

*Diagnostic
Imaging
Supplement to
Medicare
Benefits
Schedule book
of*

1 November 1998

EFFECTIVE 1 SEPTEMBER 1999

**DIAGNOSTIC
IMAGING**

Supplement to the

Medicare Benefits Schedule Book

Of 1 November 1998

Effective 1 September 1999

Commonwealth Department of Health and Aged Care

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This book provides information on the arrangements for the payment of Medicare benefits for professional services rendered by registered medical practitioners and approved dental practitioners (oral surgeons). These arrangements operate under the Health Insurance Act 1973 (as amended). However, at the time of printing, the relevant legislation giving authority for the changes included in this edition of the book may still be subject to the approval of Executive Council and the usual Parliamentary scrutiny. This book is not a legal document, and, in cases of discrepancy, the legislation will be the source document for payment of Medicare benefits.

DIAGNOSTIC IMAGING SUPPLEMENT TO 1 NOVEMBER 1998 MEDICARE BENEFITS SCHEDULE

AMENDMENTS EFFECTIVE 1 SEPTEMBER 1999

Lists of Changes

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 where appropriate:-

- | | | |
|-----|---------------------|---|
| (a) | new item | † |
| (b) | description amended | ‡ |
| (c) | fee amended | + |

New Items

55046 55047

Deleted Items

55286 56019

Amended Description

55036 55042 55044 55288 55290

Fees Amended

55028	55029	55030	55031	55032	55033	55034	55035	55037	55038	55039	55040	55041	55043	55045
55048	55049	55050	55051	55052	55053	55054	55058	55102	55105	55112	55118	55130	55238	55240
55242	55244	55245	55246	55247	55248	55250	55252	55254	55256	55258	55260	55262	55263	55264
55265	55266	55268	55270	55272	55274	55276	55277	55278	55279	55280	55282	55284	55288	55290
55600	55603	56001	56007	56010	56013	56016	56022	56028	56041	56047	56050	56053	56056	56059
56062	56068	56101	56107	56141	56147	56210	56216	56219	56250	56256	56259	56301	56307	56341
56347	56401	56407	56409	56412	56441	56447	56449	56452	56501	56507	56541	56547	56619	56625
56659	56665	56801	56807	56841	56847	57001	57007	57041	57047	57201	57247	57341	57345	57350
57355	57506	57509	57512	57515	57518	57521	57524	57527	57700	57703	57706	57709	57712	57715
57721	57901	57902	57903	57906	57909	57912	57915	57918	57921	57924	57927	57930	57933	57936
57939	57942	57945	58100	58103	58106	58109	58112	58115	58300	58306	58500	58503	58506	58509
58521	58524	58527	58700	58706	58715	58718	58721	58900	58903	58909	58912	58915	58916	58921
58924	58927	58933	58936	58939	59103	59300	59303	59306	59309	59312	59314	59318	59503	59700
59703	59712	59715	59718	59724	59733	59736	59739	59751	59754	59760	59763	59900	59903	59906
59912	59915	59918	59921	59924	59970	60000	60003	60006	60009	60012	60015	60018	60021	60024
60027	60030	60033	60036	60039	60042	60045	60048	60051	60054	60057	60060	60063	60066	60069
60072	60075	60078	60100	60500	60503	60506	60509	60903	60915	60918	60927	61109	61303	61307
61313	61314	61316	61317	61348	61360	61361	61381	61383	61384	61387	61393	61421	61425	61430
61442	61446	61449	61453	61473										

NOTES FOR GUIDANCE

Amend Note for Guidance DIA.4.8 (Additions in bold)

DIA.4.8 Diagnostic Imaging Services Requested by Dental Practitioners, Chiropractors, Physiotherapists and Podiatrists

The legislation specifies (R) type diagnostic imaging services which may be requested by dental practitioners, chiropractors, physiotherapists and podiatrists, subject to the requirements of State and Territory laws.

