

EXTRAORDINARY GAZETTE



**THE SOUTH AUSTRALIAN
GOVERNMENT GAZETTE**

PUBLISHED BY AUTHORITY

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ADELAIDE, THURSDAY, 14 JANUARY 1999

REGULATION

Workers Rehabilitation and Compensation
Act 1986 (No. 6 of 1999)58

REGULATIONS UNDER THE WORKERS REHABILITATION AND COMPENSATION ACT 1986

No. 6 of 1999

At the Executive Council Office at Adelaide 14 January 1999

PURSUANT to the *Workers Rehabilitation and Compensation Act 1986* and with the advice and consent of the Executive Council, I make the following regulations.

E. J. NEAL Governor

PURSUANT to section 10AA(2) of the *Subordinate Legislation Act 1978*, I certify that, in my opinion, it is necessary or appropriate that the following regulations come into operation as set out below.

MICHAEL ARMITAGE Minister for Government Enterprises

SUMMARY OF PROVISIONS

1. Citation
2. Commencement
3. Revocation
4. Interpretation
5. Scales of charges—Medical Practitioners

Citation

1. These regulations may be cited as the *Workers Rehabilitation and Compensation (Scales of Charges—Medical Practitioners) Regulations 1999*.

Commencement

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

Revocation

3. The *Workers Rehabilitation and Compensation (Scales of Charges—Medical Practitioners) Regulations 1997* (see *Gazette* 15 May 1997 p. 2000) are revoked.

Interpretation

4. In these regulations—

"Act" means the *Workers Rehabilitation and Compensation Act 1986*.

Scales of charges—Medical Practitioners

5. Pursuant to section 32(11) of the Act, the scales of charges set out in the schedule of items that appears below are prescribed as scales of charges for the purposes of that section for the provision of medical and related or supplementary services by legally qualified medical practitioners.

Notes:

1. In the schedule, "SNR" (Service not required) signifies that a fee is not set by these regulations for the relevant item.
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ACCOUNT PREPARATION STANDARDS

1. Accounts for services rendered in accordance with this schedule must conform to WorkCover Corporation Standards and display the information set out below:
 - i. worker's family name and given name;
 - ii. worker's address;
 - iii. claim number, if known (to facilitate speedy payment);
 - iv. employer name, if known (to facilitate speedy payment);
 - v. the name of the practitioner who provided the service;
 - vi. provider number and clinic details;
 - vii. each service for which payment is sought must be itemised separately;
 - viii. date of consultation/attendance/service;
 - ix. item number in accordance with this schedule;
 - x. meaningful service description;
 - xi. duration of service in hours/minutes where required by the service described in this schedule;
 - xii. charge for the service in accordance with this schedule;
 - xiii. total charge for invoice items;
 - xiv. brief description of the injury to which the services relate (preferred).
2. WorkCover Corporation Claims Agents, Self-Managed and Exempt Employers are unable to pay on "accounts rendered" or statements. Payment will be made where appropriate on an original account or a duplicate/copy of the original.
3. Accounts for services rendered cannot be paid until a claim is determined unless the service was ordered by a WorkCover Corporation Claims Agent, Self-Managed or Exempt Employer.
4. Accounts which do not meet these standards may be returned to the provider for amendment prior to payment.
5. Providers whose direct payment facility has been suspended as a result of failure to comply with a Performance Review Program must collect service fees from their patients, who must in turn seek reimbursement from the WorkCover Corporation Claims Agent, Self-Managed or Exempt Employer.
6. Providers wishing to deliver services which have not been allocated an item number within this schedule should firstly contact the relevant WorkCover Corporation Claims Agent, Exempt Employer or Self-Managed Employer to seek approval.

EXPLANATORY NOTES

CATEGORY 1 - PROFESSIONAL ATTENDANCES

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, fees are payable only in respect of the time a patient is receiving active attention.

A.2 Professional Attendances

- A.2.1 Professional attendances by medical practitioners cover consultations during which the practitioner evaluates the patient's problem (which may include certain health screening services - see paragraph 13.3 of the General Explanatory Notes) 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 also paragraphs A.5.6 - A.5.7)

A.3 Services Not Attracting WorkCover Payment

- A.3.1 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 348, 350 and 352 are not counselling services), group attendances (other than group attendances covered by Items 170, 171, 172, 342, 344 and 346) such as group counselling, health education, weight reduction or fitness classes will not be paid for.

A.4 Multiple Attendances

- A.4.1 Payment of fees 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.4.2 However, there should be a reasonable lapse of time between such attendances before they can be regarded as separate attendances.
- A.4.3 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 fees.
- A.4.4 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 fee purposes. Further examples are the case of skin sensitivity testing, and the situation where a patient is issued a prescription for a vaccine and subsequently returns to the surgery for the injection.

A.5 Attendances by General Practitioners (Items 1-51, 601, 602)

Counselling or Advice to Patients or Relatives

- A.5.5 For Items 23 to 51 'implementation of a management plan' includes counselling services.

- A.5.6 Items 1 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.5.7 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.5.8 Where, during the course of a single attendance by a general practitioner, both a consultation and another medical service are rendered, a fee is generally payable for both the consultation and the other service. Exceptions are in respect of medical services which form part of the normal consultative process, or services which include a component for the associated consultation.

After Hours Services

- A.5.9 There are no differential Schedule fees for medical services rendered after hours, except in relation to the items for emergencies i.e. Items 1, 2, 601, 602. However, use of these emergency after hours items are restricted to situations as outlined in paragraph A.9 below.

A.7 Attendances at a Hospital (Items 19, 33, 40, 50)

- A.7.1 These items refer to attendances on patients admitted to a hospital or day hospital facility. 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.9

A.8 Nursing Home Attendances (Items 20, 35, 43, 51)

- A.8.1 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.8.2 Where a medical practitioner attends a patient in a self-contained unit, within a nursing home complex, the attendance will be paid under the appropriate home visit item.

- A.8.3 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.8.4 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, fees will be paid under the appropriate nursing home attendance item.

Note: See also paragraph A.9

A.9 Attendances at Hospitals, Nursing Homes and Institutions and Home Visits

- A.9.1 To facilitate assessment of the correct WorkCover fee in respect of a number of patients attended on the one occasion at one of the above locations, 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 General Practitioner.

A.10 Emergency After-Hours Attendances (Items 1, 2, 601, 602)

- A.10.1 Items 1, 2, 601 and 602 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.10.3);
- × the patient's medical condition must require immediate treatment; and

- × if more than one patient is seen on the one occasion, Items 1, 2, 601 and 602 can be used but only in respect of the first patient. The normal items for the particular location should be itemised in respect of the second and subsequent patients attended on the same occasion.

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

- A.10.2 Items 2 and 602 are intended to allow payment for returning to and specially opening up consulting rooms to attend a patient who needs immediate treatment after hours. As the extra fee 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 Items 2 and 602 are the same as Items 1 and 601.

Definition of After Hours

- A.10.3 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.10.4 Where a practice or clinic routinely conducts its business during hours other than those quoted above, it would be necessary for the emergency service to be initiated and rendered outside the hours normally observed by that practice or clinic for it to attract a fee under Items 1, 2, 601 or 602.

- A.10.5 Items 601 and 602 are intended to allow benefit for emergency attendances in the 'unsociable hours', that is, 11pm-7am on any day of the week. Apart from the time restriction, the conditions applying to Item 601 is the same as those applying to Item 1 and the conditions applying to Item 602 are the same as those applying to Item 2.

A.11 Minor Attendance by a Consultant Physician (Items 119, 131)

- A.11.1 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.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 will be paid are -

- (i) the patient must be in imminent danger of death;
- (ii) the constant presence of the medical practitioner must be necessary for the treatment to be maintained; and
- (iii) 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 will not be paid for. It should be noted that only one fee applies in respect of each group of patients.

A.14 Acupuncture (Item 173, 193 and 195)

- A.14.1 The service of "acupuncture" must be performed by a medical practitioner and itemised under Item 173, 193 and 195 to qualify for payment. These items cover 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 WorkCover fees "acupuncture" is interpreted as only including treatment by the means of acupuncture needles.**

A.16 Interview of Person other than a Patient by Consultant Psychiatrist (Items 348, 350 and 352)

- A.16.1 Items 348 and 350 refer to investigative interviews of a patient's relatives or close associates to determine whether the particular problem with which the patient presented was focused in the patient or in the interaction between the patient and the person being interviewed. These items do not cover counselling of family or friends of the patient. The term "in the course of initial diagnostic evaluation of the patient" should normally 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. These items should not be used for interviews concerned with the continuing management of the patient. (see para A.16.2)
- A.16.2 Item 352 refers to investigative interviews of a patient's relatives or close associates to focus on a particular clinically relevant problem arising in the continuing management of the patient. This item does not cover counselling of family or friends of the patient. The payment of a WorkCover fee under this item is limited to four in any twelve month period.
- A.16.3 Fees are payable for Item 348, 350 or 352 and for a consultation with a patient (Items 300 - 328) on the same day provided that separate attendances are involved.
- A.16.4 For WorkCover purposes, charges relating to services covered by Items 348, 350 and 352 should be raised against the patient rather than against the person interviewed.

A.17 Consultant Occupational Physician attendances (Items 385 to 388)

- A.17.1 Attendances by consultant occupational physicians will attract WorkCover fees only where the attendance relates to one or more of the following:
- i) evaluation and assessment of a patient's rehabilitation requirements where the patient presents with an accepted medical condition(s) which may be affected by his/her working environment or employability; or
 - ii) management of accepted medical condition(s) which may affect a patient's capacity for continued employment or return to employment; or
 - iii) evaluation and opinion and/or management of a patient's medical condition(s) where causation may be related to acute or chronic exposures from scientifically accepted environmental hazards or toxins.

CATEGORY 2 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

MISCELLANEOUS DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

D1.9 Twelve-lead Electrocardiography (Item 11700)

D1.9.1 Fees 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.

D1.10 Twelve-lead Electrocardiography, Report Only (Item 11701)

D1.10.1 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, a separate benefit is not payable for the consultant's interpretation of the tracings.

D1.11 Electrocardiographic (ECG) Recording of Ambulatory Patient (Items 11708, 11709)

D1.11.1 WorkCover fees are not payable for ambulatory blood pressure monitoring (under Item 11708 or 11709 or any other item). Likewise, where blood pressure monitoring and continuous ECG recording are undertaken conjointly on an ambulatory patient for 12 hours or more, fees are not payable for the blood pressure monitoring or for the continuous ECG recording under Item 11708 or 11709.

D1.11.2 Items 11708 and 11709 require the continuous ECG recording of an ambulatory patient for twelve hours or more. Fees are only payable under these items if the ECG data is analysed and reported on by a specialist physician or consultant physician.

D1.11.3 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.

D1.12 Signal Averaged ECG Recording (Item 11713)

D1.12.1 Fees are only payable under this item if the ECG data is analysed and reported on by a specialist physician or a consultant physician.

CATEGORY 3 - THERAPEUTIC PROCEDURES

MISCELLANEOUS THERAPEUTIC PROCEDURES (GROUP T1)

T1.1 Hyperbaric Oxygen Therapy (Items 13020, 13025, 13030)

T1.1.1 Hyperbaric Oxygen Therapy not covered by these items would be paid on an attendance basis.

T1.1.2 For the purposes of these items, a comprehensive hyperbaric medicine facility means a separate hospital area that, on a 24 hour basis:

- (a) is equipped and staffed so that it is capable of providing to a patient:
 - × hyperbaric oxygen therapy at a treatment pressure of at least 2.8 atmospheric pressure absolute (180 kilo pascal gauge pressure); and
 - × mechanical ventilation and invasive cardiovascular monitoring within a multiplace chamber for the duration of the hyperbaric treatment.

- (b) is supported by:
- × at least one specialist anaesthetist, consultant physician or medical practitioner who holds the Diploma of Diving and Hyperbaric Medicine of the South Pacific Underwater Medicine Society who is rostered and immediately available to the hyperbaric facility during normal working hours;
 - × a registered medical practitioner who is present in the hospital and immediately available to the facility at all times when patients are being treated at the hyperbaric facility; and
 - × a registered nurse with specific training in hyperbaric patient care to the published standards of the Hyperbaric Technicians and Nurses Association who is present during hyperbaric oxygen therapy.
- (c) has defined admission and discharge policies.
- T1.1.3 A fee for this service is only payable where the injured worker is suffering from decompression sickness.**
- 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.
- T1.4 Perfusion (Items 13600-13609)**
- T1.4.1** WorkCover fees are not payable for the perfusion unless the perfusion is performed by a medical practitioner other than the medical practitioner who renders an associated medical service in Group T8 or the medical practitioner who administers an anaesthetic listed in Group T6. The service must be performed by a medical practitioner in order to attract WorkCover fees. The 'on behalf of' provisions do not extend to Item 13600, 13603, 13604, 13606 or 13609.
- T1.4.2** Item 13604 applies only to whole body perfusion where the time for the procedure extends beyond 6 hours.
- T1.6 Collection of Blood (Item 13709)**
- T1.6.1** WorkCover fees 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.
- T1.6.2** Fees 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.
- T1.7 Intensive Care Units (ICU)**
- T1.7.1** 'Intensive Care Unit' means a separate hospital area that:
- (a) is equipped and staffed so as to be capable of providing to a patient:
- (i) mechanical ventilation for a period of several days; and
 - (ii) invasive cardiovascular monitoring; and
- (b) is supported by:
- (i) at least one specialist or consultant physician in the specialty of intensive care who is immediately available and exclusively rostered to the ICU during normal working hours; and
 - (ii) a registered medical practitioner who is present in the hospital and immediately available to the unit at all times; and
 - (iii) a registered nurse for at least 18 hours in each day; and

- (c) has defined admission and discharge policies.
- T1.7.3 In respect to T1.7.1(b)(i) above "immediately available" means that the intensivist must be predominantly present in the ICU during normal working hours. Reasonable absences from the ICU would be acceptable to attend conferences, meetings and other commitments which might involve absences of up to 2 hours during the working day.
- T1.7.4 WorkCover fees are payable under the 'management' items only once per day irrespective of the number of intensivists involved with the patient on that day. However, fees are also payable for an attendance by another specialist/consultant physician who is not managing the patient but who has been asked to attend the patient. Where appropriate, accounts should be endorsed to the effect that the consultation was not part of the patient's intensive care management in order to identify which consultations should attract fees in addition to the intensive care items.
- T1.7.8 Fees are payable for admissions to an Intensive Care Unit following surgery only where clear clinical justification for post-operative intensive care exists.
- T1.8 Procedures Associated with Intensive care (Items 13818, 13842, 13857)**
- T1.8.1 Item 13818 covers the insertion of a right heart balloon catheter (Swan-Ganz catheter). Fees are payable under this item only once per day except where a second discrete operation is performed on that day.
- T1.8.2 Fees for monitoring of pressures, up to a maximum of 4 on one day, are payable under Items 11600 and 11601 outside of an ICU and Item 13876 within an ICU.
- T1.8.3 If a service covered by Item 13842 is provided outside of an ICU, in association with, for example, an anaesthetic, fees are payable for Item 13842 in addition to Item 13870 where the services are performed on the same day. Where this occurs, accounts should be endorsed "performed outside of an Intensive Care Unit" against Item 13842.
- T1.8.4 Fees are not payable under Item 13857 where ventilation is initiated in the context of an anaesthetic for surgery even if it is likely that following surgery the patient will be ventilated in an ICU. In such cases the appropriate anaesthetic item/s should be itemised.
- T1.8.5 WorkCover fees are not payable for sampling by arterial puncture under Item 13839 in addition to Item 13870 (and 13873) on the same day. Fees are payable under Item 13842 (Intra-arterial cannulisation) in addition to Item 13870 (and 13873) when performed on the same day.
- T1.9 Management and Procedures in Intensive Care Unit (Items 13870, 13873, 13876)**

Items 13870 and 13873

- T1.9.1 WorkCover fees for Items 13870 and 13873 represent global daily fees covering all attendances by the intensivist in the ICU (and attendances provided by support medical personnel) and all electrocardiographic monitoring, arterial sampling, bladder catheterisation and blood sampling performed on the patient on the one day. If a patient is transferred from one ICU to another it would be necessary for an arrangement to be made between the two ICUs regarding the billing of the patient.
- T1.9.2 Items 13870 and 13873 should be itemised on accounts according to each calendar day and not per 24 hour period. For periods when patients are in an ICU for very short periods (say less than 2 hours) with minimal ICU management during that time, a fee should not be raised.

Item 13876

- T1.9.3 Item 13876 covers the monitoring of pressures in an ICU.
- T1.9.4 Fees are attracted under Item 13876 for monitoring of up to a maximum of four pressures on the one day irrespective of the number of medical practitioners involved in the monitoring of pressures in an ICU.
- T1.9.5 Fees are payable under Items 11600 and 11601 where monitoring occurs outside the ICU by practitioners not associated with the ICU, eg, an anaesthetist in an operating theatre.

Venepuncture

There is no separate fee payable for this item. The service is payable on an attendance basis.

ASSISTANCE IN THE ADMINISTRATION OF AN ANAESTHETIC (GROUP T5)**T5.1 Assistance in the administration of anaesthesia in connection with emergency treatment (Item 17503)**

T5.1.1 A separate benefit is payable under Item 17503 for the services of an assistant anaesthetist in connection with an operation or combination of operations on a patient in imminent danger of death. This benefit is payable only in respect of one assistant anaesthetist who must not be the surgeon or assistant surgeon.

T5.1.2 Situations where imminent danger of death requiring an assistant anaesthetist might arise include: complex airway problems, anaphylaxis or allergic reactions, malignant hyperpyrexia, neonatal and complicated paediatric anaesthesia, massive blood loss and subsequent resuscitation, intra-operative cardiac arrest, critically ill patients from intensive care units, inability to wean critically ill patients from pulmonary bypass.

T5.2 Assistance in the administration of elective anaesthesia (Item 17506)

T5.2.1 A separate benefit is payable under Item 17506 for the services of an assistant anaesthetist in connection with elective anaesthesia in the circumstances outlined in the Item descriptor. This benefit is only payable in respect of one assistant anaesthetist who must not be the surgeon or assistant surgeon.

T5.2.2 For the purposes of Item 17506, a "complex paediatric case" involves one or more of the following:-

- (i) the need for invasive monitoring (intravascular or transoesophageal); or
- (ii) organ transplantation; or
- (iii) craniofacial surgery; or
- (iv) major tumour resection; or
- (v) separation of conjoint twins.

ANAESTHETICS (GROUP T6)**T6.1 General**

T6.1.1 WorkCover follows the Commonwealth Health Insurance Act, which specifies 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 attendance carried out at a place other than an operating theatre or an anaesthetic induction room.

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 (known as "basic units") plus the average anaesthetic time taken for each service without regard to the type of anaesthetic technique employed (known as "time units").

T6.1.3 Anaesthetic time is taken to commence when the anaesthetist begins to prepare the patient for anaesthesia care in the operating room or an equivalent area, and ends when the anaesthetist is no longer in professional attendance, that is when the patient is safely placed under the supervision of other personnel. "Time" units have been assigned on the basis of 1 unit equals 15 minutes up to and including 6 hours and 1 unit equals 10 minutes for time beyond 6 hours.

- T6.1.4 The fee for the administration of an anaesthetic in connection with a procedure has been derived by applying a unit value to the total 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. The appropriate anaesthetic item number and the number of "basic" and "time" units (indicated by "B" and "T") are shown immediately following the description of each procedure likely to be performed under anaesthesia.
- T6.1.5 The pre-anaesthetic examination of a patient and the administration of the anaesthetic must be provided in connection with another clinically relevant professional service listed in the Schedule if it is to attract payment. Special provision exists for services not included in the Schedule (see para T6.3).
- T6.1.6 Except in special circumstances, WorkCover fees are 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.
- T6.1.7 Fees established for anaesthetic services cover all essential components in the administration of the anaesthetic. Separate payment may be made, however, for complementary services such as central venous pressure and direct arterial pressure monitoring or estimations of respiratory function by complicated techniques (but not simple techniques covered by Item 11506). It should be noted that there is no extra payment for intravenous infusion or electrocardiographic monitoring, provision for which has been made in the value determined for the anaesthetic units.
- T6.1.8 The fee specified for the administration of an anaesthetic is the fee payable for that service irrespective of whether one or more than one medical practitioner administers it. However, fees are payable 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 in connection with an operation on a patient in imminent danger of death, or with elective anaesthesia in certain circumstances.
- T6.1.9 Before fees 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 in the Account Preparation Standards.
- T6.1.10 Where a regional nerve block or field nerve 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 chronic pain, the service falls under Group T7.
- T6.1.11 When a regional nerve block or field nerve 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 be paid under the appropriate item in Group T7.
- T6.1.12 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 fee is therefore not payable.
- T6.1.13 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 be paid 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, this consultation, and any subsequent consultation by the anaesthetist during the postponement period, will be paid under the appropriate attendance item. In such a case, to qualify for the specialist fee, the patient must present a letter or note of referral by the referring doctor.
- T6.1.14 It may happen that the professional service for which the anaesthetic is administered does not itself attract a fee because it is part of the after-care of an operation. This does not, however, affect the fee payable for the anaesthetic. A fee is payable for the anaesthetic administered in connection with such a surgical procedure (or combination of surgical procedures) even though no fee is payable for the surgical procedure.

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.
 - (d) The Schedule fee for WorkCover purposes is the aggregate of the fees calculated in accordance with the above formula.

T6.3 Prolonged Anaesthesia in connection with a Medical Service (Items 17800, 17805, 17810)

T6.3.1 Anaesthetic services provided in connection with a medical service must exceed the normal time allocated in the Schedule by the following times to qualify as a prolonged anaesthetic:-

- for procedures up to 3 hours (12 anaesthetic time units) - by more than 1 hour
- for procedures normally taking more than 3 hours and up to 6 hours (13 to 24 anaesthetic time units) - by more than 1 hour and 30 minutes
- for procedures exceeding 6 hours duration (25 or more anaesthetic time units) - by more than 2 hours.

T6.3.2 Additional fees are payable under Items 17800, 17805 and 17810 to cover the time component of prolonged anaesthesia and should be identified separately from the item covering the administration of the anaesthetic. The derived fee for these items provides for an amount of \$14.40 for each time unit in excess of normal anaesthesia time. Claims for fees for prolonged anaesthesia should include details of the total anaesthetic time and usual anaesthetic time for the procedure.

T6.3.3 Normal anaesthesia time is derived in the usual way. Time units are allocated on the basis of 1 unit per 15 minutes (or part thereof) for services up to 6 hours, and 1 unit for each 10 minutes (or part thereof) for services in excess of 6 hours.

T6.3.4 For multiple procedures, the multiple anaesthetic rule should be applied to time units only in deriving normal anaesthetic time.

T6.6 Anaesthetic in connection with procedure not allocated anaesthetic units (Item 18033)

T6.6.1 Claims for fees under Item 18033 should be submitted to WorkCover Corporation for approval of fees and should include full details confirming the clinical need for anaesthesia.

REGIONAL OR FIELD NERVE BLOCKS (GROUP T7)**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.

T7.1.2 Where an anaesthetic combines a regional nerve block with a general anaesthetic for an operative procedure, fees will be paid only under the anaesthetic item relevant to the operation as set out in Group T6.

- T7.1.3** Where a regional or field nerve block is administered by a medical practitioner other than the practitioner carrying out the operation, the block attracts payment under the Group T6 anaesthetic item and not the block item in Group T7.
- T7.1.4** Where a regional or field nerve block which is covered by an item in Group T7 is administered by a medical practitioner in the course of a surgical procedure undertaken by that practitioner, then such a block will attract payment under the appropriate Group T7 item.
- T7.1.5** When a block is carried out in cases not associated with an operation, such as for chronic pain the service falls under Group T7.
- T7.1.6.** Digital ring analgesia, local infiltration into tissue surrounding a lesion or paracervical (uterine) analgesia are not eligible for the payment of WorkCover fees under items within Group T7. Where procedures are carried out with local infiltration or digital block as the means of anaesthesia, that anaesthesia is considered to be part of the procedure.
- T7.2 Introduction of a Narcotic (Item 18206)**
- T7.2.1** WorkCover fees are payable for this procedure irrespective of the stage of the operation at which the narcotic is introduced.
- T7.3 Epidural Injection for Control of Post-operative Pain (Item 18209)**
- T7.3.1** This item provides fees for the epidural injection of a local anaesthetic in the caudal, lumbar or thoracic region administered towards the end of an operation for the purposes of controlling pain in the post-operative period.
- T7.4 Regional or Field Nerve Blocks for Post-operative Pain (Items 18210 - 18212)**
- T7.4.1** Fees are payable under Items 18210 to 18212 in addition to the general anaesthetic for the related procedure.
- T7.5 Maintenance of Regional or Field Nerve Block (Items 18222 and 18225)**
- T7.5.1** A fee is attracted under these items only when the service is performed other than by the operating surgeon.
- T7.5.2** When the service is performed by the operating surgeon during the post-operative period of an operation it is considered to be part of the normal aftercare and, therefore, no fee is payable.
- T7.6 Destruction of Nerve Branch by Neurolytic Agent (Item 18292)**
- T7.6.1** This item includes the use of botulinus toxin as a neurolytic agent.

SURGICAL OPERATIONS (GROUP T8)

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 being a service associated with a service to which another item in this Group applies"; or

"not being a service to which another item in this Group applies"

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 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 Being a Service Associated with a Service to which another Item Applies

T8.3.1 "Not being a service associated with a service to which another item in this Group applies" means that fees are not payable for any other item in that Group when it is performed on the same occasion as this item. eg item 39333.

T8.3.2 "Not being a service associated with a service to which Item applies" means that when this item is performed on the same occasion as the reference item fee is payable. eg item 39330.

T8.4 Not Being a Service to which another Item in this Group Applies

T8.4.1 "Not being a service to which another item in this Group applies" means that this item may be itemised if there is no specific item relating to the service performed, e.g. Item 30387 (Laparotomy involving operation on abdominal viscera (including pelvic viscera), not being a service to which another item in this Group applies). Fees may be payable for an item with this qualification as well as fees 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 fees which are equal, one of these amounts shall be treated as being greater than the other or others of those amounts.
- (c) The fee payable is the aggregate of the fees calculated in accordance with the above formula.

(For these purposes the term "operation" includes all items in Group T8 (other than Subgroup 12 of that Group).

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.

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 are 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".

- T8.5.6 Where the need arises for the patient to be returned to the operating theatre on the same day as the original procedure for further surgery due to post-operative complications, which would not be considered as normal aftercare - see paragraph T8.7- such procedures would generally not be subject to the "multiple operation rule". Accounts should be endorsed to the effect that they are separate procedures so that separate payment may be paid.
- 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 no additional fee is payable.
- T8.7 After-care (Post-operative Treatment)
- T8.7.1 Services included in the Schedule (other than attendances) include all professional attendances necessary for the purposes of post-operative treatment of the patient (for the purposes of this schedule, post-operative treatment is generally referred to as "after-care"). However, it should be noted that in some instances the after-care component has been specifically excluded from the item and this is indicated in the description of the item. In such cases payments would be made on an attendance basis where post-operative treatment is necessary. In other cases, where there may be doubt as to whether an item actually does include the after-care, this fact has been reinforced by the inclusion of the words "including after-care" in the description of the item.
- 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 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 payment. Items to which this policy applies are Items 30219, 30222/30223, 32500, 34521, 34524, 38406, 38409, 39015, 41626, 41656, 42614, 42644, 42650 and 47912. Likewise, there are a number of services which may be performed during the aftercare period of procedures for pain relief which would also attract payment of WorkCover fees. Such services would include all items in Groups T6 and T7 and items 39013, 39100, 39115, 39118, 39121, 39127, 39130, 39133, 39136, 39324 and 39327.
- T8.7.6 Post-operative attendances by a private medical practitioner at a place other than the hospital where the surgery or procedure took place will be paid on an attendance basis.
- T8.7.7 When a surgeon delegates after-care to a local doctor, WorkCover payment may be apportioned on the basis of 75% for the operation and 25% for the after-care. Where the fee is apportioned between two or more medical practitioners, no more than 100% of the fee for the procedure will be paid.
- T8.7.8 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, payment will be made on a 50:50 basis rather than on the 75:25 basis suggested for surgical operations.
- T8.7.9 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, fees are payable for the after-care treatment on an attendance basis.

T8.7.10 The following table shows the period which has been adopted as reasonable for the after-care of fractures:-

(Note: This list is a guide only and each case should be judged on individual merits. See paragraphs T8.7.2 and T8.7.4 above.)

Treatment of fracture of	After-care P e r i o d
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 Repair of Recent Wound (Items 30023 - 30049)

- T8.8.1 The repair of recent wound referred to in these items must be undertaken by suture, tissue adhesive resin (such as methyl methacrylate) or clips. These items do not cover repair of wound at time of surgery.
- T8.8.2 Item 30023 covers debridement of "deep and extensively contaminated" wound. Payments are not made under this item for debridement which would be expected to be encountered as part of an operative approach to the treatment of fractures.

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 Removal of Skin Lesions (Items 31200 - 31355)

- T8.10.1 The excision of warts and seborrheic keratoses attracts fees on an attendance basis. Pre-malignant lesions are covered by Items 31200 to 31240.
- T8.10.2 The excision of suspicious pigmented and other skin lesions for diagnostic purposes attract fees under Items 31205 to 31240. Only if a further more extensive excision is undertaken should the items covering excision of malignancies be used.
- T8.10.3 Items 31200 and 31245 *do not require* specimen to be sent for histological confirmation. Items 31205 to 31240 and 31250 *require* that specimen be sent for histological examination. Items 31255 to 31335 *require* that specimen be sent for histological confirmation of malignancy which *must* be received before itemisation of accounts for WorkCover fees purposes.
- T8.10.4 Where histological results are available at the time of issuing accounts, the histological diagnosis will decide the appropriate itemisation. If the histological report shows the lesion to be benign, Items 31205 to 31240 should be used. Malignant tumours are covered by Items 31255 to 31335.
- T8.10.5 Item 31295 applies to the treatment of residual or recurrent BCCs or SCCs of the head and neck only, where performed by a specialist, or practitioner other than the practitioner who provided the previous treatment. Where the conditions of the item are not met, Items 31255 to 31290 are available to cover removal of residual or recurrent BCCs or SCCs .
- T8.10.6 For the purposes of these items, the tumour/lesion size should be determined by the macroscopic measurement of the surface diameter of the tumour/lesion or, for elliptical tumours/lesions, by the average surface diameter. The relevant size of the lesion relates to that measured in situ before excision. Suture of wound following surgical excision also includes closure by tissue adhesive resin, clips or similar.

T8.12 Premalignant Skin Lesions (Items 30186, 30187, 30189, 30190, 30192, 36815)

- T8.12.1 Treatment of premalignant skin lesions are payable on an attendance basis, with the exception of the circumstances outlined in Item 30192.
- T8.12.2 The treatment of less than 10 premalignant skin lesions by galvanocautery, electrodesiccation or cryocautery also are payable on an attendance basis.

T8.13 Cryotherapy and Serial Curettage Excision (Items 30196 - 30203)

- T8.13.1 In Items 30196 and 30197, 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.
- T8.13.2 For the purposes of Items 30196 to 30203 (inclusive), the requirement for histopathological proof of malignancy is satisfied where multiple lesions are to be removed from the one anatomical region if a single lesion from that region is histologically tested and proven for malignancy.

T8.19 Varicose veins, Multiple Injections of (Items 32500, 32501)

T8.19.1 Item 32500 is restricted to a maximum of 6 treatments in a 12 month period. Where additional treatments are necessary in that period, Item 32501 applies. Claims for fees should be accompanied by full clinical details, including pre-operative colour photos, to verify the need for additional services. Claims should be lodged with WorkCover Corporation in the usual manner. Clinical details and/or photographs accompanying the claim should be sealed in an envelope marked "Medical-In Confidence".

T8.28 Coronary Artery Bypass (Items 38497 - 38503)

T8.28.1 The fee for Item 38497 includes the harvesting of vein graft material. Harvesting of internal mammary artery and/or vein graft material is covered in the fees for Items 38500 and 38503. Where harvesting of an artery other than the internal mammary artery is undertaken, fees are payable under Item 38496 on the multiple operation basis. The procedure of coronary artery bypass grafting using arterial graft is covered by Item 38500 or 38503 irrespective of the origin of the arterial graft.

T8.29 Re-operation via Median Sternotomy (Item 38640)

T8.29.1 WorkCover fees are payable for Item 38640 plus the item/s covering the major surgical procedure/s performed at the time of the re-operation, using the multiple operation formula. Fees are not payable for Item 38640 in association with Item 38656, 38643 or 38647.

T8.31 Intradiscal Injection of Chymopapain (Item 40336)

T8.31.1 The fee for this item includes routine post-operative care. Associated radiological services attract fees under the appropriate item in Group I3.

T8.32 Meatoplasty (Item 41515)

T8.32.1 When this procedure is associated with Item 41530, 41548, 41557, 41560 or 41563 the multiple operation rule applies.

T8.33 Reconstruction of Auditory Canal (Item 41524)

T8.33.1 When associated with Item 41557, 41560 or 41563 the multiple operation rule applies.

T8.34 Removal of Nasal Polyp or Polypi (Items 41662, 41665/41668)

T8.34.1 Where such polyps are removed in association with another intranasal procedure, fees are payable under Item 41662. However where the associated procedure is of lesser value than Items 41665/41668, the fee for removal of polypi would be paid under Items 41665/41668.

T8.36 Larynx, Direct Examination (Item 41846)

T8.36.1 A WorkCover fee is not payable under this item when an anaesthetist examines the larynx during the course of administration of a general anaesthetic.

T8.37 Microlaryngoscopy (Item 41858)

T8.37.1 This item covers the removal of "juvenile papillomata" by mechanical means, e.g. cup forceps. Item 41861 refers to the removal by laser surgery.

T8.49 Foreign Implant (Item 45051)

T8.49.1 For WorkCover fees 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.

T8.50 Local Skin Flap - Definition

- T8.50.1 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 fee 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 later procedure will also be paid by WorkCover if closed by graft or flap repair but not when closed by direct suture.
- T8.50.2 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.
- T8.50.3 A "Z" plasty is a particular type of transposition flap repair. Although 2 flaps are created, the fee will be payable on the basis of Item 45200, 45203 or 45206 once only.
- T8.50.4 Items where fees for local skin flap repair (if indicated as above) are payable, include:

30023 30180 30186 30269 31200 - 31340
45030 45033 45036 - 45045 45506 45512 45626

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

- T8.50.5 The following items are examples of where local flap repair would usually not be payable. If further advice is required the WorkCover Corporation should be contacted.

30026 - 30052 30099 - 30114 30165 - 30177 45524 45563
45587 45632 - 45644 45659 45662 45677 - 45713

T8.58 Vermilionectomy (Item 45669)

- T8.58.1 Item 45669 covers treatment of the entire lip.

T8.61 Reduction of Dislocation or Fracture

- T8.61.1 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.
- T8.61.2 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.
- T8.61.3 Where the treatment of a fracture requires reduction on more than one occasion to achieve a adequate alignment, WorkCover fees are payable for each separate occasion at which reduction is performed under the appropriate item covering the fracture being treated.
- T8.61.4 The treatment of fractures/dislocations not specifically covered by an item in Subgroup 15 (Orthopaedic) are payable on an attendance basis.

T8.62 Internal Fixation (Items 48678-48690)

- T8.62.1 Fees under these items are only payable where internal fixation is carried out in association with spinal fusion covered by Items 48642 to 48675. The multiple rule would apply in each instance.

T8.63 Wrist Surgery (Items 49200-49227)

- T8.63.1 For the purposes of these items, the wrist includes both the radiocarpal joint and the midcarpal joint.

T8.64 Joint or other Synovial Cavity, Aspiration of, or Injection into (Items 50124, 50125)

T8.64.1 Item 50124 is restricted to a maximum of 25 treatments in a 12 month period. Where additional treatments are necessary Item 50125 applies. Accounts should be accompanied by full clinical details to verify the need for additional services. Accounts should be lodged with WorkCover Corporation in the usual manner. Clinical details and/or photographs accompanying the account should be sealed in an envelope marked "Medical-In Confidence".

T8.66 Gastrointestinal endoscopic procedures (Items 30473-30481, 30484-30487, 30490-30494, 32084-32095)

T8.66.1 The following are guidelines of appropriate minimum standards for the performance of GI endoscopy in relation to (a) cleaning, disinfection and sterilisation procedures, and (b) anaesthetic and resuscitation equipment. These guidelines are based on the advice of the Gastroenterological Society of Australia, the Sections of HPB and Upper GI and of Colon and Rectal Surgery of the Royal Australasian College of Surgeons, and the Colorectal Surgical Society of Australia.

Cleaning, disinfection and sterilisation procedures

T8.66.2 Endoscopic procedures should be performed in facilities where endoscope and accessory reprocessing protocols follow procedures outlined in:-

- (i) 'Infection and Endoscopy' (3rd edition), Gastroenterological Society of Australia;
- (ii) 'Infection control in the health care setting - Guidelines for the prevention of transmission of infectious diseases', National Health and Medical Research Council; and
- (iii) Australian Standard AS 4187-1994 (and Amendments), Standards Association of Australia.

Anaesthetic and resuscitation equipment

T8.66.3 Where the patient is anaesthetised, anaesthetic equipment, administration and monitoring, and post operative and resuscitation facilities should conform to the standards outlined in 'Sedation for Endoscopy', Australian & New Zealand College of Anaesthetists, Gastroenterological Society of Australia and Royal Australasian College of Surgeons.

T8.66.4 These guidelines will be taken into account in determining appropriate practice in the context of the Services Review process.

ASSISTANCE AT OPERATIONS (GROUP T9)**T9.1 General**

T9.1.1 Items covering operations which are eligible for payment of WorkCover fees for surgical assistance have been identified by the inclusion of the word "Assist." in the item description. Fees are not payable for surgical assistance associated with procedures which have not been so identified.

T9.1.2 The assistance must be rendered by a medical practitioner other than the surgeon, the anaesthetist or the assistant anaesthetist.

T9.1.3 Where more than one practitioner provides assistance to a surgeon no additional fees are payable. The assistance fee payable is the same irrespective of the number of practitioners providing surgical assistance.

T9.2 Fees payable under Item 51300

T9.2.1 WorkCover fees are payable under item 51300 for assistance rendered at any operation identified by the word "Assist." for which the fee does not exceed the fee threshold specified in the item descriptor, or at a series or combination of operations identified by the word "Assist." for which the aggregate Schedule fee threshold specified in the item descriptor has not been exceeded.

T9.3 Fees payable under item 51303

T9.3.1 WorkCover fees are payable under item 51303 for assistance rendered at any operation identified by the word "Assist." for which the fee exceeds the fee threshold specified in the item descriptor or at a series or combination of operations identified by the word "Assist." for which the aggregate Schedule fee exceeds the threshold specified in the item descriptor.

T9.5 Assistance at Multiple Operations

T9.5.1 Where surgical assistance is provided at two or more operations performed on a patient on the one occasion the multi operation formula is applied to all the operations to determine the surgeon's fee for WorkCover purposes. The multi-operation formula is then applied to those items at which assistance was rendered and for which a fee for surgical assistance is payable to determine the abated fee level for assistance. The abated fee is used to determine the appropriate Schedule item covering the surgical assistance (ie either Items 51300 or 51303).

T9.5.2 The derived fee applicable to Item 51303 is calculated on the basis of one-fifth of the abated Schedule fee for the surgery which attracts an assistance rebate.

T9.6 Surgeons Operating Independently

T9.6.1 Where two surgeons operate independently (ie neither assists the other or administers the anaesthetic) the procedures they perform are considered as two separate operations, and therefore, where a surgical assistant is engaged by each, or one of the surgeons, fees for surgical assistance are payable in the same manner as if the surgeons were operating separately.

CATEGORY 5 - DIAGNOSTIC IMAGING SERVICES**DIA. DIAGNOSTIC IMAGING SERVICES****DIA.1 Introduction**

Except in certain circumstances, WorkCover fees 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 and certain other services, the requesting practitioner may also be a dental practitioner, a prosthodontist or oral and maxillofacial surgeon. For X-rays of the spine and pelvic region the requesting practitioner may also be a chiropractor or a physiotherapist and for specified X-rays of the foot the requesting practitioner may also be a podiatrist. (see DIA.4.8)

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 in Group I1 - Ultrasound and Group I3 - Diagnostic Radiology. "NR-type" items in Group I1 - Ultrasound are Items 55029, 55031, 55033, 55035, 55037, 55039, 55041, 55043, 55045, 55049, 55051, 55053 and 55055. In Group I3 - Diagnostic Radiology, the "NR-type" Items are 57506, 57512, 57518, 57524, 57700, 57706, 58500, 58900, 60072, 60075, 60078, and all items in Subgroup I3.18 (Preparation). All other diagnostic imaging services are classified as "R-type" services.

Items 60072, 60075 and 60078 (selective Digital Subtraction Angiography (DSA)) and items in Subgroup I3.18 can only be rendered with certain "R-type" services. These items have not been classified as "R-type" services because this would require that there be a written request for the selective DSA and 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 Diagnostic imaging services attract payment if the service is rendered by:

(a) a medical practitioner;

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

Fees 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 WorkCover Eligibility

Except in circumstances detailed below, a WorkCover payment 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 (the treating practitioner). A valid request can be made by a medical practitioner on behalf of the treating practitioner, for example by a resident medical officer at a hospital on behalf of the patient's practitioner.

The requesting practitioner must turn his or her mind to the clinical relevance of the request and determine that the service is necessary for the adequate professional care of the patient.

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 and Limit on Time to Render Services

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

There are exemptions from the general written request requirements. These are detailed below.

DIA.4.2 Consultant Physician or Specialist

A written request is not required for the payment of WorkCover fees when the diagnostic imaging service is provided by or on behalf of a consultant physician or a specialist (other than a specialist in diagnostic radiology) in the course of that consultant physician or 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 WorkCover fees 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 by Medicare.

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.

IA.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, chiropractor, physiotherapist or podiatrist 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, chiropractors, physiotherapists or podiatrists, the lost request exemption is applicable only to radiographic examinations of the specific areas they can request.

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.

DIA.4.7 Pre-existing Diagnostic Imaging Practices

Federal Government 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 WorkCover fees) 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 1999 as the legislation provides that, from that date, unless sooner varied, the exemption provision is automatically repealed.

Fees are only payable for services exempted under these provisions where the service was rendered by the exempted medical practitioner at the exempted location. Exemptions are not transferable.

The above exemption applies to the services covered by the following Items: 57712, 57715, 57901, 57903, 57912, 57915, 57921, 58100, 58103, 58106, 58109, 58112, 58115, 58521, 58524, 58527, 58700, 58924 and 59103.

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

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

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

57509 57515 57521 57527 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 56101 56107 56210 56216 56301 56307 56401 56407 56409 56412
56501 56507 56807 57001 57007 57341 57703 57709 57712 57715 58103
58106 58109 58112 58306 58506 58521 58524 58527 58909 59103 59703
59924 60000 60003 60006 60506 60509 61109 61372 61421 61425 61429
61430 61433 61434 61446 61449 61453 61454 61457 61462

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

DIA.5 WorkCover Fees Not Payable

DIA.5.1 WorkCover Fees in Relation to Diagnostic Imaging Services Rendered in Contravention of State 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, WorkCover fees are not payable.

DIA.5.2 WorkCover Fees Not Payable in Respect of Services Rendered by Disqualified Practitioners

WorkCover fees 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 WorkCover fees arrangements.

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, 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.

A written request must also be dated and contain:

- × the name and address or name and provider number in respect of the place of practice of the requesting practitioner; and
- × whether the request is a pre-admission or post-discharge or outpatient service at a public or private hospital or at a day hospital facility.

DIB.1.3 Details Required on Accounts

In addition to the normal particulars of the patient, date of service, the services performed and the fees charged, the details which are to be entered on accounts in respect of diagnostic imaging services are as follows:

- × If the professional service is provided by a specialist in diagnostic radiology the name and either the practice address or provider number of the radiologist who provided the service.
- × If the medical practitioner is not a specialist in diagnostic radiology the name and either the practice address or provider number of the practitioner who is claiming or has received payment.
- × For "R-type" (requested) services and services rendered subsequent to lost requests, the account must indicate the date of the request and the name and provider number, or the name and address, of the requesting practitioner.
- × For an R-type service which is:
 - Rendered by a consultant physician or specialist (other than a specialist in diagnostic radiology) in the course of the consultant physician or specialist practising his/her speciality; or
 - a remote area service; or
 - an additional necessary 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 R-type 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.

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.

DIE. PROHIBITED PRACTICES

DIE.1 Prohibited Diagnostic Imaging Practices

For payment 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.

Principles of Interpretation and Billing

- (1) The service rendered must be clinically relevant for WorkCover fees to be payable. A **"clinically relevant" service is a service rendered by a medical practitioner that is generally accepted in the medical profession as being necessary for the appropriate treatment or management of the patient to whom it is rendered.**
- (2) A service may only be billed for WorkCover purposes where the service rendered complies with the description in the relevant item.

Where a service is covered specifically by an item, another item which also covers the service in more general terms, cannot be used.

This requirement relates specifically to R-type ultrasound services of body regions in General Ultrasound (Items 55028, 55030, 55032, 55034, 55036, 55038, 55040, 55042, 55044, 55048, 55050, 55052 and 55054). Services under these items cannot be "self-determined" by a radiologist, by any other specialist or consultant physician or by any other medical practitioner. However, a medical practitioner may bill for the "NR-type" where he or she determines that the service is clinically relevant for the treatment of the patient's condition.

DIH. ULTRASOUND

DIH.1 Ultrasonic Cross-sectional Echography (Items 55028 to 55052)

Items in this range identified with the symbol "(NR)" cover ultrasonic cross-sectional echography where the examination is rendered by a practitioner on his/her patient. Items in this range identified with the symbol "(R)" cover the examination where the patient has been referred to a medical practitioner outside the referring practitioner's practice specifically for the ultrasound scanning.

As a rule, a fee is payable once only for ultrasonic examination at the one attendance, irrespective of the areas involved.

Except as indicated in the succeeding paragraphs, "attendance" means that there is a clear separation between one service and the next. For example, from 1 November 1993, where there is a short time between one ultrasound and the next, fees will be payable for one service only - as a guide, the WorkCover Corporation will look to a separation of 3 hours between services and this must be stated on accounts issued for more than 1 service on the one day.

However, where more than one ultrasound service is rendered on the one occasion and the additional service relates to a non-contiguous body area (and the services provided are "clinically relevant", that is, the service is generally accepted in the medical profession as being necessary for the appropriate treatment of the patient to whom it is rendered), fees greater than the single rate may be payable. Accounts should be marked "non-contiguous body areas".

Fees for two contiguous areas may be payable where it is generally accepted that there are different preparation requirements for the patient and a clear difference in set-up time and scanning, such as between abdomen and pelvis. Accounts should be endorsed "contiguous body area with different setup requirements".

DIH.2 Musculo-Skeletal (Items 55050 and 55051)

Ultrasound of one or more musculo-skeletal areas is a single item payable only once irrespective of the number of regions scanned.

DII.4 Study of Region or Organ not covered by any other Item in this Group (Items 55056 and 55057)

These items have been deleted following the removal of the determining functions from the Medicare Benefits Advisory Committee.

DII.5 Investigations of Vascular Disease (Items 55238-55280)

The vascular ultrasound items have been comprehensively revised. The common vascular ultrasound items are included together with the common combinations.

The fees include components for interpretation of the results and provision of the report which must be performed by a medical practitioner.

Where it is clinically necessary to perform studies on a patient on successive days in the same week, two studies are allowed in the working week.

Restrictions apply to items 55288 and 55290. Item 55288 is used when two examinations from items 55238 to 55280 are performed. However only one of the two examinations can be from the one block, (a) to (e). Benefits are not payable for combinations of items from any one block, (a) to (e) eg 55238, 55240.

Item 55290 is used when three examinations from items 55238 to 55280 are performed. The same restrictions apply as for item 55288.

Where item 55276 or 55278 is rendered with another item or items as 'components' of the combination items 55288 or 55290, benefits are only payable where the services referred to at 55276 or 55278 have been performed in accordance with the descriptions where the study takes not less than 45 minutes, to the exclusion of any other service.

DII. COMPUTERISED TOMOGRAPHY

DII.1 General

Several CT items have had minor amendments to descriptions to assist payment. Pre-contrast scans are included in an item of service with contrast medium only when the pre-contrast scans are of the same region.

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 56001 (scan of brain) and Item 56619 (scan of extremities), both examinations would attract separate fees.

DII.3 CT Scan of Temporal Bones with Air Study (Item 56019)

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 fee.

DII.4 CT Scan of the Spine and the Extremities (Items 56210-56216 and 56619-56625)

Fees for these services are no longer dependent upon the total number of slices.

DII.5 CT Scan of Spine with Intrathecal Contrast Medium (Item 56219)

The item incorporates the cost of contrast medium for intrathecal injection and associated x-rays. Benefits are not payable for this item when rendered in association with myelograms (Item 59724). Where a myelogram is rendered under Item 59724 and a CT is necessary, the relevant item would be scan of spine without intravenous contrast (Item 56210).

DII.6 CT Scans of Multiple Regions

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.

DII.7 More than one Attendance of the Patient to Complete a Scan

Where a patient attends for a scan which is only partly undertaken and the patient attends later that day or on a subsequent day to complete the scan, fees are only payable for the one scan.

For example, where a request relates to two or more regions of the spine and one region only is scanned on one occasion with the balance of regions being scanned on a subsequent occasion, a fee is payable for one service only.

DIJ. DIAGNOSTIC RADIOLOGY**DIJ.1 General**

Some Items in Diagnostic Radiology have been restructured and simplified and some items have been deleted.

Among other items, Sacro-iliac Joints (old Item 57718) and Spine - Functional Views (old Item 581118) have been removed and some adjustments have been made to relevant associated items.

DIJ.2 Examination and Report

The fees allocated to each item from 57506 to 61109 inclusive (excluding 58939, 59300 and 59303) covers the total procedure, i.e. the examination, reading and report. Separate fees are not payable for individual components of the service, eg preliminary reading.

DIJ.3 Films - exposure of more than one

Where the radiographic examination of a specific area involves the exposure of more than one film, fees 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.4 Comparison X-rays - Limbs

Where it is necessary for one or more films of the opposite limb to be taken for comparison purposes, fees are payable for radiographic examination of one limb only. Comparison views are considered to be part of the examination requested.

DIJ.5 Plain Abdominal Film (Item 58900/58903)

Fees are not attracted for Items 58900/58903 in association with barium meal examinations or cholecystograms whether provided on the same day or previous day. Preliminary plain films are covered in each study.

DIJ.7 Myelograms (Items 59724)

Fees are not payable where a myelogram is rendered in association with a CT myelogram (Item 56219 - see DIJ above). Where it is necessary to render a CT and a myelogram, CT Item 56210 would apply.

DIJ.8 Study of Region or Organ not covered by any other Item in this Group (Item 60700)

This item has been deleted following the removal of determining functions of the Medicare Benefits Advisory Committee.

DIJ.9 Digital Subtraction Angiography (DSA) (Items 60000-60078)

Fees are payable only where these services are rendered in an angiography suite.

Each item includes all preparation and contrast injections other than for selective catheterisation. For Digital Subtraction Angiography (DSA), fees are payable for a maximum of 1 DSA item (from Items 60000 to 60069). For selective DSA - 1 DSA item (from Items 60000 to 60069) and 1 item covering selective catheterisation (from 60072, 60075 or 60078).

If a DSA examination covers more than one of the specified regions/combinations, then the region/combination forming the major part of the examination should be selected, with itemisation to cover the total number of film runs obtained. A run is the injection of contrast, data acquisition, and the generation of a hard copy record.

DIJ.10 Preparation Items (Items 60903-60918)

Fees are not payable for preparation items when rendered with any service other than that specified in each item.

DIK. NUCLEAR MEDICINE IMAGING**DIK.1 General**

The Nuclear Medicine Imaging part of the Schedule has been restructured. The previous arrangement where a differential fee structure applied depending on whether the service was performed at a computerised installation ("C" items) or a non-computerised installation ("NC" items), has been changed to a single fee structure.

Fees are now only payable where a nuclear medicine service is rendered by a medical specialist. Fees 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 fees will only be paid 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.

DIK.2 Radiopharmaceuticals

The Schedule fees for nuclear medicine imaging services incorporate the costs of radiopharmaceuticals. Sestamibi myocardial perfusion studies have now been incorporated into items in Group I5.

DIK.3 Study of Region or Organ not covered by any other Item in this Group (Item 61503)

This item has been deleted following the removal of the determining functions from the Medicare Benefits advisory Committee.

The four items covered by recommendations of the Medicare Benefits Advisory Committee (i.e. old items 61501 (1), (2), (3) and (4)) have been incorporated into Group I4.

DIK.4 Single Photon Emission Tomography (SPECT)

The derived fee item, single photon emission tomography (SPECT) services (old Item 61490), has been deleted and adjustments have been made to the fees for the relevant associated items.

Where SPECT has been performed in conjunction with another study and is not covered under the item descriptor or is not covered under Item 61462, no WorkCover fee is payable for the SPECT study.

DIK.5 Single Myocardial Perfusion Studies (Item 61302 and 61303)

Item 61302 and 61303 applies to single myocardial perfusion studies which can only be used once and cannot be used in conjunction with any other myocardial perfusion study for an individual patient referral.

DIK.6 Myocardial Perfusion (Item 61306 and 61307)

Item 61306 and 61307 refers to all myocardial perfusion studies involving two or more sets of imaging times related to an individual patient referral. This includes stress/rest, stress/re-injection, stress/rest and re-injection thallium studies, one or two day sestamibi protocols, mixed sestamibi/thallium protocols and the use of gated SPECT when undertaken.

DIK.9 Whole Body Studies (Items 61426-61438)

"Whole body" studies must include the trunk, head and upper and lower limbs down to the elbow and knee joints respectively, whether acquired as multiple overlapping camera views or whole body sweeps (runs) with additional camera views as required. Any study that does not fulfil these criteria is a localised study.

DIK.10 Repeat Studies (Item 61462)

Item 61462 covers repeat planar (whole body or localised) and/or SPECT imaging performed on a separate occasion using the same administration of radiopharmaceutical. This does not apply to bone scans, myocardial perfusion studies, or CFS transport studies, where allowance for performance of the delayed study is incorporated into the baseline fee. The repeat planar and SPECT imaging when performed on a separate occasion using the same administration of radiopharmaceutical should be itemised with the original item and associated with it.

DIL. **MAGNETIC RESONANCE IMAGING**

DIL.1 Payment of Magnetic Resonance Imaging (MRI)

Magnetic Resonance Imaging (MRI) attracts WorkCover payment. Service items are located in Schedule B - Services Delivered By Radiologists.

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

Attendances		General Practitioner
Item No.	Description	Maximum Fee
	EMERGENCY ATTENDANCE - AFTER HOURS (on not more than 1 patient on 1 occasion)	
00001	Professional attendance at a place other than consulting rooms where the attendance is initiated by or on behalf of the patient in the same unbroken after hours period and where the patient's medical condition requires immediate treatment. - each attendance other than an attendance between 11pm and 7am, on a public holiday, on a Sunday, before 8am or after 1pm on a Saturday, or at any time other than between 8am and 8pm on a day not being a Saturday, Sunday or public holiday, (See para A.10 and A.5 of explanatory notes to this Category - MBS Book)	\$75.00
00002	Professional attendance at consulting rooms where the attendance is initiated by or on behalf of the patient in the same unbroken after hours period and where the patient's medical condition requires immediate treatment and where it is necessary for the doctor to return to, and specially open, consulting rooms for the attendance - each attendance other than an attendance between 11pm and 7am, on a public holiday, on a Sunday, before 8am or after 1pm on a Saturday, or at an time other than between 8am and 8pm on a day not being a Saturday, Sunday or public holiday (See para A.10 and A.5 of explanatory notes to this Category - MBS Book)	\$75.00
00601	Professional attendance at a place other than consulting rooms, where the attendance is initiated by or on behalf of the patient in the same unbroken after hours period and where the patient's medical condition requires immediate treatment - each attendance on any day of the week between 11pm and 7am (See para A.10 and A.5 of explanatory notes to this Category - MBS Book)	\$75.00
00602	Professional attendance at consulting rooms, where the attendance is initiated by or on behalf of the patient in the same unbroken after hours period and where the patient's medical condition requires immediate treatment and where it is necessary for the doctor to return to, and specially open, consulting rooms for the attendance - each attendance on any day of the week between 11pm and 7am (See para A.10 and A.5 of explanatory notes to this Category - MBS Book)	\$75.00
	GENERAL PRACTITIONER ATTENDANCES LEVEL 'A'	
	Professional attendance for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management	
	SURGERY CONSULTATION	
00003	Professional attendance at consulting rooms (See para A.5 of explanatory notes to this Category - MBS Book)	\$16.00
	HOME VISIT	
00004	Professional attendance on 1 or more patients on 1 occasion at a place other than consulting rooms, hospital, nursing home or institution (See para A.5 of explanatory notes to this Category - MBS Book) Derived Fee: The fee for item 3, plus \$24.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 3 plus \$1.60 per patient	DF

Attendances		General Practitioner
Item No.	Description	Maximum Fee
00013	<p>CONSULTATION AT AN INSTITUTION - OTHER THAN A HOSPITAL OR NURSING HOME</p> <p>Professional attendance on 1 or more patients in 1 institution on 1 occasion - each patient (See para A.5 and A.6 of explanatory notes to this Category - MBS Book)</p> <p>Derived Fee: The fee for Item 3, plus \$24.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 3 plus \$1.60 per patient</p>	DF
00019	<p>CONSULTATION AT A HOSPITAL</p> <p>Professional attendance on 1 or more patients in 1 hospital on 1 occasion - each patient (See para A.5 and A.7 of explanatory notes to this Category - MBS Book)</p> <p>Derived Fee: The fee for Item 3, plus \$24.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 3 plus \$1.60 per patient</p>	DF
00020	<p>CONSULTATION AT A NURSING HOME</p> <p>Professional attendance on 1 or more patients in 1 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 a nursing home or aged persons' accommodation (excluding accommodation in a self-contained unit) on 1 occasion - each patient (See para A.5 and A.8 of explanatory notes to this Category - MBS Book)</p> <p>Derived Fee: The fee for Item 3, plus \$24.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 3 plus \$1.60 per patient</p>	DF
	LEVEL 'B'	
00023	<p>Professional attendance involving taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems, OR a professional attendance of less than 20 minutes duration involving components of a service to which item 36, 37, 38, 40, 43, 44, 47, 48, 50 or 51 applies</p> <p>SURGERY CONSULTATION</p> <p>Professional attendance at consulting rooms (See para A.5 explanatory notes to this Category - MBS Book)</p>	\$35.00
00024	<p>HOME VISIT</p> <p>Professional attendance on 1 or more patients on 1 occasion at a place other than consulting rooms, hospital, nursing home or institution (See para A.5 explanatory notes to this Category - MBS Book)</p> <p>Derived Fee: The fee for item 23, plus \$24 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 23 plus \$1.60 per patient</p>	DF
00025	<p>CONSULTATION AT AN INSTITUTION - OTHER THAN A HOSPITAL OR NURSING HOME</p> <p>Professional attendance on 1 or more patients in 1 institution on 1 occasion - each patient (See para A.5 and A.6 explanatory notes to this Category - MBS Book)</p> <p>Derived Fee: The fee for Item 23, plus \$24.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 23 plus \$1.60 per patient</p>	DF

Attendances		General Practitioner
Item No.	Description	Maximum Fee
00033	<p>CONSULTATION AT A HOSPITAL</p> <p>Professional attendance on 1 or more patients in 1 hospital on 1 occasion - each patient <i>(See para A.5 and A.7 explanatory notes to this Category - MBS Book)</i></p> <p>Derived Fee: The fee for Item 23, plus \$24.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 23 plus \$1.60 per patient</p>	DF
00035	<p>CONSULTATION AT A NURSING HOME</p> <p>Professional attendance on 1 or more patients in 1 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 a nursing home or aged persons' accommodation (excluding accommodation in a self-contained unit) on 1 occasion - each patient <i>(See para A.5 and A.8 of explanatory notes to this Category - MBS Book)</i></p> <p>Derived Fee: The fee for Item 23, plus \$24.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 23 plus \$1.60 per patient</p>	DF
00036	<p style="text-align: center;">LEVEL 'C'</p> <p>Professional attendance involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more problems, and lasting at least 20 minutes, OR a professional attendance of less than 40 minutes duration involving components of a service to which item 44, 47, 48, 50 or 51 applies</p> <p>SURGERY CONSULTATION</p> <p>Professional attendance at consulting rooms <i>(See para A.5 of explanatory notes to this Category - MBS Book)</i></p>	\$63.50
00037	<p>HOME VISIT</p> <p>Professional attendance on 1 or more patients on 1 occasion at a place other than consulting rooms, hospital, nursing home or institution <i>(See para A.5 explanatory notes to this Category - MBS Book)</i></p> <p>Derived Fee: The fee for item 36, plus \$24.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 36 plus \$1.60 per patient</p>	DF
00038	<p>CONSULTATION AT AN INSTITUTION - OTHER THAN A HOSPITAL OR NURSING HOME</p> <p>Professional attendance on 1 or more patients in 1 institution on 1 occasion - each patient <i>(See para A.5 and A.6 explanatory notes to this Category - MBS Book)</i></p> <p>Derived Fee: The fee for Item 36, plus \$24.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 36 plus \$1.60 per patient</p>	DF
00040	<p>CONSULTATION AT A HOSPITAL</p> <p>Professional attendance on 1 or more patients in 1 hospital on 1 occasion - each patient <i>(See para A.5 and A.7 explanatory notes to this Category - MBS Book)</i></p> <p>Derived Fee: The fee for Item 36, plus \$24.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 36 plus \$1.60 per patient</p>	DF

Attendances		General Practitioner
Item No.	Description	Maximum Fee
00043	<p>CONSULTATION AT A NURSING HOME</p> <p>Professional attendance on 1 or more patients in 1 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 a nursing home or aged persons' accommodation (excluding accommodation in a self-contained unit) on 1 occasion - each patient</p> <p><i>(See para A.5 and A.8 of explanatory notes to this Category - MBS Book)</i></p> <p>Derived Fee: The fee for Item 36, plus \$24.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 36 plus \$1.60 per patient</p>	DF
00044	<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 1 or more complex problems, and lasting at least 40 minutes, OR a professional attendance of at least 40 minutes duration for implementation of a management plan</p> <p>SURGERY CONSULTATION</p> <p>Professional attendance at consulting rooms</p> <p><i>(See para A.5 of explanatory notes to this Category - MBS Book)</i></p>	\$89.50
00047	<p>HOME VISIT</p> <p>Professional attendance on 1 or more patients on 1 occasion at a place other than consulting rooms, hospital, nursing home or institution</p> <p><i>(See para A.5 explanatory notes to this Category - MBS Book)</i></p> <p>Derived Fee: The fee for item 44, plus \$24.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 44 plus \$1.60 per patient</p>	DF
00048	<p>CONSULTATION AT AN INSTITUTION - OTHER THAN A HOSPITAL OR NURSING HOME</p> <p>Professional attendance on 1 or more patients in 1 institution on 1 occasion - each patient</p> <p><i>(See para A.5 and A.6 explanatory notes to this Category - MBS Book)</i></p> <p>Derived Fee: The fee for Item 44, plus \$24.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 44 plus \$1.60 per patient</p>	DF
00050	<p>CONSULTATION AT A HOSPITAL</p> <p>Professional attendance on 1 or more patients in 1 hospital on 1 occasion - each patient</p> <p><i>(See para A.5 and A.7 explanatory notes to this Category - MBS Book)</i></p> <p>Derived Fee: The fee for Item 44, plus \$24.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 44 plus \$1.60 per patient</p>	DF
00051	<p>CONSULTATION AT A NURSING HOME</p> <p>Professional attendance on 1 or more patients in 1 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 a nursing home or aged persons' accommodation (excluding accommodation in a self-contained unit) on 1 occasion - each patient</p> <p><i>(See para A.5 and A.8 of explanatory notes to this Category - MBS Book)</i></p> <p>Derived Fee: The fee for Item 44, plus \$24.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for Item 44 plus \$1.60 per patient</p>	DF

CATEGORY ONE: PROFESSIONAL ATTENDANCES**GROUP A2: OTHER NON-REFERRED ATTENDANCES TO WHICH NO OTHER ITEM APPLIES**

The following services are classified as "SNR" (Service Not Required) by the Corporation. These items have been replaced by General Practice Attendance Item numbers 1 - 52, 601 and 602. In a circumstance where a service is deemed necessary and appropriate by the medical practitioner, please contact WorkCover to discuss payment.

OTHER NON-REFERRED

Item No:	Maximum Fee
00052	SNR
00053	SNR
00054	SNR
00057	SNR
00058	SNR
00059	SNR
00060	SNR
00065	SNR
00081	SNR
00083	SNR
00084	SNR
00086	SNR
00087	SNR
00089	SNR
00090	SNR
00091	SNR
00092	SNR
00093	SNR
00095	SNR
00096	SNR
00097	SNR
00098	SNR
00697	SNR
00698	SNR

CATEGORY ONE: PROFESSIONAL ATTENDANCES
GROUP A3: SPECIALIST ATTENDANCES TO WHICH NO OTHER ITEM APPLIES

Attendances		Specialist
Item No.	Description	Maximum Fee
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		
00104	- initial attendance in a single course of treatment, not being a service to which item 106 applies	\$86.50
00105	- each attendance subsequent to the first in a single course of treatment	\$44.50
00106	- initial attendance in a single course of treatment, being an attendance at which refraction is performed by a specialist ophthalmologist, and the attendance results in the issuing of a prescription for spectacles or contact lenses, including any consultation on the same occasion and any other attendance on the same day (other than a service to which item 10801 to 10815 apply)	\$86.50
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		
00107	- initial attendance in a single course of treatment	\$114.50
00108	- each attendance subsequent to the first in a single course of treatment	\$74.00

CATEGORY ONE: PROFESSIONAL ATTENDANCES

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

Attendances		Consultant Physician
Item No.	Description	Maximum Fee
	<p align="center">CONSULTANT PHYSICIAN (OTHER THAN IN PSYCHIATRY), REFERRED CONSULTATION SURGERY, HOSPITAL OR NURSING HOME</p> <p>Professional attendance at consulting rooms, hospital or nursing home by a consultant physician in the practice of his or her specialty (other than psychiatry) where the patient is referred to him or her by a medical practitioner</p>	
00110	- initial attendance in a single course of treatment	\$152.00
00116	- each attendance (other than a service to which item 119 applies) subsequent to the first in a single course of treatment	\$76.00
00119	- each minor attendance subsequent to the first in a single course of treatment	\$43.00
	<p align="center">CONSULTANT PHYSICIAN (OTHER THAN IN PSYCHIATRY), REFERRED CONSULTATION - HOME VISITS</p> <p>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>	
00122	- initial attendance in a single course of treatment	\$181.00
00128	- each attendance (other than a service to which item 131 applies) subsequent to the first in a single course of treatment	\$104.00
00131	- each minor attendance subsequent to the first in a single course of treatment <i>(see para A.11 of explanatory notes to this Category - MBS Book)</i>	\$78.50

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

Attendances		Prolonged
Item No.	Description	Maximum Fee
PROLONGED PROFESSIONAL ATTENDANCES		
	Professional attendance (not being a service to which another item in this Category applies) on a patient in imminent danger of death requiring continuous attendance on the patient to the exclusion of all other patients	
00160	- for a period of not less than 1 hour but less than 2 hours <i>(see para A.12 of explanatory notes to this Category - MBS Book)</i>	\$166.50
00161	- for a period of not less than 2 hours but less than 3 hours <i>(see para A.12 of explanatory notes to this Category - MBS Book)</i>	\$270.50
00162	- for a period of not less than 3 hours but less than 4 hours <i>(see para A.12 of explanatory notes to this Category - MBS Book)</i>	\$364.00
00163	- for a period of not less than 4 hours but less than 5 hours <i>(see para A.12 of explanatory notes to this Category - MBS Book)</i>	\$452.50
00164	- for a period of 5 hours or more <i>(see para A.12 of explanatory notes to this Category - MBS Book)</i>	\$535.50

CATEGORY ONE: PROFESSIONAL ATTENDANCES
GROUP A6: GROUP THERAPY

Attendances		Group Therapy
Item No.	Description	Maximum Fee
	FAMILY GROUP THERAPY	
	Professional attendance for the purpose of group therapy of not less than 1 hours duration given under the direct continuous supervision of a medical practitioner, other than a consultant physician in the practice of his or her specialty of psychiatry, involving members of a family and persons with close personal relationships with that family	
00170	- each group of 2 patients <i>(see para A.13 of explanatory notes to this Category - MBS Book)</i>	\$143.50
00171	- each group of 3 patients <i>(see para A.13 of explanatory notes to this Category - MBS Book)</i>	\$147.50
00172	- each group of 4 or more patients <i>(see para A.13 of explanatory notes to this Category - MBS Book)</i>	\$185.00

CATEGORY ONE: PROFESSIONAL ATTENDANCES
GROUP A7: ACUPUNCTURE

Attendances		Acupuncture
Item No.	Description	Maximum Fee
00173	Attendance at which acupuncture is performed by a medical practitioner by application of stimuli on or through the surface of the skin by acupuncture needle only, including any consultation on the same occasion and any other attendance on the same day related to the condition for which the acupuncture was performed <i>(see para A.14 of explanatory notes to this Category - MBS Book)</i>	\$26.00
00193	Professional attendance by a general practitioner at a place other than a hospital, involving either: (i) taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems; OR (ii) a professional attendance of less than 20 minutes duration involving components of a service to which item 36, 37, 38, 40, 43, 44, 47, 48, 50, or 51 applies AND at which ACUPUNCTURE is performed by the medical practitioner by the application of stimuli on or through the surface of the skin by acupuncture needle only, including any consultation on the same occasion and any other attendance on the same day related to the condition for which the acupuncture was performed. <i>(see para A.14 of explanatory notes to this Category - MBS Book)</i>	\$38.50
00195	Professional attendance by a general practitioner on 1 or more patients at a hospital, on one occasion, involving either: (i) taking a selective history, examination of the patient with implementation of a management plan in relation to 1 or more problems; OR (ii) a professional attendance of less than 20 minutes duration involving components of a service to which item 36, 37, 38, 40, 43, 44, 47, 48, 50 or 51 applies AND at which ACUPUNCTURE is performed by the medical practitioner by the application of stimuli on or through the surface of the skin by acupuncture needle only, including any consultation on the same occasion and any other attendance on the same day related to the condition for which the acupuncture was performed <i>(see para A.14 of explanatory notes to this Category - MBS Book)</i> Derived Fee: The fee for item 193 plus \$24.00 divided by the number of patients seen, up to a maximum of 6 patients. For 7 or more patients - the fee for item 193 plus \$1.60 per patient.	DF

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

Attendances		Consultant Psychiatrist
Item No.	Description	Maximum Fee
CONSULTANT PSYCHIATRIST, REFERRED CONSULTATION, CONSULTING ROOMS		
00300	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 - an attendance of not more than 15 minutes duration at consulting rooms, where that attendance and any other attendance to which items 300, 302, 304, 306 or 308 apply have not exceeded the sum of 50 attendances in a calendar year	\$44.50
00302	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 - an attendance of more than 15 minutes duration but not more than 30 minutes duration at consulting rooms, where that attendance and any other attendance to which items 300, 302, 304, 306 or 308 apply have not exceeded the sum of 50 attendances in a calendar year	\$89.50
00304	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 - an attendance of more than 30 minutes duration but not more than 45 minutes duration at consulting rooms, where that attendance and any other attendance to which items 300, 302, 304, 306 or 308 apply have not exceeded the sum of 50 attendances in a calendar year	\$133.00
00306	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 - an attendance of more than 45 minutes duration but not more than 75 minutes duration at consulting rooms, where that attendance and any other attendance to which items 300, 302, 304, 306 or 308 apply have not exceeded the sum of 50 attendances in a calendar year	\$179.00
00308	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 - an attendance of more than 75 minutes duration at consulting rooms, where that attendance and any other attendance to which items 300, 302, 304, 306 or 308 apply have not exceeded the sum of 50 attendances in a calendar year	\$223.50
00310	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 - an attendance of not more than 15 minutes duration at consulting rooms, where that attendance and any other attendance to which items 300, 302, 304, 306, 308, 310, 312, 314, 316 or 318 apply exceed 50 attendances in a calendar year	\$22.50
00312	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 - an attendance of more than 15 minutes duration but not more than 30 minutes duration at consulting rooms, where that attendance and any other attendance to which items 300, 302, 304, 306, 308, 310, 312, 314, 316 or 318 apply exceed 50 attendances in a calendar year	\$44.50
00314	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 - an attendance of more than 30 minutes duration but not more than 45 minutes duration at consulting rooms, where that attendance and any other attendance to which items 300, 302, 304, 306, 308, 310, 312, 314, 316 or 318 apply exceed 50 attendances in a calendar year	\$66.50

Attendances		Consultant Psychiatrist
Item No.	Description	Maximum Fee
00316	Professional attendance by a consultant physician in the practice of his or her speciality of psychiatry where the patient is referred to him or her by a medical practitioner - an attendance of more than 45 minutes duration but not more than 75 minutes duration at consulting rooms, where that attendance and any other attendance to which items 300, 302, 304, 306, 308, 310, 312, 314, 316 or 318 apply exceed 50 attendances in a calendar year	\$89.50
00318	Professional attendance by a consultant physician in the practice of his or her speciality of psychiatry where the patient is referred to him or her by a medical practitioner - an attendance of more than 75 minutes duration at consulting rooms, where that attendance and any other attendance to which items 300, 302, 304, 306, 308, 310, 312, 314, 316 or 318 apply exceed 50 attendances in a calendar year	\$112.00
00319	Professional attendance by a consultant physician in the practice of his or her speciality of psychiatry where the patient is referred to him or her by a medical practitioner - An attendance of more than 45 minutes duration at consulting rooms, where the patient has: (i) been diagnosed as suffering severe personality disorder, anorexia nervosa, bulimia nervosa, dysthymic disorder, substance-related disorder, somatoform disorder or a pervasive development disorder; and (ii) for persons 18 years and over, been rated with a level of functional impairment within the range 1 to 50 according to the Global Assessment of Functioning Scale where that attendance and any other attendance to which items 300 to 308 apply do not exceed 160 attendances in a calendar year. <i>(see para A.15 of explanatory notes to this Category - MBS Book)</i>	\$179.00
00320	CONSULTANT PSYCHIATRIST, REFERRED CONSULTATION, HOSPITAL OR NURSING HOME Professional attendance by a consultant physician in the practice of his or her speciality of psychiatry where the patient is referred to him or her by a medical practitioner - an attendance of not more than 15 minutes duration at hospital or nursing home	\$44.50
00322	Professional attendance by a consultant physician in the practice of his or her speciality of psychiatry where the patient is referred to him or her by a medical practitioner - an attendance of more than 15 minutes duration but not more than 30 minutes duration at hospital or nursing home	\$89.50
00324	Professional attendance by a consultant physician in the practice of his or her speciality of psychiatry where the patient is referred to him or her by a medical practitioner - an attendance of more than 30 minutes duration but not more than 45 minutes duration at hospital or nursing home	\$133.00
00326	Professional attendance by a consultant physician in the practice of his or her speciality of psychiatry where the patient is referred to him or her by a medical practitioner - an attendance of more than 45 minutes duration but not more than 75 minutes duration at hospital or nursing home	\$179.00
00328	Professional attendance by a consultant physician in the practice of his or her speciality of psychiatry where the patient is referred to him or her by a medical practitioner - an attendance of more than 75 minutes duration at hospital or nursing home	\$223.50
00330	CONSULTANT PSYCHIATRIST, REFERRED CONSULTATION, HOME VISITS Professional attendance by a consultant physician in the practice of his or her speciality of psychiatry where the patient is referred to him or her by a medical practitioner - an attendance of not more than 15 minutes duration where that attendance is at a place other than consulting rooms, hospital or nursing home	\$73.00

