Fee: \$11.85	Benefit: 75%	\$8.90:	85%/\$26.80	\$10.05
	Gonadotrophin releasing hormone stimulation test, Synacthen stimulation test, Glucagon stimulation test with C-peptide measurement, Pentagastrin stimulation of thyrocalcitonin release, Secretin stimulation of gastrin release, Insulin hypoglycaemia, Arginine infusion, where physically performed by a recognised pathologist - one procedure				
66297 SP	Fee: \$53.00	Benefit: 75%	\$39.75:	85%/\$26.80	\$45.05
66298 OP	Fee: \$39.75	Benefit: 75%	\$29.80:	85%/\$26.80	\$33.80
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed DATE					

PATHOLOGY		CHEMICAL			
	Two or more procedures specified in item 66297/66298				
66299 SP	Fee: \$84.00	Benefit: 75%	\$63.00:	85%/\$26.80	\$71.40
66300 OP	Fee: \$63.00	Benefit: 75%	\$47.25:	85%/\$26.80	\$53.55
	Hormones and hormone binding proteins, quantitative estimation by any method of - ACTH, Aldosterone, Androstenedione, C-peptide, Calcitonin, Cortisol, Cyclic AMP, DHEAS, 11-Deoxycortisol, Dihydrotestosterone, FSH, Gastrin, Glucagon, Growth hormone, Human Placental Lactogen, Hydroxyprogesterone, Insulin, LH, Oestradiol, Oestriol, Oestrone, Progesterone, Prolactin, PTH, Renin, Sex hormone binding globulin, Somatomedin C(IgF1), free or total Testosterone, TSH (where not requested as part of a thyroid function test), Urine steroid fraction or fractions, Vasoactive intestinal peptide, Vasopressin (anti diuretic hormone) - one estimation				
66301 SP	Fee: \$43.00	Benefit: 75%	\$32.25:	85%/\$26.80	\$36.55
66302 OP	Fee: \$32.25	Benefit: 75%	\$24.20:	85%/\$26.80	\$27.40
	Two estimations specified in item 66301/66302				
66303 SP	Fee: \$58.00	Benefit: 75%	\$43.50:	85%/\$26.80	\$49.30
66304 OP	Fee: \$43.50	Benefit: 75%	\$32.60:	85%/\$26.80	\$36.95
	Three estimations specified in item 66301/66302				
66305 SP	Fee: \$73.00	Benefit: 75%	\$54.75:	85%/\$26.80	\$62.05
66306 OP	Fee: \$54.75	Benefit: 75%	\$41.05:	85%/\$26.80	\$46.55
	Four estimations specified in item 66301/66302				
66307 SP	Fee: \$88.00	Benefit: 75%	\$66.00:	85%/\$26.80	\$74.80
66308 OP	Fee: \$66.00	Benefit: 75%	\$49.50:	85%/\$26.80	\$56.10
	Five estimations specified in item 66301/66302				
66309 SP	Fee: \$103.00	Benefit: 75%	\$77.25:	85%/\$26.80	\$87.55
66310 OP	Fee: \$77.25	Benefit: 75%	\$57.95:	85%/\$26.80	\$65.65
	Six or more estimations specified in item 66301/66302				
66311 SP	Fee: \$118.00	Benefit: 75%	\$88.50:	85%/\$26.80	\$100.30
66312 OP	Fee: \$88.50	Benefit: 75%	\$66.35:	85%/\$26.80	\$75.20
‡	Hormone receptor assay on proven primary breast or ovarian carcinoma or a metastasis from a breast or ovarian carcinoma or a subsequent lesion in the breast - one or more assays				
66315 SP	Fee: \$108.00	Benefit: 75%	\$81.00:	85%/\$26.80	\$91.80
66316 OP	Fee: \$81.00	Benefit: 75%	\$60.75:	85%/\$26.80	\$68.85
‡	HDL cholesterol, or apolipoprotein B/A1 ratio, estimation of, in patients with serum cholesterol >5.5mmol/l or those on prescribed lipid lowering drugs - each estimation to a maximum of four estimations in any twelve month period				
66317 SP	Fee: \$16.80	Benefit: 75%	\$12.60:	85%/\$26.80	\$14.30
66318 OP	Fee: \$12.60	Benefit: 75%	\$9.45:	85%/\$26.80	\$10.70
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed DATE Page 487					

PATHOLOGY

CHEMICAL

	Glycosylated haemoglobin only when performed in the management of established diabetes - each estimation to a maximum of four estimations in any twelve month period					
66319 SP	Fee: \$22.50	Benefit: 75%	\$16.85:	85%/\$26.80	\$19.10	
66320 OP	Fee: \$16.90	Benefit: 75%	\$12.65:	85%/\$26.80	\$14.35	

PATHOLOGY		MICROBIOLOGY				
GROUP P3 - MICROBIOLOGY						
	Microscopic examination of material other than blood, from one or more sites, obtained directly from a patient and excluding material from cultures - wet film, including differential cell count if performed, examination for dermatophytes or dark ground illumination, or stained preparation or preparations using any relevant stain or stains - one or more examinations					
69201 SP	Fee: \$10.00	Benefit: 75%	\$7.50:	85%/\$26.80	\$8.50	
69202 OP	Fee: \$7.50	Benefit: 75%	\$5.60:	85%/\$26.80	\$6.35	
	Microscopic examination of faeces for parasites using concentration techniques including the use of appropriate stains, to a maximum of three estimations taken on separate days including any services specified in item 69201/69202 - each estimation					
69203 SP	Fee: \$16.80	Benefit: 75%	\$12.60:	85%/\$26.80	\$14.30	
69204 OP	Fee: \$12.60	Benefit: 75%	\$9.45:	85%/\$26.80	\$10.70	
	The cultural examination and microscopical examination when indicated (including the detection of antigens not elsewhere specified in the Schedule) to determine the presence of pathogenic micro-organisms, including fungi but excluding viruses, from nasal swabs, throat swabs, eye swabs and ear swabs, including pathogen identification and antibiotic sensitivity testing, including any additional services specified in item 69201/69202 - one or more sites					
69205 SP	Fee: \$26.50	Benefit: 75%	\$19.85:	85%/\$26.80	\$22.50	
69206 OP	Fee: \$19.90	Benefit: 75%	\$14.95:	85%/\$26.80	\$16.90	
	Microscopical and cultural examination (including the detection of antigens not elsewhere specified in the Schedule) to determine the presence of pathogenic micro-organisms, including fungi but excluding viruses, from the following sites - skin or other superficial sites, urethra, vagina, cervix or rectum (except for faecal pathogens), or specimens of sputum (except when part of item 69213/69214), including pathogenic identification and antibiotic sensitivity testing, including any services specified in items 69201/69202, 69205/69206 - one or more examinations on one or more specimens					
69207 SP	Fee: \$38.50	Benefit: 75%	\$28.85:	85%/\$26.80	\$32.70	
69208 OP	Fee: \$28.90	Benefit: 75%	\$21.65:	85%/\$26.80	\$24.55	
	Microscopical and cultural examination (including the detection of antigens not elsewhere specified in the Schedule) of post-operative wounds, aspirations of body cavities, synovial fluid, CSF and 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 pathogen identification and antibiotic sensitivity testing, including any services specified in items 69201/69202, 69205/69206 and 69207/69208 - one or more sites					
69209 SP	Fee: \$52.00	Benefit: 75%	\$39.00:	85%/\$26.80	\$44.20	
69210 OP	Fee: \$39.00	Benefit: 75%	\$29.25:	85%/\$26.80	\$33.15	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed DATE						

PATHOLOGY		MICROBIOLOGY			
	Cultural examination (including the detection of clostridial toxins or antigens not elsewhere specified in the Schedule) of faeces to determine the presence or absence of faecal pathogens, involving the use of at least two selective or enrichment media as well as culture in at least two different atmospheres and includes pathogen identification and antibiotic sensitivity testing, including any services specified in item 69201/69202, to a maximum of three specimens in any seven day period - each examination				
69211 SP	Fee: \$63.00	Benefit: 75%	\$47.25:	85%/\$26.80	\$53.55
69212 OP	Fee: \$47.25	Benefit: 75%	\$35.45:	85%/\$26.80	\$40.15
	Microscopy with appropriate stains and cultural examinations of three specimens of sputum, urine or other bodily fluids for mycobacteria and any other bacterial pathogens, including pathogen identification and antibiotic sensitivity testing and including any services specified in item 69201/69202				
69213 SP	Fee: \$89.00	Benefit: 75%	\$66.75:	85%/\$26.80	\$75.65
69214 OP	Fee: \$66.75	Benefit: 75%	\$50.05:	85%/\$26.80	\$56.75
	Blood culture to determine the presence or absence of pathogenic micro-organisms excluding viruses, including serial cultures and sub-cultures, any relevant cultural methods and any tests necessary to identify any cultured pathogen and necessary antibiotic sensitivity testing - each set of cultures to a maximum of three sets				
69215 SP	Fee: \$23.00	Benefit: 75%	\$17.25:	85%/\$26.80	\$19.55
69216 OP	Fee: \$17.25	Benefit: 75%	\$12.95:	85%/\$26.80	\$14.65
	Urine examination including serial examination, with cell count, relevant stained preparations, culture, colony count by any method, identification of any cultured pathogens, antibiotic sensitivity testing when necessary, and with any relevant general examination for pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone or bile salts (Simple culture by dip slide is excluded from this item)				
69217 SP	Fee: \$28.00	Benefit: 75%	\$21.00:	85%/\$26.80	\$23.80
69218 OP	Fee: \$21.00	Benefit: 75%	\$15.75:	85%/\$26.80	\$17.85
	Direct detection of the antigens of Haemophilus influenzae, Streptococcus pneumoniae, Neisseria meningitidis, Group B streptococcus (in CSF and urine specimens only), RSV, cryptococcal antigens and Varicella zoster or detection of Clostridium difficile toxin except where item 69211/69212 has been performed - one or more estimations				
69219 SP	Fee: \$22.00	Benefit: 75%	\$16.50:	85%/\$26.80	\$18.70
69220 OP	Fee: \$16.50	Benefit: 75%	\$12.35:	85%/\$26.80	\$14.00
	Direct detection of Chlamydia from clinical material, not cultures - one or more estimations				
69221 SP	Fee: \$13.20	Benefit: 75%	\$9.90:	85%/\$26.80	\$11.20
69222 OP	Fee: \$9.90	Benefit: 75%	\$7.40:	85%/\$26.80	\$8.40
	Direct detection of Herpes simplex from clinical material, not cultures - one or more estimations				
69223 SP	Fee: \$13.20	Benefit: 75%	\$9.90:	85%/\$26.80	\$11.20
69224 OP	Fee: \$9.90	Benefit: 75%	\$7.40:	85%/\$26.80	\$8.40
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed DATE Page 490					

PATHOLOGY		MICROBIOLOGY			
69225 SP 69226 OP	Investigation for Herpes simplex virus (one or more types) or Chlamydia trachomatis, in material obtained directly from a patient, by one or more cultural methods, including any services specified in items 69221/69222 and 69223/69224 Fee: \$38.50 Benefit: 75% \$28.85: 85%/\$26.80 \$32.70 Fee: \$28.90 Benefit: 75% \$21.65: 85%/\$26.80 \$24.55				
‡ + 69227 SP 69228 OP	All microbiological serology during pregnancy, which must include the determination of Rubella immune status, syphilis serology and Hepatitis B surface antigen and including all services in Items 69229/69230, 69243/69244 and 69245/69246, except in the investigation of a clinically apparent intercurrent microbial illness during that pregnancy Fee: \$38.50 Benefit: 75% \$28.85: 85%/\$26.80 \$32.70 Fee: \$28.90 Benefit: 75% \$21.70: 85%/\$26.80 \$24.60				
69229 SP 69230 OP	Antibodies to microbial or exogenous antigens not elsewhere specified in the Schedule - estimation of one antibody Fee: \$19.00 Benefit: 75% \$14.25: 85%/\$26.80 \$16.15 Fee: \$14.25 Benefit: 75% \$10.70: 85%/\$26.80 \$12.10				
69231 SP 69232 OP	Two estimations specified in item 69229/69230 Fee: \$29.00 Benefit: 75% \$21.75: 85%/\$26.80 \$24.65 Fee: \$21.75 Benefit: 75% \$16.30: 85%/\$26.80 \$18.50				
69233 SP 69234 OP	Three estimations specified in item 69229/69230 Fee: \$39.00 Benefit: 75% \$29.25: 85%/\$26.80 \$33.15 Fee: \$29.25 Benefit: 75% \$21.95: 85%/\$26.80 \$24.85				
69235 SP 69236 OP	Four estimations specified in item 69229/69230 Fee: \$49.00 Benefit: 75% \$36.75: 85%/\$26.80 \$41.65 Fee: \$36.75 Benefit: 75% \$27.55: 85%/\$26.80 \$31.25				
69237 SP 69238 OP	Five estimations specified in item 69229/69230 Fee: \$59.00 Benefit: 75% \$44.25: 85%/\$26.80 \$50.15 Fee: \$44.25 Benefit: 75% \$33.20: 85%/\$26.80 \$37.60				
69239 SP 69240 OP	Six or more estimations specified in item 69229/69230 Fee: \$69.00 Benefit: 75% \$51.75: 85%/\$26.80 \$58.65 Fee: \$51.75 Benefit: 75% \$38.80: 85%/\$26.80 \$44.00				
69243 SP 69244 OP	Hepatitis B surface antigen test Fee: \$18.80 Benefit: 75% \$14.10: 85%/\$26.80 \$16.00 Fee: \$14.10 Benefit: 75% \$10.55: 85%/\$26.80 \$12.00				
69245 SP 69246 OP	Hepatitis B serology to define the immune status of an individual, including at least Hepatitis B surface antibody or Hepatitis B core antibody tests, including services specified in items 69243/69244, 69247/69248 and 69249/69250 Fee: \$25.50 Benefit: 75% \$19.10: 85%/\$26.80 \$21.65 Fee: \$19.15 Benefit: 75% \$14.35: 85%/\$26.80 \$16.30				
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed DATE					

PATHOLOGY		MICROBIOLOGY				
	All serological tests performed for the identification of the agent causing acute Hepatitis, which must include Hepatitis B surface antigen, Hepatitis B core antibody and Hepatitis A IgM antibody tests and those services specified in items 69243/69244, 69245/69246 and 69249/69250					
69247 SP	Fee: \$50.00	Benefit: 75%	\$37.50:	85%/\$26.80	\$42.50	
69248 OP	Fee: \$37.50	Benefit: 75%	\$28.10:	85%/\$26.80	\$31.85	
	All tests performed in the follow up of a patient with proven Hepatitis B, including Hepatitis B surface antigen and either Hepatitis Be antigen or Hepatitis B surface antibody tests, including services specified in items 69243/69244 and 69245/69246					
69249 SP	Fee: \$36.50	Benefit: 75%	\$27.35:	85%/\$26.80	\$31.00	
69250 OP	Fee: \$27.40	Benefit: 75%	\$20.55:	85%/\$26.80	\$23.30	
	Antibiotics or anti-microbial chemo-therapeutic agents, concentration in serum, urine or other body fluid, by direct quantitative measurement of the agent - one or more estimations					
69251 SP	Fee: \$33.00	Benefit: 75%	\$24.75:	85%/\$26.80	\$28.05	
69252 OP	Fee: \$24.75	Benefit: 75%	\$18.55:	85%/\$26.80	\$21.05	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed DATE						