Dental practitioners (including oral and maxillofacial surgeons and prosthodontists) may request the following Items:

57509 57515 57521 57527 57901 57902 57903 57906 57909 57912 57915 57918 57921 57924 57927 57930
57933 57936 57939 57942 57945 58100 58300 58503 58903 59733 59739 59751 60100 60500 60503

Oral and maxillofacial surgeons may also request the following Items:

55028	55030	55032	55050	55052	56001	56007	56010	56013	56016	56019	56022	56028	56101
56107	56210	56216	56250	56256	56301	56307	56401	56407	56409	56412	56501	56507	56541
56547	56801	56807	57001	57007	57041	57047	57341	57345	57703	57709	57712	57715	58103
58106	58109	58112	58115	58306	58506	58521	58524	58527	58909	59103	59703	59924	60000
60003	60006	60009	60506	60509	61109	61372	61421	61425	61429	61430	61433	61434	61446
61449	61450	61453	61454	61457	61462	63621	63671	63712					

Prosthodontists may also request the following Items:

55050 55052 56013 56016 56019 56022 56028 61421 61425 61429
61430 61433 61434 61446 61449 61450 61453 61454 61457 61462

Chiropractors and physiotherapists may request the following Items:

57712 57715 58100 58103 58106 58109 58112 58115

Podiatrists may request the following Items:

57521 57527

Fee reductions

The 1 September 1999 Regulation provides for a range of fee reductions for nearly all diagnostic imaging services, with the exception of magnetic resonance imaging services. Growth in expenditure for diagnostic imaging services has exceeded the target figure for 1998/99 agreed to under the Diagnostic Imaging Agreement. This package of fee reductions has been developed in consultation with the Royal Australian and New Zealand College of Radiologists and the Australian and New Zealand Association of Physicians in Nuclear Medicine.

New items

Two new ultrasound items, 55046 and 55047, for saline infusion sonohysterography are being introduced from 1 September 1999, to be used as a second-line diagnostic procedure for abnormal uterine bleeding. The implementation of this service was proposed by the Medicare Services Advisory Committee, following assessment based on the strength of evidence as to its effectiveness, cost-effectiveness and safety.

Deleted items

Items 55286 and 56019 have been deleted from the Diagnostic Imaging Services Table, on the basis of expert advice from the Royal Australian and New Zealand College of Radiologists.

New Rule

A new rule has been introduced for the professional supervision of ultrasound services. The intent of this rule is to promote quality and appropriate ultrasound services by seeking to ensure that these services are provided in a situation where a specialist or consultant physician practicing in their specialty is available to monitor and influence the conduct and diagnostic quality of the examination, including, if necessary, by personal attendance on the patient. Professional supervision requirements have previously been introduced for the eligible provision of magnetic resonance imaging services, CT and mammography.

Ultrasound services rendered in an emergency or in a remote location are exempt from professional supervision requirements.

The new Rule reads:

Ultrasound services – eligible services

Items 55028 to 55603 apply only to an ultrasound service performed:

- (a) under the professional supervision of a specialist or a consultant physician in the practice of his or her speciality who is available:
 - (i) to monitor and influence the conduct and diagnostic quality of the examination; and
 - (ii) if necessary – to personally attend the patient; or
- (b) if paragraph (a) cannot be complied with:
 - (i) in an emergency; or
 - (ii) in a remote location.

Amended items

There has been an amendment to items 55036, 55042 and 55044 to ensure that Medicare benefits are paid only once in a twenty-four hour period where item 55036 (ultrasound scan of the abdomen) is performed with either items 55042 (ultrasound scan of the pelvis, female) or 55044 (ultrasound scan of the pelvis, male). This amendment was developed on the expert advice of the Royal Australian and New Zealand College of Radiologists.