Attendances		Consultant Psychiatrist
Item No.	Description	Maximum Fee
00332	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 - an attendance of more than 15 minutes duration but not more than 30 minutes duration where that attendance is at a place other than consulting rooms, hospital or nursing home	\$118.50
00334	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 - an attendance of more than 30 minutes duration but not more than 45 minutes duration where that attendance is at a place other than consulting rooms, hospital or nursing home	\$162.00
00336	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 - an attendance of more than 45 minutes duration but not more than 75 minutes duration where that attendance is at a place other than consulting rooms, hospital or nursing home	\$206.00
00338	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 - an attendance of more than 75 minutes duration where that attendance is at a place other than consulting rooms, hospital or nursing home	\$249.50
ELECTROCONVULSIVE THERAPY		
00340	Attendance for electroconvulsive therapy, with or without the use of stimulus dosing techniques, including any electroencephalographic monitoring and associated consultation Anaesthetic Item number for Specialist 17705	\$61.50
CONSULTANT PSYCHIATRIST - GROUP PSYCHOTHERAPY		
00342	Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hours duration given under the continuous direct supervision of a consultant physician in the practice of his or her specialty of psychiatry where the patients are referred to him or her by a medical practitioner - group psychotherapy on a group of 2 to 9 unrelated patients or family group psychotherapy on a group of more than 3 patients, each patient	\$55.00
00344	Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hours duration given under the continuous direct supervision of a consultant physician in the practice of his or her specialty of psychiatry where the patients are referred to him or her by a medical practitioner - family group psychotherapy on a group of 3 patients, each patient	\$72.00
00346	Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hours duration given under the continuous direct supervision of a consultant physician in the practice of his or her specialty of psychiatry where the patients are referred to him or her by a medical practitioner - family group psychotherapy on a group of 2 patients, each patient	\$108.00

Attendances		Consultant Psychiatrist
Item No.	Description	Maximum Fee
00348	<p>CONSULTANT PSYCHIATRIST - INTERVIEW OF A PERSON OTHER THAN A PATIENT - SURGERY, HOSPITAL OR NURSING HOME</p> <p>Professional attendance by a consultant physician in the practice of his or her recognised specialty of psychiatry, where the patient is referred to him or her by a medical practitioner involving an interview of a person other than the patient of not less than 20 minutes duration but less than 45 minutes duration, in the course of initial diagnostic evaluation of a patient, where that interview is at consulting rooms, hospital or nursing home (see para A.16 of explanatory notes to this Category - MBS Book)</p>	\$60.50
00350	<p>Professional attendance by a consultant physician in the practice of his or her recognised specialty of psychiatry, where the patient is referred to him or her by a medical practitioner, involving an interview of a person other than the patient - an attendance of not less than 45 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.16 of explanatory notes to this Category - MBS Book)</p>	\$133.00
00352	<p>CONSULTANT PSYCHIATRIST - INTERVIEW OF A PERSON OTHER THAN A PATIENT - IN THE COURSE OF CONTINUING MANAGEMENT OF A PATIENT</p> <p>Professional attendance by a consultant physician in the practice of his or her specialty of psychiatry, where the patient is referred to him or her by a medical practitioner, involving an interview of a person other than the patient of not less than 20 minutes duration, in the course of continuing management of a patient - payable not more than 4 times in any 12 month period (see para A.16 of explanatory notes to this Category - MBS Book)</p>	\$61.50

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

Attendances		Consult Occupational Physician
Item No.	Description	Maximum Fee
CONSULTANT OCCUPATIONAL PHYSICIAN, REFERRED CONSULTATION - SURGERY OR HOSPITAL		
Professional attendance at consulting rooms or hospital by a consultant occupational physician in the practice of his or her speciality of occupational medicine where patient is referred to him or her by a medical practitioner		
00385	- initial attendance in a single course of treatment <i>(see para A.17 of explanatory notes to this Category - MBS Book)</i>	\$86.50
00386	- each attendance subsequent to the first in a single course in treatment <i>(see para A.17 of explanatory notes to this Category - MBS Book)</i>	\$44.50
CONSULTANT OCCUPATIONAL PHYSICIAN, REFERRED CONSULTATION - HOME VISITS		
Professional attendance at a place other than consulting rooms or hospital by a consultant occupational physician in the practice of his or her speciality of occupational medicine where patient is referred to him or her by a medical practitioner		
00387	- initial attendance in a single course of treatment <i>(see para A.17 of explanatory notes to this Category - MBS Book)</i>	\$114.50
00388	- each attendance subsequent to the first in a single course in treatment <i>(see para A.17 of explanatory notes to this Category - MBS Book)</i>	\$74.00

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

Diagnostic		Neurology
Item No.	Description	Maximum Fee
11000	Electroencephalography, not being a service: (a) associated with a service to which item 11003, 11006 or 11009 applies; or (b) involving quantitative topographic mapping using neurometrics or similar devices Anaesthetic Item number for Specialist 17708	\$177.00
11003	Electroencephalography, prolonged recording of at least 3 hours duration, not being a service: (a) associated with a service to which item 11000, 11006 or 11009 applies; or (b) involving quantitative topographic mapping using neurometrics or similar devices	\$353.50
11006	Electroencephalography, temporosphenoidal, not being a service involving quantitative topographic mapping using neurometrics or similar devices	\$183.00
11009	Electrocorticography	\$244.50
11012	Neuromuscular electrodiagnosis - conduction studies on 1 nerve or electromyography of 1 or more muscles using concentric needle electrodes or both these examinations (not being a service associated with a service to which item 11015 or 11018 applies) <i>(see para D1.1 of explanatory notes to this Category - MBS Book)</i>	\$135.00
11015	Neuromuscular electrodiagnosis - conduction studies on 2 or 3 nerves with or without electromyography (not being a service associated with a service to which item 11012 or 11018 applies)	\$185.00
11018	Neuromuscular electrodiagnosis - conduction studies on 4 or more nerves with or without electromyography or recordings from single fibres of nerves and muscles or both of these examinations (not being a service associated with a service to which item 11012 or 11015 applies)	\$270.50
11021	Neuromuscular electrodiagnosis - repetitive stimulation for study of neuromuscular conduction or electromyography with quantitative computerised analysis or both of these examinations	\$185.00
11024	Central nervous system evoked responses, investigation of, by computerised averaging techniques not being a service involving quantitative topographic mapping of event-related potentials - 1 or 2 studies <i>(see para D1.2 of explanatory notes to this Category - MBS Book)</i>	\$122.50
11027	Central nervous system evoked responses, investigations of, by computerised averaging techniques not being a service involving quantitative topographic mapping of event-related potentials - 3 or more studies <i>(see para D1.2 of explanatory notes to this Category - MBS Book)</i>	\$181.00

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

Diagnostic		Ophthalmology
Item No.	Description	Maximum Fee
11200	Provocative test or tests for glaucoma, including water drinking	\$43.50
11203	Tonography - in the investigation or management of glaucoma, of 1 or both eyes - using an electrical tonography machine producing a directly recorded tracing	\$73.00
11206	Electroretinography of 1 or both eyes or electro-oculography of 1 or both eyes	\$116.50
11209	Electroretinography of 1 or both eyes and electro-oculography of 1 or both eyes	\$174.50
11212	Optic fundi, examination of following intravenous dye injection	\$87.50
11215	Retinal photography, multiple exposures, of 1 eye with intravenous dye injection	\$174.50
11218	Retinal photography, multiple exposures of both eyes with intravenous dye injection	\$218.50
11221	Full quantitative computerised perimetry (automated absolute static threshold) performed by a specialist in the practice of his or her specialty, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain with assessment and report, bilateral - to a maximum of 2 examinations (including examinations to which item 11224 applies) in any 12 month period	\$125.00
11222	Full quantitative computerised perimetry (automated absolute static threshold), performed by a specialist in the practice of his or her specialty, with assessment and report, bilateral, where it can be demonstrated that a further examination is indicated in the same 12 month period to which Item 11221 applies due to presence of 1 of the following conditions:- - established glaucoma (where surgery is being considered or has been performed) where there has been definite progression of damage over a 12 month period; - progressive neurologic disease; or - for the monitoring of systemic drug toxicity, where there is also other disease such as glaucoma or neurologic disease - each additional examination <i>(see para D1.3 of explanatory notes to this Category - MBS Book)</i>	\$118.00
11224	Full quantitative computerised perimetry (automated absolute static threshold) performed by a specialist in the practice of his or her specialty, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain with assessment and report, unilateral - to a maximum of 2 examinations (including examinations to which item 11221 applies) in any 12 month period	\$68.50

Diagnostic		Ophthalmology
Item No.	Description	Maximum Fee
11225	Full quantitative computerised perimetry (automated absolute static threshold), performed by a specialist in the practice of his or her speciality, with assessment and report, unilateral, where it can be demonstrated that a further examination is indicated in the same 12 month period to which Item 11221 applies due to presence of one of the following conditions:- - established glaucoma (where surgery is being considered or has been performed) where there has been definite progression of damage over a 12 month period; - progressive neurologic disease; or - for the monitoring of systemic drgp toxicity, where there is also other disease such as glaucoma or neurologic disease - each additional examination (see para D1.3 of explanatory notes to this Category - MBS Book)	\$65.00
11235	Examination of the eye by impression cytology of cornea for the investigation of ocular surface dysplasia, including the collection of cells, processing and all cytological examinations and preparation of report	\$174.00

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

Diagnostic		Otolaryngology
Item No.	Description	Maximum Fee
11300	Brain stem evoked response audiometry Anaesthetic Item number for Specialist 17707	\$213.00
11303	Electrocochleography, extratympanic method, 1 or both ears	\$213.00
11304	Electrocochleography, transtympanic membrane insertion technique, 1 or both ears (see para D1.4 of explanatory notes in this Category - MBS Book)	\$347.00
11306	Non-determinate audiometry (see para D1.5 of explanatory notes in this Category - MBS Book)	\$24.00
11309	Audiogram, air conduction (see para D1.6 of explanatory notes in this Category - MBS Book)	\$28.00
11312	Audiogram, air and bone conduction or air conduction and speech discrimination (see para D1.6 of explanatory notes in this Category - MBS Book)	\$40.50
11315	Audiogram, air and bone conduction and speech (see para D1.6 of explanatory notes in this Category - MBS Book)	\$53.00
11318	Audiogram, air and bone conduction and speech, with other cochlear tests (see para D1.6 of explanatory notes in this Category - MBS Book)	\$66.50
11321	Glycerol induced cochlear function changes assessed by a minimum of 4 air conduction and speech discrimination tests (Klockoff's test) (see para D1.6 of explanatory notes in this Category - MBS Book)	\$125.00
11324	Impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed by, or on behalf of, a specialist in the practice of his or her specialty, where the patient is referred by a medical practitioner - not being a service associated with a service to which item 11309, 11312, 11315 or 11318 applies	\$40.50
11327	Impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed by, or on behalf of, a specialist in the practice of his or her specialty, where the patient is referred by a medical practitioner - being a service associated with a service to which item 11309, 11312, 11315 or 11318 applies	\$25.50
11330	Impedance audiogram where the patient is not referred by a medical practitioner - 1 examination in any 4 week period	\$20.50
11333	Caloric test of labyrinth or labyrinths	\$46.50
11336	Simultaneous bithermal caloric test of labyrinths	\$46.50
11339	Electronystagmography	\$46.50

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

Diagnostic		Respiratory
Item No.	Description	Maximum Fee
11500	Bronchspirometry, including gas analysis	\$181.00
11503	Measurement of the mechanical or gas exchange function of the respiratory system, or of respiratory muscle function, or of ventilatory control mechanisms, using measurements of various parameters including pressures, volumes, flow, gas concentrations in inspired or expired air, alveolar gas or blood, electrical activity of muscles (the tests being performed under the supervision of a specialist or consultant physician or in the respiratory laboratory of a hospital) - each occasion at which 1 or more such tests are performed <i>(see para D1.7 of explanatory notes to this Category - MBS Book)</i>	\$179.00
11506	Measurement of respiratory function involving a permanently recorded tracing performed before and after inhalation of bronchodilator - each occasion at which 1 or more such tests are performed	\$22.50
11509	Measurement of respiratory function involving a permanently recorded tracing and written report, performed before and after inhalation of bronchodilator, with continuous technician attendance in a laboratory equipped to perform complex respiratory function tests (the tests being performed under the supervision of a specialist or consultant physician or in the respiratory laboratory of a hospital) - each occasion at which 1 or more such tests are performed	\$44.50
11512	Continuous measurement of the relationship between flow and volume during expiration or inspiration involving a permanently recorded tracing and written report, performed before and after inhalation of bronchodilator, with continuous technician attendance in a laboratory equipped to perform complex lung function tests (the tests being performed under the supervision of a specialist or consultant physician or in the respiratory laboratory of a hospital) - each occasion at which 1 or more such tests are performed	\$66.50

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

Diagnostic		Vascular
Item No.	Description	Maximum Fee
11600	Blood pressure monitoring (central venous, pulmonary arterial, systemic arterial or cardiac intracavity), by indwelling catheter - each day of monitoring for each pressure up to a maximum of 4 pressures (not being a service to which item 13876 applies) Anaesthetic Item number for Specialist 17703	\$66.50
11601	Blood pressure monitoring (central venous, pulmonary arterial, systemic arterial or cardiac intracavity), by indwelling catheter - for each pressure up to a maximum of 4 pressures (not being a service to which item 13876 applies) performed in association with the administration of an anaesthetic relating to another discrete operation on the same day Anaesthetic Item number for Specialist 17703	\$70.50
11603	Examination of peripheral vessels at rest (unilateral or bilateral) excluding the cavernosal artery and dorsal artery of the penis, with hard copy recordings of wave forms, involving 1 of the following techniques - Doppler recordings (pulsed, continuous wave, or both) of blood flow velocity with or without pulse volume recordings; Doppler recordings involving real time fast fourier transform analysis; venous occlusion plethysmography; strain-gauge plethysmography; impedance plethysmography; or photo plethysmography; (not being a service to which item 11612 or 11615 applies) - 1 examination and report <i>(see para D1.8 of explanatory notes to this Category - MBS Book)</i>	\$49.00
11606	2 examinations of the kind referred to in item 11603 and report (not being a service associated with a service to which item 11612 or 11615 applies) <i>(see para D1.8 of explanatory notes to this Category - MBS Book)</i>	\$70.50
11609	3 or more examinations of the kind referred to in item 11603 and report (not being a service to which item 11612 or 11615 applies) <i>(see para D1.8 of explanatory notes to this Category - MBS Book)</i>	\$91.50
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 D1.8 of explanatory notes to this Category - MBS Book)</i>	\$91.50
11615	Measurement of digital temperature, 1 or more digits, (unilateral or bilateral) and report, with hard copy recording of temperature before and for 10 minutes or more after cold stress testing <i>(see para D1.8 of explanatory notes to this Category - MBS Book)</i>	\$73.00
11618	Examination of carotid or vertebral vessels, or both (unilateral or bilateral) with hard copy recordings of wave forms, involving 1 of the following techniques - Doppler real time fast fourier transform analysis; oculoplethysmography, phonoangiography or both; or periorbital Doppler examination (not being a service associated with a service to which item 55201, 55204, 55225 or 55231 applies) - 1 examination and report <i>(see para D1.8 of explanatory notes to this Category - MBS Book)</i>	\$65.50

Diagnostic		Vascular
Item No.	Description	Maximum Fee
11621	- 2 examinations of the kind referred to in item 11618, and report (not being a service associated with a service to which item 55201, 55204, 55225 or 55231 applies) <i>(see para D1.8 of explanatory notes to this Category - MBS Book)</i>	\$98.00
11624	- 3 examinations of the kind referred to in item 11618, and report (not being a service associated with a service to which item 55201, 55204, 55225 or 55231 applies) <i>(see para D1.8 of explanatory notes to this Category - MBS Book)</i>	\$131.00
11627	Pulmonary artery pressure monitoring during open heart surgery, in a person under 12 years of age	SNR

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

Diagnostic		Cardiovascular
Item No.	Description	Maximum Fee
11700	Twelve-lead electrocardiography, tracing and report <i>(see para D1.9 of explanatory notes to this Category - MBS Book)</i>	\$53.00
11701	Twelve-lead electrocardiography, report only where the tracing has been forwarded to another medical practitioner, not in association with a consultation on the same occasion <i>(see para D1.10 of explanatory notes to this Category - MBS Book)</i>	\$18.50
11702	Twelve-lead electrocardiography, tracing only	\$18.50
11706	Phonocardiography with electrocardiograph lead with indirect arterial or venous pulse tracing, with or without apex cardiogram - interpretation and report	\$81.00
11708	Continuous ECG recording of ambulatory patient for 12 or more hours (including resting ECG and the recording of parameters), not in association with ambulatory blood pressure monitoring, involving microprocessor based analysis equipment, interpretation and report of recordings by a specialist physician or consultant physician, not being a service to which item 11709 applies <i>(see para D1.11 of explanatory notes to this Category - MBS Book)</i>	\$152.00
11709	Continuous ECG recording (Holter) of ambulatory patient for 12 or more hours (including resting ECG and the recording of parameters), not in association with ambulatory blood pressure monitoring, utilising a system capable of superimposition and full disclosure printout of at least 12 hours of recorded ECG data, microprocessor based scanning analysis, with interpretation and report by a specialist physician or consultant physician <i>(see para D1.11 of explanatory notes to this Category - MBS Book)</i>	\$202.00
11710	Ambulatory ECG monitoring, patient activated, single or multiple event recording, utilising a looping memory recording device which is connected continuously to the patient for 12 hours or more and is capable of recording for at least 20 seconds prior to each activation and for 15 seconds after each activation, including transmission, analysis, interpretation and report - payable once in any 4 week period	\$56.00
11711	Ambulatory ECG monitoring for 12 hours or more, patient activated, single or multiple event recording, utilising a memory recording device which is capable of recording for at least 30 seconds after each activation, including transmission, analysis, interpretation and report - payable once in any 4 week period	\$30.50
11712	Multi channel ECG monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts) or pharmacological stress, involving the continuous attendance of a medical practitioner for not less than 20 minutes, with resting ECG, and with or without continuous blood pressure monitoring and the recording of other parameters, on premises equipped with mechanical respirator and defibrillator	\$185.00

Diagnostic		Cardiovascular
Item No.	Description	Maximum Fee
11713	Signal averaged ECG recording involving not more than 300 beats, using at least 3 leads with data acquisition at not less than 1000Hz of at least 100 QRS complexes, including analysis, interpretation and report of recording by a specialist physician or consultant physician <i>(see para D1.12 of explanatory notes to this Category - MBS Book)</i>	\$106.00
11715	Blood dye - dilution indicator test	\$122.50
11718	Implanted pacemaker testing involving electrocardiography, measurement of rate, width and amplitude of stimulus, including reprogramming when required, not being a service associated with a service to which item 11700 or 11721 applies	\$53.00
11721	Implanted pacemaker testing of atrioventricular (AV) sequential, rate responsive, or antitachycardia pacemakers, including reprogramming when required, not being a service associated with a service to which item 11700 or 11718 applies	\$114.50
11724	Upright Tilt Table Testing for the investigation of syncope of suspected cardioathoracic origin, including blood pressure monitoring, continuous ECG monitoring and the recording of the parameters, and involving an established intravenous line and the continuous attendance of a specialist or consultant physician - on premises equipped with a mechanical respirator and defibrillator	\$224.50

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

Diagnostic		Gastroenterology & Colorectal
Item No.	Description	Maximum Fee
11800	Oesophageal motility test, manometric	\$239.00
11810	Clinical assessment of gastro-oesophageal reflux disease involving 24 hour pH monitoring, including analysis, interpretation and report and including any associated consultation	\$199.50
11830	Diagnosis of abnormalities of the pelvic floor involving anal manometry or measurement of anorectal sensation or measurement of the rectosphincteric reflex	\$164.50
11833	Diagnosis of abnormalities of the pelvic floor and sphincter muscles involving electromyography or measurement of pudendal and spinal nerve motor latency	\$281.00

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

Diagnostic		Genito/Urinary
Item No.	Description	Maximum Fee
11900	Urine flow study including peak urine flow measurement, not being a service associated with a service to which item 11918 applies	\$33.00
11903	Cystometrography, not being a service associated with a service to which item 11912, 11915, 11918, 11012-11027, 11921, 36800 or any item in Group I3 applies	\$131.00
11906	Urethral pressure profilometry, not being a service associated with a service to which item 11909, 11918, 11012-11027, 11921, 36800 or any item in Group I3 applies	\$131.00
11909	Urethral pressure profilometry with simultaneous measurement of urethral sphincter electromyography, not being a service associated with a service to which item 11906, 11915, 11918, 36800 or any item in Group I3 applies	\$195.50
11912	Cystometrography with simultaneous measurement of rectal pressure, not being a service associated with a service to which item 11903, 11915, 11918, 11012-11027, 11921, 36800 or any item in Group I3 applies Anaesthetic Item number for Specialist 17704	\$195.50
11915	Cystometrography with simultaneous measurement of urethral sphincter electromyography, not being a service associated with a service to which item 11903, 11909, 11912, 11918, 11012-11027, 11921, 36800 or any item in Group I3 applies Anaesthetic Item number for Specialist 17704	\$195.50
11918	Cystometrography in conjunction with imaging, with measurement of any 1 or more of urine flow rate, urethral pressure profile, rectal pressure, urethral sphincter electromyography; including all imaging associated with cystometrography, not being a service associated with a service to which items 11012-11027, 11900-11915, 11921 and 36800 apply Anaesthetic Item number for Specialist 17704	\$504.50
11921	Bladder washout test for localisation of urinary infection - not including bacterial counts for organisms in specimens	\$104.00

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

Diagnostic		Allergy Testing
Item No.	Description	Maximum Fee
12000	Skin sensitivity testing for allergens, using 1 to 20 allergens, not being a service associated with a service to which item 12012, 12015, 12018 or 12021 applies	\$50.00
12003	Skin sensitivity testing for allergens, using more than 20 allergens, not being a service associated with a service to which item 12012, 12015, 12018 or 12021 applies	\$76.00
12012	Epicutaneous patch testing in the investigation of allergic dermatitis using less than the number of allergens included in a standard patch test battery <i>(see para D1.13 of explanatory notes to this Category - MBS Book)</i>	\$27.00
12015	Epicutaneous patch testing in the investigation of allergic dermatitis using all of the allergens in a standard patch test battery <i>(see para D1.13 of explanatory notes to this Category - MBS Book)</i>	\$81.00
12018	Epicutaneous patch testing in the investigation of allergic dermatitis using all of the allergens in a standard patch test battery and additional allergens to a total of up to and including 50 allergens <i>(see para D1.13 of explanatory notes to this Category - MBS Book)</i>	\$103.50
12021	Epicutaneous patch testing in the investigation of allergic dermatitis, performed by a specialist in the practice of his or her specialty, using more than 50 allergens	\$152.50

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

Diagnostic		Other Diagnostic Procedures and Investigations
Item No.	Description	Maximum Fee
12200	Collection of specimen of sweat by iontophoresis	\$37.50
12203	<p>Overnight investigation for sleep apnoea for a period of at least 8 hours duration where:</p> <p>(a) continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of EEG, EOG, submental EMG, anterior tibial EMG, respiratory movement, airflow, oxygen saturation and ECG are performed;</p> <p>(b) a technician is in continuous attendance under the supervision of a consultant physician in thoracic medicine, or a specialist where the investigation is performed in the sleep laboratory of a recognised hospital;</p> <p>(c) the patient is referred by a medical practitioner;</p> <p>(d) the necessity for the investigation is determined by the supervising medical practitioner prior to the investigation;</p> <p>(e) polygraphic records are analysed (for assessment of sleep stage, arousals, respiratory events and assessment of clinically significant alterations in heart rate and limb movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute, and stored for interpretation and preparation of report; and</p> <p>(f) interpretation and report are provided by the supervising medical practitioner based on reviewing the direct original recording of polygraphic data from the patient - payable only in relation to each of the first 3 occasions the investigation is performed in any 12 month period</p> <p><i>(see para D1.14 of explanatory notes to this Category - MBS Book)</i></p>	\$619.00
12207	<p>Overnight investigation for sleep apnoea for a period of at least 8 hours duration, where:</p> <p>(a) continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of EEG, EOG, submental EMG, anterior tibial EMG, respiratory movement, airflow, oxygen saturation and ECG are performed;</p> <p>(b) a technician is in continuous attendance under the supervision of a consultant physician in thoracic medicine, or a specialist where the investigation is performed in the sleep laboratory of a recognised hospital;</p> <p>(c) the patient is referred by a medical practitioner;</p> <p>(d) the necessity for the investigation is determined by the supervising medical practitioner prior to the investigation;</p> <p>(e) polygraphic records are analysed (for assessment of sleep stage, arousals, respiratory events and assessment of clinically significant alterations in heart rate and limb movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute, and stored for interpretation and preparation of report; and</p> <p>(f) interpretation and report are provided by the supervising medical practitioner based on reviewing the direct original recording of polygraphic data from the patient where it can be demonstrated that a further investigation is indicated in the same 12 month period to which Item 12203 applies for the adjustment and/or testing of the effectiveness of a positive pressure ventilatory support device (other than nasal continuous positive airway pressure) in sleep, in a patient with severe cardio-respiratory failure, and where previous studies have demonstrated failure of continuous positive airway pressure or oxygen - each additional investigation</p> <p><i>(see para D1.14 of explanatory notes to this Category - MBS Book)</i></p>	\$619.00

Diagnostic		Other Diagnostic Procedures and Investigations
Item No.	Description	Maximum Fee
12306	Bone densitometry (performed by a specialist or consultant physician where the patient is referred by another medical practitioner), using dual energy X-ray absorptiometry, for:- the confirmation of a presumptive diagnosis of low bone mineral density made on the basis of 1 or more fractures occurring after minimal trauma; or for the monitoring of low bone mineral density proven by bone densitometry at least 12 months previously. Measurement of 2 or more sites - 1 service only in a period of 24 months - including interpretation and report; not being a service associated with a service to which item 12309, 12312, 12315, 12318, 12321 or 12324 applies (Ministerial Determination) <i>(see para D1.15 of explanatory notes to this Category - MBS Book)</i>	\$125.00
12309	Bone densitometry (performed by a specialist or consultant physician where the patient is referred by another medical practitioner), using quantitative computerised tomography, for:- the confirmation of a presumptive diagnosis of low bone mineral density on the basis of 1 or more fractures occurring after minimal trauma; or - for the monitoring of low bone mineral density proven by bone densitometry at least 12 months previously. Measurement of 2 or more sites - 1 service only in a period of 24 months - including interpretation and report; not being a service associated with a service to which item 12306, 12312, 12315, 12318, or 12321 applies (Ministerial Determination) <i>(see para D1.15 of explanatory notes to this Category - MBS Book)</i>	\$125.00
12312	Bone densitometry (performed by a specialist or consultant physician where the patient is referred by another medical practitioner), using dual energy X-ray absorptiometry, for the diagnosis and monitoring of bone loss associated with 1 or more of the following conditions:- prolonged glucocorticoid therapy, conditions associated with excess glucocorticoid secretion, male hypogonadism, female hypogonadism lasting more than 6 months before age of 45 - where the bone density measurement will contribute to the management of a patient with any of the above conditions - measurement of 2 or more sites - 1 service only in a period of 12 consecutive months, - including interpretation and report; not being a service associated with a service to which item 12306, 12309, 12315, 12318, or 12321 applies (Ministerial Determination) <i>(see para D1.15 of explanatory notes to this Category - MBS Book)</i>	\$125.00
12315	Bone densitometry (performed by a specialist or consultant physician where the patient is referred by another medical practitioner), using dual energy X-ray absorptiometry, for the diagnosis and monitoring of bone loss associated with 1 or more of the following conditions - primary hyperparathyroidism, chronic liver disease, chronic renal disease, proven malabsorptive disorders, rheumatoid arthritis, or conditions associated with thyroxine excess - where the bone density measurement will contribute to the management of a patient with any of the above conditions - measurement of 2 or more sites - 1 service only in a period of 24 consecutive months - including interpretation and report; not being a service associated with a service to which item 12306, 12309, 12312, 12318 or 12321 applies (Ministerial Determination) <i>(see para D1.15 of explanatory notes to this Category - MBS Book)</i>	\$125.00

Diagnostic		Other Diagnostic Procedures and Investigations
Item No.	Description	Maximum Fee
12318	<p>Bone densitometry (performed by a specialist or consultant physician where the patient is referred by another medical practitioner), using quantitative computerised tomography, for the diagnosis and monitoring of bone loss associated with 1 or more of the following conditions - prolonged glucocorticoid therapy, conditions associated with excess glucocorticoid secretion, male hypogonadism, female hypogonadism lasting more than 6 months before age 45, primary hyperparathyroidism, chronic liver disease, chronic renal disease, proven malabsorptive disorders, rheumatoid arthritis, or conditions associated with thyroxine excess - where the bone density measurement will contribute to the management of a patient with any of the above conditions - measurement of 2 or more sites - 1 service only in a period of 24 consecutive months - including interpretation and report: not being a service associated with a service to which item 12306, 12309, 12312, 12315 or 12321, applies (Ministerial Determination)</p> <p><i>(see para D1.15 of explanatory notes to this Category - MBS Book)</i></p>	\$125.00
12321	<p>Bone densitometry (performed by a specialist or consultant physician where the patient is referred by another medical practitioner), using dual energy X-ray absorptiometry, for the measurement of bone density 12 months following a significant change in therapy for established low bone mineral density or measurement of 2 or more sites - 1 service only in a period of 12 consecutive months - including interpretation and report; not being a service associated with a service to which item 12306, 12309, 12312, 12315 or 12318 applies (Ministerial Determination)</p> <p><i>(see para D1.15 of explanatory notes to this Category - MBS Book)</i></p>	\$125.00

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

Diagnostic		Nuclear Medicine
Item No.	Description	Maximum Fee
12500	Blood volume estimation	\$234.00
12503	Erythrocyte radioactive uptake survival time test or iron kinetic test	\$431.50
12506	Gastrointestinal blood loss estimation involving examination of stool specimens	\$312.00
12509	Gastrointestinal protein loss	\$234.00
12512	Radioactive B12 absorption test - 1 isotope	\$139.50
12515	Radioactive B12 absorption test - 2 isotopes	\$244.50
12518	Thyroid uptake (using probe)	\$139.50
12521	Perchlorate discharge study	\$158.00
12524	Renal function test (without imaging procedure)	\$187.00
12527	Renal function test (with imaging and at least 2 blood samples)	\$125.00
12530	Whole body count - not being a service associated with a service to which another item applies	\$179.00
12533	Carbon-labelled urea breath test using oral C-13 or C-14 urea, performed by a specialist or consultant physician, including the measurement of exhaled $^{13}\text{CO}_2$ or $^{14}\text{CO}_2$ for either:- (a) the confirmation of <i>Helicobacter pylori</i> colonisation, where:- (i) suitable biopsy material for diagnosis cannot be obtained at endoscopy in patients with peptic ulcer disease, or where the diagnosis of peptic ulcer has been made on barium meal; or (ii) in patients with past history of duodenal ulcer, gastric ulcer or gastric neoplasia, where endoscopy is not indicated, or (b) the monitoring of the success of eradication of <i>Helicobacter pylori</i> in patients with peptic ulcer disease - where any request for the test by another medical practitioner who collects the breath sample specifically identifies in writing one or more of the clinical indications for the test	\$111.50

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

Miscellaneous		Hyperbaric Oxygen Therapy
Item No.	Description	Maximum Fee
13020	Hyperbaric oxygen therapy performed in a comprehensive hyperbaric medicine facility for a period in the hyperbaric chamber of between 1 hour 30 minutes and 3 hours, including any associated attendance. <i>(see para T1.1 of explanatory notes to this Category - MBS Book)</i>	\$366.50
13025	Hyperbaric oxygen therapy performed in a comprehensive hyperbaric medicine facility for a period in the hyperbaric chamber greater than 3 hours, including any associated attendance - per hour (or part of an hour) <i>(see para T1.1 of explanatory notes to this Category - MBS Book)</i>	\$164.00
13030	Hyperbaric oxygen therapy performed in a comprehensive hyperbaric medicine facility where the medical practitioner is pressurised in the hyperbaric chamber for the purpose of providing continuous life saving emergency treatment, including any associated attendance - per hour (or part of an hour) <i>(see para T1.1 of explanatory notes to this Category - MBS Book)</i>	\$231.50

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

Miscellaneous		Dialysis
Item No.	Description	Maximum Fee
13100	Supervision in hospital by a medical specialist of haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist exceeds 45 minutes in 1 day <i>(see para T1.2 of explanatory notes to this Category - MBS Book)</i>	\$193.50
13103	Supervision in hospital by a medical specialist of haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist does not exceed 45 minutes in 1 day <i>(see para T1.2 of explanatory notes to this Category - MBS Book)</i>	\$102.00
13106	Declotting of an arteriovenous shunt	\$127.00
13109	Indwelling peritoneal catheter (Tenckhoff or similar) for dialysis - insertion and fixation of Anaesthetic Item number for Specialist 17710	\$312.00
13112	Peritoneal dialysis, establishment of, by abdominal puncture and insertion of temporary catheter (including associated consultation) Anaesthetic Item number for Specialist 17708	\$147.50

CATEGORY THREE: THERAPEUTIC PROCEDURES**GROUP T1: MISCELLANEOUS THERAPEUTIC PROCEDURES**

The following services are usually not required in the worker's compensation environment and as such have been classified as "Service Not Required" by the Corporation. In a circumstance where a service is deemed necessary and appropriate by the medical practitioner, please contact WorkCover to discuss payment.

SUBGROUP 3 - ASSISTED REPRODUCTIVE SERVICES

Item No:	Maximum Fee
13200	SNR
13203	SNR
13206	SNR
13209	SNR
13212	SNR
13215	SNR
13218	SNR
13221	SNR
13290	SNR
13292	SNR

SUBGROUP 4 - PAEDIATRIC & NEONATAL

Item No:	Maximum Fee
13300	SNR
13303	SNR
13306	SNR
13309	SNR
13312	SNR
13318	SNR
13319	SNR

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

Miscellaneous		Cardiovascular
Item No.	Description	Maximum Fee
13400	Restoration of cardiac rhythm by electrical stimulation (cardioversion), other than in the course of cardiac surgery. Anaesthetic Item number for Specialist 17706	\$110.00

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T1: MISCELLANEOUS THERAPEUTIC PROCEDURES
- SUBGROUP 6 - GASTROENTEROLOGY

Miscellaneous		Gastroenterology
Item No.	Description	Maximum Fee
13500	Gastric hypothermia by closed circuit circulation of refrigerant in the absence of gastrointestinal haemorrhage	\$197.50
13503	Gastric hypothermia by closed circuit circulation of refrigerant for upper gastrointestinal haemorrhage	\$390.00
13506	Gastro-oesophageal balloon intubation, Minnesota, Sengstaken-Blakemore or similar, for control of bleeding from gastric oesophageal varices	\$213.00

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T1: MISCELLANEOUS THERAPEUTIC PROCEDURES
- SUBGROUP 7 - PERFUSION

Miscellaneous		Perfusion
Item No.	Description	Maximum Fee
13600	Perfusion of limb or organ using heart-lung machine or equivalent <i>(see para T1.4 of explanatory notes to this Category - MBS Book)</i>	\$478.50
13603	Whole body perfusion, cardiac bypass, using heart-lung machine or equivalent <i>(see para T1.4 of explanatory notes to this Category - MBS Book)</i>	\$686.50
13604	Prolonged whole body perfusion, cardiac by-pass using heart-lung machine or equivalent where the time for the procedure exceeds 6 hours <i>(see para T1.4 of explanatory notes to this Category - MBS Book)</i>	\$686.50
13606	Induced controlled hypothermia - total body <i>(see para T1.4 of explanatory notes to this Category - MBS Book)</i>	\$118.50
13609	Cardioplegia, blood or crystalloid, administration by any route <i>(see para T1.4 of explanatory notes to this Category - MBS Book)</i>	\$280.50

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

Miscellaneous		Haematology
Item No.	Description	Maximum Fee
13700	Harvesting of homologous (including allogeneic) or autologous bone marrow for the purpose of transplantation Anaesthetic Item number for Specialist 17712	\$359.00
13703	Administration of blood including collection from donor	\$131.00
13706	Administration of blood or bone marrow already collected <i>(see para T1.5 of explanatory notes to this Category - MBS Book)</i>	\$89.50
13709	Collection of blood for autologous transfusion or when homologous blood is required for immediate transfusion in emergency situation <i>(see para T1.6 of explanatory notes to this Category - MBS Book)</i>	\$53.00
13750	Therapeutic Haemapheresis for the removal of plasma or cellular (or both) elements of blood, utilising continuous or intermittent flow techniques; including morphological tests for cell counts and viability studies, if performed; continuous monitoring of vital signs, fluid balance, blood volume and other parameters with continuous registered nurse attendance under the supervision of a consultant physician, not being a service associated with a service to which item 13755 applies - payable once per day	\$146.50
13755	Donor haemapheresis for the collection of blood products for transfusion, utilising continuous or intermittent flow techniques; including morphological tests for cell counts and viability studies; continuous monitoring of vital signs, fluid balance, blood volume and other parameters; with continuous registered nurse attendance under the supervision of a consultant physician; not being a service associated with a service to which item 13750 applies - payable once per day	\$146.50
13757	Therapeutic venesection for the management of haemochromatosis, polycythemia vera or porphyria cutanea tarda	\$70.75
13760	In vitro processing (and cryopreservation) of bone marrow or peripheral blood for autologous stem cell transplantation as an adjunct to high dose chemotherapy for: <ul style="list-style-type: none"> . chemosensitive intermediate or high-grade non-Hodgkin's lymphoma at high risk of relapse following first line chemotherapy; or . Hodgkin's disease which has relapsed following, or is refractory to, chemotherapy; or . acute myelogenous leukaemia in first remission, where suitable genotypically matched sibling donor is not available for allogenic bone marrow transplant; or . multiple myeloma in remission (complete or partial) following standard dose chemotherapy; or . small round cell sarcomas; or . primitive neuroectodermal tumour; or germ cell tumours which have relapsed following, or are refractory to, chemotherapy; or . germ cell tumours which have had an incomplete response to first line therapy. - performed under the supervision of a consultant physician - each day.	\$825.00

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

Miscellaneous		Intensive Care & Cardiopulmonary Support
Item No.	Description	Maximum Fee
13815	Central vein catheterisation (via jugular, subclavian or femoral vein) by percutaneous or open exposure not being a service to which item 13318 applies Anaesthetic Item number for Specialist 17705	\$93.50
13818	Right heart balloon catheter, insertion of, including pulmonary wedge pressure and cardiac output measurement Anaesthetic Item number for Specialist 17705 <i>(see para T1.8 of explanatory notes to this Category - MBS Book)</i>	\$260.00
13830	Intracranial pressure, monitoring of, by intraventricular or subdural catheter, subarachnoid bolt or similar, by a specialist or consultant physician - each day	\$81.50
13839	Arterial puncture and collection of blood for diagnostic purposes	\$35.00
13842	Intra-arterial cannulisation for the purpose of taking multiple arterial blood samples for blood gas analysis <i>(see para T1.8 of explanatory notes to this Category - MBS Book)</i>	\$74.00
13845	Counterpulsation by intra-aortic balloon - management on the first day, including percutaneous insertion, initial and subsequent consultations and monitoring of parameters Anaesthetic Item number for Specialist 17710	\$629.00
13848	Counterpulsation by intra-aortic balloon - management on each day subsequent to the first, including associated consultations and monitoring of parameters	\$150.00
13851	Circulatory support device, management of, on first day	\$582.50
13854	Circulatory support device, management of, on each day subsequent to the first	\$135.00
13857	Mechanical ventilation, initiation of (other than initiation of ventilation in the context of an anaesthetic for surgery), outside of an Intensive Care Unit, where subsequent management of ventilatory support is undertaken in an Intensive Care Unit <i>(see para T1.8 of explanatory notes to this Category - MBS Book)</i>	\$167.00

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

Miscellaneous		Intensive Care
Item No.	Description	Maximum Fee
	<i>Note: see para T1.7 of explanatory notes to this Category - MBS Book for definition of an Intensive Care Unit</i>	
13870	Management of a patient in an Intensive Care Unit by a specialist or consultant physician - including initial and subsequent attendances, electrocardiographic monitoring, arterial sampling, bladder catheterisation and blood sampling - management on the first day <i>(see para T1.9 of explanatory notes to this Category - MBS Book)</i>	\$327.50
13873	Management of a patient in an Intensive Care Unit by a specialist or consultant physician - including all attendances, electrocardiographic monitoring, arterial sampling, bladder catheterisation and blood sampling management on each day subsequent to the first day <i>(see para T1.9 of explanatory notes to this Category - MBS Book)</i>	\$244.50
13876	Central venous pressure, pulmonary arterial pressure, systemic arterial pressure or cardiac intracavity pressure, continuous monitoring by indwelling catheter by a specialist or consultant physician in an Intensive Care Unit - each day of monitoring for each pressure up to a maximum of 4 pressures <i>(see para T1.9 of explanatory notes to this Category - MBS Book)</i>	\$73.00
13879	Mechanical ventilation, initiation of, by a specialist or consultant physician, in an Intensive Care Unit, including subsequent management of ventilatory support on the first day	\$239.00
13882	Ventilatory support in an Intensive Care Unit, management of, by a specialist or consultant physician not being a service to which item 13879 applies - each day	\$78.00
13885	Continuous arterio venous or veno venous haemofiltration, management by a specialist or consultant physician - on the first day in an Intensive Care Unit	\$193.50
13888	Continuous arterio venous or veno venous haemofiltration, management by a specialist or consultant physician - on each day subsequent to the first day in an Intensive Care Unit	\$102.00

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

Miscellaneous		Chemotherapeutic
Item No.	Description	Maximum Fee
13915	Chemotherapy, administration of, either by intravenous push technique (directly into a vein, or a butterfly needle, or the side-arm of an infusion) or by intravenous infusion of not more than 1 hours duration - payable once only on the same day	\$77.00
13918	Chemotherapy, administration of, by intravenous infusion of more than 1 hours duration but not more than 6 hours duration - payable once only on the same day	\$106.00
13921	Chemotherapy, administration of, by intravenous infusion of more than 6 hours duration - for the first day of treatment	\$120.50
13924	Chemotherapy, administration of, by intravenous infusion of more than 6 hours duration - on each day subsequent to the first in the same continuous treatment episode	\$70.50
13927	Chemotherapy, administration of, either by intra arterial push technique (directly into an artery, a butterfly needle or the side-arm of an infusion) or by intra-arterial infusion of not more than 1 hours duration - payable once only on the same day	\$92.50
13930	Chemotherapy, administration of, by intra-arterial infusion of more than 1 hours duration but not more than 6 hours duration - payable once only on the same day	\$129.00
13933	Chemotherapy, administration of, by intra-arterial infusion of more than 6 hours duration - for the first day of treatment	\$141.50
13936	Chemotherapy, administration of, by intra-arterial infusion of more than 6 hours duration - on each day subsequent to the first in the same continuous treatment episode	\$92.50
13939	Implanted pump or reservoir, loading of, with a chemotherapeutic agent or agents, not being a service associated with a service to which item 13915, 13918, 13921, 13924, 13927, 13930, 13933 or 13936 applies <i>(see para T8.10 of explanatory notes to this Category - MBS Book)</i>	\$106.00
13942	Ambulatory drug delivery device, loading of, with a chemotherapeutic agent or agents for the infusion of the agent or agents via the intravenous, intra-arterial or spinal routes, not being a service associated with a service to which item 13915, 13918, 13921, 13924, 13927, 13930, 13933 or 13936 applies	\$70.50
13945	Long-term implanted drug delivery device, accessing of	\$57.00
13948	Cytotoxic agent, instillation of, into a body cavity	\$70.50

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP 1: MISCELLANEOUS THERAPEUTIC PROCEDURES
- SUBGROUP 12 - DERMATOLOGY

Miscellaneous		Dermatology
Item No.	Description	Maximum Fee
14050	PUVA therapy or UVB therapy administered in whole body cabinet (not being a service associated with a service to which item 14053 applies) including associated consultations other than an initial consultation <i>(see para T1.11 of explanatory notes to this Category - MBS Book)</i>	\$65.50
14053	PUVA therapy or UVB therapy administered to localised body areas in a hand and foot cabinet (not being a service associated with a service to which item 14050 applies) including associated consultations other than an initial consultation <i>(see para T1.11 of explanatory notes to this Category - MBS Book)</i>	\$65.50
14100	Laser photocoagulation using laser light within the wave length of 510-600nm in the treatment of severely disfiguring vascular lesions of the head or neck where abnormality is visible from 4 metres, including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period - session of at least 30 minutes duration Anaesthetic Item number for Specialist 17708	\$320.00
14103	Laser photocoagulation using laser light within the wave length of 510-600nm in the treatment of severely disfiguring vascular lesions of the head or neck where abnormality is visible from 4 metres, including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period - session of at least 60 minutes duration Anaesthetic Item number for Specialist 17710	\$389.00
14106	Laser photocoagulation using laser light within the wave length of 510-1064nm in the treatment of port wine stains and haemangiomas, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which item 14100 to 14118 and 30213 apply) in any 12 month period - area of treatment up to 50 cm ² Anaesthetic Item number for Specialist 17707 <i>(see para T1.12 of explanatory notes to this Category - MBS Book)</i>	\$320.00
14109	Laser photocoagulation using laser light within the wave length of 510-1064nm in the treatment of port wine stains and haemangiomas, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period - area of treatment more than 50 cm ² and up to 100cm ² . Anaesthetic Item number for Specialist 17708 <i>(see para T1.12 of explanatory notes to this Category - MBS Book)</i>	\$389.00
14112	Laser photocoagulation using laser light within the wave length of 510-1064nm in the treatment of port wine stains and haemangiomas, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period - area of more than 100cm ² and up to 150cm ² Anaesthetic Item number for Specialist 17709 <i>(see para T1.12 of explanatory notes to this Category - MBS Book)</i>	\$463.00

Miscellaneous		Dermatology
Item No.	Description	Maximum Fee
14115	Laser photocoagulation using laser light within the wave length of 510-1064nm in the treatment of port wine stains and haemangiomas, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period - area of treatment more than 150cm ² and up to 250cm ² Anaesthetic Item number for Specialist 17710 <i>(see para T1.12 of explanatory notes to this Category - MBS Book)</i>	\$537.00
14118	Laser photocoagulation using laser light within the wave length of 510-1064nm in the treatment of port wine stains and haemangiomas, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles) including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 apply) in any 12 month period - area of treatment more than 250cm ² Anaesthetic Item number for Specialist 17711 <i>(see para T1.12 of explanatory notes to this Category - MBS Book)</i>	\$679.50
14120	Laser photocoagulation using laser light within the wavelength of 510-600nm in the treatment of severely disfiguring vascular lesions of the head or neck where abnormality is visible from 4 metres, including any associated consultation - session of at least 30 minutes duration - where it can be demonstrated that a 7th or subsequent session (including any sessions to which Items 14100 to 14118 and 30213 apply) is indicated in a 12 month period Anaesthetic Item number for Specialist 17708 <i>(see para T1.12 of explanatory notes to this Category - MBS Book)</i>	\$318.00
14122	Laser photocoagulation using laser light within the wavelength of 510-600nm in the treatment of severely disfiguring vascular lesions of the head or neck where abnormality is visible from 4 metres, including any associated consultation - session of at least 60 minutes duration - where it can be demonstrated that a 7th or subsequent session (including any sessions to which Items 14100 to 14118 and 30213 apply) is indicated in a 12 month period Anaesthetic Item number for Specialist 17710 <i>(see para T1.12 of explanatory notes to this Category - MBS Book)</i>	\$390.50
14124	Laser photocoagulation using laser light within the wavelength of 510-1064nm in the treatment of port wine stains, haemangiomas, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation - area of treatment up to 50cm ² - where it can be demonstrated that a 7th or subsequent session (including any sessions to which Items 14100 to 14118 and 30213 apply) is indicated in a 12 month period Anaesthetic Item number for Specialist 17707 <i>(see para T1.12 of explanatory notes to this Category - MBS Book)</i>	\$318.00
14126	Laser photocoagulation using laser light within the wavelength of 510-1064nm in the treatment of port wine stains, haemangiomas, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation - area of treatment more than 50cm ² and up to 100cm ² - where it can be demonstrated that a 7th or subsequent session (including any sessions to which Items 14100 to 14118 and 30213 apply) is indicated in a 12 month period Anaesthetic Item number for Specialist 17708 <i>(see para T1.12 of explanatory notes to this Category - MBS Book)</i>	\$390.50

Miscellaneous		Dermatology
Item No.	Description	Maximum Fee
14128	<p>Laser photocoagulation using laser light within the wavelength of 510-1064nm in the treatment of port wine stains, haemangiomas, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation - area of treatment more than 100cm² and up to 150cm² - where it can be demonstrated that a 7th or subsequent session (including any sessions to which Items 14100 to 14118 and 30213 apply) is indicated in a 12 month period</p> <p>Anaesthetic Item number for Specialist 17709 (see para T1.12 of explanatory notes to this Category - MBS Book)</p>	\$463.00
14130	<p>Laser photocoagulation using laser light within the wavelength of 510-1064nm in the treatment of port wine stains, haemangiomas, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation - area of treatment more than 150cm² and up to 250cm² - where it can be demonstrated that a 7th or subsequent session (including any sessions to which Items 14100 to 14118 and 30213 apply) is indicated in a 12 month period</p> <p>Anaesthetic Item number for Specialist 17710 (see para T1.12 of explanatory notes to this Category - MBS Book)</p>	\$536.00
14132	<p>Laser photocoagulation using laser light within the wavelength of 510-1064nm in the treatment of port wine stains, haemangiomas, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation - area of treatment more than 250cm² - where it can be demonstrated that a 7th or subsequent session (including any sessions to which Items 14100 to 14118 and 30213 apply) is indicated in a 12 month period</p> <p>Anaesthetic Item number for Specialist 17711 (see para T1.12 of explanatory notes to this Category - MBS Book)</p>	\$681.00

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP 1: MISCELLANEOUS THERAPEUTIC PROCEDURES
- SUBGROUP 13 - OTHER THERAPEUTIC PROCEDURES

Miscellaneous		Other
Item No.	Description	Maximum Fee
14200	Gastric lavage in the treatment of ingested poison	\$65.50
14203	Hormone or living tissue implantation, by direct implantation involving incision and suture Anaesthetic Item number for Specialist 17706	\$57.00
14206	Hormone or living tissue implantation - by cannula	\$36.50
14209	Intra-arterial infusion or retrograde intravenous perfusion of a sympatholytic agent	\$100.00
14212	Intussusception, management of fluid or gas reduction for Anaesthetic Item number for Specialist 17705	\$234.00

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

Radiation Oncology		Superficial
Item No.	Description	Maximum Fee
15000	<i>(Benefits for administration of general anaesthetic for radiotherapy are payable under item 17965)</i> Radiotherapy, superficial (including treatment with x-rays, radium rays or other radioactive substances), not being a service to which another item in this Group applies - each attendance at which fractionated treatment is given - 1 field	\$53.00
15003	Radiotherapy, superficial (including treatment with x-rays, radium rays or other radioactive substances), not being a service to which another item in this Group applies - each attendance at which fractionated treatment is given - 2 or more fields up to a maximum of 5 additional fields Derived Fee: The fee for item 15000 plus for each field in excess of 1, an amount of \$31.00	DF
15006	Radiotherapy, superficial - attendance at which a single dose technique is applied - 1 field	\$143.50
15009	Radiotherapy, superficial - attendance at which a single dose technique is applied - 2 or more fields up to a maximum of 5 additional fields Derived Fee: The fee for Item 15006 plus for each field in excess of 1, an amount of \$86.00	DF
15012	Radiotherapy, superficial - each attendance at which treatment is given to an eye	\$78.00

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

Radiation Oncology		Orthovoltage
Item No.	Description	Maximum Fee
15100	Radiotherapy, deep or orthovoltage - each attendance at which fractionated treatment is given at 3 or more treatments per week - 1 field	\$72.00
15103	Radiotherapy, deep or orthovoltage - each attendance at which fractionated treatment is given at 3 or more treatments per week - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) Derived Fee: The fee for item 15100 plus for each field in excess of 1, an amount of \$43.00	DF
15106	Radiotherapy, deep or orthovoltage - each attendance at which fractionated treatment is given at 2 treatments per week or less frequently - 1 field	\$84.00
15109	Radiotherapy, deep or orthovoltage - each attendance at which fractionated treatment is given at 2 treatments per week or less frequently - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) Derived Fee: The fee for item 15106 plus for each field in excess of 1, an amount of \$50.00	DF
15112	Radiotherapy, deep or orthovoltage - attendance at which a single dose technique is applied - 1 field	\$187.00
15115	Radiotherapy, deep or orthovoltage - attendance at which a single dose technique is applied - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) Derived Fee: The fee for item 15112 plus for each field in excess of 1, an amount of \$112.00	DF

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

Radiation Oncology		Megavoltage
Item No.	Description	Maximum Fee
15203	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities - each attendance at which treatment is given - 1 field	\$80.00
15204	Radiation oncology treatment, using a single photon energy linear accelerator, with or without electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) Derived Fee: The fee for item 15203 plus for each field in excess of 1, an amount of \$31.00	DF
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 - 1 field	\$106.00
15208	Radiation oncology treatment, using a dual photon energy linear accelerator with a minimum higher energy of 10 MV photons or greater, with electron facilities - each attendance at which treatment is given - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) Derived Fee: The fee for item 15207 plus for each field in excess of 1, an amount of \$34.50	DF
15211	Radiation oncology treatment, using cobalt unit or caesium teletherapy unit - each attendance at which treatment is given - 1 field	\$61.50
15214	Radiation oncology treatment, using cobalt unit or caesium teletherapy unit - each attendance at which fields) - 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) Derived Fee: The fee for item 15211 plus for each field in excess of 1, an amount of \$26.00	DF

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

Radiation Oncology		Brachytherapy
Item No.	Description	Maximum Fee
15303	Intrauterine treatment alone using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques Anaesthetic Item number for Specialist 17705	\$421.00
15304	Intrauterine treatment alone using radioactive sealed sources having a half life greater than 115 days using automatic afterloading techniques Anaesthetic Item number for Specialist 17705	\$421.00
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 Anaesthetic Item number for Specialist 17705	\$795.50
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 Anaesthetic Item number for Specialist 17705	\$795.50
15311	Intravaginal treatment alone using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques Anaesthetic Item number for Specialist 17705	\$395.00
15312	Intravaginal treatment alone using radioactive sealed sources having a half-life greater than 115 days using automatic afterloading techniques Anaesthetic Item number for Specialist 17705	\$395.00
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 Anaesthetic Item number for Specialist 17705	\$769.50
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 Anaesthetic Item number for Specialist 17706	\$769.50
15319	Combined intrauterine and intravaginal treatment using radioactive sealed sources having a half-life greater than 115 days using manual afterloading techniques Anaesthetic Item number for Specialist 17706	\$478.50
15320	Combined intrauterine and intravaginal treatment using radioactive sealed sources having a half-life greater than 115 days using automatic afterloading techniques Anaesthetic Item number for Specialist 17706	\$478.50
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 Anaesthetic Item number for Specialist 17706	\$853.00

Radiation Oncology		Brachytherapy
Item No.	Description	Maximum Fee
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 Anaesthetic Item number for Specialist 17706	\$853.00
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 Anaesthetic Item number for Specialist 17707	\$925.50
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 Anaesthetic Item number for Specialist 17708	\$925.50
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 Anaesthetic Item number for Specialist 17708	\$879.00
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 Anaesthetic Item number for Specialist 17708	\$879.00
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 Anaesthetic Item number for Specialist 17705	\$795.50
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 Anaesthetic Item number for Specialist 17705	\$795.50
15339	Removal of a sealed radioactive source under general anaesthesia, or under epidural or spinal nerve block Anaesthetic Item number for Specialist 17705	\$89.50
15342	Construction and application of a radioactive mould using a sealed source having a half-life of greater than 115 days, to treat intracavity, intraoral or intranasal site	\$223.50
15345	Construction and application of a radioactive mould using a sealed source having a half-life of less than 115 days including iodine, gold, iridium or tantalum to treat intracavity, intraoral or intranasal sites	\$598.00
15348	Subsequent applications of radioactive mould referred to in item 15342 or 15345 - each attendance	\$68.50
15351	Construction and initial application of radioactive mould not exceeding 5 cm in diameter to an external surface	\$181.00
15354	Construction and initial application of radioactive mould 5 cm or more in diameter to an external surface	\$208.00
15357	Subsequent applications of radioactive mould referred to in item 15351 or 15354 - each attendance	\$60.50

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

Radiation Oncology		Computerised Planning
Item No.	Description	Maximum Fee
15500	Radiation field setting using a simulator or isocentric x-ray or megavoltage machine of a single area for treatment by a single field or parallel opposed fields (not being a service associated with a service to which item 15509 applies) <i>(see para T2.2 of explanatory notes to this Category - MBS Book)</i>	\$255.00
15503	Radiation field setting using a simulator or isocentric x-ray or megavoltage machine of a single area, where views in more than 1 plane are required for treatment by multiple fields, or of 2 areas (not being a service associated with a service to which item 15512 applies) <i>(see para T2.2 of explanatory notes to this Category - MBS Book)</i>	\$348.50
15506	Radiation field setting using a simulator or isocentric x-ray or megavoltage machine of 3 or more areas, or of total body or half body irradiation, or of mantle therapy or inverted Y fields, or of irregularly shaped fields using multiple blocks, or of off-axis fields or several joined fields (not being a service associated with a service to which item 15515 applies) <i>(see para T2.2 of explanatory notes to this Category - MBS Book)</i>	\$546.00
15509	Radiation field setting using a diagnostic x-ray unit of a single area for treatment by a single field or parallel opposed fields (not being a service associated with a service to which item 15500 applies) <i>(see para T2.2 of explanatory notes to this Category - MBS Book)</i>	\$135.00
15512	Radiation field setting using a diagnostic x-ray unit of a single area, where views in more than 1 plane are required for treatment by multiple fields, or of 2 areas (not being a service associated with a service to which item 15503 applies) <i>(see para T2.2 of explanatory notes to this Category - MBS Book)</i>	\$199.50
15515	Radiation field setting using a diagnostic x-ray unit of 3 or more areas, or of total body or half body irradiation, or of mantle therapy or inverted Y fields, or of irregularly shaped fields using multiple blocks, or of off-axis fields or several joined fields (not being a service associated with a service to which item 15506 applies) <i>(see para T2.2 of explanatory notes to this Category - MBS Book)</i>	\$327.50
15518	Radiation Dosimetry by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to 1 area with up to 2 shielding blocks <i>(see para T2.2 of explanatory notes to this Category - MBS Book)</i>	\$229.00
15521	Radiation Dosimetry by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to a single area by 3 or more fields, or by a single field or parallel opposed fields to 2 areas, or where wedges are used <i>(see para T2.2 of explanatory notes to this Category - MBS Book)</i>	\$452.50
15524	Radiation Dosimetry by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to 3 or more areas, or by mantle fields or inverted Y fields or tangential fields or irregularly shaped fields using multiple blocks, or off-axis fields, or several joined fields <i>(see para T2.2 of explanatory notes to this Category - MBS Book)</i>	\$899.50
15527	Radiation Dosimetry by a non-CT interfacing planning computer for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to 1 area with up to 2 shielding blocks <i>(see para T2.2 of explanatory notes to this Category - MBS Book)</i>	\$218.50

Radiation Oncology		Computerised Planning
Item No.	Description	Maximum Fee
15530	Radiation Dosimetry by a non-CT interfacing planning computer for megavoltage or teletherapy radiotherapy to a single area by 3 or more fields, or by a single field or parallel opposed fields to 2 areas, or where wedges are used <i>(see para T2.2 of explanatory notes to this Category - MBS Book)</i>	\$359.00
15533	Radiation Dosimetry by a non-CT interfacing planning computer for megavoltage or teletherapy radiotherapy to 3 or more areas, or by mantle fields or inverted Y fields, or tangential fields or irregularly shaped fields using multiple blocks, or off-axis fields, or several joined fields <i>(see para T2.2 of explanatory notes to this Category - MBS Book)</i>	\$707.00
15536	Brachytherapy planning, computerised radiation dosimetry <i>(see para T2.2 of explanatory notes to this Category - MBS Book)</i>	\$452.50

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T2: RADIATION ONCOLOGY
- SUBGROUP 6 - STEREOTACTIC RADIOSURGERY

Radiation Oncology		Stereotactic Radiosurgery
Item No.	Description	Maximum Fee
15600	Stereotactic radiosurgery, including all radiation oncology consultations, planning, simulation, dosimetry and treatment	\$2,193.00

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T3: THERAPEUTIC NUCLEAR MEDICINE

Therapeutic Nuclear Medicine		Therapeutic Nuclear Medicine
Item No.	Description	Maximum Fee
16003	Intra-cavitary administration of a therapeutic dose of Yttrium 90 (not including preliminary paracentesis) Anaesthetic Item number for Specialist 17705	\$780.00
16006	Administration of a therapeutic dose of Iodine 131 for thyroid cancer by single dose technique	\$598.00
16009	Administration of a therapeutic dose of Iodine 131 for thyrotoxicosis by single dose technique	\$405.50
16012	Intravenous administration of a therapeutic dose of Phosphorous 32	\$353.50
16015	Administration of Strontium 89 for painful bony metastases from carcinoma of the prostate where hormone therapy has failed and either: (i) the disease is poorly controlled by conventional radiotherapy; or (ii) conventional radiotherapy is inappropriate, due to the wide distribution of sites of bone pain	\$4,170.00

CATEGORY THREE: THERAPEUTIC PROCEDURES**GROUP T4: OBSTETRICS**

The following services are usually not required in the worker's compensation environment and as such have been classified as "Service Not Required" by the Corporation. In a circumstance where a service is deemed necessary and appropriate by the medical practitioner, please contact WorkCover to discuss payment.

Item No:	Maximum Fee
16500	SNR
16502	SNR
16504	SNR
16505	SNR
16508	SNR
16509	SNR
16511	SNR
16512	SNR
16514	SNR
16515	SNR
16518	SNR
16519	SNR
16520	SNR
16525	SNR
16564	SNR
16567	SNR
16570	SNR

Item No:	Maximum Fee
16571	SNR
16573	SNR
16600	SNR
16603	SNR
16606	SNR
16609	SNR
16612	SNR
16615	SNR
16618	SNR
16621	SNR
16624	SNR
16627	SNR
16633	SNR
16636	SNR

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T5: ASSISTANCE IN THE ADMINISTRATION OF AN ANAESTHETIC

Assistance/Anaesthetics		Anaesthetic
Item No.	Description	Maximum Fee
17503	Assistance in the administration of an anaesthetic requiring continuous anaesthesia on a patient in imminent danger of death requiring continuous life saving emergency treatment, to the exclusion of all other patients <i>(see para T5.1 of explanatory notes to this Category - MBS Book)</i> Derived Fee: 30% of the fee for the administration of the anaesthetic	DF
17506	Assistance in the administration of an elective anaesthetic, where: (i) the patient has complex airway problems; or (ii) the patient is a neonate or a complex paediatric case; or (iii) there is anticipated to be massive blood loss (greater than 50% of blood volume) during the procedure; or (iv) the patient is critically ill, with multiple organ failure; and - where the anaesthesia time is expected to exceed 6 hours and the assistance is provided to the exclusion of all other patients <i>(see para T5.2 of explanatory notes to this Category - MBS Book)</i> Derived Fee: 30% of the fee for the administration of the anaesthetic	DF

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

Anaesthetics		Examination
Item No.	Description	Maximum Fee
17603	<i>(Note: see para T6.1.1 and T6.1.5 for explanatory note relating to this item)</i> Examination of a patient in preparation for the administration of an anaesthetic relating to a clinically relevant service being an examination carried out at a place other than an operating theatre or an anaesthetic induction room	\$55.00

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T6: ANAESTHETICS
- SUBGROUP 2 - ADMINISTRATION OF AN ANAESTHETIC
IN CONNECTION WITH A MEDICAL SERVICE

Anaesthetics		Medical Service
Item No.	Description	Maximum Fee
17701	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 1 unit	\$27.50
17702	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 2 units	\$55.00
17703	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 3 units	\$82.50
17704	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 4 units	\$110.00
17705	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 5 units	\$138.00
17706	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 6 units	\$165.50
17707	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 7 units	\$193.00
17708	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 8 units	\$220.50
17709	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 9 units	\$248.00
17710	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 10 units	\$275.50
17711	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 11 units	\$303.00
17712	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 12 units	\$330.50
17713	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 13 units	\$358.50

Anaesthetics		Medical Service
Item No.	Description	Maximum Fee
17714	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 14 units	\$386.00
17715	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 15 units	\$413.50
17716	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 16 units	\$441.00
17717	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 17 units	\$468.50
17718	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 18 units	\$496.00
17719	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 19 units	\$523.50
17720	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 20 units	\$551.00
17721	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 21 units	\$579.00
17722	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 22 units	\$606.50
17723	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 23 units	\$634.00
17724	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 24 units	\$661.50
17725	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 25 units	\$689.00
17726	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 26 units	\$716.50
17727	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 27 units	\$744.00
17728	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 28 units	\$771.50

Anaesthetics		Medical Service
Item No.	Description	Maximum Fee
17729	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 29 units	\$799.00
17730	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 30 units	\$827.00
17731	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 31 units	\$854.50
17732	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 32 units	\$882.00
17733	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 33 units	\$909.50
17734	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 34 units	\$937.00
17735	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 35 units	\$964.50
17736	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 36 units	\$992.00
17737	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 37 units	\$1,019.50
17738	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 38 units	\$1,047.50
17739	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 39 units	\$1,075.00
17740	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 40 units	\$1,102.50
17741	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 41 units	\$1,130.00
17742	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 42 units	\$1,157.50
17743	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 43 units	\$1,185.00

Anaesthetics		Medical Service
Item No.	Description	Maximum Fee
17744	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 44 units	\$1,212.50
17745	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 45 units	\$1,240.00
17746	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 46 units	\$1,268.00
17747	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 47 units	\$1,295.50
17748	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 48 units	\$1,323.00
17749	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 49 units	\$1,350.50
17750	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 50 units	\$1,378.00
17751	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 51 units	\$1,405.50
17752	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 52 units	\$1,433.00
17753	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 53 units	\$1,460.50
17754	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 54 units	\$1,488.00
17755	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 55 units	\$1,516.00
17756	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 56 units	\$1,543.50
17757	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 57 units	\$1,571.00
17758	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 58 units	\$1,598.50

Anaesthetics		Medical Service
Item No.	Description	Maximum Fee
17759	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 59 units	\$1,626.00
17760	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 60 units	\$1,653.50
17761	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 61 units	\$1,681.00
17762	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 62 units	\$1,708.50
17763	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 63 units	\$1,736.50
17764	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 64 units	\$1,764.00
17765	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 65 units	\$1,791.50
17766	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 66 units	\$1,819.00
17767	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 67 units	\$1,846.50
17768	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 68 units	\$1,874.00
17769	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 69 units	\$1,901.50
17770	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 70 units	\$1,929.00
17771	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 71 units	\$1,957.00
17772	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 72 units	\$1,984.50
17773	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 73 units	\$2,012.00

Anaesthetics		Medical Service
Item No.	Description	Maximum Fee
17774	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 74 units	\$2,039.50
17775	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 75 units	\$2,067.00
17776	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 76 units	\$2,094.50
17777	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 77 units	\$2,122.00
17778	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 78 units	\$2,149.50
17779	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 79 units	\$2,177.00
17780	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 80 units	\$2,205.00
17781	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 81 units	\$2,232.50
17782	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 82 units	\$2,260.00
17783	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 83 units	\$2,287.50
17784	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 84 units	\$2,315.00
17785	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 85 units	\$2,342.50
17786	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 86 units	\$2,370.00
17787	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 87 units	\$2,397.50
17788	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 88 units	\$2,425.50

Anaesthetics		Medical Service
Item No.	Description	Maximum Fee
17789	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 89 units	\$2,453.00
17790	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 90 units	\$2,480.50
17791	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 91 units	\$2,508.00
17792	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 92 units	\$2,535.50
17793	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 93 units	\$2,563.00
17794	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 94 units	\$2,590.50
17795	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 95 units	\$2,618.00
17796	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 96 units	\$2,646.00
17797	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 97 units	\$2,673.50
17798	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 98 units	\$2,701.00
17799	Administration of an anaesthetic - In connection with a medical service which has been assigned an anaesthetic unit value of 99 units	\$2,728.50
17800	Where the anaesthetic time exceeds the normal anaesthetic time for the procedure by more than 1 hour - applicable to anaesthesia assigned up to 12 anaesthetic time units (see para T6.3 of explanatory notes to this Category - MBS Book) Derived Fee: \$27.50 for each additional anaesthetic time unit beyond the assigned number of anaesthetic time units	DF
17805	Where the anaesthetic time exceeds the normal anaesthetic time for the procedure by more than 1 hour and 30 minutes, applicable to anaesthesia assigned 13 to 24 anaesthetic time units (see para T6.3 of explanatory notes to this Category - MBS Book) Derived Fee: \$27.50 for each additional anaesthetic time unit beyond the assigned number of anaesthetic time units	DF

Anaesthetics		Medical Service
Item No.	Description	Maximum Fee
17810	Where the anaesthetic time exceeds the normal anaesthetic time for the procedure by more than 2 hours applicable to anaesthesia assigned more than 24 hours anaesthetic time units (see para T6.3 of explanatory notes to this Category - MBS Book) Derived Fee: \$27.50 for each additional anaesthetic time unit beyond the assigned number of anaesthetic time units	DF
17965	Administration of an anaesthetic - In connection with radiotherapy	\$303.00
17968	Administration of an anaesthetic - In connection with forceps delivery, vacuum extraction delivery, breech delivery by manipulation, or rotation of head followed by delivery	\$220.50
17970	Administration of an anaesthetic - In connection with an operative procedure to which Item 30001 applies (see para T6.5 of explanatory notes to this Category - MBS Book) Derived Fee: 50% of the fee for the administration of the anaesthetic had the procedure not been discontinued	DF
17974	Administration of an anaesthetic - Where the anaesthetic is administered as a therapeutic procedure	\$275.50
17977	Administration of an anaesthetic - 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	DF
17980	Administration of an anaesthetic - In connection with computerised tomography - brain scan with or without contrast medium study	\$303.00
17983	Administration of an anaesthetic - In connection with computerised tomography - body scan with or without contrast medium study	\$303.00
17986	Administration of an anaesthetic - In connection with the removal of pheochromocytoma	\$689.00
17989	Administration of an anaesthetic - In connection with peripheral venous cannulation	\$138.00
17992	Administration of an anaesthetic - In connection with peripheral venous cannulation by open exposure	\$138.00
17995	Administration of an anaesthetic - In connection with percutaneous central venous cannulation	\$193.00
17998	Administration of an anaesthetic - In connection with electrocochleography (insertion of electrodes and brain stem evoked response audiometry)	\$330.50
18001	Administration of an anaesthetic - In connection with manual removal of products of conception, treatment of postpartum haemorrhage or repair of third degree tear	\$193.00
18004	Administration of an anaesthetic - In connection with repair of extensive laceration or lacerations of cervix or manipulative correction of acute inversion of uterus by vaginal approach	\$220.50
18007	Administration of an anaesthetic - In connection with Caesarean section	SNR
18010	Administration of an anaesthetic - In connection with repair of episiotomy	\$138.00
18013	In connection with magnetic resonance imaging services covered by items 63000 to 63946	\$385.00

Anaesthetics		Medical Service
Item No.	Description	Maximum Fee
18016	Administration of an anaesthetic - In connection with a regional or field nerve block covered by items 18216, 18219, 18230, 18232, 18233, 18234, 18236, 18242, 18262, 18280, 18284, 18286, 18288, 18290, 18292, 18294, 18296 or 18298, not being an anaesthetic administered in conjunction with an operative procedure	\$220.50
18019	Administration of an anaesthetic - For incision and drainage of large haematoma, large abscess, cellulitis or similar lesion causing life threatening airway obstruction, or for the relief of life threatening airway obstruction due to epiglottitis	\$523.50
18021	In connection with muscle biopsy for malignant hyperpyrexia	\$357.50
18022	In connection with a digital subtraction angiography	DF
18026	Administration of an anaesthetic - During hyperbaric therapy where the medical practitioner is not confined in the chamber (including the administration of oxygen)	\$386.00
18027	Administration of an anaesthetic - During hyperbaric therapy where the medical practitioner is confined in the chamber (including administration of oxygen)	\$716.50
18030	Administration of an anaesthetic - Performed on a person under the age of 10 years in connection with a procedure covered by an item which has not been allocated anaesthetic units where the anaesthesia time is up to and including 30 minutes	SNR
18031	Administration of an anaesthetic - Performed on a person under the age of 10 years in connection with a procedure covered by an item which has not been allocated anaesthetic units where the anaesthesia time exceeds 30 minutes and is up to and including 60 minutes	SNR
18032	Administration of an anaesthetic - Performed on a person under the age of 10 years in connection with a procedure covered by an item which has not been allocated anaesthetic units where the anaesthesia time exceeds 60 minutes	SNR
18033	In connection with a procedure covered by an item which has not been allocated anaesthetic units, not being a service to which item 18030, 18031 or 18032 applies, where it can be demonstrated that there is a clinical need for anaesthesia <i>(see para T6.6 of explanatory notes to this Category - MBS Book)</i> Derived Fee: \$110.00 (4 basic units) plus \$27.50 for each 15 minutes of anaesthesia time	DF
18035	Administration of an anaesthetic - In connection with a change of dressing or change of plaster undertaken in a hospital or approved day hospital facility	\$138.00

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

Therapeutic Procedures		Regional or Field Nerve Blocks
Item No.	Description	Maximum Fee
	<i>(Note: Where an anaesthetic combines a regional nerve block with a general anaesthetic for an operative procedure, benefits will be paid only under the anaesthetic item relevant to the operation. The only instance where additional benefits are payable under an item in this Group is in relation to item 18206 or 18209, or for item 18210 to 18212 which apply to post-operative pain management)</i>	
18206	Introduction of a narcotic, for the control of post-operative pain, into the epidural or intrathecal space in conjunction with an operation <i>(see para T7.2 of explanatory notes to this Category - MBS Book)</i>	\$55.00
18209	Introduction of local anaesthetic, for control of post-operative pain, into the epidural or intrathecal space, in conjunction with an operation <i>(see para T7.3 of explanatory notes to this Category - MBS Book)</i>	\$55.00
18210	Introduction of a regional or field nerve block peri-operatively performed in the induction room, theatre or recovery room for the control of post operative pain via the femoral OR sciatic nerves, in conjunction with knee, ankle or foot surgery <i>(see para T7.4 of explanatory notes to this Category - MBS Book)</i>	\$90.50
18211	Introduction of a regional or field nerve block peri-operatively performed in the induction room, theatre or recovery room for the control of post operative pain via the femoral AND sciatic nerves, in conjunction with knee, ankle or foot surgery <i>(see para T7.4 of explanatory notes to this Category - MBS Book)</i>	\$109.00
18212	Introduction of a regional or field nerve block peri-operatively performed in the induction room, theatre or recovery room for the control of post operative pain via the brachial plexus in conjunction with shoulder surgery <i>(see para T7.4 of explanatory notes to this Category - MBS Book)</i>	\$90.50
18213	Intravenous regional anaesthesia of limb by retrograde perfusion	\$111.00
18216	Intrathecal or epidural infusion of a therapeutic substance, initial injection or commencement of, including up to 1 hour of continuous attendance by the medical practitioner	\$220.50
18219	Intrathecal or epidural infusion of a therapeutic substance, initial injection or commencement of, where continuous attendance by the medical practitioner extends beyond the first hour Derived fee: The fee for item 18216 plus \$13.95 for each additional 15 minutes or part thereof beyond the first hour of attendance by the medical practitioner	DF
18222	Infusion of a therapeutic substance to maintain regional anaesthesia or analgesia, subsequent injection or revision of, where the period of continuous medical practitioner attendance is 15 minutes or less	\$82.50
18225	Infusion of a therapeutic substance to maintain regional anaesthesia or analgesia, subsequent injection or revision of, where the period of continuous medical practitioner attendance is more than 15 minutes <i>(see para T7.5 of explanatory notes to this Category - MBS Book)</i>	\$110.00
18228	Interpleural block, initial injection or commencement of infusion of a therapeutic substance	\$138.00