PATHOLOGY		IMMUNOLOGY			
GROUP P4 - IMMUNOLOGY					
	Examination for, and identification of, a paraprotein (not previously identified), the presence of which is suggested by other tests (eg item 66245/66246, 66247/66248 or 71005/71006), on serum, urine or other body fluid, or examination of CSF for oligoclonal proteins by immunoelectrophoresis or immunofixation - one or more procedures				
71001 SP	Fee: \$41.00	Benefit: 75%	\$30.75:	85%/\$26.80	\$34.85
71002 OP	Fee: \$30.75	Benefit: 75%	\$23.05:	85%/\$26.80	\$26.15
	Examination for, and identification of, a paraprotein (not previously identified), the presence of which is suggested by other tests (eg item 66245/66246, 66247/66248 or 71005/71006) on serum and urine concurrently collected - two or more procedures				
71003 SP	Fee: \$61.00	Benefit: 75%	\$45.75:	85%/\$26.80	\$51.85
71004 OP	Fee: \$45.75	Benefit: 75%	\$34.30:	85%/\$26.80	\$38.90
	Immunoglobulins G, A, M or D, quantitative estimation in serum, urine or other body fluid, by any method- estimation of one immunoglobulin				
71005 SP	Fee: \$20.00	Benefit: 75%	\$15.00:	85%/\$26.80	\$17.00
71006 OP	Fee: \$15.00	Benefit: 75%	\$11.25:	85%/\$26.80	\$12.75
	Two estimations specified in item 71005/71006				
71007 SP	Fee: \$31.00	Benefit: 75%	\$23.25:	85%/\$26.80	\$26.35
71008 OP	Fee: \$23.25	Benefit: 75%	\$17.45:	85%/\$26.80	\$19.75
	Three or more estimations specified in item 71005/71006				
71009 SP	Fee: \$42.00	Benefit: 75%	\$31.50:	85%/\$26.80	\$35.70
71010 OP	Fee: \$31.50	Benefit: 75%	\$23.60:	85%/\$26.80	\$26.75
	Subclasses of Immunoglobulin G, 1 to 4, estimation where there is a reduced level of clinical significance of either total IgG or IgA - one or more estimations				
71011 SP	Fee: \$61.00	Benefit: 75%	\$45.75:	85%/\$26.80	\$51.85
71012 OP	Fee: \$45.75	Benefit: 75%	\$34.30:	85%/\$26.80	\$38.90
	Immunoglobulin E (total), quantitative estimation by any method or methods, with a maximum of two estimations in any twelve month period				
71013 SP	Fee: \$35.50	Benefit: 75%	\$26.60:	85%/\$26.80	\$30.15
71014 OP	Fee: \$26.65	Benefit: 75%	\$20.00:	85%/\$26.80	\$22.65
	Specific IgG or IgE antibodies to potential allergens - one or more tests for single or multiple allergens with a maximum of four estimations in any twelve month period				
71015 SP	Fee: \$32.00	Benefit: 75%	\$24.00:	85%/\$26.80	\$27.20
71016 OP	Fee: \$24.00	Benefit: 75%	\$18.00:	85%/\$26.80	\$20.40
	Antinuclear antibodies, detection in serum or other body fluids, including quantitation if required				
71017 SP	Fee: \$33.00	Benefit: 75%	\$24.75:	85%/\$26.80	\$28.05
71018 OP	Fee: \$24.75	Benefit: 75%	\$18.55:	85%/\$26.80	\$21.05
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PATHOLOGY		IMMUNOLOGY				
	Measurement of DNA binding (by Farr or equivalent assay, but excluding the Crithidia method), performed only where a positive antinuclear antibody titre of 1 in 40 or greater has been obtained					
71019 SP	Fee: \$40.50	Benefit: 75%	\$30.35:	85%/\$26.80	\$34.40	
71020 OP	Fee: \$30.40	Benefit: 75%	\$22.80:	85%/\$26.80	\$25.85	
	Antibodies to extractable nuclear antigens, detection of in serum or other body fluids					
71021 SP	Fee: \$28.00	Benefit: 75%	\$21.00:	85%/\$26.80	\$23.80	
71022 OP	Fee: \$21.00	Benefit: 75%	\$15.75:	85%/\$26.80	\$17.85	
	Characterization of antibodies to extractable nuclear antigens, performed only where a positive result is obtained including services specified in item 71021/71022					
71023 SP	Fee: \$44.50	Benefit: 75%	\$33.35:	85%/\$26.80	\$37.80	
71024 OP	Fee: \$33.40	Benefit: 75%	\$25.05:	85%/\$26.80	\$28.40	
	Antibodies to tissue antigens which are not elsewhere specified in an item in the Schedule - estimation of one antibody					
71025 SP	Fee: \$33.00	Benefit: 75%	\$24.75:	85%/\$26.80	\$28.05	
71026 OP	Fee: \$24.75	Benefit: 75%	\$18.55:	85%/\$26.80	\$21.05	
	Two estimations specified in item 71025/71026					
71027 SP	Fee: \$38.50	Benefit: 75%	\$28.85:	85%/\$26.80	\$32.70	
71028 OP	Fee: \$28.90	Benefit: 75%	\$21.65:	85%/\$26.80	\$24.55	
	Three estimations specified in item 71025/71026					
71029 SP	Fee: \$44.00	Benefit: 75%	\$33.00:	85%/\$26.80	\$37.40	
71030 OP	Fee: \$33.00	Benefit: 75%	\$24.75:	85%/\$26.80	\$28.05	
	Four or more estimations specified in item 71025/71026					
71031 SP	Fee: \$49.50	Benefit: 75%	\$37.10:	85%/\$26.80	\$42.10	
71032 OP	Fee: \$37.15	Benefit: 75%	\$27.85:	85%/\$26.80	\$31.60	
	Rheumatoid factor, detection of by any technique					
71033 SP	Fee: \$13.20	Benefit: 75%	\$9.90:	85%/\$26.80	\$11.20	
71034 OP	Fee: \$9.90	Benefit: 75%	\$7.40:	85%/\$26.80	\$8.40	
	Quantitation of Rheumatoid factor where detected, including services specified in item 71033/71034					
71035 SP	Fee: \$26.50	Benefit: 75%	\$19.85:	85%/\$26.80	\$22.50	
71036 OP	Fee: \$19.90	Benefit: 75%	\$14.95:	85%/\$26.80	\$16.90	
	Complement - total and components - one quantitative estimation					
71037 SP	Fee: \$22.00	Benefit: 75%	\$16.50:	85%/\$26.80	\$18.70	
71038 OP	Fee: \$16.50	Benefit: 75%	\$12.35:	85%/\$26.80	\$14.00	
	Two estimations specified in item 71037/71038					
71039 SP	Fee: \$33.00	Benefit: 75%	\$24.75:	85%/\$26.80	\$28.05	
71040 OP	Fee: \$24.75	Benefit: 75%	\$18.55:	85%/\$26.80	\$21.05	

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PATHOLOGY		IMMUNOLOGY				
	Three or more estimations specified in item 71037/71038					
71041 SP	Fee: \$44.00	Benefit: 75%	\$33.00:	85%/\$26.80	\$37.40	
71042 OP	Fee: \$33.00	Benefit: 75%	\$24.75:	85%/\$26.80	\$28.05	
	Leucocyte fractionation as a preliminary to leucocyte marker or leucocyte function tests					
71043 SP	Fee: \$41.00	Benefit: 75%	\$30.75:	85%/\$26.80	\$34.85	
71044 OP	Fee: \$30.75	Benefit: 75%	\$23.05:	85%/\$26.80	\$26.15	
	Functional tests for leucocytes, including use of all appropriate techniques (except E. rosette technique or similar) and any test specified in the HAEMATOLOGY GROUP of the Schedule					
71045 SP	Fee: \$70.00	Benefit: 75%	\$52.50:	85%/\$26.80	\$59.50	
71046 OP	Fee: \$52.50	Benefit: 75%	\$39.35:	85%/\$26.80	\$44.65	
	Leucocyte surface marker characterization by immunofluorescence or immunoenzyme techniques to assess lymphoid populations using a minimum of three monoclonal antibodies, including any services in item 71049/71050 - one or more estimations					
71047 SP	Fee: \$89.00	Benefit: 75%	\$66.75:	85%/\$26.80	\$75.65	
71048 OP	Fee: \$66.75	Benefit: 75%	\$50.05:	85%/\$26.80	\$56.75	
	Leucocyte surface marker characterization by immunofluorescence or immunoenzyme techniques in the investigation of a probable haematological malignancy using a minimum of seven monoclonal antibodies, including any services in item 71047/71048 - one or more estimations					
71049 SP	Fee: \$211.00	Benefit: 75%	\$158.25:	85%/\$26.80	\$184.20	
71050 OP	Fee: \$158.25	Benefit: 75%	\$118.70:	85%/\$26.80	\$134.50	
	HLA typing comprising A, B, C and DR phenotypes					
71051 SP	Fee: \$94.00	Benefit: 75%	\$70.50:	85%/\$26.80	\$79.90	
71052 OP	Fee: \$70.50	Benefit: 75%	\$52.85:	85%/\$26.80	\$59.90	
	HLA typing, excluding any services specified in item 71051/71052 - one or more antigens					
71053 SP	Fee: \$38.50	Benefit: 75%	\$28.85:	85%/\$26.80	\$32.70	
71054 OP	Fee: \$28.90	Benefit: 75%	\$21.65:	85%/\$26.80	\$24.55	
	Mantoux test					
71055 SP	Fee: \$13.20	Benefit: 75%	\$9.90:	85%/\$26.80	\$11.20	
71056 OP	Fee: \$9.90	Benefit: 75%	\$7.40:	85%/\$26.80	\$8.40	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed DATE						

PATHOLOGY	HISTOPATHOLOGY
GROUP P5 - HISTOPATHOLOGY	
	Histopathology examination of biopsy material including all tissue processing, staining and professional opinion or opinions
72801 SP	Fee: \$94.00 Benefit: 75% \$70.50: 85%/\$26.80 \$79.90
72802 OP	Fee: \$70.50 Benefit: 75% \$52.85: 85%/\$26.80 \$59.90
	Immediate frozen section diagnosis of biopsy material, including any other histopathology examination
72803 SP	Fee: \$176.00 Benefit: 75% \$132.00: 85%/\$26.80 \$149.60
72804 OP	Fee: \$132.00 Benefit: 75% \$99.00: 85%/\$26.80 \$112.20
	Immunohistochemical investigation of biopsy material by one or more of immunofluorescent, immunoperoxidase or other labelled antibody techniques including any other histopathology examination
72805 SP	Fee: \$132.00 Benefit: 75% \$99.00: 85%/\$26.80 \$112.20
72806 OP	Fee: \$99.00 Benefit: 75% \$74.25: 85%/\$26.80 \$84.15
	Electron microscopy of biopsy material including any other histopathology examination
72807 SP	Fee: \$142.00 Benefit: 75% \$106.50: 85%/\$26.80 \$120.70
72808 OP	Fee: \$106.50 Benefit: 75% \$79.85: 85%/\$26.80 \$90.50
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed DATE Page 496	

PATHOLOGY		CYTOPATHOLOGY			
GROUP P6 - CYTOPATHOLOGY					
	Cytological examination including serial examinations of smears from skin, nipple discharge, lip, mouth, nose or anus for detection of pre-cancerous or cancerous changes - one or more examinations.				
73043 SP	Fee: \$20.50	Benefit: 75%	\$15.35:	85%/\$26.80	\$17.45
73044 OP	Fee: \$15.40	Benefit: 75%	\$11.55:	85%/\$26.80	\$13.10
	Cytological examination including serial examinations for malignant cells of body fluids, sputum (single specimen), urine (single specimen), washings or brushings not specified in item 73043/73044 and any histopathological service performed on that cytology specimen - one or more examinations				
73045 SP	Fee: \$40.00	Benefit: 75%	\$30.00:	85%/\$26.80	\$34.00
73046 OP	Fee: \$30.00	Benefit: 75%	\$22.50:	85%/\$26.80	\$25.50
	Cytological examination including examination of a series of three sputum or urine specimens for malignant cells				
73047 SP	Fee: \$83.00	Benefit: 75%	\$62.25:	85%/\$26.80	\$70.55
73048 OP	Fee: \$62.25	Benefit: 75%	\$46.70:	85%/\$26.80	\$52.90
	Cytological examination of material obtained from a patient by fine needle aspiration of solid tissue or tissues				
73049 SP	Fee: \$50.00	Benefit: 75%	\$37.50:	85%/\$26.80	\$42.50
73050 OP	Fee: \$37.50	Benefit: 75%	\$28.10:	85%/\$26.80	\$31.85
	Cytological examination of material obtained from a patient by fine needle aspiration of solid tissue or tissues where the aspiration is performed by a recognised pathologist; or where a recognised pathologist attends the aspiration and performs cytological examination during the attendance				
73051 SP	Fee: \$94.00	Benefit: 75%	\$70.50:	85%/\$26.80	\$79.90
73052 OP	Fee: \$70.50	Benefit: 75%	\$52.85:	85%/\$26.80	\$59.90
†	Routine cytological examination of smears from the cervix for detection of pre-cancerous or cancerous changes in women with no symptoms, signs or recent history suggestive of cervical neoplasia and smears repeated due to an unsatisfactory routine smear - each examination				
73053 SP	Fee: \$20.50	Benefit: 75%	\$15.35:	85%/\$26.80	\$17.45
73054 OP	Fee: \$15.40	Benefit: 75%	\$11.55:	85%/\$26.80	\$13.10
†	Cytological examination of smears from cervix in association with the management of previously detected abnormalities including pre-cancerous or cancerous conditions, or the investigation of women with symptoms, signs or recent history suggestive of cervical neoplasia, not associated with Items 73053/73054 - each examination				
73055 SP	Fee: \$20.50	Benefit: 75%	\$15.35:	85%/\$26.80	\$17.45
73056 OP	Fee: \$15.40	Benefit: 75%	\$11.55:	85%/\$26.80	\$13.10
†	Cytological examination of smears from vagina, not associated with Items 73053/73054 or 73055/73056 - each examination				
73057 SP	Fee: \$20.50	Benefit: 75%	\$15.35:	85%/\$26.80	\$17.45
73058 OP	Fee: \$15.40	Benefit: 75%	\$11.55:	85%/\$26.80	\$13.10
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed DATE					

GROUP P7 - CYTOGENETICS

Chromosome studies, including preparation, count and karyotyping of one or more of amniotic fluid, bone marrow, skin and any other tissue or fluid excluding blood - one or more estimations

73281 SP	Fee: \$182.00	Benefit: 75%	\$136.50:	85%/\$26.80	\$155.20
73282 OP	Fee: \$136.50	Benefit: 75%	\$102.40:	85%/\$26.80	\$116.00

Chromosome studies, including preparation, count and karyotyping of blood

73283 SP	Fee: \$164.00	Benefit: 75%	\$123.00:	85%/\$26.80	\$139.40
73284 OP	Fee: \$123.00	Benefit: 75%	\$92.25:	85%/\$26.80	\$104.55

Chromosome identification by banding techniques (using fluorescein, Giemsa, or centromere staining or high resolution analysis); or by fragile X-site determination - one or more identifications

73285 SP	Fee: \$142.00	Benefit: 75%	\$106.50:	85%/\$26.80	\$120.70
73286 OP	Fee: \$106.50	Benefit: 75%	\$79.85:	85%/\$26.80	\$90.50

PATHOLOGY		INFERTILITY & PREGNANCY TESTS					
		GROUP P8 - INFERTILITY AND PREGNANCY TESTS					
	Semen examination for presence of spermatozoa or examination of cervical mucus for spermatozoa (Huhner's test)						
73521 SP	Fee: \$9.30	Benefit: 75%	\$6.95:	85%/\$26.80	\$7.90		
73522 OP	Fee: \$7.00	Benefit: 75%	\$5.25:	85%/\$26.80	\$5.95		
	Semen examination, involving measurement of volume, sperm count, motility, examination of stained preparations, morphology, and, if performed, differential count and one or more chemical tests, with a maximum of four examinations in any twelve month period						
73523 SP	Fee: \$38.50	Benefit: 75%	\$28.85:	85%/\$26.80	\$32.70		
73524 OP	Fee: \$28.90	Benefit: 75%	\$21.65:	85%/\$26.80	\$24.55		
	Sperm antibodies, sperm penetrating ability - one or more tests						
73525 SP	Fee: \$25.00	Benefit: 75%	\$18.75:	85%/\$26.80	\$21.25		
73526 OP	Fee: \$18.75	Benefit: 75%	\$14.05:	85%/\$26.80	\$15.95		
	Chorionic gonadotrophin (beta - HCG), qualitative estimation in serum or urine by one or more methods, including serial dilution if performed, for diagnosis of pregnancy - one or more estimations						
73527 SP	Fee: \$13.60	Benefit: 75%	\$10.20:	85%/\$26.80	\$11.55		
73528 OP	Fee: \$10.20	Benefit: 75%	\$7.65:	85%/\$26.80	\$8.65		
	Chorionic gonadotrophin (beta-HCG), qualitative (if performed) and quantitative estimation in serum by one or more methods for diagnosis of hydatidiform mole, HCG - secreting neoplasm, threatened abortion or follow-up of abortion						
73529 SP	Fee: \$38.50	Benefit: 75%	\$28.85:	85%/\$26.80	\$32.70		
73530 OP	Fee: \$28.90	Benefit: 75%	\$21.65:	85%/\$26.80	\$24.55		
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PATHOLOGY

SIMPLE BASIC PATHOLOGY TESTS

GROUP P9 - SIMPLE BASIC PATHOLOGY TESTS

73801	Seminal examination for presence of spermatozoa Fee: \$6.20 Benefit: 75% \$4.65: 85%/\$26.80 \$5.25
73802	Blood count consisting of leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count) or any or all of haemoglobin estimation, haematocrit estimation or erythrocyte count - one procedure. Fee: \$4.15 Benefit: 75% \$3.10: 85%/\$26.80 \$3.55
73803	Two procedures specified in item 73802 Fee: \$6.20 Benefit: 75% \$4.65: 85%/\$26.80 \$5.25
73804	Three or more procedures specified in item 73802 Fee: \$8.25 Benefit: 75% \$6.20: 85%/\$26.80 \$7.00
73805	Microscopical examination of urine Fee: \$4.15 Benefit: 75% \$3.10: 85%/\$26.80 \$3.55
73806	Pregnancy test by one or more immunochemical methods Fee: \$10.15 Benefit: 75% \$7.60: 85%/\$26.80 \$8.65
73807	Microscopical examination of wet film other than urine Fee: \$6.20 Benefit: 75% \$4.65: 85%/\$26.80 \$5.25
73808	Microscopical examination of gram stained film Fee: \$7.85 Benefit: 75% \$5.90: 85%/\$26.80 \$6.65
73809	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method Fee: \$2.10 Benefit: 75% \$1.55: 85%/\$26.80 \$1.80
73810	Microscopical examination screening for fungi in skin, hair or nails - one or more sites Fee: \$6.20 Benefit: 75% \$4.65: 85%/\$26.80 \$5.25
73811	Mantoux test Fee: \$10.15 Benefit: 75% \$7.60: 85%/\$26.80 \$8.65