ULTRASOUND		GENERAL
	GROUP II - ULTRASOUND	
	SUBGROUP 1 - GENERAL	
†	<p>ABDOMEN, ultrasound scan of, including scan of urinary tract when undertaken, performed by, or on behalf of, a medical practitioner where:</p> <p>(a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which item 11240 or an item in Subgroups 2 or 3 of this Group applies;</p> <p>(b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member; and</p> <p>(c) the service is not performed with item 55042 or 55044 on the same patient within 24 hours (R)</p> <p><i>(See para DIH. of explanatory notes to this Category)</i></p>	
55036	Fee: \$101.95	Benefit: 75% = \$76.50 85% = \$86.70
†	<p>PELVIS, female, ultrasound scan of, by any or all approaches, performed by, or on behalf of, a medical practitioner where:</p> <p>(a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which item 11240 or an item in Subgroups 2 or 3 of this Group applies;</p> <p>(b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member; and</p> <p>(c) the service is not performed with item 55036 on the same patient within 24 hours (R)</p> <p><i>(See para DIH. of explanatory notes to this Category)</i></p>	
55042	Fee: \$101.95	Benefit: 75% = \$76.50 85% = \$86.70
†	<p>PELVIS, male, ultrasound scan of, by any or all approaches, performed by, or on behalf of, a medical practitioner where:</p> <p>(a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which item 11240 or an item in Subgroups 2 or 3 of this Group applies;</p> <p>(b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member; and</p> <p>(c) the service is not performed with item 55036 on the same patient within 24 hours (R)</p> <p><i>(See para DIH. of explanatory notes to this Category)</i></p>	
55044	Fee: \$101.95	Benefit: 75% = \$76.50 85% = \$86.70
†	<p>PELVIS, female, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, performed by, or on behalf of, a medical practitioner where:</p> <p>(a) the patient is referred by a medical practitioner for ultrasound examination not being a service associated with a service to which an item in subgroup 2 or 3 of this group applies; and</p> <p>(b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member; and</p> <p>(c) a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (R).</p>	
55046	Fee: \$119.85	Benefit: 75% = \$89.90 85% = \$101.90
†	<p>PELVIS, female, ultrasound scan of, in association with saline infusion of the endometrial cavity by any or all approaches, where:</p> <p>(a) the patient is not referred by a medical practitioner and the service is not associated with a service to which an item in subgroup 2 or 3 of this group applies; and</p> <p>(b) a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (NR).</p>	
55047	Fee: \$49.15	Benefit: 75% = \$36.90 85% = \$41.80

SUBGROUP 3 - VASCULAR

⚡+

NOTE: An account issued or a patient assignment form must show the item numbers of the examinations performed (and the area scanned where one of the examinations was of the kind referred to in item 55280) under this item.

- TWO examinations of the kind referred to in items 55238 to 55280 inclusive except for an examination of the kind referred to in the items shown in the blocks below, where only one examination can be provided from the items in any one block:-

block (a) - item 55238, 55240, 55242, 55256, 55258 and 55260;

block (b) - item 55244, 55245, 55246, 55247, 55262, 55263, 55264 and 55265;

block (c) - item 55248, 55250, 55266 and 55268;

block (d) - item 55252, 55254, 55270 and 55272;

block (e) - item 55276, 55277, 55278 and 55279;

not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054), or 4 of this Group applies - examination and report (R)

55288

Fee: \$298.65**Benefit:** 75% = \$224.00 85% = \$253.90

⚡+

NOTE: An account issued or a patient assignment form must show the item numbers of the examinations performed (and the area scanned where one of the examinations was of the kind referred to in item 55280) under this item.

THREE examinations of the kind referred to in items 55238 to 55280 inclusive except for an examination of the kind referred to in the items shown in the blocks below, where only one examination can be provided from the items in any one block:-

block (a) - item 55238, 55240, 55242, 55256, 55258 and 55260;

block (b) - item 55244, 55245, 55246, 55247, 55262, 55263, 55264 and 55265;

block (c) - item 55248, 55250, 55266 and 55268;

block (d) - item 55252, 55254, 55270 and 55272;

block (e) - item 55276, 55277, 55278 and 55279;

not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054), or 4 of this Group applies - examination and report (R)