Therapeutic Procedures		Regional or Field Nerve Blocks
Item No.	Description	Maximum Fee
18230	Intrathecal or epidural injection of neurolytic substance	\$551.00
18232	Intrathecal or epidural injection of substance other than anaesthetic, contrast or neurolytic solutions, not being a service to which another item in this Group applies (see para T7.6 of explanatory notes to this Category - MBS Book)	\$220.50
18233	Epidural injection of blood for blood patch	\$220.50
18234	Trigeminal nerve, primary division of, injection of an anaesthetic agent	\$275.50
18236	Trigeminal nerve, peripheral branch of, injection of an anaesthetic agent	\$138.00
18238	Facial nerve, injection of an anaesthetic agent, not being a service associated with a service to which item 18240 applies	\$82.50
18240	Retrobulbar or peribulbar injection of an anaesthetic agent	\$138.00
18242	Greater occipital nerve, injection of an anaesthetic agent	\$82.50
18244	Vagus nerve, injection of an anaesthetic agent	\$220.50
18246	Glossopharyngeal nerve, injection of an anaesthetic agent	\$220.50
18248	Phrenic nerve, injection of an anaesthetic agent	\$193.00
18250	Spinal accessory nerve, injection of an anaesthetic agent	\$138.00
18252	Cervical plexus, injection of an anaesthetic agent	\$220.50
18254	Brachial plexus, injection of an anaesthetic agent	\$220.50
18256	Suprascapular nerve, injection of an anaesthetic agent	\$138.00
18258	Intercostal nerve (single), injection of an anaesthetic agent	\$138.00
18260	Intercostal nerves (multiple), injection of an anaesthetic agent	\$193.00
18262	Ilio-inguinal, iliohypogastric or genitofemoral nerves, 1 or more of, injection of an anaesthetic agent	\$138.00
18264	Pudendal nerve, injection of an anaesthetic agent	\$220.50
18266	Ulnar, radial or median nerve, main trunk of, 1 or more of, injection of an anaesthetic agent, not being associated with a brachial plexus block	\$138.00
18268	Obturator nerve, injection of an anaesthetic agent	\$193.00
18270	Femoral nerve, injection of an anaesthetic agent	\$193.00
18272	Saphenous, sural, popliteal or posterior tibial nerve, main trunk of, 1 or more of, injection of an anaesthetic agent	\$138.00
18274	Paravertebral, cervical, thoracic, lumbar, sacral or coccygeal nerves, injection of an anaesthetic agent, (single vertebral level)	\$193.00

Therapeutic Procedures		Regional or Field Nerve Blocks
Item No.	Description	Maximum Fee
18276	Paravertebral nerves, injection of an anaesthetic agent, (multiple levels)	\$275.50
18278	Sciatic nerve, injection of an anaesthetic agent	\$193.00
18280	Sphenopalatine ganglion, injection of an anaesthetic agent	\$275.50
18282	Carotid sinus, injection of an anaesthetic agent, as an independent percutaneous procedure	\$220.50
18284	Stellate ganglion, injection of an anaesthetic agent, (cervical sympathetic block)	\$220.50
18286	Lumbar or thoracic nerves, injection of an anaesthetic agent, (paravertebral sympathetic block)	\$220.50
18288	Coeliac plexus or splanchnic nerves, injection of an anaesthetic agent	\$275.50
18290	Cranial nerve other than trigeminal, destruction by a neurolytic agent	\$551.00
18292	Nerve branch, destruction by a neurolytic agent, not being a service to which any other item in this Group applies (see para T7.7 of explanatory notes to this Category - MBS Book)	\$275.50
18294	Coeliac plexus or splanchnic nerves, destruction by a neurolytic agent	\$551.00
18296	Lumbar sympathetic chain, destruction by a neurolytic agent	\$413.50
18298	Cervical or thoracic sympathetic chain, destruction by a neurolytic agent	\$551.00

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

Surgical Operations		General
Item No.	Description	Maximum Fee
30001	Operative procedure, not being a service to which any other item in this Group applies, being a service to which an item in this Group would have applied had the procedure not been discontinued on medical grounds (see para T8.65 of explanatory notes to this Category - MBS Book) Derived Fee: 50% of the fee which would have applied had the procedure not been discontinued	DF
30003	Localised burns, dressing of, (not involving grafting) - each attendance at which the procedure is performed, including any associated consultation	\$34.50
30006	Extensive burns, dressing of, without anaesthesia (not involving grafting) - each attendance at which the procedure is performed, including any associated consultation	\$59.50
30009	Localised burns, dressing of, under general anaesthesia (not involving grafting) (G) Anaesthetic Item number for Specialist 17708	\$96.50
30010	Localised burns, dressing of, under general anaesthesia (not involving grafting) (S) Anaesthetic Item number for Specialist 17708	\$96.50
30013	Extensive burns, dressing of, under general anaesthesia (not involving grafting) (G) Anaesthetic Item number for Specialist 17710	\$204.00
30014	Extensive burns, dressing of, under general anaesthesia (not involving grafting) (S) Anaesthetic Item number for Specialist 17710	\$204.00
30017	Burns, excision of, under general anaesthesia, involving not more than 10% of body surface, where grafting is not carried out during the same operation Anaesthetic Item number for Specialist 17710 (Assist.)	\$411.00
30020	Burns, excision of, under general anaesthesia, involving more than 10% of body surface, where grafting is not carried out during the same operation Anaesthetic Item number for Specialist 17715 (Assist.)	\$816.00
30023	Wound of soft tissue, deep or extensively contaminated, debridement of, under general anaesthesia or regional or field block, including suturing of that wound when performed Anaesthetic Item number for Specialist 17707 (see para T8.8 of explanatory notes to this Category - MBS Book)	\$411.00
30026	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, small (not more than 7cms long), superficial, not being a service to which another item in Group T4 applies Anaesthetic Item number for Specialist 17706 (see para T8.8 of explanatory notes to this Category - MBS Book)	\$70.50

Surgical Operations		General
Item No.	Description	Maximum Fee
30029	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, small (not more than 7cm long), involving deeper tissue, not being a service to which another item in Group T4 applies Anaesthetic Item number for Specialist 17706 <i>(see para T8.8 of explanatory notes to this Category - MBS Book)</i>	\$106.00
30032	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery on face or neck, small (not more than 7cm long), superficial Anaesthetic Item number for Specialist 17709 <i>(see para T8.8 of explanatory notes to this Category - MBS Book)</i>	\$94.50
30035	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, small (not more than 7cm long), involving deeper tissue Anaesthetic Item number for Specialist 17709 <i>(see para T8.8 of explanatory notes to this Category - MBS Book)</i>	\$141.00
30038	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, large (more than 7cm long), superficial, not being a service to which another item in Group T4 applies Anaesthetic Item number for Specialist 17709 <i>(see para T8.8 of explanatory notes to this Category - MBS Book)</i>	\$106.00
30041	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, large (more than 7cm long), involving deeper tissue, not being a service to which another item in Group T4 applies (G) Anaesthetic Item number for Specialist 17709 <i>(see para T8.8 of explanatory notes to this Category - MBS Book)</i>	\$234.00
30042	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, large (more than 7cm long), involving deeper tissue, not being a service to which another item in Group T4 applies (S) Anaesthetic Item number for Specialist 17709 <i>(see para T8.8 of explanatory notes to this Category - MBS Book)</i>	\$234.00
30045	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, large (more than 7cm long), superficial Anaesthetic Item number for Specialist 17709 <i>(see para T8.8 of explanatory notes to this Category - MBS Book)</i>	\$141.00
30048	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, large (more than 7cm long), involving deeper tissue (G) Anaesthetic Item number for Specialist 17709 <i>(see para T8.8 of explanatory notes to this Category - MBS Book)</i>	\$239.00
30049	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, other than wound closure at time of surgery, on face or neck, large (more than 7cm long), involving deeper tissue (S) Anaesthetic Item number for Specialist 17709	\$239.00
30052	Full thickness laceration of ear, eyelid, nose or lip, repair of, with accurate apposition of each layer of tissue Anaesthetic Item number for Specialist 17711 (Assist.)	\$328.00

Surgical Operations		General
Item No.	Description	Maximum Fee
30055	Wounds, dressing of, under general anaesthesia, with or without removal of sutures, not being a service associated with a service to which another item in this Group applies Anaesthetic Item number for Specialist 17706	\$96.50
30058	Post-operative haemorrhage, control of, under general anaesthesia, as an independent procedure Anaesthetic Item number for Specialist 17705	\$183.00
30061	Superficial foreign body, removal of, (including from cornea or sclera) as an independent procedure Anaesthetic Item number for Specialist 17706	\$28.00
30064	Subcutaneous foreign body, removal of, requiring incision and exploration, including closure of wound if performed, as an independent procedure Anaesthetic Item number for Specialist 17707	\$127.00
30067	Foreign body in muscle, tendon or other deep tissue, removal of, as an independent procedure (G) Anaesthetic Item number for Specialist 17707	\$354.00
30068	Foreign body in muscle, tendon or other deep tissue, removal of, as an independent procedure (S) Anaesthetic Item number for Specialist 17707	\$354.00
30071	Biopsy of skin or mucous membrane, as an independent procedure Anaesthetic Item number for Specialist 17706	\$88.50
30074	Biopsy of lymph gland, muscle or other deep tissue or organ, as an independent procedure (G) Anaesthetic Item number for Specialist 17706	\$224.00
30075	Biopsy of lymph gland, muscle or other deep tissue or organ, as an independent procedure (S) Anaesthetic Item number for Specialist 17706	\$224.00
30078	Drill biopsy of lymph gland, deep tissue or organ, as an independent procedure Anaesthetic Item number for Specialist 17706 (see para T8.9 of explanatory notes to this Category - MBS Book)	\$57.00
30081	Biopsy of bone marrow by trephine using an open approach Anaesthetic Item number for Specialist 17706	\$127.00
30084	Biopsy of bone marrow by trephine using a percutaneous approach with a Jamshidi needle or similar device Anaesthetic Item number for Specialist 17706	\$70.50
30087	Biopsy of bone marrow by aspiration or punch biopsy of synovial membrane Anaesthetic Item number for Specialist 17706	\$35.50
30090	Biopsy of pleura, percutaneous - 1 or more biopsies on any 1 occasion Anaesthetic Item number for Specialist 17706	\$154.00
30093	Needle biopsy of vertebra Anaesthetic Item number for Specialist 17708	\$156.00
30094	Percutaneous aspiration biopsy of deep organ using interventional techniques - but not including imaging Anaesthetic Item number for Specialist 17706	\$244.00

Surgical Operations		General
Item No.	Description	Maximum Fee
30096	Scalene node biopsy Anaesthetic Item number for Specialist 17707	\$239.00
30099	Sinus, excision of, involving superficial tissue only Anaesthetic Item number for Specialist 17706	\$106.00
30102	Sinus, excision of, involving muscle and deep tissue (G) Anaesthetic Item number for Specialist 17706	\$239.00
30103	Sinus, excision of, involving muscle and deep tissue (S) Anaesthetic Item number for Specialist 17706	\$239.00
30104	Pre-auricular sinus, excision of Anaesthetic Item number for Specialist 17706	\$141.00
30106	Ganglion or small bursa, excision of, not being a service associated with a service to which an item in this group applies (G) Anaesthetic Item number for Specialist 17706	\$255.00
30107	Ganglion or small bursa, excision of, not being a service associated with a service to which an item in this group applies (S) Anaesthetic Item number for Specialist 17706	\$255.00
30110	Bursa (large), including olecranon, calcaneum or patella, excision of (G) Anaesthetic Item number for Specialist 17707 (Assist)	\$411.00
30111	Bursa (large), including olecranon, calcaneum or patella, excision of (S) Anaesthetic Item number for Specialist 17707 (Assist)	\$411.00
30114	Bursa, semimembranosus (Baker's cyst), excision of Anaesthetic Item number for Specialist 17707 (Assist.)	\$478.00
30165	Lipectomy - transverse wedge excision of abdominal apron Anaesthetic Item number for Specialist 17710 (Assist.)	\$525.00
30168	Lipectomy - wedge excision of skin or fat not being a service to which item 30165 applies - 1 excision Anaesthetic Item number for Specialist 17710 (Assist)	\$525.00
30171	Lipectomy - wedge excision of skin or fat not being a service to which item 30165 applies - 2 or more excisions Anaesthetic Item number for Specialist 17712 (Assist.)	\$785.00
30174	Lipectomy - subumbilical excision with undermining of skin edges and strengthening of musculo-aponeurotic wall Anaesthetic Item number for Specialist 17712 (Assist.)	\$785.00
30177	Lipectomy - radical abdominoplasty (Pitanguy type or similar) with excision of skin and subcutaneous tissue, repair of musculo-aponeurotic layer and transposition of umbilicus Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,180.00
30180	Axillary hyperhidrosis, wedge excision for Anaesthetic Item number for Specialist 17706	\$158.00

Surgical Operations		General
Item No.	Description	Maximum Fee
30183	Axillary hyperhidrosis, total excision of sweat gland bearing area Anaesthetic Item number for Specialist 17709	\$317.00
30186	Palmar or plantar wart, removal of, not being a service to which item 30187 applies Anaesthetic Item number for Specialist 17705 <i>(see para T8.12 of explanatory notes to this Category - MBS Book)</i>	\$57.00
30187	Palmar or plantar warts, removal of by carbon dioxide laser, requiring admission to a hospital or day hospital facility, or when performed by a specialist in the practice of his/her speciality, where the time taken is greater than 45 mins (5 or more warts) Anaesthetic Item number for Specialist 17707 (Assist.) <i>(see para T8.12 of explanatory notes to this Category - MBS Book)</i>	\$194.00
30189	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 being a service associated with a service to which another item in this Group applies Anaesthetic Item number for Specialist 17705 <i>(see para T8.12 of explanatory notes to this Category - MBS Book)</i>	\$164.00
30190	Angiofibromas, trichoepitheliomas or other severely disfiguring tumours suitable for laser excision as confirmed by specialist opinion, of the face or neck, removal of, by carbon dioxide laser excision-ablation including associated resurfacing (10 or more tumours) Anaesthetic Item number for Specialist 17710 (Assist.)	\$444.00
30192	Premalignant skin lesions, treatment of, by galvanocautery or electrodesiccation or cryocautery (10 or more lesions) Anaesthetic Item number for Specialist 17706 <i>(see para T8.12 of explanatory notes to this Category - MBS Book)</i>	\$44.00
30195	Neoplastic skin lesions, other than viral verrucae (common warts) and seborrheic keratoses, treatment by electrosurgical destruction, simple curettage or shave excision, or laser photocoagulation, not being a service to which item 30196, 30197, 30202, 30203 or 30205 applies - (1 or more lesions) Anaesthetic Item number for Specialist 17706	\$70.50
30196	Cancer of skin or mucous membrane proven by histopathology or confirmed by a specialist opinion, removal of, by serial curettage or carbon dioxide laser excision-ablation, including any associated cryotherapy, or diathermy, not being a service to which item 30197 applies Anaesthetic Item number for Specialist 17706 <i>(see para T8.13 of explanatory notes to this Category - MBS Book)</i>	\$139.00
30197	Cancer of skin or mucous membrane proven by histopathology or confirmed by a specialist opinion, removal of, by serial curettage or carbon dioxide laser excision-ablation, including any associated cryotherapy or diathermy, (10 or more lesions) Anaesthetic Item number for Specialist 17708 <i>(see para T8.13 of explanatory notes to this Category - MBS Book)</i>	\$489.00
30202	Cancer of skin or mucous membrane proven by histopathology or confirmed by a specialist opinion, removal of, by liquid nitrogen cryotherapy using repeat freeze-thaw cycles, not being a service to which item 30203 applies <i>(see para T8.13 of explanatory notes to this Category - MBS Book)</i>	\$53.00

Surgical Operations		General
Item No.	Description	Maximum Fee
30203	Cancer of skin or mucous membrane proven by histopathology or confirmed by a specialist opinion, removal of, by liquid nitrogen cryotherapy using repeat freeze-thaw cycles (10 or more lesions) <i>(see para T8.13 of explanatory notes to this Category - MBS Book)</i>	\$189.00
30205	Cancer of skin proven by histopathology, removal of, by liquid nitrogen cryotherapy using repeat freeze-thaw cycles where cancer extends into cartilage Anaesthetic Item number for Specialist 17706	\$139.00
30207	Skin lesions, multiple injections with hydrocortisone or similar preparations Anaesthetic Item number for Specialist 17706	\$48.50
30210	Keloid and other skin lesions, extensive, multiple injections of hydrocortisone or similar preparations where undertaken in the operating theatre of a hospital or approved day-hospital facility Anaesthetic Item number for Specialist 17706	\$191.00
30213	Telangiectases or starburst vessels on the head or neck where lesions are visible from 4 metres, diathermy or sclerosant injection of, including associated consultation - limited to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period - for a session of at least 20 minutes duration Anaesthetic Item number for Specialist 17707 <i>(see para T8.14 of explanatory notes to this Category - MBS Book)</i>	\$135.00
30214	Telangiectases or starburst vessels on the head or neck where lesions are visible from 4 metres, diathermy or sclerosant injection of, including associated consultation - session of at least 20 minutes duration - where it can be demonstrated that a 7th or subsequent session (including any sessions to which items 14100 to 14118 and 30213 apply) is indicated in a 12 month period <i>(see para T8.14 of explanatory notes to this Category - MBS Book)</i>	\$135.00
30216	Haematoma, aspiration of Anaesthetic Item number for Specialist 17705	\$29.50
30219	Haematoma, furuncle, small abscess or similar lesion not requiring a general anaesthetic, incision with drainage of (excluding after-care)	\$29.50
30222	Large haematoma, large abscess, carbuncle, cellulitis or similar lesion requiring a general anaesthetic, incision with drainage of (excluding after-care) (G) Anaesthetic Item number for Specialist 17706	\$191.00
30223	Large haematoma, large abscess, carbuncle, cellulitis or similar lesion requiring a general anaesthetic, incision with drainage of (excluding after-care) (S) Anaesthetic Item number for Specialist 17706	\$191.00
30224	Percutaneous drainage of deep abscess using interventional techniques - but not including imaging Anaesthetic Item number for Specialist 17707	\$307.00
30225	Abscess drainage tube, exchange of using interventional techniques - but not including imaging Anaesthetic Item number for Specialist 17706	\$343.00
30226	Muscle, excision of (limited) or fasciotomy Anaesthetic Item number for Specialist 17706	\$193.00

Surgical Operations		General
Item No.	Description	Maximum Fee
30229	Muscle, excision of (extensive) Anaesthetic Item number for Specialist 17707 (Assist.)	\$348.00
30232	Muscle, ruptured, repair of (limited), not associated with external wound Anaesthetic Item number for Specialist 17707	\$286.00
30235	Muscle, ruptured, repair of (extensive), not associated with external wound Anaesthetic Item number for Specialist 17707 (Assist.)	\$385.00
30238	Fascia, deep, repair of, for herniated muscle Anaesthetic Item number for Specialist 17707	\$193.00
30241	Bone tumour, innocent, excision of, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17707 (Assist.)	\$411.00
30244	Styloid process of temporal bone, removal of Anaesthetic Item number for Specialist 17708 (Assist.)	\$411.00
30246	Parotid duct, repair of, using micro-surgical techniques Anaesthetic Item number for Specialist 17714 (Assist.)	\$907.00
30247	Parotid gland, total extirpation of Anaesthetic Item number for Specialist 17715 (Assist.)	\$972.00
30250	Parotid gland, total extirpation of, with preservation of facial nerve Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,591.00
30251	Recurrent parotid tumour, excision of, with preservation of facial nerve Anaesthetic Item number for Specialist 17723 (Assist.)	\$1,591.00
30253	Parotid gland, superficial lobectomy of, with exposure of facial nerve Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,061.00
30255	Submandibular ducts, relocation of, for surgical control of drooling Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,400.00
30256	Submandibular gland, extirpation of Anaesthetic Item number for Specialist 17713 (Assist.)	\$447.00
30259	Sublingual gland, extirpation of Anaesthetic Item number for Specialist 17707	\$255.00
30262	Salivary gland, dilatation or diathermy of duct Anaesthetic Item number for Specialist 17706	\$77.00
30265	Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, 1 or more such procedures (G) Anaesthetic Item number for Specialist 17707	\$191.00
30266	Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, 1 or more such procedures (S) Anaesthetic Item number for Specialist 17707	\$191.00

Surgical Operations		General
Item No.	Description	Maximum Fee
30269	Salivary gland, repair of cutaneous fistula of Anaesthetic Item number for Specialist 17707	\$193.00
30272	Tongue, partial excision of Anaesthetic Item number for Specialist 17707 (Assist.)	\$385.00
30275	Radical excision of intra-oral tumour involving resection of mandible and lymph glands of neck (commando-type operation) Anaesthetic Item number for Specialist 17718 (Assist.)	\$2,236.00
30278	Tongue tie, repair of, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17707	\$59.50
30281	Tongue tie, mandibular frenulum or maxillary frenulum, repair of, in a person aged 2 years and over, under general anaesthesia Anaesthetic Item number for Specialist 17707	SNR
30282	Ranula or mucous cyst of mouth, removal of (G) Anaesthetic Item number for Specialist 17709	\$255.00
30283	Ranula or mucous cyst of mouth, removal of (S) Anaesthetic Item number for Specialist 17709	\$255.00
30286	Branchial cyst, removal of Anaesthetic Item number for Specialist 17709 (Assist.)	\$510.00
30289	Branchial fistula, removal of Anaesthetic Item number for Specialist 17709 (Assist.)	\$650.00
30293	Cervical oesophagostomy or closure of cervical oesophagostomy with or without plastic repair Anaesthetic Item number for Specialist 17715 (Assist.)	\$572.00
30294	Cervical oesophagectomy with tracheostomy and oesophagostomy, with or without plastic reconstruction; or laryngopharyngectomy with tracheostomy and plastic reconstruction Anaesthetic Item number for Specialist 17723 (Assist.)	\$2,236.00
30296	Thyroidectomy, total Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,300.00
30297	Thyroidectomy following previous thyroid surgery Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,300.00
30306	Total hemithyroidectomy Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,040.00
30308	Bilateral subtotal thyroidectomy Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,014.00
30309	Thyroidectomy, subtotal for thyrotoxicosis Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,326.00

Surgical Operations		General
Item No.	Description	Maximum Fee
30310	Thyroid, unilateral sub-total thyroidectomy or equivalent partial thyroidectomy Anaesthetic Item number for Specialist 17711 (Assist.)	\$650.00
30313	Thyroglossal cyst, removal of Anaesthetic Item number for Specialist 17711 (Assist.)	\$504.00
30314	Thyroglossal cyst or fistula or both, radical removal of, including thyroglossal duct and portion of hyoid bone Anaesthetic Item number for Specialist 17711 (Assist.)	\$733.00
30315	Parathyroid operation for hyperparathyroidism Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,591.00
30317	Cervical re-exploration for recurrent or persistent hyperparathyroidism Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,737.00
30318	Mediastinum, exploration of, via the cervical route, for hyperparathyroidism (including thymectomy) Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,154.00
30320	Mediastinum, exploration of, via mediastinotomy, for hyperparathyroidism (including thymectomy) Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,737.00
30321	Retroperitoneal neuroendocrine tumour, removal of Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,154.00
30323	Retroperitoneal neuroendocrine tumour, removal of, requiring complex and extensive dissection Anaesthetic Item number for Specialist 17730 (Assist.)	\$1,737.00
30324	Adrenal gland tumour, excision of Anaesthetic Item number for Specialist 17725 (Assist.)	\$1,737.00
30329	Lymph glands of groin, limited excision of Anaesthetic Item number for Specialist 17709	\$312.00
30330	Lymph glands of groin, radical excision of Anaesthetic Item number for Specialist 17713 (Assist.)	\$915.00
30332	Lymph glands of axilla, limited excision of Anaesthetic Item number for Specialist 17709	\$312.00
30333	Lymph glands of axilla, radical excision of Anaesthetic Item number for Specialist 17713 (Assist.)	\$915.00
30337	Simple mastectomy with or without frozen section biopsy (G) Anaesthetic Item number for Specialist 17708 (Assist.)	\$504.50
30338	Simple mastectomy with or without frozen section biopsy (S) Anaesthetic Item number for Specialist 17708 (Assist.)	\$504.50
30341	Breast, excision of cyst, fibro adenoma or other local lesion or segmental resection for any other reason (G) Anaesthetic Item number for Specialist 17705 (Assist.)	\$317.00

Surgical Operations		General
Item No.	Description	Maximum Fee
30342	Breast, excision of cyst, fibro adenoma or other local lesion or segmental resection for any other reason (S) Anaesthetic Item number for Specialist 17705 (Assist.)	\$317.00
30345	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 (G) Anaesthetic Item number for Specialist 17708 (Assist.)	\$385.00
30346	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 (S) Anaesthetic Item number for Specialist 17708 (Assist.)	\$385.00
30349	Partial mastectomy involving more than 25% of the breast tissue, with or without frozen section biopsy (G) Anaesthetic Item number for Specialist 17706 (Assist.)	\$385.00
30350	Partial mastectomy involving more than 25% of the breast tissue, with or without frozen section biopsy (S) Anaesthetic Item number for Specialist 17706 (Assist.)	\$385.00
30353	Breast, extended simple mastectomy with or without frozen section biopsy Anaesthetic Item number for Specialist 17709 (Assist.)	\$764.00
30356	Subcutaneous mastectomy with or without frozen section biopsy Anaesthetic Item number for Specialist 17709 (Assist.) <i>(see para T8.15 of explanatory notes to this Category - MBS Book)</i>	\$640.00
30359	Breast, radical or modified radical mastectomy with or without frozen section biopsy Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,030.00
30360	Fine needle breast biopsy, imaging guided - but not including imaging Anaesthetic Item number for Specialist 17705	\$244.00
30361	Breast, preoperative localisation of lesion of, by hookwire or similar device, using interventional techniques - but not including imaging Anaesthetic Item number for Specialist 17705	\$244.00
30363	Breast, core biopsy of solid tumour or tissue of, using mechanical biopsy device, for histological examination Anaesthetic Item number for Specialist 17705	\$175.00
30364	Breast, exploration and drainage of haematoma, seroma or inflammatory condition including abscess, granulomatous mastitis or similar, when undertaken in the operating theatre of a hospital or approved day hospital facility, excluding aftercare Anaesthetic Item number for Specialist 17707	\$206.00
30366	Breast, microdochotomy of, for benign or malignant condition Anaesthetic Item number for Specialist 17710 (Assist.)	\$426.00
30367	Breast central ducts, excision of, for benign condition Anaesthetic Item number for Specialist 17710 (Assist.)	\$338.00
30369	Accessory breast tissue, excision of Anaesthetic Item number for Specialist 17707 (Assist.)	\$338.00

Surgical Operations		General
Item No.	Description	Maximum Fee
30370	Inverted nipple, surgical eversion of Anaesthetic Item number for Specialist 17707	\$193.00
30372	Accessory nipple, excision of Anaesthetic Item number for Specialist 17707	\$160.00
30373	Laparotomy (exploratory), including associated biopsies, where no other intra-abdominal procedure is performed Anaesthetic Item number for Specialist 17711 (Assist.)	\$619.00
30375	Laparotomy involving caecostomy, enterostomy, colostomy, enterotomy, colotomy, cholecystostomy, gastrostomy, gastrotomy, reduction of intussusception, removal of Meckel's diverticulum, suture of perforated peptic ulcer, simple repair of ruptured viscus, reduction of volvulus, pyloroplasty (adult) or drainage of pancreas Anaesthetic Item number for Specialist 17713 (Assist.) <i>(see para T8.16 of explanatory notes to this Category - MBS Book)</i>	\$702.00
30376	Laparotomy involving division of peritoneal adhesions (where no other intra-abdominal procedure is performed) Anaesthetic Item number for Specialist 17714 (Assist.)	\$702.00
30378	Laparotomy involving division of adhesions in conjunction with another intra-abdominal procedure where the time taken to divide the adhesions is between 45 minutes and 2 hours Anaesthetic Item number for Specialist 17714 (Assist.)	\$702.00
30379	Laparotomy with division of extensive adhesions (duration greater than 2 hours) with or without insertion of long intestinal tube Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,180.00
30382	Enterocutaneous fistula, radical repair of, involving extensive dissection and resection of bowel Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,664.00
30384	Laparotomy for grading of lymphoma, including splenectomy, liver biopsies, lymph node biopsies and oophorepexy Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,414.00
30385	Laparotomy for control of post-operative haemorrhage, where no other procedure is performed Anaesthetic Item number for Specialist 17712 (Assist.)	\$723.00
30387	Laparotomy involving operation on abdominal viscera (including pelvic viscera), not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17712 (Assist.)	\$822.00
30388	Laparotomy for trauma involving 3 or more organs Anaesthetic Item number for Specialist 17721 (Assist.)	\$2,033.00
30390	Laparoscopy, diagnostic Anaesthetic Item number for Specialist 17709	\$281.00
30391	Laparoscopy, with biopsy Anaesthetic Item number for Specialist 17709 (Assist.)	\$359.00
30392	Radical or debulking operation for advanced intra-abdominal malignancy, with or without omentectomy, as an independent procedure Anaesthetic Item number for Specialist 17721 (Assist.)	\$742.00

Surgical Operations		General
Item No.	Description	Maximum Fee
30393	Laparoscopic division of adhesions in association with another intra-abdominal procedure where the time taken to divide the adhesions exceeds 45 minutes Anaesthetic Item number for Specialist 17714 (Assist.)	\$705.00
30394	Laparotomy for drainage of subphrenic abscess, pelvic abscess, appendiceal abscess, ruptured appendix or for peritonitis from any cause, with or without appendicectomy Anaesthetic Item number for Specialist 17711 (Assist.)	\$634.00
30396	Laparotomy for gross intra peritoneal sepsis requiring debridement of fibrin, with or without removal of foreign material or enteric contents, with lavage of the entire peritoneal cavity via a major abdominal incision, with or without closure of abdomen and with or without mesh or zipper insertion Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,295.00
30397	Laparostomy, via wound previously made and left open or closed with zipper, involving change of dressings or packs, and with or without drainage of loculated collections Anaesthetic Item number for Specialist 17713	\$296.00
30399	Laparostomy, final closure of wound made at previous operation, after removal of dressings or packs and removal of mesh or zipper if previously inserted Anaesthetic Item number for Specialist 17714 (Assist.)	\$406.00
30400	Laparotomy with insertion of portacath for administration of cytotoxic therapy including placement of reservoir Anaesthetic Item number for Specialist 17712 (Assist.)	\$806.00
30402	Retroperitoneal abscess, drainage of, not involving laparotomy Anaesthetic Item number for Specialist 17709 (Assist.)	\$593.00
30403	Ventral, incisional, or recurrent hernia or burst abdomen, repair of Anaesthetic Item number for Specialist 17711 (Assist.)	\$707.00
30405	Ventral, or incisional hernia, repair of requiring muscle transposition, mesh hernioplasty or resection of strangulated bowel Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,165.00
30406	Paracentesis abdominis Anaesthetic Item number for Specialist 17708	\$70.50
30408	Peritoneo venous (Leveen) shunt, insertion of Anaesthetic Item number for Specialist 17711 (Assist.)	\$499.00
30409	Liver biopsy, percutaneous Anaesthetic Item number for Specialist 17706	\$250.00
30411	Liver biopsy by wedge excision when performed in conjunction with another intra-abdominal procedure Anaesthetic Item number for Specialist 17711	\$112.00
30412	Liver biopsy by core needle, when performed in conjunction with another intra-abdominal procedure Anaesthetic Item number for Specialist 17711	\$66.50
30414	Liver, subsegmental resection of, (local excision), other than for trauma Anaesthetic Item number for Specialist 17716 (Assist.)	\$879.00

Surgical Operations		General
Item No.	Description	Maximum Fee
30415	Liver, segmental resection of, other than for trauma Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,752.00
30416	Liver cyst, laparoscopic marsupialisation of, where the size of the cyst is greater than 5cm in diameter Anaesthetic Item number for Specialist 17716 (Assist.)	\$952.00
30417	Liver cysts, laparoscopic marsupialisation of 5 or more, including any cyst greater than 5cm in diameter Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,428.00
30418	Liver, lobectomy of, other than for trauma Anaesthetic Item number for Specialist 17724 (Assist.)	\$2,033.00
30419	Liver tumours, destruction of, by hepatic cryotherapy Anaesthetic Item number for Specialist 17720	\$1,050.00
30421	Liver, tri-segmental resection (extended lobectomy) of, other than for trauma Anaesthetic Item number for Specialist 17726 (Assist.)	\$2,538.00
30422	Liver, repair of superficial laceration of, for trauma Anaesthetic Item number for Specialist 17712 (Assist.)	\$858.00
30425	Liver, repair of deep multiple lacerations of, or debridement of, for trauma Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,664.00
30427	Liver, segmental resection of, for trauma Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,986.00
30428	Liver, lobectomy of, for trauma Anaesthetic Item number for Specialist 17726 (Assist.)	\$2,122.00
30430	Liver, extended lobectomy (tri-segmental resection) of, for trauma Anaesthetic Item number for Specialist 17728 (Assist.)	\$2,954.00
30431	Liver abscess, open abdominal drainage of Anaesthetic Item number for Specialist 17713 (Assist.)	\$707.00
30433	Liver abscess (multiple), open abdominal drainage of Anaesthetic Item number for Specialist 17716 (Assist.)	\$926.00
30434	Hydatid cyst of liver, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles Anaesthetic Item number for Specialist 17714 (Assist.)	\$749.00
30436	Hydatid cyst of liver, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles, with omentoplasty or myeloplasty Anaesthetic Item number for Specialist 17716 (Assist.)	\$832.00
30437	Hydatid cyst of liver, total excision of, by cysto pericystectomy (membrane plus fibrous wall) Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,035.00
30438	Hydatid cyst of liver, excision of, with drainage and excision of liver tissue Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,465.00

Surgical Operations		General
Item No.	Description	Maximum Fee
30439	Operative cholangiography or operative pancreatography or intra operative ultrasound of the biliary tract (including 1 or more examinations performed during the 1 operation) Anaesthetic Item number for Specialist 17711	\$234.00
30440	Cholangiogram, percutaneous transhepatic, and biliary drainage, using interventional techniques - but not including imaging Anaesthetic Item number for Specialist 17712 (Assist.)	\$671.00
30441	Intra operative ultrasound for staging of intra abdominal tumours Anaesthetic Item number for Specialist 17711	\$174.00
30442	Choledochoscopy in conjunction with another procedure Anaesthetic Item number for Specialist 17709	\$234.00
30443	Cholecystectomy Anaesthetic Item number for Specialist 17713 (Assist.)	\$941.00
30445	Laparoscopic cholecystectomy Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,040.00
30446	Laparoscopic cholecystectomy when procedure is completed by laparotomy Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,035.00
30448	Laparoscopic cholecystectomy, involving removal of common duct calculi via the cystic duct Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,238.00
30449	Laparoscopic cholecystectomy with removal of common duct calculi via laparoscopic choledochotomy Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,378.00
30450	Calculus of biliary or renal tract, extraction of, using interventional imaging techniques - not being a service associated with a service to which items 36627, 36630, 36645 or 36648 applies Anaesthetic Item number for Specialist 17714 (Assist.)	\$667.00
30451	Biliary drainage tube, exchange of, using interventional techniques - but not including imaging Anaesthetic Item number for Specialist 17710 (Assist.)	\$343.00
30452	Choledochoscopy with balloon dilatation of a stricture or passage of stent or extraction of calculi Anaesthetic Item number for Specialist 17716 (Assist.)	\$478.00
30454	Choledochotomy (with or without cholecystectomy), with or without removal of calculi Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,175.00
30455	Choledochotomy (with or without cholecystectomy), with removal of calculi including biliary intestinal anastomosis Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,305.00
30457	Choledochotomy, intrahepatic, involving removal of intrahepatic bile duct calculi Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,752.00

Surgical Operations		General
Item No.	Description	Maximum Fee
30458	Transduodenal operation on sphincter of Oddi, involving 1 or more of, removal of calculi, sphincterotomy, sphincteroplasty, biopsy, local excision of peri-ampullary or duodenal tumour, sphincteroplasty of the pancreatic duct, pancreatic duct septoplasty, with or without choledochotomy Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,305.00
30460	Cholecystoduodenostomy, cholecystoenterostomy, choledochojejunostomy or Roux-en-Y as a bypass procedure when no prior biliary surgery performed Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,097.00
30461	Radical resection of porta hepatis for gall bladder or common bile duct carcinoma with biliary-enteric anastomoses, not being a service associated with a service to which item 30443, 30454, 30455, 30458 or 30460 applies Anaesthetic Item number for Specialist 17719 (Assist.)	\$1,914.00
30463	Radical resection of common hepatic duct and right and left hepatic ducts for carcinoma, with 2 duct anastomoses Anaesthetic Item number for Specialist 17724 (Assist.)	\$2,309.00
30464	Radical resection of common hepatic duct and right and left hepatic ducts for carcinoma, involving more than 2 anastomoses or resection of segment or major portion of segment of liver Anaesthetic Item number for Specialist 17730 (Assist.)	\$2,772.00
30466	Intrahepatic biliary bypass of left hepatic ductal system by Roux-en-Y loop to peripheral ductal system Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,596.00
30467	Intrahepatic bypass of right hepatic ductal system by Roux-en-Y loop to peripheral ductal system Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,976.00
30469	Biliary stricture, repair of, after 1 or more operations on the biliary tree Anaesthetic Item number for Specialist 17724 (Assist.)	\$2,189.00
30470	Bile duct fistula, repair of, following previous bile duct surgery Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,383.00
30472	Hepatic or common bile duct, repair of, as the primary procedure subsequent to transection of bile duct or ducts Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,180.00
30473	Oesophagoscopy (not being a service to which item 41816 or 41822 applies), gastroscopy, duodenoscopy or panendoscopy (1 or more such procedures), with or without biopsy, not being a service associated with a service to which item 30476 or 30478 applies Anaesthetic Item number for Specialist 17706 (see para T8.66 of explanatory notes to this Category - MBS Book)	\$281.00
30475	Endoscopy with balloon dilatation of gastric or gastroduodenal stricture Anaesthetic Item number for Specialist 17708 (see para T8.66 of explanatory notes to this Category - MBS Book)	\$458.00
30476	Oesophagoscopy (not being a service to which item 41816 or 41822 applies), gastroscopy, duodenoscopy or panendoscopy (1 or more such procedures), with endoscopic sclerosing injection or banding of oesophageal or gastric varices, not being a service associated with a service to which item 30473 or 30478 applies Anaesthetic Item number for Specialist 17708 (see para T8.66 of explanatory notes to this Category - MBS Book)	\$348.00

Surgical Operations		General
Item No.	Description	Maximum Fee
30478	Oesophagoscopy (not being a service to which item 41816, 41822 or 41825 applies), gastroscopy, duodenoscopy or panendoscopy (1 or more such procedures), with 1 or more of the following endoscopic procedures - polypectomy, removal of foreign body, diathermy, heater probe or laser coagulation, or sclerosing injection of bleeding upper gastrointestinal lesions, not being a service associated with a service to which item 30473 or 30476 applies Anaesthetic Item number for Specialist 17708 (see para T8.66 of explanatory notes to this Category - MBS Book)	\$416.00
30479	Endoscopic laser therapy for neoplasia and benign vascular lesions or strictures of the gastrointestinal tract Anaesthetic Item number for Specialist 17711 (Assist.) (see para T8.66 of explanatory notes to this Category - MBS Book)	\$614.00
30481	Percutaneous gastrostomy (initial procedure), including any associated imaging services Anaesthetic Item number for Specialist 17711 (Assist.) (see para T8.66 of explanatory notes to this Category - MBS Book)	\$452.00
30482	Percutaneous gastrostomy (repeat procedure), including any associated imaging services Anaesthetic Item number for Specialist 17711	\$322.00
30483	Gastrostomy button, non-endoscopic insertion of, or non-endoscopic replacement of Anaesthetic Item number for Specialist 17707	\$224.00
30484	Endoscopic retrograde cholangio-pancreatography Anaesthetic Item number for Specialist 17708 (Assist.) (see para T8.66 of explanatory notes to this Category - MBS Book)	\$463.00
30485	Endoscopic sphincterotomy with or without extraction of stones from common bile duct Anaesthetic Item number for Specialist 17708 (Assist.) (see para T8.66 of explanatory notes to this Category - MBS Book)	\$723.00
30487	Small bowel intubation with biopsy Anaesthetic Item number for Specialist 17707 (see para T8.66 of explanatory notes to this Category - MBS Book)	\$229.00
30488	Small bowel intubation - as an independent procedure Anaesthetic Item number for Specialist 17707	\$114.00
30490	Oesophageal prosthesis, insertion of, including endoscopy and dilatation Anaesthetic Item number for Specialist 17710 (Assist.) (see para T8.66 of explanatory notes to this Category - MBS Book)	\$666.00
30491	Bile duct, endoscopic stenting of (including endoscopy and dilatation) Anaesthetic Item number for Specialist 17711 (Assist.) (see para T8.66 of explanatory notes to this Category - MBS Book)	\$702.00
30493	Biliary manometry Anaesthetic Item number for Specialist 17709 (see para T8.66 of explanatory notes to this Category - MBS Book)	\$426.00

Surgical Operations		General
Item No.	Description	Maximum Fee
30494	Endoscopic biliary dilatation Anaesthetic Item number for Specialist 17711 (see para T8.66 of explanatory notes to this Category - MBS Book)	\$536.00
30496	Vagotomy, truncal or selective, with or without pyloroplasty or gastroenterostomy Anaesthetic Item number for Specialist 17713 (Assist.)	\$764.00
30497	Vagotomy and antrectomy Anaesthetic Item number for Specialist 17714 (Assist.)	\$894.00
30499	Vagotomy, highly selective Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,087.00
30500	Vagotomy, highly selective with duodenoplasty for peptic stricture Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,134.00
30502	Vagotomy, highly selective, with dilatation of pylorus Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,264.00
30503	Vagotomy or antrectomy, or both, for peptic ulcer following previous operation for peptic ulcer Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,404.00
30506	Bleeding peptic ulcer, control of, involving suture of bleeding point or wedge excision, and vagotomy and pyloroplasty or gastroenterostomy Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,227.00
30508	Bleeding peptic ulcer, control of, involving suture of bleeding point or wedge excision, and highly selective vagotomy Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,295.00
30509	Bleeding peptic ulcer, control of, involving gastric resection (other than wedge resection) Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,295.00
30511	Morbid obesity, gastric reduction or gastroplasty for, by any method Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,118.00
30512	Morbid obesity, gastric bypass for, by any method including anastomosis Anaesthetic Item number for Specialist 17723 (Assist.)	\$1,544.00
30514	Morbid obesity, surgical reversal of procedure to which item 30511 or 30512 applies Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,955.00
30515	Gastroenterostomy (including gastroduodenostomy) or enterocolostomy or enteroenterostomy Anaesthetic Item number for Specialist 17714 (Assist.)	\$894.00
30517	Gastroenterostomy, pyloroplasty or gastroduodenostomy, reconstruction of Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,134.00
30518	Partial gastrectomy Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,264.00

Surgical Operations		General
Item No.	Description	Maximum Fee
30520	Gastric tumour, removal of, by local excision, not being a service to which item 30518 applies Anaesthetic Item number for Specialist 17717 (Assist.)	\$858.00
30521	Gastrectomy, total, for benign disease Anaesthetic Item number for Specialist 17721 (Assist.)	\$1,591.00
30523	Gastrectomy, sub-total radical, for carcinoma, (including splenectomy when performed) Anaesthetic Item number for Specialist 17721 (Assist.) <i>(see para T8.17 of explanatory notes to this Category - MBS Book)</i>	\$1,591.00
30524	Gastrectomy, total radical, for carcinoma (including extended node dissection and distal pancreatectomy and splenectomy when performed) Anaesthetic Item number for Specialist 17723 (Assist.)	\$1,914.00
30526	Gastrectomy, total, and including lower oesophagus, performed by left thoraco-abdominal incision or opening of diaphragmatic hiatus, (including splenectomy when performed) Anaesthetic Item number for Specialist 17735 (Assist.)	\$2,740.00
30527	Antireflux operation by fundoplasty, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus - not being a service to which item 30601 applies Anaesthetic Item number for Specialist 17722 (Assist.) <i>(see para T8.18 of explanatory notes to this Category - MBS Book)</i>	\$1,144.00
30529	Antireflux operation by fundoplasty, with oesophagoplasty for stricture or short oesophagus Anaesthetic Item number for Specialist 17730 (Assist.) <i>(see para T8.18 of explanatory notes to this Category - MBS Book)</i>	\$1,664.00
30530	Antireflux operation by cardiopexy, with or without fundoplasty Anaesthetic Item number for Specialist 17730 (Assist.) <i>(see para T8.18 of explanatory notes to this Category - MBS Book)</i>	\$998.00
30532	Oesophagogastric myotomy (Heller's operation) via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus Anaesthetic Item number for Specialist 17727 (Assist.) <i>(see para T8.18 of explanatory notes to this Category - MBS Book)</i>	\$1,160.00
30533	Oesophagogastric myotomy (Heller's operation) via abdominal or thoracic approach, with fundoplasty, with or without closure of the diaphragmatic hiatus Anaesthetic Item number for Specialist 17728 (Assist.) <i>(see para T8.18 of explanatory notes to this Category - MBS Book)</i>	\$1,373.00
30535	Oesophagectomy with gastric reconstruction by abdominal mobilisation and thoracotomy Anaesthetic Item number for Specialist 17735 (Assist.)	\$2,163.00
30536	Oesophagectomy involving gastric reconstruction by abdominal mobilisation, thoracotomy and anastomosis in the neck - 1 surgeon Anaesthetic Item number for Specialist 17739 (Assist.)	\$2,189.00
30538	Oesophagectomy involving gastric reconstruction by abdominal mobilisation, thoracotomy and anastomosis in the neck - conjoint surgery, principal surgeon (including aftercare) Anaesthetic Item number for Specialist 17739 (Assist.)	\$1,518.00

Surgical Operations		General
Item No.	Description	Maximum Fee
30539	Oesophagectomy involving gastric reconstruction by abdominal mobilisation, thoracotomy and anastomosis in the neck- conjoint surgery, co-surgeon (Assist.)	\$1,113.00
30541	Oesophagectomy, by trans-hiatal oesophagectomy (cervical and abdominal mobilisation, anastomosis) with posterior or anterior mediastinal placement - 1 surgeon Anaesthetic Item number for Specialist 17739 (Assist.)	\$1,929.00
30542	Oesophagectomy, by trans-hiatal oesophagectomy (cervical and abdominal mobilisation, anastomosis) with posterior or anterior mediastinal placement - conjoint surgery, principal surgeon (including aftercare) Anaesthetic Item number for Specialist 17739 (Assist.)	\$1,310.00
30544	Oesophagectomy, by trans-hiatal oesophagectomy (cervical and abdominal mobilisation, anastomosis) with posterior or anterior mediastinal placement - conjoint surgery, co-surgeon (Assist.)	\$962.00
30545	Oesophagectomy with colon or jejunal anastomosis, (abdominal and thoracic mobilisation with thoracic anastomosis) - 1 surgeon Anaesthetic Item number for Specialist 17739 (Assist.)	\$2,335.00
30547	Oesophagectomy with colon or jejunal anastomosis, (abdominal and thoracic mobilisation with thoracic anastomosis) - conjoint surgery, principal surgeon (including aftercare) Anaesthetic Item number for Specialist 17739 (Assist.)	\$1,607.00
30548	Oesophagectomy with colon or jejunal anastomosis, (abdominal and thoracic mobilisation with thoracic anastomosis) - conjoint surgery, co-surgeon (Assist.)	\$1,201.00
30550	Oesophagectomy with colon or jejunal replacement (abdominal and thoracic mobilisation with anastomosis of pedicle in the neck) - 1 surgeon Anaesthetic Item number for Specialist 17739 (Assist.)	\$2,621.00
30551	Oesophagectomy with colon or jejunal replacement (abdominal and thoracic mobilisation with anastomosis of pedicle in the neck) - conjoint surgery, principal surgeon (including aftercare) Anaesthetic Item number for Specialist 17739 (Assist.)	\$1,810.00
30553	Oesophagectomy with colon or jejunal replacement (abdominal and thoracic mobilisation with anastomosis of pedicle in the neck) - conjoint surgery, co-surgeon (Assist.)	\$1,342.00
30554	Oesophagectomy with reconstruction by free jejunal graft - 1 surgeon Anaesthetic Item number for Specialist 17739 (Assist.)	\$2,917.00
30556	Oesophagectomy with reconstruction by free jejunal graft - conjoint surgery, principal surgeon (including aftercare) Anaesthetic Item number for Specialist 17739 (Assist.)	\$2,012.00
30557	Oesophagectomy with reconstruction by free jejunal graft - conjoint surgery, co-surgeon (Assist.)	\$1,487.00
30559	Oesophagus, local excision for tumour of Anaesthetic Item number for Specialist 17730 (Assist.)	\$1,082.00
30560	Oesophageal perforation, repair of, by thoracotomy Anaesthetic Item number for Specialist 17735 (Assist.)	\$1,201.00 ^{4b}

Surgical Operations		General
Item No.	Description	Maximum Fee
30562	Enterostomy or colostomy, closure of - not involving resection of bowel Anaesthetic Item number for Specialist 17713 (Assist.)	\$759.00
30563	Colostomy or ileostomy, refashioning of Anaesthetic Item number for Specialist 17712 (Assist.)	\$759.00
30564	Small bowel strictureplasty for chronic inflammatory bowel disease Anaesthetic Item number for Specialist 17714 (Assist.)	\$995.00
30565	Small intestine, resection of, without anastomosis (including formation of stoma) Anaesthetic Item number for Specialist 17719 (Assist.)	\$1,108.00
30566	Small intestine, resection of, with anastomosis Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,227.00
30568	Intraoperative enterotomy for visualisation of the small intestine by endoscopy Anaesthetic Item number for Specialist 17710 (Assist.)	\$926.00
30569	Endoscopic examination of small bowel with flexible endoscope passed at laparotomy, with or without biopsies Anaesthetic Item number for Specialist 17710 (Assist.)	\$473.00
30571	Appendicectomy, not being a service to which item 30574 applies Anaesthetic Item number for Specialist 17710 (Assist.)	\$562.00
30572	Laparoscopic appendicectomy Anaesthetic Item number for Specialist 17711 (Assist.)	\$608.00
30574	<i>Note: Multiple Operation and Multiple Anaesthetic rules apply to this item</i> Appendicectomy, when performed in conjunction with any other intra-abdominal procedure through the same incision Anaesthetic Item number for Specialist 17707	\$158.00
30575	Pancreatic abscess, laparotomy and external drainage of, not requiring retro-pancreatic dissection Anaesthetic Item number for Specialist 17713 (Assist.)	\$660.00
30577	Pancreatic necrosectomy for pancreatic necrosis or abscess formation requiring major pancreatic or retro pancreatic dissection, excluding aftercare Anaesthetic Item number for Specialist 17726 (Assist.)	\$1,383.00
30578	Endocrine tumour, exploration of pancreas or duodenum, followed by local excision of pancreatic tumour Anaesthetic Item number for Specialist 17725 (Assist.)	\$1,461.00
30580	Endocrine tumour, exploration of pancreas or duodenum, followed by local excision of duodenal tumour Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,331.00
30581	Endocrine tumour, exploration of pancreas or duodenum for, but no tumour found Anaesthetic Item number for Specialist 17722 (Assist.)	\$967.00
30583	Distal pancreatectomy Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,513.00

Surgical Operations		General
Item No.	Description	Maximum Fee
30584	Pancreatico-duodenectomy, Whipple's operation, with or without preservation of pylorus Anaesthetic Item number for Specialist 17730 (Assist.)	\$2,246.00
30586	Pancreatic cyst - anastomosis to stomach or duodenum - by open or endoscopic means Anaesthetic Item number for Specialist 17715 (Assist.)	\$894.00
30587	Pancreatic cyst, anastomosis to Roux loop of jejunum Anaesthetic Item number for Specialist 17716 (Assist.)	\$926.00
30589	Pancreatico-jejunostomy for pancreatitis or trauma Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,591.00
30590	Pancreatico-jejunostomy following previous pancreatic surgery Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,752.00
30593	Pancreatectomy, near total or total (including duodenum), with or without splenectomy Anaesthetic Item number for Specialist 17730 (Assist.)	\$2,402.00
30594	Pancreatectomy for pancreatitis following previously attempted drainage procedure or partial resection Anaesthetic Item number for Specialist 17725 (Assist.)	\$2,772.00
30596	Splenorrhaphy or partial splenectomy for trauma Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,144.00
30597	Splenectomy Anaesthetic Item number for Specialist 17714 (Assist.)	\$915.00
30599	Splenectomy, for massive spleen (weighing more than 1500gms) or involving thoraco-abdominal incision Anaesthetic Item number for Specialist 17721 (Assist.)	\$1,664.00
30600	Diaphragmatic hernia, traumatic, repair of Anaesthetic Item number for Specialist 17720 (Assist.)	\$998.00
30601	Diaphragmatic hernia, congenital, repair of, by thoracic or abdominal approach Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,217.00
30602	Portal hypertension, porto-caval shunt for Anaesthetic Item number for Specialist 17734 (Assist.)	\$1,976.00
30603	Portal hypertension, meso-caval shunt for Anaesthetic Item number for Specialist 17726 (Assist.)	\$2,085.00
30605	Portal hypertension, selective spleno-renal shunt for Anaesthetic Item number for Specialist 17734 (Assist.)	\$2,371.00
30606	Portal hypertension, oesophageal transection via stapler or oversew of gastric varices with or without devascularisation Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,414.00

Surgical Operations		General
Item No.	Description	Maximum Fee
30609	Femoral or inguinal hernia, laparoscopic repair of, not being a service associated with a service to which item 30612 or 30614 applies Anaesthetic Item number for Specialist 17711 (Assist.)	\$541.00
30612	Femoral or inguinal hernia or infantile hydrocele, repair of, not being a service to which item 30403 or 30615 applies (G) Anaesthetic Item number for Specialist 17708 (Assist.)	\$541.00
30614	Femoral or inguinal hernia or infantile hydrocele, repair of, not being a service to which item 30403 or 30615 applies (S) Anaesthetic Item number for Specialist 17708 (Assist.)	\$541.00
30615	Strangulated, incarcerated or obstructed hernia, repair of, without bowel resection Anaesthetic Item number for Specialist 17710 (Assist.)	\$707.00
30616	Umbilical, epigastric or linea alba hernia, repair of, in a person under 10 years of age (G) Anaesthetic Item number for Specialist 17707	SNR
30617	Umbilical, epigastric or linea alba hernia, repair of, in a person under 10 years of age (S) Anaesthetic Item number for Specialist 17707	SNR
30620	Umbilical, epigastric or linea alba hernia, repair of, in a person 10 years of age or over (G) Anaesthetic Item number for Specialist 17707 (Assist.)	\$478.00
30621	Umbilical, epigastric or linea alba hernia, repair of, in a person 10 years of age or over (S) Anaesthetic Item number for Specialist 17707 (Assist.)	\$478.00
30628	Hydrocele, tapping of	\$41.00
30631	Hydrocele, removal of, not being a service associated with a service to which items 30638, 30641 and 30644 apply Anaesthetic Item number for Specialist 17705	\$276.00
30634	Varicocele, surgical correction of, not being a service associated with a service to which items 30638, 30641 and 30644 apply, 1 procedure (G) Anaesthetic Item number for Specialist 17707 (Assist.)	\$385.00
30635	Varicocele, surgical correction of, not being a service associated with a service to which items 30638, 30641 and 30644 apply, 1 procedure (S) Anaesthetic Item number for Specialist 17707 (Assist.)	\$385.00
30638	Orchidectomy, simple or subcapsular, unilateral with or without insertion of testicular prosthesis (G) Anaesthetic Item number for Specialist 17706 (Assist.)	\$478.00
30641	Orchidectomy, simple or subcapsular, unilateral with or without insertion of testicular prosthesis (S) Anaesthetic Item number for Specialist 17706 (Assist.)	\$478.00
30644	Exploration of spermatic cord, inguinal approach, with or without testicular biopsy and with or without excision of spermatic cord and testis Anaesthetic Item number for Specialist 17707 (Assist.)	\$707.00

Surgical Operations		General
Item No.	Description	Maximum Fee
30666	Paraphimosis, reduction of, under general anaesthesia, with or without dorsal incision, not being a service associated with a service to which another item in this Group applies Anaesthetic Item number for Specialist 17705	\$59.50
30672	Coccyx, excision of Anaesthetic Item number for Specialist 17710 (Assist.)	\$499.00
30675	Pilonidal sinus or cyst, or sacral sinus or cyst, excision of (G) Anaesthetic Item number for Specialist 17709	\$489.00
30676	Pilonidal sinus or cyst, or sacral sinus or cyst, excision of (S) Anaesthetic Item number for Specialist 17709	\$489.00
30679	Pilonidal sinus, injection of sclerosant fluid under anaesthesia Anaesthetic Item number for Specialist 17707	\$114.00
31000	Micrographically controlled serial excision of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure - 6 or fewer sections Anaesthetic Item number for Specialist 17707	\$686.00
31001	Micrographically controlled serial excision of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure - 7 to 12 sections (inclusive) Anaesthetic Item number for Specialist 17708	\$860.00
31002	Micrographically controlled serial excision of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure - 13 or more sections Anaesthetic Item number for Specialist 17712	\$1,029.00
31200	Tumour, (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach to an operation), removal by surgical excision and suture from cutaneous or subcutaneous tissue or from mucous membrane, not being a service to which another item in this Group applies (see para T8.10 of explanatory notes to this Category - MBS Book)	\$40.00
31205	Tumour, (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), lesion size up to 10mm in diameter, removal by surgical excision and suture from cutaneous or subcutaneous tissue or from mucous membrane, including excision to establish diagnoses of tumours covered by items 31300 to 31335, where specimen sent for histological examination (not being a service to which item 30195 applies) Anaesthetic Item number for Specialist 17706 (see para T8.10 of explanatory notes to this Category - MBS Book)	\$108.00
31210	Tumour, (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), lesion size more than 10mm and up to 20mm in diameter, removal by surgical excision and suture from cutaneous or subcutaneous tissue or from mucous membrane, including excision to establish diagnoses of tumours covered by items 31300 to 31335, where specimen sent for histological examination (not being a service to which item 30195 applies) Anaesthetic Item number for Specialist 17706 (see para T8.10 of explanatory notes to this Category - MBS Book)	\$162.00

Surgical Operations		General
Item No.	Description	Maximum Fee
31215	Tumour, (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), lesion size more than 20mm in diameter, removal by surgical excision and suture from cutaneous or subcutaneous tissue or from mucous membrane, including excision to establish diagnoses of tumours covered by items 31300 to 31335, where specimen sent for histological examination (not being a service to which item 30195 applies) Anaesthetic Item number for Specialist 17706 <i>(see para T8.10 of explanatory notes to this Category - MBS Book)</i>	\$191.00
31220	Tumour, (other than viral verrucae [common warts] and seborrheic keratoses), cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), lesion size up to 10mm in diameter, removal of 4 to 10 lesions by surgical excision and suture from cutaneous or subcutaneous tissue or from mucous membrane, including excision to establish the diagnosis of tumours covered by items 31300 to 31335, where specimen sent for histological examination (not being a service to which item 30195 applies) Anaesthetic Item number for Specialist 17707 <i>(see para T8.10 of explanatory notes to this Category - MBS Book)</i>	\$243.00
31225	Tumours, (other than viral verrucae [common warts] and seborrheic keratoses), cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), lesion size up to 10mm in diameter, removal of more than 10 lesions by surgical excision and suture from cutaneous or subcutaneous tissue or from mucous membrane, including excision to establish the diagnosis of tumours covered by items 31300 to 31335 - where specimen sent for histological examination (not being a service to which item 30195 applies) Anaesthetic Item number for Specialist 17713 <i>(see para T8.10 of explanatory notes to this Category - MBS Book)</i>	\$434.00
31230	Tumour, (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach at an operations), removal by surgical excision and suture from nose, eyelid, lip, digit or gneitalia, including excision to establish the diagnosis of tumours covered by items 31300 to 31335 - where specimen sent histological examination (not being a service to which item 30195 applies) Anaesthetic Item number for Specialist 17708 <i>(see para T8.10 of explanatory notes to this Category - MBS Book)</i>	\$224.00
31235	Tumour, (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal by surgical excision and suture from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), including excision to establish the diagnosis of tumours covered by items 31300 to 31335, lesion size up to 10mm in diameter - where specimen sent for histological examination (not being a service to which item 30195 applies) Anaesthetic Item number for Specialist 17707 <i>(see para T8.10 of explanatory notes to this Category - MBS Book)</i>	\$191.00
31240	Tumour, (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal by surgical excision and suture from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), including excision to establish the diagnosis of tumours covered by items 31300 to 31335, lesion size more than 10mm in diameter - where specimen sent for histological examination (not being a service to which item 30195 applies) Anaesthetic Item number for Specialist 17707 <i>(see para T8.10 of explanatory notes to this Category - MBS Book)</i>	\$224.00
31245	Skin and subcutaneous tissue, extensive excision of, in the treatment of suppurative hydradenitis (excision from axilla, groin or natal cleft) or sycoses barbae or nuchae (excision from face or neck) Anaesthetic Item number for Specialist 17710 <i>(see para T8.10 of explanatory notes to this Category - MBS Book)</i>	\$490.00

Surgical Operations		General
Item No.	Description	Maximum Fee
31250	Giant hairy or compound naevus, excision of an area at least 1 percent of body surface where the specimen is sent for histological confirmation of diagnosis Anaesthetic Item number for Specialist 17710 <i>(see para T8.10 of explanatory notes to this Category - MBS Book)</i>	\$490.00
31255	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from nose, eyelid, lip, ear, digit or genitalia, tumour size up to 10mm in diameter - where removal is by surgical excision and suture and histological confirmation of malignancy has been obtained Anaesthetic Item number for Specialist 17708 <i>(see para T8.10 of explanatory notes to this Category - MBS Book)</i>	\$294.00
31260	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from nose, eyelid, lip, ear, digit or genitalia, tumour size more than 10mm in diameter - where removal is by surgical excision and suture and histological confirmation of malignancy has been obtained Anaesthetic Item number for Specialist 17708 <i>(see para T8.10 of explanatory notes to this Category - MBS Book)</i>	\$415.00
31265	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), tumour size up to 10mm in diameter - where removal is by surgical excision and suture and histological confirmation of malignancy has been obtained Anaesthetic Item number for Specialist 17707 <i>(see para T8.10 of explanatory notes to this Category - MBS Book)</i>	\$243.00
31270	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), tumour size more than 10mm and up to 20mm in diameter where removal is by surgical excision and suture and histological confirmation of malignancy has been obtained Anaesthetic Item number for Specialist 17707 <i>(see para T8.10 of explanatory notes to this Category - MBS Book)</i>	\$341.00
31275	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), tumour size more than 20mm in diameter - where removal is by surgical excision and suture and histological confirmation of malignancy has been obtained Anaesthetic Item number for Specialist 17708 <i>(see para T8.10 of explanatory notes to this Category - MBS Book)</i>	\$397.00
31280	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from areas of the body not covered by items 31255 and 31265, tumour size up to 10mm in diameter - where removal is by surgical excision and suture and histological confirmation of malignancy has been obtained Anaesthetic Item number for Specialist 17707 <i>(see para T8.10 of explanatory notes to this Category - MBS Book)</i>	\$205.00
31285	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from areas of the body not covered by items 31260 and 31270, tumour size more than 10mm and up to 20mm in diameter - where removal is by surgical excision and suture and histological confirmation of malignancy has been obtained Anaesthetic Item number for Specialist 17707 <i>(see para T8.10 of explanatory notes to this Category - MBS Book)</i>	\$280.00

Surgical Operations		General
Item No.	Description	Maximum Fee
31290	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from areas of the body not covered by items 31260 and 31270, tumour size more than 20mm in diameter - where removal is by surgical excision and suture and histological confirmation of malignancy has been obtained Anaesthetic Item number for Specialist 17708 (see para T8.10 of explanatory notes to this Category - MBS Book)	\$327.00
31295	Basal cell or squamous cell carcinoma, residual or recurrent (where lesion treated by previous surgery, serial cautery and curettage, radiotherapy or two prolonged freeze/thaw cycles of liquid nitrogen therapy), performed by a specialist in the practice of his or her specialty or by a practitioner other than the practitioner who provided the previous treatment, removal from head or neck (anterior to the sternomastoid muscles), where removal is by surgical excision and suture and histological confirmation of malignancy has been obtained Anaesthetic Item number for Specialist 17708 (see para T8.10 of explanatory notes to this Category - MBS Book)	\$370.00
31300	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle - removal from nose, eyelid, lip, ear, digit or genitalia, tumour size up to 10mm in diameter - where removal is by definitive surgical excision and suture and histological confirmation of malignancy has been obtained Anaesthetic Item number for Specialist 17708 (see para T8.10 of explanatory notes to this Category - MBS Book)	\$425.00
31305	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle - removal from nose, eyelid, lip, ear, digit or genitalia, tumour size more than 10mm in diameter - where removal is by definitive surgical excision and suture and histological confirmation of malignancy has been obtained Anaesthetic Item number for Specialist 17708 (see para T8.10 of explanatory notes to this Category - MBS Book)	\$523.00
31310	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle - removal from face, neck (anterior to sternomastoid muscles) or lower leg (mid calf to ankle), tumour size up to 10mm in diameter - where removal is by definitive surgical excision and suture and histological confirmation of malignancy has been obtained Anaesthetic Item number for Specialist 17707 (see para T8.10 of explanatory notes to this Category - MBS Book)	\$369.00
31315	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle - removal from face, neck (anterior to sternomastoid muscles) or lower leg (mid calf to ankle), tumour size more than 10mm and up to 20mm in diameter - where removal is by definitive surgical excision and suture and histological confirmation of malignancy has been obtained Anaesthetic Item number for Specialist 17707 (see para T8.10 of explanatory notes to this Category - MBS Book)	\$467.00
31320	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle - removal from face, neck (anterior to sternomastoid muscles) or lower leg (mid calf to ankle), tumour size more than 20mm in diameter - where removal is by definitive surgical excision and suture and histological confirmation of malignancy has been obtained Anaesthetic Item number for Specialist 17708 (see para T8.10 of explanatory notes to this Category - MBS Book)	\$523.00

Surgical Operations		General
Item No.	Description	Maximum Fee
31325	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle - removal from areas of the body not covered by items 31300 and 31310 - tumour size up to 10mm in diameter - where removal is by definitive surgical excision and suture and histological confirmation of malignancy has been obtained Anaesthetic Item number for Specialist 17707 (see para T8.10 of explanatory notes to this Category - MBS Book)	\$359.00
31330	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle - removal from areas of the body not covered by items 31305 and 31310 - tumour size more than 10mm and up to 20mm in diameter - where removal is by definitive surgical excision and suture and histological confirmation of malignancy has been obtained Anaesthetic Item number for Specialist 17707 (see para T8.10 of explanatory notes to this Category - MBS Book)	\$425.00
31335	Malignant melanoma, appendageal carcinoma, malignant fibrous tumour of skin, merkel cell carcinoma of skin or Hutchinson's melanotic freckle - removal from areas of the body not covered by items 31305 and 31320 - tumour size more than 20mm in diameter - where removal is by definitive surgical excision and suture and histological confirmation of malignancy has been obtained Anaesthetic Item number for Specialist 17708 (see para T8.10 of explanatory notes to this Category - MBS Book)	\$490.00
31340	<i>Note: Multiple Operation and Multiple Anaesthetic rules apply to this item</i> Muscle, bone or cartilage, excision of one or more of, where clinically indicated, performed in association with excision of malignant tumour of skin covered by item 31255, 31260, 31265, 31270, 31275, 31280, 31285, 31290, 31295, 31300, 31305, 31310, 31315, 31320, 31325, 31330, 31335 Anaesthetic Item number for Specialist 17710 (see para T8.10 of explanatory notes to this Category - MBS Book) Derived Fee: 75% of the fee for excision of malignant tumour	DF
31345	Lipoma, removal of by surgical excision or liposuction, where lesion is subcutaneous and greater than 50mm in diameter, or is sub-fascial, where specimen is sent for histological confirmation of diagnosis Anaesthetic Item number for Specialist 17707 (see para T8.10 of explanatory notes to this Category - MBS Book)	\$265.00
31350	Benign tumour of soft tissue, removal of by surgical excision, where specimen is sent for histological confirmation of diagnosis, not being a service to which another item in this group applies Anaesthetic Item number for Specialist 17708 (Assist.) (see para T8.10 of explanatory notes to this Category - MBS Book)	\$503.00
31355	Malignant tumour of soft tissue, removal of by surgical excision, where histological proof of malignancy has been obtained, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17710 (Assist.) (see para T8.10 of explanatory notes to this Category - MBS Book)	\$1,050.00
31400	Malignant upper aerodigestive tract tumour up to 20mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained Anaesthetic Item number for Specialist 17714 (Assist)	\$425.00
31403	Malignant upper aerodigestive tract tumour more than 20mm and up to 40mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained Anaesthetic Item number for Specialist 17716 (Assist)	\$490.00

Surgical Operations		General
Item No.	Description	Maximum Fee
31406	Malignant upper aerodigestive tract tumour more than 40mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained Anaesthetic Item number for Specialist 17718 (Assist)	\$490.00
31409	Parapharyngeal tumour, excision of, by cervical approach Anaesthetic Item number for Specialist 17718 (Assist)	SNR
31412	Recurrent or persistent parapharyngeal tumour, excision of, by cervical approach Anaesthetic Item number for Specialist 17722 (Assist)	SNR
31420	Lymph node of neck, biopsy of Anaesthetic Item number for Specialist 17709	\$224.00
31423	Lymph nodes of neck, selective dissection of 1 or 2 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck Anaesthetic Item number for Specialist 17713 (Assist) (see para T8.67 of explanatory notes to this Category - MBS Book)	\$478.00
31426	Lymph nodes of neck, selective dissection of 3 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck Anaesthetic Item number for Specialist 17715 (Assist) (see para T8.67 of explanatory notes to this Category - MBS Book)	\$915.00
31429	Lymph nodes of neck, selective dissection of 4 lymph node levels on one side of the neck with preservation of one or more of: internal jugular vein, sternocleido-mastoid muscle, or spinal accessory nerve Anaesthetic Item number for Specialist 17719 (Assist) (see para T8.67 of explanatory notes to this Category - MBS Book)	\$1,097.00
31432	Lymph nodes of neck, bilateral selective dissection of levels I, II and III (bilateral supraomohyoid dissections) Anaesthetic Item number for Specialist 17723 (Assist) (see para T8.67 of explanatory notes to this Category - MBS Book)	\$1,097.00
31435	Lymph nodes of neck, comprehensive dissection of all 5 lymph node levels on one side of the neck Anaesthetic Item number for Specialist 17719 (Assist) (see para T8.67 of explanatory notes to this Category - MBS Book)	\$1,264.00
31438	Lymph nodes of neck, comprehensive dissection of all 5 lymph node levels on one side of the neck with preservation of one or more of: internal jugular vein, sternocleido-mastoid muscle, or spinal accessory nerve Anaesthetic Item number for Specialist 17723 (Assist) (see para T8.67 of explanatory notes to this Category - MBS Book)	\$1,264.00

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

Surgical Operations		Colorectal
Item No.	Description	Maximum Fee
32000	Large intestine, resection of, without anastomosis, including right hemicolectomy (including formation of stoma) Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,274.00
32003	Large intestine, resection of, with anastomosis, including right hemicolectomy Anaesthetic Item number for Specialist 17719 (Assist.)	\$1,331.00
32004	Large intestine, subtotal colectomy (resection of right colon, transverse colon and splenic flexure) without anastomosis, not being a service associated with a service to which item 32000, 32003, 32005 or 32006 applies Anaesthetic Item number for Specialist 17719 (Assist.)	\$1,461.00
32005	Large intestine, subtotal colectomy (resection of right colon, transverse colon and splenic flexure) with anastomosis, not being a service associated with a service to which item 32000, 32003, 32004 or 32006 applies Anaesthetic Item number for Specialist 17721 (Assist.)	\$1,654.00
32006	Left hemicolectomy, including the descending and sigmoid colon (including formation of stoma) Anaesthetic Item number for Specialist 17719 (Assist.)	\$1,461.00
32009	Total colectomy and ileostomy Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,680.00
32012	Total colectomy and ileo-rectal anastomosis Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,856.00
32015	Total colectomy with excision of rectum and ileostomy - 1 surgeon Anaesthetic Item number for Specialist 17726 (Assist.)	\$2,194.00
32018	Total colectomy with excision of rectum and ileostomy, combined synchronous operation; abdominal resection (including after-care) Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,940.00
32021	Total colectomy with excision of rectum and ileostomy, combined synchronous operation; perineal resection (Assist.)	\$692.00
32024	Rectum, high restorative anterior resection with intraperitoneal anastomosis (of the rectum) greater than 10cm from the anal verge - excluding resection of sigmoid colon alone Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,680.00
32025	Rectum, low restorative anterior resection with extraperitoneal anastomosis (of the rectum) less than 10cm from the anal verge, with or without covering stoma Anaesthetic Item number for Specialist 17724 (Assist.)	\$2,250.00
32026	Rectum, ultra low restorative resection, with or without covering stoma, where the anastomosis is sited in the anorectal region and is 6cm or less from the anal verge Anaesthetic Item number for Specialist 17728 (Assist.)	\$2,425.00

Surgical Operations		Colorectal
Item No.	Description	Maximum Fee
32028	Rectum, low or ultra low restorative resection, with peranal sutured coloanal anastomosis, with or without covering stoma Anaesthetic Item number for Specialist 17730 (Assist.)	\$2,599.00
32029	Colonic reservoir, construction of, being a service associated with a service to which any other item in this Subgroup applies Anaesthetic Item number for Specialist 17721 (Assist.)	\$518.00
32030	Rectosigmoidectomy - (Hartmann's operation) Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,310.00
32033	Restoration of bowel following Hartmann's or similar operation, including dismantling of the stoma Anaesthetic Item number for Specialist 17723 (Assist.)	\$1,919.00
32036	Sacrococcygeal and presacral tumour - excision of Anaesthetic Item number for Specialist 17720 (Assist.)	\$2,361.00
32039	Rectum and anus, abdomino-perineal resection of - 1 surgeon Anaesthetic Item number for Specialist 17726 (Assist.)	\$1,856.00
32042	Rectum and anus, abdomino-perineal resection of, combined synchronous operation, abdominal resection Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,596.00
32045	Rectum and anus, abdomino-perineal resection of, combined synchronous operation - perineal resection (Assist.)	\$598.00
32046	Rectum and anus, abdomino-perineal resection of, combined synchronous operation - perineal resection where the perineal surgeon also provides assistance to the abdominal surgeon (Assist.)	\$952.00
32047	Perineal proctectomy Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,108.00
32051	Total colectomy with excision of rectum and ileoanal anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomy - 1 surgeon Anaesthetic Item number for Specialist 17737 (Assist.)	\$2,855.00
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) Anaesthetic Item number for Specialist 17730 (Assist.)	\$2,616.00
32057	Total colectomy with excision of rectum and ileoanal anastomosis with formation of ileal reservoir - conjoint surgery, perineal surgeon (Assist.)	\$692.00
32060	Ileostomy closure with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy - 1 surgeon Anaesthetic Item number for Specialist 17730 (Assist.)	\$2,855.00
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) Anaesthetic Item number for Specialist 17726 (Assist.)	\$2,616.00
32066	Ileostomy closure with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy - conjoint surgery, perineal surgeon (Assist.)	\$692.00

Surgical Operations		Colorectal
Item No.	Description	Maximum Fee
32069	Ileostomy reservoir, continent type, creation of, including conversion of existing ileostomy where appropriate Anaesthetic Item number for Specialist 17727	\$2,111.00
32072	Sigmoidoscopic examination (with rigid sigmoidoscope), with or without biopsy	\$70.50
32075	Sigmoidoscopic examination (with rigid sigmoidoscope), under general anaesthesia, with or without biopsy, not being a service associated with a service to which another item in this Group applies Anaesthetic Item number for Specialist 17705	\$127.00
32078	Sigmoidoscopic examination with diathermy or resection of 1 or more polyps where the time taken is less than or equal to 45 minutes Anaesthetic Item number for Specialist 17707	\$229.00
32081	Sigmoidoscopic examination with diathermy or resection of 1 or more polyps where the time taken is greater than 45 minutes Anaesthetic Item number for Specialist 17708	\$317.00
32084	Flexible fiberoptic sigmoidoscopy or fiberoptic colonoscopy up to the hepatic flexure, with or without biopsy Anaesthetic Item number for Specialist 17706 (see para T8.66 of explanatory notes to this Category - MBS Book)	\$154.00
32087	Flexible fiberoptic sigmoidoscopy or fiberoptic colonoscopy up to the hepatic flexure with removal of 1 or more polyps - not being a service to which item 32078 applies Anaesthetic Item number for Specialist 17707 (see para T8.66 of explanatory notes to this Category - MBS Book)	\$281.00
32090	Fiberoptic colonoscopy - examination of colon beyond the hepatic flexure with or without biopsy Anaesthetic Item number for Specialist 17707 (see para T8.66 of explanatory notes to this Category - MBS Book)	\$458.00
32093	Fiberoptic colonoscopy - examination of colon beyond the hepatic flexure with removal of 1 or more polyps Anaesthetic Item number for Specialist 17708 (see para T8.66 of explanatory notes to this Category - MBS Book)	\$645.00
32094	Endoscopic dilatation of colorectal strictures including colonoscopy Anaesthetic Item number for Specialist 17708 (see para T8.66 of explanatory notes to this Category - MBS Book)	\$702.00
32095	Endoscopic examination of small bowel with flexible endoscope passed by stoma, with or without biopsies Anaesthetic Item number for Specialist 17707 (see para T8.66 of explanatory notes to this Category - MBS Book)	\$162.00
32096	Rectal biopsy, full thickness, under general anaesthesia, or under epidural or spinal (intrathecal) nerve block where undertaken in a hospital or approved day-hospital facility Anaesthetic Item number for Specialist 17706 (Assist.)	\$317.00
32099	Rectal tumour of 5cm or less in diameter, per anal submucosal excision of Anaesthetic Item number for Specialist 17711 (Assist.)	\$426.00