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Service	Item
A	
Abnormal haemoglobins	AH 65027, 65028
Acetoacetate	ACAT 66273, 66274
Acetylated Sulphadimidine	ASUL 66235, 66236
Adrenocorticotrophic hormone	ACTH 66301, 66302
AFB Microscopy and culture of Sputum	AFB 69213, 69214
Alanine Aminotransferase	ALT 66201, 66202
Albumin	ALB 66201, 66202
Alcohol (Ethanol)	ETOH 66273, 66274
Aldosterone	ALDS 66301, 66302
Alkaline Phosphatase	ALP 66201, 66202
Phosphatase Isoenzymes	ALPI 66245, 66246
Alpha feto protein	AFP 66251, 66252
Alpha-1 antitrypsin	AAT 66251, 66252
Alpha-2 macroglobulin	AMAC 66251, 66252
Aluminium	AL 66277, 66278
Amiodarone	AMIO 66235, 66236
Amitriptyline	AMIT 66235, 66236
Ammonia	NH3 66273, 66274
Amniotic Fluid Examination	AFE 66243, 66244
Amylase	AMS 66201, 66202
Amylobarb	AMYL 66235, 66236
Androstenedione	ANDR 66301, 66302
Angiotensin converting enzyme	ACE 66273, 66274
Antibiotic & antimicrobial chemotherapeutic agents, quantitative assay	QAA 69251, 69252
Antibodies to	
Extractable Nuclear Antigens - detection	ENA 71021, 71022
Extractable Nuclear Antigens - characterization of antibodies if positive ENA	ENAP 71023, 71024
Nuclear Antigens - detection	ANA 71017, 71018
Nuclear Antigens-quantitation & measurement of DNA binding if positive ANA	ANAP 71019, 71020
Tissue Antigens:	
Acetylcholine Receptor	ARA 71025, 71026
Adrenal cell	ADR 71025, 71026
Cardiolipin	ACL 71025, 71026
Centromere	ACA 71025, 71026
Gastric parietal cell	PCA 71025, 71026
Gliadin IgA	GLIA 71025, 71026
Glomerular basement membrane	GBA 71025, 71026
Insulin Receptor Antibodies	INSA 71025, 71026
Intercellular cement substance of skin	ICCS 71025, 71026
Jo-1	JO1 71025, 71026
Keratin	KERA 71025, 71026
Liver/Kidney microsomes	LKA 71025, 71026
Mitochondria	MA 71025, 71026
Parathyroid	PTHA 71025, 71026
PM-1	PM1 71025, 71026
Reticulin	RCA 71025, 71026
Skeletal muscle	SLA 71025, 71026
Skin basement membrane	SKA 71025, 71026
Smooth muscle	SMA 71025, 71026
SCL 70	SCL 71025, 71026

*Payable on attendance basis

Service	Item
Thyroid Microsomal	TMA 71025, 71026
TSH Receptor Antibody test	TSHA 71025, 71026
Antibody Testing, Microbial	(see Microbial)
Antigen Testing, Microbial	(see Microbial)
Antithrombin III	ATH 65037, 65038
Arginine	ARIN 66297, 66298
Arsenic	AS 66277, 66278
Aspartate Aminotransferase	AST 66201, 66202

B

Barbitone	BARB 66235, 66236
Beryllium	BE 66277, 66278
Beta Hydroxybutyrate	BHYB 66273, 66274
Beta-2 microglobulin	BMIC 66251, 66252
Bicarbonate	HCO3 66201, 66202
Bilirubin (all fractions)	BILI 66201, 66202
(Neonatal)	BILN 66273, 66274
Bleeding Time	BT 65029, 65030
Blood Culture	BC 69215, 69216
Film	BF 65005, 65006
Gases	GAS 66225, 66228
Group and blood group antibodies	BGAB 65021, 65022
Group Antibodies	BGA 65025, 65026
Group Systems	BGS 65019, 65020
Grouping-ABO and RH (D antigen)	BG 65017, 65018
Bone Marrow Examination - Aspirate	BMEA 65015, 65016
- Trepine	BMET 65013, 65014
Breath Hydrogen test	BHT 66283, 66284
Bromide	BRMD 66235, 66236
Butobarb	BUTO 66235, 66236

C

C-1 esterase inhibitor	CEI 66251, 66252
C-Peptide	CPEP 66301, 66302
C-reactive protein	CRP 65001, 65002
CA-125 antigen	C125 66251, 66252
CA-15.3 antigen	CA15 66251, 66252
CA-19.9 antigen	CA19 66251, 66252
Cadmium	CD 66277, 66278
Caeruloplasmin	CPLS 66251, 66252
Calcitonin	CALT 66301, 66302
Calcium (total, dialysed or ionized)	CA 66201, 66202
Calculus Analysis	CALC 66229, 66230
Carbamazepine (Tegretol)	CARB 66235, 66236
Carboxyhaemaglobin	COHB 65027, 65028
Carcinoembryonic antigen	CEA 66251, 66252
Catecholamines	CAT 66281, 66282
Chlamydia Investigation by Cultural Methods	CHLC 69225, 69226
Chloral Hydrate	CHHY 66235, 66236
Chlorazepate	CHZP 66235, 66236
Chloride	CL 66201, 66202
Chloroquine	CLOQ 66235, 66236
Chlorpromazine	CHLO 66235, 66236
Cholesterol	CHOL 66201, 66202

*Payable on attendance basis

Service		Item
Cholinesterase	CHSE	66273, 66274
Chorionic gonadotrophin for pregnancy diagnosis	HCG	73527, 73528
- for diagnosis of specified conditions	HCGD	73529, 73530
Chromium	CR	66277, 66278
Chromosome indentification by banding technique	CSI	73285, 73286
studies	CS	73281, 73282
studies of blood	CSB	73283, 73284
Cimetidine	CMTD	66235, 66236
Clobazam	CLOB	66235, 66236
Clonazepam (Rivotril)	CLON	66235, 66236
Clostridium difficile	CLDT	69219, 69220
Coagulation factors (see individual factors)		
time	CT	65029, 65030
Cold Agglutinins	CAG	65027, 65028
Compatibility testing	XMAT	65023, 65024
Complement Total, C3 or C4	COM	71037, 71038
(Other complements must be specified)		
Copper	CU	66277, 66278
Cortisol	CORT	66301, 66302
Creatine Kinase	CK	66201, 66202
Kinase Isoenzymes	CKI	66201, 66202
Kinase Isoenzymes (electrophoresis)	CKIE	66245, 66246
Creatinine	C	66201, 66202
Cryofibrinogen	CFIB	66213, 66214
Cryoglobulins	CGLB	66213, 66214
Cryptococcal antigen	CRYN	69219, 69220
CSF antigens		
- Haemophilus influenzae	CSFA	69219, 69220
- Streptococcus pneumoniae	CSFA	69219, 69220
- Neisseria meningitidis	CSFA	69219, 69220
- Group B streptococcus	CSFA	69219, 69220
Cultural Examination of Faeces	FCS	69211, 69212
Cyclic AMP	CAMP	66301, 66302
Cyclosporin A	CLSA	66235, 66236
Cysteine (see Urine Cystine)	UCYS	66213, 66214
Cystine (cysteine)	CYST	66273, 66274
Cytology from body fluids, sputum (1 specimen), urine, washings or brushings	BFCY	73045, 73046
- from cervix	CCR	73053, 73054, 73055, 73056
- from fine needle aspiration of solid tissues	FNCY	73049, 73050
- from fine needle aspiration of solid tissues aspiration or attendance by a pathologist	FNCP	73051, 73052
- from skin, nipple discharge, lip, mouth, nose or anus	SMCY	73043, 73044
- from vagina	CVO	73057, 73058
- from 3 sputum or urine specimens	SPCY	73047, 73048
D		
D-dimer test	DD	65029, 65030
Dehydroepiandrosterone sulphate	DHEA	66301, 66302
Deoxycortisol	DCOR	
Desethyl Amiodarone	DEAM	66235, 66236

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Service		Item
Desipramine	DESI	66235, 66236
Dexamethasone	DXST	66295, 66296
Suppression test	DEXA	66301, 66302
Diazepam	DIAZ	66235, 66236
Differential Cell Count	DIFF	65005, 65006
Digoxin	DIG	66235, 66236
Dihydrotestosterone	DHTS	66301, 66302
Diphenylhydantion (Dilantin)	DIL	66235, 66236
Direct Coombs test	CMBS	65027, 65028
Disopyramide (Rythmodan)	DISO	66235, 66236
Doxepin	DOXE	66235, 66236
Drug abuse treatment programme	DRGA	66233, 66234
assay therapeutic -		
(drugs not listed must be written in full)	(see each drug)	
or Chemical Assays - Overdose	DRGO	66231, 66232
E		
Electron microscopy of biopsy material	EM	72807, 72808
Electrophoresis, to demonstrate		
- protein classes, or paraprotein	EPP1	66245, 66246
- protein classes or presence and amount of paraprotein classes, concurrent collection	EPP2	66247, 66248
Elements (see individual elements)		
Enzyme assays of solid tissue or tissues	ENZS	66285, 66286
Erythrocyte assessment of Haemolysis	ERYH	65009, 65010
assessment of Metabolic Enzymes	ERYM	65009, 65010
count	RCC	65001, 65002
sedimentation rate	ESR	65001, 65002
Ethosuximide (Zarontin)	ETHO	66235, 66236
Euglobulin clot lysis time	ECLT	65037, 65038
F		
Factor II	FII	65045, 65046
V	FV	65045, 65046
VII	FVII	65045, 65046
VIII	FVIII	65045, 65046
IX	FIX	65045, 65046
X	FX	65045, 65046
XI	FXI	65045, 65046
XII	FXII	65045, 65046
XIII	FXIII	65045, 65046
XIII deficiency test	F13D	65029, 65030
Faecal Fat	FFAT	66283, 66284
Haemoglobin (chemical test)	FHC	66217, 66218
Haemoglobin (immunological test)	FHI	66219, 66220
Porphyrins (qualitative test)	FPR	66217, 66218
Reducing Substances	FRS	66217, 66218
Ferritin (see also Iron Studies)	FERR	66251, 66252
Fibrin Monomer	FM	65029, 65030
Fibrinogen	FIB	65029, 65030
Degradation Products	FDP	65029, 65030
Fitzgerald Factor	FGF	65045, 65046
Flecainide	FLEC	66235, 66236
Fletcher Factor	FF	65045, 65046

*Payable on attendance basis

Service		Item
Follicular Stimulating Hormone	FSH	66301, 66302
Fructosamine	FRUC	66201, 66202
Full Blood Examination	FBE	65007, 65008
G		
Gamma Glutamyl Transpeptidase	GGT	66201, 66202
Gastrin	GAST	66301, 66302
Globulin	GLOB	66201, 66202
Glucagon	GSTC	66297, 66298
Glucagon	GLGO	66301, 66302
Glucose	GLUC	66201, 66202
Tolerance Test	GTT	66201, 66202
Glycosylated Haemoglobin (Hb Alc)	GHB	66319, 66320
Gold	AU	66277, 66278
Gonadotrophin	GRHS	66297, 66298
Growth Hormone	GH	66301, 66302
Hormone-exercise	GHSE	66295, 66296
Hormone-glucose	GHS	66295, 66296
H		
Haematocrit	HCT	65001, 65002
Haemoglobin Estimation	HB	65001, 65002
Haemoglobinopathy tests	HMGP	65011, 65012
Haptoglobins	HGLB	66251, 66252
HDL Cholesterol	HDLC	66317, 66318
Heparin Cofactor II	HRNC	65037, 65038
Estimation	HEPR	65043, 65044
Hepatitis Serology		
Acute hepatitis	HEP	69247, 69248
Follow-up of proven Hepatitis B	HEPB	69249, 69250
Hepatitis B Serology to define immune status	HEPI	69245, 69246
Hepatitis B surface Antigen HBsAg	HBSA	69243, 69244
Herpes simplex Virus Investigation		
by Cultural Methods	HSVC	69225, 69226
Heterophile Antibodies	IM	65027, 65028
HIAA (Hydroxyindoleacetic acid)	HIAA	66273, 66274
Histamine	HIAM	66273, 66274
Histopathology of biopsy material	HIST	72801, 72802
HLA Typing, comprising A, B, C & DR phenotypes	HLA	71051, 71052
Typing, one or more antigens	HLAN	71053, 71054
HMMA (Hydroxy Methoxy Mandelic acid - previously known as VMA)	HMMA	66281, 66282
Homovanillic acid	HVA	66281, 66282
Hormone Receptor Assay	HRA	66315, 66316
Ovarian	HRO	66315, 66316
Hormones:		
Adrenocorticotrophic hormone	ACTH	66301, 66302
Aldosterone	ALDS	66301, 66302
Androstenedione	ANDR	66301, 66302
C-Peptide	CPEP	66301, 66302
Calcitonin	CALT	66301, 66302
Cortisol	CORT	66301, 66302
Cyclic AMP	CAMP	66301, 66302
Dehydroepiandrosterone sulphate	DHEA	66301, 66302

*Payable on attendance basis

Service		Item
Dihydrotestosterone	DHTS	66301,66302
Follicular Stimulating Hormone	FSH	66301,66302
Gastrin	GAST	66301,66302
Glucagon	GSTC	66297,66298
Glucagon	GLGO	66301,66302
Gonadotrophin	GRHS	66297,66298
Growth Hormone	GH	66301,66302
Growth Hormone-exercise	GHSE	66297,66298
Growth Hormone-glucose	GHSG	66297,66298
Hormone Receptor Assay	HRA	66315,66316
Human Placental Lactogen	HPL	66301,66302
Hydroxyprogesterone	OHP	66301,66302
Insulin	INS	66301,66302
Insulin	INHY	66297,66298
Luteinizing Hormone	LH	66301,66302
Oestradiol	E2	66301,66302
Oestriol	E3	66301,66302
Oestrone	E1	66301,66302
Parathyroid Hormone	PTH	66301,66302
Pentagastrin	PSTR	66297,66298
Progesterone	PROG	66301,66302
Prolactin	PROL	66301,66302
Renin	REN	66301,66302
Sex Hormone Binding globulin	SHBG	66301,66302
Somatomedin	SOMA	66301,66302
Testosterone	TES	66301,66302
Thyroid stimulating hormone (where not requested as part of TFTs)	TSH	66301,66302
Urine Steroid Fraction or Fractions	USF	66301,66302
Vasoactive Intestinal Peptide	VIP	66301,66302
Vasopressin	ADH	66301,66302
11 Deoxycortisol	DCOR	66301,66302
Huhner's test	HT	73521,73522
Human placental lactogen	HPL	66301,66302
HVA (Homovanillic acid)	HVA	66281,66282
Hydroxproline	HYDP	66273,66274
Hydroxy Methoxy Mandelic acid (previously known as VMA)	HMMA	66281,66282
Hydroxychloriquine	HOCQ	66235,66236
Hydroxyindoleacetic acid	HIAA	66273,66274
Hydroxyprogesterone	OHP	66301,66302

I

Imipramine	IMIP	66235,66236
Immediate frozen section diagnosis of biopsy material	FS	72803,72804
Immunoglobulins E	IGE	71013,71014
G, A, M or D	IG	71005,71006
G, Subclasses 1 - 4	SIGG	71011,71012
Immunohistochemical investigation of biopsy material	IHIS	72805,72806
Insulin	INHY	66297,66298
Insulin	INS	66301,66302
Intestinal disaccharidases	INTD	66285,66286
Iron (see Iron Studies)		

*Payable on attendance basis

Service		Item
Iron Studies (Iron, Transferrin and Ferritin)	IS	66263,66264
L		
L-DOPA	GHLD	66295,66296
Lactate	LACT	66273,66274
Dehydrogenase	LDH	66201,66202
Dehydrogenase Isoenzymes	LDI	66245,66246
Lamellar body phospholipid	LBPH	66243,66244
Lead	PB	66279,66280
Lecithin/Sphingomyelin Ratio (Amniotic fluid)	LS	66243,66244
Leucocyte Count	WCC	65001,65002
Fractionation	LF	71043,71044
Functional tests	LFF	71045,71046
Surface markers in investigation of probable haematological malignancy	LSMH	71049,71050
Surface Markers to assess lymphoid populations	LSML	71047,71048
Lignocaine	LIGN	66235,66236
Lipase	LIP	66201,66202
Lithium	LI	66201,66202
Lupus Anticoagulant	LUPA	65037,65038
Luteinizing Hormone	LH	66301,66302
M		
Magnesium	MG	66201,66202
Mammary serum antigen	MSA	66251,66252
Manganese	MN	66277,66278
Mantoux Test	MANT	71055,71056
Melanogen (see Urine Melanin)	UML	66213,66214
Mercury	HG	66277,66278
Metalbumin detection (Schumm's test)	SCHM	65027,65028
Metanephrines	MNEP	66281,66282
Methadone	MTDN	66235,66236
Methotrexate	MTTA	66235,66236
Methoxy Hydroxy Phenylethylene Glycol	MHPG	66281,66282
Methsuximide	MSUX	66235,66236
Metronidazole	MRDZ	66235,66236
Mexiletine (Mexitil)	MEX	66235,66236
MHPG (Methoxy Hydroxy Phenylethylene Glycol)	MHPG	66281,66282
Microalbumin	MALB	66251,66252
Microbacteria Microscopy and culture of Sputum	AFB	69213,69214
Microbial Antibody Testing		
Actinomycetes	ACT	69229,69230
Adenovirus	ADE	69229,69230
Aspergillus	ASP	69229,69230
Avian precipitins (Bird Fancier's Disease)	APP	69229,69230
Blastomyces	BLM	69229,69230
Bordetella pertussis	BOR	69229,69230
Borrelia berghoffer	BOB	69229,69230
Brucella	BRU	69229,69230
Campylobacter jejuni	CAM	69229,69230
Candida	CAN	69229,69230
Chlamydia	CHL	69229,69230
Coccidioides	CCC	69229,69230