55290

Fee: \$298.65**Benefit:** 75% = \$224.00 85% = \$253.90

**FEE AND BENEFIT READY RECKONER
FOR**

DIAGNOSTIC IMAGING SERVICES

EFFECTIVE 1 SEPTEMBER 1999

Medicare Benefit Schedule				Medicare Benefit Schedule			
Item No.	Fee \$	75%	85%	Item No.	Fee \$	75%	85%
55028	* 99.90	74.95	84.95	55270	* 169.45	127.10	144.05
55029	* 34.65	26.00	29.50	55272	* 197.00	147.75	167.45
55030	* 99.90	74.95	84.95	55274	* 169.45	127.10	144.05
55031	* 34.65	26.00	29.50	55276	* 169.45	127.10	144.05
55032	* 99.90	74.95	84.95	55277	* 109.40	82.05	93.00
55033	* 34.65	26.00	29.50	55278	* 169.45	127.10	144.05
55034	* 99.90	74.95	84.95	55279	* 109.40	82.05	93.00
55035	* 34.65	26.00	29.50	55280	* 169.45	127.10	144.05
55036	101.95	76.50	86.70	55282	* 169.45	127.10	144.05
55037	* 34.65	26.00	29.50	55284	* 169.45	127.10	144.05
55038	* 99.90	74.95	84.95	55288	* 298.65	224.00	253.90
55039	* 34.65	26.00	29.50	55290	* 298.65	224.00	253.90
55040	* 99.90	74.95	84.95	55600	* 99.90	74.95	84.95
55041	* 34.65	26.00	29.50	55603	* 99.90	74.95	84.95
55042	101.95	76.50	86.70	56001	* 197.40	148.05	167.80
55043	* 34.65	26.00	29.50	56007	* 252.10	189.10	214.30
55044	101.95	76.50	86.70	56010	* 252.10	189.10	214.30
55045	* 34.65	26.00	29.50	56013	* 252.10	189.10	214.30
55046	119.85	89.90	101.90	56016	* 291.15	218.40	247.50
55047	49.15	36.90	41.80	56022	* 226.30	169.75	192.40
55048	* 100.30	75.25	85.30	56028	* 336.80	252.60	286.40
55049	* 34.65	26.00	29.50	56041	* 98.75	74.10	83.95
55050	* 100.30	75.25	85.30	56047	* 126.10	94.60	107.20
55051	* 34.65	26.00	29.50	56050	* 128.15	96.15	108.95
55052	* 99.90	74.95	84.95	56053	* 128.15	96.15	108.95
55053	* 34.65	26.00	29.50	56056	* 155.40	116.55	132.10
55054	* 99.90	74.95	84.95	56059	* 208.95	156.75	177.65
55058	* 27.25	20.45	23.20	56062	* 113.15	84.90	96.20
55102	* 163.90	122.95	139.35	56068	* 168.40	126.30	143.15
55105	* 92.75	69.60	78.85	56101	* 232.70	174.55	197.80
55112	* 257.65	193.25	219.05	56107	* 343.15	257.40	292.75
55118	* 257.05	192.80	218.50	56141	* 116.40	87.30	98.95
55130	* 372.20	279.15	321.80	56147	* 171.60	128.70	145.90
55238	* 169.45	127.10	144.05	56210	* 242.45	181.85	206.10
55240	* 197.00	147.75	167.45	56216	* 351.35	263.55	300.95
55242	* 218.50	163.90	185.75	56219	* 326.20	244.65	277.30
55244	* 169.45	127.10	144.05	56250	* 122.50	91.90	104.15
55245	* 197.00	147.75	167.45	56256	* 177.50	133.15	150.90
55246	* 169.45	127.10	144.05	56259	* 164.80	123.60	140.10
55247	* 197.00	147.75	167.45	56301	* 299.40	224.55	254.50
55248	* 169.45	127.10	144.05	56307	* 404.45	303.35	354.05
55250	* 197.00	147.75	167.45	56341	* 149.50	112.15	127.10
55252	* 169.45	127.10	144.05	56347	* 202.00	151.50	171.70
55254	* 197.00	147.75	167.45	56401	* 253.60	190.20	215.60
55256	* 169.45	127.10	144.05	56407	* 362.90	272.20	312.50
55258	* 197.00	147.75	167.45	56409	* 253.60	190.20	215.60
55260	* 218.50	163.90	185.75	56412	* 362.90	272.20	312.50
55262	* 169.45	127.10	144.05	56441	* 126.80	95.10	107.80
55263	* 197.00	147.75	167.45	56447	* 181.45	136.10	154.25
55264	* 169.45	127.10	144.05	56449	* 126.80	95.10	107.80
55265	* 197.00	147.75	167.45	56452	* 181.45	136.10	154.25
55266	* 169.45	127.10	144.05	56501	* 386.20	289.65	335.80
55268	* 197.00	147.75	167.45	56507	* 487.40	365.55	437.00