Surgical Operations		Colorectal
Item No.	Description	Maximum Fee
32102	Rectal tumour of greater than 5cm in diameter, indicated by pathological examination, per anal submucosal excision of Anaesthetic Item number for Specialist 17715 (Assist.)	\$806.00
32105	Anorectal carcinoma - per anal full thickness excision of Anaesthetic Item number for Specialist 17714 (Assist.)	\$598.00
32108	Rectal tumour, trans-sphincteric excision of (Kraske or similar operation) Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,238.00
32111	Rectal prolapse, Delorme procedure for Anaesthetic Item number for Specialist 17712 (Assist.)	\$780.00
32112	Rectal prolapse, perineal recto-sigmoidectomy for Anaesthetic Item number for Specialist 17714 (Assist.)	\$953.00
32114	Rectal stricture, per anal release of Anaesthetic Item number for Specialist 17708	\$213.00
32115	Rectal stricture, dilation of Anaesthetic Item number for Specialist 17706	\$155.00
32117	Rectal prolapse, abdominal rectopexy of Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,238.00
32120	Rectal prolapse, perineal repair of Anaesthetic Item number for Specialist 17708 (Assist.)	\$317.00
32123	Anal stricture, anoplasty for Anaesthetic Item number for Specialist 17708 (Assist.)	\$411.00
32126	Anal incontinence, Parks' intersphincteric procedure for Anaesthetic Item number for Specialist 17712 (Assist.)	\$671.00
32129	Anal sphincter, direct repair of Anaesthetic Item number for Specialist 17712 (Assist.)	\$780.00
32131	Rectocele, perineal repair of Anaesthetic Item number for Specialist 17710 (Assist.)	\$657.00
32132	Haemorrhoids or rectal prolapse - sclerotherapy for Anaesthetic Item number for Specialist 17706	\$56.00
32135	Haemorrhoids or rectal prolapse - rubber band ligation of, with or without sclerotherapy, cryosurgery or infrared therapy for Anaesthetic Item number for Specialist 17706	\$83.00
32138	Haemorrhoidectomy including excision of anal skin tags when performed Anaesthetic Item number for Specialist 17707	\$499.00

Surgical Operations		Colorectal
Item No.	Description	Maximum Fee
32139	Haemorrhoidectomy involving third or fourth degree haemorrhoids, including excision of anal skin tags when performed Anaesthetic Item number for Specialist 17707 (Assist)	\$499.00
32142	Anal skin tags or anal polyps, excision of 1 or more of Anaesthetic Item number for Specialist 17706	\$86.50
32145	Anal skin tags or anal polyps, excision of 1 or more of, undertaken in the operating theatre of a hospital or approved day-hospital facility Anaesthetic Item number for Specialist 17706	\$173.00
32147	Perianal thrombosis, incision of Anaesthetic Item number for Specialist 17705	\$56.00
32150	Operation for fissure-in-ano, including excision or sphincterotomy but excluding dilatation only Anaesthetic Item number for Specialist 17706 (Assist.)	\$354.00
32153	Anus, dilatation of, under general anaesthesia, with or without disimpaction of faeces, not being a service associated with a service to which another item in this Group applies Anaesthetic Item number for Specialist 17706	\$82.00
32156	Fistula-in-ano, subcutaneous, excision of Anaesthetic Item number for Specialist 17707	\$208.00
32159	Anal fistula, excision of, involving lower half of the anal sphincter mechanism Anaesthetic Item number for Specialist 17707 (Assist.)	\$510.00
32162	Anal fistula, excision of, involving the upper half of the anal sphincter mechanism Anaesthetic Item number for Specialist 17710 (Assist.)	\$598.00
32165	Anal fistula, repair of by mucosal flap advancement Anaesthetic Item number for Specialist 17715 (Assist.)	\$780.00
32166	Anal fistula - readjustment of Seton Anaesthetic Item number for Specialist 17707	\$260.00
32168	Fistula wound, review of, under general or regional anaesthetic, as an independent procedure Anaesthetic Item number for Specialist 17707	\$168.00
32171	Anorectal examination, with or without biopsy, under general anaesthetic, not being a service associated with a service to which another item in this Group applies Anaesthetic Item number for Specialist 17706	\$110.00
32174	Intra-anal, perianal or ischio-rectal abscess, drainage of (excluding aftercare) Anaesthetic Item number for Specialist 17708	\$110.00
32175	Intra-anal, perianal or ischio-rectal abscess, draining of, undertaken in the operating theatre of a hospital or approved day-hospital facility (excluding aftercare) Anaesthetic Item number for Specialist 17708	\$206.00

Surgical Operations		Colorectal
Item No.	Description	Maximum Fee
32177	Anal warts, removal of, under general anaesthesia, or under regional or field nerve block (excluding pudendal block) requiring admission to a hospital or approved day-hospital facility, where the time taken is less than or equal to 45 minutes - not being a service associated with a service to which item 35507 or 35508 applies Anaesthetic Item number for Specialist 17707	\$213.00
32180	Anal warts, removal of, under general anaesthesia, or under regional or field nerve block (excluding pudendal block) requiring admission to a hospital or approved day-hospital facility, where the time taken is greater than 45 minutes - not being a service associated with a service to which item 35507 or 35508 applies Anaesthetic Item number for Specialist 17708	\$312.00
32183	Intestinal sling procedure prior to radiotherapy Anaesthetic Item number for Specialist 17715 (Assist.)	\$447.00
32186	Colonic lavage, total, intra-operative Anaesthetic Item number for Specialist 17715 (Assist.)	\$369.00
32200	Distal muscle, devascularisation of Anaesthetic Item number for Specialist 17712 (Assist.)	\$395.00
32203	Anal or perineal graciloplasty Anaesthetic Item number for Specialist 17717 (Assist.)	\$780.00
32206	Stimulator and electrodes, insertion of, following previous graciloplasty Anaesthetic Item number for Specialist 17715 (Assist.)	\$705.00
32209	Anal or perineal graciloplasty with insertion of stimulator and electrodes Anaesthetic Item number for Specialist 17723 (Assist.)	\$1,115.00
32210	Gracilis Neosphincter Pacemaker, replacement of Anaesthetic Item number for Specialist 17710	\$324.00
32212	Ano-rectal application of formalin in the treatment of radiation proctitis, where performed in the operating theatre of a hospital or approved day-hospital facility, excluding aftercare Anaesthetic Item number for Specialist 17705	\$208.00

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

Surgical Operations		Vascular
Item No.	Description	Maximum Fee
VARICOSE VEINS		
32500	Varicose veins where varicosity measures 2.5mm or greater in diameter, multiple injections using continuous compression techniques, including associated consultation - 1 or both legs - not being a service associated with any other varicose vein operation on the same leg (excluding aftercare) to a maximum of 6 treatments in a 12 month period Anaesthetic Item number for Specialist 17705 (see para T8.19 of explanatory notes to this Category - MBS Book)	\$160.00
32501	Varicose veins where varicosity measures 2.5mm or greater in diameter, multiple injections using continuous compression techniques, including associated consultation - 1 or both legs - not being a service associated with any other varicose vein operation on the same leg (excluding after-care) - where it can be demonstrated that a 7th or subsequent treatment (including any treatments to which Item 32500 applies) is indicated in a 12 month period (see para T8.19 of explanatory notes to this Category - MBS Book)	\$142.00
32504	Varicose veins, multiple excision of tributaries, with or without division of 1 or more perforating veins - 1 leg - not being a service associated with a service to which item 32505, 32508, 32511, 32514 or 32517 applies Anaesthetic Item number for Specialist 17707	\$355.00
32507	Varicose veins, sub-fascial surgical exploration of one or more incompetent perforating veins - 1 leg - not being a service associated with a service to which item 32508, 32511, 32514 or 32517 applies Anaesthetic Item number for Specialist 17708 (Assist)	\$704.00
32508	Varicose veins, complete dissection at the sapheno-femoral or sapheno-popliteal junction, with or without either ligation or stripping, or both, of the long or short saphenous veins, for the first time, including excision or injection of either tributaries or incompetent perforating veins, or both Anaesthetic Item number for Specialist 17710 (Assist.)	\$704.00
32511	Varicose veins, complete dissection at the sapheno-femoral and sapheno-popliteal junction, with or without either ligation or stripping, or both, of the long or short saphenous veins, for the first time, including excision or injection of either tributaries or incompetent perforating veins, or both Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,050.00
32514	Varicose veins, ligation of the long or short saphenous vein, with or without stripping, by re-operation for recurrent veins in the same territory - 1 leg - including excision or injection of either tributaries or incompetent perforating veins, or both Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,225.00
32517	Varicose veins, ligation of the long and short saphenous vein, with or without stripping, by re-operation for recurrent veins in either territory - 1 leg - including excision or injection of either tributaries or incompetent perforating veins, or both Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,575.00

Surgical Operations		Vascular
Item No.	Description	Maximum Fee
BYPASS OR ANASTOMOSIS FOR OCCLUSIVE ARTERIAL DISEASE		
32700	Artery of neck, bypass using vein or synthetic material Anaesthetic Item number for Specialist 17725 (Assist.)	\$1,908.00
32703	Internal carotid artery, transection and reanastomosis of, or resection of small length and reanastomosis of - with or without endarterectomy Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,633.00
32708	Aortic Bypass for occlusive disease using a straight non-bifurcated graft Anaesthetic Item number for Specialist 17731 (Assist.)	\$1,927.00
32710	Aortic Bypass for occlusive disease using a bifurcated graft with 1 or both anastomoses to the iliac arteries Anaesthetic Item number for Specialist 17733 (Assist.)	\$2,139.00
32711	Aortic Bypass for occlusive disease using a bifurcated graft with 1 or both anastomoses to the common femoral or profunda femoris arteries Anaesthetic Item number for Specialist 17735 (Assist.)	\$2,352.00
32712	Ilio-femoral bypass grafting Anaesthetic Item number for Specialist 17728 (Assist.)	\$1,674.00
32715	Axillary or subclavian to femoral bypass grafting to 1 or both femoral arteries Anaesthetic Item number for Specialist 17728 (Assist.)	\$1,674.00
32718	Femoro-femoral or ilio-femoral cross-over bypass grafting Anaesthetic Item number for Specialist 17729 (Assist.)	\$1,581.00
32721	Renal artery, bypass grafting to Anaesthetic Item number for Specialist 17732 (Assist.)	\$2,506.00
32724	Renal arteries (both), bypass grafting to Anaesthetic Item number for Specialist 17736 (Assist.)	\$2,850.00
32730	Mesenteric vessel (single), bypass grafting to Anaesthetic Item number for Specialist 17728 (Assist.)	\$2,163.00
32733	Mesenteric vessels (multiple), bypass grafting to Anaesthetic Item number for Specialist 17731 (Assist.)	\$2,506.00
32736	Inferior mesenteric artery, operation on, when performed in conjunction with another intra-abdominal vascular operation Anaesthetic Item number for Specialist 17727 (Assist.)	\$551.00
32739	Femoral artery bypass grafting using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with above knee anastomosis Anaesthetic Item number for Specialist 17721 (Assist.)	\$1,721.00
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 Anaesthetic Item number for Specialist 17721 (Assist.)	\$1,976.00

Surgical Operations		Vascular
Item No.	Description	Maximum Fee
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 Anaesthetic Item number for Specialist 17723 (Assist.)	\$2,252.00
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 Anaesthetic Item number for Specialist 17724 (Assist.)	\$2,434.00
32751	Femoral artery bypass grafting using synthetic graft, with lower anastomosis above or below the knee Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,581.00
32754	Femoral artery bypass grafting, using a composite graft (synthetic material and vein) with lower anastomosis above or below the knee, including use of a cuff or sleeve of vein at 1 or both anastomoses Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,976.00
32757	Femoral artery sequential bypass grafting (using a vein or synthetic material) where an additional anastomosis is made to separately revascularise more than 1 artery - each additional artery revascularised beyond a femoral bypass Anaesthetic Item number for Specialist 17718 (Assist.)	\$551.00
32760	Vein, harvesting of, from leg or arm for bypass or replacement graft when not performed on the limb which is the subject of the bypass or graft - each vein Anaesthetic Item number for Specialist 17708 (Assist.)	\$551.00
32763	Arterial bypass grafting, using vein or synthetic material, not being a service to which another item in this Sub-group applies Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,581.00
32766	Arterial or venous anastomosis, not being a service to which another item in this Sub-group applies, as an independent procedure Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,794.00
32769	Arterial or venous anastomosis not being a service to which another item in this Sub-group applies, when performed in combination with another vascular operation (including graft to graft anastomosis) Anaesthetic Item number for Specialist 17722 (Assist.)	\$364.00
BYPASS, REPLACEMENT, LIGATION OF ANEURYSMS		
33050	Bypass grafting to replace a popliteal aneurysm using vein, including harvesting vein (when it is the ipsilateral long saphenous vein) Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,941.00
33055	Bypass grafting to replace a popliteal aneurysm using a synthetic graft Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,555.00
33070	Aneurysm in the extremities, ligation, suture closure or excision of, without bypass grafting Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,120.00
33075	Aneurysm in the neck, ligation, suture closure or excision of, without bypass grafting Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,429.00

Surgical Operations		Vascular
Item No.	Description	Maximum Fee
33080	Intra-abdominal or pelvic aneurysm, ligation, suture closure or excision of, without bypass grafting Anaesthetic Item number for Specialist 17729 (Assist.)	\$1,743.00
33100	Aneurysm of common or internal carotid artery, or both, replacement by graft of vein or synthetic material Anaesthetic Item number for Specialist 17723 (Assist.)	\$1,908.00
33103	Thoracic aneurysm, replacement by graft Anaesthetic Item number for Specialist 17745 (Assist.)	\$2,678.00
33109	Thoraco-abdominal aneurysm, replacement by graft including re-implantation of arteries Anaesthetic Item number for Specialist 17748 (Assist.)	\$3,245.00
33112	Suprarenal abdominal aortic aneurysm, replacement by graft including re-implantation of arteries Anaesthetic Item number for Specialist 17745 (Assist.)	\$2,803.00
33115	Infrarenal abdominal aortic aneurysm, replacement by tube graft Anaesthetic Item number for Specialist 17734 (Assist.)	\$1,976.00
33118	Infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to iliac arteries (with or without excision of common iliac aneurysms) Anaesthetic Item number for Specialist 17737 (Assist.)	\$2,252.00
33121	Infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to 1 or both femoral arteries (with or without excision or bypass of common iliac aneurysms) Anaesthetic Item number for Specialist 17737 (Assist.)	\$2,252.00
33124	Aneurysm of iliac artery (common, external or internal), replacement by graft - unilateral Anaesthetic Item number for Specialist 17726 (Assist.)	\$1,607.00
33127	Aneurysms of iliac arteries (common, external or internal), replacement by graft - bilateral Anaesthetic Item number for Specialist 17728 (Assist.)	\$2,116.00
33130	Aneurysm of visceral artery, excision and repair by direct anastomosis or replacement by graft Anaesthetic Item number for Specialist 17726 (Assist.)	\$1,836.00
33133	Aneurysm of visceral artery, dissection and ligation of arteries without restoration of continuity Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,378.00
33136	False aneurysm, repair of, at aortic anastomosis following previous aortic surgery Anaesthetic Item number for Specialist 17733 (Assist.)	\$3,479.00
33139	False aneurysm, repair of, in iliac artery and restoration of arterial continuity Anaesthetic Item number for Specialist 17727 (Assist.)	\$2,116.00
33142	False aneurysm, repair of, in femoral artery and restoration of arterial continuity Anaesthetic Item number for Specialist 17726 (Assist.)	\$1,976.00
33145	Ruptured thoracic aortic aneurysm, replacement by graft Anaesthetic Item number for Specialist 17749 (Assist.)	\$3,375.00

Surgical Operations		Vascular
Item No.	Description	Maximum Fee
33148	Ruptured thoraco-abdominal aortic aneurysm, replacement by graft Anaesthetic Item number for Specialist 17752 (Assist.)	\$4,207.00
33151	Ruptured suprarenal abdominal aortic aneurysm, replacement by graft Anaesthetic Item number for Specialist 17749 (Assist.)	\$3,999.00
33154	Ruptured infrarenal abdominal aortic aneurysm, replacement by tube graft Anaesthetic Item number for Specialist 17736 (Assist.)	\$2,964.00
33157	Ruptured infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to iliac arteries (with or without excision or bypass of common iliac aneurysms) Anaesthetic Item number for Specialist 17738 (Assist.)	\$3,307.00
33160	Ruptured infrarenal abdominal aortic aneurysm, replacement by bifurcation graft to 1 or both femoral arteries Anaesthetic Item number for Specialist 17738 (Assist.)	\$3,479.00
33163	Ruptured iliac artery aneurysm, replacement by graft Anaesthetic Item number for Specialist 17730 (Assist.)	\$2,792.00
33166	Ruptured aneurysm of visceral artery, replacement by anastomosis or graft Anaesthetic Item number for Specialist 17730 (Assist.)	\$2,792.00
33169	Ruptured aneurysm of visceral artery, simple ligation of Anaesthetic Item number for Specialist 17726 (Assist.)	\$2,179.00
33172	Aneurysm of major artery, replacement by graft, not being a service to which another item in this Sub-group applies Anaesthetic Item number for Specialist 17726 (Assist.)	\$1,695.00
33175	Ruptured Aneurysm in the extremities, ligation, suture closure or excision of, without bypass grafting Anaesthetic Item number for Specialist 17721 (Assist.)	\$1,570.00
33178	Ruptured Aneurysm in the neck, ligation, suture closure or excision of, without bypass grafting Anaesthetic Item number for Specialist 17723 (Assist.)	\$1,999.00
33181	Ruptured Inter-Abdominal or Pelvic Aneurysm, ligation, suture closure or excision of, without bypass grafting Anaesthetic Item number for Specialist 17730 (Assist.)	\$2,444.00
ENDARTERECTOMY AND ARTERIAL PATCH		
33500	Artery or arteries of neck, endarterectomy of, including closure by suture (where endarterectomy of 1 or more arteries is undertaken through 1 arteriotomy incision) Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,357.00
33506	Innominate or subclavian artery, endarterectomy of, including closure by suture Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,680.00
33509	Aortic endarterectomy, including closure by suture, not being a service associated with another procedure on the aorta Anaesthetic Item number for Specialist 17728 (Assist.)	\$1,742.00

Surgical Operations		Vascular
Item No.	Description	Maximum Fee
33512	Aorto-iliac endarterectomy (1 or both iliac arteries), including closure by suture not being a service associated with a service to which item 33515 applies Anaesthetic Item number for Specialist 17729 (Assist.)	\$1,882.00
33515	Aorto-femoral endarterectomy (1 or both femoral arteries) or bilateral ilio-femoral endarterectomy, including closure by suture, not being a service associated with a service to which item 33512 applies Anaesthetic Item number for Specialist 17730 (Assist.)	\$2,018.00
33518	Iliac endarterectomy, including closure by suture, not being a service associated with another procedure on the iliac artery Anaesthetic Item number for Specialist 17728 (Assist.)	\$1,680.00
33521	Ilio-femoral endarterectomy (1 side), including closure by suture Anaesthetic Item number for Specialist 17727 (Assist.)	\$1,820.00
33524	Renal artery, endarterectomy of Anaesthetic Item number for Specialist 17729 (Assist.)	\$2,163.00
33527	Renal arteries (both), endarterectomy of Anaesthetic Item number for Specialist 17731 (Assist.)	\$2,506.00
33530	Coeliac or superior mesenteric artery, endarterectomy of Anaesthetic Item number for Specialist 17729 (Assist.)	\$2,163.00
33533	Coeliac and superior mesenteric artery, endarterectomy of Anaesthetic Item number for Specialist 17733 (Assist.)	\$2,439.00
33536	Inferior mesenteric artery, endarterectomy of, not being a service associated with a service to which another item in this Sub-group applies Anaesthetic Item number for Specialist 17730 (Assist.)	\$1,794.00
33539	Artery of extremities, endarterectomy of, including closure by suture Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,279.00
33542	Extended deep femoral endarterectomy where the endarterectomy is at least 7cms long Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,836.00
33545	Artery, vein or bypass graft, patch grafting to by vein or synthetic material in association with another arterial or venous operation where patch is less than 3cm long Anaesthetic Item number for Specialist 17714 (Assist.) (see para T8.20 of explanatory notes to this Category - MBS Book)	\$369.00
33548	Artery, vein or bypass graft, patch grafting to by vein or synthetic material in conjunction with another arterial or venous operation where patch is 3cm long or greater Anaesthetic Item number for Specialist 17715 (Assist.) (see para T8.20 of explanatory notes to this Category - MBS Book)	\$744.00
33551	Vein, harvesting of from leg or arm for patch when not performed through same incision as operation Anaesthetic Item number for Specialist 17708 (Assist.) (see para T8.20 of explanatory notes to this Category - MBS Book)	\$369.00

Surgical Operations		Vascular
Item No.	Description	Maximum Fee
33554	Endarterectomy, in conjunction with an arterial bypass operation to prepare the site for anastomosis-each site Anaesthetic Item number for Specialist 17715 (Assist.)	\$183.00
EMBOLECTOMY, THROMBECTOMY AND VASCULAR TRAUMA		
33800	Embolus, removal of, from artery of neck Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,565.00
33803	Embolectomy or thrombectomy, by abdominal approach, of an artery or bypass graft of trunk Anaesthetic Item number for Specialist 17723 (Assist.)	\$1,487.00
33806	Embolectomy or thrombectomy, from an artery or bypass graft of extremities, or embolectomy of abdominal artery via the femoral artery Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,082.00
33810	Inferior vena cava or iliac vein, closed thrombectomy by catheter via the femoral vein Anaesthetic Item number for Specialist 17713 (Assist.)	\$758.00
33811	Inferior vena cava or iliac vein, open removal of thrombus or tumour Anaesthetic Item number for Specialist 17723 (Assist.)	\$2,265.00
33812	Thrombus, removal of, from femoral or other similar large vein Anaesthetic Item number for Specialist 17709 (Assist.)	\$1,238.00
33815	Major artery or vein of extremity, repair of wound of, with restoration of continuity, by lateral suture Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,066.00
33818	Major artery or vein of extremity, repair of wound of, with restoration of continuity, by direct anastomosis Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,243.00
33821	Major artery or vein of extremity, repair of wound of, with restoration of continuity, by interposition graft of synthetic material or vein Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,420.00
33824	Major artery or vein of neck, repair of wound of, with restoration of continuity, by lateral suture Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,357.00
33827	Major artery or vein of neck, repair of wound of, with restoration of continuity, by direct anastomosis Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,487.00
33830	Major artery or vein of neck, repair of wound of, with restoration of continuity, by interposition graft of synthetic material or vein Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,825.00
33833	Major artery or vein of abdomen, repair of wound of, with restoration of continuity by lateral suture Anaesthetic Item number for Specialist 17727 (Assist.)	\$1,768.00
33836	Major artery or vein of abdomen, repair of wound of, with restoration of continuity by direct anastomosis Anaesthetic Item number for Specialist 17728 (Assist.)	\$2,116.00

Surgical Operations		Vascular
Item No.	Description	Maximum Fee
33839	Major artery or vein of abdomen, repair of wound of, with restoration of continuity by means of interposition graft Anaesthetic Item number for Specialist 17729 (Assist.)	\$2,460.00
33842	Artery of neck, re-operation for bleeding or thrombosis after carotid or vertebral artery surgery Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,217.00
33845	Laparotomy for control of post operative bleeding or thrombosis after intra-abdominal vascular procedure, where no other procedure is performed Anaesthetic Item number for Specialist 17723 (Assist.)	\$853.00
33848	Extremity, re-operation on, for control of bleeding or thrombosis after vascular procedure, where no other procedure is performed Anaesthetic Item number for Specialist 17712 (Assist.)	\$853.00
LIGATION, EXCISION, ELECTIVE REPAIR, DECOMPRESSION OF VESSELS		
34100	Major artery of neck, elective ligation or exploration of, not being a service associated with any other vascular procedure Anaesthetic Item number for Specialist 17712 (Assist.)	\$941.00
34103	Great artery or great vein (including subclavian, axillary, iliac, femoral or popliteal), ligation of, or exploration of, not being a service associated with any other vascular procedure except those services to which items 32508, 32511, 32514 or 32517 apply Anaesthetic Item number for Specialist 17715 (Assist.)	\$556.00
34106	Artery or vein (including brachial, radial, ulnar or tibial), ligation of, by elective operation, or exploration of, not being a service associated with any other vascular procedure except those services to which items 32508, 32511, 32514 or 32517 apply Anaesthetic Item number for Specialist 17711 (Assist.)	\$385.00
34109	Temporal artery, biopsy of Anaesthetic Item number for Specialist 17708 (Assist.)	\$416.00
34112	Arterio-venous fistula of an extremity, dissection and ligation Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,139.00
34115	Arterio-venous fistula of the neck, dissection and ligation Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,279.00
34118	Arterio-venous fistula of the abdomen, dissection and ligation Anaesthetic Item number for Specialist 17727 (Assist.)	\$1,836.00
34121	Arterio-venous fistula of an extremity, dissection and repair of, with restoration of continuity Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,472.00
34124	Arterio-venous fistula of the neck, dissection and repair of, with restoration of continuity Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,612.00
34127	Arterio-venous fistula of the abdomen, dissection and repair of, with restoration of continuity Anaesthetic Item number for Specialist 17729 (Assist.)	\$2,116.00

Surgical Operations		Vascular
Item No.	Description	Maximum Fee
34130	Surgically created arterio-venous fistula of an extremity, closure of Anaesthetic Item number for Specialist 17712 (Assist.)	\$666.00
34133	Scalenotomy Anaesthetic Item number for Specialist 17711 (Assist.)	\$744.00
34136	First rib, resection of portion of Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,186.00
34139	Cervical rib, removal of, or other operation for removal of thoracic outlet compression, not being a service to which another item in this Sub-group applies Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,186.00
34142	Coeliac artery, decompression of, for coeliac artery compression syndrome, as an independent procedure Anaesthetic Item number for Specialist 17727 (Assist.)	\$1,357.00
34145	Popliteal artery, exploration of, for popliteal entrapment, with or without division of fibrous tissue and muscle Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,066.00
34148	Carotid associated tumour, resection of, with or without repair or reconstruction of internal or common carotid arteries, when tumour is 4cm or less in maximum diameter Anaesthetic Item number for Specialist 17725 (Assist.)	\$1,908.00
34151	Carotid associated tumour, resection of, with or without repair or reconstruction of internal or common carotid arteries, when tumour is greater than 4cm in maximum diameter Anaesthetic Item number for Specialist 17725 (Assist.)	\$2,600.00
34154	Recurrent carotid associated tumour, resection of, with or without repair or replacement of portion of internal or common carotid arteries Anaesthetic Item number for Specialist 17725 (Assist.)	\$3,120.00
34157	Neck, excision of infected bypass graft, including closure of vessel or vessels Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,581.00
34160	Aorto-duodenal fistula, repair of, by suture of aorta and repair of duodenum Anaesthetic Item number for Specialist 17732 (Assist.)	\$2,964.00
34163	Aorto-duodenal fistula, repair of, by insertion of aortic graft and repair of duodenum Anaesthetic Item number for Specialist 17735 (Assist.)	\$3,791.00
34166	Aorto-duodenal fistula, repair of, by oversewing of abdominal aorta, repair of duodenum and axillo bifemoral grafting Anaesthetic Item number for Specialist 17737 (Assist.)	\$3,791.00
34169	Infected bypass graft from trunk, excision of, including closure of arteries Anaesthetic Item number for Specialist 17728 (Assist.)	\$2,116.00
34172	Infected axillo-femoral or femoro-femoral graft, excision of, including closure of arteries Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,721.00

Surgical Operations		Vascular
Item No.	Description	Maximum Fee
34175	Infected bypass graft from extremities, excision of including closure of arteries Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,581.00
OPERATIONS FOR VASCULAR ACCESS		
34500	Arteriovenous shunt, external, insertion of Anaesthetic Item number for Specialist 17714 (Assist.)	\$416.00
34503	Arteriovenous anastomosis of upper or lower limb, in conjunction with another venous or arterial operation Anaesthetic Item number for Specialist 17717 (Assist.)	\$546.00
34506	Arteriovenous shunt, external, removal of Anaesthetic Item number for Specialist 17710 (Assist.)	\$276.00
34509	Arteriovenous anastomosis of upper or lower limb, not in conjunction with another venous or arterial operation Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,295.00
34512	Arteriovenous access device, insertion of Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,430.00
34515	Arteriovenous access device, thrombectomy of Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,019.00
34518	Stenosis of arteriovenous fistula or prosthetic arteriovenous access device, correction of Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,711.00
34521	Intra-abdominal artery or vein, cannulation of for infusion chemotherapy, by open operation (excluding aftercare) Anaesthetic Item number for Specialist 17715 (Assist.)	\$692.00
34524	Arterial cannulation for infusion chemotherapy by open operation, not being a service to which item 34521 applies (excluding after-care) Anaesthetic Item number for Specialist 17714 (Assist.)	\$551.00
34527	Central vein catheterisation by open technique, using subcutaneous tunnel with pump or access port as with Hickman or Broviac catheter or other chemotherapy delivery device, including any associated percutaneous central vein catheterisation Anaesthetic Item number for Specialist 17711	\$551.00
34528	Central vein catheterisation by percutaneous technique, using subcutaneous tunnel with pump or access port as with Hickman or Broviac catheter or other chemotherapy delivery device Anaesthetic Item number for Specialist 17709	\$353.00
34530	Hickman or Broviac catheter, or other chemotherapy device, removal of, by open surgical procedure in the operating theatre of a hospital or approved day hospital Anaesthetic Item number for Specialist 17709	\$551.00
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) Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,643.00

Surgical Operations		Vascular
Item No.	Description	Maximum Fee
COMPLEX VENOUS OPERATIONS		
34800	Inferior vena cava, plication, ligation, or application of caval clip Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,082.00
34803	Inferior vena cava, reconstruction of or bypass by vein or synthetic material Anaesthetic Item number for Specialist 17729 (Assist.)	\$2,392.00
34806	Cross leg bypass grafting, saphenous to iliac or femoral vein Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,279.00
34809	Saphenous vein anastomosis to femoral or popliteal vein for femoral vein bypass Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,279.00
34812	Venous stenosis or occlusion, vein bypass for, using vein or synthetic material, not being a service associated with a service to which item 34806 or 34809 applies Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,560.00
34815	Vein stenosis, patch angioplasty for, (excluding vein graft stenosis) - using vein or synthetic material Anaesthetic Item number for Specialist 17714 (Assist.) (see para T8.20 of explanatory notes to this Category - MBS Book)	\$1,279.00
34818	Venous valve, plication or repair to restore valve competency Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,420.00
34821	Vein transplant to restore valvular function Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,929.00
34824	External stent, application of, to restore venous valve competency to superficial vein - 1 stent Anaesthetic Item number for Specialist 17709 (Assist.)	\$666.00
34827	External stents, application of, to restore venous valve competency to superficial vein or veins - more than 1 stent Anaesthetic Item number for Specialist 17711 (Assist.)	\$801.00
34830	External stent, application of, to restore venous valve competency to deep vein (1 stent) Anaesthetic Item number for Specialist 17711 (Assist.)	\$941.00
34833	External stents, application of, to restore venous valve competency to deep vein or veins (more than 1 stent) Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,217.00
SYMPATHECTOMY		
35000	Lumbar sympathectomy Anaesthetic Item number for Specialist 17713 (Assist.)	\$941.00
35003	Cervical or upper thoracic sympathectomy by any surgical approach Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,217.00
35006	Cervical or upper thoracic sympathectomy, where operation is a reoperation for previous incomplete sympathectomy by any surgical approach Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,430.00

Surgical Operations		Vascular
Item No.	Description	Maximum Fee
35009	Lumbar sympathectomy, where operation is following chemical sympathectomy or for previous incomplete surgical sympathectomy Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,186.00
35012	Sacral or pre-sacral sympathectomy Anaesthetic Item number for Specialist 17712 (Assist.)	\$922.00
DEBRIDEMENT AND AMPUTATIONS FOR VASCULAR DISEASE		
35100	Ischaemic limb, debridement of necrotic material, gangrenous tissue, or slough in, in the operating theatre of a hospital, when debridement includes muscle, tendon or bone Anaesthetic Item number for Specialist 17713 (Assist.)	\$452.00
35103	Ischaemic limb, debridement of necrotic material, gangrenous tissue, or slough in, in the operating theatre of a hospital, superficial tissue only Anaesthetic Item number for Specialist 17711	\$291.00
MISCELLANEOUS VASCULAR PROCEDURES		
35200	Operative arteriography or venography, 1 or more of, performed during the course of an operative procedure on an artery or vein, 1 site Anaesthetic Item number for Specialist 17708	\$244.00
35202	Major arteries or veins in the neck, abdomen or extremities, access to, as part of re-operation after prior surgery on these vessels Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,149.00
ENDOVASCULAR INTERVENTIONAL PROCEDURES		
35300	Transluminal balloon angioplasty of 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare Anaesthetic Item number for Specialist 17712 (Assist.)	\$676.00
35303	Transluminal balloon angioplasty of aortic arch branches, aortic visceral branches, or more than 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare Anaesthetic Item number for Specialist 17714 (Assist.)	\$868.00
35304	Transluminal balloon angioplasty of 1 coronary artery, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare Anaesthetic Item number for Specialist 17721 (Assist.)	\$681.00
35305	Transluminal balloon angioplasty of more than 1 coronary artery, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare Anaesthetic Item number for Specialist 17723 (Assist.)	\$874.00
35306	Transluminal stent insertion including associated balloon dilatation for 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare Anaesthetic Item number for Specialist 17712 (Assist.)	\$874.00

Surgical Operations		Vascular
Item No.	Description	Maximum Fee
35309	Transluminal stent insertion including associated balloon dilatation for visceral arteries or veins, or more than 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,004.00
35310	Transluminal stent insertion including associated balloon dilatation for coronary artery, percutaneous or by open exposure, excluding associated radiological services and preparation, and excluding aftercare Anaesthetic Item number for Specialist 17723 (Assist.)	\$1,009.00
35312	Peripheral arterial atherectomy including associated balloon dilatation of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,139.00
35315	Peripheral laser angioplasty including associated balloon dilatation of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,139.00
35317	Peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents, by continuous infusion, using percutaneous approach, excluding associated radiological services or preparation, and excluding aftercare (not being a service associated with a service to which another item in Subgroup 11 of Group T1 or items 35319 or 35320 applies) Anaesthetic Item number for Specialist 17708 (Assist.)	\$473.00
35319	Peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents, by pulse spray technique, using percutaneous approach, excluding associated radiological services or preparation, and excluding aftercare (not being a service associated with a service to which another item in Subgroup 11 of Group T1 or items 35317 or 35320 applies) Anaesthetic Item number for Specialist 17711 (Assist.)	\$845.00
35320	Peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents, by open exposure, excluding associated radiological services or preparation, and excluding aftercare (not being a service associated with a service to which another item in Subgroup 11 of Group T1 or items 35317 or 35319 applies) Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,135.00
35321	Peripheral arterial catheterisation to administer agents to occlude arteries, vein or arterio-venous fistulae or to arrest haemorrhage, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,066.00
35324	Angioscopy not combined with any other procedure, excluding associated radiological services or preparation, and excluding aftercare Anaesthetic Item number for Specialist 17712 (Assist.)	\$400.00
35327	Angioscopy combined with any other procedure, excluding associated radiological services or preparation, and excluding aftercare Anaesthetic Item number for Specialist 17712 (Assist.)	\$198.00

Surgical Operations		Vascular
Item No.	Description	Maximum Fee
35330	Insertion of inferior vena caval filter, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,019.00

CATEGORY THREE: THERAPEUTIC PROCEDURES**GROUP T8: SURGICAL OPERATIONS**

The following services are usually not required in the worker's compensation environment and as such have been classified as "Service Not Required" by the Corporation. In a circumstance where a service is deemed necessary and appropriate by the medical practitioner, please contact WorkCover to discuss payment.

SUBGROUP 4 - GYNAECOLOGICAL

Item No:	Maximum Fee
35500	SNR
35503	SNR
35506	SNR
35507	SNR
35508	SNR
35509	SNR
35512	SNR
35513	SNR
35516	SNR
35517	SNR
35518	SNR
35520	SNR
35523	SNR
35526	SNR
35527	SNR
35530	SNR
35533	SNR
35536	SNR
35539	SNR
35542	SNR
35545	SNR
35548	SNR
35551	SNR
35554	SNR

Item No:	Maximum Fee
35557	SNR
35560	SNR
35561	SNR
35562	SNR
35564	SNR
35565	SNR
35566	SNR
35567	SNR
35569	SNR
35572	SNR
35576	SNR
35580	SNR
35584	SNR
35587	SNR
35590	SNR
35593	SNR
35596	SNR
35599	SNR
35600	SNR
35602	SNR
35605	SNR
35608	SNR
35611	SNR
35612	SNR

Item No:	Maximum Fee
35613	SNR
35614	SNR
35615	SNR
35617	SNR
35618	SNR
35620	SNR
35622	SNR
35623	SNR
35626	SNR
35627	SNR
35630	SNR
35633	SNR
35636	SNR
35637	SNR
35638	SNR
35639	SNR
35640	SNR
35643	SNR
35644	SNR
35645	SNR
35646	SNR
35647	SNR
35648	SNR
35649	SNR

GROUP T8: SURGICAL OPERATIONS

SUBGROUP 4 - GYNAECOLOGICAL (cont....)

Item No:	Maximum Fee
35653	SNR
35657	SNR
35658	SNR
35661	SNR
35664	SNR
35667	SNR
35670	SNR
35673	SNR
35674	SNR
35676	SNR
35677	SNR
35678	SNR
35680	SNR
35683	SNR
35684	SNR
35687	SNR
35688	SNR
35691	SNR
35694	SNR
35697	SNR
35700	SNR
35703	SNR
35706	SNR
35709	SNR
35710	SNR
35712	SNR
35713	SNR
35716	SNR
35717	SNR
35720	SNR

Item No:	Maximum Fee
35723	SNR
35726	SNR
35729	SNR
35750	SNR
35753	SNR
35756	SNR

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

Surgical Operations		Urological
Item No.	Description	Maximum Fee
GENERAL		
36500	Adrenal gland, excision of - partial or total Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,097.00
36502	Pelvic lymphadenectomy, open or laparoscopic, or both, unilateral or bilateral Anaesthetic Item number for Specialist 17716 (Assist.)	\$846.00
36503	Renal transplant, not being a service to which item 36506 or 36509 applies Anaesthetic Item number for Specialist 17727 (Assist.)	\$1,648.00
36506	Renal transplant, performed by vascular surgeon and urologist operating together - vascular anastomosis, including after-care Anaesthetic Item number for Specialist 17727 (Assist.)	\$1,097.00
36509	Renal transplant, performed by vascular surgeon and urologist operating together - ureterovesical anastomosis, including after-care (Assist.)	\$936.00
36516	Nephrectomy, complete Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,097.00
36519	Nephrectomy, complete, complicated by previous surgery on the same kidney Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,539.00
36522	Nephrectomy, partial Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,321.00
36525	Nephrectomy, partial, complicated by previous surgery on the same kidney Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,867.00
36528	Nephrectomy, radical, with enbloc dissection of lymph nodes, with or without adrenalectomy Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,539.00
36531	Nephro-ureterectomy, complete, including associated bladder repair and any associated endoscopic procedure Anaesthetic Item number for Specialist 17719 (Assist.)	\$1,373.00
36537	Kidney or perinephric area, exploration of, with or without drainage of, by open exposure, not being a service to which another item in this Sub-group applies Anaesthetic Item number for Specialist 17713 (Assist.)	\$822.00
36540	Nephrolithotomy or pyelolithotomy, or both, through the same skin incision, for 1 or 2 stones Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,321.00
36543	Nephrolithotomy or pyelolithotomy, or both, extended, for staghorn stone or 3 or more stones, including 1 or more of the following: nephrostomy, pyelostomy, pedicle control with or without freezing, calyorrhaphy or pyeloplasty Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,539.00

Surgical Operations		Urological
Item No.	Description	Maximum Fee
36546	Extracorporeal shock wave lithotripsy (ESWL) to urinary tract and post-treatment care for 3 days, including pre-treatment consultations, unilateral Anaesthetic Item number for Specialist 17712	\$822.00
36549	Ureterolithotomy (Assist). Anaesthetic Item number for Specialist 17713	\$988.00
36552	Nephrostomy or pyelostomy, open, as an independent procedure Anaesthetic Item number for Specialist 17713 (Assist.)	\$879.00
36558	Renal cyst or cysts, excision or unroofing of Anaesthetic Item number for Specialist 17713 (Assist.)	\$770.00
36561	Renal biopsy (closed) Anaesthetic Item number for Specialist 17708	\$200.00
36564	Pyeloplasty, by open exposure Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,097.00
36567	Pyeloplasty in congenitally abnormal kidney or solitary kidney, by open exposure Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,206.00
36570	Pyeloplasty, complicated by previous surgery on the same kidney, by open exposure Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,539.00
36573	Divided ureter, repair of Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,097.00
36576	Kidney, exposure and exploration of, including repair or nephrectomy, for trauma, not being a service associated with any other procedure performed on the kidney, renal pelvis or renal pedicle Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,373.00
36579	Ureterectomy, complete or partial, with or without associated bladder repair, not being a service associated with a service to which item 37000 applies Anaesthetic Item number for Specialist 17714 (Assist.)	\$879.00
36585	Ureter, transplantation of, into skin Anaesthetic Item number for Specialist 17714 (Assist.)	\$879.00
36588	Ureter, reimplantation into bladder Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,097.00
36591	Ureter, reimplantation into bladder with psoas hitch or Boari flap or both Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,321.00
36594	Ureter, transplantation of, into intestine Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,097.00
36597	Ureter, transplantation of, into another ureter Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,097.00

Surgical Operations		Urological
Item No.	Description	Maximum Fee
36600	Ureter, transplantation of, into isolated intestinal segment, unilateral Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,321.00
36603	Ureters, transplantation of, into isolated intestinal segment, bilateral Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,539.00
36604	Ureteric stent, passage of through percutaneous nephrostomy tube, using interventional imaging techniques Anaesthetic Item number for Specialist 17714	\$322.00
36606	Intestinal urinary reservoir, continent, formation of, including formation of non-return valves and implantation of ureters (1 or both) into reservoir Anaesthetic Item number for Specialist 17729 (Assist.)	\$2,746.00
36609	Intestinal urinary conduit or ureterostomy, revision of Anaesthetic Item number for Specialist 17715 (Assist.)	\$879.00
36612	Ureter, exploration of, with or without drainage of, as an independent procedure Anaesthetic Item number for Specialist 17713 (Assist.)	\$770.00
36615	Ureterolysis, with or without repositioning of ureter, for retroperitoneal fibrosis, ovarian vein syndrome or similar condition Anaesthetic Item number for Specialist 17713 (Assist.)	\$879.00
36618	Reduction ureteroplasty Anaesthetic Item number for Specialist 17716 (Assist.)	\$770.00
36621	Closure of cutaneous ureterostomy Anaesthetic Item number for Specialist 17711 (Assist.)	\$551.00
36624	Nephrostomy, percutaneous, using interventional imaging techniques Anaesthetic Item number for Specialist 17711 (Assist.)	\$660.00
36627	Nephroscopy, percutaneous, with or without any 1 or more of; stone extraction, biopsy or diathermy, not being a service to which item 36639, 36642, 36645 or 36648 applies Anaesthetic Item number for Specialist 17713	\$822.00
36630	Nephroscopy, being a service to which item 36627 applies, where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation due to bleeding Anaesthetic Item number for Specialist 17712 (Assist.)	\$406.00
36633	Nephroscopy, percutaneous, with incision of any 1 or more of; renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, not being a service associated with a service to which item 36627, 36639, 36642, 36645 or 36648 applies Anaesthetic Item number for Specialist 17713 (Assist.)	\$879.00
36636	Nephroscopy, percutaneous, with incision of any 1 or more of; renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, being a service associated with a service to which item 36627, 36639, 36642, 36645 or 36648 applies Anaesthetic Item number for Specialist 17715 (Assist.)	\$473.00

Surgical Operations		Urological
Item No.	Description	Maximum Fee
36639	Nephroscopy, percutaneous, with destruction and extraction of 1 or 2 stones using ultrasound or electrohydraulic shock waves or lasers (not being a service to which item 36645 or 36648 applies) Anaesthetic Item number for Specialist 17715	\$988.00
36642	Nephroscopy, being a service to which item 36639 applies, where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation due to bleeding Anaesthetic Item number for Specialist 17714 (Assist.)	\$494.00
36645	Nephroscopy, percutaneous, with removal or destruction of a stone greater than 3 cm in any dimension, or for 3 or more stones Anaesthetic Item number for Specialist 17719	\$1,264.00
36648	Nephroscopy, being a service to which item 36645 applies, where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,128.00
36649	Nephrostomy drainage tube, exchange of - but not including imaging Anaesthetic Item number for Specialist 17709 (Assist.)	\$322.00
OPERATIONS ON THE BLADDER (CLOSED)		
36800	Bladder, catheterisation of, where no other procedure is performed Anaesthetic Item number for Specialist 17704	\$33.00
36803	Ureteroscopy, with or without any 1 or more of; cystoscopy, ureteric meatotomy, ureteric dilatation and pyeloscopy, not being a service associated with a service to which item 36806, 36809, 36812, 36824, 36848 or 36857 applies Anaesthetic Item number for Specialist 17706 (Assist.)	\$551.00
36806	Ureteroscopy being a service to which item 36803 applies, plus 1 or more of extraction of stone, biopsy or diathermy Anaesthetic Item number for Specialist 17706 (Assist.)	\$770.00
36809	Ureteroscopy being a service to which item 36803 applies, plus destruction of stone with ultrasound, electrohydraulic shock waves, or laser, with extraction of fragments Anaesthetic Item number for Specialist 17707 (Assist.)	\$988.00
36811	Cystoscopy with insertion of urethral prosthesis Anaesthetic Item number for Specialist 17707	\$385.00
36812	Cystoscopy with urethroscopy, with or without urethral dilatation, not being a service associated with any other urological endoscopic procedure on the lower urinary tract except a service to which item 37327 applies Anaesthetic Item number for Specialist 17705	\$198.00
36815	Cystoscopy, with or without urethroscopy, for the treatment of penile warts or urethral warts, not being a service associated with a service to which item 30189 applies Anaesthetic Item number for Specialist 17705 (see para T8.12 of explanatory notes to this Category - MBS Book)	\$281.00
36818	Cystoscopy, with ureteric catheterisation including fluoroscopic imaging of the upper urinary tract, unilateral or bilateral, not being a service associated with a service to which item 36824 or 36830 applies Anaesthetic Item number for Specialist 17705 (Assist.)	\$328.00

Surgical Operations		Urological
Item No.	Description	Maximum Fee
36821	Cystoscopy with 1 or more of; ureteric dilatation, insertion of ureteric stent, or brush biopsy of ureter or of renal pelvis, unilateral, not being a service associated with a service to which item 36824 or 36830 applies Anaesthetic Item number for Specialist 17705 (Assist.)	\$385.00
36824	Cystoscopy with ureteric catheterisation, unilateral or bilateral, not being a service associated with a service to which item 36818 or 36821 applies Anaesthetic Item number for Specialist 17705	\$255.00
36825	Cystoscopy, with endoscopic incision of pelviureteric junction or ureteric stricture, including removal or replacement of ureteric stent, not being a service associated with a service to which item 36818, 36821, 36824, 36830 or 36833 applies Anaesthetic Item number for Specialist 17706 (Assist)	\$738.00
36827	Cystoscopy, with controlled hydro-dilatation of the bladder Anaesthetic Item number for Specialist 17705	\$276.00
36830	Cystoscopy, with ureteric meatotomy Anaesthetic Item number for Specialist 17705	\$239.00
36833	Cystoscopy with removal of ureteric stent or other foreign body Anaesthetic Item number for Specialist 17705 (Assist.)	\$328.00
36836	Cystoscopy with biopsy of bladder, not being a service associated with a service to which item 36812, 36830, 36839, 36845, 36848, 36854, 37203, 37206 or 37215 applies Anaesthetic Item number for Specialist 17705	\$276.00
36839	Cystoscopy, with resection, diathermy or visual laser destruction of bladder tumour or other lesion of the bladder or prostate, not being a service associated with a service to which item 36845 applies Anaesthetic Item number for Specialist 17707	\$385.00
36842	Cystoscopy with lavage of blood clots from bladder including any associated diathermy of prostate or bladder and not being a service associated with a service to which item 36812, items 36827 to 36863 or items 37203 and 37206 apply Anaesthetic Item number for Specialist 17706 (Assist.)	\$385.00
36845	Cystoscopy with diathermy or resection or visual laser destruction of multiple tumours in more than 2 quadrants of the bladder or solitary tumour greater than 2 cm in diameter Anaesthetic Item number for Specialist 17707	\$822.00
36848	Cystoscopy with resection of ureterocele Anaesthetic Item number for Specialist 17705	\$276.00
36851	Cystoscopy with injection into bladder wall Anaesthetic Item number for Specialist 17705	\$276.00
36854	Cystoscopy with endoscopic incision or resection of external sphincter, bladder neck or both Anaesthetic Item number for Specialist 17705	\$551.00
36857	Endoscopic manipulation or extraction of ureteric calculus Anaesthetic Item number for Specialist 17705	\$442.00

Surgical Operations		Urological
Item No.	Description	Maximum Fee
36860	Endoscopic examination of intestinal conduit or reservoir Anaesthetic Item number for Specialist 17705	\$198.00
36863	Litholapaxy, with or without cystoscopy Anaesthetic Item number for Specialist 17706 (Assist.)	\$551.00
OPERATIONS ON THE BLADDER (OPEN)		
37000	Bladder, partial excision of Anaesthetic Item number for Specialist 17715 (Assist.)	\$879.00
37004	Bladder, repair of rupture Anaesthetic Item number for Specialist 17715 (Assist.)	\$770.00
37008	Cystostomy or cystotomy, suprapubic, not being a service to which item 37011 applies and not being a service associated with other open bladder procedure Anaesthetic Item number for Specialist 17709	\$494.00
37011	Suprapubic stab cystotomy, not being associated with a service to which items 37200 to 37221 apply Anaesthetic Item number for Specialist 17705	\$110.00
37014	Bladder, total excision of Anaesthetic Item number for Specialist 17732 (Assist.)	\$1,264.00
37020	Bladder diverticulum, excision or obliteration of Anaesthetic Item number for Specialist 17712 (Assist.)	\$879.00
37023	Vesical fistula, cutaneous, operation for Anaesthetic Item number for Specialist 17714	\$494.00
37026	Cutaneous vesicostomy, establishment of Anaesthetic Item number for Specialist 17715 (Assist.)	\$494.00
37029	Vesico-vaginal fistula, closure of, by abdominal approach Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,097.00
37038	Vesico-intestinal fistula, closure of, excluding bowel resection Anaesthetic Item number for Specialist 17713 (Assist.)	\$822.00
37041	Bladder aspiration, by needle	\$55.00
37044	Bladder stress incontinence, suprapubic procedure for, not being a service to which item 35599 applies Anaesthetic Item number for Specialist 17711 (Assist.)	\$822.00
37045	Mitrofanoff continent valve, formation of Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,648.00
37047	Bladder enlargement using intestine Anaesthetic Item number for Specialist 17725 (Assist.)	\$1,976.00
37050	Bladder exstrophy closure, not involving sphincter reconstruction Anaesthetic Item number for Specialist 17716 (Assist.)	\$879.00

Surgical Operations		Urological
Item No.	Description	Maximum Fee
37053	Bladder transection and re-anastomosis to trigone Anaesthetic Item number for Specialist 17718 (Assist.)	\$988.00
OPERATIONS ON THE PROSTATE		
37200	Prostatectomy, open Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,206.00
37203	Prostatectomy (endoscopic using diathermy or cold punch) with or without cystoscopy, and with or without urethroscopy, and including services to which item 36854, 37207, 37208 or 37303, 37321 or 37324 applies Anaesthetic Item number for Specialist 17710	\$1,373.00
37206	Prostatectomy (endoscopic using diathermy or cold punch), with or without cystoscopy, and with or without urethroscopy, and including services to which item 36854, 37303, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by item 37203 or 37208 which had to be discontinued for medical reasons. Anaesthetic Item number for Specialist 17709 (Assist.)	\$660.00
37207	Prostate, endoscopic non-contact (side firing) visual laser ablation, with or without cystoscopy and with or without urethroscopy, and including services to which items 36854, 37203, 37206, 37321 or 37324 applies. Anaesthetic Item number for Specialist 17710 (Assist.)	\$1,029.00
37208	Prostate, endoscopic non-contact (side firing) visual laser ablation, with or without cystoscopy and with or without urethroscopy, and including services to which items 36854, 37203, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by items 37203 or 37207, which had to be discontinued for medical reasons. Anaesthetic Item number for Specialist 17709 (Assist.)	\$492.00
37209	Prostate, total excision of Anaesthetic Item number for Specialist 17723 (Assist.)	\$1,539.00
37210	Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the bladder and bladder neck reconstruction, not being a service associated with a service to which item 35551, 36502 or 37375 applies Anaesthetic Item number for Specialist 17723 (Assist.)	\$1,881.00
37211	Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the bladder and bladder neck reconstruction, with pelvic lymphadenectomy, not being a service associated with a service to which item 35551, 36502 or 37375 applies Anaesthetic Item number for Specialist 17725 (Assist.)	\$2,286.00
37212	Prostate, open perineal biopsy or open drainage of abscess Anaesthetic Item number for Specialist 17706 (Assist.)	\$328.00
37215	Prostate, biopsy of, endoscopic, with or without cystoscopy Anaesthetic Item number for Specialist 17705 (Assist.)	\$494.00
37218	Prostate, needle biopsy of, or injection into Anaesthetic Item number for Specialist 17704	\$164.00
37219	Prostate, transrectal needle biopsy of, using transrectal prostatic ultrasound techniques and obtaining 1 or more prostatic specimens, being a service associated with a service to which item 55300 or 55303 applies Anaesthetic Item number for Specialist 17706 (Assist.)	\$333.00

Surgical Operations		Urological
Item No.	Description	Maximum Fee
37221	Prostatic abscess, endoscopic drainage of Anaesthetic Item number for Specialist 17706 (Assist.)	\$551.00
37223	Prostatic coil, insertion of, under ultrasound control Anaesthetic Item number for Specialist 17707	\$239.00
OPERATIONS ON URETHRA, PENIS OR SCROTUM		
37300	Urethral sounds, passage of, as an independent procedure Anaesthetic Item number for Specialist 17704	\$55.00
37303	Urethral stricture, dilatation of Anaesthetic Item number for Specialist 17705	\$88.50
37306	Urethra, repair of rupture of distal section Anaesthetic Item number for Specialist 17709 (Assist.)	\$770.00
37309	Urethra, repair of rupture of prostatic or membranous segment Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,097.00
37315	Urethroscopy, as an independent procedure Anaesthetic Item number for Specialist 17704	\$164.00
37318	Urethroscopy, with any 1 or more of; biopsy, diathermy, visual laser destruction of stone or removal of foreign body or stone Anaesthetic Item number for Specialist 17705 (Assist.)	\$328.00
37321	Urethral meatotomy, external Anaesthetic Item number for Specialist 17704	\$110.00
37324	Urethrotomy or urethrostomy, internal or external Anaesthetic Item number for Specialist 17705	\$276.00
37327	Urethrotomy, optical, for urethral stricture Anaesthetic Item number for Specialist 17705 (Assist.)	\$385.00
37330	Urethrectomy, partial or complete, for removal of tumour Anaesthetic Item number for Specialist 17712 (Assist.)	\$770.00
37333	Urethro-vaginal fistula, closure of Anaesthetic Item number for Specialist 17711 (Assist.)	\$660.00
37336	Urethro-rectal fistula, closure of Anaesthetic Item number for Specialist 17713 (Assist.)	\$879.00
37339	Peri-urethral or transurethral injection of materials for the treatment of urinary incontinence including cystoscopy and urethroscopy Anaesthetic Item number for Specialist 17705	\$286.00
37342	Urethroplasty - single stage operation Anaesthetic Item number for Specialist 17710 (Assist.)	\$988.00

Surgical Operations		Urological
Item No.	Description	Maximum Fee
37345	Urethroplasty - 2 stage operation - first stage Anaesthetic Item number for Specialist 17709 (Assist.)	\$822.00
37348	Urethroplasty - 2 stage operation - second stage Anaesthetic Item number for Specialist 17709 (Assist.)	\$822.00
37351	Urethroplasty, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17709 (Assist.)	\$328.00
37354	Hypospadias, meatotomy and hemi-circumcision Anaesthetic Item number for Specialist 17707 (Assist.)	\$385.00
37369	Urethra, excision of prolapse of Anaesthetic Item number for Specialist 17707	\$218.00
37372	Urethral diverticulum, excision of Anaesthetic Item number for Specialist 17708	\$551.00
37375	Urethral sphincter, reconstruction by bladder tubularisation technique or similar procedure Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,373.00
37381	Artificial urinary sphincter, insertion of cuff, perineal approach Anaesthetic Item number for Specialist 17711 (Assist.)	\$879.00
37384	Artificial urinary sphincter, insertion of cuff, abdominal approach Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,373.00
37387	Artificial urinary sphincter, insertion of pressure regulating balloon and pump Anaesthetic Item number for Specialist 17709 (Assist.)	\$385.00
37390	Artificial urinary sphincter, revision or removal of, with or without replacement Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,097.00
37393	Priapism, decompression by glanular stab caverno spongiosum shunt or penile aspiration with or without lavage Anaesthetic Item number for Specialist 17707	\$276.00
37396	Priapism, shunt operation for, not being a service to which item 37393 applies Anaesthetic Item number for Specialist 17711 (Assist.)	\$879.00
37402	Penis, partial amputation of Anaesthetic Item number for Specialist 17708 (Assist.)	\$551.00
37405	Penis, complete or radical amputation of Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,097.00
37408	Penis, repair of laceration of cavernous tissue, or fracture involving cavernous tissue Anaesthetic Item number for Specialist 17708 (Assist.)	\$551.00
37411	Penis, repair of avulsion Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,097.00

Surgical Operations		Urological
Item No.	Description	Maximum Fee
37415	Penis, injection of, for the investigation and treatment of impotence - 2 services only in a period of 36 consecutive months	\$55.00
37417	Penis, correction of chordee, with or without excision of fibrous plaque or plaques and with or without grafting Anaesthetic Item number for Specialist 17707 (Assist.)	\$660.00
37420	Penis, surgery to inhibit rapid penile drainage causing impotence, by ligation of veins deep to Buck's fascia including 1 or more deep cavernosal veins, with or without pharmacological erection test Anaesthetic Item number for Specialist 17707 (Assist.)	\$442.00
37423	Penis, lengthening by translocation of corpora Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,097.00
37426	Penis, artificial erection device, insertion of, into 1 or both corpora Anaesthetic Item number for Specialist 17709 (Assist.)	\$1,154.00
37429	Penis, artificial erection device, insertion of pump and pressure regulating reservoir Anaesthetic Item number for Specialist 17714 (Assist.)	\$385.00
37432	Penis, artificial erection device, complete or partial revision or removal of components, with or without replacement Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,097.00
37435	Penis, frenuloplasty as an independent procedure Anaesthetic Item number for Specialist 17705	\$110.00
37438	Scrotum, partial excision of Anaesthetic Item number for Specialist 17707	\$328.00
37444	Ureterolithotomy complicated by previous surgery at the same site of the same ureter Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,165.00
OPERATIONS ON TESTES, VASA OR SEMINAL VESICLES		
37601	Spermatocele or epididymal cyst, excision of, 1 or more of, on 1 side Anaesthetic Item number for Specialist 17706	\$328.00
37604	Exploration of scrotal contents, with or without fixation and with or without biopsy, unilateral Anaesthetic Item number for Specialist 17706	\$328.00
37607	Retroperitoneal lymph node dissection, unilateral, not being a service associated with a service to which item 36528 applies Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,097.00
37610	Retroperitoneal lymph node dissection, unilateral, not being a service associated with a service to which item 36528 applies, following previous similar retroperitoneal dissection, retroperitoneal irradiation or chemotherapy Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,643.00
37613	Epididymectomy Anaesthetic Item number for Specialist 17706	\$328.00

Surgical Operations		Urological
Item No.	Description	Maximum Fee
37616	Vaso-vasostomy or vaso-epididymostomy, unilateral, using the operating microscope, for other than reversal of previous sterilisation - Anaesthetic Item number for Specialist 17712	\$822.00
37619	Vaso-vasostomy or vaso-epididymostomy, unilateral, for other than reversal of previous sterilisation Anaesthetic Item number for Specialist 17709 (Assist.)	\$328.00
37622	Vasotomy or vasectomy, unilateral or bilateral (G) Anaesthetic Item number for Specialist 17705 (see para T8.68 of explanatory notes to this Category - MBS Book)	\$276.00
37623	Vasotomy or vasectomy, unilateral or bilateral (S) Anaesthetic Item number for Specialist 17705 (see para T8.68 of explanatory notes to this Category - MBS Book)	\$276.00
PAEDIATRIC GENITOURINARY SURGERY		
37800	Patent urachus, excision of Anaesthetic Item number for Specialist 17710 (Assist.)	SNR
37803	Undescended testis, orchidopexy for, not being a service to which item 37806 applies Anaesthetic Item number for Specialist 17708 (Assist.)	SNR
37806	Undescended testis in inguinal canal close to deep inguinal ring or within abdominal cavity, orchidopexy for Anaesthetic Item number for Specialist 17711 (Assist.)	SNR
37809	Undescended testis, revision orchidopexy for Anaesthetic Item number for Specialist 17709 (Assist.)	SNR
37812	Impalpable testis, exploration of groin for, not being a service associated with a service to which items 37803 to 37809 apply Anaesthetic Item number for Specialist 17709 (Assist.)	SNR
37815	Hypospadias, examination under anaesthesia with erection test Anaesthetic Item number for Specialist 17705	SNR
37818	Hypospadias, glanuloplasty incorporating meatal advancement Anaesthetic Item number for Specialist 17709 (Assist.)	SNR
37821	Hypospadias, distal, 1 stage repair Anaesthetic Item number for Specialist 17709 (Assist.)	SNR
37824	Hypospadias, proximal, 1 stage repair Anaesthetic Item number for Specialist 17711 (Assist.)	SNR
37827	Hypospadias, staged repair, first stage Anaesthetic Item number for Specialist 17709 (Assist.)	SNR
37830	Hypospadias, staged repair, second stage Anaesthetic Item number for Specialist 17709 (Assist.)	SNR
37833	Hypospadias, repair of post operative urethral fistula Anaesthetic Item number for Specialist 17708 (Assist.)	SNR

Surgical Operations		Urological
Item No.	Description	Maximum Fee
37836	Epispadias, staged repair, first stage Anaesthetic Item number for Specialist 17711 (Assist.)	SNR
37839	Epispadias, staged repair, second stage Anaesthetic Item number for Specialist 17711 (Assist.)	SNR
37842	Exstrophy of bladder or epispadias, secondary repair with bladder neck tightening, with or without ureteric reimplantation Anaesthetic Item number for Specialist 17718 (Assist.)	SNR
37845	Ambiguous genitalia with urogenital sinus, reduction clitoroplasty, with or without endoscopy Anaesthetic Item number for Specialist 17713 (Assist.)	SNR
37848	Ambiguous genitalia with urogenital sinus, reduction clitoroplasty, with endoscopy and vaginoplasty Anaesthetic Item number for Specialist 17715 (Assist.)	SNR
37851	Congenital adrenal hyperplasia, mixed gonadal dysgenesis or similar condition, vaginoplasty for, with or without endoscopy Anaesthetic Item number for Specialist 17715 (Assist.)	SNR
37854	Urethral valve, destruction of, including cystoscopy and urethroscopy Anaesthetic Item number for Specialist 17707 (Assist.)	SNR

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

Surgical Procedures		Cardio-Thoracic
Item No.	Description	Maximum Fee
MISCELLANEOUS CARDIAC PROCEDURES		
38200	Right heart catheterisation, including fluoroscopy, oximetry, dye dilution curves, cardiac output measurement by any method, shunt detection and exercise stress test Anaesthetic Item number for Specialist 17712	\$473.00
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 Anaesthetic Item number for Specialist 17712	\$588.00
38206	Right heart catheterisation with left heart catheterisation via the right heart or by any other procedure - including fluoroscopy, oximetry, dye dilution curves, cardiac output measurements by any method, shunt detection and exercise stress test Anaesthetic Item number for Specialist 17714	\$712.00
38209	Cardiac electrophysiological study - up to and including 3 catheter investigation of any 1 or more of - syncope, atrio-ventricular conduction, sinus node function or simple ventricular tachycardia studies, not being a service associated with a service to which item 38212 or 38213 applies Anaesthetic Item number for Specialist 17719	\$801.00
38212	Cardiac electrophysiological study - 4 or more catheter supraventricular tachycardia investigation; or complex tachycardia inductions, or multiple catheter mapping, or acute intravenous anti-arrhythmic drug testing with pre and post drug inductions; or catheter ablation to intentionally induce complete AV block; or intra-operative mapping; or electrophysiological services during defibrillator implantation - not being as service associated with a service to which item 38209 or 38213 applies Anaesthetic Item number for Specialist 17727	\$1,258.00
38213	Cardiac Electrophysiological study, for follow-up testing of implanted defibrillator - not being a service associated with a service to which item 38209 or 38212 applies Anaesthetic Item number for Specialist 17711	\$803.00
38215	Selective coronary arteriography - placement of catheters and injection of opaque material Anaesthetic Item number for Specialist 17714	\$473.00
38218	Selective coronary arteriography - placement of catheters and injection of opaque material with right or left heart catheterisation, or both Anaesthetic Item number for Specialist 17716	\$816.00
38256	Temporary transvenous pacemaking electrode, insertion of Anaesthetic Item number for Specialist 17710	\$276.00
38270	Balloon valvuloplasty or spetostomy, including cardiac catheterisations before and after balloon dilation Anaesthetic Item number for Specialist 17728	\$1,087.00

Surgical Procedures		Cardio-Thoracic
Item No.	Description	Maximum Fee
38275	Myocardial biopsy, by cardiac catheterisation Anaesthetic Item number for Specialist 17710	\$350.00
38278	Single chamber permanent transvenous electrode, insertion, removal or replacement of Anaesthetic Item number for Specialist 17711	\$666.00
38281	Permanent pacemaker, insertion, removal or replacement of Anaesthetic Item number for Specialist 17710 <i>(see para T8.27 of explanatory notes to this Category - MBS Book)</i>	\$265.00
38284	Permanent dual chamber transvenous electrodes, insertion, removal or replacement of Anaesthetic Item number for Specialist 17713 <i>(see para T8.27 of explanatory notes to this Category - MBS Book)</i>	\$874.00
ARRHYTHMIA ABLATION		
38287	Ablation of arrhythmia circuit or focus or isolation procedure involving 1 atrial chamber Anaesthetic Item number for Specialist 17734 (Assist)	\$2,468.00
38290	Ablation of arrhythmia circuits or foci, or isolation procedure involving both atrial chambers and including curative procedures for atrial fibrillation Anaesthetic Item number for Specialist 17738 (Assist)	\$3,141.00
38293	Ventricular arrhythmia with mapping and ablation, including all associated electrophysiological studies performed on the same day Anaesthetic Item number for Specialist 17744 (Assist)	\$3,373.00
THORACIC SURGERY		
38400	Thoracic cavity, aspiration of, for diagnostic purposes, not being a service associated with a service to which item 38403 applies	\$51.50
38403	Thoracic cavity, aspiration of, with therapeutic drainage (paracentesis), with or without diagnostic sample	\$91.50
38406	Pericardium, paracentesis of (excluding after-care)	\$177.00
38409	Intercostal drain, insertion of, not involving resection of rib (excluding after-care) Anaesthetic Item number for Specialist 17706	\$177.00
38410	Intercostal drain, insertion of, with pleurodesis and not involving resection of rib (excluding after-care) Anaesthetic Item number for Specialist 17707	\$204.00
38412	Percutaneous needle biopsy of lung Anaesthetic Item number for Specialist 17706	\$270.00
38415	Empyema, radical operation for, involving resection of rib Anaesthetic Item number for Specialist 17721 (Assist.)	\$510.00
38418	Thoracotomy, exploratory, with or without biopsy Anaesthetic Item number for Specialist 17719 (Assist.)	\$1,144.00
38421	Thoracotomy, with pulmonary decortication Anaesthetic Item number for Specialist 17726 (Assist.)	\$1,825.00

Surgical Procedures		Cardio-Thoracic
Item No.	Description	Maximum Fee
38424	Thoracotomy, with pleurectomy or pleurodesis, or enucleation of hydatid cysts Anaesthetic Item number for Specialist 17721 (Assist.)	\$1,144.00
38427	Thoracoplasty (complete) - 3 or more ribs Anaesthetic Item number for Specialist 17730 (Assist.)	\$1,503.00
38430	Thoracoplasty (in stages) - each stage Anaesthetic Item number for Specialist 17723 (Assist.)	\$785.00
38436	Thoracoscopy, with or without division of pleural adhesions, including insertion of intercostal catheter, with or without biopsy Anaesthetic Item number for Specialist 17716	\$307.00
38438	Pneumonectomy or lobectomy or segmentectomy not being a service associated with a service to which Item 38418 applies Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,825.00
38440	Lung, wedge resection of Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,368.00
38441	Radical lobectomy or pneumonectomy including resection of chest wall, diaphragm, pericardium, or formal mediastinal node dissection Anaesthetic Item number for Specialist 17728 (Assist.)	\$2,163.00
38446	Thoracotomy or sternotomy, for removal of thymus or mediastinal tumour Anaesthetic Item number for Specialist 17723 (Assist.)	\$1,409.00
38447	Pericardiectomy via sternotomy or anterolateral thoracotomy without cardiopulmonary bypass Anaesthetic Item number for Specialist 17727 (Assist.)	\$1,888.00
38448	Mediastinum, cervical exploration of, with or without biopsy Anaesthetic Item number for Specialist 17712 (Assist.)	\$452.00
38449	Pericardiectomy via sternotomy or anterolateral thoracotomy with cardiopulmonary bypass Anaesthetic Item number for Specialist 17732 (Assist.)	\$2,642.00
38450	Pericardium, transthoracic drainage of Anaesthetic Item number for Specialist 17719 (Assist.)	\$1,087.00
38452	Pericardium, sub-xyphoid drainage of Anaesthetic Item number for Specialist 17717 (Assist.)	\$681.00
38453	Tracheal excision and repair without cardiopulmonary bypass Anaesthetic Item number for Specialist 17731 (Assist.)	\$2,049.00
38455	Tracheal excision and repair of, with cardiopulmonary bypass Anaesthetic Item number for Specialist 17738 (Assist.)	\$2,870.00
38456	Intrathoracic operation on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than 1 of those organs, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17731 (Assist.)	\$1,888.00

Surgical Procedures		Cardio-Thoracic
Item No.	Description	Maximum Fee
38457	Pectus excavatum or pectus carinatum, repair or radical correction of Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,768.00
38458	Pectus excavatum, repair of, with implantation of subcutaneous prosthesis Anaesthetic Item number for Specialist 17724 (Assist.)	\$936.00
38460	Sternal wires or wires, removal of Anaesthetic Item number for Specialist 17709 (Assist.)	\$338.00
38462	Sternotomy wound, debridement of, not involving reopening of the mediastinum Anaesthetic Item number for Specialist 17710	\$400.00
38464	Sternotomy wound, debridement of, involving curettage of infected bone with or without removal of wires but not involving reopening of the mediastinum Anaesthetic Item number for Specialist 17711	\$437.00
38466	Sternum, reoperation on for dehiscence or infection involving reopening of the mediastinum, with or without rewiring Anaesthetic Item number for Specialist 17721 (Assist.)	\$1,180.00
38468	Sternum and mediastinum, reoperation for infection of, involving muscle advancement flaps or greater omentum Anaesthetic Item number for Specialist 17729 (Assist.)	\$1,820.00
38469	Sternum and mediastinum, reoperation for infection of, involving muscle advancement flaps and greater omentum Anaesthetic Item number for Specialist 17733 (Assist.)	\$2,116.00
PACEMAKER PROCEDURES		
38470	Permanent myocardial electrode, insertion of, by thoracotomy or sternotomy Anaesthetic Item number for Specialist 17721 (Assist.)	\$1,326.00
38473	Permanent pacemaker electrode, insertion by sub xyphoid approach Anaesthetic Item number for Specialist 17720 (Assist.)	\$681.00
VALVULAR PROCEDURES		
38475	Valve annuloplasty without insertion ring, not being associated with a service to which item 38480 or 38481 applies Anaesthetic Item number for Specialist 17734 (Assist.)	\$1,099.00
38477	Valve annuloplasty with insertion ring, not covered by item 38478 Anaesthetic Item number for Specialist 17734 (Assist.)	\$2,647.00
38478	Valve annuloplasty with insertion ring performed in conjunction with item 38480 or 38481 Anaesthetic Item number for Specialist 17734 (Assist.)	\$1,282.00
38480	Valve repair, 1 leaflet Anaesthetic Item number for Specialist 17734 (Assist.)	\$2,642.00
38481	Valve repair, 2 or more leaflets Anaesthetic Item number for Specialist 17736 (Assist.)	\$2,962.00

Surgical Procedures		Cardio-Thoracic
Item No.	Description	Maximum Fee
38483	Aortic valve leaflet or leaflets, decalcification of, not being a service to which item 38475, 38477, 38480, 38481 38488 or 38489 applies Anaesthetic Item number for Specialist 17734 (Assist.)	\$2,270.00
38485	Mitral annulus, reconstruction of, after decalcification, when performed in association with valve surgery Anaesthetic Item number for Specialist 17734 (Assist.)	\$1,079.00
38487	Mitral valve, open valvotomy of Anaesthetic Item number for Specialist 17734 (Assist.)	\$1,976.00
38488	Valve replacement with bioprosthesis or mechanical prosthesis Anaesthetic Item number for Specialist 17734 (Assist.)	\$2,200.00
38489	Valve replacement with allograft (subcoronary or cylindrical implant), or unstented xenograft Anaesthetic Item number for Specialist 17736 (Assist.)	\$2,718.00
38490	Sub-valvular structures, reconstruction and re-implantation of, associated with mitral and tricuspid valve replacement Anaesthetic Item number for Specialist 17736 (Assist.)	\$731.00
38493	Operative management of acute infective endocarditis, in association with heart valve surgery Anaesthetic Item number for Specialist 17740 (Assist.)	\$2,366.00
38496	Artery harvesting (other than internal mammary), for coronary artery bypass Anaesthetic Item number for Specialist 17711 (Assist.)	\$736.00
SURGERY FOR ISCHAEMIC HEART DISEASE		
38497	Coronary artery bypass using saphenous vein graft or grafts only, including harvesting of vein graft material where performed Anaesthetic Item number for Specialist 17736 (Assist.) (see para T8.28 of explanatory notes to this Category - MBS Book)	\$2,439.00
38500	Coronary artery bypass using single arterial graft, with or without vein graft or grafts, including harvesting of internal mammary artery or vein graft material where performed Anaesthetic Item number for Specialist 17736 (Assist.) (see para T8.28 of explanatory notes to this Category - MBS Book)	\$2,621.00
38503	Coronary artery bypass using 2 or more arterial grafts, with or without vein graft or grafts, including harvesting of internal mammary artery or vein graft material where performed Anaesthetic Item number for Specialist 17738 (Assist.) (see para T8.28 of explanatory notes to this Category - MBS Book)	\$2,844.00
38505	Coronary endarterectomy, by open operation, including repair with 1 or more patch grafts, each vessel Anaesthetic Item number for Specialist 17723 (Assist.)	\$324.00
38506	Left ventricular aneurysm, plication of Anaesthetic Item number for Specialist 17734 (Assist.)	\$2,116.00
38507	Left ventricular aneurysm, resection with primary repair Anaesthetic Item number for Specialist 17736 (Assist.)	\$2,245.00