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Service		Item
Coxsackie B1-6	COX	69229, 69230
Cryptococcus	CRY	69229, 69230
Cytomegalovirus	CMV	69229, 69230
Cytomegalovirus serology in pregnancy	CMVP	69227, 69228
Dengue	DEN	69229, 69230
Diphtheria	DIP	69229, 69230
Echinococcus	ECC	69229, 69230
Echo-coxsackie group	ECH	69229, 69230
Entamoeba Histolytica	AMO	69229, 69230
Epstein Barr Virus	EBV	69229, 69230
Fluorescent Treponemal antibody		
- absorption test (FTA-ABS)	FTA	69229, 69230
Haemophilus	HUS	69229, 69230
Hepatitis delta antibody - Anti-delta	HDA	69229, 69230
Histoplasma	HIP	69229, 69230
Hydatid	HYD	69229, 69230
Influenza A	FLA	69229, 69230
Influenza B	FLB	69229, 69230
Legionella pneumophila - Serogroup 1	LP1	69229, 69230
Legionella pneumophila - Serogroup 2	LP2	69229, 69230
Leishmaniasis	LEI	69229, 69230
Leptospira	LEP	69229, 69230
Listeria	LIS	69229, 69230
Measles	MEA	69229, 69230
Microspolyspora faeni	MIC	69229, 69230
Mumps	MUM	69229, 69230
Murray Valley Encephalitis	MVE	69229, 69230
Mycoplasma pneumoniae	MYC	69229, 69230
Neisseria gonorrhoea	GON	69229, 69230
Newcastle Disease	NCD	69229, 69230
Parainfluenza 1	PF1	69229, 69230
Parainfluenza 2	PF2	69229, 69230
Parainfluenza 3	PF3	69229, 69230
Paratyphi	PTY	69229, 69230
Pertussis	PER	69229, 69230
Pneumococcus	PCC	69229, 69230
Poliomyelitis	PLO	69229, 69230
Proteus OX 19	POX	69229, 69230
Proteus OXK	POK	69229, 69230
Q fever	QFF	69229, 69230
Rapid Plasma Reagin test	RPR	69229, 69230
Respiratory Syncytial Virus	RSV	69229, 69230
Ross River Virus	RRV	69229, 69230
Rubella	RUB	69229, 69230
Rubella Serology in Pregnancy	MSP	69227, 69228
Salmonella typhi (H)	SAH	69229, 69230
Salmonella typhi (O)	SAO	69229, 69230
Schistosoma	STO	69229, 69230
Streptococcal Serology - Anti-D-NASE B titre	ADNB	69229, 69230
Streptococcal Serology-Anti-streptolysin	ASOT	
O titre		69229, 69230
Tetanus	TET	69229, 69230
Thermoactinomyces vulgaris	THE	69229, 69230
Thermopolyspora	TPS	69229, 69230
Toxocara	TOC	69229, 69230
Toxoplasma	TOX	69229, 69230

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Service		Item
Toxoplasma serology in pregnancy	TOXP	69227,69228
TPHA (Treponema pallidum haemagglutin test)	TPHA	69229,69230
Treponema pallidum haemagglutin test	TPHA	69229,69230
Trichonosis	TOS	69229,69230
Typhus, Weil-Felix	TYP	69229,69230
Varicella zoster	VCZ	69229,69230
VDRL (Venereal Disease Research Laboratory)	VDRL	69229,69230
Yersinia enterocolytica	YER	69229,69230
Microbial Antigen Testing		
Chlamydia	CHLY	69221,69222
Herpes simplex Virus	HSV	69223,69224
Varicella Zoster	VCZN	69219,69220
Micropolyspora faeni	MIC	69229,69230
Microscopic examination of faeces for parasites	OCF	69203,69204
examination of material other		
other than blood	M	69201,69202
Microscopy and culture of		
- material from nose, throat, eye or ear	MCS1	69205,69206
- material from skin, superficial sites,		
urethra, vagina, cervix or rectum	MCS2	69207,69208
- post-op wounds, aspirations of body cavities,		
synovial fluid, CSF, op/biopsy specimens	MCS3	69209,69210
- specimens of sputum	MCS2	69207,69208
- specimens of sputum, urine or other body		
fluids for mycobacteria	AFB	69213,69214
Mucin like carcinoma associated antigen	MCA	66251,66252
N		
N-Acetyl Procainamide	NAPC	66235,66236
N-Desalkyl dothiepin	NDOT	66235,66236
N-Desalkyl Clobazam	NDAC	66235,66236
Doxepin	NDAD	66235,66236
Neuron specific enolase	NSEN	66251,66252
Nickel	NI	66277,66278
Nitrazepam	NITR	66235,66236
Nordothiepin	NDIP	66235,66236
Nortriptyline	NORT	66235,66236
O		
Oestradiol	E2	66301,66302
Oestriol	E3	66301,66302
Oestrone	E1	66301,66302
Osmolality, Serum or Urine	OSML	66223,66224
Oxalate	OXAL	66273,66274
Oxazepam	OXAZ	66235,66236
P		
PAA (Phenyl Acetic Acid)	PAA	66281,66282
Palmitic acid in amniotic fluid	PALM	66243,66244
Paracetamol	PARA	66235,66236
Paraprotein Investigation by		
- immuno-electrophoresis or immunofixation	PPRO	71001,71002
- on concurrently collected serum or urine	PPSU	71003,71004

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Service		Item
Paraquat	PARQ	66235, 66236
Parathyroid Hormone	PTH	66301, 66302
Partial Thromboplastin Time	PTT	65029, 65030
Passovy Factor	PF	65045, 65046
Pentabarb	PENT	66235, 66236
Pentagastrin	PSTR	66297, 66298
Perhexiline	PHEX	66235, 66236
pH measurement of body fluids other than urine	PH	66213, 66214
Phenobarbitone	PHBA	66235, 66236
Phensuximide	PHEN	66235, 66236
Phenyl Acetic Acid	PAA	66281, 66282
Phenytoin	PHEY	66235, 66236
Phosphate	PHOS	66201, 66202
Phosphatidylglycerol	PTGL	66243, 66244
Plasminogen	PLAS	65037, 65038
Platelet Aggregation Count	PLTG PLTC	65041, 65042 65001, 65002
Porphyrins (quantitative test, one or more fractions)	PR	66281, 66282
Potassium	K	66201, 66202
Prealbumin	PALB	66251, 66252
Prednisolone	PRED	66235, 66236
Primidone	PRIM	66235, 66236
Procainamide	PCAM	66235, 66236
Progesterone	PROG	66301, 66302
Prolactin	PROL	66301, 66302
Prominal	PROM	66235, 66236
Propranolol	PPNO	66235, 66236
Prostate specific antigen	PSA	66251, 66252
Prostatic Acid Phosphatase	ACP	66251, 66252
Protein Total	PROT	66201, 66202
C	PROC	65037, 65038
S	PROS	65037, 65038
Quantitative estim. of specific protein		
- Alpha fetoprotein	AFP	66251, 66252
- Alpha-1 antitrypsin	AAT	66251, 66252
- Alpha-2 macroglobulin	AMAC	66251, 66252
- Beta-2 microglobulin	BMIC	66251, 66252
- C-1 esterase inhibitor	CEI	66251, 66252
- Caeruloplasmin	CPLS	66251, 66252
- Ferritin (see also Iron Studies)	FERR	66251, 66252
- Haptoglobins	HGLB	66251, 66252
- Microalbumin	MALB	66251, 66252
- Transferrin (see also Iron Studies)	TRAN	66251, 66252
Prothrombin Time	PT	65029, 65030
Pyruvate	PVTE	66273, 66274
Q		
Quinalbarb	QUIB	66235, 66236
Quinidine	QUIN	66235, 66236
Quinine	QNN	66235, 66236
R		
Red Cell Folate and Serum B12 and Serum Folate		

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Service		Item
if required	RCF	66267, 66268
Cell Porphyrins - qualitative test	RCP	65027, 65028
Renin	REN	66301, 66302
Respiratory Syncytial Virus	RSVN	69219, 69220
Reticulocyte Count	RETG	65001, 65002
Rheumatoid Factor	RF	71033, 71034
Factor Quantitation	RFQ	71035, 71036
RSV - Respiratory Syncytial Virus	RSVN	69219, 69220

S

Salicylate-Aspirin	SALI	66235, 66236
Secretin	SSGR	66297, 66298
Selenium	SE	66277, 66278
Semen examination	SEE	73523, 73524
examination for spermatozoa	SES	73521, 73522
Serotonin	5HT	66273, 66274
Serum B12	B12	66265, 66266
Folate (with B12)	FOL	66265, 66266
Folate (with B12 Red Cell Folate)	RCF	66267, 66268
Sex Hormone Binding globulin	SHBG	66301, 66302
Snake venom	HISS	66231, 66232
Sodium	NA	66201, 66202
Somatomedin	SOMA	66301, 66302
Sotalol	SALL	66235, 66236
Specific IgG or IgE antibodies	ALLG	71015, 71016
Sperm antibodies	SAB	73525, 73526
penetrating ability	SPA	73525, 73526
Stellazine	STEL	66235, 66236
Strontium	SR	66277, 66278
Sulphadimidine	SPDD	66235, 66236
Sulthiame (Ospolot)	SUL	66235, 66236
Synacthen Stimulation Test	SYNS	66301, 66302

T

Testosterone	TES	66301, 66302
Thalassaemia Studies	TS	65011, 65012
Theophylline	THEO	66235, 66236
Therapeutic Drugs not listed must be written in full		----
Thiopentone	TOPO	66235, 66236
Thioridazine	THIO	66235, 66236
Thrombin Time	TT	65029, 65030
Thyroglobulin	TGL	66251, 66252
Thyroid function tests	TFT	66291, 66292
stimulating hormone	TSH	66301, 66302
stimulating hormone (where not requested as part of TSTs)	TSH	66301, 66302
Thyrotrophin Releasing Hormone Test	TRH	66293, 66294
Tissue antigens which are not listed must be written in full		----
Tocainide	TOCN	66235, 66236
Total free fatty acids	TFFA	66273, 66274
Transferrin (see also Iron Studies)	TRAN	66251, 66252
Triglycerides	TRIG	66201, 66202

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Service		Item
Trimipramine	TRIM	66235, 66236
TSH (where not requested as part of a thyroid function test)	TSH	66301, 66302
Tumour Markers		
CA-125 antigen	C125	66251, 66252
CA-19.9 antigen	CA19	66251, 66252
CA-15.3 antigen	CA15	66251, 66252
Carcinoembryonic antigen	CEA	66251, 66252
Hormone receptor ovarian	HRO	66315, 66316
Mammary serum antigen	MSA	66251, 66252
Mucin like carcinoma associated antigen	MCA	66251, 66252
Neuron specific enolase	NSEN	66251, 66252
Prostate specific antigen	PSA	66251, 66252
Prostatic Acid Phosphatase-one or more fractions	ACP	66251, 66252
Thyroglobulin	TGL	66251, 66252
U		
Urate	URAT	66201, 66202
Urea	U	66201, 66202
Urine Bilirubin	UBIL	66213, 66214
Cysteine (see Urine Cystine)	UCYS	66213, 66214
Cystine (Cysteine)	UCYS	66213, 66214
Haemoglobin	UHB	66213, 66214
Melanin (Melanogen)	UML	66213, 66214
Melanogen (see Urine Melanin)	UML	66208, 66214
microscopy, culture, identification and sensitivity	UMCS	69217, 69218
Myoglobin	UMY	66213, 66214
Porphobilinogen	UPG	66213, 66214
Porphyryns (qualitative test)	UPR	66213, 66214
Steroid Fraction or Fractions	USF	66301, 66302
Urobilinogen	UUB	66213, 66214
V		
Valproate (Epilim)	VALP	66235, 66236
Vancomycin	VAN	66235, 66236
Vasoactive Intestinal Peptide	VIP	66301, 66302
Vasopressin	ADH	66301, 66302
Viscosity of blood or plasma	VISC	65001, 65002
Vitamin D	VITD	66271, 66272
Quantitative Estimation of Vitamins A, B1, B2, B3, B6, C or E	VIT	66269, 66270
VMA (see HMMA)		
Von Willebrands factor	VWF	65045, 65046
Von Willebrands factor antigen	VWA	65045, 65046
W		
Warfarin	WFR	66235, 66236
X		
Xylose	XYL	66273, 66274

Payable on attendance basis

	Service		Item
		z	
Zinc			ZN 66273,66274
		11	
11 Deoxycortisol	DCOR		66301,66302

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OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM
3	3	128	128	406		514	17907	573	18113	809	11009
4	4	131	131	407		517	17908	574		810	11012
13	13	134	134	408		518	17909	575	18118	811	11015
19	19	136	136	409		521	17910	576		813	11018
20	20	138	138	443		522	17911	577	18122	814	11021
23	23	140	140	450		523	17912	748	18200	816	11024
24	24	142	142	453		524	17913	751	18203	817	11027
25	25	144	144	454		525	17914	752	18206	818	11300
33	33	146	146	457		526	17915	753	18209	819	11303
35	35	148	148	458		527	17916	754	18212	821	13100
36	36	150	150	459		528	17917	755	18215	824	13103
37	37	152	152	460		529	17918	756	18218	831	13106
38	38	160	160	461		531	17919	760		833	13109
40	40	161	161	462		533	17920	764	18224	836	13112
43	43	162	162	463		535	17921	767	17500	839	11921
44	44	163	163	464		537	17922	770	11600	840	13200
47	47	164	164	465		538	17923	774	13000	841	13203
48	48	170	170	466		539	17924	777	13003	842	13206
50	50	171	171	467		540	17925	780	11900	843	13209
51	51	172	172	468		541	17926	781	11903	845	13212
52	52	190	16500	469		542	17927	782	11906	846	13215
53	53	192	16503	470		543	17928	783	11909	847	13218
54	54	194	16506	471		544	17929	784	11912	848	13221
57	57	196	16507	472		545	17930	785	11915	849	11200
58	58	198	16510	473		546	17932	786	11918	850	11203
59	59	201	16513	474		547	17936	787	13006	851	10801
60	60	204	16516	475		548	17938	790	13009	852	189
65	65	205	16517	476		549	17939	791	55000	853	11206
81	81	210	16520	477		550	17940	793	55003	854	11209
83	83	242	16523	478		551	17965	794	55006	856	11212
84	84	246	16526	479		552	17968	795	11603	859	11215
86	86	247	16529	480		553		796	11606	860	11218
87	87	248	16532	481		554		797	11609	862	11306
89	89	250	16535	482		556		798	11612	863	11309
90	90	258	16536	483		557		799	11615	865	11312
91	91	267	16539	484		558	17971	800	11618	870	11315
92	92	273	16542	485		558	17971	801	11621	874	11318
93	93	274	16545	486		559	17974	802	11624	875	11321
95	95	275	16546	486		560	17977	803	11000	877	11324
96	96	278	16549	487		561	17980	804	11003	878	11327
97	97	280	16552	488		562	17983	806	11006	879	11330
98	98	290	16555	489		563	17934	902	13306	882	11333
101	17600	295	16558	490		564	17935	904	13309	883	11336
102	17603	298	16561	492		565	17947	907	13312	884	11339
104	104	362	16564	493		566		908	11700	886	153
105	105	363	16567	497		567	18101	909	11703	887	154
107	107	365	16570	500	17901	568		910	55100	888	155
108	108	383	16573	505	17902	569	18105	911	55103	889	156
110	110	401		506	17903	570		912	11706	890	157
116	116	403		509	17904	571	18109	913	55009	893	158
119	119	404		510	17905	572		915	11709	895	13300
122	122	405		513	17906			916	11712	897	13303

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OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM
917	13400	1172	65007	1569	66209	1795	66275	2098	69209	2255	71011
918	11500	1173	65008	1570	66210	1798	66276	2099	69210	2256	71012
920	11503	1176	65009	1571	66211	1871	66277	2117	69211	2257	71013
921	11506	1177	65010	1572	66212	1872	66278	2118	69212	2258	71014
922	13600	1179	65011	1575	66213	1895	66279	2119	69213	2259	71015
923	13603	1180	65012	1576	66214	1896	66280	2120	69214	2260	71016
925	13606	1181	65013	1577	66217	1959	66281	2123	69215	2261	71017
926	11509	1182	65014	1578	66218	1960	66282	2124	69216	2262	71018
928	11512	1183	65015	1579	66219	1963	66283	2127	69217	2263	71019
931	13900	1184	65016	1580	66220	1964	66284	2128	69218	2266	71020
932	13903	1187	65017	1581		1969	66285	2129	69219	2267	71021
934	13906	1188	65018	1582		1970	66286	2130	69220	2268	71022
936	13909	1192	65019	1583	66223	1975	66287	2133	69221	2269	71023
938	13912	1193	65020	1584	66224	1976	66288	2134	69222	2270	71024
939	13700	1196	65021	1590	66225	1977	66289	2135	69223	2271	71025
940	13703	1197	65022	1591	66226	1978	66290	2136	69224	2274	71026
944	13706	1198	65023	1592	66227	1983	66291	2139	69225	2275	71027
947	13315	1199	65024	1593	66228	1984	66292	2140	69226	2276	71028
949	13709	1417	65025	1595	66229	1985	66293	2145	69227	2277	71029
950	13318	1418	65026	1596	66230	1986	66294	2146	69228	2278	71030
951	13800	1419	65027	1598	66231	1989	66295	2181	69229	2279	71031
952	11715	1420	65028	1599	66232	1990	66296	2182	69230	2280	71032
953	13803	1521	65029	1627	66233	1991	66297	2183	69231	2281	71033
954	13806	1522	65030	1628	66234	1992	66298	2184	69232	2282	71034
956	12100	1523	65031	1712	66235	1993	66299	2185	69233	2283	71035
957	12103	1524	65032	1713	66236	1994	66300	2186	69234	2284	71036
958	12200	1525	65033	1714	66237	2021	66301	2187	69235	2289	71037
960	14203	1526	65034	1715	66238	2024	66302	2188	69236	2290	71038
963	14206	1527	65035	1716	66239	2025	66303	2189	69237	2291	71039
966	11800	1528	65036	1717	66240	2026	66304	2190	69238	2292	71040
968	13500	1531	65037	1726	66243	2027	66305	2191	69239	2293	71041
970	13503	1532	65038	1727	66244	2028	66306	2192	69240	2312	71042
974	14200	1533	65039	1734	66245	2029	66307	2221	69243	2313	71043
976	12106	1534	65040	1735	66246	2030	66308	2222	69244	2314	71044
977	12109	1535	65041	1736	66247	2031	66309	2223	69245	2315	71045
978	14050	1538	65042	1737	66248	2032	66310	2224	69246	2316	71046
979	14053	1539	65043	1738	66251	2033	66311	2229	69247	2317	71047
980	173	1540	65044	1739	66252	2034	66312	2230	69248	2318	71048
987	12000	1541	65045	1740	66253	2037	66315	2231	69249	2319	71049
989	12003	1542	65046	1741	66254	2038	66316	2232	69250	2320	71050
990	55012	1543	65047	1752	66263	2039	66317	2235	69251	2321	71051
991	55015	1544	65048	1753	66264	2040	66318	2236	69252	2322	71052
992	55018	1550	65049	1768	66265	2043	66319	2239	71001	2323	71053
993	55021	1551	65050	1769	66266	2044	66320	2240	71002	2324	71054
995	55024	1558	66201	1770	66267	2083	69201	2241	71003	2325	71055
999	55027	1559	66202	1771	66268	2084	69202	2242	71004	2326	71056
1163	65001	1560	66203	1780	66269	2085	69203	2245	71005	2327	72801
1164	65002	1561	66204	1783	66270	2086	69204	2246	71006	2328	72802
1168	65003	1562	66205	1786	66271	2087	69205	2251	71007	2329	72803
1169	65004	1563	66206	1787	66272	2088	69206	2252	71008	2330	72804
1170	65005	1564	66207	1791	66273	2089	69207	2253	71009	2331	72805
1171	65006	1565	66208	1792	66274	2090	69208	2254	71010	2332	72806