* indicates an amended fee

Item No.	Medicare Benefit Schedule		
	Fee \$	75%	85%
56541	* 193.10	144.85	164.15
56547	* 243.75	182.85	207.20
56619	* 224.15	168.15	190.55
56625	* 334.65	251.00	284.50
56659	* 112.10	84.10	95.30
56665	* 167.35	125.55	142.25
56801	* 466.55	349.95	416.15
56807	* 567.65	425.75	517.25
56841	* 233.30	175.00	198.35
56847	* 283.85	212.90	241.30
57001	* 466.65	350.00	416.25
57007	* 567.75	425.85	517.35
57041	* 233.35	175.05	198.35
57047	* 283.90	212.95	241.35
57201	* 155.20	116.40	131.95
57247	* 77.60	58.20	66.00
57341	* 474.15	356.40	423.75
57345	* 242.00	181.50	205.70
57350	* 512.10	384.10	461.70
57355	* 264.15	198.15	224.55
57506	* 31.15	23.40	26.50
57509	* 41.65	31.25	35.45
57512	* 42.40	31.80	36.05
57515	* 56.55	42.45	48.10
57518	* 34.05	25.55	28.95
57521	* 45.45	34.10	38.65
57524	* 51.70	38.80	43.95
57527	* 68.90	51.70	58.60
57700	* 42.40	31.80	36.05
57703	* 56.55	42.45	48.10
57706	* 34.05	25.55	28.95
57709	* 45.45	34.10	38.65
57712	* 49.40	37.05	42.00
57715	* 63.85	47.90	54.30
57721	* 103.95	78.00	88.40
57901	* 67.55	50.70	57.45
57902	* 67.55	50.70	57.45
57903	* 49.40	37.05	42.00
57906	* 67.55	50.70	57.45
57909	* 67.55	50.70	57.45
57912	* 49.40	37.05	42.00
57915	* 49.40	37.05	42.00
57918	* 49.40	37.05	42.00
57921	* 49.40	37.05	42.00
57924	* 49.40	37.05	42.00
57927	* 52.00	39.00	44.20
57930	* 34.45	25.85	29.30
57933	* 81.95	61.50	69.70
57936	* 49.60	37.20	42.20
57939	* 67.55	50.70	57.45
57942	* 52.00	39.00	44.20

* indicates an amended fee

Item No.	Medicare Benefit Schedule		
	Fee \$	75%	85%
57945	* 45.45	34.10	38.65
58100	* 70.35	52.80	59.80
58103	* 57.75	43.35	49.10
58106	* 80.60	60.45	68.55
58109	* 49.20	36.90	41.85
58112	* 101.85	76.40	86.60
58115	* 139.25	104.45	118.40
58300	* 42.00	31.50	35.70
58306	* 93.60	70.20	79.60
58500	* 37.00	27.75	31.45
58503	* 49.40	37.05	42.00
58506	* 63.65	47.75	54.15
58509	* 41.65	31.25	35.45
58521	* 45.45	34.10	38.65
58524	* 59.15	44.40	50.30
58527	* 72.75	54.60	61.85
58700	* 48.20	36.15	41.00
58706	* 165.40	124.05	140.60
58715	* 158.70	119.05	134.90
58718	* 132.10	99.10	112.30
58721	* 144.80	108.60	123.10
58900	* 37.40	28.05	31.80
58903	* 49.85	37.40	42.40
58909	* 94.25	70.70	80.15
58912	* 115.50	86.65	98.20
58915	* 82.65	62.00	70.30
58916	* 145.05	108.80	123.30
58921	* 141.65	106.25	120.45
58924	* 88.00	66.00	74.80
58927	* 80.05	60.05	68.05
58933	* 215.35	161.55	183.05
58936	* 205.25	153.95	174.50
58939	* 145.90	109.45	124.05
59103	*Derived Fee - \$21.30		
59300	* 82.00	61.50	69.70
59303	* 49.45	37.10	42.05
59306	* 94.55	70.95	80.40
59309	* 189.10	141.85	160.75
59312	* 82.00	61.50	69.70
59314	* 49.45	37.10	42.05
59318	* 44.35	33.30	37.70
59503	* 93.60	70.20	79.60
59700	* 101.10	75.85	85.95
59703	* 79.50	59.65	67.60
59712	* 119.10	89.35	101.25
59715	* 150.35	112.80	127.80
59718	* 141.05	105.80	119.90
59724	* 237.15	177.90	201.60
59733	* 112.75	84.60	95.85
59736	* 64.95	48.75	55.25
59739	* 77.20	57.90	65.65