Surgical Procedures		Cardio-Thoracic
Item No.	Description	Maximum Fee
38508	Left ventricular aneurysm resection with patch reconstruction of the left ventricle Anaesthetic Item number for Specialist 17740 (Assist.)	\$2,812.00
38509	Ischaemic ventricular septal rupture, repair of Anaesthetic Item number for Specialist 17738 (Assist.)	\$2,844.00
ARRHYTHMIA SURGERY		
38512	Division of accessory pathway, isolation procedure, procedure on atrioventricular node or perinodal tissues involving 1 atrial chamber only Anaesthetic Item number for Specialist 17734 (Assist.)	\$2,501.00
38515	Division of accessory pathway, isolation procedure, procedure on atrioventricular node or perinodal tissues involving both atrial chambers and including curative surgery for atrial fibrillation Anaesthetic Item number for Specialist 17738 (Assist.)	\$3,182.00
38518	Ventricular arrhythmia with mapping and muscle ablation, with or without aneurysmectomy Anaesthetic Item number for Specialist 17744 (Assist.)	\$3,416.00
38521	Automatic defibrillator, insertion of patches for, or insertion of transvenous endocardial defibrillation electrode for, not being a service associated with a service to which item 38213 applies Anaesthetic Item number for Specialist 17721 (Assist.)	\$1,253.00
38524	Automatic defibrillator generator, insertion or replacement of, not being a service associated with a service to which item 38213 applies Anaesthetic Item number for Specialist 17712 (Assist.)	\$343.00
PROCEDURES ON THE THORACIC AORTA		
38550	Ascending thoracic aorta, repair or replacement of, not involving valve replacement or repair or coronary artery implantation Anaesthetic Item number for Specialist 17742 (Assist.)	\$2,272.00
38553	Ascending thoracic aorta, repair or replacement of, with aortic valve replacement or repair, without implantation of coronary arteries Anaesthetic Item number for Specialist 17747 (Assist.)	\$2,959.00
38556	Ascending thoracic aorta, repair or replacement of, with aortic valve replacement or repair, and implantation of coronary arteries Anaesthetic Item number for Specialist 17753 (Assist.)	\$3,416.00
38559	Aortic arch and ascending thoracic aorta, repair or replacement of, not involving valve replacement or repair or coronary artery implantation Anaesthetic Item number for Specialist 17747 (Assist.)	\$2,730.00
38562	Aortic arch and ascending thoracic aorta, repair or replacement of, with aortic valve replacement or repair, without implantation of coronary arteries Anaesthetic Item number for Specialist 17753 (Assist.)	\$3,416.00
38565	Aortic arch and ascending thoracic aorta, repair or replacement of, with aortic valve replacement or repair, and implantation of coronary arteries Anaesthetic Item number for Specialist 17756 (Assist.)	\$3,864.00

Surgical Procedures		Cardio-Thoracic
Item No.	Description	Maximum Fee
38568	Descending thoracic aorta, repair or replacement of, without shunt or cardiopulmonary bypass Anaesthetic Item number for Specialist 17733 (Assist.)	\$1,940.00
38571	Descending thoracic aorta, repair or replacement of, using shunt or cardiopulmonary bypass Anaesthetic Item number for Specialist 17738 (Assist.)	\$2,163.00
38572	Operative management of acute rupture or dissection, in conjunction with procedures on the thoracic aorta Anaesthetic Item number for Specialist 17725 (Assist.)	\$2,366.00
38577	Cannulation for, and supervision and monitoring of, the administration of retrograde cerebral perfusion during deep hypothermic arrest (Assist.)	\$653.00
TECHNIQUES FOR PRESERVATION OF THE ARRESTED HEART		
38588	Cannulation of the coronary sinus for, and supervision of, the retrograde administration of blood or crystalloid for cardioplegia, including pressure monitoring (Assist.)	\$653.00
CIRCULATORY SUPPORT PROCEDURES		
38600	Central cannulation for cardiopulmonary bypass excluding post-operative management, not being a service associated with a service to which another item in this Subgroup applies Anaesthetic Item number for Specialist 17726 (Assist.)	\$1,825.00
38603	Peripheral cannulation for cardiopulmonary bypass excluding post-operative management Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,144.00
38606	Intra-aortic balloon pump, percutaneous insertion of Anaesthetic Item number for Specialist 17711	\$458.00
38609	Intra-aortic balloon pump, insertion of, by arteriotomy Anaesthetic Item number for Specialist 17713 (Assist.)	\$572.00
38612	Intra-aortic balloon pump, removal of, with closure of artery by direct suture Anaesthetic Item number for Specialist 17713 (Assist.)	\$640.00
38613	Intra-aortic balloon pump, removal of, with closure of artery by patch graft Anaesthetic Item number for Specialist 17715 (Assist.)	\$801.00
38615	Left or right ventricular assist device, insertion of Anaesthetic Item number for Specialist 17735 (Assist.)	\$1,825.00
38618	Left and right ventricular assist device, insertion of Anaesthetic Item number for Specialist 17737 (Assist.)	\$2,272.00
38621	Left or right ventricular assist device, removal of, as an independent procedure Anaesthetic Item number for Specialist 17726 (Assist.)	\$910.00
38624	Left and right ventricular assist device, removal of, as an independent procedure Anaesthetic Item number for Specialist 17727 (Assist.)	\$1,019.00
38627	Extra-corporeal membrane oxygenation, bypass or ventricular assist device cannulae, adjustment and re-positioning of, by open operation, in patients supported by these devices Anaesthetic Item number for Specialist 17726 (Assist.)	\$1,019.00

Surgical Procedures		Cardio-Thoracic
Item No.	Description	Maximum Fee
RE-OPERATION		
38637	Patent diseased coronary artery bypass vein graft or grafts, dissection, disconnection and oversewing of Anaesthetic Item number for Specialist 17723 (Assist.)	\$653.00
38640	Re-operation via median sternotomy, for any procedure, including any divisions of adhesions where the time taken to divide the adhesions is 45 minutes or less Anaesthetic Item number for Specialist 17723 (Assist.) <i>(see para T8.29 of explanatory notes to this Category - MBS Book)</i>	\$1,144.00
MISCELLANEOUS PROCEDURES		
38643	Thoracotomy or sternotomy involving division of adhesions where the time taken to divide the adhesions exceeds 45 mins Anaesthetic Item number for Specialist 17726 (Assist.)	\$1,253.00
38647	Thoracotomy or sternotomy involving division of extensive adhesions where the time taken to divide the adhesions exceeds 2 hours Anaesthetic Item number for Specialist 17729 (Assist.)	\$2,512.00
38650	Myomectomy or myotomy for hypertrophic obstructive cardiomyopathy Anaesthetic Item number for Specialist 17732 (Assist.)	\$2,272.00
38653	Open heart surgery, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17736 (Assist.)	\$2,272.00
38656	Thoracotomy or median sternotomy for post-operative bleeding Anaesthetic Item number for Specialist 17721 (Assist.)	\$1,144.00
CARDIAC TUMOURS		
38670	Cardiac tumour, excision of, involving the wall of the atrium or inter-arterial septum, without patch or conduit reconstruction Anaesthetic Item number for Specialist 17736 (Assist.)	\$2,245.00
38673	Cardiac tumour, excision of, involving the wall of the atrium or inter-arterial septum, requiring reconstruction with patch or conduit Anaesthetic Item number for Specialist 17738 (Assist.)	\$2,526.00
38677	Cardiac tumour arising from ventricular myocardium, partial thickness excision of Anaesthetic Item number for Specialist 17736 (Assist.)	\$2,366.00
38680	Cardiac tumour arising from ventricular myocardium, full thickness excision of including repair or reconstruction Anaesthetic Item number for Specialist 17740 (Assist.)	\$2,807.00
CONGENITAL CARDIAC SURGERY		
38700	Patent ductus arteriosus, shunt, collateral or other single large vessel, division or ligation of, without cardiopulmonary bypass, for congenital heart disease Anaesthetic Item number for Specialist 17727 (Assist.)	\$1,274.00
38703	Patent ductus arteriosus, shunt, collateral or other single large vessel, division or ligation of, with cardiopulmonary bypass, for congenital heart disease Anaesthetic Item number for Specialist 17732 (Assist.)	\$2,293.00

Surgical Procedures		Cardio-Thoracic
Item No.	Description	Maximum Fee
38706	Aorta, anastomosis or repair of, without cardiopulmonary bypass, for congenital heart disease Anaesthetic Item number for Specialist 17729 (Assist.)	\$2,168.00
38709	Aorta, anastomosis or repair of, with cardiopulmonary bypass, for congenital heart disease Anaesthetic Item number for Specialist 17736 (Assist.)	\$2,543.00
38712	Aortic interruption, repair of, for congenital heart disease Anaesthetic Item number for Specialist 17729 (Assist.)	\$3,052.00
38715	Main pulmonary artery, banding, debanding or repair of, without cardiopulmonary bypass, for congenital heart disease Anaesthetic Item number for Specialist 17727 (Assist.)	\$2,033.00
38718	Main pulmonary artery, banding, debanding or repair of, with cardiopulmonary bypass, for congenital heart disease Anaesthetic Item number for Specialist 17734 (Assist.)	\$2,543.00
38721	Vena cava, anastomosis or repair of, without cardiopulmonary bypass, for congenital heart disease Anaesthetic Item number for Specialist 17731 (Assist.)	\$1,784.00
38724	Vena cava, anastomosis or repair of, with cardiopulmonary bypass, for congenital heart disease Anaesthetic Item number for Specialist 17738 (Assist.)	\$2,543.00
38727	Intrathoracic vessels, anastomosis or repair of, without cardiopulmonary bypass, not being a service to which item 38700, 38703, 38706, 38709, 38712, 38715, 38718, 38721 or 38724 applies, for congenital heart disease Anaesthetic Item number for Specialist 17732 (Assist.)	\$1,784.00
38730	Intrathoracic vessels, anastomosis or repair of, with cardiopulmonary bypass, not being a service to which items 38700, 38703, 38706, 38709, 38712, 38715, 38718, 38721 or 38724 applies, for congenital heart disease Anaesthetic Item number for Specialist 17736 (Assist.)	\$2,543.00
38733	Systemic pulmonary or cavo-pulmonary shunt, creation of, without cardiopulmonary bypass, for congenital heart disease Anaesthetic Item number for Specialist 17733 (Assist.)	\$1,784.00
38736	Systemic pulmonary or cavo-pulmonary shunt, creation of, with cardiopulmonary bypass, for congenital heart disease Anaesthetic Item number for Specialist 17740 (Assist.)	\$2,543.00
38739	Atrial septectomy, with or without cardiopulmonary bypass, for congenital heart disease Anaesthetic Item number for Specialist 17733 (Assist.)	\$2,293.00
38742	Atrial septal defect, closure by direct suture or patch, for congenital heart disease Anaesthetic Item number for Specialist 17734 (Assist.)	\$2,293.00
38745	Intra-atrial baffle, insertion of, for congenital heart disease Anaesthetic Item number for Specialist 17734 (Assist.)	\$2,543.00
38748	Ventricular septectomy, for congenital heart disease Anaesthetic Item number for Specialist 17734 (Assist.)	\$2,543.00

Surgical Procedures		Cardio-Thoracic
Item No.	Description	Maximum Fee
38751	Ventricular septal defect, closure by direct suture or patch, for congenital heart disease Anaesthetic Item number for Specialist 17736 (Assist.)	\$2,543.00
38754	Intraventricular baffle or conduit, insertion of, for congenital heart disease Anaesthetic Item number for Specialist 17738 (Assist.)	\$3,182.00
38757	Extracardiac conduit, insertion of, for congenital heart disease Anaesthetic Item number for Specialist 17734 (Assist.)	\$2,543.00
38760	Extracardiac conduit, replacement of, for congenital heart disease Anaesthetic Item number for Specialist 17736 (Assist.)	\$2,543.00
38763	Ventricular myectomy, for relief of ventricular obstruction, right or left, for congenital heart disease Anaesthetic Item number for Specialist 17734 (Assist.)	\$2,543.00
38766	Ventricular augmentation, right or left, for congenital heart disease Anaesthetic Item number for Specialist 17736 (Assist.)	\$2,543.00

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

Surgical Operations		Neurosurgical
Item No.	Description	Maximum Fee
GENERAL		
39000	Lumbar puncture Anaesthetic Item number for Specialist 17706	\$138.00
39003	Cisternal puncture Anaesthetic Item number for Specialist 17707	\$131.00
39006	Ventricular puncture (not including burr-hole) Anaesthetic Item number for Specialist 17707	\$218.00
39009	Subdural haemorrhage, tap for, each tap Anaesthetic Item number for Specialist 17707	\$86.50
39012	Burr-hole, single, preparatory to ventricular puncture or for inspection purpose - not being a service to which another item applies Anaesthetic Item number for Specialist 17713	\$328.00
39013	Injection under image intensification with 1 or more of contrast media, local anaesthetic or corticosteroid into 1 or more zygo-apophyseal or costo-transverse joints or 1 or more primary posterior rami of spinal nerves Anaesthetic Item Number for Specialist 17708	\$135.00
39015	Ventricular reservoir, external ventricular drain or intracranial pressure monitoring device, insertion of - including burr-hole (excluding after-care) Anaesthetic Item number for Specialist 17713 (Assist.)	\$468.00
39018	Cerebrospinal fluid reservoir, insertion of Anaesthetic Item number for Specialist 17714 (Assist.)	\$432.00
PROCEDURES FOR PAIN RELIEF		
39100	Injection of primary branch of trigeminal nerve with alcohol, cortisone, phenol, or similar substance Anaesthetic Item number for Specialist 17709	\$328.00
39106	Neurectomy, intracranial, for trigeminal neuralgia Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,742.00
39109	Trigeminal gangliotomy by radiofrequency, balloon or glycerol Anaesthetic Item number for Specialist 17711	\$655.00
39112	Cranial nerve, intracranial decompression of, using microsurgical techniques Anaesthetic Item number for Specialist 17729 (Assist.)	\$1,742.00
39115	Percutaneous neurotomy of posterior divisions (or rami) of spinal nerves by any method, including any associated spinal, epidural or regional nerve block (payable once only in a 30 day period) Anaesthetic Item number for Specialist 17707	\$135.00

Surgical Operations		Neurosurgical
Item No.	Description	Maximum Fee
39118	Percutaneous neurotomy for facet joint denervation by radio-frequency probe or cryoprobe using radiological imaging control Anaesthetic Item number for Specialist 17707 (Assist.)	\$400.00
39121	Percutaneous cordotomy Anaesthetic Item number for Specialist 17710 (Assist.)	\$978.00
39124	Cordotomy or myelotomy, laminectomy for, or operation for dorsal root entry zone (Drez) lesion Anaesthetic Item number for Specialist 17718 (Assist.)	\$2,012.00
39125	Spinal catheter, insertion of - for an automated infusion device Anaesthetic Item number for Specialist 17709 (Assist.)	\$406.00
39126	Automated subcutaneous infusion device, insertion of Anaesthetic Item number for Specialist 17709 (Assist.)	\$494.00
39127	Subcutaneous reservoir and spinal catheter for pain, insertion of Anaesthetic Item number for Specialist 17709	\$816.00
39128	Automated subcutaneous infusion device and spinal catheter, insertion of Anaesthetic Item number for Specialist 17712	\$905.00
39130	Percutaneous epidural electrode, insertion of 1 or more of - for spinal stimulation Anaesthetic Item number for Specialist 17711	\$837.00
39131	Percutaneous epidural electrodes, management, adjustment, electronic programming and trial of stimulation of, by a medical practitioner - each day	\$175.00
39133	Epidural stimulator or intrathecal infusion device, revision of Anaesthetic Item number for Specialist 17709	\$218.00
39134	Spinal neurostimulator receiver or pulse generator, subcutaneous placement of Anaesthetic Item number for Specialist 17709 (Assist.)	\$468.00
39136	Percutaneous epidural implant for management of pain, removal of Anaesthetic Item number for Specialist 17709	\$218.00
39139	Epidural electrode for management of pain, insertion of 1 or more of by laminectomy, including implantation of pulse generator (1 or 2 stages) Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,477.00
39140	Epidural catheter, insertion of, under imaging control, with epidurogram and epidural therapeutic injection for lysis of adhesions Anaesthetic Item number for Specialist 17709	\$400.00
PERIPHERAL NERVES		
39300	Cutaneous nerve (including digital nerve), primary repair of, using microsurgical techniques Anaesthetic Item number for Specialist 17710 (Assist.)	\$432.00

Surgical Operations		Neurosurgical
Item No.	Description	Maximum Fee
39303	Cutaneous nerve (including digital nerve), secondary repair of, using microsurgical techniques Anaesthetic Item number for Specialist 17711 (Assist.)	\$598.00
39306	Nerve trunk, primary repair of, using microsurgical techniques Anaesthetic Item number for Specialist 17712 (Assist.)	\$926.00
39309	Nerve trunk, secondary repair of, using microsurgical techniques Anaesthetic Item number for Specialist 17713 (Assist.)	\$978.00
39312	Nerve trunk, internal (interfascicular), neurolysis of, using microsurgical techniques Anaesthetic Item number for Specialist 17712 (Assist.)	\$541.00
39315	Nerve trunk, nerve graft to, (cable graft) including harvesting of nerve graft using microsurgical techniques Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,414.00
39318	Cutaneous nerve (including digital nerve), nerve graft to, using microsurgical techniques Anaesthetic Item number for Specialist 17713 (Assist.)	\$868.00
39321	Nerve, transposition of Anaesthetic Item number for Specialist 17708 (Assist.)	\$655.00
39323	Percutaneous neurotomy by cryoneurotomy or radiofrequency lesion generator, not being a service to which another item applies Anaesthetic Item number for Specialist 17710 (Assist.)	\$374.00
39324	Neurectomy, neurotomy or removal of tumour from superficial peripheral nerve, by open operation Anaesthetic Item number for Specialist 17707 (Assist.)	\$385.00
39327	Neurectomy, neurotomy or removal of tumour from deep peripheral nerve, by open operation Anaesthetic Item number for Specialist 17708 (Assist.)	\$655.00
39330	Neurolysis by open operation without transposition, not being a service associated with a service to which item 39312 applies Anaesthetic Item number for Specialist 17706 (Assist.)	\$385.00
39331	Carpal tunnel release (division of transverse carpal ligament), by any method Anaesthetic Item number for Specialist 17705	\$385.00
39333	Brachial plexus, exploration of, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17713 (Assist.)	\$541.00
CRANIAL NERVES		
39500	Vestibular nerve, section of, via posterior fossa Anaesthetic Item number for Specialist 17729 (Assist.)	\$1,742.00
39503	Facio-hypoglossal nerve or facio-accessory nerve, anastomosis of Anaesthetic Item number for Specialist 17733 (Assist.)	\$1,305.00

Surgical Operations		Neurosurgical
Item No.	Description	Maximum Fee
CRANIO-CEREBRAL INJURIES		
39600	Intracranial haemorrhage, burr-hole craniotomy for - including burr holes Anaesthetic Item number for Specialist 17715 (Assist.)	\$655.00
39603	Intracranial haemorrhage, osteoplastic craniotomy or extensive craniectomy and removal of haematoma Anaesthetic Item number for Specialist 17723 (Assist.)	\$1,628.00
39606	Fractured skull, depressed or comminuted, operation for Anaesthetic Item number for Specialist 17719 (Assist.)	\$1,087.00
39609	Fractured skull, compound, without dural penetration, operation for Anaesthetic Item number for Specialist 17719 (Assist.)	\$1,414.00
39612	Fractured skull, compound, depressed or complicated, with dural penetration and brain laceration, operation for Anaesthetic Item number for Specialist 17721 (Assist.)	\$1,628.00
39615	Fractured skull with rhinorrhoea or otorrhoea, cranioplasty and repair of Anaesthetic Item number for Specialist 17723 (Assist.)	\$1,628.00
SKULL BASE SURGERY		
39640	Tumour involving anterior cranial fossa, removal of, involving craniotomy, radical excision of the skull base, and dural repair Anaesthetic Item number for Specialist 17748 (Assist.) (see para T8.30 of explanatory notes to this Category - MBS Book)	\$4,154.00
39642	Tumour involving anterior cranial fossa, removal of, involving frontal craniotomy with lateral rhinotomy for clearance of paranasal sinus extension (intracranial procedure) Anaesthetic Item number for Specialist 17751 (Assist.) (see para T8.30 of explanatory notes to this Category - MBS Book)	\$4,338.00
39646	Tumour involving anterior cranial fossa, removal of, involving frontal craniotomy with lateral rhinotomy and radical clearance of paranasal sinus and orbital fossa extensions, with intracranial decompression of the optic nerve (intracranial procedure) Anaesthetic Item number for Specialist 17754 (Assist.) (see para T8.30 of explanatory notes to this Category - MBS Book)	\$4,973.00
39650	Tumour involving middle cranial fossa and infra-temporal fossa, removal of, craniotomy and radical or sub-total radical excision, with division and reconstruction of zygomatic arch, (intracranial procedure) Anaesthetic Item number for Specialist 17763 (Assist.) (see para T8.30 of explanatory notes to this Category - MBS Book)	\$3,604.00
39653	Petro-clival and clival tumour, removal of, by supra and infratentorial approaches for radical or sub-total radical excision (intracranial procedure) not being a service to which item 39654 or 39656 applies Anaesthetic Item number for Specialist 17763 (Assist.) (see para T8.30 of explanatory notes to this Category - MBS Book)	\$5,816.00
39654	Petro-clival and clival tumour, removal of, by supra and infratentorial approaches for radical or sub-total radical excision (intracranial procedure), conjoint surgery, principal surgeon Anaesthetic Item number for Specialist 17763 (Assist.) (see para T8.30 of explanatory notes to this Category - MBS Book)	\$4,658.00

Surgical Operations		Neurosurgical
Item No.	Description	Maximum Fee
39656	Petro-clival and clival tumour, removal of, by supra and infratentorial approaches for radical or sub-total radical excision, (intracranial procedure) conjoint surgery, co-surgeon (Assist.) (see para T8.30 of explanatory notes to this Category - MBS Book)	\$3,491.00
39658	Tumour involving the clivus, radical or sub-total radical excision of, involving transoral or transmaxillary approach Anaesthetic Item number for Specialist 17763 (Assist.) (see para T8.30 of explanatory notes to this Category - MBS Book)	\$4,126.00
39660	Tumour or Vascular Lesion Cavernous sinus, radical excision of, involving craniotomy with or without intracranial carotid artery exposure Anaesthetic Item number for Specialist 17762 (Assist.) (see para T8.30 of explanatory notes to this Category - MBS Book)	\$4,126.00
39662	Tumour or Vascular Lesion of Foramen Magnum, radical excision of, via transcondylar or far lateral suboccipital approach Anaesthetic Item number for Specialist 17762 (Assist.) (see para T8.30 of explanatory notes to this Category - MBS Book)	\$4,126.00
INTRACRANIAL NEOPLASMS		
39700	Skull tumour, benign or malignant, excision of, excluding cranioplasty Anaesthetic Item number for Specialist 17727 (Assist.)	\$868.00
39703	Intracranial tumour, cyst or other brain tissue, burr-hole and biopsy of, or drainage of, or both Anaesthetic Item number for Specialist 17714 (Assist.)	\$707.00
39706	Intracranial tumour, biopsy or decompression of via osteoplastic flap or biopsy and decompression of via osteoplastic flap Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,518.00
39709	Craniotomy for removal of glioma, metastatic carcinoma or any other tumour in cerebrum, cerebellum or brain stem - not being a service to which another item in this Sub-group applies Anaesthetic Item number for Specialist 17730 (Assist.)	\$2,174.00
39712	Craniotomy for removal of meningioma, pinealoma, cranio-pharyngioma, intraventricular tumour or any other intracranial tumour, not being a service to which another item in this Sub-group applies Anaesthetic Item number for Specialist 17730 (Assist.)	\$2,714.00
39715	Pituitary tumour, removal of, by transcranial or transphenoidal approach Anaesthetic Item number for Specialist 17730 (Assist.)	\$2,714.00
39718	Arachnoidal cyst, craniotomy for Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,196.00
39721	Craniotomy, involving osteoplastic flap, for re opening post-operatively for haemorrhage, swelling, etc Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,087.00
CEREBROVASCULAR DISEASE		
39800	Aneurysm, clipping or reinforcement of sac Anaesthetic Item number for Specialist 17740 (Assist.)	\$2,933.00

Surgical Operations		Neurosurgical
Item No.	Description	Maximum Fee
39803	Intracranial arteriovenous malformation, excision of Anaesthetic Item number for Specialist 17744 (Assist.)	\$3,099.00
39806	Aneurysm, or arteriovenous malformation, intracranial proximal artery clipping of Anaesthetic Item number for Specialist 17736 (Assist.)	\$1,955.00
39812	Intracranial aneurysm or arteriovenous fistula, ligation of cervical vessel or vessels Anaesthetic Item number for Specialist 17715 (Assist.)	\$978.00
39815	Carotid-cavernous fistula, obliteration of - combined cervical and intracranial procedure Anaesthetic Item number for Specialist 17756 (Assist.)	\$2,501.00
39818	Extracranial to intracranial bypass using superficial temporal artery or saphenous vein graft Anaesthetic Item number for Specialist 17744 (Assist.)	\$2,501.00
39821	Extracranial to Intracranial bypass using saphenous vein graft Anaesthetic Item number for Specialist 17750 (Assist.)	\$2,926.00
INFECTION		
39900	Intracranial infection, drainage of, via burr-hole including burr-hole Anaesthetic Item number for Specialist 17714 (Assist.)	\$702.00
39903	Intracranial abscess, excision of Anaesthetic Item number for Specialist 17722 (Assist.)	\$2,174.00
39906	Osteomyelitis of skull or removal of infected bone flap, craniectomy for Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,087.00
CEREBRO-SPINAL FLUID CIRCULATION DISORDERS		
40000	Ventriculo-cisternostomy (Torkildsen's operation) Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,087.00
40003	Cranial or cisternal shunt diversion, insertion of Anaesthetic Item number for Specialist 17719 (Assist.)	\$1,087.00
40006	Lumbar shunt diversion, insertion of Anaesthetic Item number for Specialist 17719 (Assist.)	\$868.00
40009	Cranial, cisternal or lumbar shunt, revision or removal of Anaesthetic Item number for Specialist 17718 (Assist.)	\$655.00
40012	Third ventriculostomy (open or endoscopic) with or without endoscopic septum pellucidotomy Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,414.00
40015	Subtemporal decompression Anaesthetic Item number for Specialist 17724 (Assist.)	\$806.00
40018	Lumbar cerebrospinal fluid drain, insertion of Anaesthetic Item number for Specialist 17710	\$218.00

Surgical Operations		Neurosurgical
Item No.	Description	Maximum Fee
CONGENITAL DISORDERS		
40100	Meningocele, excision and closure of Anaesthetic Item number for Specialist 17717 (Assist.)	\$785.00
40103	Myelomeningocele, excision and closure of, including skin flaps or Z plasty where performed Anaesthetic Item number for Specialist 17719 (Assist.)	\$1,175.00
40106	Arnold-Chiari malformation, decompression of Anaesthetic Item number for Specialist 17735 (Assist.)	\$1,414.00
40109	Encephalocele, excision and closure of Anaesthetic Item number for Specialist 17734 (Assist.)	\$1,518.00
40112	Tethered cord, release of, including lipomeningocele or diastematomyelia Anaesthetic Item number for Specialist 17736 (Assist.)	\$1,955.00
40115	Craniosostenosis, operation for - single suture Anaesthetic Item number for Specialist 17723 (Assist.)	\$868.00
40118	Craniosostenosis, operation for - more than 1 suture Anaesthetic Item number for Specialist 17725 (Assist.)	\$1,305.00
SPINAL DISORDERS		
40300	Intervertebral disc or discs, laminectomy for removal of Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,087.00
40301	Intervertebral disc or discs, microsurgical discectomy of Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,056.00
40303	Recurrent disc lesion or spinal stenosis, or both, laminectomy for - 1 level Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,128.00
40306	Spinal stenosis, laminectomy for, involving more than 1 vertebral interspace (disc level) Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,628.00
40309	Extradural tumour or abscess, laminectomy for Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,628.00
40312	Intradural lesion, laminectomy for, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17715 (Assist.)	\$2,012.00
40315	Cranio-cervical junction lesion, transoral approach for Anaesthetic Item number for Specialist 17733 (Assist.)	\$2,174.00
40316	Odontoid screw fixation Anaesthetic Item number for Specialist 17728 (Assist.)	\$2,832.00
40318	Intramedullary tumour or arteriovenous malformation, laminectomy and radical excision of Anaesthetic item number for Specialist 17725 (Assist.)	\$2,714.00

Surgical Operations		Neurosurgical
Item No.	Description	Maximum Fee
40321	Posterior spinal fusion, not being a service to which items 40324 and 40327 apply Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,305.00
40324	Laminectomy followed by posterior fusion, performed by neurosurgeon and orthopaedic surgeon operating together - laminectomy, including aftercare Anaesthetic Item number for Specialist 17722 (Assist.)	\$868.00
40327	Laminectomy followed by posterior fusion, performed by neurosurgeon and orthopaedic surgeon operating together - posterior fusion, including aftercare (Assist.)	\$868.00
40330	Spinal rhizolysis involving exposure of spinal nerve roots, for lateral recess or exit foraminal stenosis or adhesive radiculopathy or extensive epidural fibrosis at 1 or more levels - with or without laminectomy Anaesthetic Item number for Specialist 17719 (Assist.)	\$1,742.00
40331	Cervical Decompression of spinal cord with or without involvement of nerve roots, without fusion, 1 level, by any approach, not being a service to which item 40330 applies Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,299.00
40332	Cervical Decompression of spinal cord with or without involvement of nerve roots, including anterior fusion, 1 level not being a service to which item 40330 applies Anaesthetic Item number for Specialist 17724 (Assist.)	\$2,122.00
40333	Cervical discectomy (anterior), without fusion Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,087.00
40334	Cervical Decompression of spinal cord with or without involvement of nerve roots, without fusion, more than 1 level, by any approach, not being a service to which item 40330 applies Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,435.00
40335	Cervical Decompression of spinal cord with or without involvement of nerve roots, including anterior fusion, more than 1 level, by any approach, not being a service to which item 40330 applies Anaesthetic Item number for Specialist 17728 (Assist.)	\$2,635.00
40336	Intradiscal injection of chymopapain (discase) - 1 disc Anaesthetic Item number for Specialist 17709 (Assist.) (see para T8.31 of explanatory notes of this Category - MBS Book)	\$432.00
40339	Hydromyelia, plugging of obex for, with or without duroplasty Anaesthetic Item number for Specialist 17728 (Assist.)	\$2,174.00
40342	Hydromyelia, craniotomy and laminectomy for, with cavity packing and CSF shunt Anaesthetic Item number for Specialist 17730 (Assist.)	\$2,012.00
40345	Thoracic Decompression of spinal cord with or without involvement of nerve roots, via pedicle or costotransversectomy Anaesthetic Item number for Specialist 17726 (Assist.)	\$1,858.00
40348	Thoracic Decompression of spinal cord via thoracotomy with vertebrectomy, not including stabilisation procedure Anaesthetic Item number for Specialist 17735 (Assist.)	\$2,357.00
40351	Thoraco-Lumbar or high lumbar anterior decompression of spinal cord, not including stabilisation procedure Anaesthetic Item number for Specialist 17732 (Assist.)	\$2,357.00

Surgical Operations		Neurosurgical
Item No.	Description	Maximum Fee
SKULL RECONSTRUCTION		
40600	Cranioplasty, reconstructive Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,305.00
EPILEPSY		
40700	Corpus callosum, anterior section of, for epilepsy Anaesthetic Item number for Specialist 17730 (Assist.)	\$2,392.00
40703	Corticectomy, topectomy or partial lobectomy for epilepsy Anaesthetic Item number for Specialist 17728 (Assist.)	\$2,012.00
40706	Hemispherectomy for intractable epilepsy Anaesthetic Item number for Specialist 17742 (Assist.)	\$2,933.00
40709	Burr-hole placement of intracranial depth or surface electrodes Anaesthetic Item number for Specialist 17720 (Assist.)	\$702.00
40712	Intracranial electrode placement via craniotomy Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,425.00
STEREOTACTIC PROCEDURES		
40800	Stereotactic anatomical localisation, as an independent procedure Anaesthetic Item number for Specialist 17720 (Assist.)	\$874.00
40801	Functional stereotactic procedure including computer assisted anatomical localisation, physiological localisation and lesion production in the basal ganglia, brain stem or deep white matter tracts Anaesthetic Item number for Specialist 17725 (Assist.)	\$2,387.00
40803	Intracranial stereotactic procedure by any method, not being a service to which item 40800 or 40801 applies Anaesthetic Item number for Specialist 17721 (Assist.)	\$1,628.00
MISCELLANEOUS		
40903	Neuroendoscopy, for inspection of an intraventricular lesion, with or without biopsy including burr hole Anaesthetic Item number for Specialist 17722 (Assist.)	\$753.00

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

Surgical Operations		Ear, Nose and Throat
Item No.	Description	Maximum Fee
41500	Ear, foreign body (other than ventilating tube) in, removal of, other than by simple syringing Anaesthetic Item number for Specialist 17706 <i>(see para T8.32 of explanatory notes to this Category - MBS Book)</i>	\$91.50
41503	Ear, removal of foreign body in, involving incision of external auditory canal Anaesthetic Item number for Specialist 17708	\$281.00
41506	Aural polyp, removal of Anaesthetic Item number for Specialist 17707	\$185.00
41509	External auditory meatus, surgical removal of keratosis obturans from, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17709	\$191.00
41512	Meatoplasty involving removal of cartilage or bone or both cartilage and bone, not being a service to which item 41515 applies Anaesthetic Item number for Specialist 17710 (Assist.)	\$697.00
41515	Meatoplasty involving removal of cartilage or bone or both cartilage and bone, being a service associated with a service to which item 41530, 41548, 41557, 41560 or 41563 applies Anaesthetic Item number for Specialist 17709 (Assist.) <i>(see para T8.33 of explanatory notes to this Category - MBS Book)</i>	\$452.00
41518	External auditory meatus, removal of exostoses in Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,108.00
41521	Correction of auditory canal stenosis, including meatoplasty, with or without grafting Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,165.00
41524	Reconstruction of external auditory canal, being a service associated with a service to which items 41557, 41560 and 41563 apply Anaesthetic Item number for Specialist 17710 (Assist.) <i>(see para T8.34 of explanatory notes to this Category - MBS Book)</i>	\$338.00
41527	Myringoplasty, trans-canal approach (Rosen incision) Anaesthetic Item number for Specialist 17711 (Assist.)	\$676.00
41530	Myringoplasty, post-aural or endaural approach with or without mastoid inspection Anaesthetic Item number for Specialist 17711	\$1,118.00
41533	Atticotomy without reconstruction of the bony defect, with or without myringoplasty Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,347.00
41536	Atticotomy with reconstruction of the bony defect with or without myringoplasty Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,513.00

Surgical Operations		Ear, Nose and Throat
Item No.	Description	Maximum Fee
41539	Ossicular chain reconstruction Anaesthetic Item number for Specialist 17710 (Assist.)	\$1,238.00
41542	Ossicular chain reconstruction and myringoplasty Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,352.00
41545	Mastoidectomy (cortical) Anaesthetic Item number for Specialist 17711 (Assist.)	\$650.00
41548	Obliteration of the mastoid cavity Anaesthetic Item number for Specialist 17711 (Assist.)	\$764.00
41551	Mastoidectomy, intact wall technique, with myringoplasty Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,877.00
41554	Mastoidectomy, intact wall technique, with myringoplasty and ossicular chain reconstruction Anaesthetic Item number for Specialist 17719 (Assist.)	\$2,210.00
41557	Mastoidectomy (radical or modified radical) Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,238.00
41560	Mastoidectomy (radical or modified radical) and myringoplasty Anaesthetic Item number for Specialist 17714	\$1,352.00
41563	Mastoidectomy (radical or modified radical), myringoplasty and ossicular chain reconstruction Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,706.00
41564	Mastoidectomy (radical or modified radical), obliteration of the mastoid cavity, blind sac closure of external auditory canal and obliteration of eustachian tube Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,909.25
41566	Revision of mastoidectomy (radical, modified radical or intact wall), including myringoplasty Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,284.00
41569	Decompression of facial nerve in its mastoid portion Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,352.00
41572	Labyrinthotomy or destruction of labyrinth Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,238.00
41575	Cerebello-pontine angle tumour, removal of by 2 surgeons operating conjointly, by transmastoid, translabyrinthine or retromastoid approach - transmastoid, translabyrinthine or retromastoid procedure (including aftercare) Anaesthetic Item number for Specialist 17748 (Assist.)	\$2,798.00
41576	Cerebello-pontine angle tumour, removal of, by transmastoid, translabyrinthine or retromastoid approach, intracranial procedure (including aftercare) not being a service to which item 41578 or 41579 applies Anaesthetic Item number for Specialist 17748 (Assist.)	\$4,186.00
41578	Cerebello-pontine angle tumour, removal of by transmastoid, translabyrinthine or retromastoid approach, (intracranial procedure), conjoint surgery, principal surgeon (Assist.) Anaesthetic Item number for Specialist 17748 (Assist.)	\$2,798.00

Surgical Operations		Ear, Nose and Throat
Item No.	Description	Maximum Fee
41579	Cerebello-Pontine Angle Tumour, removal of, by transmastoid or translabyrinthine or retromastoid approach, (intracranial procedure) conjoint surgery, co-surgeon (Assist.)	\$2,093.00
41581	Tumour involving infra-temporal fossa, removal of, involving craniotomy and radical excision of Anaesthetic Item number for Specialist 17749 (Assist.)	\$3,219.00
41584	Partial temporal bone resection for removal of tumour involving mastoidectomy with or without decompression of facial nerve Anaesthetic Item number for Specialist 17733 (Assist.)	\$2,210.00
41587	Total temporal bone resection for removal of tumour Anaesthetic Item number for Specialist 17737 (Assist.)	\$3,006.00
41590	Endolymphatic sac, transmastoid decompression with or without drainage of Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,352.00
41593	Translabyrinthine vestibular nerve section Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,789.00
41596	Retrolabyrinthine vestibular nerve section or cochlear nerve section, or both Anaesthetic Item number for Specialist 17733 (Assist.)	\$1,997.00
41599	Internal auditory meatus, exploration by middle cranial fossa approach with cranial nerve decompression Anaesthetic Item number for Specialist 17729 (Assist.)	\$1,997.00
41602	Fenestration operation - each ear Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,383.00
41605	Venous graft to fenestration cavity Anaesthetic Item number for Specialist 17712 (Assist.)	\$697.00
41608	Stapedectomy Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,238.00
41611	Stapes mobilisation Anaesthetic Item number for Specialist 17710 (Assist.)	\$827.00
41614	Round window surgery including repair of cochleotomy Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,186.00
41615	Oval window surgery, including repair of fistula, not being a service associated with a service to which any other item in this Group applies Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,286.00
41617	Cochlear implant, insertion of, including mastoidectomy Anaesthetic Item number for Specialist 17722 (Assist.)	\$2,236.00
41620	Glomus tumour, trans tympanic removal of Anaesthetic Item number for Specialist 17712 (Assist.)	\$941.00

Surgical Operations		Ear, Nose and Throat
Item No.	Description	Maximum Fee
41623	Glomus tumour, transmastoid removal of, including mastoidectomy Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,352.00
41626	Abscess or inflammation of middle ear, operation for (excluding after-care) Anaesthetic Item number for Specialist 17707	\$183.00
41629	Middle ear, exploration of Anaesthetic Item number for Specialist 17710 (Assist.)	\$588.00
41632	Middle ear, insertion of tube for drainage of (including myringotomy) Anaesthetic Item number for Specialist 17707	\$281.00
41635	Clearance of middle ear for granuloma, cholesteatoma and polyp, 1 or more, with or without myringoplasty Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,347.00
41638	Clearance of middle ear for granuloma, cholesteatoma and polyp, 1 or more, with or without myringoplasty with ossicular chain reconstruction Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,685.00
41641	Perforation of tympanum, cauterisation or diathermy of Anaesthetic Item number for Specialist 17707	\$55.00
41644	Excision of rim of eardrum perforation, not being a service associated with myringoplasty Anaesthetic Item number for Specialist 17707	\$168.00
41647	Ear toilet requiring use of operating microscope and microinspection of tympanic membrane with or without general anaesthesia Anaesthetic Item number for Specialist 17706	\$127.00
41650	Tympanic membrane, microinspection of 1 or both ears under general anaesthesia, not being a service associated with a service to which another item in this Group applies Anaesthetic Item number for Specialist 17706	\$127.00
41653	Examination of nasal cavity or post-nasal space or nasal cavity and post-nasal space, under general anaesthesia, not being a service associated with a service to which another item in this Group applies Anaesthetic Item number for Specialist 17707	\$94.50
41656	Nasal haemorrhage, posterior, arrest of, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding after-care) Anaesthetic Item number for Specialist 17709	\$156.00
41659	Nose, removal of foreign body in, other than by simple probing Anaesthetic Item number for Specialist 17707	\$91.50
41662	Nasal polyp or polypi (simple), removal of (see para T8.35 of explanatory notes to this Category - MBS Book)	\$94.50
41665	Nasal polyp or polypi (requiring admission to hospital), removal of (G) Anaesthetic Item number for Specialist 17707 (see para T8.35 of explanatory notes to this Category - MBS Book)	\$281.00

Surgical Operations		Ear, Nose and Throat
Item No.	Description	Maximum Fee
41668	Nasal polyp or polypi (requiring admission to hospital), removal of (S) Anaesthetic Item number for Specialist 17707 (see para T8.35 of explanatory notes to this Category - MBS Book)	\$281.00
41671	Nasal septum, septoplasty, submucous resection or closure of septal perforation Anaesthetic Item number for Specialist 17708	\$562.00
41672	Nasal septum, reconstruction of Anaesthetic Item number for Specialist 17710 (Assist.)	\$602.15
41674	Cauterisation (other than by chemical means) or cauterisation by chemical means when performed under general anaesthesia or diathermy of septum, turbinates or pharynx - 1 or more of these procedures (including any consultation on the same occasion) not being a service associated with any other operation on the nose Anaesthetic Item number for Specialist 17707	\$156.00
41677	Nasal haemorrhage, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both Anaesthetic Item number for Specialist 17709	\$119.00
41680	Cryotherapy to nose in the treatment of nasal haemorrhage Anaesthetic Item number for Specialist 17708	\$191.00
41683	Division of nasal adhesions, with or without stenting not being a service associated with any other operation on the nose and not performed during the post-operative period of a nasal operation Anaesthetic Item number for Specialist 17708	\$139.00
41686	Dislocation of turbinate or turbinates, 1 or both sides, not being a service associated with a service to which another item in this Group applies Anaesthetic Item number for Specialist 17707	\$94.50
41689	Turbinectomy or turbinectomies, partial or total, unilateral Anaesthetic Item number for Specialist 17707	\$154.00
41692	Turbinates, submucous resection of, unilateral Anaesthetic Item number for Specialist 17707	\$208.00
41695	Turbinates, cryotherapy to Anaesthetic Item number for Specialist 17707	\$119.00
41698	Maxillary antrum, proof puncture and lavage of Anaesthetic Item number for Specialist 17707	\$37.50
41701	Maxillary antrum, proof puncture and lavage of - under general anaesthesia (requiring admission to hospital), not being a service associated with a service to which another item in this Group applies Anaesthetic Item number for Specialist 17707	\$119.00
41704	Maxillary antrum, lavage of - each attendance at which the procedure is performed, including any associated consultation Anaesthetic Item number for Specialist 17707	\$34.50
41707	Maxillary artery, transantral ligation of Anaesthetic Item number for Specialist 17712 (Assist.)	\$494.00

Surgical Operations		Ear, Nose and Throat
Item No.	Description	Maximum Fee
41710	Antrostomy (radical) Anaesthetic item number for Specialist 17710 (Assist.)	\$619.00
41713	Antrostomy (radical) with transantral ethmoidectomy or transantral vidian neurectomy Anaesthetic item number for Specialist 17711 (Assist.)	\$764.00
41716	Antrum, intranasal operation on, or removal of foreign body from Anaesthetic item number for Specialist 17709 (Assist.)	\$322.00
41719	Antrum, drainage of, through tooth socket Anaesthetic item number for Specialist 17708	\$139.00
41722	Oro-antral fistula, plastic closure of Anaesthetic item number for Specialist 17712 (Assist.)	\$697.00
41725	Ethmoidal artery or arteries, transorbital ligation of (unilateral) Anaesthetic item number for Specialist 17711 (Assist.)	\$530.00
41728	Lateral rhinotomy with removal of tumour Anaesthetic item number for Specialist 17713 (Assist.)	\$1,056.00
41729	Dermoid of nose, excision of, with intranasal extension Anaesthetic item number for Specialist 17709 (Assist.)	\$672.00
41731	Fronto-nasal ethmoidectomy by external approach with or without sphenoidectomy Anaesthetic item number for Specialist 17710 (Assist.)	\$998.00
41734	Radical fronto-ethmoidectomy with osteoplastic flap Anaesthetic item number for Specialist 17718 (Assist.)	\$1,326.00
41737	Frontal sinus or ethmoidal sinuses, intranasal operation on Anaesthetic item number for Specialist 17709 (Assist.)	\$530.00
41740	Frontal sinus, catheterisation of Anaesthetic item number for Specialist 17707	\$70.50
41743	Frontal sinus, trephine of Anaesthetic item number for Specialist 17707 (Assist.)	\$437.00
41746	Frontal sinus, radical obliteration of Anaesthetic item number for Specialist 17716 (Assist.)	\$998.00
41749	Ethmoidal sinuses, external operation on Anaesthetic item number for Specialist 17711 (Assist.)	\$728.00
41752	Sphenoidal sinus, intranasal operation on Anaesthetic item number for Specialist 17709 (Assist.)	\$348.00
41755	Eustachian tube, catheterisation of Anaesthetic item number for Specialist 17708	\$52.00

Surgical Operations		Ear, Nose and Throat
Item No.	Description	Maximum Fee
41758	Division of pharyngeal adhesions Anaesthetic item number for Specialist 17708	\$139.00
41761	Post nasal space, direct examination of, with or without biopsy Anaesthetic item number for Specialist 17707	\$158.00
41764	Nasendoscopy or sinoscopy or fiberoptic examination of nasopharynx and larynx, 1 or more of these procedures Anaesthetic item number for Specialist 17707	\$146.00
41767	Nasopharyngeal angiofibroma, transpalatal removal Anaesthetic item number for Specialist 17717 (Assist.)	\$863.00
41770	Pharyngeal pouch, removal of, with or without cricopharyngeal myotomy Anaesthetic item number for Specialist 17717 (Assist.)	\$827.00
41773	Pharyngeal pouch, endoscopic resection of (Dohlman's operation) Anaesthetic item number for Specialist 17714 (Assist.)	\$676.00
41776	Cricopharyngeal myotomy with or without inversion of pharyngeal pouch Anaesthetic item number for Specialist 17711 (Assist.)	\$697.00
41779	Pharyngotomy (lateral), with or without total excision of tongue Anaesthetic item number for Specialist 17719 (Assist.)	\$827.00
41782	Partial pharyngectomy via pharyngotomy Anaesthetic item number for Specialist 17717 (Assist.)	\$1,123.00
41785	Partial pharyngectomy via pharyngotomy with partial or total glossectomy Anaesthetic item number for Specialist 17719 (Assist.)	\$1,394.00
41786	Uvulopalatopharyngoplasty, with or without tonsillectomy, by any means Anaesthetic item number for Specialist 17712 (Assist.)	\$915.00
41787	Uvulectomy and partial palatotomy with laser incision of the palate, with or without tonsillectomy, one or more stages, including any revision procedures within 12 months Anaesthetic item number for Specialist 17713 (Assist.)	\$672.00
41792	Tonsils or tonsils and adenoids, removal of, in a person 12 years of age or over (G) Anaesthetic item number for Specialist 17708	\$437.00
41793	Tonsils or tonsils and adenoids, removal of, in a person 12 years of age or over (S) Anaesthetic item number for Specialist 17708	\$437.00
41796	Tonsils or tonsils and adenoids, arrest of haemorrhage requiring general anaesthesia, following removal of (G) Anaesthetic item number for Specialist 17709	\$185.00
41797	Tonsils or tonsils and adenoids, arrest of haemorrhage requiring general anaesthesia, following removal of (S) Anaesthetic item number for Specialist 17709	\$185.00
41800	Adenoids, removal of (G) Anaesthetic item number for Specialist 17707	\$185.00

Surgical Operations		Ear, Nose and Throat
Item No.	Description	Maximum Fee
41801	Adenoids, removal of (S) Anaesthetic Item number for Specialist 17707	\$185.00
41804	Lingual tonsil or lateral pharyngeal bands, removal of Anaesthetic Item number for Specialist 17708	\$103.00
41807	Peritonsillar abscess (quinsy), incision of Anaesthetic Item number for Specialist 17708	\$82.00
41810	Uvulotomy or uvulectomy Anaesthetic Item number for Specialist 17708	\$41.00
41813	Vallecular or pharyngeal cysts, removal of Anaesthetic Item number for Specialist 17709 (Assist.)	\$411.00
41816	Oesophagoscopy (with rigid oesophagoscope) Anaesthetic Item number for Specialist 17708	\$218.00
41819	Oesophageal and anastomotic stricture, endoscopic dilatation of Anaesthetic Item number for Specialist 17708	\$432.00
41822	Oesophagoscopy (with rigid oesophagoscope), with biopsy Anaesthetic Item number for Specialist 17708	\$255.00
41825	Oesophagoscopy (with rigid oesophagoscope), with removal of foreign body Anaesthetic Item number for Specialist 17709 (Assist.)	\$411.00
41828	Oesophageal stricture, dilatation of, without oesophagoscopy Anaesthetic Item number for Specialist 17708	\$64.50
41831	Oesophagus, endoscopic pneumatic dilatation of Anaesthetic Item number for Specialist 17709 (Assist.)	\$442.00
41832	Oesophagus, balloon dilation of, using interventional imaging techniques Anaesthetic Item number for Specialist 17708	SNR
41834	Laryngectomy (total) Anaesthetic Item number for Specialist 17725 (Assist.)	\$1,648.00
41837	Vertical hemi-laryngectomy including tracheostomy Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,456.00
41840	Supraglottic laryngectomy including tracheostomy Anaesthetic Item number for Specialist 17726 (Assist.)	\$1,789.00
41843	Laryngopharyngectomy or primary restoration of alimentary continuity after laryngopharyngectomy using stomach or bowel Anaesthetic Item number for Specialist 17725 (Assist.)	\$1,648.00

Surgical Operations		Ear, Nose and Throat
Item No.	Description	Maximum Fee
41846	Larynx, direct examination of the supraglottic, glottic and subglottic regions, not being a service associated with any other procedure on the larynx or with the administration of a general anaesthetic Anaesthetic Item number for Specialist 17708 (see para T8.36 of explanatory notes to this Category - MBS Book)	\$218.00
41849	Larynx, direct examination of, with biopsy Anaesthetic Item number for Specialist 17708 (Assist.)	\$312.00
41852	Larynx, direct examination of, with removal of tumour Anaesthetic Item number for Specialist 17709 (Assist.)	\$369.00
41855	Microlaryngoscopy Anaesthetic Item number for Specialist 17708 (Assist.)	\$369.00
41858	Microlaryngoscopy with removal of juvenile papillomata Anaesthetic Item number for Specialist 17709 (Assist.) (see para T8.37 of explanatory notes to this Category - MBS Book)	\$582.00
41861	Microlaryngoscopy with removal of papillomata by laser surgery Anaesthetic Item number for Specialist 17711 (Assist.)	\$712.00
41864	Microlaryngoscopy with removal of tumour Anaesthetic Item number for Specialist 17708 (Assist.)	\$494.00
41867	Microlaryngoscopy with arytenoidectomy Anaesthetic Item number for Specialist 17714 (Assist.)	\$723.00
41868	Laryngeal web, division of, using microlaryngoscopic techniques Anaesthetic Item number for Specialist 17711	\$388.15
41869	Botulinum toxin injection into vocal cords, including associated consultation	\$266.55
41870	Injection of vocal cord by teflon, fat, collagen or gelfoam Anaesthetic Item number for Specialist 17709 (Assist.)	\$525.00
41873	Larynx, fractured, operation for Anaesthetic Item number for Specialist 17716 (Assist.)	\$697.00
41876	Larynx, external operation on, or laryngofissure, with or without cordectomy Anaesthetic Item number for Specialist 17714 (Assist.)	\$697.00
41879	Laryngoplasty or tracheoplasty, including tracheostomy Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,123.00
41881	Tracheostomy by open exposure of the trachea as an independent procedure Anaesthetic Item number for Specialist 17710 (Assist.)	\$354.00
41883	Tracheostomy by open exposure of the trachea in association with another procedure Anaesthetic Item number for Specialist 17710 (Assist.)	\$354.00

Surgical Operations		Ear, Nose and Throat
Item No.	Description	Maximum Fee
41884	Cricothyrostomy or tracheostomy, by direct stab or dilation technique, using Minitrach or similar device Anaesthetic Item number for Specialist 17708	\$110.00
41885	Trache-oesophageal fistula, formation of, as a secondary procedure following laryngectomy, including associated endoscopic procedures Anaesthetic Item number for Specialist 17714 (Assist)	\$340.00
41886	Trachea, removal of foreign body in Anaesthetic Item number for Specialist 17708	\$208.00
41889	Bronchoscopy, as an independent procedure Anaesthetic Item number for Specialist 17708	\$208.00
41892	Bronchoscopy with 1 or more endobronchial biopsies or other diagnostic or therapeutic procedures Anaesthetic Item number for Specialist 17708	\$281.00
41895	Bronchus, removal of foreign body in Anaesthetic Item number for Specialist 17709 (Assist.)	\$406.00
41898	Fibreoptic bronchoscopy with 1 or more transbronchial lung biopsies, with or without bronchial or broncho-alveolar lavage, with or without the use of interventional imaging Anaesthetic Item number for Specialist 17709 (Assist.)	\$307.00
41901	Endoscopic laser resection of endobronchial tumours for relief of obstruction including any associated endoscopic procedures Anaesthetic Item number for Specialist 17716 (Assist.)	\$728.00
41904	Bronchoscopy with dilatation of tracheal stricture Anaesthetic Item number for Specialist 17708	\$270.00
41905	Trachea or bronchus, dilatation of stricture and endoscopic insertion of stent Anaesthetic Item number for Specialist 17709 (Assist.)	\$494.00
41907	Nasal septum button, insertion of Anaesthetic Item number for Specialist 17707	\$144.00
41910	Duct of major salivary gland, transposition of Anaesthetic Item number for Specialist 17713 (Assist.)	\$463.00

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

Surgical Operations		Ophthalmology
Item No.	Description	Maximum Fee
42503	Ophthalmological examination under general anaesthesia, not being a service associated with a service to which another item in this Group applies Anaesthetic Item number for Specialist 17706	\$135.00
42506	Eye, enucleation of, with or without sphere implant Anaesthetic Item number for Specialist 17709 (Assist.)	\$619.00
42509	Eye, enucleation of, with insertion of integrated implant Anaesthetic Item number for Specialist 17710 (Assist.)	\$764.00
42510	Eye, enucleation of, with insertion of hydroxy apatite implant or similar coralline implant Anaesthetic Item number for Specialist 17711 (Assist.)	\$851.00
42512	Globe, evisceration of Anaesthetic Item number for Specialist 17709 (Assist.)	\$619.00
42515	Globe, evisceration of, and insertion of intrascleral ball or cartilage Anaesthetic Item number for Specialist 17710 (Assist.)	\$676.00
42518	Anophthalmic orbit, insertion of cartilage or artificial implant as a delayed procedure, or removal of implant from socket, or placement of a motility integrating peg by drilling into an existing orbital implant Anaesthetic Item number for Specialist 17710 (Assist.)	\$437.00
42521	Anophthalmic socket, treatment of, by insertion of a wired-in conformer, integrated implant or dermofat graft, as a secondary procedure Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,399.00
42524	Orbit, skin graft to, as a delayed procedure Anaesthetic Item number for Specialist 17708	\$270.00
42527	Contracted socket, reconstruction including mucous membrane grafting and stent mould Anaesthetic Item number for Specialist 17712 (Assist.)	\$541.00
42530	Orbit, exploration with or without biopsy, requiring removal of bone Anaesthetic Item number for Specialist 17710 (Assist.)	\$764.00
42533	Orbit, exploration of, with drainage or biopsy not requiring removal of bone Anaesthetic Item number for Specialist 17709 (Assist.)	\$458.00
42536	Orbit, exenteration of, with or without skin graft and with or without temporalis muscle transplant Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,087.00

Surgical Operations		Ophthalmology
Item No.	Description	Maximum Fee
42539	Orbit, exploration of, with removal of tumour or foreign body, requiring removal of bone Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,555.00
42542	Orbit, exploration of anterior aspect with removal of tumour or foreign body Anaesthetic Item number for Specialist 17711 (Assist.)	\$650.00
42543	Orbit, exploration of retrobulbar aspect with removal of tumour or foreign body Anaesthetic Item number for Specialist 17713 (Assist.)	\$650.00
42545	Orbit, decompression of, for dysthyroid eye disease, by fenestration of 2 or more walls, or by the removal of intraorbital peribulbar and retrobulbar fat from each quadrant of the orbit, 1 eye Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,451.00
42548	Optic nerve meninges, incision of Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,305.00
42551	Eyeball, perforating wound of, not involving intraocular structures - repair involving suture of cornea or sclera, or both, not being a service to which item 42632 applies Anaesthetic Item number for Specialist 17711 (Assist.)	\$827.00
42554	Eyeball, perforating wound of, with incarceration or prolapse of uveal tissue - repair Anaesthetic Item number for Specialist 17713 (Assist.)	\$972.00
42557	Eyeball, perforating wound of, with incarceration of lens or vitreous - repair Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,352.00
42560	Intraocular foreign body, magnetic removal from anterior segment Anaesthetic Item number for Specialist 17710 (Assist.)	\$541.00
42563	Intraocular foreign body, nonmagnetic removal from anterior segment Anaesthetic Item number for Specialist 17712 (Assist.)	\$707.00
42566	Intraocular foreign body, magnetic removal from posterior segment Anaesthetic Item number for Specialist 17711 (Assist.)	\$972.00
42569	Intraocular foreign body, nonmagnetic removal from posterior segment Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,352.00
42572	Orbital abscess or cyst, drainage of Anaesthetic Item number for Specialist 17707	\$129.00
42573	Dermoid, periorbital, excision of Anaesthetic Item number for Specialist 17709	\$260.00
42574	Dermoid, orbital, excision of Anaesthetic Item number for Specialist 17709 (Assist.)	\$551.00

Surgical Operations		Ophthalmology
Item No.	Description	Maximum Fee
42575	Tarsal cyst, extirpation of Anaesthetic Item number for Specialist 17706	\$108.00
42578	Tarsal cartilage, excision of Anaesthetic Item number for Specialist 17709 (Assist.)	\$588.00
42581	Ectropion or entropion, tarsal cauterisation of Anaesthetic Item number for Specialist 17707	\$135.00
42584	Tarsorrhaphy Anaesthetic Item number for Specialist 17709 (Assist.)	\$354.00
42587	Trichiasis, treatment of by cryotherapy, laser or electrolysis - each eyelid Anaesthetic Item number for Specialist 17707	\$59.50
42590	Canthoplasty, medial or lateral Anaesthetic Item number for Specialist 17710 (Assist.)	\$437.00
42593	Lacrimal gland, excision of palpebral lobe Anaesthetic Item number for Specialist 17709	\$270.00
42596	Lacrimal sac, excision of, or operation on Anaesthetic Item number for Specialist 17709 (Assist.)	\$650.00
42599	Lacrimal canalicular system, establishment of patency by closed operation using silicone tubes or similar, 1 eye Anaesthetic Item number for Specialist 17711 (Assist.)	\$697.00
42602	Lacrimal canalicular system, establishment of patency by open operation, 1 eye Anaesthetic Item number for Specialist 17709 (Assist.)	\$827.00
42605	Lacrimal canaliculus, immediate repair of Anaesthetic Item number for Specialist 17709 (Assist.)	\$588.00
42608	Lacrimal drainage by insertion of glass tube, as an independent procedure Anaesthetic Item number for Specialist 17711 (Assist.)	\$354.00
42610	Nasolacrimal tube (unilateral), removal or replacement of, or lacrimal passages, probing for obstruction, unilateral, with or without lavage - under general anaesthesia Anaesthetic Item number for Specialist 17706	\$117.00
42611	Nasolacrimal tube (bilateral), removal or replacement of, or lacrimal passages, probing for obstruction, bilateral, with or without lavage - under general anaesthesia Anaesthetic Item number for Specialist 17707	\$189.00
42614	Nasolacrimal tube (unilateral), removal or replacement of, or lacrimal passages, probing for obstruction, unilateral, with or without lavage, not being a service associated with a service to which item 42610 applies (excluding after-care)	\$61.50

Surgical Operations		Ophthalmology
Item No.	Description	Maximum Fee
42615	Nasolacrimal tube (bilateral), removal or replacement of, or lacrimal passages, probing for obstruction, bilateral, with or without lavage, not being a service associated with a service to which item 42611 applies (excluding after-care)	\$88.00
42617	Punctum snip operation Anaesthetic Item number for Specialist 17706	\$141.00
42620	Punctum, occlusion of, by use of a plug Anaesthetic Item number for Specialist 17706	\$99.00
42621	Punctum, temporary occlusion of, by use of electrical cautery Anaesthetic Item number for Specialist 17706	\$64.50
42622	Punctum, permanent occlusion of, by use of electrical cautery Anaesthetic Item number for Specialist 17706	\$101.00
42623	Dacryocystorhinostomy Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,128.00
42626	Dacryocystorhinostomy where a previous dacryocystorhinostomy has been performed Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,290.00
42629	Conjunctivorhinostomy including dacryocystorhinostomy and fashioning of conjunctival flaps Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,196.00
42632	Conjunctival peritomy or repair of corneal laceration by conjunctival flap Anaesthetic Item number for Specialist 17707	\$129.00
42635	Corneal perforations, sealing of, with tissue adhesive Anaesthetic Item number for Specialist 17709 (Assist.)	\$754.00
42638	Conjunctival graft over cornea Anaesthetic Item number for Specialist 17709 (Assist.)	\$489.00
42641	Autoconjunctival transplant, or mucous membrane graft Anaesthetic Item number for Specialist 17712 (Assist.)	\$525.00
42644	Cornea or sclera, removal of imbedded foreign body from (excluding after-care) Anaesthetic Item number for Specialist 17710	\$94.50
42647	Corneal scars, removal of, by partial keratectomy, not being a service associated with a service to which item 42686 applies Anaesthetic Item number for Specialist 17709	\$270.00
42650	Cornea, epithelial debridement for corneal ulcer or corneal erosion (excluding after-care) Anaesthetic Item number for Specialist 17709	\$94.50

Surgical Operations		Ophthalmology
Item No.	Description	Maximum Fee
42651	Cornea, epithelial debridement for eliminating band keraatopathy Anaesthetic Item number for Specialist 17709	\$94.50
42653	Cornea, transplantation of, full thickness Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,617.00
42656	Cornea, transplantation of, where there have been 2 previous graft operations Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,794.00
42659	Cornea, transplantation of, superficial or lamellar Anaesthetic Item number for Specialist 17712 (Assist.)	\$972.00
42662	Sclera, transplantation of, full thickness, including collection of donor material Anaesthetic Item number for Specialist 17715 (Assist.)	\$931.00
42665	Sclera, transplantation of, superficial or lamellar, including collection of donor material Anaesthetic Item number for Specialist 17714 (Assist.)	\$697.00
42667	Running corneal suture, manipulation of, performed within 4 months of corneal grafting, to reduce astigmatism where a reduction of 2 dioptres of astigmatism is obtained, including any associated consultation	\$145.95
42668	Corneal sutures, removal of, not earlier than 6 weeks after operation requiring use of slit lamp or operating microscope Anaesthetic Item number for Specialist 17707	\$93.50
42671	Refractive keratoplasty with penetrating incisions (excluding radial keratotomy) following corneal grafting or intraocular operation including any measurements and calculations associated with the procedure Anaesthetic Item number for Specialist 17710 (Assist.) <i>(see para T8.38 of explanatory notes to this Category - MBS Book)</i>	\$972.00
42674	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 Anaesthetic Item number for Specialist 17710	\$530.00
42676	Conjunctiva, biopsy of, as an independent procedure	\$119.00
42677	Conjunctiva, cautery of, including treatment of pannus - each attendance at which treatment is given including any associated consultation Anaesthetic Item number for Specialist 17706	\$67.50
42680	Conjunctiva, cryotherapy to, for melanotic lesions or similar using CO ² or N ² O Anaesthetic Item number for Specialist 17707	\$354.00
42683	Conjunctival cysts, removal of, requiring admission to hospital or approved day hospital facility Anaesthetic Item number for Specialist 17707	\$144.00
42686	Pterygium, removal of Anaesthetic Item number for Specialist 17707	\$322.00

Surgical Operations		Ophthalmology
Item No.	Description	Maximum Fee
42689	Pinguecula, removal of, not being a service associated with the fitting of contact lenses Anaesthetic Item number for Specialist 17707	\$135.00
42692	Limbic tumour, removal of, excluding Pterygium Anaesthetic Item number for Specialist 17708 (Assist.)	\$354.00
42695	Limbic tumour, excision of, requiring keratectomy or sclerectomy, excluding Pterygium Anaesthetic Item number for Specialist 17712 (Assist.)	\$541.00
42698	Lens extraction Anaesthetic Item number for Specialist 17710	\$1,492.00
42701	Artificial lens, insertion of Anaesthetic Item number for Specialist 17710	\$827.00
42702	Lens extraction and insertion of artificial lens Anaesthetic Item number for Specialist 17711	\$1,905.00
42703	Artificial lens, insertion of, into the posterior chamber and suture to the iris and sclera Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,271.00
42704	Artificial lens, removal or repositioning of by open operation - not being a service associated with a service to which item 42701 applies Anaesthetic Item number for Specialist 17709	\$499.00
42707	Artificial lens, removal of and replacement with a different lens Anaesthetic Item number for Specialist 17710	\$868.00
42710	Artificial lens, removal of, and replacement with a lens inserted into the posterior chamber and sutured to the iris or sclera Anaesthetic Item number for Specialist 17712 (Assist.)	\$936.00
42713	Intraocular lenses, repositioning of, by the use of a McCannell suture or similar Anaesthetic Item number for Specialist 17710 (Assist.)	\$406.00
42716	Cataract, juvenile, removal of, including subsequent needlings Anaesthetic Item number for Specialist 17710 (Assist.)	\$1,503.00
42719	Capsulectomy or removal of vitreous via the anterior chamber by any method, not being a service associated with a service to which item 42698, 42702 or 42716 applies Anaesthetic Item number for Specialist 17712 (Assist.)	\$676.00
42722	Capsulectomy by posterior chamber sclerotomy or removal of vitreous or vitreous bands from the anterior chamber by posterior chamber sclerotomy, by cutting and suction and replacement by saline, Hartmann's or similar solution, not being a service associated with a service to which item 42698, 42702 or 42716 applies, 1 or both procedures Anaesthetic Item number for Specialist 17714 (Assist.)	\$718.00

Surgical Operations		Ophthalmology
Item No.	Description	Maximum Fee
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 Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,617.00
42728	Cryotherapy of retina or other intraocular structures with an internal probe, being a service associated with a service to which item 42725 applies Anaesthetic Item number for Specialist 17709	\$239.00
42731	Capsulectomy or lensectomy by posterior chamber sclerotomy in conjunction with the removal of vitreous or division of vitreous bands or removal of pre-retinal membrane from the posterior chamber by cutting and suction and replacement by saline, Hartmann's or similar solution, not being a service associated with any other intraocular operation Anaesthetic Item number for Specialist 17718 (Assist.) (see para T8.39 of explanatory notes to this Category - MBS Book)	\$1,836.00
42734	Capsulotomy, other than by laser Anaesthetic Item number for Specialist 17709 (Assist.)	\$406.00
42737	Needling of posterior capsule Anaesthetic Item number for Specialist 17709 (Assist.)	\$406.00
42740	Paracentesis of anterior or posterior chamber or both, for the injection of therapeutic substances, or the removal of aqueous or vitreous for diagnostic purposes, 1 or more of Anaesthetic Item number for Specialist 17709 (Assist.)	\$406.00
42743	Anterior chamber, irrigation of blood from, as an independent procedure Anaesthetic Item number for Specialist 17708 (Assist.)	\$827.00
42746	Glaucoma, filtering operation for Anaesthetic Item number for Specialist 17709 (Assist.)	\$1,206.00
42749	Glaucoma, filtering operation for, where previous filtering operation has been performed Anaesthetic Item number for Specialist 17710 (Assist.)	\$1,498.00
42752	Glaucoma, insertion of Molteno valve for, 1 or more stages Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,674.00
42755	Glaucoma, removal of Molteno valve Anaesthetic Item number for Specialist 17709	\$208.00
42758	Goniotomy Anaesthetic Item number for Specialist 17711 (Assist.)	\$884.00
42761	Division of anterior or posterior synechiae, as an independent procedure, other than by laser Anaesthetic Item number for Specialist 17709 (Assist.)	\$676.00

Surgical Operations		Ophthalmology
Item No.	Description	Maximum Fee
42764	Iridectomy (including excision of tumour of iris) or iridotomy, as an independent procedure, other than by laser Anaesthetic Item number for Specialist 17710 (Assist.)	\$588.00
42767	Tumour, involving ciliary body or ciliary body and iris, excision of Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,352.00
42770	Cyclodestructive procedures for the treatment of intractable glaucoma, treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period Anaesthetic Item number for Specialist 17709 (Assist.)	\$354.00
42773	Detached retina, diathermy or cryotherapy for, not being a service associated with a service to which item 42776 applies Anaesthetic Item number for Specialist 17710 (Assist.)	\$972.00
42776	Detached retina, buckling or resection operation for Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,472.00
42779	Detached retina, revision operation for Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,477.00
42782	Laser trabeculoplasty - each treatment to 1 eye, to a maximum of 4 treatments to that eye in a 2 year period Anaesthetic Item number for Specialist 17707 (Assist.) <i>(see para T8.40 of explanatory notes to this Category - MBS Book)</i>	\$385.00
42783	Laser Trabeculoplasty - each treatment to 1 eye - where it can be demonstrated that a 5th or subsequent treatment to that eye (including any treatments to which Item 42782 applies) is indicated in a 2 year period Anaesthetic Item number for Specialist 17707 (Assist.) <i>(see para T8.40 of explanatory notes to this Category - MBS Book)</i>	\$486.00
42785	Laser iridotomy - each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period Anaesthetic Item number for Specialist 17707 (Assist.) <i>(see para T8.41 of explanatory notes to this Category - MBS Book)</i>	\$385.00
42786	Laser iridotomy - each treatment to 1 eye - where it can be demonstrated that a 3rd or subsequent treatment to that eye (including any treatments to which Item 42785 applies) is indicated in a 2 year period Anaesthetic Item number for Specialist 17707 (Assist.) <i>(see para T8.41 of explanatory notes to this Category - MBS Book)</i>	\$385.00
42788	Laser capsulotomy - each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period Anaesthetic Item number for Specialist 17707 (Assist.) <i>(see para T8.42 of explanatory notes to this Category - MBS Book)</i>	\$385.00
42789	Laser capsulotomy - each treatment to 1 eye - where it can be demonstrated that a 3rd or subsequent treatment to that eye (including any treatments to which Item 42788 applies) is indicated in a 2 year period Anaesthetic Item number for Specialist 17707 (Assist.) <i>(see para T8.42 of explanatory notes to this Category - MBS Book)</i>	\$385.00

Surgical Operations		Ophthalmology
Item No.	Description	Maximum Fee
42791	Laser vitreolysis or corticolysis of lens material or fibrinolysis - each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period Anaesthetic Item number for Specialist 17707 (Assist.) <i>(see para T8.43 of explanatory notes to this Category - MBS Book)</i>	\$385.00
42792	Laser vitreolysis or corticolysis of lens material or fibrinolysis - each treatment to 1 eye - where it can be demonstrated that a 3rd or subsequent treatment to that eye (including any treatments to which item 42791 applies) is indicated in a 2 year period Anaesthetic Item number for Specialist 17707 (Assist.) <i>(see para T8.43 of explanatory notes to this Category - MBS Book)</i>	\$385.00
42794	Division of suture by laser following trabeculoplasty, each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period Anaesthetic Item number for Specialist 17707 <i>(see para T8.44 of explanatory notes to this Category - MBS Book)</i>	\$72.00
42797	Laser coagulation of corneal or scleral blood vessels - each treatment to 1 eye, to a maximum of 4 treatments to that eye in a 2 year period Anaesthetic Item number for Specialist 17707 <i>(see para T8.44 and T8.45 of explanatory notes to this Category - MBS Book)</i>	\$72.00
42806	Iris tumour, laser photocoagulation of Anaesthetic Item number for Specialist 17709 (Assist.)	\$385.00
42807	Photomydriasis, laser	\$365.70
42808	Photoiridosyneresis, laser	\$365.70
42809	Retina, photocoagulation of Anaesthetic Item number for Specialist 17710 (Assist.)	\$530.00
42810	Phototherapeutic keratectomy, by laser, for corneal scarring or disease, excluding surgery for refractive error Anaesthetic Item number for Specialist 17711	\$696.00
42812	Detached retina, removal of encircling silicone band from Anaesthetic Item number for Specialist 17710	\$218.00
42815	Posterior chamber, removal of silicone oil from Anaesthetic Item number for Specialist 17710 (Assist.)	\$702.00
42818	Retina, cryotherapy to, as an independent procedure, with external probe Anaesthetic Item number for Specialist 17709	\$650.00
42821	Retrolubar transillumination, as an independent procedure Anaesthetic Item number for Specialist 17705	\$108.00
42824	Retrolubar injection of alcohol or other drug, as an independent procedure	\$82.00

Surgical Operations		Ophthalmology
Item No.	Description	Maximum Fee
42827	Botulinus toxin, injection of, for blepharospasm, including all such injections on any 1 day Anaesthetic Item number for Specialist 17706	\$53.00
42830	Botulinus toxin, injection of, for strabismus including all such injections on any 1 day and associated electromyography Anaesthetic Item number for Specialist 17707	\$177.00
42833	Squint, operation for, on 1 or both eyes, the operation involving a total of 1 or 2 muscles Anaesthetic Item number for Specialist 17709 (Assist.)	\$764.00
42836	Squint, operation for, on 1 or both eyes, the operation involving a total of 1 or 2 muscles where there have been 2 or more previous squint operations on the eye or eyes Anaesthetic Item number for Specialist 17710 (Assist.)	\$905.00
42839	Squint, operation for, on 1 or both eyes, the operation involving a total of 3 or more muscles Anaesthetic Item number for Specialist 17709 (Assist.)	\$884.00
42842	Squint, operation for, on 1 or both eyes, the operation involving a total of 3 or more muscles where there have been 2 or more previous squint operations on the eye or eyes Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,076.00
42845	Readjustment of adjustable sutures, 1 or both eyes, as an independent procedure following an operation for correction of squint Anaesthetic Item number for Specialist 17707 (see para T8.46 of explanatory notes to this Category - MBS Book)	\$224.00
42848	Squint, muscle transplant for (Hummelsheim type, or similar operation) Anaesthetic Item number for Specialist 17710 (Assist.)	\$884.00
42851	Squint, muscle transplant for (Hummelsheim type, or similar operation) where there have been 2 or more previous squint operations on the eye or eyes Anaesthetic Item number for Specialist 17711 (Assist.)	\$884.00
42854	Ruptured medial palpebral ligament or ruptured extra-ocular muscle, repair of Anaesthetic Item number for Specialist 17710 (Assist.)	\$442.00
42857	Resuturing of wound following intraocular procedures with or without excision of prolapsed iris Anaesthetic Item number for Specialist 17709 (Assist.)	\$489.00
42860	Eyelid (upper or lower), scleral or Goretex or other non-autogenous graft to, with recession of the lid retractors Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,045.00
42863	Eyelid, recession of Anaesthetic Item number for Specialist 17713 (Assist.)	\$988.00
42866	Entropion or tarsal ectropion, repair of, by tightening, shortening or repair of inferior retractors by open operation across the entire width of the eyelid Anaesthetic Item number for Specialist 17713 (Assist.)	\$879.00

Surgical Operations		Ophthalmology
Item No.	Description	Maximum Fee
42869	Eyelid closure in facial nerve paralysis, insertion of foreign implant for Anaesthetic Item number for Specialist 17712 (Assist.)	\$619.00
42872	Eyebrow, elevation of, for paretic states Anaesthetic Item number for Specialist 17710	\$296.00

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

Surgical Operations		Osteomyelitis
Item No.	Description	Maximum Fee
OPERATIONS FOR ACUTE OSTEOMYELITIS		
43500	Operation on phalanx Anaesthetic Item number for Specialist 17706	\$144.00
43503	Operation on sternum, clavicle, rib, ulna, radius, carpus, tibia, fibula, tarsus, skull, mandible or maxilla (other than alveolar margins) - 1 bone Anaesthetic Item number for Specialist 17710	\$250.00
43506	Operation on humerus or femur - 1 bone Anaesthetic Item number for Specialist 17711 (Assist.)	\$411.00
43509	Operation on spine or pelvic bones - 1 bone Anaesthetic Item number for Specialist 17715 (Assist.)	\$411.00
OPERATIONS FOR CHRONIC OSTEOMYELITIS		
43512	Operation on scapula, sternum, clavicle, rib, ulna, radius, metacarpus, carpus, phalanx, tibia, fibula, metatarsus, tarsus, mandible or maxilla (other than alveolar margins) - 1 bone or any combination of adjoining bones Anaesthetic Item number for Specialist 17707 (Assist.)	\$411.00
43515	Operation on humerus or femur - 1 bone Anaesthetic Item number for Specialist 17710 (Assist.)	\$411.00
43518	Operation on spine or pelvic bones - 1 bone Anaesthetic Item number for Specialist 17715 (Assist.)	\$697.00
43521	Operation on skull Anaesthetic Item number for Specialist 17719 (Assist.)	\$536.00
43524	Operation on any combination of adjoining bones, being bones referred to in item 43515, 43518 or 43521 Anaesthetic Item number for Specialist 17715 (Assist.)	\$697.00

CATEGORY THREE: THERAPEUTIC PROCEDURES**GROUP T8: SURGICAL OPERATIONS**

The following services are usually not required in the worker's compensation environment and as such have been classified as "Service Not Required" by the Corporation. In a circumstance where a service is deemed necessary and appropriate by the medical practitioner, please contact WorkCover to discuss payment.