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2333	72807	2411	56103	2516	57512	2676	58706	2788	59748	2893	15214
2337	72808	2412	56106	2520	57515	2678	58709	2790	59751	2894	15303
2338		2413	56200	2524	57518	2681	58712	2792	59754	2895	15307
2339		2414	56203	2528	57521	2687	58715	2794	59757	2896	15311
2340	73043	2415	56206	2532	57524	2690	58718	2796	60100	2897	15315
2341	73044	2416	56209	2537	57527	2694	58721	2798	60300	2898	15319
2343	73045	2417	56212	2539	57700	2697	58724	2800	60500	2899	15323
2344	73046	2418	56215	2541	57703	2699	58900	2802	60503	2900	15327
2348	73047	2419	56218	2543	57706	2703	58903	2804	60700	2902	15331
2349	73048	2420	56300	2545	57709	2706	58906	2804	60700	2903	15335
2350	73049	2421	56303	2548	57712	2709	58909	2805	60900	2908	15339
2351	73050	2422	56306	2551	57715	2711	58912	2807	60903	2910	15342
2355	73051	2423	56400	2554	57718	2714	58915	2811	60906	2911	15345
2356	73052	2424	56403	2557	57721	2716	58918	2813	60909	2912	15348
2360	73281	2425	56406	2560	57900	2718	58921	2815	60912	2914	15351
2361	73282	2426	56500	2563	57903	2720	58924	2817	60915	2916	15354
2363	73283	2427	56503	2566	57906	2722	58927	2819	60918	2918	15357
2364	73284	2428	56506	2569	57909	2724	58930	2823	60921	2927	15500
2365	73285	2429	56600	2573	57912	2726	58933	2825	60924	2929	15503
2366	73286	2430	56603	2576	57915	2728	58936	2827	60927	2930	15506
2370	73521	2431	56606	2579	57918	2730	59100	2831	60930	2932	15509
2371	73522	2432	56609	2581	57921	2732	59103	2833	60933	2934	15512
2372	73523	2433	56612	2583	57924	2734	59300	2834	60936	2936	15515
2373	73524	2434	56615	2585	57927	2736	59303	2837	60939	2938	15518
2377	73525	2435	56618	2587	57930	2738	59500	2839	60942	2940	15521
2378	73526	2436	56621	2589	57933	2740	59503	2841	60945	2942	15524
2379	73527	2437	56624	2590	57936	2742	59506	2843	60948	2943	15527
2380	73528	2438	56700	2591	57939	2744	59900	2844	60951	2944	15530
2384	73529	2439	56703	2593	57942	2746	59903	2845	60954	2945	15533
2385	73530	2440	56706	2595	57945	2748	59906	2847	60957	2951	51300
2387	73801	2441	56800	2597	58100	2750	59909	2848	60960	2953	51303
2389	73802	2442	56803	2599	58103	2751	59912	2849	60963	2955	51306
2390	73803	2443	56806	2601	58106	2752	59700	2851	60966	2957	51309
2391	73804	2444	56900	2604	58109	2754	59703	2852	60969	2980	61200
2393	73805	2445	56903	2607	58112	2756	59706	2853	60972	3004	30000
2394	73806	2446	56906	2609	58115	2758	59915	2855	60975	3006	30003
2395	73807	2447	57000	2611	58118	2760	59709	2857	60978	3012	30006
2396	73808	2448	57003	2614	58300	2762	59712	2859	60981	3016	30009
2397	73809	2449	57006	2617	58303	2764	59715	2861	15000	3022	30010
2398	73810	2450	57100	2621	58306	2766	59918	2863	15003	3027	30013
2399	73811	2451	57103	2625	58500	2768	59718	2869	15006	3033	30014
2400	56000	2452	57106	2627	58503	2770	59921	2871	15009	3038	30017
2401	56003	2453	57200	2630	58506	2772	59721	2873	15012	3039	30020
2402	56006	2454	57300	2634	58509	2773	59724	2875	15100	3041	30023
2403	56009	2455	57303	2638	58512	2774	59727	2877	15103	3046	30026
2404	56012	2458	57400	2642	58515	2775	59730	2879	15106	3050	30029
2405	56015	2459	57403	2646	58518	2776	59924	2881	15109	3058	30032
2406	56018	2460	57406	2655	58521	2778	59733	2883	15112	3059	52000
2407	56021	2502	57500	2656	58524	2780	59736	2885	15115	3063	30035
2408	56024	2505	57503	2657	58527	2782	59739	2887	15203	3068	52003
2409	56027	2508	57506	2665	58700	2784	59742	2889	15204	3073	30038
2410	56100	2512	57509	2672	58703	2786	59745	2891	15211	3082	30041

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OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM
3087	30042	3253	30140	3466	52072	3745	30389	4048	32012	4258	30624
3092	30045	3258	52045	3468	30265	3750	30395	4052	32015	4262	30625
3095	52006	3261	30143	3472	30266	3752	30398	4054	32018	4265	30628
3098	30048	3265	30144	3475	52075	3754	30404	4059	32021	4266	30631
3101	30049	3268	52048	3477	30269	3759	30407	4065	32024	4269	30634
3103	52009	3271	30147	3480	30272	3764	30410	4067	32027	4273	30635
3104	30052	3276	30150	3483	52078	3783	30413	4070	32030	4288	30638
3106	30055	3281	30153	3495	30275	3789	30416	4071	32033	4293	30641
3110	30058	3284	52051	3496	30278	3793	30419	4074	30537	4296	30644
3113	30061	3289	30156	3500	52081	3798	30420	4080	30540	4307	30647
3114	52012	3290	52054	3505	30281	3818	30423	4084	30543	4313	30650
3116	30064	3295	30159	3507	52084	3820	30426	4093	30386	4319	30653
3117	52015	3301	30162	3509	30282	3822	30429	4099	30546	4327	30656
3120	30067	3306	30165	3516	30283	3825	30432	4104	30549	4338	30659
3124	30068	3307	30168	3521	52087	3831	30435	4109	30552	4345	30660
3128	52018	3308	30171	3526	30286	3834	30438	4115	30555	4351	30666
3130	30071	3310	30174	3530	30289	3847	30441	4131	30558	4354	32072
3134	52024	3311	30177	3532	30292	3849	30444	4133	30561	4363	32075
3135	30074	3314	30180	3542	30295	3851	30447	4139	30564	4365	32078
3142	30075	3315	30183	3547	30298	3853	30450	4141	30567	4368	32081
3147	52027	3320	30186	3555	30301	3860	30453	4144	30570	4380	32096
3148	30078	3347	30189	3557	30304	3862	30456	4173	30573	4383	32084
3157	30081	3348	30192	3563	30307	3864	30459	4179	32036	4386	32087
3158	30084	3349	30195	3576	30310	3866	30462	4185	30576	4388	32090
3159	30087	3350	30198	3581	30313	3867	30465	4192	30579	4394	32093
3161	30090	3351	30201	3591	30316	3868	30468	4193	30582	4395	32099
3162	30093	3352	30204	3597	30319	3869	30471	4194	30585	4397	32102
3168	30096	3356	30207	3616	30322	3870	30474	4197	30588	4398	32105
3173	30099	3363	30210	3618	30325	3875	30477	4202	32039	4399	32108
3175	52030	3366	30216	3622	30328	3882	30480	4209	32042	4410	32111
3178	30102	3371	30219	3634	30331	3889	30483	4214	32045	4411	32114
3183	30103	3379	30222	3638	30334	3891	30486	4217	32048	4413	32117
3187	52033	3384	30223	3647	30337	3892	30489	4218	32051	4455	32153
3194	30106	3386	52057	3652	30338	3893	30492	4219	32054	4467	32120
3199	30107	3391	30226	3654	30341	3898	30495	4220	32057	4482	32123
3208	30110	3393	52060	3664	30342	3900	30498	4222	30591	4492	32126
3213	30111	3399	30229	3668	30345	3902	30501	4227	30592	4493	32129
3217	30114	3400		3673	30346	3922	30504	4228	32060	4507	32132
3219	30117	3404	30232	3678	30349	3930	30507	4229	32063	4509	32135
3220	30118	3407	30235	3683	30350	3937	30510	4230	32066	4527	32138
3221	30121	3417	30238	3698	30353	3938	30513	4231	32069	4533	32141
3222	30122	3425	30241	3700	30356	3952	30516	4233	30595	4535	32144
3223	30125	3427	52063	3702	30359	3981	30519	4238	30598	4536	32147
3224	30126	3431	30244	3707	30362	3988	30522	4241	30601	4544	32150
3225	30129	3437	30247	3718	30365	4003	30525	4242	30604	4557	32156
3226	30132	3444	30250	3719	30401	4012	30528	4243	30607	4572	32159
3229	52036	3450	30253	3722	30368	4038	30531	4244	30610	4574	32162
3230	52039	3455	30256	3726	30371	4042	30534	4245	30613	4575	32165
3233	30135	3456	52066	3727	30374	4044	32000	4246	30616	4576	32168
3237	30136	3459	30259	3728	30377	4045	32003	4249	30617	4578	32171
3245	52042	3462	52069	3730	30380	4046	32006	4251	30620	4580	32174
3247	30139	3465	30262	3734	30383	4047	32009	4254	30621	4583	32177

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OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM
4584	32180	4676	33127	4741	33848	4818	34833	5038	44364	5176	41641
4586	32183	4677	33130	4742	34100	4819	34836	5050	44367	5177	41644
4588	32186	4678	33133	4743	34103	4820	35000	5051	44370	5182	41647
4590	30669	4679	33136	4746	34106	4821	35003	5055	44373	5186	41650
4606	30672	4680	33139	4747	34109	4826	35006	5057	44376	5192	41653
4611	30675	4681	33142	4748	34112	4827	35009	5059	41500	5196	41656
4617	30676	4682	33145	4750	34115	4828	35100	5062	41503	5201	41659
4618	30679	4683	33148	4751	34118	4831	35103	5066	41506	5205	41662
4619	30213	4684	33151	4752	34121	4834	35200	5068	41509	5210	41665
4620	32500	4685	33154	4753	34124	4835	35203	5069	41512	5214	41668
4621	32503	4686	33157	4757	34127	4836	35206	5070	41515	5217	41671
4623	32515	4687	33160	4758	34130	4837	43500	5072	41518	5229	41674
4624	32506	4689	33163	4759	34133	4838	43503	5073	41521	5230	41677
4625	32509	4691	33166	4760	34136	4841	52090	5074	41524	5233	41680
4626	32512	4692	33169	4761	34139	4844	43506	5075	41527	5234	41683
4627	32518	4694	33172	4763	34142	4853	43509	5078	41530	5235	41686
4628	32521	4697	33500	4765	34145	4860	43512	5079	41533	5237	41689
4629	32524	4698	33503	4767	34148	4862	52093	5080	41536	5241	41692
4631	32527	4700	33506	4768	34151	4864	43515	5081	41539	5242	41695
4632	32530	4701	33509	4769	34154	4867	43518	5085	41542	5245	41698
4634	32700	4703	33512	4770	34157	4870	43521	5087	41545	5249	53000
4636	32703	4704	33515	4771	34160	4877	43524	5091	41548	5254	41701
4638	32706	4706	33518	4772	34163	4927		5093	41551	5259	53003
4639	32709	4707	33521	4773	34166	4930		5094	41554	5264	41704
4640	32712	4708	33524	4774	34169	4934		5095	41557	5268	41707
4642	32715	4710	33527	4775	34172	4940		5098	41560	5270	41710
4643	32718	4711	33530	4776	34175	4943		5100	41563	5274	53006
4644	32721	4712	33533	4777	34500	4948		5101	41566	5277	41713
4645	32724	4713	33536	4779	34503	4950		5102	41569	5280	41716
4646	32727	4714	33539	4780	34506	4954		5106	41572	5282	53009
4647	32730	4716	33542	4781	34509	4957		5108	41575	5284	41719
4648	32733	4717	33545	4782	34512	4961		5112	41578	5286	53012
4650	32736	4718	33548	4783	34515	4965		5113	41581	5288	41722
4652	32739	4719	33106	4785	34518	4969		5114	41584	5291	53015
4653	32742	4720	33551	4786	34521	4972	44324	5115	41587	5292	41725
4654	32745	4722	33554	4787	34524	4976	44325	5116	41590	5293	41728
4656	32748	4723	33800	4788	34527	4979	44328	5117	41593	5295	41731
4657	32751	4724	33803	4790	34530	4983	44331	5118	41596	5298	41734
4659	32754	4725	33806	4793	34533	4987	44334	5119	41599	5301	41737
4660	32757	4726	33809	4795	34700	4990	44337	5127	41602	5305	41740
4661	32760	4727	33812	4796	34703	4993	44338	5131	41605	5308	41743
4663	32763	4728	33815	4797	34800	4995	44341	5138	41608	5318	41746
4666	32766	4729	33818	4799	34803	4997	44342	5143	41611	5320	41749
4667	32769	4730	33821	4803	34806	4999	44345	5147	41614	5330	41752
4668	33100	4731	33824	4804	34809	5002	44346	5148	41617	5343	41755
4669	33103	4732	33827	4805	34812	5006	44349	5152	41620	5345	41758
4670	33109	4734	33830	4807	34815	5009	44350	5158	41623	5348	41761
4671	33112	4735	33833	4809	34818	5015	44353	5162	41626	5349	41764
4672	33115	4736	33836	4810	34821	5018	44354	5166	41629	5350	41767
4673	33118	4737	33839	4811	34824	5024	44357	5172	41632	5354	41770
4674	33121	4739	33842	4815	34827	5029	44358	5173	41635	5357	41773
4675	33124	4740	33845	4816	34830	5034	44361	5174	41638	5358	41776

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OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM
5360	41779	5661	36516	5878	36848	6100	37357	6302	35536	6553	35676
5361	41782	5663	36519	5879	36851	6107	37360	6303	35539	6557	35677
5362	41785	5665	36522	5881	36854	6110	37363	6304	35542	6570	35680
5363	41788	5666	36525	5885	36857	6118	37366	6305	35545	6585	35683
5366	41789	5667	36528	5886	36860	6146	37369	6307	35548	6594	35684
5389	41792	5675	36531	5888	36863	6152	37372	6308	35551	6611	35687
5392	41793	5679	36534	5889	37000	6155	37375	6313	35554	6612	35688
5396	41796	5683	36537	5891	37003	6157	37378	6321	35557	6613	35691
5401	41797	5691	36540	5894	37004	6158	37381	6325	35560	6631	35694
5407	41800	5699	36543	5897	37007	6159	37384	6327	35563	6632	35697
5411	41801	5700	36546	5901	37008	6160	37387	6332	35566	6633	35700
5431	41804	5705	36549	5903	37011	6161	37390	6336	35569	6638	35703
5445	41807	5715	36552	5905	37014	6162	37393	6342	35572	6639	35706
5449	41810	5721	36555	5919	37017	6166	37396	6347	35575	6641	35709
5456	41813	5724	36558	5929	37020	6175	37399	6352	35576	6643	35712
5464	41816	5726	36561	5935	37023	6179	37402	6358	35579	6644	35713
5470	41819	5734	36564	5936	37026	6184	37405	6363	35580	6648	35716
5480	41822	5737	36567	5941	37029	6189	37408	6367	35583	6649	35717
5486	41825	5738	36570	5942	37032	6194	37411	6373	35584	6655	35720
5490	41828	5741	36573	5943	37035	6199	37414	6389	35587	6658	35723
5492	41831	5744	36576	5947	37038	6204	37417	6396	35590	6659	35726
5498	41834	5747	36579	5964	37041	6205	37420	6398	35593	6686	42503
5499	41837	5753	36582	5977	37044	6207	37423	6401	35596	6688	42506
5500	41840	5763	36585	5981	37047	6208	37426	6406	35599	6692	42509
5508	41843	5773	36588	5982	37050	6213	37429	6407	35602	6697	42512
5520	41846	5780	36591	6001	37200	6214	37432	6408	35605	6699	42515
5524	41849	5785	36594	6005	37203	6215	37435	6411	35608	6701	42518
5530	41852	5799	36597	6006	37206	6216	37438	6413	35611	6703	42524
5534	41855	5804	36600	6017	37209	6221	37600	6415	35614	6705	42527
5538	41858	5807	36603	6022	37212	6224	37601	6430	35617	6707	42530
5539	41861	5808	36606	6027	37215	6228	37604	6431	35618	6709	42533
5540	41864	5809	36609	6030	37218	6231	37607	6446	35621	6715	42536
5541	41867	5812	36612	6033	37221	6234	37610	6447	35624	6722	42539
5542	41870	5821	36615	6036	37300	6236	37613	6451	35627	6724	42542
5545	41873	5831	36618	6039	37303	6245	37616	6452	35630	6728	42551
5556	41876	5837	36621	6040	37306	6247	37619	6453	35633	6730	42554
5557	41879	5840	36800	6041	37309	6249	37622	6454	35636	6736	42557
5572	41882	5841	36803	6044	37312	6253	37623	6460	35639	6740	42560
5598	41883	5842	36806	6047	37315	6258	35500	6464	35640	6742	42563
5601	41886	5843	36809	6053	37318	6262	35503	6469	35643	6744	42566
5605	41889	5845	36812	6066	37321	6264	35506	6483	35646	6747	42569
5611	41892	5846	36815	6069	37324	6271	35509	6508	35649	6752	42572
5613	41895	5847	36818	6070	37327	6274	35512	6513	35652	6754	42575
5615	41898	5849	36821	6077	37330	6277	35513	6517	35653	6758	42578
5617	41901	5851	36824	6079	37333	6278	35516	6518	35656	6762	42581
5619	41904	5853	36827	6083	37336	6280	35517	6519	35657	6766	42584
5636	36500	5855	36830	6085	37339	6284	35520	6532	35660	6767	42587
5642	36503	5864	36833	6086	37342	6290	35523	6533	35661	6768	42590
5644	36506	5868	36836	6089	37345	6292	35526	6536	35664	6772	42593
5645	36509	5871	36839	6092	37348	6296	35527	6542	35667	6774	42596
5647	36512	5872	36842	6095	37351	6299	35530	6543	35670	6778	42623
5654	36515	5875	36845	6098	37354	6301	35533	6544	35673	6786	42629