Item No.	Medicare Benefit Schedule		
	Fee \$	75%	85%
59751	*145.75	109.35	123.90
59754	*229.75	172.35	195.30
59760	*120.60	90.45	102.55
59763	*140.20	105.15	119.20
59900	*87.55	65.70	74.45
59903	*120.60	90.45	102.55
59906	*120.60	90.45	102.55
59912	*321.25	240.95	273.10
59915	*81.95	61.50	69.70
59918	*103.95	78.00	88.40
59921	*103.95	78.00	88.40
59924	*103.95	78.00	88.40
59970	*158.65	119.00	134.90
60000	*531.60	398.70	481.20
60003	*779.60	584.70	729.20
60006	*1108.60	831.45	1058.20
60009	*1297.30	973.00	1246.90
60012	*531.60	398.70	481.20
60015	*779.60	584.70	729.20
60018	*1108.60	831.45	1058.20
60021	*1297.30	973.00	1246.90
60024	*531.60	398.70	481.20
60027	*779.60	584.70	729.20
60030	*1108.60	831.45	1058.20
60033	*1297.30	973.00	1246.90
60036	*531.60	398.70	481.20
60039	*779.60	584.70	729.20
60042	*1108.60	831.45	1058.20
60045	*1297.30	973.00	1246.90
60048	*531.60	398.70	481.20
60051	*779.60	584.70	729.20
60054	*1108.60	831.45	1058.20
60057	*1297.30	973.00	1246.90
60060	*531.60	398.70	481.20
60063	*779.60	584.70	729.20
60066	*1108.60	831.45	1058.20
60069	*1297.30	973.00	1246.90
60072	*45.35	34.05	38.55
60075	*90.60	67.95	77.05
60078	*135.95	102.00	115.60
60100	*63.65	47.75	54.15
60500	*45.45	34.10	38.65
60503	*31.15	23.40	26.50
60506	*66.80	50.10	56.80
60509	*103.55	77.70	88.05
60903	*134.25	100.70	114.15
60915	*73.95	55.50	62.90
60918	*55.15	41.40	46.90
60927	*44.50	33.40	37.85
61109	*271.15	203.40	230.50
61302	391.25	293.45	340.85
61303	*492.75	369.60	442.35
61306	618.60	463.95	568.20
61307	*727.75	545.85	677.35
61310	320.15	240.15	272.15
61313	*264.45	198.35	224.80