SUBGROUP 11 - PAEDIATRIC

Item No:	W/C Fee
43801	SNR
43804	SNR
43807	SNR
43810	SNR
43813	SNR
43816	SNR
43819	SNR
43822	SNR
43825	SNR
43828	SNR
43831	SNR
43834	SNR
43837	SNR
43840	SNR
43843	SNR
43846	SNR
43849	SNR
43852	SNR
43855	SNR
43858	SNR
43861	SNR
43864	SNR
43867	SNR

Item No:	W/C Fee
43870	SNR
43873	SNR
43876	SNR
43879	SNR
43882	SNR
43900	SNR
43903	SNR
43906	SNR
43909	SNR
43912	SNR
43915	SNR
43930	SNR
43933	SNR
43936	SNR
43939	SNR
43942	SNR
43945	SNR
43948	SNR
43951	SNR
43954	SNR
43957	SNR
43960	SNR
43963	SNR

Item No:	W/C Fee
43966	SNR
43969	SNR
43972	SNR
43975	SNR
43978	SNR
43981	SNR
43984	SNR
43987	SNR
43990	SNR
43993	SNR
43996	SNR
43999	SNR
44102	SNR
44105	SNR
44108	SNR
44111	SNR
44114	SNR
44130	SNR
44133	SNR
44136	SNR

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

Surgical Operations		Amputations
Item No.	Description	Maximum Fee
44324	Hand, midcarpal or transmetacarpal (G) Anaesthetic Item number for Specialist 17707	\$354.00
44325	Hand, midcarpal or transmetacarpal (S) Anaesthetic Item number for Specialist 17707	\$354.00
44328	Hand, forearm or through arm Anaesthetic Item number for Specialist 17709 (Assist.)	\$411.00
44331	At shoulder Anaesthetic Item number for Specialist 17717 (Assist.)	\$697.00
44334	Interscapulothoracic Anaesthetic Item number for Specialist 17725 (Assist.)	\$1,383.00
44337	1 digit of foot (G) Anaesthetic Item number for Specialist 17705	\$189.00
44338	1 digit of foot (S) Anaesthetic Item number for Specialist 17705	\$189.00
44341	2 digits of 1 foot (G) Anaesthetic Item number for Specialist 17706	\$281.00
44342	2 digits of 1 foot (S) Anaesthetic Item number for Specialist 17706	\$281.00
44345	3 digits of 1 foot (G) Anaesthetic Item number for Specialist 17707	\$374.00
44346	3 digits of 1 foot (S) Anaesthetic Item number for Specialist 17707	\$374.00
44349	4 digits of 1 foot (G) Anaesthetic Item number for Specialist 17708 (Assist.)	\$473.00
44350	4 digits of 1 foot (S) Anaesthetic Item number for Specialist 17708 (Assist.)	\$473.00
44353	5 digits of 1 foot (G) Anaesthetic Item number for Specialist 17709 (Assist.)	\$567.00

Surgical Operations		Amputations
Item No.	Description	Maximum Fee
44354	5 digits of 1 foot (S) Anaesthetic Item number for Specialist 17709 (Assist.)	\$567.00
44357	Toe, including metatarsal or part of metatarsal - each toe (G) Anaesthetic Item number for Specialist 17707	\$234.00
44358	Toe, including metatarsal or part of metatarsal - each toe (S) Anaesthetic Item number for Specialist 17707	\$234.00
44361	Foot at ankle (Syme, Pirogoff types) Anaesthetic Item number for Specialist 17708 (Assist.)	\$411.00
44364	Foot, midtarsal or transmetatarsal Anaesthetic Item number for Specialist 17708 (Assist.)	\$354.00
44367	Through thigh, at knee or below knee Anaesthetic Item number for Specialist 17711 (Assist.)	\$608.00
44370	At hip Anaesthetic Item number for Specialist 17720 (Assist.)	\$853.00
44373	Hindquarter Anaesthetic Item number for Specialist 17727 (Assist.)	\$1,737.00
44376	Amputation stump, reamputation of, to provide adequate skin and muscle cover (Assist.) Derived Fee: 75% of the original amputation fee	DF

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

Surgical Operations		Plastic & Reconstructive
Item No.	Description	Maximum Fee
	METICULOUS REPAIR DESIGNED TO OBTAIN MAXIMUM FUNCTIONAL RESULTS INCLUDING THE PREPARATION OF THE DEFECT REQUIRING REPAIR <i>(see para T8.50 of explanatory notes to this Category for definition of "Local skin flap" - MBS Book)</i>	
	GENERAL	
45000	Single stage local muscle flap repair, on eyelid, nose, lip, neck, hand, thumb, finger or genitals Anaesthetic Item number for Specialist 17708	\$707.00
45003	Single stage local myocutaneous flap repair to 1 defect, simple and small Anaesthetic Item number for Specialist 17710	\$785.00
45006	Single stage large myocutaneous flap repair to 1 defect, (pectoralis major, latissimus dorsi, or similar large muscle) Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,352.00
45009	Single stage local muscle flap repair to 1 defect, simple and small Anaesthetic Item number for Specialist 17710 (Assist.)	\$426.00
45012	Single stage large muscle flap repair to 1 defect, (pectoralis major, gastrocnemius, gracilis or similar large muscle) Anaesthetic Item number for Specialist 17716 (Assist.)	\$723.00
45015	Muscle or myocutaneous flap, delay of Anaesthetic Item number for Specialist 17708	\$390.00
45018	Dermis, dermofat or fascia graft (excluding transfer of fat by injection) Anaesthetic Item number for Specialist 17709 (Assist.)	\$671.00
45019	Full face chemical peel for severely sun-damaged skin, where it can be demonstrated that the damage affects 75% of the facial skin surface area involving photodamage (dermatoheliosis) typically consisting of solar keratoses, solar lentigines, freckling, yellowing and leathering of the skin, where at least medium depth peeling agents are used, performed in the operating theatre of a hospital or approved day-hospital facility by a specialist in the practice of his or her specialty - 1 session only in a 12 month period Anaesthetic Item number for Specialist 17708 <i>(see para T8.47 of explanatory notes to this Category - MBS Book)</i>	\$501.50
45020	Full face chemical peel for severe chloasma or melasma refractory to all other treatments, where it can be demonstrated that the chloasma or melasma affects 75% of the facial skin surface area involving diffuse pigmentation visible at a distance of 4 metres, where at least medium depth peeling agents are used, performed in the operating theatre of a hospital or approved day-hospital facility by a specialist in the practice of his or her specialty - 1 session only in a 12 month period Anaesthetic Item number for Specialist 17708 <i>(see para T8.47 of explanatory notes to this Category - MBS Book)</i>	\$501.50

Surgical Operations		Plastic & Reconstructive
Item No.	Description	Maximum Fee
45021	Abrasive therapy, limited to 1 aesthetic area Anaesthetic Item number for Specialist 17705 <i>(see para T8.48 of explanatory notes to this Category - MBS Book)</i>	\$202.00
45024	Abrasive therapy to more than 1 aesthetic area Anaesthetic Item number for Specialist 17706 <i>(see para T8.48 of explanatory notes to this Category - MBS Book)</i>	\$504.00
45025	Carbon dioxide laser resurfacing of the face or neck for severely disfiguring scarring resulting from trauma, burns or cystic acne - limited to 1 aesthetic area Anaesthetic Item number for Specialist 17705 <i>(see para T8.48 of explanatory notes to this Category - MBS Book)</i>	\$198.00
45026	Carbon dioxide laser resurfacing of the face or neck for severely disfiguring scarring resulting from trauma, burns or cystic acne - more than 1 aesthetic area Anaesthetic Item number for Specialist 17705 <i>(see para T8.48 of explanatory notes to this Category - MBS Book)</i>	\$447.00
45027	Angioma, cauterisation of or injection into, where undertaken in the operating theatre of a hospital or approved day-hospital facility Anaesthetic Item number for Specialist 17706	\$156.00
45030	Angioma (haemangioma or lymphangioma or both) of skin and subcutaneous tissue (excluding facial muscle or breast) or mucous surface, small, excision and suture of Anaesthetic Item number for Specialist 17706	\$150.00
45033	Angioma (haemangioma or lymphangioma or both), large or involving deeper tissue including facial muscle or breast, excision and suture of Anaesthetic Item number for Specialist 17710	\$312.00
45035	Angioma (haemangioma or lymphangioma or both), large and deep, involving muscles or nerves, excision of Anaesthetic Item number for Specialist 17710 (Assist.)	\$939.00
45036	Angioma (haemangioma or lymphangioma or both) of neck, deep, excision of Anaesthetic Item number for Specialist 17710 (Assist.)	\$1,472.00
45039	Arteriovenous malformation (3 cms or less) of superficial tissue, excision of Anaesthetic Item number for Specialist 17707	\$312.00
45042	Arteriovenous malformation, (greater than 3 cms), excision of Anaesthetic Item number for Specialist 17709 (Assist.)	\$400.00
45045	Arteriovenous malformation on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, excision of Anaesthetic Item number for Specialist 17711	\$400.00

Surgical Operations		Plastic & Reconstructive
Item No.	Description	Maximum Fee
45048	Lymphoedematous tissue or lymphangiectasis, of lower leg and foot, or thigh, or upper arm, or forearm and hand, major excision of Anaesthetic Item number for Specialist 17709 (Assist.)	\$1,108.00
45051	Contour reconstruction for pathological deformity, insertion of foreign implant (non biological but excluding injection of liquid or semisolid material) by open operation Anaesthetic Item number for Specialist 17711 (Assist.) (see para T8.49 of explanatory notes to this Category - MBS Book)	\$598.00
SKIN FLAP SURGERY		
45200	Single stage local flap, where indicated to repair 1 defect, simple and small, excluding flap for male pattern baldness Anaesthetic Item number for Specialist 17706	\$354.00
45203	Single stage local flap, where indicated to repair 1 defect, complicated or large, excluding flap for male pattern baldness Anaesthetic Item number for Specialist 17709 (Assist.)	\$525.00
45206	Single stage local flap where indicated to repair 1 defect, on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals Anaesthetic Item number for Specialist 17711	\$499.00
45209	Direct flap repair (cross arm, abdominal or similar), first stage Anaesthetic Item number for Specialist 17710 (Assist.)	\$671.00
45212	Direct flap repair (cross arm, abdominal or similar), second stage Anaesthetic Item number for Specialist 17708	\$333.00
45215	Direct flap repair, cross leg, first stage Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,456.00
45218	Direct flap repair, cross leg, second stage Anaesthetic Item number for Specialist 17709 (Assist.)	\$655.00
45221	Direct flap repair, small (cross finger or similar), first stage Anaesthetic Item number for Specialist 17706	\$364.00
45224	Direct flap repair, small (cross finger or similar), second stage Anaesthetic Item number for Specialist 17706	\$164.00
45227	Indirect flap or tubed pedicle, formation of Anaesthetic Item number for Specialist 17709 (Assist.)	\$640.00
45230	Direct or indirect flap or tubed pedicle, delay of Anaesthetic Item number for Specialist 17707	\$354.00

Surgical Operations		Plastic & Reconstructive
Item No.	Description	Maximum Fee
45233	Indirect flap or tubed pedicle, preparation of intermediate or final site and attachment to the site Anaesthetic Item number for Specialist 17709 (Assist.)	\$702.00
45236	Indirect flap or tubed pedicle, spreading of pedicle, as a separate procedure Anaesthetic Item number for Specialist 17708	\$536.00
45239	Direct, indirect or local flap, revision of Anaesthetic Item number for Specialist 17707	\$328.00
FREE GRAFTS		
45400	Free grafting (split skin) of a granulating area, small Anaesthetic Item number for Specialist 17706	\$265.00
45403	Free grafting (split skin) of a granulating area, extensive Anaesthetic Item number for Specialist 17707 (Assist.)	\$525.00
45406	Free grafting (split skin) to burns, including excision of burnt tissue - involving not more than 3% of total body surface Anaesthetic Item number for Specialist 17707 (Assist.)	\$588.00
45409	Free grafting (split skin) to burns, including excision of burnt tissue - involving 3% or more but less than 6% of total body surface Anaesthetic Item number for Specialist 17709 (Assist.)	\$785.00
45412	Free grafting (split skin) to burns, including excision of burnt tissue - involving 6% or more but less than 9% of total body surface Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,076.00
45415	Free grafting (split skin) to burns, including excision of burnt tissue - involving 9% or more but less than 12% of total body surface Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,175.00
45418	Free grafting (split skin) to burns, including excision of burnt tissue - involving 12% or more of total body surface Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,274.00
45421	Free grafting (split skin) to burns, including excision of burnt tissue, on eyelid, nose, lip, neck, hand, thumb, finger or genitals Anaesthetic Item number for Specialist 17719 (Assist.)	\$530.00
45424	Free grafting (xenograft or homograft split skin) to burns including excision of burnt tissue - involving not more than 3% of total body surface Anaesthetic Item number for Specialist 17712 (Assist.)	\$822.00
45427	Free grafting (xenograft or homograft split skin) to burns including excision of burnt tissue - involving 3% or more but less than 6% of total body surface Anaesthetic Item number for Specialist 17714 (Assist.)	\$629.00

Surgical Operations		Plastic & Reconstructive
Item No.	Description	Maximum Fee
45430	Free grafting (xenograft or homograft split skin) to burns including excision of burnt tissue - involving 6% or more but less than 9% of total body surface Anaesthetic Item number for Specialist 17716 (Assist.)	\$920.00
45433	Free grafting (xenograft or homograft split skin) to burns including excision of burnt tissue - involving 9% or more but less than 12% of total body surface Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,019.00
45436	Free grafting (xenograft or homograft split skin) to burns including excision of burnt tissue - involving 12% or more of total body surface Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,139.00
45439	Free grafting (split skin) to 1 defect, including elective dissection, small Anaesthetic Item number for Specialist 17706	\$354.00
45442	Free grafting (split skin) to 1 defect, including elective dissection, extensive Anaesthetic Item number for Specialist 17707 (Assist.)	\$754.00
45445	Free grafting (split skin) as inlay graft to 1 defect including elective dissection using a mould (including insertion of and removal of mould) Anaesthetic Item number for Specialist 17710 (Assist.)	\$733.00
45448	Free grafting (split skin) to 1 defect, including elective dissection on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, not being a service to which item 45442 or 45445 applies Anaesthetic Item number for Specialist 17709	\$489.00
45451	Free grafting (full thickness), to 1 defect, excluding grafts for male pattern baldness Anaesthetic Item number for Specialist 17706 (Assist.)	\$593.00
OTHER GRAFTS AND MISCELLANEOUS PROCEDURES		
45500	Microvascular repair using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,326.00
45502	Microvascular anastomosis of artery or vein using microsurgical techniques, for reimplantation of limb or digit or free transfer of tissue Anaesthetic Item number for Specialist 17743 (Assist.)	\$2,132.00
45503	Micro-arterial or micro-venous graft using microsurgical techniques Anaesthetic Item number for Specialist 17726 (Assist.)	\$2,246.00
45506	Scar, of face or neck, not more than 3 cm in length, revision of, where undertaken in the operating theatre of a hospital or approved day-hospital facility, or where performed by a specialist in the practice of his or her specialty Anaesthetic Item number for Specialist 17708	\$265.00

Surgical Operations		Plastic & Reconstructive
Item No.	Description	Maximum Fee
45512	Scar, of face or neck, more than 3 cm in length, revision of, where undertaken in the operating theatre of a hospital or approved day-hospital facility, or where performed by a specialist in the practice of his or her specialty Anaesthetic Item number for Specialist 17709	\$359.00
45515	Scar, other than on face or neck, not more than 7 cms in length, revision of, as an independent procedure, where undertaken in the operating theatre of a hospital or approved day-hospital facility, or where performed by a specialist in the practice of his or her specialty Anaesthetic Item number for Specialist 17708	\$244.00
45518	Scar, other than on face or neck, more than 7 cms in length, revision of, as an independent procedure, where undertaken in the operating theatre of a hospital or approved day-hospital facility, or where performed by a specialist in the practice of his or her specialty Anaesthetic Item number for Specialist 17708	\$296.00
45519	Extensive burn scars of skin (more than 1 percent of body surface area), excision of, for correction of scar contracture Anaesthetic Item number for Specialist 17710 (Assist.)	\$556.00
45520	Reduction mammoplasty (unilateral) with surgical repositioning of nipple Anaesthetic Item number for Specialist 17711 (Assist)	\$998.00
45522	Reduction mammoplasty (unilateral) without surgical repositioning of nipple Anaesthetic Item number for Specialist 17710 (Assist)	\$998.00
45524	Mammoplasty, augmentation, for significant breast asymmetry where the augmentation is limited to 1 breast Anaesthetic Item number for Specialist 17711 (Assist.) <i>(see para T8.51 of explanatory notes to this Category - MBS Book)</i>	\$853.00
45527	Mammoplasty, augmentation, (unilateral), following mastectomy Anaesthetic Item number for Specialist 17711 (Assist.) <i>(see para T8.51 of explanatory notes to this Category - MBS Book)</i>	\$853.00
45528	Mammoplasty, augmentation, bilateral, not being a service to which Item 45524 or 45527 applies, where it can be demonstrated that surgery is indicated because of disease, trauma or congenital malformation Anaesthetic Item number for Specialist 17713 (Assist.) <i>(see para T8.51 of explanatory notes to this Category - MBS Book)</i>	\$1,271.00
45530	Breast reconstruction (unilateral) using a latissimus dorsi or other large muscle or myocutaneous flap, including repair of secondary skin defect, excluding repair of muscular aponeurotic layer Anaesthetic Item number for Specialist 17721 (Assist.) <i>(see para T8.52 of explanatory notes to this Category - MBS Book)</i>	\$1,264.00
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 Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,430.00

Surgical Operations		Plastic & Reconstructive
Item No.	Description	Maximum Fee
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 Anaesthetic Item number for Specialist 17713 (Assist.)	\$525.00
45539	Breast reconstruction (unilateral), following mastectomy, using tissue expansion - insertion of tissue expansion unit and all attendances for subsequent expansion injections Anaesthetic Item number for Specialist 17710 (Assist.)	\$1,232.00
45542	Breast reconstruction (unilateral), following mastectomy, using tissue expansion - removal of tissue expansion unit and insertion of permanent prosthesis Anaesthetic Item number for Specialist 17710 (Assist.)	\$702.00
45545	Nipple or areola or both, reconstruction of by any surgical technique Anaesthetic Item number for Specialist 17710 (Assist.) (see para T8.53 of explanatory notes to this Category - MBS Book)	\$718.00
45548	Breast prosthesis, removal of, as an independent procedure Anaesthetic Item number for Specialist 17708	\$364.00
45551	Breast prosthesis, removal of, with complete excision of fibrous capsule Anaesthetic Item number for Specialist 17709 (Assist.)	\$577.00
45552	Breast prosthesis, removal of, with complete excision of fibrous capsule and replacement of prosthesis Anaesthetic Item number for Specialist 17712 (Assist.)	\$764.00
45554	Breast prosthesis, replacement of, following medical complications (such as rupture, migration of prosthetic material, or capsule formation), where new pocket is formed, including excision of fibrous capsule Anaesthetic Item number for Specialist 17714 (Assist.)	\$910.00
45555	Silicone breast prosthesis, removal of and replacement with prosthesis other than silicone gel prosthesis Anaesthetic Item number for Specialist 17713 (Assist.)	SNR
45560	Hair transplantation for the treatment of alopecia of congenital or traumatic origin or due to disease, excluding male pattern baldness, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17712	\$593.00
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 Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,425.00
45566	Tissue expansion not being a service to which item 45539 or 45542 applies - insertion of tissue expansion unit and all attendances for subsequent expansion injections Anaesthetic Item number for Specialist 17709 (Assist.)	\$1,232.00
45572	Intra operative tissue expansion performed during an operation when combined with a service to which another item in Group T8 applies including expansion injections and excluding treatment of male pattern baldness Anaesthetic Item number for Specialist 17709	\$385.00

Surgical Operations		Plastic & Reconstructive
Item No.	Description	Maximum Fee
45575	Facial nerve paralysis, free fascia graft for Anaesthetic Item number for Specialist 17713 (Assist.)	\$910.00
45578	Facial nerve paralysis, muscle transfer for Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,061.00
45581	Facial nerve palsy, excision of tissue for Anaesthetic Item number for Specialist 17709	\$364.00
45584	Liposuction (suction assisted lipolysis) to 1 regional area (thigh, buttock, or similar), for treatment of post-traumatic pseudolipoma Anaesthetic Item number for Specialist 17713 (see para T8.54 of explanatory notes to this Category - MBS Book)	\$822.00
45585	Liposuction (suction assisted lipolysis) to 1 regional area, not being a service to which Item 45584 applies, where it can be demonstrated that the treatment is for pathological lipodystrophy of hips, buttocks, thighs and lower legs (excluding knees), gynaecomastia, lymphoedema or similar conditions Anaesthetic Item number for Specialist 17713 (see para T8.54 of explanatory notes to this Category - MBS Book)	\$822.00
45587	Meloplasty for correction of facial asymmetry due to soft tissue abnormality where the meloplasty is limited to 1 side of the face Anaesthetic Item number for Specialist 17714 (Assist.) (see para T8.55 of explanatory notes to this Category - MBS Book)	\$993.00
45588	Meloplasty, bilateral, not being a service to which Item 45587 applies, where it can be demonstrated that surgery is indicated because of disease, trauma or congenital conditions Anaesthetic Item number for Specialist 17717 (Assist.) (see para T8.55 of explanatory notes to this Category - MBS Book)	\$1,488.00
45590	Orbital cavity, reconstruction of a wall or floor, with or without foreign implant Anaesthetic Item number for Specialist 17713 (Assist.)	\$541.00
45593	Orbital cavity, bone or cartilage graft to orbital wall or floor including reduction of prolapsed or entrapped orbital contents Anaesthetic Item number for Specialist 17715 (Assist.)	\$634.00
45596	Maxilla, total resection of Anaesthetic Item number for Specialist 17726 (Assist.)	\$1,045.00
45597	Maxilla, total resection of both maxillae Anaesthetic Item number for Specialist 17735 (Assist.)	\$1,414.00
45599	Mandible, total resection of both sides, including condylectomies where performed Anaesthetic Item number for Specialist 17735 (Assist.)	\$822.00
45602	Mandible, including lower border, or maxilla, sub total resection of Anaesthetic Item number for Specialist 17720 (Assist.)	\$853.00

Surgical Operations		Plastic & Reconstructive
Item No.	Description	Maximum Fee
45605	Mandible or maxilla, segmental resection of, for tumours or cysts Anaesthetic Item number for Specialist 17713 (Assist.)	\$702.00
45608	Mandible, hemi-mandibular reconstruction with bone graft, not being a service associated with a service to which item 45599 applies Anaesthetic Item number for Specialist 17722 (Assist.)	\$941.00
45611	Mandible, condylectomy Anaesthetic Item number for Specialist 17712 (Assist.)	\$671.00
45614	Eyelid, whole thickness reconstruction of, other than by direct suture only Anaesthetic Item number for Specialist 17711 (Assist.)	\$676.00
45617	Upper eyelid, reduction of, for skin redundancy obscuring vision, (as evidenced by upper eyelid skin resting on lashes on straight ahead gaze), herniation of orbital fat in exophthalmos, facial nerve palsy or post-traumatic scarring, or the restoration of symmetry of contralateral upper eyelid in respect of 1 of these conditions Anaesthetic Item number for Specialist 17708 <i>(see para T8.56 of explanatory notes to this Category - MBS Book)</i>	\$265.00
45620	Lower eyelid, reduction of, for herniation of orbital fat in exophthalmos, facial nerve palsy or post-traumatic scarring, or, in respect of 1 of these conditions, the restoration of symmetry of the contralateral lower eyelid Anaesthetic Item number for Specialist 17709 <i>(see para T8.56 of explanatory notes to this Category - MBS Book)</i>	\$364.00
45623	Ptosis of eyelid (unilateral), correction of Anaesthetic Item number for Specialist 17709 (Assist.)	\$972.00
45626	Ectropion or entropion, correction of (unilateral) Anaesthetic Item number for Specialist 17709	\$364.00
45629	Symblepharon, grafting for Anaesthetic Item number for Specialist 17709 (Assist.)	\$593.00
45632	Rhinoplasty, correction of lateral or alar cartilages Anaesthetic Item number for Specialist 17710	\$645.00
45635	Rhinoplasty, correction of bony vault only Anaesthetic Item number for Specialist 17710	\$764.00
45638	Rhinoplasty, total, including correction of all bony and cartilaginous elements of the external nose for correction of post-traumatic deformity or nasal obstruction, or both Anaesthetic Item number for Specialist 17711 <i>(see para T8.57 of explanatory notes to this Category - MBS Book)</i>	\$1,326.00

Surgical Operations		Plastic & Reconstructive
Item No.	Description	Maximum Fee
45639	Rhinoplasty, total, including correction of all bony and cartilaginous elements of the external nose, where it can be demonstrated that there is a need for correction of significant development deformity Anaesthetic Item number for Specialist 17711 (see para T8.57 of explanatory notes to this Category - MBS Book)	\$1,326.00
45641	Rhinoplasty involving nasal or septal cartilage graft, or nasal bone graft, or nasal bone and nasal cartilage graft Anaesthetic Item number for Specialist 17713	\$1,357.00
45644	Rhinoplasty involving autogenous bone or cartilage graft obtained from distant donor site, including obtaining of graft Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,591.00
45645	Choanal atresia, repair of by puncture and dilatation Anaesthetic Item number for Specialist 17711	\$265.00
45646	Choanal atresia, correction by open operation with bone removal Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,071.00
45647	Face, contour restoration of 1 region, using autogenous bone or cartilage graft (not being a service to which item 45644 applies) Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,591.00
45650	Rhinoplasty, secondary revision of Anaesthetic Item number for Specialist 17710	\$177.00
45652	Rhinophyma, carbon dioxide laser excision-ablation of Anaesthetic Item number for Specialist 17710 (Assist.)	\$395.00
45653	Rhinophyma, shaving of Anaesthetic Item number for Specialist 17710	\$395.00
45656	Composite graft (chondro-cutaneous or chondro-mucosal) to nose, ear or eyelid Anaesthetic Item number for Specialist 17712 (Assist.)	\$853.00
45659	Lop ear, bat ear or similar deformity, correction of Anaesthetic Item number for Specialist 17709	\$608.00
45662	Congenital atresia, reconstruction of external auditory canal Anaesthetic Item number for Specialist 17712 (Assist.)	\$884.00
45665	Lip, eyelid or ear, full thickness wedge excision of, with repair by direct sutures Anaesthetic Item number for Specialist 17707	\$416.00
45668	Vermilionectomy, by surgical excision Anaesthetic Item number for Specialist 17709	\$416.00

Surgical Operations		Plastic & Reconstructive
Item No.	Description	Maximum Fee
45669	Vermilionectomy, using carbon dioxide laser excision-ablation Anaesthetic Item number for Specialist 17709 <i>(see para T8.58 of explanatory notes to this Category - MBS Book)</i>	\$414.00
45671	Lip or eyelid reconstruction using full thickness flap (Abbe or similar), first stage Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,212.00
45674	Lip or eyelid reconstruction using full thickness flap (Abbe or similar), second stage Anaesthetic Item number for Specialist 17707	\$364.00
45675	Macrocheilia or macroglossia, operation for Anaesthetic Item number for Specialist 17716 (Assist.)	\$574.00
45676	Macrostomia, operation for Anaesthetic Item number for Specialist 17713 (Assist.)	\$685.00
45677	Cleft lip, unilateral - primary repair, 1 stage, without anterior palate repair Anaesthetic Item number for Specialist 17712 (Assist.)	\$723.00
45680	Cleft lip, unilateral - primary repair, 1 stage, with anterior palate repair Anaesthetic Item number for Specialist 17716 (Assist.)	\$827.00
45683	Cleft lip, bilateral - primary repair, 1 stage, without anterior palate repair Anaesthetic Item number for Specialist 17714 (Assist.)	\$972.00
45686	Cleft lip, bilateral - primary repair, 1 stage, with anterior palate repair Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,082.00
45689	Cleft lip, lip adhesion procedure, unilateral or bilateral Anaesthetic Item number for Specialist 17711 (Assist.)	\$317.00
45692	Cleft lip, partial revision, including minor flap revision alignment and adjustment, including revision of minor whistle deformity if performed Anaesthetic Item number for Specialist 17711	\$302.00
45695	Cleft lip, total revision, including major flap revision, muscle reconstruction and revision of major whistle deformity Anaesthetic Item number for Specialist 17713 (Assist.)	\$572.00
45698	Cleft lip, primary columella lengthening procedure, bilateral Anaesthetic Item number for Specialist 17711	\$556.00
45701	Cleft lip reconstruction using full thickness flap (Abbe or similar), first stage Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,279.00
45704	Cleft lip reconstruction using full thickness flap (Abbe or similar), second stage Anaesthetic Item number for Specialist 17708	\$364.00

Surgical Operations		Plastic & Reconstructive
Item No.	Description	Maximum Fee
45707	Cleft palate, primary repair Anaesthetic Item number for Specialist 17715 (Assist.)	\$879.00
45710	Cleft palate, secondary repair, closure of fistula using local flaps Anaesthetic Item number for Specialist 17714	\$525.00
45713	Cleft palate, secondary repair, lengthening procedure Anaesthetic Item number for Specialist 17713 (Assist.)	\$666.00
45714	Oro-nasal fistula, plastic closure of, including services to which item 45200,45203 or 45239 applies Anaesthetic Item number for Specialist 17713 (Assist.)	\$927.00
45716	Velo-pharyngeal incompetence, pharyngeal flap for, or pharyngoplasty for Anaesthetic Item number for Specialist 17711	\$941.00
45720	Mandible or maxilla, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site Anaesthetic Item number for Specialist 17718 (Assist.) <i>(see para T8.59 of explanatory notes to this Category - MBS Book)</i>	\$1,092.00
45723	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 Anaesthetic Item number for Specialist 17720 (Assist.) <i>(see para T8.59 of explanatory notes to this Category - MBS Book)</i>	\$1,331.00
45726	Mandible or maxilla, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site Anaesthetic Item number for Specialist 17725 (Assist.) <i>(see para T8.59 of explanatory notes to this Category - MBS Book)</i>	\$1,394.00
45729	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 Anaesthetic Item number for Specialist 17729 (Assist.) <i>(see para T8.59 of explanatory notes to this Category - MBS Book)</i>	\$1,685.00
45731	Mandible or maxilla, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site Anaesthetic Item number for Specialist 17729 (Assist.) <i>(see para T8.59 of explanatory notes to this Category - MBS Book)</i>	\$1,576.00
45732	Mandible or maxilla, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both Anaesthetic Item number for Specialist 17732 (Assist.) <i>(see para T8.59 of explanatory notes to this Category - MBS Book)</i>	\$1,924.00

Surgical Operations		Plastic & Reconstructive
Item No.	Description	Maximum Fee
45735	Mandible and maxilla, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site Anaesthetic Item number for Specialist 17726 (Assist.) (see para T8.59 of explanatory notes to this Category - MBS Book)	\$1,820.00
45738	Mandible and maxilla, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both Anaesthetic Item number for Specialist 17732 (Assist.) (see para T8.59 of explanatory notes to this Category - MBS Book)	\$2,210.00
45741	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site Anaesthetic Item number for Specialist 17753 (Assist.) (see para T8.59 of explanatory notes to this Category - MBS Book)	\$1,997.00
45744	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both Anaesthetic Item number for Specialist 17758 (Assist.) (see para T8.59 of explanatory notes to this Category - MBS Book)	\$2,428.00
45747	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty (when performed) and transposition of nerves and vessels and bone grafts taken from the same site Anaesthetic Item number for Specialist 17758 (Assist.) (see para T8.59 of explanatory notes to this Category - MBS Book)	\$2,184.00
45752	Mandible and maxilla, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both Anaesthetic Item number for Specialist 17771 (Assist.) (see para T8.59 of explanatory notes to this Category - MBS Book)	\$2,642.00
45753	Midfacial osteotomies - Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site Anaesthetic Item number for Specialist 17758 (Assist.)	\$2,616.00
45754	Midfacial osteotomies - Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both Anaesthetic Item number for Specialist 17764 (Assist.)	\$3,136.00
45755	Temporo-mandibular meniscectomy Anaesthetic Item number for Specialist 17710 (Assist.)	\$504.00

Surgical Operations		Plastic & Reconstructive
Item No.	Description	Maximum Fee
45758	Temporo-mandibular joint, arthroplasty Anaesthetic Item number for Specialist 17710 (Assist.)	\$889.00
45761	Genioplasty, including transposition of nerves and vessels and bone grafts taken from the site Anaesthetic Item number for Specialist 17713 (Assist.) (see para T8.60 of explanatory notes to this Category - MBS Book)	\$842.00
45767	Hypertelorism, correction of, intra-cranial Anaesthetic Item number for Specialist 17760 (Assist.)	\$2,844.00
45770	Hypertelorism, correction of, sub-cranial Anaesthetic Item number for Specialist 17730 (Assist.)	\$2,168.00
45773	Treacher Collins Syndrome, periorbital correction of, with rib and iliac bone grafts Anaesthetic Item number for Specialist 17735 (Assist.)	\$1,981.00
45776	Orbital dystopia (unilateral), correction of, with total repositioning of 1 orbit, intra-cranial Anaesthetic Item number for Specialist 17745 (Assist.)	\$1,981.00
45779	Orbital dystopia (unilateral), correction of, with total repositioning of 1 orbit, extra-cranial Anaesthetic Item number for Specialist 17725 (Assist.)	\$1,456.00
45782	Fronto-orbital advancement, unilateral Anaesthetic Item number for Specialist 17726 (Assist.)	\$1,113.00
45785	Cranial vault reconstruction for oxycephaly, brachycephaly, turriccephaly or similar condition - (bilateral fronto-orbital advancement) Anaesthetic Item number for Specialist 17751 (Assist.)	\$1,882.00
45788	Glenoid fossa, zygomatic arch and temporal bone, reconstruction of, (Obwegeser technique) Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,862.00
45791	Absent condyle and ascending ramus in hemifacial microsomia, construction of, not including harvesting of graft material Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,009.00
45794	Osseo-integration procedure - extra-oral, implantation of titanium fixture Anaesthetic Item number for Specialist 17713	\$655.00
45797	Osseo-integration procedure, fixation of transcutaneous abutment Anaesthetic Item number for Specialist 17709	\$244.00

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

Surgical Operations		Hand Surgery
Item No.	Description	Maximum Fee
46300	Inter-phalangeal joint or metacarpophalangeal joint, arthrodesis of Anaesthetic Item number for Specialist 17706 (Assist.)	\$504.00
46303	Carpometacarpal joint, arthrodesis of Anaesthetic Item number for Specialist 17707 (Assist.)	\$551.00
46306	Inter-phalangeal joint or metacarpophalangeal joint - interposition arthroplasty of and including tendon transfers or realignment on the 1 ray Anaesthetic Item number for Specialist 17709 (Assist.)	\$842.00
46307	Inter-phalangeal joint or metacarpophalangeal joint - volar plate arthroplasty for traumatic deformity including tendon transfers or realignment on the 1 ray Anaesthetic Item number for Specialist 17709 (Assist.)	\$753.00
46309	Inter-phalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 1 joint Anaesthetic Item number for Specialist 17709 (Assist.)	\$655.00
46312	Inter-phalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 2 joints Anaesthetic Item number for Specialist 17710 (Assist.)	\$978.00
46315	Inter-phalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 3 joints Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,305.00
46318	Inter-phalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 4 joints Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,633.00
46321	Inter-phalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 5 or more joints Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,960.00
46324	Carpal bone replacement arthroplasty including associated tendon transfer or realignment when performed Anaesthetic Item number for Specialist 17711 (Assist.)	\$941.00
46325	Carpal bone replacement or resection arthroplasty using adjacent tendon or other soft tissue including associated tendon transfer or realignment when performed Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,206.00
46327	Inter-phalangeal joint or metacarpophalangeal joint, arthrotomy of Anaesthetic Item number for Specialist 17706	\$312.00

Surgical Operations		Hand Surgery
Item No.	Description	Maximum Fee
46330	Inter-phalangeal joint or metacarpophalangeal joint, arthrotomy of, with ligamentous or capsular repair Anaesthetic Item number for Specialist 17709 (Assist.)	\$577.00
46333	Inter-phalangeal joint or metacarpophalangeal joint, ligamentous repair of, using free tissue graft or implant Anaesthetic Item number for Specialist 17707 (Assist.)	\$848.00
46336	Inter-phalangeal joint or metacarpophalangeal joint, synovectomy, capsulectomy or debridement of, not being a service associated with any procedure related to that joint Anaesthetic Item number for Specialist 17707 (Assist.)	\$504.00
46339	Extensor tendons or flexor tendons of hand or wrist, synovectomy of Anaesthetic Item number for Specialist 17706 (Assist.)	\$692.00
46342	Distal radioulnar joint or carpometacarpal joint or joints, synovectomy of Anaesthetic Item number for Specialist 17708 (Assist.)	\$692.00
46345	Distal radioulnar joint, reconstruction or stabilisation of, including fusion, or ligamentous arthroplasty and excision of distal ulna, when performed Anaesthetic Item number for Specialist 17709 (Assist.)	\$848.00
46348	Digit, synovectomy of flexor tendon or tendons - 1 digit Anaesthetic Item number for Specialist 17706	\$374.00
46351	Digit, synovectomy of flexor tendon or tendons - 2 digits Anaesthetic Item number for Specialist 17707 (Assist.)	\$567.00
46354	Digit, synovectomy of flexor tendon or tendons - 3 digits Anaesthetic Item number for Specialist 17708 (Assist.)	\$754.00
46357	Digit, synovectomy of flexor tendon or tendons - 4 digits Anaesthetic Item number for Specialist 17709 (Assist.)	\$941.00
46360	Digit, synovectomy of flexor tendon or tendons - 5 digits Anaesthetic Item number for Specialist 17710 (Assist.)	\$1,128.00
46363	Tendon sheath of hand or wrist, open operation on, for stenosing tenovaginitis Anaesthetic Item number for Specialist 17705	\$312.00
46366	Dupuytren's contracture, subcutaneous fasciotomy for - each band Anaesthetic Item number for Specialist 17706	\$213.00
46369	Dupuytren's contracture, palmar fasciectomy for - 1 hand Anaesthetic Item number for Specialist 17707	\$504.00
46372	Dupuytren's contracture, fasciectomy for, from 1 ray, including dissection of nerves - 1 hand Anaesthetic Item number for Specialist 17710 (Assist.)	\$640.00
46375	Dupuytren's contracture, fasciectomy for, from 2 rays, including dissection of nerves - 1 hand Anaesthetic Item number for Specialist 17711 (Assist.)	\$759.00

Surgical Operations		Hand Surgery
Item No.	Description	Maximum Fee
46378	Dupuytren's contracture, fasciectomy for, from 3 or more rays, including dissection of nerves - 1 hand Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,009.00
46381	Inter-phalangeal joint, joint capsule release when performed in conjunction with operation for Dupuytren's contracture - each procedure Anaesthetic Item number for Specialist 17706 (Assist.)	\$447.00
46384	Z plasty (or similar local flap procedure) when performed in conjunction with operation for Dupuytren's contracture - 1 such procedure Anaesthetic Item number for Specialist 17706 (Assist.)	\$447.00
46387	Dupuytren's contracture, fasciectomy for, from 1 ray, including dissection of nerves - operation for recurrence in that ray Anaesthetic Item number for Specialist 17710 (Assist.)	\$920.00
46390	Dupuytren's contracture, fasciectomy for, from 2 rays, including dissection of nerves - operation for recurrence in those rays Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,238.00
46393	Dupuytren's contracture, fasciectomy for, from 3 or more rays, including dissection of nerves - operation for recurrence in those rays Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,430.00
46396	Phalanx or metacarpal of the hand, osteotomy or osteectomy of Anaesthetic Item number for Specialist 17706 (Assist.)	\$510.00
46399	Phalanx or metacarpal of the hand, osteotomy of, with internal fixation Anaesthetic Item number for Specialist 17707 (Assist.)	\$619.00
46402	Phalanx or metacarpal, bone grafting of, for pseudarthrosis (non-union), including obtaining of graft material Anaesthetic Item number for Specialist 17708 (Assist.)	\$619.00
46405	Phalanx or metacarpal, bone grafting of, for pseudarthrosis (non-union), involving internal fixation and including obtaining of graft material Anaesthetic Item number for Specialist 17709 (Assist.)	\$655.00
46408	Tendon, reconstruction of, by tendon graft Anaesthetic Item number for Specialist 17710 (Assist.)	\$879.00
46411	Flexor tendon pulley, reconstruction of, by graft Anaesthetic Item number for Specialist 17708 (Assist.)	\$629.00
46414	Artificial tendon prosthesis, insertion of, in preparation for tendon grafting Anaesthetic Item number for Specialist 17709 (Assist.)	\$629.00
46417	Tendon transfer for restoration of hand function, each transfer Anaesthetic Item number for Specialist 17708 (Assist.)	\$754.00
46420	Extensor tendon of hand or wrist, primary repair of, each tendon Anaesthetic Item number for Specialist 17707	\$312.00

Surgical Operations		Hand Surgery
Item No.	Description	Maximum Fee
46423	Extensor tendon of hand or wrist, secondary repair of, each tendon Anaesthetic Item number for Specialist 17708 (Assist.)	\$504.00
46426	Flexor tendon of hand or wrist, primary repair of, proximal to A1 pulley, each tendon Anaesthetic Item number for Specialist 17707 (Assist.)	\$442.00
46429	Flexor tendon of hand or wrist, secondary repair of, proximal to A1 pulley, each tendon Anaesthetic Item number for Specialist 17708 (Assist.)	\$629.00
46432	Flexor tendon of hand, primary repair of, distal to A1 pulley, each tendon Anaesthetic Item number for Specialist 17708 (Assist.)	\$640.00
46435	Flexor tendon of hand, secondary repair of, distal to A1 pulley, each tendon Anaesthetic Item number for Specialist 17709 (Assist.)	\$754.00
46438	Mallet finger, closed pin fixation of Anaesthetic Item number for Specialist 17706	\$312.00
46441	Mallet finger, open repair of, including pin fixation when performed Anaesthetic Item number for Specialist 17707 (Assist.)	\$504.00
46442	Mallet finger with intra-articular fracture involving more than one-third of base of terminal phalanx - open reduction Anaesthetic Item number for Specialist 17707 (Assist.)	\$400.00
46444	Boutonniere deformity without joint contracture, reconstruction of Anaesthetic Item number for Specialist 17708 (Assist.)	\$728.00
46447	Boutonniere deformity with joint contracture, reconstruction of Anaesthetic Item number for Specialist 17709 (Assist.)	\$910.00
46450	Extensor tendon, tenolysis of, following tendon injury, repair or graft Anaesthetic Item number for Specialist 17708	\$312.00
46453	Flexor tendon, tenolysis of, following tendon injury, repair or graft Anaesthetic Item number for Specialist 17709 (Assist.)	\$504.00
46456	Finger, percutaneous tenotomy of Anaesthetic Item number for Specialist 17704	\$150.00
46459	Operation for osteomyelitis on distal phalanx Anaesthetic Item number for Specialist 17706	\$281.00
46462	Operation for osteomyelitis on middle or proximal phalanx, metacarpal or carpus Anaesthetic Item number for Specialist 17707 (Assist.)	\$447.00
46464	Amputation of a supernumerary complete digit Anaesthetic Item number for Specialist 17706	\$322.00
46465	Amputation of single digit, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover Anaesthetic Item number for Specialist 17705	\$338.00

Surgical Operations		Hand Surgery
Item No.	Description	Maximum Fee
46468	Amputation of 2 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover Anaesthetic Item number for Specialist 17706 (Assist.)	\$582.00
46471	Amputation of 3 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover Anaesthetic Item number for Specialist 17707 (Assist.)	\$848.00
46474	Amputation of 4 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover Anaesthetic Item number for Specialist 17708 (Assist.)	\$1,097.00
46477	Amputation of 5 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover Anaesthetic Item number for Specialist 17709 (Assist.)	\$1,342.00
46480	Amputation of single digit, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover, including metacarpal Anaesthetic Item number for Specialist 17707 (Assist.)	\$562.00
46483	Revision of amputation stump to provide adequate soft tissue cover Anaesthetic Item number for Specialist 17705 (Assist.)	\$447.00
46486	Nail bed, accurate reconstruction of nail bed laceration using magnification, undertaken in the operating theatre of a hospital or approved day hospital facility Anaesthetic Item number for Specialist 17708	\$338.00
46489	Nail bed, secondary exploration and accurate repair of nail bed deformity using magnification, undertaken in the operating theatre of a hospital or approved day hospital facility Anaesthetic Item number for Specialist 17709 (Assist.)	\$395.00
46492	Contracture of digits of hand, flexor or extensor, correction of, involving tissues deeper than skin and subcutaneous tissue Anaesthetic Item number for Specialist 17708 (Assist.)	\$510.00
46494	Ganglion of hand, excision of, not being a service associated with a service to which an item in this Group applies Anaesthetic Item number for Specialist 17706	\$263.00
46495	Ganglion or mucous cyst of distal digit, excision of, not being a service associated with a service to which item 30106 or 30107 applies Anaesthetic Item number for Specialist 17705	\$302.00
46498	Ganglion of flexor tendon sheath, excision of, not being a service associated with a service to which item 30106 or 30107 applies Anaesthetic Item number for Specialist 17705	\$270.00
46500	Ganglion of dorsal wrist joint, excision of, not being a service associated with a service to which item 30106 or 30107 applies Anaesthetic Item number for Specialist 17706 (Assist.)	\$398.00
46501	Ganglion of volar wrist joint, excision of, not being a service associated with a service to which item 30106 or 30107 applies Anaesthetic Item number for Specialist 17707 (Assist.)	\$395.00

Surgical Operations		Hand Surgery
Item No.	Description	Maximum Fee
46502	Recurrent ganglion of dorsal wrist joint, excision of, not being a service associated with a service to which item 30106 or 30107 applies Anaesthetic Item number for Specialist 17707 (Assist.)	\$434.00
46503	Recurrent ganglion of volar wrist joint, excision of, not being a service associated with a service to which item 30106 or 30107 applies Anaesthetic Item number for Specialist 17708 (Assist.)	\$540.00
46504	Neurovascular island flap, for pulp innervation Anaesthetic Item number for Specialist 17719 (Assist.)	\$1,643.00
46507	Digit or ray, transposition transfer of, on vascular pedicle, complete procedure Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,643.00
46510	Macroductyly, surgical reduction of enlarged elements - each digit Anaesthetic Item number for Specialist 17707 (Assist.)	\$416.00
46513	Digital nail of finger or thumb, removal of, not being a service to which item 46516 applies Anaesthetic Item number for Specialist 17704	\$81.00
46516	Digital nail of finger or thumb, removal of, in the operating theatre of a hospital or approved day hospital facility Anaesthetic Item number for Specialist 17704	\$120.00
46519	Middle palmar, thenar or hypothenar spaces of hand, drainage of (excluding aftercare) Anaesthetic Item number for Specialist 17705	\$203.00
46522	Flexor tendon sheath of finger or thumb; open operation and drainage for infection Anaesthetic Item number for Specialist 17706 (Assist.)	\$603.00
46525	Pulp space infection, paronychia of hand, incision for, when performed in an operating theatre of a hospital or approved day hospital facility, not being a service to which another item in this Group applies (excluding after-care) Anaesthetic Item number for Specialist 17704	\$81.00
46528	Ingrowing nail of finger or thumb, wedge resection for, including removal of segment of nail, unguial fold and portion of the nail bed Anaesthetic Item number for Specialist 17705	\$241.00
46531	Ingrowing nail of finger or thumb, partial resection of nail, including phenolisation but not including excision of nail bed Anaesthetic Item number for Specialist 17705	\$122.00
46534	Nail plate injury or deformity, radical excision of nail germinal matrix Anaesthetic Item number for Specialist 17706	\$338.00