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OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM
6792	42602	6942	38406	7093	39136	7169	40106	7446		7691	
6796	42605	6953	38409	7094	39139	7172	40109	7451		7694	
6799	42611	6954	38412	7095	39300	7173	40112	7457		7697	47703
6802	42614	6955	38415	7096	39303	7174	40115	7461		7701	
6805	42617	6958	38418	7097	39306	7176	40118	7464		7706	47735
6807	42632	6962	38421	7098	39309	7177	40300	7468		7709	
6810	42638	6964	38424	7100	39312	7179	40303	7472		7712	
6818	42644	6966	38427	7101	39315	7180	40306	7480		7715	
6820	42647	6968	38430	7102	39318	7181	40309	7483		7719	
6824	42650	6972	38433	7103	39321	7183	40330	7485	53203	7720	53400
6828	42653	6974	38436	7104	39324	7185	40312	7505		7722	
6832	42659	6980	38439	7105	39327	7187	40315	7508		7723	53406
6833	42671	6986	38442	7106	39330	7188	40318	7512		7725	
6835	42677	6988	38445	7107	39333	7189	40321	7516		7726	
6837	42686	6992	38448	7108	39500	7191	40324	7520		7728	
6842	42689	6995	38451	7109	39503	7193	40327	7524		7729	
6846	42692	6999	38454	7110	39600	7195		7527		7764	
6848	42698	7001	38200	7111	39603	7196	40333	7530		7766	
6852	42701	7003	38203	7112	39606	7197		7533		7770	53410
6857	42704	7006	38206	7113	39609	7199		7535		7774	
6858	42707	7007	38209	7114	39612	7200	40336	7538		7777	47681
6859	42716	7008	38212	7115	39615	7208	48654	7540		7781	
6861	42719	7011	38215	7116	39700	7209	48657	7544		7785	
6862	42722	7013	38218	7117	39703	7211		7547		7789	
6863	42725	7015	38221	7122	39706	7213		7550		7802	
6864	42731	7021	38224	7123	39709	7214		7552		7803	
6865	42734	7028	38227	7125	39712	7217	40339	7559		7804	53415
6871	42743	7033	38230	7126	39715	7218	40342	7563		7808	
6873	42746	7042	38233	7128	52812	7219	40600	7567		7809	
6879	42758	7044	38236	7130	39718	7222	40700	7572		7812	53418
6881	42761	7046	38239	7134	52815	7223	40703	7588		7815	
6885	42764	7057	38242	7135	39721	7224	40706	7593		7817	
6889		7066	38245	7136	39800	7225	40709	7597		7818	
6894	42767	7070	39000	7137	39803	7226	40712	7601		7821	
6898	42770	7071	39003	7146	52818	7227	40800	7605	47471	7823	
6900	42773	7072	39006	7147	39806	7228	40803	7608		7824	53424
6902	42776	7073	39009	7149	39809	7229	40900	7610		7828	
6904	42782	7074	39012	7150	39812	7232		7615		7831	
6906	42812	7075	39015	7151	39815	7397		7619		7834	
6908	42818	7076	39018	7154	39818	7402	53200	7624		7836	
6914	42821	7077	39100	7155	39900	7410		7627		7839	
6918	42824	7078	39103	7158	39903	7412		7632		7841	
6920	42827	7080	39106	7159	39906	7416		7637		7844	
6922	42833	7082	39109	7160	40000	7419		7641		7847	
6924	42839	7083	39112	7161	40003	7423		7643		7849	53439
6929	42845	7084	39115	7162	40006	7426		7647		7853	
6930	42848	7086	39118	7163	40009	7430		7652		7855	
6931	42851	7087	39121	7164	40012	7432		7673		7857	47903
6932	42854	7088	39124	7165	40015	7435		7677		7861	
6938	42857	7090	39127	7166	40018	7436		7681	47669	7864	47912
6939	38400	7091	39130	7167	40100	7440		7683	47675	7868	47909
6941	38403	7092	39133	7168	40103	7443		7687		7874	

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OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM
7875		8092		8298		8447	45006	8527	45548	8616	45668
7883	47921	8105		8302		8448	45009	8528	45521	8618	45671
7886		8113		8304		8449	45012	8529	45551	8620	45674
7888	52096	8116		8306		8451	45015	8530	45524	8622	45677
7898		8120		8310	48500	8453	45018	8531	45527	8623	45680
7902	45755	8131		8312	48503	8455	45021	8532	45530	8624	45683
7907		8135		8314	48506	8456	45024	8533	45533	8625	45686
7911		8151	49848	8316	48509	8458	45027	8534	45536	8627	45689
7915		8153		8318	48512	8460		8536	45539	8628	45692
7926	47708	8166		8320	49854	8462	45030	8537	45542	8630	45695
7928		8169	47933	8322	49869	8464		8538	45545	8631	45698
7932		8173		8324	49872	8466	45033	8539	45554	8632	45701
7934		8175	52600	8326	50118	8467	45036	8540	46507	8633	45704
7937		8179		8328		8468		8541	45560	8638	
7938		8182		8330		8471	45039	8542	45563	8640	45707
7939		8185		8332		8473	45042	8543	45566	8642	52333
7940		8187		8334		8475	45045	8544	46510	8644	45710
7942		8190	48406	8336		8476	45048	8545	45572	8646	52336
7951		8193	48409	8349		8478	45051	8546	45575	8648	45713
7975	48200	8195		8351		8479	52321	8548	45578	8650	52339
7977	48206	8198	48424	8352		8480	45200	8549	45581	8654	
7980		8201		8354		8481	45203	8550	45584	8655	45719
7983		8206		8356		8482	52300	8551	45587	8656	45716
7993	48218	8209	48639	8378	43800	8483	45206	8552	45590	8657	45722
7999		8211		8380	43803	8485	45209	8553	45593	8658	45725
8001	48239	8214	47945	8382	43806	8486	45212	8554	45596	8659	52342
8003		8217		8384	43809	8487	45215	8556	45599	8660	45728
8006	52318	8219	46426	8386	43812	8488	45218	8557	45602	8661	52348
8009		8222	46432	8388	43815	8490	45221	8558	52123	8662	45731
8014	48912	8225	46429	8390	43818	8492	45224	8560	45605	8663	52354
8017		8227	46420	8392	43821	8494	45227	8562	52114	8664	45734
8019		8230		8394	43824	8496	45230	8568	45608	8665	52360
8022		8233	46423	8397	43827	8498	45233	8570	45611	8666	45737
8023		8235		8398	43830	8500	45236	8572	53224	8667	52366
8024		8238		8400	43833	8502	45239	8582	45614	8668	45740
8026		8241		8402	43836	8504	45400	8584	45617	8669	52372
8028		8243		8406	43839	8506	52309	8585	45620	8670	45761
8032	49300	8246	47960	8408	43842	8508	45403	8586	45623	8671	52378
8036		8249	47963	8410	43845	8512	45439	8588	45626	8672	45764
8040		8251	47966	8412	43848	8514	52312	8592	45629	8673	
8044	49306	8257		8414	43851	8515	45442	8594	45632	8674	45743
8048		8259	46414	8418	43854	8516	45445	8596	45635	8675	45767
8053	49315	8262		8422	43857	8517	45448	8598	45638	8676	45770
8069		8267	46363	8424	43860	8518	45451	8599	45641	8677	45773
8070		8275	46453	8428	44100	8519	45500	8600	45644	8678	45776
8072		8279	46450	8430	44103	8520	52315	8602	45650	8679	45779
8074		8282		8432	44106	8521	45503	8604	45653	8680	45782
8080		8283		8434	44107	8522	45506	8605	45647	8681	45785
8082		8287		8436	44110	8523	45509	8606	45656	8682	45788
8085		8290		8440	44113	8524	45512	8608	45659	8683	45791
8088		8294	50112	8445	45000	8525	45515	8612	45662	8684	45794
8090		8296	46366	8446	45003	8526	45518	8614	45665	8685	45797

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OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM
8686	45746	8776	61355	8855	61463	8941	75415	9441	36624		
8687	45749	8777	61358	8856	61464	8945	75600	9442	36627		
8688	45406	8778	61359	8857	61467	8946	75603	9443	36630		
8689	45409	8781	61362	8858	61468	8947	75606	9444	36633		
8690	45412	8782	61363	8859	61471	8948	75609	9445	36636		
8691	45415	8785	61366	8860	61472	8960	75800	9446	36639		
8692	45418	8786	61367	8861	61475	8961	75803	9447	36642		
8693	45421	8789	61370	8862	61476	8962	75806	9448	36645		
8694	45424	8790	61371	8863	61479	8963	75809	9449	36648		
8695	45427	8791	61374	8864	61482	8964	75812	9450	13012		
8696	45430	8792	61375	8865	61483	8965	75815	9459	11221		
8697	45433	8795	61378	8866	61486	8966	75818	9460	11224		
8698	45436	8796	61379	8867	61487	8971	75821	9461	11227		
8699	45752	8801	61382	8868	61490	8972	75824	9462	14056		
8701	12500	8802	61385	8869	61493	8973	75827	9463	14059		
8703	12503	8805	61388	8870	61494	8974	75830	9464	14062		
8705	12506	8809	61391	8871	61497	8975	75833	9465	14065		
8707	12509	8810	61392	8872	61498	8976	75836	9466	14068		
8714	12512	8811	61395	8873	61501	8980	75839	9467	14071		
8715	12515	8812	61396	8873	61501	8982	75842	9468	14074		
8718	12518	8815	61399	8874	61502	8984	75845	9469	14077		
8719	12521	8816	61400	8878	16000	8986	75848	9470	14080		
8722	12524	8819	61403	8880	16003	8988	75851	9471	14083		
8725	12527	8820	61404	8882	16006	8990	75854	9472	14086		
8726	12530	8822	61407	8884	16009	9021		9473	14089		
8727	61300	8823	61408	8886	16012	9022	17986	9474	14092		
8728	61301	8826	61411	8901	75000	9023		9475	14095		
8732	61304	8827	61412	8902	75003	9024	17989	9476	37053		
8733	61305	8830	61415	8903	75006	9025		9477	37441		
8734	61308	8831	61416	8905	75009	9026	17992	9478	37444		
8735	61309	8832	61419	8906	75012	9027					
8740	61312	8833	61420	8907	75015	9028	17995				
8741	61315	8834	61423	8908	75018	9033					
8744	61318	8835	61424	8909	75021	9034	17998				
8745	61319	8836	61427	8914	75024	9035					
8748	61322	8837	61428	8915	75027	9036	18001				
8749	61323	8838	61431	8917	75030	9037					
8751	61326	8839	61432	8918	75033	9038	18004				
8752	61327	8840	61435	8919	75036	9039					
8753	61330	8841	61436	8922	75039	9040	18007				
8754	61331	8842	61439	8923	75042	9041					
8757	61334	8843	61440	8924	75045	9042	18010				
8758	61335	8844	61443	8925	75048	9062	11627				
8761	61338	8845	61444	8928	75051	9063	11630				
8762	61339	8846	61447	8931	75200	9066	55106				
8765	61342	8847	61448	8932	75203	9067	12203				
8766	61343	8848	61451	8933	75206	9401	30663				
8767	61346	8849	61452	8936	75400	9403	41907				
8768	61347	8851	61455	8937	75403	9408					
8771	61350	8852	61456	8938	75406	9420	30392				
8772	61351	8853	61459	8939	75409	9438	45758				
8775	61354	8854	61460	8940	75412	9439					

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NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM
3	3	122	122	11203	850	11912	784	13400	917	15207	
4	4	128	128	11206	853	11915	785	13500	968	15208	
13	13	131	131	11209	854	11918	786	13503	970	15211	2891
19	19	134	134	11212	856	11921	839	13600	922	15214	2893
20	20	136	136	11215	859	12000	987	13603	923	15303	2894
23	23	138	138	11218	860	12003	989	13606	925	15304	
24	24	140	140	11221	9459	12006		13700	939	15307	2895
25	25	142	142	11224	9460	12009		13703	940	15308	
33	33	144	144	11227	9461	12100	956	13706	944	15311	2896
35	35	146	146	11300	818	12103	957	13709	949	15312	
36	36	148	148	11303	819	12106	976	13800	951	15315	2897
37	37	150	150	11306	862	12109	977	13803	953	15316	
38	38	152	152	11309	863	12200	958	13806	954	15319	2898
40	40	153	886	11312	865	12203	9067	13900	931	15320	
43	43	154	887	11315	870	12500	8701	13903	932	15323	2899
44	44	155	888	11318	874	12503	8703	13906	934	15324	
47	47	156	889	11321	875	12506	8705	13909	936	15327	2900
48	48	157	890	11324	877	12509	8707	13912	938	15328	
50	50	158	893	11327	878	12512	8714	14050	978	15331	2902
51	51	160	160	11330	879	12515	8715	14053	979	15332	
52	52	161	161	11333	882	12518	8718	14056	9462	15335	2903
53	53	162	162	11336	883	12521	8719	14059	9463	15336	
54	54	163	163	11339	884	12524	8722	14062	9464	15339	2908
57	57	164	164	11500	918	12527	8725	14065	9465	15342	2910
58	58	170	170	11503	920	12530	8726	14068	9466	15345	2911
59	59	171	171	11506	921	13000	774	14071	9467	15348	2912
60	60	172	172	11509	926	13003	777	14074	9468	15351	2914
65	65	173	980	11512	928	13006	787	14077	9469	15354	2916
81	81	189	852	11600	770	13009	790	14080	9470	15357	2918
83	83	10801	851	11603	795	13012	9450	14083	9471	15500	2927
84	84	10802		11606	796	13100	821	14086	9472	15503	2929
86	86	10803		11609	797	13103	824	14089	9473	15506	2930
87	87	10804		11612	798	13106	831	14092	9474	15509	2932
89	89	10805		11615	799	13109	833	14095	9475	15512	2934
90	90	10806		11618	800	13112	836	14200	974	15515	2936
91	91	10807		11621	801	13200	840	14203	960	15518	2938
92	92	10808		11624	802	13203	841	14206	963	15521	2940
93	93	10809		11627	9062	13206	842	15000	2861	15524	2942
95	95	10815		11630	9063	13209	843	15003	2863	15527	2943
96	96	11000	803	11700	908	13212	845	15006	2869	15530	2944
97	97	11003	804	11703	909	13215	846	15009	2871	15533	2945
98	98	11006	806	11706	912	13218	847	15012	2873	16000	8878
104	104	11009	809	11709	915	13221	848	15100	2875	16003	8880
105	105	11012	810	11712	916	13300	895	15103	2877	16006	8882
106		11015	811	11715	952	13303	897	15106	2879	16009	8884
107	107	11018	813	11800	966	13306	902	15109	2881	16012	8886
108	108	11021	814	11900	780	13309	904	15112	2883	16500	190
110	110	11024	816	11903	781	13312	907	15115	2885	16503	192
116	116	11027	817	11906	782	13315	947	15203	2887	16506	194
119	119	11200	849	11909	783	13318	950	15204	2889		