* indicates an amended fee

Item No.	Medicare Benefit Schedule		
	Fee \$	75%	85%
61314	*366.10	274.60	315.70
61316	*332.20	249.15	282.40
61317	*429.15	321.90	378.75
61320	199.55	149.70	169.65
61328	189.40	142.05	161.00
61340	220.55	165.45	187.50
61348	*386.45	289.85	336.05
61352	226.05	169.55	192.15
61353	336.95	252.75	286.55
61356	342.35	256.80	291.95
61360	*351.60	263.70	301.20
61361	*402.20	301.65	351.80
61364	433.15	324.90	382.75
61368	194.45	145.85	165.30
61372	194.45	145.85	165.30
61373	426.85	320.15	376.45
61376	125.00	93.75	106.25
61381	*500.65	375.50	450.25
61383	*544.80	408.60	494.40
61384	*599.45	449.60	549.05
61386	289.80	217.35	246.35
61387	*375.45	281.60	325.05
61389	323.00	242.25	274.55
61390	357.40	268.05	307.00
61393	*527.80	395.85	477.40
61397	215.20	161.40	182.95
61401	141.45	106.10	120.25
61402	527.40	395.55	477.00
61405	301.60	226.20	256.40
61409	761.40	571.05	711.00
61413	196.95	147.75	167.45
61417	103.55	77.70	88.05
61421	*418.20	313.65	367.80
61425	*523.60	392.70	473.20
61426	483.60	362.70	433.20
61429	473.30	355.00	422.90
61430	*574.80	431.10	524.40
61433	433.15	324.90	382.75
61434	536.40	402.30	486.00
61437	473.10	354.85	422.70
61438	586.60	439.95	536.20
61441	426.85	320.15	376.45
61442	*655.75	491.85	605.35
61446	*290.75	218.10	247.15
61449	*397.70	298.30	347.30
61450	346.50	259.90	296.10
61453	*448.60	336.45	398.20
61454	303.40	227.55	257.90
61457	410.10	307.60	359.70
61458	345.95	259.50	295.55
61461	460.10	345.10	409.70
61462	* Derived Fee - \$113.55		
61465	231.45	173.60	196.75
61469	303.40	227.55	257.90
61473	*152.85	114.65	129.95
61480	337.20	252.90	286.80

Medicare Benefit Schedule			
Item No.	Fee \$	75%	85%
61484	767.80	575.85	717.40
61485	871.00	653.25	820.60
61495	194.45	145.85	165.30
61499	220.55	165.45	187.50
63000	475.00	356.25	424.60
63003	475.00	356.25	424.60
63006	475.00	356.25	424.60
63009	475.00	356.25	424.60
63012	475.00	356.25	424.60
63015	475.00	356.25	424.60
63018	475.00	356.25	424.60
63021	475.00	356.25	424.60
63024	475.00	356.25	424.60
63050	475.00	356.25	424.60
63053	475.00	356.25	424.60
63056	475.00	356.25	424.60
63059	475.00	356.25	424.60
63062	475.00	356.25	424.60
63100	475.00	356.25	424.60
63103	475.00	356.25	424.60
63106	475.00	356.25	424.60
63109	475.00	356.25	424.60
63112	475.00	356.25	424.60
63115	475.00	356.25	424.60
63118	475.00	356.25	424.60
63121	475.00	356.25	424.60
63124	475.00	356.25	424.60
63127	475.00	356.25	424.60
63130	475.00	356.25	424.60
63133	475.00	356.25	424.60
63150	475.00	356.25	424.60
63153	475.00	356.25	424.60
63156	475.00	356.25	424.60
63159	475.00	356.25	424.60
63162	475.00	356.25	424.60
63200	475.00	356.25	424.60
63203	475.00	356.25	424.60
63206	475.00	356.25	424.60
63209	475.00	356.25	424.60
63212	475.00	356.25	424.60
63215	475.00	356.25	424.60
63218	475.00	356.25	424.60
63221	475.00	356.25	424.60
63250	475.00	356.25	424.60
63253	475.00	356.25	424.60
63256	475.00	356.25	424.60
63270	475.00	356.25	424.60
63273	475.00	356.25	424.60
63276	475.00	356.25	424.60
63279	475.00	356.25	424.60
63290	475.00	356.25	424.60