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

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
TREATMENT OF DISLOCATIONS		
<i>(see para T8.61 of explanatory notes to this Category - MBS Book)</i>		
47000	Mandible, treatment of dislocation of, by closed reduction Anaesthetic Item number for Specialist 17706	\$62.50
47003	Clavicle, treatment of dislocation of, by closed reduction Anaesthetic Item number for Specialist 17706	\$75.00
47006	Clavicle, treatment of dislocation of, by open reduction Anaesthetic Item number for Specialist 17709	\$150.00
47009	Shoulder, treatment of dislocation of, requiring general anaesthesia, not being a service to which item 47012 applies Anaesthetic Item number for Specialist 17706	\$150.00
47012	Shoulder, treatment of dislocation of, requiring general anaesthesia, open reduction Anaesthetic Item number for Specialist 17710 (Assist.)	\$302.00
47015	Shoulder, treatment of dislocation of, not requiring general anaesthesia	\$75.00
47018	Elbow, treatment of dislocation of, by closed reduction Anaesthetic Item number for Specialist 17705	\$177.00
47021	Elbow, treatment of dislocation of, by open reduction Anaesthetic Item number for Specialist 17709 (Assist.)	\$234.00
47024	Radioulnar joint, distal or proximal, treatment of dislocation of, by closed reduction, not being a service associated with fracture or dislocation in the same region Anaesthetic Item number for Specialist 17705	\$175.00
47027	Radioulnar joint, distal or proximal, treatment of dislocation of, by open reduction, not being a service associated with fracture or dislocation in the same region Anaesthetic Item number for Specialist 17708 (Assist.)	\$234.00
47030	Carpus, or carpus on radius and ulna, or carpometacarpal joint, treatment of dislocation of, by closed reduction Anaesthetic Item number for Specialist 17705	\$177.00
47033	Carpus, or carpus on radius and ulna, or carpometacarpal joint, treatment of dislocation of, by open reduction Anaesthetic Item number for Specialist 17708 (Assist.)	\$234.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
47036	Interphalangeal joint, treatment of dislocation of, by closed reduction Anaesthetic Item number for Specialist 17704	\$75.00
47039	Interphalangeal joint, treatment of dislocation of, by open reduction Anaesthetic Item number for Specialist 17706	\$101.00
47042	Metacarpophalangeal joint, treatment of dislocation of, by closed reduction Anaesthetic Item number for Specialist 17704	\$101.00
47045	Metacarpophalangeal joint, treatment of dislocation of, by open reduction Anaesthetic Item number for Specialist 17706	\$133.00
47048	Hip, treatment of dislocation of, by closed reduction Anaesthetic Item number for Specialist 17706	\$291.00
47051	Hip, treatment of dislocation of, by open reduction Anaesthetic Item number for Specialist 17711 (Assist.)	\$390.00
47054	Knee, treatment of dislocation of, by closed reduction Anaesthetic Item number for Specialist 17705 (Assist.)	\$291.00
47057	Patella, treatment of dislocation of, by closed reduction Anaesthetic Item number for Specialist 17704	\$112.00
47060	Patella, treatment of dislocation of, by open reduction Anaesthetic Item number for Specialist 17708	\$150.00
47063	Ankle or tarsus, treatment of dislocation of, by closed reduction Anaesthetic Item number for Specialist 17705	\$224.00
47066	Ankle or tarsus, treatment of dislocation of, by open reduction Anaesthetic Item number for Specialist 17710 (Assist.)	\$302.00
47069	Toe, treatment of dislocation of, by closed reduction Anaesthetic Item number for Specialist 17704	\$62.50
47072	Toe, treatment of dislocation of, by open reduction Anaesthetic Item number for Specialist 17706	\$84.00
TREATMENT OF FRACTURES		
47300	(see para T8.61 of explanatory notes to this Category - MBS Book) Distal phalanx of finger or thumb, treatment of fracture of, by closed reduction, including percutaneous fixation where used Anaesthetic Item number for Specialist 17705	\$112.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
47303	Distal phalanx of finger or thumb, treatment of intra-articular fracture of, by closed reduction Anaesthetic Item number for Specialist 17705	\$131.00
47306	Distal phalanx of finger or thumb, treatment of fracture of, by open reduction Anaesthetic Item number for Specialist 17707	\$152.00
47309	Distal phalanx of finger or thumb, treatment of intra-articular fracture of, by open reduction Anaesthetic Item number for Specialist 17707	\$187.00
47312	Middle phalanx of finger, treatment of fracture of, by closed reduction Anaesthetic Item number for Specialist 17705	\$171.00
47315	Middle phalanx of finger, treatment of intra-articular fracture of, by closed reduction Anaesthetic Item number for Specialist 17705	\$193.00
47318	Middle phalanx of finger, treatment of fracture of, by open reduction Anaesthetic Item number for Specialist 17707	\$224.00
47321	Middle phalanx of finger, treatment of intra-articular fracture of, by open reduction Anaesthetic Item number for Specialist 17707	\$281.00
47324	Proximal phalanx of finger or thumb, treatment of fracture of, by closed reduction Anaesthetic Item number for Specialist 17705	\$224.00
47327	Proximal phalanx of finger or thumb, treatment of intra-articular fracture of, by closed reduction Anaesthetic Item number for Specialist 17705	\$265.00
47330	Proximal phalanx of finger or thumb, treatment of fracture of, by open reduction Anaesthetic Item number for Specialist 17707	\$302.00
47333	Proximal phalanx of finger or thumb, treatment of intra-articular fracture of, by open reduction Anaesthetic Item number for Specialist 17707 (Assist.)	\$374.00
47336	Metacarpal, treatment of fracture of, by closed reduction Anaesthetic Item number for Specialist 17705	\$224.00
47339	Metacarpal, treatment of intra-articular fracture of, by closed reduction Anaesthetic Item number for Specialist 17705	\$265.00
47342	Metacarpal, treatment of fracture of, by open reduction Anaesthetic Item number for Specialist 17707	\$302.00
47345	Metacarpal, treatment of intra-articular fracture of, by open reduction Anaesthetic Item number for Specialist 17708 (Assist.)	\$374.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
47348	Carpus (excluding scaphoid), treatment of fracture of, not being a service to which item 47351 applies Anaesthetic Item number for Specialist 17705	\$125.00
47351	Carpus (excluding scaphoid), treatment of fracture of, by open reduction Anaesthetic Item number for Specialist 17709	\$312.00
47354	Carpal scaphoid, treatment of fracture of, not being a service to which item 47357 applies Anaesthetic Item number for Specialist 17705	\$224.00
47357	Carpal scaphoid, treatment of fracture of, by open reduction Anaesthetic Item number for Specialist 17710 (Assist.)	\$504.00
47360	Radius or ulna, distal end of, treatment of fracture of, by cast immobilisation, not being a service to which item 47363 or 47366 applies Anaesthetic Item number for Specialist 17705	\$177.00
47363	Radius or ulna, distal end of, treatment of fracture of, by closed reduction Anaesthetic Item number for Specialist 17705	\$265.00
47366	Radius or ulna, distal end of, treatment of fracture of, by open reduction Anaesthetic Item number for Specialist 17708 (Assist.)	\$354.00
47369	Radius, distal end of, treatment of Colles', Smith's or Barton's fracture of, by cast immobilisation, not being a service to which item 47372 or 47375 applies Anaesthetic Item number for Specialist 17705	\$229.00
47372	Radius, distal end of, treatment of Colles', Smith's or Barton's fracture, by closed reduction Anaesthetic Item number for Specialist 17705	\$374.00
47375	Radius, distal end of, treatment of Colles', Smith's or Barton's fracture, by open reduction Anaesthetic Item number for Specialist 17708 (Assist.)	\$504.00
47378	Radius or ulna, shaft of, treatment of fracture of, by cast immobilisation, not being a service to which item 47381, 47384, 47385 or 47386 applies Anaesthetic Item number for Specialist 17705	\$229.00
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 Anaesthetic Item number for Specialist 17705	\$343.00
47384	Radius or ulna, shaft of, treatment of fracture of, by open reduction Anaesthetic Item number for Specialist 17708 (Assist.)	\$452.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
47385	Radius or ulna, shaft of, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by closed reduction undertaken in the operating theatre of a hospital or approved day hospital facility Anaesthetic Item number for Specialist 17707 (Assist.)	\$385.00
47386	Radius or ulna, shaft of, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by open reduction or internal fixation Anaesthetic Item number for Specialist 17711 (Assist.)	\$629.00
47387	Radius and ulna, shafts of, treatment of fracture of, by cast immobilisation, not being a service to which item 47390 or 47393 applies Anaesthetic Item number for Specialist 17706 (Assist.)	\$364.00
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 Anaesthetic Item number for Specialist 17706	\$541.00
47393	Radius and ulna, shafts of, treatment of fracture of, by open reduction Anaesthetic Item number for Specialist 17709 (Assist.)	\$728.00
47396	Olecranon, treatment of fracture of, not being a service to which item 47399 applies Anaesthetic Item number for Specialist 17706	\$250.00
47399	Olecranon, treatment of fracture of, by open reduction Anaesthetic Item number for Specialist 17709 (Assist.)	\$504.00
47402	Olecranon, treatment of fracture of, involving excision of olecranon fragment and reimplantation of tendon Anaesthetic Item number for Specialist 17709 (Assist.)	\$374.00
47405	Radius, treatment of fracture of head or neck of, closed management of Anaesthetic Item number for Specialist 17706	\$250.00
47408	Radius, treatment of fracture of head or neck of, open management of, including internal fixation and excision where performed Anaesthetic Item number for Specialist 17710 (Assist.)	\$504.00
47411	Humerus, treatment of fracture of tuberosity of, not being a service to which item 47417 applies Anaesthetic Item number for Specialist 17705	\$152.00
47414	Humerus, treatment of fracture of tuberosity of, by open reduction Anaesthetic Item number for Specialist 17710	\$302.00
47417	Humerus, treatment of fracture of tuberosity of, and associated dislocation of shoulder, by closed reduction Anaesthetic Item number for Specialist 17707 (Assist.)	\$354.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
47420	Humerus, treatment of fracture of tuberosity of, and associated dislocation of shoulder, by open reduction Anaesthetic Item number for Specialist 17713 (Assist.)	\$686.00
47423	Humerus, proximal, treatment of fracture of, not being a service to which item 47426, 47429 or 47432 applies Anaesthetic Item number for Specialist 17706	\$291.00
47426	Humerus, proximal, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital or approved day hospital facility Anaesthetic Item number for Specialist 17706	\$437.00
47429	Humerus, proximal, treatment of fracture of, by open reduction Anaesthetic Item number for Specialist 17712 (Assist.)	\$582.00
47432	Humerus, proximal, treatment of intra-articular fracture of, by open reduction Anaesthetic Item number for Specialist 17714 (Assist.)	\$728.00
47435	Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by closed reduction Anaesthetic Item number for Specialist 17707 (Assist.)	\$551.00
47438	Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by open reduction Anaesthetic Item number for Specialist 17715 (Assist.)	\$879.00
47441	Humerus, proximal, treatment of intra-articular fracture of, and associated dislocation of shoulder, by open reduction Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,092.00
47444	Humerus, shaft of, treatment of fracture of, not being a service to which item 47447 or 47450 applies Anaesthetic Item number for Specialist 17706	\$302.00
47447	Humerus, shaft of, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital or approved day hospital facility Anaesthetic Item number for Specialist 17706	\$452.00
47450	Humerus, shaft of, treatment of fracture of, by internal or external fixation Anaesthetic Item number for Specialist 17712 (Assist.)	\$598.00
47451	Humerus, shaft of, treatment of fracture of, by intramedullary fixation Anaesthetic Item number for Specialist 17714 (Assist.)	\$726.00
47453	Humerus, distal, (supracondylar or condylar), treatment of fracture of, not being a service to which item 47456 or 47459 applies Anaesthetic Item number for Specialist 17706 (Assist.)	\$354.00
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 Anaesthetic Item number for Specialist 17706	\$525.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
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 Anaesthetic Item number for Specialist 17710 (Assist.)	\$707.00
47462	Clavicle, treatment of fracture of, not being a service to which item 47465 applies Anaesthetic Item number for Specialist 17706	\$150.00
47465	Clavicle, treatment of fracture of, by open reduction Anaesthetic Item number for Specialist 17710	\$302.00
47466	Sternum, treatment of fracture of, not being a service to which item 47467 applies Anaesthetic Item number for Specialist 17707	\$150.00
47467	Sternum, treatment of fracture of, by open reduction Anaesthetic Item number for Specialist 17711	\$302.00
47468	Scapula, neck or glenoid region of, treatment of fracture of, by open reduction Anaesthetic Item number for Specialist 17713 (Assist.)	\$582.00
47471	Ribs (1 or more), treatment of fracture of - each attendance	\$57.00
47474	Pelvic ring, treatment of fracture of, not involving disruption of pelvic ring or acetabulum	\$250.00
47477	Pelvic ring, treatment of fracture of, with disruption of pelvic ring or acetabulum	\$312.00
47480	Pelvic ring, treatment of fracture of, requiring traction Anaesthetic Item number for Specialist 17708 (Assist.)	\$629.00
47483	Pelvic ring, treatment of fracture of, requiring control by external fixation Anaesthetic Item number for Specialist 17712 (Assist.)	\$754.00
47486	Pelvic ring, treatment of fracture of, by open reduction and involving internal fixation of anterior segment, including diastasis of pubic symphysis Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,258.00
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 Anaesthetic Item number for Specialist 17726 (Assist.)	\$1,882.00
47492	Acetabulum, treatment of fracture of, and associated dislocation of hip Anaesthetic Item number for Specialist 17708	\$312.00
47495	Acetabulum, treatment of fracture of, and associated dislocation of hip, requiring traction Anaesthetic Item number for Specialist 17709 (Assist.)	\$629.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
47498	Acetabulum, treatment of fracture of, and associated dislocation of hip, requiring internal fixation, with or without traction Anaesthetic Item number for Specialist 17716 (Assist.)	\$941.00
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 Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,258.00
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 Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,882.00
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 Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,882.00
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 Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,882.00
47513	Sacro-iliac joint disruption, treatment of, requiring internal fixation, being a service associated with a service to which items 47501 to 47510 apply Anaesthetic Item number for Specialist 17718 (Assist.)	\$504.00
47516	Femur, treatment of fracture of, by closed reduction or traction Anaesthetic Item number for Specialist 17708 (Assist.)	\$577.00
47519	Femur, treatment of trochanteric or subcapital fracture of, by internal fixation Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,154.00
47522	Femur, treatment of subcapital fracture of, by hemi-arthroplasty Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,004.00
47525	Femur, treatment of fracture of, for slipped capital femoral epiphysis Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,154.00
47528	Femur, treatment of fracture of, by internal fixation or external fixation Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,004.00
47531	Femur, treatment of fracture of shaft, by intramedullary fixation and cross fixation Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,279.00
47534	Femur, condylar region of, treatment of intra-articular (T-shaped condylar) fracture of, requiring internal fixation, with or without internal fixation of 1 or more osteochondral fragments Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,446.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
47537	Femur, condylar region of, treatment of fracture of, requiring internal fixation of 1 or more osteochondral fragments, not being a service associated with a service to which item 47534 applies Anaesthetic Item number for Specialist 17714 (Assist.)	\$577.00
47540	Hip spica or shoulder spica, application of, as an independent procedure Anaesthetic Item number for Specialist 17708	\$291.00
47543	Tibia, plateau of, treatment of medial or lateral fracture of, not being a service to which item 47546 or 47549 applies Anaesthetic Item number for Specialist 17706	\$302.00
47546	Tibia, plateau of, treatment of medial or lateral fracture of, by closed reduction Anaesthetic Item number for Specialist 17706	\$452.00
47549	Tibia, plateau of, treatment of medial or lateral fracture of, by open reduction Anaesthetic Item number for Specialist 17710 (Assist.)	\$598.00
47552	Tibia, plateau of, treatment of both medial and lateral fractures of, not being a service to which item 47555 or 47558 applies Anaesthetic Item number for Specialist 17706 (Assist.)	\$504.00
47555	Tibia, plateau of, treatment of both medial and lateral fractures of, by closed reduction Anaesthetic Item number for Specialist 17707	\$754.00
47558	Tibia, plateau of, treatment of both medial and lateral fractures of, by open reduction Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,009.00
47561	Tibia, shaft of, treatment of fracture of, by cast immobilisation, not being a service to which item 47564, 47567, 47570 or 47573 applies Anaesthetic Item number for Specialist 17706	\$364.00
47564	Tibia, shaft of, treatment of fracture of, by closed reduction, with or without treatment of fibular fracture Anaesthetic Item number for Specialist 17705	\$541.00
47565	Tibia, shaft of, treatment of fracture of, by internal fixation or external fixation Anaesthetic Item number for Specialist 17710 (Assist.)	\$946.00
47566	Tibia, shaft of, treatment of fracture of, by intramedullary fixation and cross fixation Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,204.00
47567	Tibia, shaft of, treatment of intra-articular fracture of, by closed reduction, with or without treatment of fibular fracture Anaesthetic Item number for Specialist 17706 (Assist.)	\$629.00
47570	Tibia, shaft of, treatment of fracture of, by open reduction, with or without treatment of fibular fracture Anaesthetic Item number for Specialist 17709 (Assist.)	\$728.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
47573	Tibia, shaft of, treatment of intra-articular fracture of, by open reduction, with or without treatment of fibula fracture Anaesthetic Item number for Specialist 17710 (Assist.)	\$910.00
47576	Fibula, treatment of fracture of Anaesthetic Item number for Specialist 17705	\$150.00
47579	Patella, treatment of fracture of, not being a service to which item 47582 or 47585 applies Anaesthetic Item number for Specialist 17705	\$213.00
47582	Patella, treatment of fracture of, by excision of patella or pole with reattachment of tendon Anaesthetic Item number for Specialist 17709 (Assist.)	\$442.00
47585	Patella, treatment of fracture of, by internal fixation Anaesthetic Item number for Specialist 17710 (Assist.)	\$567.00
47588	Knee joint, treatment of fracture of, by internal fixation of intra-articular fractures of femoral condylar or tibial articular surfaces and requiring repair or reconstruction of 1 or more ligaments Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,758.00
47591	Knee joint, treatment of fracture of, by internal fixation of intra-articular fractures of femoral condylar and tibial articular surfaces and requiring repair or reconstruction of 1 or more ligaments Anaesthetic Item number for Specialist 17720 (Assist.)	\$2,137.00
47594	Ankle joint, treatment of fracture of, not being a service to which item 47597 applies Anaesthetic Item number for Specialist 17705	\$291.00
47597	Ankle joint, treatment of fracture of, by closed reduction Anaesthetic Item number for Specialist 17705	\$437.00
47600	Ankle joint, treatment of fracture of, by internal fixation of 1 of malleolus, fibula or diastasis Anaesthetic Item number for Specialist 17707 (Assist.)	\$577.00
47603	Ankle joint, treatment of fracture of, by internal fixation of more than 1 of malleolus, fibula or diastasis Anaesthetic Item number for Specialist 17709 (Assist.)	\$754.00
47606	Calcaneum or talus, treatment of fracture of, not being a service to which item 47609, 47612, 47615 or 47618 applies, with or without dislocation Anaesthetic Item number for Specialist 17706	\$312.00
47609	Calcaneum or talus, treatment of fracture of, by closed reduction, with or without dislocation Anaesthetic Item number for Specialist 17706 (Assist.)	\$473.00
47612	Calcaneum or talus, treatment of intra-articular fracture of, by closed reduction, with or without dislocation Anaesthetic Item number for Specialist 17706 (Assist.)	\$541.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
47615	Calcaneum or talus, treatment of fracture of, by open reduction, with or without dislocation Anaesthetic Item number for Specialist 17709 (Assist.)	\$629.00
47618	Calcaneum or talus, treatment of intra-articular fracture of, by open reduction, with or without dislocation Anaesthetic Item number for Specialist 17709 (Assist.)	\$785.00
47621	Tarso-metatarsal, treatment of intra-articular fracture of, by closed reduction, with or without dislocation Anaesthetic Item number for Specialist 17705 (Assist.)	\$541.00
47624	Tarso-metatarsal, treatment of fracture of, by open reduction, with or without dislocation Anaesthetic Item number for Specialist 17708 (Assist.)	\$754.00
47627	Tarsus (excluding calcaneum or talus), treatment of fracture of Anaesthetic Item number for Specialist 17705	\$213.00
47630	Tarsus (excluding calcaneum or talus), treatment of fracture of, by open reduction, with or without dislocation Anaesthetic Item number for Specialist 17708 (Assist.)	\$452.00
47633	Metatarsal, 1 of, treatment of fracture of Anaesthetic Item number for Specialist 17705	\$150.00
47636	Metatarsal, 1 of, treatment of fracture of, by closed reduction Anaesthetic Item number for Specialist 17705	\$224.00
47639	Metatarsal, 1 of, treatment of fracture of, by open reduction Anaesthetic Item number for Specialist 17707	\$302.00
47642	Metatarsals, 2 of, treatment of fracture of Anaesthetic Item number for Specialist 17705	\$202.00
47645	Metatarsals, 2 of, treatment of fracture of, by closed reduction Anaesthetic Item number for Specialist 17705	\$302.00
47648	Metatarsals, 2 of, treatment of fracture of, by open reduction Anaesthetic Item number for Specialist 17708 (Assist.)	\$395.00
47651	Metatarsals, 3 or more of, treatment of fracture of Anaesthetic Item number for Specialist 17705	\$312.00
47654	Metatarsals, 3 or more of, treatment of fracture of, by closed reduction Anaesthetic Item number for Specialist 17705 (Assist.)	\$473.00
47657	Metatarsals, 3 or more of, treatment of fracture of, by open reduction Anaesthetic Item number for Specialist 17709 (Assist.)	\$629.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
47663	Phalanx of great toe, treatment of fracture of, by closed reduction Anaesthetic Item number for Specialist 17705	\$187.00
47666	Phalanx of great toe, treatment of fracture of, by open reduction Anaesthetic Item number for Specialist 17707	\$312.00
47672	Phalanx of toe (other than great toe), 1 of, treatment of fracture of, by open reduction Anaesthetic Item number for Specialist 17706	\$152.00
47678	Phalanx of toe (other than great toe), more than 1 of, treatment of fracture of, by open reduction Anaesthetic Item number for Specialist 17709	\$224.00
47681	Spine (excluding sacrum), treatment of fracture of transverse process, vertebral body, or posterior elements - each attendance	\$57.00
47684	Spine, treatment of fracture, dislocation or fracture-dislocation, without spinal cord involvement, including immobilisation by calipers Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,004.00
47687	Spine, treatment of fracture, dislocation or fracture-dislocation, with spinal cord involvement, including immobilisation by calipers, and including up to 14 days post-operative care (Assist.)	\$1,763.00
47690	Spine, treatment of fracture, dislocation or fracture-dislocation, without cord involvement, including immobilisation by calipers, requiring reduction by closed manipulation Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,383.00
47693	Spine, treatment of fracture, dislocation or fracture-dislocation, with cord involvement, including immobilisation by calipers, requiring reduction by closed manipulation, including up to 14 days post operative care (Assist.)	\$1,763.00
47696	Spine, reduction of fracture or dislocation of, without cord involvement, undertaken in the operating theatre of a hospital or approved day-hospital facility Anaesthetic Item number for Specialist 17714 (Assist.)	\$504.00
47699	Spine, treatment of fracture, dislocation or fracture-dislocation without cord involvement requiring open reduction with or without internal fixation Anaesthetic Item number for Specialist 17722 (Assist.)	\$2,012.00
47702	Spine, treatment of fracture, dislocation or fracture-dislocation with cord involvement requiring open reduction with or without internal fixation, including up to 14 days post-operative care Anaesthetic Item number for Specialist 17722 (Assist.)	\$2,506.00
47703	Skull, treatment of fracture of, each attendance	\$57.00
47705	Skull calipers, insertion of, as an independent procedure Anaesthetic Item number for Specialist 17708 (Assist.)	\$374.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
47708	Plaster jacket, application of, as an independent procedure Anaesthetic Item number for Specialist 17707	\$291.00
47711	Halo, application of, as an independent procedure Anaesthetic Item number for Specialist 17709 (Assist.)	\$426.00
47714	Halo, application of, in addition to spinal fusion for scoliosis, or other conditions Anaesthetic Item number for Specialist 17709	\$322.00
47717	Halo-thoracic traction - application of both halo and thoracic jacket Anaesthetic Item number for Specialist 17711 (Assist.)	\$567.00
47720	Halo-femoral traction, as an independent procedure Anaesthetic Item number for Specialist 17711 (Assist.)	\$567.00
47723	Halo-femoral traction in conjunction with a major spine operation Anaesthetic Item number for Specialist 17711 (Assist.)	\$562.00
47726	Bone graft, harvesting of, via separate incision, in conjunction with another service - autogenous - small quantity Anaesthetic Item number for Specialist 17707	\$189.00
47729	Bone graft, harvesting of, via separate incision, in conjunction with another service - autogenous - large quantity Anaesthetic Item number for Specialist 17708	\$312.00
47732	Vascularised pedicle bone graft, harvesting of, in conjunction with another service Anaesthetic Item number for Specialist 17710 (Assist.)	\$504.00
47735	Nasal bones, treatment of fracture of, not being a service to which item 47738 or 47741 applies - each attendance	\$301.00
47738	Nasal bones, treatment of fracture of, by reduction Anaesthetic Item number for Specialist 17707	\$452.00
47741	Nasal bones, treatment of fracture of, by open reduction involving osteotomies Anaesthetic Item number for Specialist 17710 (Assist.)	\$619.00
47753	Maxilla, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation Anaesthetic Item number for Specialist 17714 (Assist.)	\$541.00
47756	Mandible, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation Anaesthetic Item number for Specialist 17714 (Assist.)	\$541.00
47762	Zygomatic bone, treatment of fracture of, requiring surgical reduction by a temporal, intra-oral or other approach Anaesthetic Item number for Specialist 17707	\$317.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
47765	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at 1 site Anaesthetic Item number for Specialist 17709 (Assist.)	\$525.00
47768	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 2 sites Anaesthetic Item number for Specialist 17710 (Assist.)	\$640.00
47771	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 3 sites Anaesthetic Item number for Specialist 17711 (Assist.)	\$733.00
47774	Maxilla, treatment of fracture of, requiring open operation Anaesthetic Item number for Specialist 17709 (Assist.)	\$582.00
47777	Mandible, treatment of fracture of, requiring open reduction Anaesthetic Item number for Specialist 17709 (Assist.)	\$582.00
47780	Maxilla, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) Anaesthetic Item number for Specialist 17711 (Assist.)	\$754.00
47783	Mandible, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) Anaesthetic Item number for Specialist 17711 (Assist.)	\$754.00
47786	Maxilla, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) Anaesthetic Item number for Specialist 17712 (Assist.)	\$957.00
47789	Mandible, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) Anaesthetic Item number for Specialist 17712 (Assist.)	\$957.00
GENERAL		
47900	Bone cyst, injection into or aspiration of Anaesthetic Item number for Specialist 17706	\$224.00
47903	Epicondylitis, open operation for Anaesthetic Item number for Specialist 17706	\$312.00
47904	Digital nail of toe, removal of, not being a service to which item 47906 applies Anaesthetic Item number for Specialist 17704	\$75.00
47906	Digital nail of toe, removal of, in the operating theatre of a hospital or approved day hospital facility Anaesthetic Item number for Specialist 17704	\$150.00
47912	Pulp space infection, paronychia of foot, incision for, not being a service to which another item in this Group applies (excluding after-care) Anaesthetic Item number for Specialist 17705	\$75.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
47915	Ingrowing nail of toe, wedge resection for, including removal of segment of nail, unguis fold and portion of the nail bed Anaesthetic Item number for Specialist 17705	\$229.00
47916	Ingrowing nail of toe, partial resection of nail, including phenolisation but not including excision of nail bed Anaesthetic Item number for Specialist 17705	\$114.00
47918	Ingrowing toenail, radical excision of nailbed Anaesthetic Item number for Specialist 17705	\$312.00
47920	Bone growth stimulator, insertion of Anaesthetic Item number for Specialist 17708 (Assist.)	\$405.40
47921	Orthopaedic pin or wire, insertion of, as an independent procedure Anaesthetic Item number for Specialist 17706	\$150.00
47924	Buried wire, pin or screw, 1 or more of, which were inserted for internal fixation purposes, removal of, requiring incision and suture, not being a service to which item 47927 or 47930 applies - per bone Anaesthetic Item number for Specialist 17706	\$50.50
47927	Buried wire, pin or screw, 1 or more of, which were inserted for internal fixation purposes, removal of, in the operating theatre of a hospital or approved day hospital facility - per bone Anaesthetic Item number for Specialist 17706	\$189.00
47930	Plate, rod or nail and associated wires, pins or screws, 1 or more of, all of which were inserted for internal fixation purposes, removal of, not being a service associated with a service to which item 47924 or 47927 applies - per bone Anaesthetic Item number for Specialist 17707	\$354.00
47933	Exostosis of small bone, excision of, including simple removal of bunion and any associated bursa Anaesthetic Item number for Specialist 17706	\$276.00
47936	Exostosis of large bone, excision of Anaesthetic Item number for Specialist 17706 (Assist.)	\$338.00
47948	External fixation, removal of, in the operating theatre of a hospital or approved day hospital facility Anaesthetic Item number for Specialist 17706	\$213.00
47951	External fixation, removal of, in conjunction with operations involving internal fixation or bone grafting or both Anaesthetic Item number for Specialist 17706	\$160.00
47954	Tendon, repair of, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17709 (Assist.)	\$504.00
47957	Tendon, large, lengthening of, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17709 (Assist.)	\$385.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
47960	Tenotomy, subcutaneous, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17704	\$177.00
47963	Tenotomy, open, with or without tenoplasty, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17706	\$291.00
47966	Tendon or ligament, transfer, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17709 (Assist.)	\$582.00
47969	Tenosynovectomy, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17708 (Assist.)	\$354.00
47972	Tendon sheath, open operation for teno-vaginitis, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17707	\$317.00
47975	Forearm or calf, decompression fasciotomy of, for acute compartment syndrome, requiring excision of muscle and deep tissue Anaesthetic Item number for Specialist 17708 (Assist.)	\$494.00
47978	Forearm or calf, decompression fasciotomy of, for chronic compartment syndrome, requiring excision of muscle and deep tissue Anaesthetic Item number for Specialist 17708	\$302.00
47981	Forearm, calf or interosseous muscle space of hand, decompression fasciotomy of, not being a service to which another item applies Anaesthetic Item number for Specialist 17706	\$202.00
47982	Forage (Drill decompression), of neck or head of femur, or both Anaesthetic Item number for Specialist 17710 (Assist.)	\$388.55
BONE GRAFTS		
48200	Femur, bone graft to Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,004.00
48203	Femur, bone graft to, with internal fixation Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,217.00
48206	Tibia, bone graft to Anaesthetic Item number for Specialist 17709 (Assist.)	\$754.00
48209	Tibia, bone graft to, with internal fixation Anaesthetic Item number for Specialist 17711 (Assist.)	\$967.00
48212	Humerus, bone graft to Anaesthetic Item number for Specialist 17710 (Assist.)	\$754.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
48215	Humerus, bone graft to, with internal fixation Anaesthetic Item number for Specialist 17712 (Assist.)	\$967.00
48218	Radius and ulna, bone graft to Anaesthetic Item number for Specialist 17710 (Assist.)	\$754.00
48221	Radius and ulna, bone graft to, with internal fixation of 1 or both bones Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,004.00
48224	Radius or ulna, bone graft to Anaesthetic Item number for Specialist 17709 (Assist.)	\$504.00
48227	Radius or ulna, bone graft to, with internal fixation of 1 or both bones Anaesthetic Item number for Specialist 17711 (Assist.)	\$655.00
48230	Scaphoid, bone graft to, for non-union Anaesthetic Item number for Specialist 17708 (Assist.)	\$567.00
48233	Scaphoid, bone graft to, for non-union, with internal fixation Anaesthetic Item number for Specialist 17710 (Assist.)	\$816.00
48236	Scaphoid, bone graft to, for mal-union, including osteotomy, bone graft and internal fixation Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,066.00
48239	Bone graft, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17710 (Assist.)	\$593.00
48242	Bone graft, with internal fixation, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17711 (Assist.)	\$816.00
OSTEOTOMY OR OSTEECTOMY		
48400	Phalanx, metatarsal, accessory bone or sesamoid bone, osteotomy or osteectomy of, excluding services to which item 49848 or 49851 applies Anaesthetic Item number for Specialist 17706 (Assist.)	\$442.00
48403	Phalanx or metatarsal, osteotomy or osteectomy of, with internal fixation Anaesthetic Item number for Specialist 17707 (Assist.)	\$692.00
48406	Fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, osteotomy or osteectomy of Anaesthetic Item number for Specialist 17708 (Assist.)	\$442.00
48409	Fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, osteotomy or osteectomy of, with internal fixation Anaesthetic Item number for Specialist 17709 (Assist.)	\$692.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
48412	Humerus, osteotomy or osteectomy of Anaesthetic Item number for Specialist 17709 (Assist.)	\$842.00
48415	Humerus, osteotomy or osteectomy of, with internal fixation Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,066.00
48418	Tibia, osteotomy or osteectomy of Anaesthetic Item number for Specialist 17708 (Assist.)	\$842.00
48421	Tibia, osteotomy or osteectomy of, with internal fixation Anaesthetic Item number for Specialist 17709 (Assist.)	\$1,066.00
48424	Femur or pelvis, osteotomy or osteectomy of Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,004.00
48427	Femur or pelvis, osteotomy or osteectomy of, with internal fixation Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,217.00
EPIPHYSIODESIS		
48500	Femur, epiphysiodesis of Anaesthetic Item number for Specialist 17712 (Assist.)	\$442.00
48503	Tibia and fibula, epiphysiodesis of Anaesthetic Item number for Specialist 17710 (Assist.)	\$442.00
48506	Femur, tibia and fibula, epiphysiodesis of Anaesthetic Item number for Specialist 17715 (Assist.)	\$655.00
48509	Epiphysiodesis, staple arrest of hemi-epiphysis Anaesthetic Item number for Specialist 17709	\$312.00
48512	Epiphysiolysis, operation to prevent closure of plate Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,196.00
SPINE		
48600	Spine, manipulation of, performed in the operating theatre of a hospital or approved day hospital facility Anaesthetic Item number for Specialist 17704	\$125.00
48603	Spine, manipulation of, under epidural anaesthesia, with or without steroid injection, where the manipulation and the administration of the epidural anaesthetic are performed by the same medical practitioner in the operating theatre of a hospital or approved day hospital facility, not being a service associated with a service to which item 48600 or 50115 applies Anaesthetic Item number for Specialist 17707	\$189.00
48606	Scoliosis or Kyphosis, spinal fusion for (without instrumentation) Anaesthetic Item number for Specialist 17732 (Assist.)	\$1,758.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
48609	Scoliosis or Kyphosis, spinal fusion for, using Harrington or other nonsegmental fixation Anaesthetic Item number for Specialist 17732 (Assist.)	\$2,200.00
48612	Scoliosis, spinal fusion for, using segmental instrumentation (C D, Zielke, Luque, or similar) Anaesthetic Item number for Specialist 17738 (Assist.)	\$3,266.00
48613	Scoliosis or kyphosis, spinal fusion for, using segmental instrumentation, reconstruction utilising separate anterior and posterior approaches Anaesthetic Item number for Specialist 17743 (Assist.)	\$3,266.00
48615	Scoliosis, re-exploration for, involving adjustment or removal of instrumentation or simple bone grafting procedure Anaesthetic Item number for Specialist 17723 (Assist.)	\$593.00
48618	Scoliosis, revision of failed scoliosis surgery, involving more than 1 of multiple osteotomy, fusion or instrumentation Anaesthetic Item number for Specialist 17734 (Assist.)	\$3,266.00
48621	Scoliosis, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke, or similar) - not more than 4 levels Anaesthetic Item number for Specialist 17734 (Assist.)	\$2,137.00
48624	Scoliosis, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke or similar) - more than 4 levels Anaesthetic Item number for Specialist 17738 (Assist.)	\$2,636.00
48627	Scoliosis, spinal fusion for, combined with segmental instrumentation (C D, Zielke or similar) down to and including pelvis Anaesthetic Item number for Specialist 17738 (Assist.)	\$3,390.00
48630	Scoliosis, requiring anterior decompression of spinal cord with resection of vertebrae including bone graft and instrumentation in the presence of spinal cord involvement Anaesthetic Item number for Specialist 17738 (Assist.)	\$3,770.00
48632	Scoliosis, congenital, vertebral resection and fusion for Anaesthetic Item number for Specialist 17738 (Assist.)	\$2,080.00
48636	Percutaneous lumbar discectomy, 1 or more levels Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,082.00
48639	Vertebral body, total or sub-total excision of, including bone grafting or other form of fixation Anaesthetic Item number for Specialist 17733 (Assist.)	\$2,392.00
48640	Vertebral body, disease of, excision and spinal fusion for, using segmental instrumentation, reconstruction utilising separate anterior and posterior approaches Anaesthetic Item number for Specialist 17743 (Assist.)	\$2,392.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
48642	Spine, posterior, bone graft to, not being a service to which item 48648 or 48651 applies - 1 or 2 levels Anaesthetic Item number for Specialist 17721 (Assist.)	\$1,066.00
48645	Spine, posterior, bone graft to, not being a service to which item 48648 or 48651 applies - more than 2 levels Anaesthetic Item number for Specialist 17723 (Assist.)	\$1,446.00
48648	Spine, bone graft to, (postero-lateral fusion) - 1 or 2 levels Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,446.00
48651	Spine, bone graft to, (postero-lateral fusion) - more than 2 levels Anaesthetic Item number for Specialist 17722 (Assist.)	\$2,012.00
48654	Spinal fusion (posterior interbody), with laminectomy, 1 level Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,446.00
48657	Spinal fusion (posterior interbody), with laminectomy, more than 1 level Anaesthetic Item number for Specialist 17725 (Assist.)	\$1,945.00
48660	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions - 1 level Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,446.00
48663	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions - 1 level (where an assisting surgeon performs the approach) - principal surgeon Anaesthetic Item number for Specialist 17724 (Assist.)	\$1,082.00
48666	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions - 1 level (where an assisting surgeon performs the approach) - assisting surgeon (Assist.)	\$655.00
48669	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions - more than 1 level Anaesthetic Item number for Specialist 17726 (Assist.)	\$1,945.00
48672	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions - more than 1 level (where an assisting surgeon performs the approach) - principal surgeon Anaesthetic Item number for Specialist 17726 (Assist.)	\$1,456.00
48675	Spinal fusion (anterior interbody) to cervical, thoracic or lumbar regions - more than 1 level (where an assisting surgeon performs the approach) - assisting surgeon (Assist.)	\$879.00
48678	Spine, simple internal fixation of, involving 1 or more of facet screw, wire loop or similar, being a service associated with a service to which items 48642 to 48675 apply Anaesthetic Item number for Specialist 17721 (Assist.) (see para T8.62 of explanatory notes to this Category - MBS Book)	\$754.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
48681	Spine, non-segmental internal fixation of (Harrington or similar), other than for scoliosis, being a service associated with a service to which any one of items 48642 to 48675 applies Anaesthetic Item number for Specialist 17721 (Assist.) (see para T8.62 of explanatory notes to this Category - MBS Book)	\$1,258.00
48684	Spine, segmental internal fixation of, other than for scoliosis, being a service associated with a service to which any one of items 48642 to 48675 applies - 1 or 2 levels Anaesthetic Item number for Specialist 17721 (Assist.) (see para T8.62 of explanatory notes to this Category - MBS Book)	\$1,258.00
48687	Spine, segmental internal fixation of, other than for scoliosis, being a service associated with a service to which items 48642 to 48675 apply - 3 or 4 levels Anaesthetic Item number for Specialist 17725 (Assist.) (see para T8.62 of explanatory notes to this Category - MBS Book)	\$1,758.00
48690	Spine, segmental internal fixation of, other than for scoliosis, being a service associated with a service to which items 48642 to 48675 apply - more than 4 levels Anaesthetic Item number for Specialist 17727 (Assist.) (see para T8.62 of explanatory notes to this Category - MBS Book)	\$2,012.00
SHOULDER		
48900	Shoulder, excision of coraco-acromial ligament or removal of calcium deposit from cuff or both Anaesthetic Item number for Specialist 17710 (Assist.)	\$374.00
48903	Shoulder, decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, or any combination Anaesthetic Item number for Specialist 17712 (Assist.)	\$754.00
48906	Shoulder, repair of rotator cuff, including excision of coraco-acromial ligament or removal of calcium deposit from cuff, or both - not being a service associated with a service to which item 48900 applies Anaesthetic Item number for Specialist 17712 (Assist.)	\$754.00
48909	Shoulder, repair of rotator cuff, including decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, or any combination, not being a service associated with a service to which item 48903 applies Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,004.00
48912	Shoulder, arthroscopy of Anaesthetic Item number for Specialist 17708 (Assist.)	\$442.00
48915	Shoulder, hemi-arthroplasty of Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,004.00
48918	Shoulder, total replacement arthroplasty of, including any associated rotator cuff repair Anaesthetic Item number for Specialist 17720 (Assist.)	\$2,012.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
48921	Shoulder, total replacement arthroplasty, revision of Anaesthetic Item number for Specialist 17722 (Assist.)	\$2,075.00
48924	Shoulder, total replacement arthroplasty, revision of, requiring bone graft to scapula or humerus, or both Anaesthetic Item number for Specialist 17724 (Assist.)	\$2,387.00
48927	Shoulder prosthesis, removal of Anaesthetic Item number for Specialist 17715 (Assist.)	\$489.00
48930	Shoulder, stabilisation procedure for recurrent anterior or posterior dislocation Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,004.00
48933	Shoulder, stabilisation procedure for multi-directional instability, including anterior or posterior (or both) repair when performed Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,321.00
48936	Shoulder, synovectomy of, as an independent procedure Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,004.00
48939	Shoulder, arthrodesis of Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,446.00
48942	Shoulder, arthrodesis of, including removal of prosthesis, requiring bone grafting or internal fixation Anaesthetic Item number for Specialist 17725 (Assist.)	\$1,882.00
48945	Shoulder, diagnostic arthroscopy of (including biopsy) - not being a service associated with any other arthroscopic procedure of the shoulder region Anaesthetic Item number for Specialist 17708 (Assist.)	\$364.00
48948	Shoulder, arthroscopic surgery of, involving any 1 or more of: removal of loose bodies; decompression of calcium deposit; debridement of labrum, synovium or rotator cuff; or chondroplasty - not being a service associated with any other arthroscopic procedure of the shoulder region Anaesthetic Item number for Specialist 17710 (Assist.)	\$816.00
48951	Shoulder, arthroscopic division of coraco-acromial ligament including acromioplasty - not being a service associated with any other arthroscopic procedure of the shoulder region Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,196.00
48954	Shoulder, arthroscopic total synovectomy of, including release of contracture when performed - not being a service associated with any other arthroscopic procedure of the shoulder region Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,258.00
48957	Shoulder, arthroscopic stabilisation of, for recurrent instability including labral repair or reattachment when performed - not being a service associated with any other arthroscopic procedure of the shoulder region Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,446.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
48960	Shoulder, reconstruction or repair of, including repair of rotator cuff by arthroscopic, arthroscopic assisted or mini open means; arthroscopic acromioplasty; or resection of acromioclavicular joint by separate approach when performed - not being a service associated with any other procedure of the shoulder region Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,258.00
ELBOW		
49100	Elbow, arthrotomy of, involving 1 or more of lavage, removal of loose body or division of contracture Anaesthetic Item number for Specialist 17708 (Assist.)	\$442.00
49103	Elbow, ligamentous stabilisation of Anaesthetic Item number for Specialist 17709 (Assist.)	\$941.00
49106	Elbow, arthrodesis of Anaesthetic Item number for Specialist 17710 (Assist.)	\$1,258.00
49109	Elbow, total synovectomy of Anaesthetic Item number for Specialist 17711 (Assist.)	\$941.00
49112	Elbow, silastic or other replacement of radial head Anaesthetic Item number for Specialist 17713 (Assist.)	\$941.00
49115	Elbow, total joint replacement of Anaesthetic Item number for Specialist 17721 (Assist.)	\$1,508.00
49118	Elbow, diagnostic arthroscopy of, including biopsy Anaesthetic Item number for Specialist 17708 (Assist.)	\$364.00
49121	Elbow, arthroscopic surgery involving any 1 or more of: drilling of defect, removal of loose body; release of contracture or adhesions; chondroplasty; or osteoplasty - not being a service associated with any other arthroscopic procedure of the elbow Anaesthetic Item number for Specialist 17709 (Assist.)	\$816.00
WRIST		
49200	Wrist, arthrodesis of, including bone graft, with or without internal fixation of the radiocarpal joint Anaesthetic Item number for Specialist 17709 (Assist.) (see para T8.63 of explanatory notes to this Category - MBS Book)	\$1,092.00
49203	Wrist, limited arthrodesis of the intercarpal joint, including bone graft Anaesthetic Item number for Specialist 17709 (Assist.) (see para T8.63 of explanatory notes to this Category - MBS Book)	\$816.00
49206	Wrist, proximal carpectomy of, including styloidectomy when performed Anaesthetic Item number for Specialist 17709 (Assist.) (see para T8.63 of explanatory notes to this Category - MBS Book)	\$754.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
49209	Wrist, total replacement arthroplasty of Anaesthetic Item number for Specialist 17721 (Assist.) <i>(see para T8.63 of explanatory notes to this Category - MBS Book)</i>	\$1,004.00
49212	Wrist, arthrotomy of Anaesthetic Item number for Specialist 17707 <i>(see para T8.63 of explanatory notes to this Category - MBS Book)</i>	\$312.00
49215	Wrist, reconstruction of, including repair of single or multiple ligaments or capsules, including associated arthrotomy Anaesthetic Item number for Specialist 17712 (Assist.) <i>(see para T8.63 of explanatory notes to this Category - MBS Book)</i>	\$868.00
49218	Wrist, diagnostic arthroscopy of, including radiocarpal or midcarpal joints, or both (including biopsy) - not being a service associated with any other arthroscopic procedure of the wrist joint Anaesthetic Item number for Specialist 17707 (Assist.) <i>(see para T8.63 of explanatory notes to this Category - MBS Book)</i>	\$364.00
49221	Wrist, arthroscopic surgery of, involving any 1 or more of: drilling of defect; removal of loose body; release of adhesions; local synovectomy; or debridement of one area - not being a service associated with any other arthroscopic procedure of the wrist joint Anaesthetic Item number for Specialist 17708 (Assist.) <i>(see para T8.63 of explanatory notes to this Category - MBS Book)</i>	\$816.00
49224	Wrist, arthroscopic debridement of 2 or more distinct areas; or osteoplasty including excision of the distal ulna; or total synovectomy Anaesthetic Item number for Specialist 17709 (Assist.) <i>(see para T8.63 of explanatory notes to this Category - MBS Book)</i>	\$941.00
49227	Wrist, arthroscopic pinning of osteochondral fragment or stabilisation procedure for ligamentous disruption - not being a service associated with any other arthroscopic procedure of the wrist joint Anaesthetic Item number for Specialist 17709 (Assist.) <i>(see para T8.63 of explanatory notes to this Category - MBS Book)</i>	\$941.00
HIP		
49300	Sacro-iliac joint - arthrodesis of Anaesthetic Item number for Specialist 17718 (Assist.)	\$692.00
49303	Hip, arthrotomy of, including lavage, drainage or biopsy when performed Anaesthetic Item number for Specialist 17710 (Assist.)	\$728.00
49306	Hip - arthrodesis of Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,446.00
49309	Hip, arthrectomy or excision arthroplasty of, including removal of prosthesis (Austin Moore or similar (non cement)) Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,004.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
49312	Hip, arthroectomy or excision arthroplasty of, including removal of prosthesis (cemented, porous coated or similar) Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,258.00
49315	Hip, arthroplasty of, unipolar or bipolar Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,128.00
49318	Hip, total replacement arthroplasty of, including minor bone grafting Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,758.00
49319	Hip, total replacement arthroplasty of, including associated minor grafting, if performed - bilateral Anaesthetic Item number for Specialist 17733 (Assist.)	\$3,074.00
49321	Hip, total replacement arthroplasty of, including major bone grafting, including obtaining of graft Anaesthetic Item number for Specialist 17721 (Assist.)	\$2,137.00
49324	Hip, total replacement arthroplasty of, revision procedure including removal of prosthesis Anaesthetic Item number for Specialist 17724 (Assist.)	\$2,512.00
49327	Hip, total replacement arthroplasty of, revision procedure requiring bone grafting to acetabulum, including obtaining of graft Anaesthetic Item number for Specialist 17725 (Assist.)	\$2,891.00
49330	Hip, total replacement arthroplasty of, revision procedure requiring bone grafting to femur, including obtaining of graft Anaesthetic Item number for Specialist 17725 (Assist.)	\$2,891.00
49333	Hip, total replacement arthroplasty of, revision procedure requiring bone grafting to both acetabulum and femur, including obtaining of graft Anaesthetic Item number for Specialist 17727 (Assist.)	\$3,266.00
49336	Hip, treatment of a fracture of the femur where revision total hip replacement is required as part of the treatment of the fracture (not including intra operative fracture), being a service associated with a service to which items 49324 to 49333 apply Anaesthetic Item number for Specialist 17725 (Assist.)	\$312.00
49339	Hip, revision total replacement of, requiring anatomic specific allograft of proximal femur greater than 5cm in length Anaesthetic Item number for Specialist 17728 (Assist.)	\$3,708.00
49342	Hip, revision total replacement of, requiring anatomic specific allograft of acetabulum Anaesthetic Item number for Specialist 17728 (Assist.)	\$3,708.00
49345	Hip, revision total replacement of, requiring anatomic specific allograft of both femur and acetabulum Anaesthetic Item number for Specialist 17732 (Assist.)	\$4,399.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
49346	Hip, revision arthroplasty with replacement of acetabular liner or ceramic head, not requiring removal of femoral component or acetabular shell Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,124.00
49348	Hip, congenital dislocation of, treatment of, by closed reduction Anaesthetic Item number for Specialist 17707	\$213.00
49351	Hip, congenital dislocation of, treatment of, involving supervision of splint, harness or cast - each attendance Anaesthetic Item number for Specialist 17707	\$75.00
49354	Hip, congenital dislocation of, open reduction of Anaesthetic Item number for Specialist 17710 (Assist.)	\$1,124.00
49357	Hip spica, initial application of, for congenital dislocation of hip (excluding aftercare) Anaesthetic Item number for Specialist 17707 (Assist.)	\$470.00
49360	Hip, diagnostic arthroscopy of Anaesthetic Item number for Specialist 17708 (Assist.)	\$504.00
49363	Hip, diagnostic arthroscopy of, with synovial biopsy Anaesthetic Item number for Specialist 17709 (Assist.)	\$1,128.00
49366	Hip, arthroscopic surgery of Anaesthetic Item number for Specialist 17710 (Assist.)	\$809.00
KNEE		
49500	Knee, arthrotomy of, involving 1 or more of; capsular release, biopsy or lavage, or removal of loose body or foreign body Anaesthetic Item number for Specialist 17707 (Assist.)	\$504.00
49503	Knee, meniscectomy of, repair of collateral or cruciate ligament, patellectomy of, chondroplasty of, osteoplasty of, patello-femoral stabilisation or single transfer of ligament or tendon or any other single procedure (not being a service to which another item in this Group applies) - any 1 procedure Anaesthetic Item number for Specialist 17710 (Assist.)	\$655.00
49506	Knee, meniscectomy of, repair of collateral or cruciate ligament, patellectomy of, chondroplasty of, osteoplasty of, patello-femoral stabilisation or single transfer of ligament or tendon or any other single procedure (not being a service to which another item in this Group applies) - any 2 or more procedures Anaesthetic Item number for Specialist 17712 (Assist.)	\$988.00
49509	Knee, total synovectomy or arthrodesis of Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,004.00
49512	Knee, arthrodesis of, with removal of prosthesis Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,446.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
49515	Knee, removal of prosthesis, cemented or uncemented, including associated cement, as the first stage of a 2 stage procedure Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,128.00
49517	Knee, hemiarthroplasty of Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,612.00
49518	Knee, total replacement arthroplasty of Anaesthetic Item number for Specialist 17717 (Assist.)	\$1,758.00
49519	Knee, total replacement arthroplasty of, including associated minor grafting, if performed - bilateral Anaesthetic Item number for Specialist 17728 (Assist.)	\$3,074.00
49521	Knee, total replacement arthroplasty of, requiring major bone grafting to femur or tibia, including obtaining of graft Anaesthetic Item number for Specialist 17718 (Assist.)	\$2,137.00
49524	Knee, total replacement arthroplasty of, requiring major bone grafting to femur and tibia, including obtaining of graft Anaesthetic Item number for Specialist 17719 (Assist.)	\$2,512.00
49527	Knee, total replacement arthroplasty of, revision procedure, including removal of prosthesis Anaesthetic Item number for Specialist 17721 (Assist.)	\$2,137.00
49530	Knee, total replacement arthroplasty of, revision procedure, requiring bone grafting to femur or tibia, including obtaining of graft and including removal of prosthesis Anaesthetic Item number for Specialist 17723 (Assist.)	\$2,636.00
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 Anaesthetic Item number for Specialist 17725 (Assist.)	\$3,016.00
49534	Knee, patello-femoral joint of, total replacement arthroplasty as a primary procedure Anaesthetic Item number for Specialist 17715 (Assist.)	\$605.00
49536	Knee, repair or reconstruction of, for chronic instability (open or arthroscopic, or both) involving either cruciate or collateral ligaments, including notchplasty when performed Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,258.00
49539	Knee, reconstructive surgery of cruciate ligaments (open or arthroscopic, or both), including notchplasty when performed and surgery to other internal derangements, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,258.00
49542	Knee, reconstructive surgery to cruciate ligaments (open or arthroscopic, or both), including notchplasty, meniscus repair, extracapsular procedure and debridement when performed Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,758.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
49545	Knee, revision arthrodesis of Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,004.00
49548	Knee, revision of patello-femoral stabilisation Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,279.00
49551	Knee, revision of procedures to which item 49536, 49539 or 49542 applies Anaesthetic Item number for Specialist 17716 (Assist.)	\$1,784.00
49554	Knee, revision of total replacement of, by anatomic specific allograft of tibia or femur Anaesthetic Item number for Specialist 17721 (Assist.)	\$2,512.00
49557	Knee, diagnostic arthroscopy of (including biopsy, simple trimming of meniscal margin or plica) - not being a service associated with any other arthroscopic procedure of the knee region Anaesthetic Item number for Specialist 17707 (Assist.)	\$364.00
49558	Knee, arthroscopic surgery of, involving 1 or more of: debridement, osteoplasty or chondroplasty - not associated with any other arthroscopic procedure of the knee region Anaesthetic Item number for Specialist 17709 (Assist.)	\$363.00
49559	Knee, arthroscopic surgery of, involving chondroplasty requiring multiple drilling or carbon fibre (or similar) implant; including any associated debridement or oestoplasty - not associated with any other arthroscopic procedure of the knee region Anaesthetic Item number for Specialist 17712 (Assist.)	\$605.00
49560	Knee, arthroscopic surgery of, involving 1 or more of: meniscectomy, removal of loose body or lateral release; not being a service associated with any other arthroscopic procedure of the knee region Anaesthetic Item number for Specialist 17709 (Assist.)	\$816.00
49561	Knee, arthroscopic surgery of, involving 1 or more of: meniscectomy, removal of loose body or lateral release; where the procedure includes associated debridement, osteoplasty or chondroplasty - not associated with any other arthroscopic procedure of the knee region Anaesthetic Item number for Specialist 17712 (Assist.)	\$999.00
49562	Knee, arthroscopic surgery of, involving 1 or more of: meniscectomy, removal of loose body or lateral release; where the procedure includes chondroplasty requiring multiple drilling or carbon fibre (or similar) implant and associated debridement or osteoplasty - not associated with any other arthroscopic procedure of the knee region Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,089.00
49563	Knee, arthroscopic surgery of, involving 1 or more of: meniscus repair; osteochondral graft; or chondral graft - not associated with any other arthroscopic procedure of the knee region Anaesthetic Item number for Specialist 17709 (Assist.)	\$1,196.00
49566	Knee, arthroscopic total synovectomy of Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,321.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
49569	Knee, mobilisation for post-traumatic stiffness, by multiple muscle or tendon release (quadricepsplasty) Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,002.00
ANKLE		
49700	Ankle, diagnostic arthroscopy of, including biopsy Anaesthetic Item number for Specialist 17707 (Assist.)	\$364.00
49703	Ankle, arthroscopic surgery of Anaesthetic Item number for Specialist 17708 (Assist.)	\$816.00
49706	Ankle, arthrotomy of, involving 1 or more of: lavage, removal of loose body or division of contracture Anaesthetic Item number for Specialist 17706 (Assist.)	\$442.00
49709	Ankle, ligamentous stabilisation of Anaesthetic Item number for Specialist 17708 (Assist.)	\$941.00
49712	Ankle, arthrodesis of Anaesthetic Item number for Specialist 17710 (Assist.)	\$1,004.00
49715	Ankle, total joint replacement of Anaesthetic Item number for Specialist 17721 (Assist.)	\$1,508.00
49718	Ankle, Achilles' tendon or other major tendon, repair of Anaesthetic Item number for Specialist 17711 (Assist.)	\$504.00
49721	Ankle, Achilles' tendon rupture managed by non operative treatment	\$312.00
49724	Ankle, Achilles' tendon, secondary repair or reconstruction of Anaesthetic Item number for Specialist 17713 (Assist.)	\$879.00
49727	Ankle, Achilles' tendon, operation for lengthening Anaesthetic Item number for Specialist 17711 (Assist.)	\$374.00
FOOT		
49800	Foot, flexor or extensor tendon, primary repair of Anaesthetic Item number for Specialist 17707	\$177.00
49803	Foot, flexor or extensor tendon, secondary repair of Anaesthetic Item number for Specialist 17708	\$224.00
49806	Foot, subcutaneous tenotomy of, 1 or more tendons Anaesthetic Item number for Specialist 17704	\$177.00
49809	Foot, open tenotomy of, with or without tenoplasty Anaesthetic Item number for Specialist 17706	\$291.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
49812	Foot, tendon or ligament transplantation of, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17709 (Assist.)	\$577.00
49815	Foot, triple arthrodesis of Anaesthetic Item number for Specialist 17712 (Assist.)	\$1,004.00
49818	Foot, excision of calcaneal spur Anaesthetic Item number for Specialist 17706 (Assist.)	\$364.00
49821	Foot, correction of hallux valgus or hallux rigidus by excision arthroplasty (Keller's or similar procedure) - unilateral Anaesthetic Item number for Specialist 17707 (Assist.)	\$577.00
49824	Foot, correction of hallux valgus or hallux rigidus by excision arthroplasty (Keller's or similar procedure) - bilateral Anaesthetic Item number for Specialist 11709 (Assist.)	\$1,009.00
49827	Foot, correction of hallux valgus and transfer of adductor hallucis tendon - unilateral Anaesthetic Item number for Specialist 17708 (Assist.)	\$629.00
49830	Foot, correction of hallux valgus and transfer of adductor hallucis tendon - bilateral Anaesthetic Item number for Specialist 17710 (Assist.)	\$1,097.00
49833	Foot, correction of hallux valgus by osteotomy of first metatarsal including internal fixation where performed - unilateral Anaesthetic Item number for Specialist 17707 (Assist.)	\$692.00
49836	Foot, correction of hallux valgus by osteotomy of first metatarsal including internal fixation where performed - bilateral Anaesthetic Item number for Specialist 17710 (Assist.)	\$1,196.00
49839	Foot, correction of hallux rigidus or hallux valgus by prosthetic arthroplasty - unilateral Anaesthetic Item number for Specialist 17709 (Assist.)	\$692.00
49842	Foot, correction of hallux rigidus or hallux valgus by prosthetic arthroplasty - bilateral Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,196.00
49845	Foot, arthrodesis of, first metatarso-phalangeal joint Anaesthetic Item number for Specialist 17707 (Assist.)	\$629.00
49848	Foot, correction of claw or hammer toe Anaesthetic Item number for Specialist 17706	\$213.00
49851	Foot, correction of claw or hammer toe with internal fixation Anaesthetic Item number for Specialist 17706	\$276.00
49854	Foot, radical plantar fasciotomy or fasciectomy of Anaesthetic Item number for Specialist 17708 (Assist.)	\$504.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
49857	Foot, metatarso-phalangeal joint replacement Anaesthetic Item number for Specialist 17709 (Assist.)	\$463.00
49860	Foot, synovectomy of metatarso-phalangeal joint, single joint Anaesthetic Item number for Specialist 17707 (Assist.)	\$374.00
49863	Foot, synovectomy of metatarso-phalangeal joint, 2 or more joints Anaesthetic Item number for Specialist 17708 (Assist.)	\$567.00
49866	Foot, neurectomy for plantar or digital neuritis (Morton's or Bett's syndrome) Anaesthetic Item number for Specialist 17707 (Assist.)	\$400.00
49878	Talipes equinovarus, calcaneo valgus or metatarsus varus, treatment by cast, splint or manipulation - each attendance Anaesthetic Item number for Specialist 17705	\$75.00
OTHER JOINTS		
50100	Joint, diagnostic arthroscopy of (including biopsy), not being a service to which another item in this Group applies and not being a service associated with any other arthroscopic procedure Anaesthetic Item number for Specialist 17708 (Assist.)	\$364.00
50102	Joint, arthroscopic surgery of, not being a service to which another item in this group applies Anaesthetic Item number for Specialist 17710 (Assist.)	\$811.00
50103	Joint, arthrotomy of, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17709 (Assist.)	\$442.00
50104	Joint, synovectomy of, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17709 (Assist.)	\$416.00
50106	Joint, stabilisation of, involving 1 or more of: repair of capsule, repair of ligament or internal fixation, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17707 (Assist.)	\$629.00
50109	Joint, arthrodesis of, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17710 (Assist.)	\$629.00
50112	Cicatrical flexion or extension contraction of joint, correction of, involving tissues deeper than skin and subcutaneous tissue, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17710 (Assist.)	\$504.00
50115	Joint or joints, manipulation of, performed in the operating theatre of a hospital or approved day hospital facility, not being a service associated with a service to which another item in this Group applies Anaesthetic Item number for Specialist 17706	\$187.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
50118	Subtalar joint, arthrodesis of Anaesthetic Item number for Specialist 17711 (Assist.)	\$577.00
50121	Greater Trochanter, transplantation of ileopsoas tendon to Anaesthetic Item number for Specialist 17713 (Assist.)	\$1,128.00
50124	Joint or other synovial cavity, aspiration of, injection into, or both of these procedures; payable on not more than 25 occasions in any 12 month period Anaesthetic Item number for Specialist 17705 (see para T8.64 of explanatory notes to this Category - MBS Book)	\$36.50
50125	Joint or other synovial cavity, aspiration of, or injection into, or both of these procedures - where it can be demonstrated that a 26th or subsequent treatment (including any treatments to which Item 50124 applies) is indicated in a 12 month period Anaesthetic Item number for Specialist 17705 (see para T8.64 of explanatory notes to this Category - MBS Book)	\$36.50
50127	Joint or joints, arthroplasty of, by any technique not being a service to which another item applies Anaesthetic Item number for Specialist 17715 (Assist.)	\$931.00
50130	Joint or joints, application of external fixator to, other than for treatment of fractures Anaesthetic Item number for Specialist 17709 (Assist.)	\$416.00
MALIGNANT DISEASE		
50200	Aggressive or potentially malignant bone or deep soft tissue tumour, biopsy of (not including aftercare) Anaesthetic Item number for Specialist 17706	\$250.00
50203	Bone or malignant deep soft tissue tumour, lesional or marginal excision of Anaesthetic Item number for Specialist 17709 (Assist.)	\$551.00
50206	Bone tumour, lesional or marginal excision of, combined with any 1 of: liquid nitrogen freezing, autograft, allograft or cementation Anaesthetic Item number for Specialist 17710 (Assist.)	\$816.00
50209	Bone tumour, lesional or marginal excision of, combined with any 2 or more of: liquid nitrogen freezing, autograft, allograft or cementation Anaesthetic Item number for Specialist 17711 (Assist.)	\$1,004.00
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 Anaesthetic Item number for Specialist 17719 (Assist.)	\$1,820.00
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) Anaesthetic Item number for Specialist 17722 (Assist.)	\$2,387.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
50218	Malignant tumour of long bone, enbloc resection of, with replacement or arthrodesis of adjacent joint Anaesthetic Item number for Specialist 17724 (Assist.)	\$3,104.00
50221	Malignant or aggressive soft tissue tumour of pelvis, sacrum or spine; or scapula and shoulder, enbloc resection of Anaesthetic Item number for Specialist 17724 (Assist.)	\$2,766.00
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 Anaesthetic Item number for Specialist 17727 (Assist.)	\$3,266.00
50227	Malignant bone tumour, enbloc resection of, with massive anatomic specific allograft or autograft, with or without prosthetic replacement Anaesthetic Item number for Specialist 17732 (Assist.)	\$3,708.00
50230	Benign tumour, resection of, requiring anatomic specific allograft, with or without internal fixation Anaesthetic Item number for Specialist 17719 (Assist.)	\$1,882.00
50233	Malignant tumour, amputation for, hemipelvectomy or interscapulo-thoracic Anaesthetic Item number for Specialist 17739 (Assist.)	\$2,512.00
50236	Malignant tumour, amputation for, hip disarticulation, shoulder disarticulation or proximal third femur Anaesthetic Item number for Specialist 17729 (Assist.)	\$1,882.00
50239	Malignant tumour, amputation for, not being a service to which another item in this Group applies Anaesthetic Item number for Specialist 17714 (Assist.)	\$1,258.00
CONGENITAL ORTHOPAEDIC SURGERY		
LIMB LENGTHENING AND DEFORMITY CORRECTION		
50300	Joint deformity, slow correction of, using ring fixator or similar device, including all associated attendances, payable only once in any 12 month period Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,449.00
50303	Limb Lengthening, up to and including 5 cms, requiring slow distraction under general anaesthesia in the operating theatre of a hospital or approved day surgery facility, with or without application of a ring fixator or similar device, including all associated attendances, payable only once in any 12 month period Anaesthetic Item number for Specialist 17721 (Assist.)	\$1,981.00
50306	Limb Lengthening, where the lengthening is bipolar, or bone transport is performed or where the fixator is extended to correct an adjacent joint deformity Anaesthetic Item number for Specialist 17734 (Assist.)	\$3,091.00
50309	Ring Fixator or similar device, adjustment of, with or without insertion or removal of fixation pins, performed under general anaesthesia in the operating theatre of a hospital or approved day care facility, not being a service to which item 50303 or 50306 applies Anaesthetic Item number for Specialist 17708 (Assist.)	\$381.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
50312	Ankle, synovectomy of Anaesthetic Item number for Specialist 17711 (Assist.)	\$875.00
50315	Talipes equinovarus, posterior release of Anaesthetic Item number for Specialist 17707 (Assist.)	\$866.00
50318	Talipes equinovarus, medial release of Anaesthetic Item number for Specialist 17707 (Assist.)	\$866.00
50321	Talipes equinovarus, combined postero-medial release of Anaesthetic Item number for Specialist 17709 (Assist.)	\$1,162.00
50324	Talipes equinovarus, combined postero-medial release of, revision procedure Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,727.00
50327	Talipes equinovarus, bilateral procedures Anaesthetic Item number for Specialist 17718 (Assist.)	\$2,023.00
50330	Talipes equinovarus, or talus, vertical congenital - post operative manipulation and change of plaster, performed under general anaesthesia in the operating theatre of a hospital or approved day hospital facility, not being a service to which item 50315, 50318, 50321, 50324 or 50327 applies Anaesthetic Item number for Specialist 17707	\$287.00
50333	Tarsal Coalition, excision of, with interposition of muscle, fat graft or similar Anaesthetic Item number for Specialist 17711 (Assist.)	\$772.00
50336	Talus, Vertical, Congenital, combined anterior and posterior reconstruction Anaesthetic Item number for Specialist 17716	\$1,153.00
50339	Foot and Ankle, tibialis anterior tendon (split or whole) transfer to lateral column Anaesthetic Item number for Specialist 17710	\$701.00
50342	Foot and Ankle, tibialis or tibialis posterior tendon transfer, through the interosseous membrane to anterior or posterior aspect of foot Anaesthetic Item number for Specialist 17711 (Assist.)	\$814.00
50345	Hyperextension Deformity of toe, release incorporating V-Y plasty of skin, lengthening of extensor tendons and release of capsule contracture Anaesthetic Item number for Specialist 17708 (Assist.)	\$433.00
HIP, KNEE AND LEG PROCEDURES		
50348	Knee, deformity of, or post-operative manipulation and change of plaster, performed under general anaesthesia in the operating theatre of a hospital or approved day hospital facility Anaesthetic Item number for Specialist 17707	\$287.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
50351	Hip, congenital or developmental dislocation of, open reduction of Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,251.00
50354	Tibia, psuedarthrosis of, congenital, resection and internal fixation Anaesthetic Item number for Specialist 17715 (Assist.)	\$1,642.00
50357	Knee, Leg or Thigh, rectus femoris tendon transfer, or medial or lateral hamstring tendon transfer Anaesthetic Item number for Specialist 17712 (Assist.)	\$701.00
50360	Knee, Leg or Thigh, combined medial and lateral hamstring tendon transfer Anaesthetic Item number for Specialist 17712 (Assist.)	\$814.00
50363	Knee, contracture of, posterior release involving multiple tendon lengthening or tenotomies, unilateral Anaesthetic Item number for Specialist 17712 (Assist.)	\$626.00
50366	Knee, contracture of, posterior release involving multiple tendon lengthening or tenotomies, bilateral Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,092.00
50369	Knee, contracture of, posterior release involving multiple tendon lengthening with or without tenotomies and release of joint capsule with or without cruciate ligaments, unilateral Anaesthetic Item number for Specialist 17714 (Assist.)	\$814.00
50372	Knee, contracture of, posterior release involving multiple tendon lengthening with or without tenotomies and release of joint capsule with or without cruciate ligaments, bilateral Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,430.00
50375	Hip, contracture of, medial release, involving lengthening of, or division of the adductors and psoas with or without division of the obturator nerve, unilateral Anaesthetic Item number for Specialist 17718 (Assist.)	\$626.00
50378	Hip, contracture of, medial release, involving lengthening of, or division of the adductors and psoas with or without division of the obturator nerve, bilateral Anaesthetic Item number for Specialist 17718 (Assist.)	\$1,092.00
50381	Hip, contracture of, anterior release, involving lengthening of, or division of the hip flexors and psoas with or without division of the joint capsule, unilateral Anaesthetic Item number for Specialist 17714 (Assist.)	\$814.00
50384	Hip, contracture of, anterior release, involving lengthening of, or division of the hip flexors and psoas with or without division of the joint capsule, bilateral Anaesthetic Item number for Specialist 17722 (Assist.)	\$1,430.00
50387	Hip, ilopsoas tendon transfer to greater trochanter, or transfer of abdominal musculature to greater trochanter, or transfer of adductors to ischium Anaesthetic Item number for Specialist 17716 (Assist.)	\$814.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
50390	Perthes, Cerebral Palsy, or other neuromuscular conditions, affecting hips or knees, application of cast under general anaesthesia, performed in the operating theatre of a hospital or approved day hospital facility Anaesthetic Item number for Specialist 17709	\$287.00
50393	Pelvis, bone graft or shelf procedures for acetabular dysplasia Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,059.00
50394	Acetabular dysplasia, treatment of, by multiple peri-acetabular osteotomy, including internal fixation where performed Anaesthetic Item number for Specialist 17728 (Assist)	\$1,059.00
SHOULDER, ARM AND FOREARM PROCEDURES		
50396	Hand, congenital abnormalities or duplication of digits, amputation or splitting of phalanx or planges, with ligament or joint reconstruction Anaesthetic Item number for Specialist 17711 (Assist.)	\$583.00
50399	Forearm, Radial Aplasia or Dysplasia (radial club hand), centralisation or radialisation Anaesthetic Item number for Specialist 17727 (Assist.)	\$1,153.00
50402	Torticollis, bipolar release of sternocleidomastoid muscle and associated soft tissue Anaesthetic Item number for Specialist 17712 (Assist.)	\$532.00
50405	Elbow, flexoplasty, or tendon transfer to restore elbow function Anaesthetic Item number for Specialist 17713 (Assist.)	\$720.00
50408	Shoulder, congenital or developmental dislocation, open reduction of Anaesthetic Item number for Specialist 17721 (Assist.)	\$1,251.00
AMPUTATIONS OR RECONSTRUCTIONS FOR CONGENITAL DEFORMITIES		
50411	Lower Limb Deficiency, treatment of congenital deficiency of the femur by resection of the distal femur and proximal tibia followed by knee fusion Anaesthetic Item number for Specialist 17721 (Assist.)	\$1,642.00
50414	Lower Limb Deficiency, treatment of congenital deficiency of the femur by resection of the distal femur and proximal tibia followed by knee fusion and rotationplasty Anaesthetic Item number for Specialist 17732 (Assist.)	\$2,211.00
50417	Lower Limb Deficiency, treatment of congenital deficiency of the tibia by reconstruction of the knee, involving transfer of fibula or tibia, repair of quadriceps mechanism Anaesthetic Item number for Specialist 17727 (Assist.)	\$1,642.00
50420	Patella, congenital dislocation of, reconstruction of the quadriceps Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,355.00
50423	Tibia, Fibula or both, congenital deficiency of, transfer of the fibula to tibia, with internal fixation Anaesthetic Item number for Specialist 17720 (Assist.)	\$1,251.00

Surgical Operations		Orthopaedic
Item No.	Description	Maximum Fee
50426	TUMOROUS CONDITIONS Diaphyseal Aclasia, removal of lesion or lesions from bone - 1 approach Anaesthetic Item number for Specialist 17714 (Assist.)	\$583.00

CATEGORY THREE: THERAPEUTIC PROCEDURES
GROUP T9: ASSISTANCE AT OPERATIONS

Therapeutic Procedures		Assistance at Operations
Item No.	Description	Maximum Fee
	<i>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.</i>	
51300	Assistance at any operation identified by the word "Assist." for which the fee does not exceed \$423.20 or at a series or combination of operations identified by the word "Assist." where the fee for the series or combination of operations identified by the word "Assist." does not exceed \$423.20 <i>(see para T9.2 of explanatory notes to this Category - MBS Book)</i>	\$78.50
51303	Assistance at any operation identified by the word "Assist." for which the fee exceeds \$423.20 or at a series of operations identified by the word "Assist." for which the aggregate fee exceeds \$423.20 <i>(see para T9.3 of explanatory notes to this Category - MBS Book)</i> Derived Fee: one fifth of the established fee for the operation or combination of operations.	DF
51306	Assistance at a delivery involving Caesarean section	SNR
51309	Assistance at a series or combination of operations which have been identified by the word "Assist." and assistance at a delivery involving Caesarean section <i>(see para T9.4 of explanatory notes to this Category - MBS Book)</i>	SNR
51312	Assistance at any interventional obstetric procedure covered by items 16606, 16609, 16612, 16615, 16627 and 16633 Derived Fee: one fifth of the established fee for the procedure or combination of procedures	SNR
51315	Assistance at cataract and intraocular lens surgery covered by items 42698, 42701, 42702, 42704, 42707, when performed in association with services covered by items 42551 to 42569, 42653, 42656, 42746, 42749, 42752, 42776 or 42779	SNR
51318	Assistance at cataract and intraocular lens surgery where patient has: total loss of vision, including no potential for central vision, in the fellow eye; or - previous significant surgical complication in the fellow eye; or pseudo exfoliation, subluxed lens, iridodonesis, phacodonesis, retinal detachment, corneal scarring, pre-existing uveitis, bound down miosed pupil, nanophthalmos, spherophakia, Marfan's syndrome, homocysteinuria or previous blunt trauma causing intraocular damage <i>(see para T9.7 of explanatory notes to this Category - MBS Book)</i>	\$163.50

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP 11: ULTRASOUND
- SUBGROUP 1 - GENERAL

Ultrasound		General
Item No.	Description	Maximum Fee
55028	Head, ultrasound scan of, performed by, or on behalf of, a medical practitioner where (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies and (b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$199.50
55029	Head, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies (NR) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$54.00
55030	Orbital contents, ultrasound scan of, performed by, or on behalf of, a medical practitioner where (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies and (b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$199.50
55031	Orbital contents, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies (NR) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$54.00
55032	Neck, 1 or more structures of, ultrasound scan of, performed by, or on behalf of, a medical practitioner where (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies and (b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$199.50
55033	Neck, 1 or more structures of, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies (NR) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$54.00
55034	Breast, 1 or both, ultrasound scan of, performed by, or on behalf of, a medical practitioner where (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies and (b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$199.50
55035	Breast, 1 or both, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies (NR) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$54.00
55036	Abdomen, ultrasound scan of, including scan of urinary tract when undertaken, performed by, or on behalf of, a medical practitioner where (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies and (b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$199.50

Ultrasound		General
Item No.	Description	Maximum Fee
55037	Abdomen, ultrasound scan of, including scan of urinary tract when undertaken, where the patient is not referred by a medical practitioner, not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies (NR) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$54.00
55038	Urinary tract, ultrasound scan of, performed by, or on behalf of, a medical practitioner where (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies and (b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$199.50
55039	Urinary tract, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies (NR) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$54.00
55040	Pelvis or abdomen, pregnancy related or pregnancy complication, ultrasound scan of, by any or all approaches, performed by, or on behalf of, a medical practitioner where (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies and (b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$199.50
55041	Pelvis or abdomen, pregnancy related or pregnancy complication, ultrasound scan of, by any or all approaches, where the patient is not referred by a medical practitioner for ultrasonic examination - each ultrasonic examination, not exceeding 2 examinations in any 1 pregnancy, not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies (NR) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$54.00
55042	Pelvis, female, ultrasound scan of, by any or all approaches, performed by, or on behalf of, a medical practitioner where (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies and (b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$199.50
55043	Pelvis, female, ultrasound scan of, by any or all approaches, where the patient is not referred by a medical practitioner, not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies (NR) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$54.00
55044	Pelvis, male, ultrasound scan of, by any or all approaches, performed by, or on behalf of, a medical practitioner where (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies and (b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$199.50
55045	Pelvis, male, ultrasound scan of, by any or all approaches, where the patient is not referred by a medical practitioner, not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies (NR) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$54.00

Ultrasound		General
Item No.	Description	Maximum Fee
55048	Scrotum, ultrasound scan of, performed by, or on behalf of, a medical practitioner where (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies and (b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$199.50
55049	Scrotum, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies (NR) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$54.00
55050	Musculo - skeletal, 1 or more regions, ultrasound scan of, performed by, or on behalf of, a medical practitioner where (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies and (b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$199.50
55051	Musculo - skeletal, 1 or more regions, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies (NR) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$54.00
55052	Joint, 1 or more, ultrasound scan of, performed by, or on behalf of, a medical practitioner where the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies and (b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$199.50
55053	Joint, 1 or more, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which item 55055 or an item in Subgroups 2 or 3 of this Group applies (NR) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$54.00
55054	Ultrasonic cross-sectional echography, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which any other item in this Group applies (R) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$162.00
55055	Orbital contents, ultrasonic echography of, unidimensional, not being a service associated with a service to which another item in this Group applies (NR) <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	\$100.00
55058	Measurement of Umbilical blood flow using pulsed wave or continuous wave Doppler techniques after the 26th week of gestation where the patient is referred by a medical practitioner for this procedure and where there is reason to suspect intrauterine growth retardation or a significant risk of foetal death, not being a service associated with a service to which an item in this Group applies - examination and report <i>(see para DIH. of explanatory notes to this Category - MBS Book)</i>	SNR

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP 11: ULTRASOUND
- SUBGROUP 2 - CARDIAC

Ultrasound		Cardiac
Item No.	Description	Maximum Fee
55102	M-Mode and 2 dimensional real time echocardiographic examination of the heart from at least 2 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 being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies (R)	\$265.00
55105	M-Mode and 2 dimensional real time echocardiographic examination of the heart from at least 2 thoracic windows, performed using a mechanical sector scanner or phased array transducer, with measurement of cardiac dimensions, with recordings on video tape, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies (R)	\$150.00
55112	M-Mode and 2 dimensional real time echocardiographic examination of the heart from at least 2 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, and real time colour flow mapping from at least 2 thoracic windows, with recordings on video tape, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies (R)	\$411.00
55118	Heart, 2 dimensional real time transoesophageal examination of, from at least 2 oesophageal windows: (i) performed using a mechanical sector scanner or phased array transducer; with (a) measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous Doppler techniques; (b) real time colour flow mapping from at least 2 oesophageal windows; and (c) recordings on video tape; and (ii) not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies (R) Anaesthetic Item for Specialist 17708	\$400.50
55130	Intra-operative 2 dimensional real time transoesophageal echocardiography incorporating Doppler techniques with colour flow mapping and recording onto video tape, performed during cardiac surgery incorporating sequential assessment of cardiac function before and after the surgical procedure (R) Anaesthetic Item number for Specialist 17710	\$582.50

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP 11: ULTRASOUND
- SUBGROUP 3 - VASCULAR

Ultrasound		Cardiac
Item No.	Description	Maximum Fee
55238	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the lower limb OR of arteries and bypass grafts in the lower limb, below the inguinal ligament, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$273.00
55240	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the lower limb OR of arteries and bypass grafts in the lower limb, below the inguinal ligament, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$314.00
55242	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the lower limb OR of arteries and bypass grafts in the lower limb, below the inguinal ligament, including a service referred to in item 11612, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$351.00
55244	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for acute venous thrombosis, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$273.00
55245	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for acute venous thrombosis, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$314.00
55246	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for chronic venous disease, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$273.00
55247	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for chronic venous disease, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$314.00
55248	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the upper limb OR of arteries and bypass grafts in the upper limb, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$273.00

Ultrasound		Cardiac
Item No.	Description	Maximum Fee
55250	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the upper limb OR of arteries and bypass grafts in the upper limb, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$314.00
55252	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the upper limb, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$273.00
55254	Duplex scanning, unilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the upper limb, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$314.00
55256	Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the lower limbs OR of arteries and bypass grafts in the lower limbs, below the inguinal ligament, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$273.00
55258	Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the lower limbs OR of arteries and bypass grafts in the lower limbs, below the inguinal ligament, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$314.00
55260	Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the lower limbs OR of arteries and bypass grafts in the lower limbs, below the inguinal ligament, including a service referred to in item 11612, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$351.00
55262	Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limbs, below the inguinal ligament, for acute venous thrombosis, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$273.00
55263	Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for acute venous thrombosis, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$314.00
55264	Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limbs, below the inguinal ligament, for chronic venous disease, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$273.00

Ultrasound		Cardiac
Item No.	Description	Maximum Fee
55265	Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the lower limb, below the inguinal ligament, for chronic venous thrombosis, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$314.00
55266	Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the upper limbs OR of arteries and bypass grafts in the upper limbs, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$273.00
55268	Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of arteries or bypass grafts in the upper limbs OR of arteries and bypass grafts in the upper limbs, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$314.00
55270	Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the upper limbs, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$273.00
55272	Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of veins in the upper limbs, including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$314.00
55274	Duplex scanning, bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of extra-cranial bilateral carotid and vertebral vessels, with or without subclavian and innominate vessels, with or without oculoplethysmography or peri-orbital Doppler examination, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$273.00
55276	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of intra-abdominal, aorta and iliac arteries or inferior vena cava and iliac veins OR of intra-abdominal, aorta and iliac arteries and inferior vena cava and iliac veins, excluding pregnancy related studies, for an examination of not less than 45 minutes duration, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$273.00
55277	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral of intra-abdominal, aorta and iliac arteries and inferior vena cava and iliac veins, excluding pregnancy related studies, for an examination of between 25 and 45 minutes duration, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$173.00

Ultrasound		Cardiac
Item No.	Description	Maximum Fee
55278	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of renal or visceral vessels OR of renal and visceral vessels, including aorta, inferior vena cava and iliac vessels as required excluding pregnancy related studies, for an examination of not less than 45 minutes duration, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$269.00
55279	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of renal or visceral vessels OR of renal and visceral vessels, including aorta, inferior vena cava and iliac vessels as required excluding pregnancy related studies, for an examination of between 25 and 45 minutes duration, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$173.00
55280	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of intra-cranial vessels, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	\$273.00
55282	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of cavernosal artery of the penis following intracavernosal administration of a vasoactive agent, performed during the period of pharmacological activity of the injected agent, to confirm a diagnosis of vascular aetiology for impotence, where a specialist in diagnostic radiology, nuclear medicine, urology, general surgery (sub-specialising in vascular surgery) or a consultant physician in nuclear medicine attends the patient in person at the practice location where the service is rendered, immediately prior to or for a period during the rendering of the service, and that specialist or consultant physician interprets the results and prepares a report, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - examination and report (R)	SNR
55284	Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of cavernosal tissue of the penis to confirm a diagnosis and, where indicated, assess the progress and management of: (a) priapism; or (b) fibrosis of any type; or (c) fracture of the tunica; or (d) arteriovenous malformations; where a specialist in diagnostic radiology, nuclear medicine, urology, general surgery (sub-specialising in vascular surgery) or a consultant physician in nuclear medicine attends the patient in person at the practice location where the service is rendered, immediately prior to or for a period during the rendering of the service, and that specialist or consultant physician interprets the results and prepares a report, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R)	SNR
55286	<i>Note: For this item, the scanned area must be specified on the account or patient assignment form.</i> Duplex scanning, unilateral or bilateral, involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of vessels not otherwise specified (excluding the cavernosal artery and the dorsal artery of the penis), not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054), 3 or 4 of this Group applies - 1 examination and report (R)	SNR

Ultrasound		Cardiac
Item No.	Description	Maximum Fee
55288	<p><i>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 55286) under this item</i></p> <p>TWO examinations of the kind referred to in items 55238 to 55286 inclusive (excluding items 55282 and 55284) 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:-</p> <p>block (a) - item 55238, 55240, 55242, 55256, 55258 and 55260;</p> <p>block (b) - item 55244, 55245, 55246, 55247, 55262, 55263, 55264 and 55265;</p> <p>block (c) - item 55248, 55250, 55266 and 55268;</p> <p>block (d) - item 55252, 55254, 55270 and 55272;</p> <p>block (e) - item 55276, 55277, 55278 and 55279</p> <p>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)</p>	\$478.50
55290	<p><i>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 55286) under this item</i></p> <p>THREE examinations of the kind referred to in items 55238 to 55286 inclusive (excluding items 55282 and 55284) 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:-</p> <p>block (a) - item 55238, 55240, 55242, 55256, 55258 and 55260;</p> <p>block (b) - item 55244, 55245, 55246, 55247, 55262, 55263, 55264 and 55265;</p> <p>block (c) - item 55248, 55250, 55266 and 55268;</p> <p>block (d) - item 55252, 55254, 55270 and 55272;</p> <p>block (e) - item 55276, 55277, 55278 and 55279,</p> <p>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)</p>	\$478.50

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP 11: ULTRASOUND
- SUBGROUP 4 - UROLOGICAL

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

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

Computerised Tomography		Body Scans
Item No.	Description	Maximum Fee
HEAD		
56001	Computerised tomography - scan of brain without intravenous contrast medium, not being a service to which item 57001 applies (R)	\$249.50
56007	Computerised tomography - scan of brain with intravenous contrast medium and with any scans of the brain prior to intravenous contrast injection, when undertaken, not being a service to which item 57007 applies (R)	\$390.00
56010	Computerised tomography - scan of pituitary fossa with or without intravenous contrast medium and with or without brain scan when undertaken (R)	\$795.50
56013	Computerised tomography - scan of orbits with or without intravenous contrast medium and with or without brain scan when undertaken (R)	\$795.50
56016	Computerised tomography - scan of middle ear and temporal bone, unilateral or bilateral, with or without intravenous contrast medium and with or without brain scan when undertaken (R)	\$785.00
56019	Computerised tomography - scan of temporal bones with air study (including reconstructions), with intrathecal injection but not including an associated brain scan (R) <i>(see para D11 of explanatory notes to this Category - MBS Book)</i>	\$639.50
56022	Computerised tomography - scan of facial bones, para nasal sinuses or both without intravenous contrast medium (R)	\$447.00
56028	Computerised tomography - scan of facial bones, para nasal sinuses or both with intravenous contrast medium and with any scans of the facial bones, para nasal sinuses or both prior to intravenous contrast injection when undertaken (R)	\$655.00
NECK		
56101	Computerised tomography - scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) without intravenous contrast medium, not being a service to which item 56801 applies (R)	\$639.50
56107	Computerised tomography - scan of soft tissues of neck, including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) - with intravenous contrast medium and with any scans of soft tissues of neck including larynx, pharynx, upper oesophagus and salivary glands (not associated with cervical spine) prior to intravenous contrast injection, when undertaken, not being a service associated with a service to which item 56807 applies (R)	\$733.00
SPINE		
56210	Computerised tomography - scan of spine, 1 or more regions, without intravenous contrast medium, payable once only, whether 1 or more attendances are required to complete the service (R) <i>(see para D11 of explanatory notes to this Category - MBS Book)</i>	\$447.00
56216	Computerised tomography - scan of spine, 1 or more regions, with intravenous contrast medium and with any scans of the spine prior to intravenous contrast injection when undertaken; only 1 benefit is payable whether 1 or more attendances are required to complete the service (R) <i>(see para D11 of explanatory notes to this Category - MBS Book)</i>	\$665.50

Computerised Tomography		Body Scanner
Item No.	Description	Maximum Fee
56219	Computerised tomography - scan of spine, 1 or more regions with intrathecal contrast medium, including the preparation for intrathecal injection of contrast medium and any associated plain X-rays, not being a service to which item 59724, 59727 or 59730 applies and not in association with item 60957 (R) <i>(see para D11 of explanatory notes to this Category - MBS Book)</i>	\$447.00
CHEST AND UPPER ABDOMEN		
56301	Computerised tomography - scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, without intravenous contrast medium, not being a service to which item 56801 or 57001 applies (R)	\$447.00
56307	Computerised tomography - scan of chest, including lungs, mediastinum, chest wall and pleura, with or without scans of the upper abdomen, with intravenous contrast medium and with any scans of the chest including lungs, mediastinum, chest wall or pleura and upper abdomen prior to intravenous contrast injection, when undertaken, not being a service to which item 56807 or 57007 applies (R)	\$613.50
UPPER ABDOMEN		
56401	Computerised tomography - scan of upper abdomen only (diaphragm to iliac crest) without intravenous contrast medium, not being a service to which item 56301, 56501, 56801 or 57001 applies (R)	\$256.50
56407	Computerised tomography - scan of upper abdomen only (diaphragm to iliac crest), with intravenous contrast medium and with any scans of upper abdomen (diaphragm to iliac crest) prior to intravenous contrast injection, when undertaken, not being a service to which item 56307, 56507, 56807 or 57007 applies (R)	\$468.00
56409	Computerised tomography - scan of pelvis only (iliac crest to pubic symphysis) without intravenous contrast medium not being a service associated with a service to which item 56401 applies (R)	\$256.50
56412	Computerised tomography - scan of pelvis only (iliac crest to pubic symphysis), with intravenous contrast medium and with any scans of pelvis (iliac crest to pubic symphysis) prior to intravenous contrast injection, when undertaken, not being a service to which item 56407 applies (R)	\$468.00
UPPER ABDOMEN AND PELVIS		
56501	Computerised tomography - scan of upper abdomen and pelvis without intravenous contrast medium, not being a service to which item 56801 or 57001 applies (R)	\$384.50
56507	Computerised tomography - scan of upper abdomen and pelvis with intravenous contrast medium and with any scans of upper abdomen and pelvis prior to intravenous contrast injection, when undertaken, not being a service to which item 56807 or 57007 applies (R)	\$613.50
EXTREMITIES		
56619	Computerised tomography - scan of extremities, 1 or more regions without intravenous contrast medium; payable once only whether 1 or more attendances are required to complete the service (R) <i>(see para D11 of explanatory notes to this Category - MBS Book)</i>	\$312.00
56625	Computerised tomography - scan of extremities, 1 or more regions with intravenous contrast medium and with any scans of extremities prior to intravenous contrast injection, when undertaken; only 1 benefit is payable whether 1 or more attendances are required to complete the service (R) <i>(see para D11 of explanatory notes to this Category - MBS Book)</i>	\$468.00
CHEST, ABDOMEN, PELVIS AND NECK		
56801	Computerised tomography - scan of chest, abdomen and pelvis with or without scans of soft tissues of neck without intravenous contrast medium (R)	\$577.00

Computerised Tomography		Body Scanner
Item No.	Description	Maximum Fee
56807	Computerised tomography - scan of chest, abdomen and pelvis with or without scans of soft tissues of neck with intravenous contrast medium and with any scans of chest, abdomen and pelvis with or without scans of soft tissue of neck prior to intravenous contrast injection, when undertaken (R)	\$873.50
BRAIN, CHEST AND UPPER ABDOMEN		
57001	Computerised tomography - scan of brain and chest with or without scans of upper abdomen without intravenous contrast medium (R)	\$639.50
57007	Computerised tomography - scan of brain and chest with or without scans of upper abdomen with intravenous contrast medium and with any scans of brain and chest and upper abdomen prior to intravenous contrast injection, when undertaken (R)	\$873.50
PELVIMETRY		
57201	Computerised tomography - pelvimetry (R)	\$249.50
INTERVENTIONAL TECHNIQUES		
57341	Computerised tomography, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which another item in this Category applies (R)	\$431.50
SPIRAL ANGIOGRAPHY		
57350	Computerised tomography - spiral angiography with intravenous contrast medium and with any scans prior to intravenous contrast injection when undertaken, 1 or more spiral data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, including multiple projections, not being a service to which another item in this group applies (R)	\$832.00

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP I3: DIAGNOSTIC RADIOLOGY
- SUBGROUP 1 - RADIOGRAPHIC EXAMINATION OF EXTREMITIES AND REPORT

Diagnostic Radiology		Extremities
Item No.	Description	Maximum Fee
57506	Hand, wrist, forearm, elbow or humerus (NR)	\$68.50
57509	Hand, wrist, forearm, elbow or humerus (R)	\$68.50
57512	Hand, wrist and forearm, or forearm and elbow, or elbow and humerus (NR)	\$90.50
57515	Hand, wrist and forearm, or forearm and elbow, or elbow and humerus (R)	\$90.50
57518	Foot, ankle, leg, knee or femur (NR)	\$75.00
57521	Foot, ankle, leg, knee or femur (R)	\$75.00
57524	Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (NR)	\$110.00
57527	Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (R)	\$110.00

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP I3: DIAGNOSTIC RADIOLOGY
- SUBGROUP 2 - RADIOGRAPHIC EXAMINATION OF SHOULDER OR PELVIS AND REPORT

Diagnostic Radiology		Shoulder or Pelvis
Item No.	Description	Maximum Fee
57700	Shoulder or scapula (NR)	\$90.50
57703	Shoulder or scapula (R)	\$90.50
57706	Clavicle (NR)	\$73.00
57709	Clavicle (R)	\$73.00
57712	Hip joint (R)	\$84.00
57715	Pelvic girdle (R)	\$106.00
57721	Femur, internal fixation of neck or intertrochanteric (perthrochanteric) fracture (R)	\$174.50

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP I3: DIAGNOSTIC RADIOLOGY
- SUBGROUP 3 - RADIOGRAPHIC EXAMINATION OF HEAD AND REPORT

Diagnostic Radiology		Head
Item No.	Description	Maximum Fee
57901	Skull, not in association with item 57902 (R)	\$111.50
57902	Cephalometry, not in association with item 57901 (R)	\$111.50
57903	Sinuses (R)	\$84.00
57906	Mastoids (R)	\$137.50
57909	Petrous temporal bones (R)	\$110.00
57912	Facial bones - orbit, maxilla or malar, any or all (R)	\$114.50
57915	Mandible, not by orthopantomography technique (R)	\$106.00
57918	Salivary calculus (R)	\$106.00
57921	Nose (R)	\$84.00
57924	Eye (R)	\$84.00
57927	Temporo-mandibular joints (R)	\$110.00
57930	Teeth - single area (R)	\$68.50
57933	Teeth - full mouth (R)	\$174.50
57936	Teeth - orthopantomography (R)	\$84.00
57939	Palato-pharyngeal studies with fluoroscopic screening (R)	\$106.00
57942	Palato-pharyngeal studies without fluoroscopic screening (R)	\$84.00
57945	Larynx, lateral airways and soft tissues of the neck, not being a service associated with a service to which item 57939 or 57942 applies (R)	\$75.00

- SUBGROUP 4 - RADIOGRAPHIC EXAMINATION OF SPINE AND REPORT

Diagnostic Radiology		Spine
Item No.	Description	Maximum Fee
58100	Spine - cervical (R)	\$110.00
58103	Spine - thoracic (R)	\$93.50
58106	Spine - lumbo-sacral (R)	\$129.00
58109	Spine - sacro-coccygeal (R)	\$78.00
58112	Spine - 2 regions (R)	\$168.00
58115	Spine - 3 or more regions (R)	\$230.00

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP I3: DIAGNOSTIC RADIOLOGY
- SUBGROUP 5 - BONE AGE STUDY AND SKELETAL SURVEYS AND REPORT

Diagnostic Radiology		Bone Age Study
Item No.	Description	Maximum Fee
58300	Bone age study (R)	\$78.00
58306	Skeletal survey (R)	\$154.00

- SUBGROUP 6 - RADIOGRAPHIC EXAMINATION OF THORACIC REGION AND REPORT

Diagnostic Radiology		Thoracic Region
Item No.	Description	Maximum Fee
58500	Chest (lung fields) by direct radiography (NR)	\$84.00
58503	Chest (lung fields) by direct radiography (R)	\$84.00
58506	Chest (lung fields) by direct radiography with fluoroscopic screening (R)	\$106.00
58509	Thoracic inlet or trachea (R)	\$84.00
58521	Left ribs, right ribs or sternum (R)	\$84.00
58524	Left and right ribs, left ribs and sternum, or right ribs and sternum (R)	\$106.00
58527	Left ribs, right ribs and sternum (R)	\$129.00

- SUBGROUP 7 - RADIOGRAPHIC EXAMINATION OF URINARY TRACT AND REPORT

Diagnostic Radiology		Urinary Tract
Item No.	Description	Maximum Fee
58700	Plain renal only (R)	\$84.00
58706	Intravenous pyelography, with or without preliminary plain films and with or without tomography - examination and report (R)	\$208.00
58715	Antegrade or retrograde pyelography, with or without preliminary plain films and with preparation and contrast injection - 1 side - examination and report (R)	\$168.50
58718	Retrograde cystography or retrograde urethrography with or without preliminary plain films and with preparation and contrast injection - examination and report (R) Anaesthetic Item number for Specialist 17705	\$114.50
58721	Retrograde micturating cysto-urethrography, with preparation and contrast injection - examination and report (R) Anaesthetic Item number for Specialist 17705	\$137.50

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP I3: DIAGNOSTIC RADIOLOGY
- SUBGROUP 8 - RADIOGRAPHIC EXAMINATION OF ALIMENTARY TRACT
AND BILIARY SYSTEM AND REPORT

Diagnostic Radiology		Alimentary/Biliary
Item No.	Description	Maximum Fee
58900	Plain abdominal only, not being a service associated with a service to which item 58909, 58912, 58915 or 58924 applies (NR) <i>(see para D1J. of explanatory notes to this Category - MBS Book)</i>	\$84.00
58903	Plain abdominal only, not being a service associated with a service to which item 58909, 58912, 58915 or 58924 applies (R) <i>(see para D1J. of explanatory notes to this Category - MBS Book)</i>	\$84.00
58909	Barium or other opaque meal of 1 or more pharynx, oesophagus, stomach or duodenum, with or without preliminary plain films of pharynx, chest or duodenum, not being a service associated with a service to which item 57939 or 57942 or 57945 applies, examination and report (R)	\$160.00
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)	\$187.00
58915	Barium or other opaque meal, small bowel series only, with or without preliminary plain film (R)	\$137.50
58916	Small bowel enema, barium or other opaque study of the small bowel, including duodenal intubation, with or without preliminary plain films, not being a service associated with a service to which item 30488 applies - examination and report (R) Anaesthetic item number for Specialist 17707	\$180.00
58921	Opaque enema, with or without air contrast study and with or without preliminary plain films - examination and report (R)	\$187.00
58924	Graham's test (cholecystography) with preliminary plain films and with or without tomography -examination and report (R)	\$127.00
58927	Cholegraphy direct, with or without preliminary plain films and with preparation and contrast injection, not being a service associated with a service to which item 30439 applies - examination and report (R)	\$135.00
58933	Cholegraphy, percutaneous transhepatic, with or without preliminary plain films and with preparation and contrast injection - examination and report (R)	\$135.00
58936	Cholegraphy, drip infusion, with or without preliminary plain films, with preparation and contrast injection and with or without tomography - examination and report (R)	\$229.00
58939	Defaecogram (R)	SNR

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP I3: DIAGNOSTIC RADIOLOGY
- SUBGROUP 9 - RADIOGRAPHIC EXAMINATION FOR LOCALISATION OF FOREIGN
BODIES AND REPORT

Diagnostic Radiology		Localisation of Foreign Bodies
Item No.	Description	Maximum Fee
59103	Foreign body, localisation of and report, not being a service to which another item in this Group applies (R) Derived Fee: The fee for the radiographic examination of the area and report plus an amount of \$34.50	DF

- SUBGROUP 10 - RADIOGRAPHIC EXAMINATION OF BREASTS AND REPORT

Diagnostic Radiology		Breasts
Item No.	Description	Maximum Fee
59300	<i>Note: These items are intended for use in the investigation of a clinical abnormality of the breast/s and NOT for individual, group or opportunistic screening of asymptomatic patients</i> Radiographic examination of both breasts (with or without thermography) and report if: (a) the patient is referred with a specific request for this procedure; and (b) there is reason to suspect the presence of malignancy in the breasts because of: (i) the past occurrence of breast malignancy in the patient or members of the patient's family; or (ii) symptoms or indications of malignancy were found on an examination of the patient by a medical practitioner (R)(S) (see para D1J. of explanatory notes to this Category - MBS Book)	SNR
59303	Radiographic examination of one breast (with or without thermography) and report if 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)(S) (see para D1J. of explanatory notes to this Category - MBS Book)	SNR
59306	Mammary ductogram (galactography) - 1 breast (R)	\$152.00
59309	Mammary ductogram (galactography) - 2 breasts (R)	\$301.50
59312	Radiographic examination of both breasts, in conjunction with a surgical procedure on each breast, using interventional techniques - examination and report (R)	\$135.00
59314	Radiographic examination of 1 breast, in conjunction with a surgical procedure using interventional techniques - examination and report (R)	\$81.00
59318	Radiographic examination of excised breast tissue to confirm satisfactory excision of 1 or more lesions in 1 breast or both following pre-operative localisation in conjunction with a service under item 30361 - examination and report (R)	\$73.00