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NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM
16507	196	17925	540	30003	3006	30135	3233	30281	3505	30423	3818
16510	198	17926	541	30006	3012	30136	3237	30282	3509	30426	3820
16513	201	17927	542	30009	3016	30139	3247	30283	3516	30429	3822
16516	204	17928	543	30010	3022	30140	3253	30286	3526	30432	3825
16517	205	17929	544	30013	3027	30143	3261	30289	3530	30435	3831
16520	210	17930	545	30014	3033	30144	3265	30292	3532	30438	3834
16523	242	17932	546	30017	3038	30147	3271	30295	3542	30441	3847
16526	246	17934	563	30020	3039	30150	3276	30298	3547	30444	3849
16529	247	17935	564	30023	3041	30153	3281	30301	3555	30447	3851
16532	248	17936	547	30026	3046	30156	3289	30304	3557	30450	3853
16535	250	17938	548	30029	3050	30159	3295	30307	3563	30453	3860
16536	258	17939	549	30032	3058	30162	3301	30310	3576	30456	3862
16539	267	17940	550	30035	3063	30165	3306	30313	3581	30459	3864
16542	273	17947	565	30038	3073	30168	3307	30316	3591	30462	3866
16545	274	17950		30041	3082	30171	3308	30319	3597	30465	3867
16546	275	17959		30042	3087	30174	3310	30322	3616	30468	3868
16549	278	17965	551	30045	3092	30177	3311	30325	3618	30471	3869
16552	280	17968	552	30048	3098	30180	3314	30328	3622	30474	3870
16555	290	17971	558	30049	3101	30183	3315	30331	3634	30477	3875
16558	295	17971	558	30052	3104	30186	3320	30334	3638	30480	3882
16561	298	17974	559	30055	3106	30189	3347	30337	3647	30483	3889
16564	362	17977	560	30058	3110	30192	3348	30338	3652	30486	3891
16567	363	17980	561	30061	3113	30195	3349	30341	3654	30489	3892
16570	365	17983	562	30064	3116	30198	3350	30342	3664	30492	3893
16573	383	17986	9022	30067	3120	30201	3351	30345	3668	30495	3898
17500	767	17989	9024	30068	3124	30204	3352	30346	3673	30498	3900
17600	101	17992	9026	30071	3130	30207	3356	30349	3678	30501	3902
17603	102	17995	9028	30074	3135	30210	3363	30350	3683	30504	3922
17901	500	17998	9034	30075	3142	30213	4619	30353	3698	30507	3930
17902	505	18001	9036	30078	3148	30216	3366	30356	3700	30510	3937
17903	506	18004	9038	30081	3157	30219	3371	30359	3702	30513	3938
17904	509	18007	9040	30084	3158	30222	3379	30362	3707	30516	3952
17905	510	18010	9042	30087	3159	30223	3384	30365	3718	30519	3981
17906	513	18101	567	30090	3161	30226	3391	30368	3722	30522	3988
17907	514	18105	569	30093	3162	30229	3399	30371	3726	30525	4003
17908	517	18109	571	30096	3168	30232	3404	30374	3727	30528	4012
17909	518	18113	573	30099	3173	30235	3407	30377	3728	30531	4038
17910	521	18118	575	30102	3178	30238	3417	30380	3730	30534	4042
17911	522	18122	577	30103	3183	30241	3425	30383	3734	30537	4074
17912	523	18200	748	30106	3194	30244	3431	30386	4093	30540	4080
17913	524	18203	751	30107	3199	30247	3437	30389	3745	30543	4084
17914	525	18206	752	30110	3208	30250	3444	30392	9420	30546	4099
17915	526	18209	753	30111	3213	30253	3450	30395	3750	30549	4104
17916	527	18212	754	30114	3217	30256	3455	30398	3752	30552	4109
17917	528	18215	755	30117	3219	30259	3459	30401	3719	30555	4115
17918	529	18218	756	30118	3220	30262	3465	30404	3754	30558	4131
17919	531	18224	764	30121	3221	30265	3468	30407	3759	30561	4133
17920	533	27525		30122	3222	30266	3472	30410	3764	30564	4139
17921	535	27808		30125	3223	30269	3477	30413	3783	30567	4141
17922	537	29214		30126	3224	30272	3480	30416	3789	30570	4144
17923	538	29244		30129	3225	30275	3495	30419	3793	30573	4173
17924	539	30000	3004	30132	3226	30278	3496	30420	3798	30576	4185

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NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM
30579	4192	32039	4202	32506	4624	33157	4686	34130	4758	35500	6258
30582	4193	32042	4209	32509	4625	33160	4687	34133	4759	35503	6262
30585	4194	32045	4214	32512	4626	33163	4689	34136	4760	35506	6264
30588	4197	32048	4217	32515	4623	33166	4691	34139	4761	35509	6271
30591	4222	32051	4218	32518	4627	33169	4692	34142	4763	35512	6274
30592	4227	32054	4219	32521	4628	33172	4694	34145	4765	35513	6277
30595	4233	32057	4220	32524	4629	33500	4697	34148	4767	35516	6278
30598	4238	32060	4228	32527	4631	33503	4698	34151	4768	35517	6280
30601	4241	32063	4229	32530	4632	33506	4700	34154	4769	35520	6284
30604	4242	32066	4230	32700	4634	33509	4701	34157	4770	35523	6290
30607	4243	32069	4231	32703	4636	33512	4703	34160	4771	35526	6292
30610	4244	32072	4354	32706	4638	33515	4704	34163	4772	35527	6296
30613	4245	32075	4363	32709	4639	33518	4706	34166	4773	35530	6299
30616	4246	32078	4365	32712	4640	33521	4707	34169	4774	35533	6301
30617	4249	32081	4368	32715	4642	33524	4708	34172	4775	35536	6302
30620	4251	32084	4383	32718	4643	33527	4710	34175	4776	35539	6303
30621	4254	32087	4386	32721	4644	33530	4711	34500	4777	35542	6304
30624	4258	32090	4388	32724	4645	33533	4712	34503	4779	35545	6305
30625	4262	32093	4394	32727	4646	33536	4713	34506	4780	35548	6307
30628	4265	32096	4380	32730	4647	33539	4714	34509	4781	35551	6308
30631	4266	32099	4395	32733	4648	33542	4716	34512	4782	35554	6313
30634	4269	32102	4397	32736	4650	33545	4717	34515	4783	35557	6321
30635	4273	32105	4398	32739	4652	33548	4718	34518	4785	35560	6325
30638	4288	32108	4399	32742	4653	33551	4720	34521	4786	35563	6327
30641	4293	32111	4410	32745	4654	33554	4722	34524	4787	35566	6332
30644	4296	32114	4411	32748	4656	33800	4723	34527	4788	35569	6336
30647	4307	32117	4413	32751	4657	33803	4724	34530	4790	35572	6342
30650	4313	32120	4467	32754	4659	33806	4725	34533	4793	35575	6347
30653	4319	32123	4482	32757	4660	33809	4726	34700	4795	35576	6352
30656	4327	32126	4492	32760	4661	33812	4727	34703	4796	35579	6358
30659	4338	32129	4493	32763	4663	33815	4728	34800	4797	35580	6363
30660	4345	32132	4507	32766	4666	33818	4729	34803	4799	35583	6367
30663	9401	32135	4509	32769	4667	33821	4730	34806	4803	35584	6373
30666	4351	32138	4527	33100	4668	33824	4731	34809	4804	35587	6389
30669	4590	32141	4533	33103	4669	33827	4732	34812	4805	35590	6396
30672	4606	32144	4535	33106	4719	33830	4734	34815	4807	35593	6398
30675	4611	32147	4536	33109	4670	33833	4735	34818	4809	35596	6401
30676	4617	32150	4544	33112	4671	33836	4736	34821	4810	35599	6406
30679	4618	32153	4455	33115	4672	33839	4737	34824	4811	35602	6407
32000	4044	32156	4557	33118	4673	33842	4739	34827	4815	35605	6408
32003	4045	32159	4572	33121	4674	33845	4740	34830	4816	35608	6411
32006	4046	32162	4574	33124	4675	33848	4741	34833	4818	35611	6413
32009	4047	32165	4575	33127	4676	34100	4742	34836	4819	35614	6415
32012	4048	32168	4576	33130	4677	34103	4743	35000	4820	35617	6430
32015	4052	32171	4578	33133	4678	34106	4746	35003	4821	35618	6431
32018	4054	32174	4580	33136	4679	34109	4747	35006	4826	35621	6446
32021	4059	32177	4583	33139	4680	34112	4748	35009	4827	35624	6447
32024	4065	32180	4584	33142	4681	34115	4750	35100	4828	35627	6451
32027	4067	32183	4586	33145	4682	34118	4751	35103	4831	35630	6452
32030	4070	32186	4588	33148	4683	34121	4752	35200	4834	35633	6453
32033	4071	32500	4620	33151	4684	34124	4753	35203	4835	35636	6454
32036	4179	32503	4621	33154	4685	34127	4757	35206	4836	35639	6460

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NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM
35640	6464	36549	5705	36854	5881	37360	6107	38239	7046	39327	7105
35643	6469	36552	5715	36857	5885	37363	6110	38242	7057	39330	7106
35646	6483	36555	5721	36860	5886	37366	6118	38245	7066	39333	7107
35649	6508	36558	5724	36863	5888	37369	6146	38400	6939	39500	7108
35652	6513	36561	5726	37000	5889	37372	6152	38403	6941	39503	7109
35653	6517	36564	5734	37003	5891	37375	6155	38406	6942	39600	7110
35656	6518	36567	5737	37004	5894	37378	6157	38409	6953	39603	7111
35657	6519	36570	5738	37007	5897	37381	6158	38412	6954	39606	7112
35660	6532	36573	5741	37008	5901	37384	6159	38415	6955	39609	7113
35661	6533	36576	5744	37011	5903	37387	6160	38418	6958	39612	7114
35664	6536	36579	5747	37014	5905	37390	6161	38421	6962	39615	7115
35667	6542	36582	5753	37017	5919	37393	6162	38424	6964	39700	7116
35670	6543	36585	5763	37020	5929	37396	6166	38427	6966	39703	7117
35673	6544	36588	5773	37023	5935	37399	6175	38430	6968	39706	7122
35676	6553	36591	5780	37026	5936	37402	6179	38433	6972	39709	7123
35677	6557	36594	5785	37029	5941	37405	6184	38436	6974	39712	7125
35680	6570	36597	5799	37032	5942	37408	6189	38439	6980	39715	7126
35683	6585	36600	5804	37035	5943	37411	6194	38442	6986	39718	7130
35684	6594	36603	5807	37038	5947	37414	6199	38445	6988	39721	7135
35687	6611	36606	5808	37041	5964	37417	6204	38448	6992	39800	7136
35688	6612	36609	5809	37044	5977	37420	6205	38451	6995	39803	7137
35691	6613	36612	5812	37047	5981	37423	6207	38454	6999	39806	7147
35694	6631	36615	5821	37050	5982	37426	6208	39000	7070	39809	7149
35697	6632	36618	5831	37053	9476	37429	6213	39003	7071	39812	7150
35700	6633	36621	5837	37200	6001	37432	6214	39006	7072	39815	7151
35703	6638	36624	9441	37203	6005	37435	6215	39009	7073	39818	7154
35706	6639	36627	9442	37206	6006	37438	6216	39012	7074	39900	7155
35709	6641	36630	9443	37209	6017	37441	9477	39015	7075	39903	7158
35712	6643	36633	9444	37212	6022	37444	9478	39018	7076	39906	7159
35713	6644	36636	9445	37215	6027	37600	6221	39100	7077	40000	7160
35716	6648	36639	9446	37218	6030	37601	6224	39103	7078	40003	7161
35717	6649	36642	9447	37221	6033	37604	6228	39106	7080	40006	7162
35720	6655	36645	9448	37300	6036	37607	6231	39109	7082	40009	7163
35723	6658	36648	9449	37303	6039	37610	6234	39112	7083	40012	7164
35726	6659	36800	5840	37306	6040	37613	6236	39115	7084	40015	7165
36500	5636	36803	5841	37309	6041	37616	6245	39118	7086	40018	7166
36503	5642	36806	5842	37312	6044	37619	6247	39121	7087	40100	7167
36506	5644	36809	5843	37315	6047	37622	6249	39124	7088	40103	7168
36509	5645	36812	5845	37318	6053	37623	6253	39127	7090	40106	7169
36512	5647	36815	5846	37321	6066	38200	7001	39130	7091	40109	7172
36515	5654	36818	5847	37324	6069	38203	7003	39133	7092	40112	7173
36516	5661	36821	5849	37327	6070	38206	7006	39136	7093	40115	7174
36519	5663	36824	5851	37330	6077	38209	7007	39139	7094	40118	7176
36522	5665	36827	5853	37333	6079	38212	7008	39300	7095	40300	7177
36525	5666	36830	5855	37336	6083	38215	7011	39303	7096	40303	7179
36528	5667	36833	5864	37339	6085	38218	7013	39306	7097	40306	7180
36531	5675	36836	5868	37342	6086	38221	7015	39309	7098	40309	7181
36534	5679	36839	5871	37345	6089	38224	7021	39312	7100	40312	7185
36537	5683	36842	5872	37348	6092	38227	7028	39315	7101	40315	7187
36540	5691	36845	5875	37351	6095	38230	7033	39318	7102	40318	7188
36543	5699	36848	5878	37354	6098	38233	7042	39321	7103	40321	7189
36546	5700	36851	5879	37357	6100	38236	7044	39324	7104	40324	7191

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NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM
40327	7193	41608	5138	41764	5349	41907	9403	42656		42812	6906
40330	7183	41611	5143	41767	5350	42503	6686	42659	6832	42815	
40333	7196	41614	5147	41770	5354	42506	6688	42662		42818	6908
40336	7200	41617	5148	41773	5357	42509	6692	42665		42821	6914
40339	7217	41620	5152	41776	5358	42512	6697	42668		42824	6918
40342	7218	41623	5158	41779	5360	42515	6699	42671	6833	42827	6920
40600	7219	41626	5162	41782	5361	42518	6701	42674		42830	
40700	7222	41629	5166	41785	5362	42521		42677	6835	42833	6922
40703	7223	41632	5172	41786		42524	6703	42680		42836	
40706	7224	41635	5173	41788	5363	42527	6705	42683		42839	6924
40709	7225	41638	5174	41789	5366	42530	6707	42686	6837	42842	
40712	7226	41641	5176	41792	5389	42533	6709	42689	6842	42845	6929
40800	7227	41644	5177	41793	5392	42536	6715	42692	6846	42848	6930
40803	7228	41647	5182	41796	5396	42539	6722	42695		42851	6931
40900	7229	41650	5186	41797	5401	42542	6724	42698	6848	42854	6932
40903	7232	41653	5192	41800	5407	42545		42701	6852	42857	6938
41500	5059	41656	5196	41801	5411	42548		42704	6857	42860	
41503	5062	41659	5201	41804	5431	42551	6728	42707	6858	42863	
41506	5066	41662	5205	41807	5445	42554	6730	42710		42866	
41509	5068	41665	5210	41810	5449	42557	6736	42713		42869	
41512	5069	41668	5214	41813	5456	42560	6740	42716	6859	42872	
41515	5070	41671	5217	41816	5464	42563	6742	42719	6861	43500	4837
41518	5072	41674	5229	41819	5470	42566	6744	42722	6862	43503	4838
41521	5073	41677	5230	41822	5480	42569	6747	42725	6863	43506	4844
41524	5074	41680	5233	41825	5486	42572	6752	42728		43509	4853
41527	5075	41683	5234	41828	5490	42575	6754	42731	6864	43512	4860
41530	5078	41686	5235	41831	5492	42578	6758	42734	6865	43515	4864
41533	5079	41689	5237	41834	5498	42581	6762	42737		43518	4867
41536	5080	41692	5241	41837	5499	42584	6766	42740		43521	4870
41539	5081	41695	5242	41840	5500	42587	6767	42743	6871	43524	4877
41542	5085	41698	5245	41843	5508	42590	6768	42746	6873	43800	8378
41545	5087	41701	5254	41846	5520	42593	6772	42749		43803	8380
41548	5091	41704	5264	41849	5524	42596	6774	42752		43806	8382
41551	5093	41707	5268	41852	5530	42599		42755		43809	8384
41554	5094	41710	5270	41855	5534	42602	6792	42758	6879	43812	8386
41557	5095	41713	5277	41858	5538	42605	6796	42761	6881	43815	8388
41560	5098	41716	5280	41861	5539	42608		42764	6885	43818	8390
41563	5100	41719	5284	41864	5540	42611	6799	42767	6894	43821	8392
41566	5101	41722	5288	41867	5541	42614	6802	42770	6898	43824	8394
41569	5102	41725	5292	41870	5542	42617	6805	42773	6900	43827	8397
41572	5106	41728	5293	41873	5545	42620		42776	6902	43830	8398
41575	5108	41731	5295	41876	5556	42623	6778	42779		43833	8400
41578	5112	41734	5298	41879	5557	42626		42782	6904	43836	8402
41581	5113	41737	5301	41882	5572	42629	6786	42785		43839	8406
41584	5114	41740	5305	41883	5598	42632	6807	42788		43842	8408
41587	5115	41743	5308	41886	5601	42635		42791		43845	8410
41590	5116	41746	5318	41889	5605	42638	6810	42794		43848	8412
41593	5117	41749	5320	41892	5611	42641		42797		43851	8414
41596	5118	41752	5330	41895	5613	42644	6818	42800		43854	8418
41599	5119	41755	5343	41898	5615	42647	6820	42803		43857	8422
41602	5127	41758	5345	41901	5617	42650	6824	42806		43860	8424
41605	5131	41761	5348	41904	5619	42653	6828	42809		44100	8428