Medicare Benefit Schedule			
Item No.	Fee \$	75%	85%
63293	475.00	356.25	424.60
63300	475.00	356.25	424.60
63303	475.00	356.25	424.60
63306	475.00	356.25	424.60
63309	475.00	356.25	424.60
63312	475.00	356.25	424.60
63315	475.00	356.25	424.60
63350	475.00	356.25	424.60
63353	475.00	356.25	424.60
63356	475.00	356.25	424.60
63359	475.00	356.25	424.60
63362	475.00	356.25	424.60
63365	475.00	356.25	424.60
63400	475.00	356.25	424.60
63403	475.00	356.25	424.60
63406	475.00	356.25	424.60
63409	475.00	356.25	424.60
63412	475.00	356.25	424.60
63415	475.00	356.25	424.60
63418	475.00	356.25	424.60
63421	475.00	356.25	424.60
63424	475.00	356.25	424.60
63427	475.00	356.25	424.60
63430	475.00	356.25	424.60
63450	475.00	356.25	424.60
63453	475.00	356.25	424.60
63456	475.00	356.25	424.60
63459	475.00	356.25	424.60
63462	475.00	356.25	424.60
63465	475.00	356.25	424.60
63468	475.00	356.25	424.60
63471	475.00	356.25	424.60
63474	475.00	356.25	424.60
63477	475.00	356.25	424.60
63480	475.00	356.25	424.60
63500	475.00	356.25	424.60
63503	475.00	356.25	424.60
63506	475.00	356.25	424.60
63509	475.00	356.25	424.60
63512	475.00	356.25	424.60
63515	475.00	356.25	424.60
63518	475.00	356.25	424.60
63521	475.00	356.25	424.60
63524	475.00	356.25	424.60
63550	475.00	356.25	424.60
63553	475.00	356.25	424.60
63556	475.00	356.25	424.60
63559	475.00	356.25	424.60
63562	475.00	356.25	424.60
63565	475.00	356.25	424.60
63568	475.00	356.25	424.60

* indicates an amended fee

Item No.	Medicare Benefit Schedule		
	Fee \$	75%	85%
63571	475.00	356.25	424.60
63574	475.00	356.25	424.60
63580	475.00	356.25	424.60
63583	475.00	356.25	424.60
63590	475.00	356.25	424.60
63593	475.00	356.25	424.60
63600	475.00	356.25	424.60
63603	475.00	356.25	424.60
63606	475.00	356.25	424.60
63609	475.00	356.25	424.60
63612	475.00	356.25	424.60
63615	475.00	356.25	424.60
63618	475.00	356.25	424.60
63621	475.00	356.25	424.60
63624	475.00	356.25	424.60
63627	475.00	356.25	424.60
63650	475.00	356.25	424.60
63653	475.00	356.25	424.60
63656	475.00	356.25	424.60
63659	475.00	356.25	424.60
63662	475.00	356.25	424.60
63665	475.00	356.25	424.60
63668	475.00	356.25	424.60
63671	475.00	356.25	424.60
63674	475.00	356.25	424.60
63677	475.00	356.25	424.60
63680	475.00	356.25	424.60
63700	475.00	356.25	424.60
63703	475.00	356.25	424.60
63706	475.00	356.25	424.60
63709	475.00	356.25	424.60
63712	475.00	356.25	424.60
63715	475.00	356.25	424.60
63718	475.00	356.25	424.60
63721	475.00	356.25	424.60
63736	475.00	356.25	424.60
63739	475.00	356.25	424.60
63742	475.00	356.25	424.60
63745	475.00	356.25	424.60
63750	475.00	356.25	424.60
63753	475.00	356.25	424.60
63756	475.00	356.25	424.60
63800	475.00	356.25	424.60
63803	475.00	356.25	424.60
63806	475.00	356.25	424.60
63850	475.00	356.25	424.60
63853	475.00	356.25	424.60
63856	475.00	356.25	424.60
63859	475.00	356.25	424.60
63862	475.00	356.25	424.60
63865	475.00	356.25	424.60
63868	475.00	356.25	424.60
63870	475.00	356.25	424.60
63880	475.00	356.25	424.60
63883	475.00	356.25	424.60

* indicates an amended fee

Item No.	Medicare Benefit Schedule		
	Fee \$	75%	85%
63900	475.00	356.25	424.60
63903	475.00	356.25	424.60
63906	475.00	356.25	424.60
63909	475.00	356.25	424.60
63920	475.00	356.25	424.60
63930	475.00	356.25	424.60
63940	475.00	356.25	424.60
63943	475.00	356.25	424.60
63946	475.00	356.25	424.60

Diagnostic Imaging: Supplement to Medicare Benefits Schedule book of 1 November 1998
Effective 1 September 1999