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44103	8430	45218	8488	45584	8550	45740	8668	46396		47039	
44106	8432	45221	8490	45587	8551	45743	8674	46399		47042	
44107	8434	45224	8492	45590	8552	45746	8686	46402		47045	
44110	8436	45227	8494	45593	8553	45749	8687	46405		47048	
44113	8440	45230	8496	45596	8554	45752	8699	46408		47051	
44324	4972	45233	8498	45599	8556	45755	7902	46411		47054	
44325	4976	45236	8500	45602	8557	45758	9438	46414	8259	47057	
44328	4979	45239	8502	45605	8560	45761	8670	46417		47060	
44331	4983	45400	8504	45608	8568	45764	8672	46420	8227	47063	
44334	4987	45403	8508	45611	8570	45767	8675	46423	8233	47066	
44337	4990	45406	8688	45614	8582	45770	8676	46426	8219	47069	
44338	4993	45409	8689	45617	8584	45773	8677	46429	8225	47072	
44341	4995	45412	8690	45620	8585	45776	8678	46432	8222	47300	
44342	4997	45415	8691	45623	8586	45779	8679	46435		47303	
44345	4999	45418	8692	45626	8588	45782	8680	46438		47306	
44346	5002	45421	8693	45629	8592	45785	8681	46441		47309	
44349	5006	45424	8694	45632	8594	45788	8682	46444		47312	
44350	5009	45427	8695	45635	8596	45791	8683	46447		47315	
44353	5015	45430	8696	45638	8598	45794	8684	46450	8279	47318	
44354	5018	45433	8697	45641	8599	45797	8685	46453	8275	47321	
44357	5024	45436	8698	45644	8600	46300		46456		47324	
44358	5029	45439	8512	45647	8605	46303		46459		47327	
44361	5034	45442	8515	45650	8602	46306		46462		47330	
44364	5038	45445	8516	45653	8604	46309		46465		47333	
44367	5050	45448	8517	45656	8606	46312		46468		47336	
44370	5051	45451	8518	45659	8608	46315		46471		47339	
44373	5055	45500	8519	45662	8612	46318		46474		47342	
44376	5057	45503	8521	45665	8614	46321		46477		47345	
45000	8445	45506	8522	45668	8616	46324		46480		47348	
45003	8446	45509	8523	45671	8618	46327		46483		47351	
45006	8447	45512	8524	45674	8620	46330		46486		47354	
45009	8448	45515	8525	45677	8622	46333		46489		47357	
45012	8449	45518	8526	45680	8623	46336		46492		47360	
45015	8451	45521	8528	45683	8624	46339		46495		47363	
45018	8453	45524	8530	45686	8625	46342		46498		47366	
45021	8455	45527	8531	45689	8627	46345		46501		47369	
45024	8456	45530	8532	45692	8628	46348		46504		47372	
45027	8458	45533	8533	45695	8630	46351		46507	8540	47375	
45030	8462	45536	8534	45698	8631	46354		46510	8544	47378	
45033	8466	45539	8536	45701	8632	46357		47000		47381	
45036	8467	45542	8537	45704	8633	46360		47003		47384	
45039	8471	45545	8538	45707	8640	46363	8267	47006		47385	
45042	8473	45548	8527	45710	8644	46366	8296	47009		47386	
45045	8475	45551	8529	45713	8648	46369		47012		47387	
45048	8476	45554	8539	45716	8656	46372		47015		47390	
45051	8478	45560	8541	45719	8655	46375		47018		47393	
45200	8480	45563	8542	45722	8657	46378		47021		47396	
45203	8481	45566	8543	45725	8658	46381		47024		47399	
45206	8483	45572	8545	45728	8660	46384		47027		47402	
45209	8485	45575	8546	45731	8662	46387		47030		47405	
45212	8486	45578	8548	45734	8664	46390		47033		47408	
45215	8487	45581	8549	45737	8666	46393		47036		47411	

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NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM
47414		47564		47717		48403		48924		49506	
47417		47567		47720		48406	8190	48927		49509	
47420		47570		47723		48409	8193	48930		49512	
47423		47573		47726		48412		48933		49515	
47426		47576		47729		48415		48936		49518	
47429		47579		47732		48418		48939		49521	
47432		47582		47735	7706	48421		48942		49524	
47435		47585		47738		48424	8198	48945		49527	
47438		47588		47741		48427		48948		49530	
47441		47591		47744		48500	8310	48951		49533	
47444		47594		47900		48503	8312	48954		49536	
47447		47597		47903	7857	48506	8314	48957		49539	
47450		47600		47904		48509	8316	48960		49542	
47453		47603		47906		48512	8318	49100		49545	
47456		47606		47909	7868	48600		49103		49548	
47459		47609		47912	7864	48603		49106		49551	
47462		47612		47915		48606		49109		49554	
47465		47615		47918		48609		49112		49557	
47466		47618		47921	7883	48612		49115		49560	
47467		47621		47924		48615		49118		49563	
47468		47624		47927		48618		49121		49566	
47471	7605	47627		47930		48621		49200		49700	
47474		47630		47933	8169	48624		49203		49703	
47477		47633		47936		48627		49206		49706	
47480		47636		47939		48630		49209		49709	
47483		47639		47942		48636		49212		49712	
47486		47642		47945	8214	48639	8209	49215		49715	
47489		47645		47948		48642		49218		49718	
47492		47648		47951		48645		49221		49721	
47495		47651		47954		48648		49224		49724	
47498		47654		47957		48651		49227		49727	
47501		47657		47960	8246	48654	7208	49300	8032	49800	
47504		47660		47963	8249	48657	7209	49303		49803	
47507		47663		47966	8251	48660		49306	8044	49806	
47510		47666		47969		48663		49309		49809	
47513		47669	7681	47972		48666		49312		49812	
47516		47672		48200	7975	48669		49315	8053	49815	
47519		47675	7683	48203		48672		49318		49818	
47522		47678		48206	7977	48675		49321		49821	
47525		47681	7777	48209		48678		49324		49824	
47528		47684		48212		48681		49327		49827	
47531		47687		48215		48684		49330		49830	
47534		47690		48218	7993	48687		49333		49833	
47537		47693		48221		48690		49336		49836	
47540		47696		48224		48900		49339		49839	
47543		47699		48227		48903		49342		49842	
47546		47702		48230		48906		49345		49845	
47549		47703	7697	48233		48909		49348		49848	8151
47552		47705		48236		48912	8014	49351		49851	
47555		47708	7926	48239	8001	48915		49354		49854	8320
47558		47711		48242		48918		49500		49857	
47561		47714		48400		48921		49503		49860	

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NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM
49863		52045	3258	52351		53409		56306	2422	57715	2551
49866		52048	3268	52354	8663	53410	7770	56400	2423	57718	2554
49869	8322	52051	3284	52357		53411		56403	2424	57721	2557
49872	8324	52054	3290	52360	8665	53412		56406	2425	57900	2560
49875		52057	3386	52363		53413		56500	2426	57903	2563
49878		52060	3393	52366	8667	53414		56503	2427	57906	2566
50100		52063	3427	52369		53415	7804	56506	2428	57909	2569
50103		52066	3456	52372	8669	53416		56600	2429	57912	2573
50106		52069	3462	52375		53418	7812	56603	2430	57915	2576
50109		52072	3466	52378	8671	53419		56606	2431	57918	2579
50112	8294	52075	3475	52600	8175	53422		56609	2432	57921	2581
50115		52078	3483	52603		53423		56612	2433	57924	2583
50118	8326	52081	3500	52606		53424	7824	56615	2434	57927	2585
50121		52084	3507	52609		53425		56618	2435	57930	2587
50124		52087	3521	52612		53427		56621	2436	57933	2589
50200		52090	4841	52615		53429		56624	2437	57936	2590
50203		52093	4862	52618		53439	7849	56700	2438	57939	2591
50206		52096	7888	52621		55000	791	56703	2439	57942	2593
50209		52099		52624		55003	793	56706	2440	57945	2595
50212		52102		52627		55006	794	56800	2441	58100	2597
50215		52105		52630		55009	913	56803	2442	58103	2599
50218		52108		52800		55012	990	56806	2443	58106	2601
50221		52111		52803		55015	991	56900	2444	58109	2604
50224		52114	8562	52806		55018	992	56903	2445	58112	2607
50227		52117		52809		55021	993	56906	2446	58115	2609
50230		52120		52812	7128	55024	995	57000	2447	58118	2611
50233		52123	8558	52815	7134	55027	999	57003	2448	58300	2614
50236		52126		52818	7146	55100	910	57006	2449	58303	2617
50239		52129		52821		55103	911	57100	2450	58306	2621
51300	2951	52132		52824		55106	9066	57103	2451	58500	2625
51303	2953	52135		53000	5249	56000	2400	57106	2452	58503	2627
51306	2955	52138		53003	5259	56003	2401	57200	2453	58506	2630
51309	2957	52141		53006	5274	56006	2402	57300	2454	58509	2634
51700		52144		53009	5282	56009	2403	57303	2455	58512	2638
51703		52147		53012	5286	56012	2404	57400	2458	58515	2642
51800		52300	8482	53015	5291	56015	2405	57403	2459	58518	2646
51803		52303		53018		56018	2406	57406	2460	58521	2655
52000	3059	52306		53200	7402	56021	2407	57500	2502	58524	2656
52003	3068	52309	8506	53203	7485	56024	2408	57503	2505	58527	2657
52006	3095	52312	8514	53206		56027	2409	57506	2508	58700	2665
52009	3103	52315	8520	53209		56100	2410	57509	2512	58703	2672
52012	3114	52318	8006	53212		56103	2411	57512	2516	58706	2676
52015	3117	52321	8479	53215		56106	2412	57515	2520	58709	2678
52018	3128	52324		53218		56200	2413	57518	2524	58712	2681
52021		52327		53221		56203	2414	57521	2528	58715	2687
52024	3134	52330		53224	8572	56206	2415	57524	2532	58718	2690
52027	3147	52333	8642	53227		56209	2416	57527	2537	58721	2694
52030	3175	52336	8646	53230		56212	2417	57700	2539	58724	2697
52033	3187	52339	8650	53233		56215	2418	57703	2541	58900	2699
52036	3229	52342	8659	53400	7720	56218	2419	57706	2543	58903	2703
52039	3230	52345		53403		56300	2420	57709	2545	58906	2706
52042	3245	52348	8661	53406	7723	56303	2421	57712	2548	58909	2709

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NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM
58912	2711	60700	2804	61346	8767	61452	8849	65027	1419	66233	1627
58915	2714	60900	2805	61347	8768	61455	8851	65028	1420	66234	1628
58918	2716	60903	2807	61350	8771	61456	8852	65029	1521	66235	1712
58921	2718	60906	2811	61351	8772	61459	8853	65030	1522	66236	1713
58924	2720	60909	2813	61354	8775	61460	8854	65031	1523	66237	1714
58927	2722	60912	2815	61355	8776	61463	8855	65032	1524	66238	1715
58930	2724	60915	2817	61358	8777	61464	8856	65033	1525	66239	1716
58933	2726	60918	2819	61359	8778	61467	8857	65034	1526	66240	1717
58936	2728	60921	2823	61362	8781	61468	8858	65035	1527	66243	1726
59100	2730	60924	2825	61363	8782	61471	8859	65036	1528	66244	1727
59103	2732	60927	2827	61366	8785	61472	8860	65037	1531	66245	1734
59300	2734	60930	2831	61367	8786	61475	8861	65038	1532	66246	1735
59303	2736	60933	2833	61370	8789	61476	8862	65039	1533	66247	1736
59306		60936	2834	61371	8790	61479	8863	65040	1534	66248	1737
59309		60939	2837	61374	8791	61482	8864	65041	1535	66251	1738
59500	2738	60942	2839	61375	8792	61483	8865	65042	1538	66252	1739
59503	2740	60945	2841	61378	8795	61486	8866	65043	1539	66253	1740
59506	2742	60948	2843	61379	8796	61487	8867	65044	1540	66254	1741
59700	2752	60951	2844	61382	8801	61490	8868	65045	1541	66263	1752
59703	2754	60954	2845	61385	8802	61493	8869	65046	1542	66264	1753
59706	2756	60957	2847	61388	8805	61494	8870	65047	1543	66265	1768
59709	2760	60960	2848	61391	8809	61497	8871	65048	1544	66266	1769
59712	2762	60963	2849	61392	8810	61498	8872	65049	1550	66267	1770
59715	2764	60966	2851	61395	8811	61501	8873	65050	1551	66268	1771
59718	2768	60969	2852	61396	8812	61501	8873	66201	1558	66269	1780
59721	2772	60972	2853	61399	8815	61502	8874	66202	1559	66270	1783
59724	2773	60975	2855	61400	8816	65001	1163	66203	1560	66271	1786
59727	2774	60978	2857	61403	8819	65002	1164	66204	1561	66272	1787
59730	2775	60981	2859	61404	8820	65003	1168	66205	1562	66273	1791
59733	2778	61200	2980	61407	8822	65004	1169	66206	1563	66274	1792
59736	2780	61300	8727	61408	8823	65005	1170	66207	1564	66275	1795
59739	2782	61301	8728	61411	8826	65006	1171	66208	1565	66276	1798
59742	2784	61304	8732	61412	8827	65007	1172	66209	1569	66277	1871
5974	2786	61305	8733	61415	8830	65008	1173	66210	1570	66278	1872
5974	2788	61308	8734	61416	8831	65009	1176	66211	1571	66279	1895
5975	2790	61309	8735	61419	8832	65010	1177	66212	1572	66280	1896
59754	2792	61312	8740	61420	8833	65011	1179	66213	1575	66281	1959
59757	2794	61315	8741	61423	8834	65012	1180	66214	1576	66282	1960
59900	2744	61318	8744	61424	8835	65013	1181	66217	1577	66283	1963
59903	2746	61319	8745	61427	8836	65014	1182	66218	1578	66284	1964
59906	2748	61322	8748	61428	8837	65015	1183	66219	1579	66285	1969
59909	2750	61323	8749	61431	8838	65016	1184	66220	1580	66286	1970
59912	2751	61326	8751	61432	8839	65017	1187	66223	1583	66287	1975
59915	2758	61327	8752	61435	8840	65018	1188	66224	1584	66288	1976
59918	2766	61330	8753	61436	8841	65019	1192	66225	1590	66289	1977
59921	2770	61331	8754	61439	8842	65020	1193	66226	1591	66290	1978
59924	2776	61334	8757	61440	8843	65021	1196	66227	1592	66291	1983
60100	2796	61335	8758	61443	8844	65022	1197	66228	1593	66292	1984
60300	2798	61338	8761	61444	8845	65023	1198	66229	1595	66293	1985
60500	2800	61339	8762	61447	8846	65024	1199	66230	1596	66294	1986
60503	2802	61342	8765	61448	8847	65025	1417	66231	1598	66295	1989
60700	2804	61343	8766	61451	8848	65026	1418	66232	1599	66296	1990

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NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM	NEW ITEM	OLD ITEM
66297	1991	69231	2183	71033	2281	73285	2365	75606	8947		
66298	1992	69232	2184	71034	2282	73286	2366	75609	8948		
66299	1993	69233	2185	71035	2283	73521	2370	75800	8960		
66300	1994	69234	2186	71036	2284	73522	2371	75803	8961		
66301	2021	69235	2187	71037	2289	73523	2372	75806	8962		
66302	2024	69236	2188	71038	2290	73524	2373	75809	8963		
66303	2025	69237	2189	71039	2291	73525	2377	75812	8964		
66304	2026	69238	2190	71040	2292	73526	2378	75815	8965		
66305	2027	69239	2191	71041	2293	73527	2379	75818	8966		
66306	2028	69240	2192	71042	2312	73528	2380	75821	8971		
66307	2029	69243	2221	71043	2313	73529	2384	75824	8972		
66308	2030	69244	2222	71044	2314	73530	2385	75827	8973		
66309	2031	69245	2223	71045	2315	73801	2387	75830	8974		
66310	2032	69246	2224	71046	2316	73802	2389	75833	8975		
66311	2033	69247	2229	71047	2317	73803	2390	75836	8976		
66312	2034	69248	2230	71048	2318	73804	2391	75839	8980		
66315	2037	69249	2231	71049	2319	73805	2393	75842	8982		
66316	2038	69250	2232	71050	2320	73806	2394	75845	8984		
66317	2039	69251	2235	71051	2321	73807	2395	75848	8986		
66318	2040	69252	2236	71052	2322	73808	2396	75851	8988		
66319	2043	71001	2239	71053	2323	73809	2397	75854	8990		
66320	2044	71002	2240	71054	2324	73810	2398				
69201	2083	71003	2241	71055	2325	73811	2399				
69202	2084	71004	2242	71056	2326	75000	8901				
69203	2085	71005	2245	72801	2327	75003	8902				
69204	2086	71006	2246	72802	2328	75006	8903				
69205	2087	71007	2251	72803	2329	75009	8905				
69206	2088	71008	2252	72804	2330	75012	8906				
69207	2089	71009	2253	72805	2331	75015	8907				
69208	2090	71010	2254	72806	2332	75018	8908				
69209	2098	71011	2255	72807	2333	75021	8909				
69210	2099	71012	2256	72808	2337	75024	8914				
69211	2117	71013	2257	73043	2340	75027	8915				
69212	2118	71014	2258	73044	2341	75030	8917				
69213	2119	71015	2259	73045	2343	75033	8918				
69214	2120	71016	2260	73046	2344	75036	8919				
69215	2123	71017	2261	73047	2348	75039	8922				
69216	2124	71018	2262	73048	2349	75042	8923				
69217	2127	71019	2263	73049	2350	75045	8924				
69218	2128	71020	2266	73050	2351	75048	8925				
69219	2129	71021	2267	73051	2355	75051	8928				
69220	2130	71022	2268	73052	2356	75200	8931				
69221	2133	71023	2269	73053		75203	8932				
69222	2134	71024	2270	73054		75206	8933				
69223	2135	71025	2271	73055		75400	8936				
69224	2136	71026	2274	73056		75403	8937				
69225	2139	71027	2275	73057		75406	8938				
69226	2140	71028	2276	73058		75409	8939				
69227	2145	71029	2277	73281	2360	75412	8940				
69228	2146	71030	2278	73282	2361	75415	8941				
69229	2181	71031	2279	73283	2363	75600	8945				
69230	2182	71032	2280	73284	2364	75603	8946				



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