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP I3: DIAGNOSTIC RADIOLOGY
- SUBGROUP 12 - RADIOGRAPHIC EXAMINATION WITH OPAQUE OR CONTRAST MEDIA AND REPORT

Diagnostic Radiology		Opaque/Contrast Media
Item No.	Description	Maximum Fee
59700	Discography, each disc, with or without preliminary plain films and with preparation and contrast injection - examination and report (R) Anaesthetic Item number for specialist 17707	\$114.50
59703	Dacryocystography, 1 side, with or without preliminary plain film and with preparation and contrast injection - examination and report (R)	\$84.00
59712	Hysterosalpingography, with or without preliminary plain films and with preparation and contrast injection - examination and report (R) Anaesthetic Item number for specialist 17705	\$116.50
59715	Bronchography, 1 side, with or without preliminary plain films and with preparation and contrast injection - examination and report (R) Anaesthetic Item number for specialist 17709	\$168.00
59718	Phlebography, 1 side, with or without preliminary plain films and with preparation and contrast injection - examination and report (R) Anaesthetic Item number for specialist 17708	\$174.50
59724	Myelography, 1 or more regions, with or without preliminary plain films and with preparation and contrast injection, not being a service associated with a service to which item 56219 applies - examination and report (R) Anaesthetic Item number for specialist 17712 <i>(see para D1J. of explanatory notes to this Category - MBS Book)</i>	\$208.00
59733	Sialography, 1 side, with preparation and contrast injection, not being a service associated with a service to which item 57918 applies - examination and report (R)	\$116.50
59739	Sinogram or fistulogram, 1 or more regions, with or without preliminary plain films and with preparation and contrast injection - examination and report (R)	\$38.50
59751	Arthrography, each joint, excluding the facet (zygapophyseal) joints of the spine, single or double contrast study, with or without preliminary plain films and with preparation and contrast injection - examination and report (R)	\$137.50
59754	Lymphangiography, one or both sides, with preliminary plain films and follow-up radiography and with preparation and contrast injection - examination and report (R)	\$114.50
59760	Peritoneogram (herniography) with or without contrast medium including preparation - performed on a person over 14 years of age (R)	\$180.00
59763	Air insufflation during video - fluoroscopic imaging including associated consultation (R)	\$209.00

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP I3: DIAGNOSTIC RADIOLOGY
- SUBGROUP 13 - ANGIOGRAPHY AND REPORT

Diagnostic Radiology		Angiography
Item No.	Description	Maximum Fee
BY FILM OR OTHER TECHNIQUE		
59900	Serial angiocardiology (rapid cassette changing) - each series (R) Anaesthetic Item number for Specialist 17711	\$137.50
59903	Serial angiocardiology (single plane) - each series (R) Anaesthetic Item number for Specialist 17711	\$193.50
59906	Serial angiocardiology (bi-plane) - each series (R) Anaesthetic Item number for Specialist 17711	\$193.50
59912	Selective coronary arteriography (R)	\$509.50
59915	Cerebral angiography - 1 side (R)	\$168.50
59918	Arteriography, peripheral - 1 side (R)	\$174.50
59921	Aortography (R)	\$174.50
59924	Selective arteriography - per injection and film or data acquisition run (R)	\$174.50
59970	Angiography and/or digital subtraction angiography with fluoroscopy and image acquisition using a mobile image intensifier, one or more regions including any preliminary plain films, preparation and contrast injection (R) <i>(see para D1J. of explanatory notes to this Category - MBS Book)</i>	\$263.00
BY DIGITAL SUBTRACTION TECHNIQUE		
60000	Digital subtraction angiography, examination of head and neck with or without arch aortography, 1 to 3 data acquisition runs (R)	\$853.00
60003	Digital subtraction angiography, examination of head and neck with or without arch aortography, 4 to 6 data acquisition runs (R)	\$1,253.00
60006	Digital subtraction angiography, examination of head and neck with or without arch aortography, 7 to 9 data acquisition runs (R)	\$1,783.50
60009	Digital subtraction angiography, examination of head and neck with or without arch aortography, 10 or more data acquisition runs (R)	\$2,085.00
60012	Digital subtraction angiography, examination of thorax, 1 to 3 data acquisition runs (R)	\$853.00
60015	Digital subtraction angiography, examination of thorax, 4 to 6 data acquisition runs (R)	\$1,253.00
60018	Digital subtraction angiography, examination of thorax, 7 to 9 data acquisition runs (R)	\$1,783.50
60021	Digital subtraction angiography, examination of thorax, 10 or more data acquisition runs (R)	\$2,085.00
60024	Digital subtraction angiography, examination of abdomen, 1 to 3 data acquisition runs (R)	\$853.00
60027	Digital subtraction angiography, examination of abdomen, 4 to 6 data acquisition runs (R)	\$1,253.00

Diagnostic Radiology		Angiography
Item No.	Description	Maximum Fee
60030	Digital subtraction angiography, examination of abdomen, 7 to 9 data acquisition runs (R)	\$1,783.50
60033	Digital subtraction angiography, examination of abdomen, 10 or more data acquisition runs (R)	\$2,085.00
60036	Digital subtraction angiography, examination of upper limb or limbs, 1 to 3 data acquisition runs (R)	\$853.00
60039	Digital subtraction angiography, examination of upper limb or limbs, 4 to 6 data acquisition runs (R)	\$1,253.00
60042	Digital subtraction angiography, examination of upper limb or limbs, 7 to 9 data acquisition runs (R)	\$1,783.50
60045	Digital subtraction angiography, examination of upper limb or limbs, 10 or more data acquisition runs (R)	\$2,085.00
60048	Digital subtraction angiography, examination of lower limb or limbs, 1 to 3 data acquisition runs (R)	\$853.00
60051	Digital subtraction angiography, examination of lower limb or limbs, 4 to 6 data acquisition runs (R)	\$1,253.00
60054	Digital subtraction angiography, examination of lower limb or limbs, 7 to 9 data acquisition runs (R)	\$1,783.50
60057	Digital subtraction angiography, examination of lower limb or limbs, 10 or more data acquisition runs (R)	\$2,085.00
60060	Digital subtraction angiography, examination of aorta and lower limb or limbs, 1 to 3 data acquisition runs (R)	\$853.00
60063	Digital subtraction angiography, examination of aorta and lower limb or limbs, 4 to 6 data acquisition runs (R)	\$1,253.00
60066	Digital subtraction angiography, examination of aorta and lower limb or limbs, 7 to 9 data acquisition runs (R)	\$1,783.50
60069	Digital subtraction angiography, examination of aorta and lower limb or limbs, 10 or more data acquisition runs (R)	\$2,085.00
60072	Selective arteriography or selective venography by digital subtraction angiography technique, 1 vessel (NR)	\$73.00
60075	Selective arteriography or selective venography by digital subtraction angiography technique, 2 vessels (NR)	\$145.50
60078	Selective arteriography or selective venography by digital subtraction angiography technique, 3 or more vessels (NR)	\$218.50

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP I3: DIAGNOSTIC RADIOLOGY
- SUBGROUP 14 - TOMOGRAPHY AND REPORT

Diagnostic Radiology		Tomography
Item No.	Description	Maximum Fee
60100	Tomography of any region and report (R)	\$106.00

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP I3: DIAGNOSTIC RADIOLOGY
- SUBGROUP 15 - FLUOROSCOPIC EXAMINATION AND REPORT

Diagnostic Radiology		Fluoroscopic
Item No.	Description	Maximum Fee
60500	Fluoroscopy, with general anaesthesia, not being a service associated with a radiographic examination (R) Anaesthetic Item number for Specialist 17707	\$75.00
60503	Fluoroscopy, without general anaesthesia, not being a service associated with a radiographic examination (R)	\$48.00
60506	Fluoroscopy using a mobile image intensifier, in conjunction with a surgical procedure lasting less than 1 hour, not being a service associated with a service to which another item in this Table applies (R)	\$114.50
60509	Fluoroscopy using a mobile image intensifier, in conjunction with a surgical procedure lasting 1 hour or more, not being a service associated with a service to which another item in this Table applies (R)	\$174.50

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP I3: DIAGNOSTIC RADIOLOGY
- SUBGROUP 16 - PREPARATION FOR RADIOLOGICAL PROCEDURE

Diagnostic Radiology		Preparation
Item No.	Description	Maximum Fee
60903	Cerebral angiography, 1 side - percutaneous, catheter or open exposure, when used in association with a service to which items 59900, 59903, 59906, 59912, 59915, 59918, 59921, 59924 or 59970 applies, not being a service associated with a service to which items 60000 to 60078 inclusive apply (NR) Anaesthetic Item number for Specialist 17710	\$208.00
60915	Aortography, when used in association with a service to which items 59900, 59903, 59906, 59912, 59915, 59918, 59921, 59924 or 59970 applies, not being a service associated with a service to which items 60000 to 60078 inclusive apply (NR) Anaesthetic Item number for Specialist 17709	\$106.00
60918	Arteriography (peripheral) or phlebography - 1 vessel, when used in association with a service to which items 59900, 59903, 59906, 59912, 59915, 59918, 59921 or 59924 applies, not being a service associated with a service to which items 60000 to 60078 inclusive apply (NR) Anaesthetic Item number for Specialist 17708	\$108.00
60927	Selective arteriogram or phlebogram, when used in association with a service to which items 59900, 59903, 59906, 59912, 59915, 59918, 59921 or 59924 applies, not being a service associated with a service to which items 60000 to 60078 inclusive apply (NR) Anaesthetic Item number for Specialist 17708	\$84.00

CATEGORY FIVE: DIAGNOSTIC IMAGING SERVICES
GROUP I3: DIAGNOSTIC RADIOLOGY
- SUBGROUP 17 - INTERVENTIONAL TECHNIQUES

Diagnostic Radiology		Interventional Techniques
Item No.	Description	Maximum Fee
61109	Fluoroscopy in an angiography suite with image intensification, in conjunction with a surgical procedure, using interventional techniques, not being a service associated with a service to which another item in this Table applies (R)	\$457.50

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

Diagnostic Imaging		Nuclear Medicine
Item No.	Description	Maximum Fee
	<i>Note: Benefits for a nuclear medicine scanning service are only payable when the preliminary examination of the patient, estimation and administration of the dosage and the performance of the scan, are undertaken by a medical specialist, or on behalf of the medical specialist in the specialist's presence, and the compilation of the reports undertaken by the medical specialist. Additional benefits will only be attracted for a specialist or consultant physician attendance under Category 1 of the Schedule where there is a request for a full medical examination accompanied by a letter or note of referral.</i>	
61302	Single stress or rest myocardial perfusion study - planar imaging (R)	\$467.00
61303	Single stress or rest myocardial perfusion study - with single photon emission tomography and with planar imaging when undertaken (R)	\$605.50
61306	Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion - planar imaging (R)	\$744.50
61307	Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion - with single photon emission tomography and with planar imaging when undertaken (R)	\$909.00
61310	Myocardial infarct-avid-study, with planar imaging and single photon emission tomography, or with planar imaging or single photon emission tomography (R)	\$382.50
61313	Gated cardiac blood pool study, (equilibrium), with planar imaging and single photon emission tomography or planar imaging or single photon emission tomography (R)	\$317.00
61314	Gated cardiac blood pool study, and first pass blood flow or cardiac shunt study, with planar imaging and single photon emission tomography, or planar imaging, or single photon emission tomography (R)	\$442.00
61316	Gated cardiac blood pool study, with intervention, with planar imaging and single photon emission tomography, or planar imaging, or single photon emission tomography (R)	\$442.00
61317	Gated cardiac blood pool study, with intervention and first pass blood flow study or cardiac shunt study, with planar imaging and single photon emission tomography or planar imaging, or single photon emission tomography (R)	\$519.00
61320	Cardiac first pass blood flow study or cardiac shunt study, not being a service to which another item in this group applies (R)	\$244.50
61328	Lung perfusion stud, with planar imaging and single photon emission tomography or planar imaging, or single photon emission tomography (R)	\$229.00
61340	Lung ventilation study using aerosol, technegas or xenon gas, with planar imaging and single photon emission tomography or planar imaging or single photon emission tomography (R)	\$385.00

Diagnostic Imaging		Nuclear Medicine
Item No.	Description	Maximum Fee
61348	Lung perfusion study and lung ventilation study using aerosol, technegas or xenon gas - with planar imaging and single photon emission tomography or planar imaging or single photon emission tomography (R)	\$452.50
61352	Liver and spleen study (colloid) - planar imaging (R)	\$275.50
61353	Liver and spleen study (colloid) - with single photon emission tomography and with planar imaging when undertaken (R)	\$401.50
61356	Red blood cell spleen or liver study, including single photon emission tomography when undertaken (R)	\$407.50
61360	Hepatobiliary study - including morphine administration or pre-treatment with cholecystokinin (CCK) when undertaken (R)	SNR
61361	Hepatobiliary study with formal quantification following baseline imaging, using an infusion of cholecystokinin (CCK) (R)	SNR
61364	Bowel haemorrhage study (R)	\$499.00
61368	Meckel's diverticulum study (R)	\$239.00
61372	Salivary study (R)	\$239.00
61373	Gastro-oesophageal reflux study - including delayed imaging on a separate occasion when undertaken (R)	\$489.00
61376	Oesophageal clearance study (R)	\$158.00
61381	Gastric emptying study, using single tracer (R)	\$723.00
61383	Combined solid and liquid gastric emptying study using dual isotope technique or the same isotope on separate days (R)	\$685.50
61384	Radionuclide colonic transit study (R)	\$657.50
61386	Renal study including perfusion and renogram images and computer analysis or cortical study with planar imaging (R)	\$333.00
61387	Renal cortical study, with single photon emission tomography and planar quantification (R)	\$474.00
61389	Single renal study with pre-procedural administration of a diuretic or angiotensin converting enzyme (ACE) inhibitor (R)	\$386.00
61390	Renal study with diuretic administration following a baseline study (R)	\$411.00
61393	Combined examination involving a renal study following angiotensin converting enzyme (ACE) inhibitor provocation and a baseline study, in either order and related to a single referral episode (R)	\$646.00
61397	Cystoureterogram (R)	\$265.00

Diagnostic Imaging		Nuclear Medicine
Item No.	Description	Maximum Fee
61401	Testicular Study (R)	\$177.00
61402	Cerebral perfusion study, with single photon emission tomography and with planar imaging when undertaken (R)	\$653.00
61405	Brain study with blood brain barrier agent - with planar imaging and single photon emission tomography or planar imaging or single photon emission tomography (R)	\$463.00
61409	Cerebro-spinal fluid transport study - with imaging on 2 or more separate occasions (R)	\$842.50
61413	Cerebro-spinal fluid shunt patency study (R)	\$244.50
61417	Dynamic blood flow study or regional blood volume quantitative study, not being a service associated with a service to which another item in this group applies (R)	\$133.00
61421	Bone study - whole body, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R)	\$505.50
61425	Bone study - whole body and single photon emission tomography, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R)	\$636.50
61426	Whole body study using iodine (R)	\$556.50
61429	Whole body study using gallium (R)	\$551.00
61430	Whole body study using gallium, with single photon emission tomography (R)	\$775.00
61433	Whole body study using cells labelled with Technetium (R)	\$499.00
61434	Whole body study using cells labelled with Technetium, with single photon emission tomography (R)	\$723.00
61437	Whole body study using thallium (R)	\$595.00
61438	Whole body study using thallium, with single photon emission tomography (R)	\$818.50
61441	Bone marrow study - whole body (R)	\$494.00
61442	Whole body study, using gallium - with single photon emission tomography of 2 or more body regions acquired separately (R)	\$815.50
61446	Localised bone or joint study, including when undertaken, blood flow, blood pool and repeat imaging on a separate occasion (R)	\$343.00
61449	Localised bone or joint study and single photon emission tomography, including when undertaken, blood flow, blood pool and imaging on a separate occasion (R)	\$567.00
61450	Localised study using gallium (R)	\$405.50

Diagnostic Imaging		Nuclear Medicine
Item No.	Description	Maximum Fee
61453	Localised study using gallium - with single photon emission tomography (R)	\$629.00
61454	Localised study using cells labelled with Technetium (R)	\$353.50
61457	Localised study using cells labelled with Technetium - with single photon emission tomography (R)	\$577.00
61458	Localised study using thallium (R)	\$436.00
61461	Localised study using thallium - with single photon emission tomography (R)	\$659.50
61462	Repeat planar and single photon emission tomography imaging, or repeat planar or single photon emission tomography imaging on a subsequent occasion where no fee has been paid for the first investigation and there is no additional administration of radiopharmaceutical, not being a service associated with items 61373, 61409, 61421, 61425, 61446, 61449, 61484 or 61485 (R) Derived Fee: The fee for the nuclear medicine investigation plus an amount of \$166.50	DF
61465	Venography (R)	\$281.00
61469	Lymphoscintigraphy (R)	\$426.50
61473	Thyroid study including uptake measurement when undertaken (R)	SNR
61480	Parathyroid study, planar imaging and single photon emission tomography when undertaken (R)	\$390.00
61484	Adrenal study, with imaging on 2 or more separate occasions (R)	\$858.00
61485	Adrenal study, with imaging on 2 or more occasions and renal localisation and single photon emission tomography when undertaken (R)	\$1,081.50
61495	Tear duct study (R)	\$239.00
61499	Particle perfusion study (intra-arterial) or Le Vein shunt study (R)	\$265.00

CATEGORY SIX: PATHOLOGY SERVICES
GROUP P1: HAEMATOLOGY

Pathology		Haematology
Item No.	Description	Maximum Fee
65060	Haemoglobin, erythrocyte sedimentation rate, blood viscosity - 1 or more tests	\$10.50
65063	Erythrocyte count, haematocrit, haemoglobin, calculation or measurement of red cell index or indices, platelet count, leucocyte count and instrument generated differential count - including any services in item 65060 or 65072 - 2 or more instrument generated results from a single sample	\$21.50
65066	Examination of: (a) a blood film by special stains to demonstrate Heinz bodies, parasites or iron; or (b) a blood film by enzyme cytochemistry for neutrophil alkaline phosphatase, alpha-naphthyl acetate esterase or chloroacetate esterase; or (c) a blood film using any other special staining methods including periodic acid Schiff and Sudan Black; or (d) a urinary sediment for haemosiderin including a service described in item 65072	\$18.50
65069	Full blood examination consisting of: (a) a morphological assessment of a blood film (b) item 65063; and (if performed); (c) any test in items 65060 or 65072	\$32.00
65072	Examination for reticulocytes including a reticulocyte count by any method - 1 or more tests in any episode	\$12.50
65075	Haemolysis or metabolic enzymes - assessment by: (a) erythrocyte autohaemolysis test; or (b) erythrocyte osmotic fragility test; or (c) sugar water test; or (d) G-6-P D (qualitative or quantitative) test; or (e) pyruvate kinase (qualitative or quantitative) test; or (f) acid haemolysis test; or (g) quantitation of muramidase in serum or urine; or (h) Donath Landsteiner antibody test; or (i) other erythrocyte metabolic enzyme tests 1 or more tests	\$57.50
65078	Tests for the diagnosis of thalassaemia when indicated on the basis of an abnormal full blood examination or by the clinical need for family studies, consisting of haemoglobin electrophoresis or chromatography and at least 2 of: (a) examination for HbH; or (b) quantitation of HbA2; or (c) quantitation of HbF and including (if performed) any service described in item 65060 or 65063 or 65069	\$101.00

Pathology		Haematology
Item No.	Description	Maximum Fee
65084	Bone marrow trephine biopsy - histopathological examination of sections of bone marrow, and examination of aspirated material (including clot sections where necessary), including (if performed): (a) special stains or immunohistochemical techniques (if any); and (b) any test described in item 65060, 65063, 65066 or 65069	\$206.00
65087	Bone marrow - examination of aspirated material (including clot sections where necessary), including (if performed): (a) special stains or immunochemical techniques (if any); and (b) any test described in item 65060, 65063, 65066 or 65069	\$150.00
65090	Blood grouping (including back-grouping if performed) - ABO and Rh (D antigen)	\$18.00
65093	Blood grouping - Rh phenotypes, Kell system, Duffy system, M and N factors or any other blood group system - 1 or more systems, including item 65090 (if performed)	\$36.00
65096	Blood grouping (including back-grouping if performed), and examination of serum for Rh and other blood group antibodies, including: (a) identification and quantitation of any antibodies detected; and (b) (if performed) any test described in item 65060, 65063 or 65069	\$67.50
65099	Compatibility tests by crossmatch - all tests performed on any one day for up to 6 units, including: (a) all grouping checks of the patient and donor; and (b) examination for antibodies, and if necessary identification of any antibodies detected; and (c) any tests described in item 65060, 65063, 65069, 65090 or 65096; (if performed) (Item is subject to rule 5)	\$136.50
65102	Compatibility tests by crossmatch - all tests performed on any one day in excess of 6 units, including: (a) all grouping checks of the patient and donor, and (b) examination for antibodies, and if necessary identification of any antibodies detected; and (c) any tests described in item 65060, 65063, 65069, 65090, 65096, 65099 or 65105; (if performed) (Item subject to rule 5)	\$203.50
65105	Compatibility testing using at least a 3 cell panel and issue of red cells for transfusion - all tests performed on any one day for up to 6 units, including: (a) all grouping checks of the patient and donor; and (b) examination for antibodies, and if necessary identification of any antibodies detected; and (c) any test described in item 65060, 65063, 65069, 65090 or 65096; (if performed)	\$110.00
65108	Compatibility testing using at least a 3 cell panel and issue of red cells for transfusion - all tests performed on any one day in excess of 6 units, including: (a) all grouping checks of the patient and donor; and (b) examination for antibodies, and if necessary identification of any antibodies detected; and (c) any tests described in item 65060, 65063, 65069, 65090, 65096, 65099 or 65105 (if performed) (Item is subject to rule 5)	\$177.00
65111	Examination of serum for blood group antibodies (including identification and, if necessary, quantitation of any antibodies detected)	\$29.50

Pathology		Haematology
Item No.	Description	Maximum Fee
65114	1 or more of the following tests: (a) direct Coombs (antiglobulin) test; or (b) qualitative or quantitative test for cold agglutinins or heterophil antibodies	\$17.50
65117	1 or more of the following tests: (a) qualitative spectroscopic examination of blood for chemically altered haemoglobins; or (b) detection of methaemalbumin (Schumm's test)	\$25.00
65120	Prothrombin time (including INR where appropriate), activated partial thromboplastin time, thrombin time (including test for the presence of heparin), test for factor XIII deficiency (qualitative), Echis test, Stypven test, reptilase time, fibrinogen, or 1 of: fibrinogen degradation products, fibrin monomer or D-dimer - 1 test	\$22.50
65123	2 tests described in item 65120	\$29.50
65126	3 tests described in item 65120	\$37.50
65129	4 or more tests described in item 65120	\$44.50
65132	Quantitation, by 1 or more techniques, of: antithrombin III, Protein C, Protein S, heparin cofactor II, plasminogen, euglobulin clot lysis time and test for lupus anticoagulant - 1 to 3 tests	\$44.50
65138	4 or more tests described in item 65132	\$141.50
65141	Test for Activated Protein C resistance for a patient with a history of venous thrombosis or pulmonary thromboembolism - where any request for the test by a medical practitioner specifically identifies in writing a history of venous thrombosis or pulmonary thromboembolism	\$29.50
65144	Platelet aggregation in response to ADP, collagen, 5HT, ristocetin or other similar substances; or heparin, low molecular weight heparins, heparinoid or other drugs - 1 or more tests	\$89.50
65147	Quantitation of anti-Xa activity when monitoring is required for a patient receiving a low molecular weight heparin or heparinoid - 1 test	\$46.50
65150	Quantitation of Von Willebrand factor antigen, Von Willebrand factor activity (ristocetin cofactor assay), von Willebrand factor collagen binding activity, factor II, factor V, factor VII, factor VIII, factor IX, factor X, factor XI, factor XII, factor XIII, Fletcher factor, Fitzgerald factor, circulating coagulation factor inhibitors other than by Bethesda assay - 1 test	\$59.50
65153	2 tests described in item 65150	\$136.50
65156	3 or more tests described in item 65150	\$199.50
65159	Quantitation of circulating coagulation factor inhibitors by Bethesda assay - 1 test	\$70.00
65162	Examination of a maternal blood film for the presence of fetal red blood cells (Kleihauer test)	\$18.00
65165	Detection and quantitation of fetal blood cells in the maternal circulation by detection of red cell surface antigens using flow cytometric methods including (if performed) any test described in item 65069 or 65162	\$58.00

CATEGORY SIX: PATHOLOGY SERVICES
GROUP P2: CHEMICAL

Pathology		Chemical
Item No.	Description	Maximum Fee
66500	Quantitation in serum, plasma, urine or other body fluid, (except amniotic fluid), by any method except reagent tablet or reagent strip (with or without reflectance meter or electrophoresis) of: acetoacetate, acid phosphatase, alanine aminotransferase, albumin, alkaline phosphatase, ammonia, amylase, aspartate aminotransferase, beta-hydroxybutyrate, bicarbonate, bilirubin (total), bilirubin (any fractions), C-reactive protein, calcium (total or corrected for albumin), chloride, creatine kinase, creatinine, gamma glutamyl transferase, globulin, glucose, lactate, lactate dehydrogenase, lipase, magnesium, phosphate, potassium, pyruvate, sodium, total protein, urate, or urea - 1 test (see para PP. of explanatory notes to this Category - MBS Book)	\$18.50
66503	2 tests described in item 66500	\$23.00
66506	3 tests described in item 66500	\$26.00
66509	4 tests described in item 66500	\$29.50
66512	5 tests described in item 66500	\$33.00
66515	6 or more tests described in item 66500	\$37.50
66518	Investigation of cardiac or skeletal muscle damage by measurement of creatine kinase isoenzymes (by any method), troponin or myoglobin in plasma or serum - 1 or more tests in a 24 hour period	\$24.50
66521	Quantitation (except by reagent strip with or without reflectance meter or electrophoresis) of cholesterol or triglycerides or both in serum, plasma, urine or other body fluid (see para PP. of explanatory notes to this Category - MBS Book)	\$21.00
66524	A service described in item 66521 and 1 test described in item 66500	\$25.50
66527	A service described in item 66521 and 2 tests described in item 66500	\$29.50
66530	A service described in item 66521 and 3 tests described in item 66500	\$33.50
66533	A service described in item 66521 and 4 or more tests described in item 66500	\$37.50
66536	Quantitation of HDL cholesterol or apolipoprotein B/A1 ratio in a patient who: (a) has a serum cholesterol level >5.5mmol/L; or (b) is on a lipid lowering drug prescribed by a medical practitioner; or (c) as a fasting serum triglyceride level >2.2mmol/L; each episode to a maximum of 4 episodes in a 12 month period (Item is subject to rule 7A)	\$23.00
66539	Electrophoresis of serum for demonstration of lipoprotein subclasses, if the cholesterol is >6.5 mmol/L and triglyceride >4.0 mmol/L or in the diagnosis of types III and IV hyperlipidaemia - each episode to a maximum of 2 episodes in a 12 month period	\$55.50

Pathology		Chemical
Item No.	Description	Maximum Fee
66542	Oral glucose tolerance test for the diagnosis of diabetes mellitus that includes the following: (a) administration of glucose; (b) at least 3 estimations of blood glucose; (c) if performed, any test described in item 66695	\$20.50
66551	Quantitation of glycosylated haemoglobin performed in the management of established diabetes - each test to a maximum of 4 tests in a 12 month period	\$30.00
66554	Quantitation of glycosylated haemoglobin performed in the management of pre-existing diabetes where the patient is pregnant - each test to a maximum of 6 tests in a 12 month period which includes the whole pregnancy, including a service in item 66551 (if performed)	SNR
66563	Osmolality, estimation by osmometer, in serum or in urine - 1 or more tests	\$44.50
66566	Quantitation of: (a) blood gases (including pO ₂ , oxygen saturation and pCO ₂); and (b) bicarbonate and pH; including any other measurement (eg., haemoglobin, potassium or ionised calcium) or calculation performed on the same specimen - 1 or more tests on 1 specimen	\$60.00
66569	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 2 specimens performed within any 1 day	\$52.50
66572	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 3 specimens performed within any 1 day	\$63.00
66575	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 4 specimens performed within any 1 day	\$74.50
66578	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 5 specimens performed within any 1 day	\$85.00
66581	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 6 or more specimens performed within any 1 day	\$95.50
66590	Calculus, analysis of 1 or more	\$55.50
66593	Ferritin - quantitation, except if requested as part of iron studies	\$36.50
66596	Iron studies consisting of quantitation of: (a) serum iron; (b) transferrin or iron binding capacity; and (c) ferritin	\$71.00
66599	Serum B12 or serum folate - 1 or more tests within a 28 day period	\$44.50
66602	Red cell folate and serum B12 and, if required, serum folate, to a maximum of 3 episodes in a 12 month period	\$81.50
66605	Vitamins - quantitation of vitamins A, B1, B2, B3, B6, C, and E in blood, urine or other body fluid - 1 or more tests within a 6 month period	\$55.50

Pathology		Chemical
Item No.	Description	Maximum Fee
66608	Vitamin D or D fractions - 1 or more tests	\$55.50
66611	Quantitation, not elsewhere described in this Table by any method or methods, in blood or other body fluid, of a drug being used therapeutically by the patient from whom the specimen was taken - 1 test (This fee applies wher 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only test specified on the request form or performs 1 test and refers the rest to the laboratory of a separate APA) (Item is subject to rule6) (see para PP. of explanatory notes to this Category - MBS Book)	\$37.50
66614	2 tests described in item 66611 (Item is subject to rule 6)	\$52.50
66617	3 or more tests described in item 66611 (Item is subject to rule 6)	\$67.00
66620	Tests described in item 66611, if rendered under a request referred to in subparagraph (2)(a) (iii) of rule 6 - each test to a maximum of 2 tests (Item is subject to rule 6)	\$15.00
66623	All qualitative and quantitative tests on blood, urine or other body fluid for: (a) a drug or drugs of abuse (including illegal drugs and legally available drugs taken other than in appropriate dosage); or (b) ingested or absorbed toxic chemicals; including a service described in items 66611, 66614 or 66617 (if performed), but excluding: (c) the surveillance of sports people and athletes for performance improving substances; and (d) the monitoring of patients participating in a drug abuse treatment program	\$74.50
66626	Detection or quantitation or both (not including the detection of nicotine and metabolites in smoking withdrawal programs) of a drug, or drugs, of abuse or a therapeutic drug, on a sample collected from a patient: (a) participating in a drug abuse treatment program; or (b) being monitored for drug effects; but excluding (c) the surveillance of sports people and athletes for performance improving substances, including all tests on blood, urine or other body fluid - each episode, to a maximum of 21 episodes in a 12 month period	\$37.50
66629	Beta-2-microglobulin - quantitation in serum, urine or other body fluids - 1 or more tests	\$36.50
66644	C-1 esterase inhibitor, quantitation	\$36.50
66647	C-1 esterase inhibitor, functional assay	\$80.50
66650	Alpha-fetoprotein, CA-15.3 antigen (CA15.3), CA-125 antigen (CA125), CA-19.9 antigen (CA19.9), cancer associate serum antigen (CASA), carcinoembryonic antigen (CEA), human chorionic gonadotrophin (HCG), mammary serum antigen (MSA), thyroglobulin in serum or other body fluid, in the monitoring of malignancy - quantitation - 1 test	\$36.50
66653	2 or more tests described in item 66650	\$67.00
66656	Prostate specific antigen or prostate acid phosphatase - quantitation in the confirmation or monitoring of malignancy - 1 test	\$36.50
66659	2 tests described in item 66656	\$67.00

Pathology		Chemical
Item No.	Description	Maximum Fee
66662	Quantitation of hormone receptors on proven primary breast or ovarian carcinoma or a metastasis from a breast or ovarian carcinoma or a subsequent lesion in the breast - 1 or more tests	\$143.50
66665	Lead quantitation in blood or urine (other than for occupational health screening purposes) to a maximum of 3 tests in a 6 month period - each test	\$55.50
66668	Quantitation of aluminium (except if item 66671 applies), arsenic, beryllium, cadmium, copper, chromium, gold, manganese, mercury, nickel, selenium, strontium, or zinc, in blood, urine or other body fluid or tissue - 1 or more tests in a 6 month period	\$63.00
66671	Quantitation of serum aluminium in a patient in a renal dialysis program - each test	\$63.00
66674	Quantitation of: (a) faecal fat; or (b) breath hydrogen in response to loading with disaccharides; 1 or more tests within a 28 - day period	\$72.00
66677	Test for tryptic activity in faeces in the investigation of diarrhoea of longer than 4 weeks duration in children under 6 years old	\$20.00
66680	Quantitation of disaccharidases and other enzymes in intestinal tissue - 1 or more tests	\$134.00
66686	Performance of 1 or more of the following procedures: (a) growth hormone suppression by glucose loading; (b) growth hormone stimulation by exercise; (c) dexamethasone suppression test; (d) sweat collection by iontophoresis for chloride analysis; (e) pharmacological stimulation of growth hormone	\$20.50
66689	Personal performance by a recognised pathologist of 1 of the following: (a) gonadotrophin releasing hormone stimulation test; (b) synacthen stimulation test; (c) glucagon stimulation test with C-peptide measurement; (d) pentagastrin or calcium stimulation of thyrocalcitonin release; (e) secretin or calcium stimulation of gastrin release; (f) insulin hypoglycaemia; (g) arginine infusion; (h) thyrotrophin releasing hormone (TRH) test	\$68.00
66692	Personal performance by a recognised pathologist of 2 or more tests described in item 66689	\$108.50
66695	Quantitation of hormones and hormone binding proteins - ACTH, aldosterone, androstenedione, C-peptide, calcitonin, cortisol, cyclic AMP, DHEAS, 11-deoxycortisol, dihydrotestosterone, FSH, gastrin, glucagon, growth hormone, hydroxyprogesterone, insulin, LH, oestradiol, oestrone, progesterone, prolactin, PTH, renin, sex hormone binding globulin, somatomedin C(IGF-1), free or total testosterone, urine steroid fraction or fractions, vasoactive intestinal peptide, vasopressin (antidiuretic hormone) - 1 test	\$56.00
66698	2 tests described in item 66695 <i>(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 2 tests specified on the request form or performs 2 tests and refers the rest to the laboratory of a separate APA)</i> (Item is subject to rule 6)	\$76.50
66701	3 tests described in item 66695 <i>(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 3 tests specified on the request form or performs 3 tests and refers the rest to the laboratory of a separate APA)</i> (Item is subject to rule 6)	\$96.00

Pathology		Chemical
Item No.	Description	Maximum Fee
66704	4 tests described in item 66695 <i>(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 4 tests specified on the request form or performs 4 tests and refers the rest to the laboratory of a separate APA)</i> (Item is subject to rule 6)	\$123.50
66707	5 tests described in item 66695 <i>(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 5 tests specified on the request form or performs 5 tests and refers the rest to the laboratory of a separate APA)</i> (Item is subject to rule 6)	\$136.00
66710	6 or more tests described in item 66695 (Item is subject of rule 6)	\$155.00
66713	Tests described in item 66695, if rendered under a request referred to in subparagraph (2)(a)(iii) of rule 6 - each test to a maximum of 5 tests (Item is subject to rule 6)	\$20.00
66716	TSH-quantitation	\$55.00
66719	Thyroid function tests (comprising the service described in item 66716 and 1 or more of the following tests - estimation of free thyroxine index, free thyroxine, free T3, total T3, thyroxine binding globulin) in respect of a patient, if at least one of the following conditions is satisfied: (a) the patient has an abnormal level of TSH; (b) the tests are performed: (i) for the purpose of monitoring thyroid disease in the patient; or (ii) to investigate the sick euthyroid syndrome if the patient is an admitted patient; or (iii) to investigate dementia or psychiatric illness of the patient; or (iv) to investigate amenorrhoea or infertility of the patient; (c) the medical practitioner who requested the tests suspects the patient has a pituitary dysfunction; (d) the patient is on drugs that interfere with thyroid hormone metabolism or function (Item is subject to rule 10)	\$74.50
66722	TSH quantitation described in item 66716 and 1 test described in item 66695 <i>(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 2 tests specified on the request form or performs 2 tests and refers the rest to the laboratory of a separate APA)</i> (Item is subject to rule 6)	\$43.50
66725	TSH quantitation described in item 66716 and 2 tests described in item 66695 <i>(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 3 tests specified on the request form or performs 3 tests and refers the rest to the laboratory of a separate APA)</i> (Item is subject to rule 6)	\$43.50
66728	TSH quantitation described in item 66716 and 3 tests described in item 66695 <i>(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 4 tests specified on the request form or performs 4 tests and refers the rest to the laboratory of a separate APA)</i> (Item is subject to rule 6)	\$43.50
66731	TSH quantitation described in item 66716 and 4 tests described in item 66695 <i>(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 5 tests specified on the request form or performs 5 tests and refers the rest to the laboratory of a separate APA)</i> (Item is subject to rule 6)	\$43.50

Pathology		Chemical
Item No.	Description	Maximum Fee
66734	TSH quantitation described in item 66716 and 5 tests described in item 66695 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs 6 or more tests specified on the request form)(Item is subject to rule 6)	\$43.50
66737	Tests described in items 66716 and item 66695, if rendered under a request mentioned in subparagraph (2)(a)(iii) of rule 6 - each test to a maximum of 5 tests (Item is subject to rule 6)	\$43.50
66740	Quantitation, in pregnancy, of alpha-fetoprotein, human chorionic gonadotrophin, oestriol and any other substance to detect foetal abnormality, including a service described in 1 or more of items 66743, 66746, 73527 and 73529 (if performed) 1 patient episode in a pregnancy	\$99.00
66743	Quantitation of alpha-fetoprotein in serum or other body fluids during pregnancy except if requested as part of item 66740	\$36.50
66746	Human placental lactogen or oestriol - quantitation, except if requested as part of item 66740 - 1 test	\$57.00
66749	Amniotic fluid, spectrophotometric examination of, and quantitation of: (a) lecithin/sphingomyelin ratio; or (b) palmitic acid, phosphatidylglycerol or lamellar body phospholipid; or (c) bilirubin, including correction for haemoglobin - 1 or more tests	\$59.00
66752	Quantitation of citrate, oxalate, or amino acids including cysteine, homocysteine, cystine and hydroxyproline (except if performed as part of item 66773 or 66776) - 1 test	\$44.00
66755	2 or more tests described in item 66752	\$70.00
66761	Tests for reducing substances in faeces by any method (except reagent strip or dipstick)	SNR
66764	Examination for faecal occult blood (including tests for haemoglobin and its derivatives in the faeces) by: (a) an immunological method; and (b) a chemical method (except reagent strip or dip stick); with a maximum of 3 examinations on specimens collected on separate days in a 28 day period - 1 examination by both methods. (see para PP. of explanatory notes to this Category - MBS Book)	\$15.50
66767	2 examinations by both methods described in item 66764 performed on separately collected and identified specimens	\$31.00
66770	3 examinations by both methods described in item 66764 performed on separately collected and identified specimens	\$46.50
66773	Quantitation of products of collagen breakdown for the monitoring of patients with proven low bone mineral density, and if performed, a service described in item 66752 - 1 or more tests (Low bone density is defined in para D1.15 of explanatory notes to Category 2 - Diagnostic Procedures and Investigations of the Medicare Benefits Schedule)	\$43.50
66776	Quantitation of products of collagen breakdown for the monitoring of patients with metabolic bone disease, or Paget's disease of bone, and if performed, a service described in item 66752 - 1 or more tests	\$43.50

CATEGORY SIX: PATHOLOGY SERVICES
GROUP P3: MICROBIOLOGY

Pathology		Microbiology
Item No.	Description	Maximum Fee
69300	Microscopy of wet film material other than blood, from 1 or more sites, obtained directly from a patient (not cultures) including: (a) differential cell count (if performed); or (b) examination for dermatophytes; or (c) dark ground illumination; or (d) stained preparation or preparations using any relevant stain or stains; 1 or more tests	\$13.50
69303	Culture and (if performed) microscopy to detect pathogenic micro-organisms (including fungi but excluding viruses), from nasal swabs, throat swabs, eye swabs and ear swabs, (excluding swabs taken for epidemiological surveillance), including (if performed): (a) pathogen identification and antibiotic susceptibility testing; or (b) the detection of antigens not elsewhere described in this Table; or (c) a service described in item 69300; specimens from 1 or more sites	\$35.50
69306	Microscopy and culture to detect pathogenic micro-organisms (including fungi but excluding viruses) from skin or other superficial sites, including (if performed): (a) the detection of antigens not elsewhere specified in this Table; or (b) pathogen identification and antibiotic susceptibility testing; or (c) a service described in items 69300, 69303, 69312, 69318 and 73810; 1 or more tests on 1 or more specimens	\$40.50
69309	Microscopy and culture to detect dermatophytes and other fungi causing cutaneous disease from skin scrapings, skin biopsies, hair and nails (excluding swab specimens) and including (if performed): (a) the detection of antigens not elsewhere specified in this Table; or (b) a service described in items 69300, 69303, 69306, 69312, 69318 and 73810; 1 or more tests on 1 or more specimens	\$58.80
69312	Microscopy and culture to detect pathogenic micro-organisms (including fungi but excluding viruses) from urethra, vagina, cervix, or rectum (except for faecal pathogens), including (if performed): (a) the detection of antigens not elsewhere specified in this Table; or (b) pathogen identification and antibiotic susceptibility testing; or (c) a service described in items 69300, 69303, 69306 and 69318 1 or more tests on 1 or more specimens	\$40.50
69315	Microscopy and culture to detect pathogenic micro-organisms, including the detection of chlamydia by any method from urethra, vagina, cervix or rectum and including (if performed): (a) the detection of microbial antigens; or (b) pathogen identification and antibiotic susceptibility testing; or (c) a service described in item 69300, 69303, 69306, 69312, 69318, 69363, 69369, 69372, 69375 or 73810; 1 or more tests on 1 or more specimens	SNR

Pathology		Microbiology
Item No.	Description	Maximum Fee
69318	Microscopy and culture to detect pathogenic micro-organisms (including fungi but excluding viruses) from specimens of sputum (except when part of items 69324, 69327, 69330), including (if performed): (a) the detection of antigens not elsewhere specified in this Table; or (b) pathogen identification and antibiotic susceptibility testing; or (c) a service described in items 69300, 69303, 69306 and 69312 1 or more tests on 1 or more specimens	\$40.50
69321	Microscopy and culture of postoperative wounds, aspirates of body cavities, synovial fluid, CSF or operative or biopsy specimens, for the presence of pathogenic micro-organisms, (including fungi but excluding viruses) involving aerobic and anaerobic culture and the use of different culture media, and including (if performed): (a) pathogen identification and antibiotic susceptibility testing; (b) the detection of antigens not elsewhere specified in this Table; or (c) a service described in item 69300, 69303 or 69306, 69312 or 69318; specimens from 1 or more sites	\$69.50
69324	Microscopy with appropriate stains and culture of 1 specimen of sputum, urine, other body fluids or operative or biopsy specimens for mycobacteria including (if performed): (a) microscopy and culture of other bacterial pathogens; or (b) pathogen identification and antibiotic susceptibility testing; and (c) a service described in item 69300	\$52.50
69327	Microscopy with appropriate stains and culture of 2 specimens of sputum, urine, other body fluids or operative or biopsy specimens for mycobacteria including (if performed): (a) microscopy and culture of other bacterial pathogens; or (b) pathogen identification and antibiotic susceptibility testing; and (c) a service described in item 69300	\$103.00
69330	Microscopy with appropriate stains and culture of 3 specimens of sputum, urine, other body fluids or operative or biopsy specimens for mycobacteria including (if performed): (a) microscopy and culture of other bacterial pathogens; or (b) pathogen identification and antibiotic susceptibility testing; and (c) a service described in item 69300	\$156.00
69333	Urine examination (including serial examination) by any means other than simple culture by dip slide, including: (a) cell count; and (b) culture; and (c) colony count; and (d) if performed, stained preparations; and (e) if performed, identification of cultured pathogens; and (f) if performed, antibiotic susceptibility testing; and (g) if performed, any examination for pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone or bile salts	\$37.50
69336	Microscopy of faeces for parasites using concentration techniques (including the use of appropriate stains) with a maximum of 3 examinations on specimens collected on separate days, including a service (if performed) described in item 69300 - 1 examination	\$24.82
69339	2 examinations described in item 69336 performed on separately collected and identified specimens	\$49.64
69342	3 examinations described in item 69336 performed on separately collected and identified specimens	\$85.00

Pathology		Microbiology
Item No.	Description	Maximum Fee
69345	Culture of faeces for faecal pathogens, using at least 2 selective or enrichment media and culture in at least 2 different atmospheres including (if performed): (a) pathogen identification and antibiotic susceptibility testing; and (b) the detection of clostridial toxins or antigens not elsewhere specified in this Table; and (c) a service described in item 69300; with a maximum of 3 examinations performed on separately collected and identified specimens in any 7 day period - 1 examination	\$71.18
69348	2 examinations described in item 69345 performed on separately collected and identified specimens	\$142.38
69351	3 examinations described in item 69345 performed on separately collected and identified specimens	\$215.43
69354	Blood culture for pathogenic micro-organisms (other than viruses), including sub-cultures and (if performed): (a) identification of any cultured pathogen; and (b) necessary antibiotic susceptibility testing; to a maximum of 3 sets of cultures - 1 set of cultures	\$31.84
69357	2 sets of cultures described in item 69354	\$63.69
69360	3 sets of cultures described in item 69354	\$95.54
69363	Detection of clostridium difficile or clostridium difficile toxin (except if a service described in items 69345, 69348, 69351, 69369 or 69372 has been performed) - 1 or more tests	\$31.00
69366	Test for Helicobacter pylori in faeces, for either: (a) the confirmation of Helicobacter pylori colonisation, where (i) suitable biopsy material for diagnosis cannot be obtained at endoscopy in patients with peptic ulcer disease, or where the diagnosis of peptic ulcer has been made on barium meal; or (ii) in patients with a history of peptic ulcer disease or gastric neoplasia, where endoscopy is not indicated; or (b) the monitoring of the success of eradication therapy for Helicobacter pylori in patients with peptic ulcer disease, where any request for the test by a medical practitioner specifically identifies in writing one or more of the clinical indications for the test	\$42.50
69369	Detection of chlamydia by any method in specimens from 1 or more sites	SNR
69372	Detection of microbial antigens (except if the service described in item 69369 has been performed) 1 or more tests	\$29.50
69375	Examination for Herpes simplex virus, varicella zoster virus and cytomegalovirus by culture, including a service described in items 69315, 69369 or 69372 (if performed)	SNR
69384	Quantitation of 1 antibody to microbial or exogenous antigens not elsewhere described in the Schedule - 1 test (This fee applies where a laboratory performs the only antibody test specified on the request form or performs 1 test and refers the rest to the laboratory of a separate APA) (Item is subject to rule 6)	\$25.50

Pathology		Microbiology
Item No.	Description	Maximum Fee
69387	2 tests described in item 69384 <i>(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 2 estimations specified on the request form or performs 2 of the antibody estimations and refers the remainder to the laboratory of a separate APA)</i> (Item is subject to rule 6)	\$39.00
69390	3 tests described in item 69384 <i>(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 3 estimations specified on the request form or performs 3 of the antibody estimations and refers the remainder to the laboratory of a separate APA)</i> (Item is subject to rule 6)	\$52.00
69393	4 tests described in item 69384 <i>(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 4 estimations specified on the request form or performs 4 of the antibody estimations and refers the remainder to the laboratory of a separate APA)</i> (Item is subject to rule 6)	\$65.50
69396	5 tests described in item 69384 <i>(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 5 estimations specified on the request form or performs 5 of the antibody estimations and refers the remainder to the laboratory of a separate APA)</i> (Item is subject to rule 6)	\$79.00
69399	6 or more tests described in item 69384	\$91.50
69402	Tests described in item 69384, if rendered under a request referred to in subparagraph (2)(a)(iii) of rule 6 - each test to a maximum of 5 tests (Item is subject to rule 6)	\$13.50
69405	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness during that pregnancy) including: (a) the determination of 1 of the following: rubella immune status, specific syphilis serology, hepatitis B surface antigen; and (b) a service described in 1 or more of items 69384, 69414 to 69435, 69447 to 69456, 69462 and 69465 (if performed)	\$24.50
69408	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness during that pregnancy) including: (a) the determination of 2 of the following: rubella immune status, specific syphilis serology or, hepatitis B surface antigen; and (b) a service described in 1 or more of items 69384, 69414 to 69435, 69447 to 69456, 69462 and 69465 (if performed)	\$37.50
69411	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness during that pregnancy) including: (a) the determination of all 3 of the following: rubella immune status, specific syphilis serology and, hepatitis B surface antigen; and (b) a service described in 1 or more of items 69384, 69414 to 69435, 69447 to 69456, 69462 and 69465 (if performed)	\$50.00
69414	Investigation for acute Hepatitis A using: Hepatitis A IgM antibody test (Item is subject to rule 12)	SNR

Pathology		Microbiology
Item No.	Description	Maximum Fee
69417	Determination of immune status to Hepatitis A using: - Hepatitis A IgG antibody test (Item is subject to rule 12)	SNR
69420	Investigation for acute or resolving Hepatitis B, or testing of close, recent contacts of proven Hepatitis B infection, including: (a) Hepatitis B surface antigen test; and (b) Hepatitis B core antibody test; and (c) Hepatitis B antibody test (if the Hepatitis B surface antigen test is negative and Hepatitis B core antibody test is positive) (if performed) (Item is subject to rule 12)	SNR
69423	Investigation for resolution of Hepatitis B if the Hepatitis B core antibody test is positive and the Hepatitis B surface antigen test is negative, including: (a) Hepatitis B core antigen test; and (b) Hepatitis B surface antibody test; and (c) Hepatitis B surface antibody test	SNR
69426	Determination of immune status to Hepatitis B (post exposure) using: Hepatitis B core antibody test (Item is subject to rule 12)	SNR
69429	Determination of immune status to Hepatitis B (post vaccination) using: Hepatitis B surface antibody test (Item is subject to rule 12)	SNR
69432	Investigation for chronic Hepatitis B or determination of carriage of Hepatitis B antigen using: Hepatitis B surface antigen test (Item is subject to rule 12)	SNR
69435	Investigation for chronic Hepatitis B or carriage of Hepatitis B antigen if the Hepatitis B surface antigen test is positive, including: (a) Hepatitis B surface antigen test; and (b) Hepatitis B e antigen test (Item is subject to rule 12)	SNR
69438	Testing for Hepatitis C using: Hepatitis C antibody test (Item is subject to rule 12)	SNR
69441	Supplementary testing for Hepatitis C antibodies using a different Hepatitis C antibody assay on the specimen which has a reactive result on the initial Hepatitis C antibody test. (Item is not subject to rule 12)	\$21.00
69444	Detection of Hepatitis C viral RNA if at least 1 of the following criteria is satisfied: (a) the patient is Hepatitis C sero-positive and has normal liver function tests on 2 occasions 6 months apart; (b) the patient's serological status is uncertain after testing; (c) the test is performed for the purpose of: (i) determining the Hepatitis C status of an immunosuppressed or immunocompromised patient; or (ii) the detection of acute Hepatitis C prior to seroconversion where considered necessary for the clinical management of the patient; not exceeding 1 episode in a 12 month period (Item subject rule 21)	\$111.50

Pathology		Microbiology
Item No.	Description	Maximum Fee
69447	Investigation for acute or chronic Hepatitis D in a patient with a positive Hepatitis B surface antigen test using: Hepatitis D antibody test	SNR
69450	Determination of immune status to Hepatitis A and Hepatitis B, including: (a) Hepatitis A IgG antibody test; and (b) Hepatitis B core antibody test or Hepatitis B surface antibody test	SNR
69453	Investigation for chronic viral hepatitis, or Hepatitis B or Hepatitis C carriage, including: (a) Hepatitis B surface antigen test; and (b) Hepatitis C antibody test	SNR
69456	Investigation for chronic viral hepatitis, or Hepatitis B or Hepatitis C carriage, where the Hepatitis B surface antigen test is positive, including: (a) Hepatitis C antibody test; and (b) Hepatitis B surface antigen test; and (c) Hepatitis B e antigen test	SNR
69459	Investigation for acute Hepatitis A, Hepatitis B, Hepatitis C and Hepatitis D in a patient with a currently elevated transaminase level, including: (a) Hepatitis A IgM antibody test; and (b) Hepatitis C antibody test; and (c) Hepatitis B surface antigen test; and (d) Hepatitis B core antibody test; and (e) Hepatitis B e antibody test (if Hepatitis B surface antigen test is negative and Hepatitis B core antibody test is positive) (if performed); and (f) Hepatitis D antibody test (if Hepatitis B surface antigen test is positive) (if performed) (Item is subject to rule 12)	\$63.00
69462	Determination of immune status to Hepatitis B and testing for Hepatitis C, including: (a) Hepatitis C antibody test; and (b) Hepatitis B core antibody test or Hepatitis B surface antibody test (Item is subject to rule 12)	SNR
69465	Syphilis serology and any 1 of items 69435, 69438 or 69453 (Item is subject to rule 12)	SNR
69468	Investigation for acute Hepatitis A and Hepatitis C in a patient with a currently elevated transaminase level, including: (a) Hepatitis A IgM antibody test; and (b) Hepatitis C antibody test (Item is subject to rule 12)	SNR

CATEGORY SIX: PATHOLOGY SERVICES
GROUP P4: IMMUNOLOGY

Pathology		Immunology
Item No.	Description	Maximum Fee
71057	Electrophoresis, quantitative and qualitative, of serum, urine or other body fluid all collected within a 28 day period, to demonstrate: (a) protein classes; or (b) presence and amount of paraprotein including the preliminary quantitation of total protein, albumin and globulin - 1 specimen type	\$44.00
71058	Examination as described in item 71057 of 2 or more specimen types	\$62.00
71059	Electrophoresis and immunofixation or immuno electrophoresis or isoelectric focussing of: (a) urine for detection of Bence Jones proteins (b) serum, plasma or other body fluid and characterisation, if detected, of a paraprotein or cryoglobulin not previously characterised; examination of 1 specimen type (eg. serum, urine or CSF)	\$36.00
71060	Examination as described in item 71059 of 2 or more specimen types	\$54.00
71062	Electrophoresis and immunofixation or immuno electrophoresis or isoelectric focussing of CSF for the detection of oligoclonal bands and including if required electrophoresis of the patient's serum for comparison purposes - 1 or more tests	\$54.00
71064	Detection and quantitation of cryoglobulins or cryofibrinogen - 1 or more tests	\$35.50
71067	Quantitation of total immunoglobulins A, G, M or D by any method in serum, urine or other body fluid - 1 test	\$27.00
71069	2 tests described in item 71067	\$46.00
71071	3 or more tests described in item 71067	\$58.00
71073	Quantitation of all 4 immunoglobulin G subclasses - each patient episode	\$191.50
71075	Quantitation of immunoglobulin E (total), with a maximum of 2 patient episodes in any 12 month period - each patient episode	\$49.00
71077	Quantitation of immunoglobulin E (total) in the follow up of a patient with proven immunoglobulin-E secreting myeloma, proven congenital immunodeficiency or proven allergic bronchopulmonary aspergillosis, with a maximum of 6 patient episodes in a 12 month period - each patient episode	\$49.00
71079	Detection of specific immunoglobulin G or E antibodies to single or multiple potential allergens, with a maximum of 4 patient episodes in a 12 month period - each patient episode	\$44.00
71081	Quantitation of total haemolytic complement	\$36.50
71083	Quantitation of complement components C3 and C4 or properdin factor B - 1 test	\$36.50
71085	2 tests described in item 71083	\$55.00

Pathology		Immunology
Item No.	Description	Maximum Fee
71087	3 or more tests described in item 71083	\$67.50
71089	Quantitation of complement components or breakdown products of complement proteins not elsewhere described in an item in this Schedule - 1 test	\$53.00
71091	2 tests described in item 71089	\$95.50
71093	3 or more tests described in item 71089	\$137.50
71095	Quantitation of serum or plasma eosinophil cationic protein, or both, to a maximum of 3 assays in 1 year, for monitoring the response to therapy in corticosteroid treated asthma, in a child aged less than 12 years	\$69.00
71097	Antinuclear antibodies - detection in serum or other body fluids, including quantitation if required	\$46.00
71099	Double-stranded DNA antibodies - quantitation by 1 or more methods other than the Crithidia method	\$48.00
71101	Antibodies to 1 or more extractable nuclear antigens - detection in serum or other body fluids	\$31.00
71103	Characterisation of an antibody detected in a service described in item 71101 (including that service)	\$93.50
71106	Rheumatoid factor - detection by any technique in serum or other body fluids, including quantitation if required	\$15.50
71109	Antibodies to tissue antigens (acetylcholine receptor, adrenal cortex, cardiolipin, glomerular basement membrane, heart, histone, insulin, insulin receptor, intrinsic factor, islet cell, lymphocyte, neuron, neutrophil cytoplasm, ovary, parathyroid, platelet, salivary gland, skeletal muscle, skin basement membrane and intercellular substance, thyroglobulin, thyroid microsome or thyroid stimulating hormone receptor) - detection, including quantitation if required, of 1 antibody	\$62.50
71113	Detection of 2 antibodies described in item 71109	\$93.50
71115	Detection of 3 antibodies described in item 71109	\$116.50
71117	Detection of 4 antibodies described in item 71109	\$133.00
71119	Antibodies to tissue antigens not elsewhere specified in this Table - detection, including quantitation if required, of 1 antibody	\$31.00
71121	Detection of 2 antibodies specified in item 71119	\$37.50
71123	Detection of 3 antibodies specified in item 71119	\$44.00
71125	Detection of 4 or more antibodies specified in item 71119	\$50.00
71127	Functional tests for lymphocytes - quantitation other than by microscopy of: (a) proliferation induced by 1 or more mitogens; or (b) proliferation induced by 1 or more antigens; or (c) estimation of 1 or more mixed lymphocyte reactions; including a test described in item 65066 (if performed), with a maximum of 2 patient episodes in a 12 month period - each patient episode	\$312.00
71129	2 tests described in item 71127	\$395.00

Pathology		Immunology
Item No.	Description	Maximum Fee
71131	3 or more tests described in item 71127	\$468.00
71135	Quantitation of neutrophil function, comprising at least 2 of the following: (a) chemotaxis; (b) phagocytosis; (c) oxidative metabolism; (d) bactericidal activity; including any test described in item 65066 (other than nitroblue tetrazolium reduction slide test), with a maximum of 2 patient episodes in a 12 month period - each patient episode	\$374.50
71137	Quantitation of cell-mediated immunity by multiple antigen delayed type hypersensitivity intradermal skin testing using a minimum of 7 antigens, with a maximum of 2 patient episodes in a 12-month period - each patient episode	\$55.00
71139	Characterisation of 3 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations, including a total lymphocyte count by any method, on 1 or more specimens of blood, CSF or serous fluid	\$187.00
71141	Characterisation of 3 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations on 1 or more disaggregated tissue specimens	\$411.00
71143	Characterisation (but not monitoring) of 6 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations in an immunological or haematological malignancy, including a service described in 1 or both of items 71139 and 71141 (if performed), on a specimen of blood, CSF, serous fluid or disaggregated tissue	\$468.00
71145	Characterisation (but not monitoring) of 6 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations in an immunological or haematological malignancy, including a service described in 1 or more of items 71139, 71141 and 71143 (if performed), on 2 or more specimens of disaggregated tissues or 1 specimen of disaggregated tissue and 1 or more specimens of blood, CSF or serous fluid	\$764.50
71147	HLA-B27 typing	\$62.50
71149	Complete tissue typing for 4 HLA-A and HLA-B Class I antigens (including any separation of leucocytes), including a service described in item 71147 (if performed)	\$195.50
71151	Tissue typing for HLA-DR, HLA-DP and HLA-DQ Class II antigens (including any separation of leucocytes) phenotyping or genotyping of 2 or more antigens	\$213.00

CATEGORY SIX: PATHOLOGY SERVICES
GROUP P5: TISSUE PATHOLOGY

Pathology		Tissue Pathology
Item No.	Description	Maximum Fee
72813	Examination of complexity level 2 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 or more separately identified specimens (Item is subject to rule 14)	\$120.00
72816	Examination of complexity level 3 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 separately identified specimen (Item is subject to rule 14)	\$125.00
72817	Examination of complexity level 3 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 2 or more separately identified specimens (Item is subject to rule 14)	\$132.00
72823	Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 separately identified specimen (Item is subject to rule 14)	\$132.00
72824	Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 2 to 4 separately identified specimens (Item is subject to rule 14)	\$145.00
72825	Examination of complexity level 4 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 5 or more separately identified specimens (Item is subject to rule 14)	\$175.00
72830	Examination of complexity level 5 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 or more separately identified specimens (Item is subject to rule 14)	\$180.00
72836	Examination of complexity level 6 biopsy material with 1 or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions - 1 or more separately identified specimens (Item is subject to rule 14)	\$195.00
72846	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 1 to 3 antibodies (Item is subject to rule 14)	\$54.00
72847	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 4 or more antibodies (Item is subject to rule 14)	\$60.00
72851	Electron microscopic examination of biopsy material - 1 separately identified specimen (Item is subject to rule 14)	\$200.00
72852	Electron microscopic examination of biopsy material - 2 or more separately identified specimens (Item is subject to rule 14)	\$275.00
72855	Intraoperative frozen section diagnosis of biopsy material - 1 separately identified specimen (Item is subject to rule 14)	\$200.00
72856	Intraoperative frozen section diagnosis of biopsy material - 2 or more separately identified specimens (Item is subject to rule 14)	\$275.00

CATEGORY SIX: PATHOLOGY SERVICES
GROUP P6: CYTOLOGY

Pathology		Cytology
Item No.	Description	Maximum Fee
73043	Cytology (including serial examinations) of nipple discharge or smears from skin, lip, mouth, nose or anus for detection of precancerous or cancerous changes - 1 or more tests	\$27.50
73045	Cytology (including serial examinations) for malignancy (other than an examination mentioned in item 73053); and including any Group P5 service, if performed on: (a) specimens resulting from washings or brushings from sites not specified in item 73043; or (b) a single specimen of sputum or urine; or (c) 1 or more specimens of other body fluids; 1 or more tests	\$54.00
73047	Cytology of a series of 3 sputum or urine specimens for malignant cells	\$112.50
73049	Cytology material obtained directly from a patient by fine needle aspiration of solid tissue or tissues	\$67.50
73051	Cytology material obtained directly from a patient by fine needle aspiration of solid tissue or tissues if: (a) the aspiration is performed by a recognised pathologist; or (b) a recognised pathologist attends the aspiration and performs cytological examination during the attendance	\$125.00
73053	Cytology of smears from cervix: (a) for detection of precancerous or cancerous changes in women with no symptoms, signs or recent history suggestive of cervical neoplasia; or (b) due to an unsatisfactory smear taken in the circumstances defined in para (a) above; or (c) if there is inadequate information provided to use item 73055; each examination <i>(see para PP. of explanatory notes to this Category - MBS Book)</i>	\$27.50
73055	Cytology not associated with item 73053, of smears from cervix in association with: (a) the management of previously detected abnormalities including precancerous or cancerous conditions; or (b) the investigation of women with symptoms, signs or recent history suggestive of cervical neoplasia; each test <i>(see para PP. of explanatory notes to this Category - MBS Book)</i>	\$27.50
73057	Cytology of smears from vagina, not associated with item 73053 or 73055 nor to monitor hormone replacement therapy - each test <i>(see para PP. of explanatory notes to this Category - MBS Book)</i>	\$27.50
73059	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049 and 73051 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 1 to 3 antibodies	\$53.00
73060	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049 and 73051 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen - 4 or more antibodies	\$62.00

CATEGORY SIX: PATHOLOGY SERVICES
GROUP P7: CYTOGENETICS

Pathology		Cytogenetics
Item No.	Description	Maximum Fee
73287	Chromosome studies, including preparation, count, karyotyping and identification by banding techniques or fragile X-site determination of 1 or more of any tissue or fluid except blood - 1 or more tests	\$593.00
73289	Chromosome studies, including preparation, count, karyotyping and identification by banding techniques or fragile X-site determination of blood - 1 or more tests	\$541.00

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

Pathology		Infertility and Pregnancy Tests
Item No.	Description	Maximum Fee
73521	Semen examination for presence of spermatozoa or examination of cervical mucus for spermatozoa (Huhner's test)	\$12.50
73523	Semen examination (other than post-vasectomy semen examination), including: (a) measurement of volume, sperm count and motility; and (b) examination of stained preparations; and (c) morphology; and (if performed) (d) differential count and 1 or more chemical tests; with a maximum of 4 episodes in a 12 month period - each episode	\$51.50
73525	Sperm antibodies - sperm-penetrating ability - 1 or more tests	\$33.50
73527	Chorionic gonadotrophin (beta-HCG) - detection in serum or urine by 1 or more methods, including serial dilution if performed, for diagnosis of pregnancy - 1 or more tests	\$18.00
73529	Chorionic gonadotrophin (beta-HCG), quantitation in serum by 1 or more methods (except by latex, membrane, strip or other pregnancy test kit) for diagnosis of hydatidiform mole, HCG - secreting neoplasm, or threatened abortion, or follow up of abortion or diagnosis of ectopic pregnancy, including any services performed in 73527 - 1 test	\$51.50

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

Pathology		Simple Basic Pathology Tests
Item No.	Description	Maximum Fee
73801	Semen examination for presence of spermatozoa	\$11.00
73802	Leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count), haemoglobin, haematocrit or erythrocyte count - 1 test	\$7.50
73803	2 tests described in item 73802	\$10.00
73804	3 or more tests described in item 73802	\$13.50
73805	Microscopy of urine whether stained or not, or catalase test	\$7.50
73806	Pregnancy test by 1 or more immunochemical methods	\$18.00
73807	Microscopy for wet film other than urine, including any relevant stain	\$11.00
73808	Microscopy of Gram-stained film, including (if performed) a service described in item 73805 or 73807	\$14.00
73809	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method	\$3.50
73810	Microscopy for fungi in skin, hair or nails - 1 or more sites	\$11.00
73811	Mantoux test	\$18.00

**CATEGORY SIX: PATHOLOGY SERVICES
GROUP P10: PATIENT EPISODE INITIATION**

Pathology		Patient Episode Initiation
Item No.	Description	Maximum Fee
73901	Initiation of a patient episode that consists only of a service described in item 73053, 73055 or 73057 from a person who is not in a recognised hospital or a prescribed laboratory	\$8.00
73903	Initiation of a patient episode that consists only of 1 or more services described in items 72813, 72816, 72817, 72823, 72824, 72825, 72830 and 72836 from a person who is an in-patient of a hospital other than a recognised hospital	\$14.50
73905	Initiation of a patient episode that consists only of 1 or more services described in items 72813, 72816, 72817, 72823, 72824, 72825, 72830 and 72836 from a person who is not an in-patient of a private hospital and not a patient of a recognised hospital	\$8.00
73907	Initiation of a patient episode by collection of specimen for a service (other than a service described in item 73901, 73903, 73905 or in Group P9) if the specimen is collected in a licensed collection centre	\$26.50
73909	Initiation of a patient episode by collection of a specimen for a service (other than a service described in item 73901, 73903, 73905 or in Group P9) if the specimen is collected by an approved pathology practitioner or an employee of an approved pathology authority from a person who is an in-patient of a hospital other than a recognised hospital	\$26.50
73910	Initiation of a patient episode by collection of a specimen for a service (other than a service described in item 73901, 73903, or 73905, or in Group P9) if the specimen is collected by an approved pathology practitioner or an employee of an approved pathology authority from a person in the place where the person was residing	\$26.50
73912	Initiation of a patient episode by collection of a specimen for a service (other than a service described in item 73901, 73903, or 73905, or in Group P9) if the specimen is collected by an approved pathology practitioner or an employee of an approved pathology authority from a person in a nursing home or institution	\$26.50
73913	Initiation of a patient episode by collection of a specimen for a service (other than a service described in items 73901, 73903, 73905 or 73907 or items in Group P9) if the specimen is collected from the person by the person	\$22.00
73915	Initiation of a patient episode by collection of a specimen for a service (other than a service described in items 73901, 73903 or 73905 or items in Group P9) if the specimen is collected by or on behalf of the treating practitioner	\$22.00

CATEGORY SIX: PATHOLOGY SERVICES
GROUP P11: SPECIMEN REFERRED

Pathology		Specimen Referred
Item No.	Description	Maximum Fee
73921	Receipt of a specimen by an approved pathology practitioner of an approved pathology authority from another approved pathology practitioner of a different approved pathology authority or another approved pathology authority (Item is subject to subrule 15 (9))	\$17.50

SCHEDULE B

WORKSITE ASSESSMENT

Item No.	Group	Description	Maximum Fee
WVG08	General Practitioners	Worksite Assessment - for the purpose of assessing and reporting the duties that are or can be made available, and the capacity of the worker to undertake these duties.	\$128.00 ph
WMS08	Specialists in a Surgical Discipline	Worksite Assessment - for the purpose of assessing and reporting the duties that are or can be made available, and the capacity of the worker to undertake these duties.	\$165.00 ph
WMP08	Consultant Physicians	Worksite Assessment - for the purpose of assessing and reporting the duties that are or can be made available, and the capacity of the worker to undertake these duties.	\$165.00 ph

Note 1: Service must be authorised by the WorkCover Corporation Claims Agent, Self-Managed or Exempt Employer.

Note 2: Medical practitioners should contact the employer to ensure appropriate access to the worksite and to arrange for an employer representative to be available to help maximise the value of time spent in the work place.

Note 3: The worksite assessment should include an assessment of the physical environment, mental work demands, human behaviour, working conditions, educational requirements and other conditions.

Note 4: A worksite assessment report should be completed during the Worksite Assessment. Proformas can be obtained from WorkCover Corporation on (08) 8233 2452 or FREECALL 1800 188 000 (SA country only).

CASE CONFERENCE

Item No.	Group	Description	Maximum Fee
WVG09	General Practitioners	Case Conference - to determine details of limitations to work, recommendations facilitating a return to work and options for management of the worker's recovery.	\$128.00 ph
WMS09	Specialists in a Surgical Discipline	Case Conference - to determine details of limitations to work, recommendations facilitating a return to work and options for management of the worker's recovery.	\$165.00 ph
WMP09	Consultant Physicians	Case Conference - to determine details of limitations to work, recommendations facilitating a return to work and options for management of the worker's recovery.	\$165.00 ph

Note 1: Service must be authorised by the WorkCover Corporation Claims Agent, Self-Managed or Exempt Employer.

Note 2: A case conference may be requested by:

- a treating medical expert;
- an employer;
- a worker or worker's advocate;
- a WorkCover Corporation Claims Agent, Self-Managed or Exempt Employer; or
- a provider of Return to Work Services registered by WorkCover Corporation.

TRAVEL - WORKSITE ASSESSMENTS & CASE CONFERENCES

Item No.	Group	Description	Maximum Fee
WMG10	General Practitioners	Travel Time - Worksite Assessment or Case Conference	\$128.00 ph
WMS10	Specialists in a Surgical Discipline	Travel Time - Worksite Assessment or Case Conference	\$165.00 ph
WMP10	Consultant Physicians	Travel Time - Worksite Assessment or Case Conference	\$165.00 ph

Note 1: Travel must be authorised by the WorkCover Corporation Claims Agent, Self-Managed or Exempt Employer.

Note 2: All accounts must include the total time spent travelling, along with the distance travelled.

Note 3: The Case Manager may choose to contain costs by ordering the service from an appropriate practitioner based in the worker's locality.

Note 4: Where more than one worksite assessment or case conference is conducted, the travel fee should be split accordingly.

THIRD PARTY CONSULTATION

Item No.	Group	Description	Maximum Fee
WMG14	General Practitioners	Third Party Consultation - at the Doctor's rooms where the worker is usually not present, to determine details of limitations to work, recommendations facilitating a return to work and options for management of the worker's recovery.	\$128.00 ph
WMS14	Specialists in a Surgical Discipline	Third Party Consultation - at the Doctor's rooms where the worker is usually not present, to determine details of limitations to work, recommendations facilitating a return to work and options for management of the worker's recovery.	\$165.00 ph
WMP14	Consultant Physicians	Third Party Consultation - at the Doctor's rooms where the worker is usually not present, to determine details of limitations to work, recommendations facilitating a return to work and options for management of the worker's recovery.	\$165.00 ph

Note 1: Service must be authorised by the WorkCover Corporation Claims Agent, Self-Managed or Exempt Employer.

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

- an employer;
- a WorkCover Corporation Claims Agent, Self-Managed or Exempt Employer;
- a worker's representative or advocate; or
- a provider of Return to Work Services registered by WorkCover Corporation.

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

ATTENDANCE FOR THE PURPOSE OF DISPUTE RESOLUTION

Item No.	Group	Description	Maximum Fee
WMG15	General Practitioners	Attendance for the Purpose of Dispute Resolution	DF
WMS15	Specialists in a Surgical Discipline	Attendance for the Purpose of Dispute Resolution	DF
WMP15	Consultant Physicians	Attendance for the Purpose of Dispute Resolution	DF

DF = Derived Fee

Note 1: Attendance for the purpose of dispute resolution must be at the request of:

- a WorkCover Corporation Claims Agent; a Self-Managed or Exempt Employer;
- a worker or worker's representative; or
- an employer or employer's representative.

Note 2: A witness at a dispute resolution proceeding is entitled to reimbursement of any expense that the dispute resolution authority certifies has been, or is likely to be, reasonably incurred by the witness as a consequence of appearing before the authority.

Note 3: As a guide, the derived fee may be calculated using the pro-rata hourly rate of \$128.00 for general practitioners and \$165.00 for specialists in a surgical discipline and consultant physicians.

SHORT REPORT - TREATING DOCTOR

Item No.	Group	Description	Maximum Fee
WMG37	General Practitioners	Short report - provided within 72 hours of receipt of the request.	\$35.00
WMG38	General Practitioners	Short report - provided more than 72 hours after receipt of the request.	\$10.00
WMS37	Specialists in a Surgical Discipline	Short report - provided within 72 hours of receipt of the request.	\$35.00
WMS38	Specialists in a Surgical Discipline	Short report - provided more than 72 hours after receipt of the request.	\$10.00
WMP37	Consultant Physicians	Short report - provided within 72 hours of receipt of the request.	\$35.00
WMP38	Consultant Physicians	Short report - provided more than 72 hours after receipt of the request.	\$10.00

Note 1: A medical report may be requested by:

- a WorkCover Corporation Claims Agent; Self Managed or Exempt Employer; or
- a worker's representative or advocate.

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

Note 3: Reports should be concise and focused. The anticipated length of a short report is approximately half a page.

Note 4: A short report should be based on the medical practitioners notes and should not require a consultation with the patient. **If a consultation is deemed necessary by the medical practitioner, it must be authorised by the case manager prior to the consultation.**

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

Note 6: The requestor must specify in their request that they are seeking a short report.

MEDICAL REPORT - TREATING DOCTOR

Item No.	Group	Description	Maximum Fee
WMG16	General Practitioners	Treating Doctor Medical Report - provided within 10 business days of receipt of the request.	\$135.00
WMG17	General Practitioners	Treating Doctor Medical Report - provided between 10 and 30 business days after receipt of the request.	\$105.00
WMG18	General Practitioners	Treating Doctor Medical Report - provided 30 or more business days after receipt of the request.	\$80.00
WMS16	Specialists in a Surgical Discipline	Treating Doctor Medical Report - provided within 10 business days of receipt of the request.	\$215.00
WMS17	Specialists in a Surgical Discipline	Treating Doctor Medical Report - provided between 10 and 30 business days after receipt of the request.	\$185.00
WMS18	Specialists in a Surgical Discipline	Treating Doctor Medical Report - provided 30 or more business days after receipt of the request.	\$150.00
WMP16	Consultant Physicians	Treating Doctor Medical Report - provided within 10 business days of receipt of the request.	\$215.00
WMP17	Consultant Physicians	Treating Doctor Medical Report - provided between 10 and 30 business days after receipt of the request.	\$185.00
WMP18	Consultant Physicians	Treating Doctor Medical Report - provided 30 or more business days after receipt of the request.	\$150.00

Note 1: A medical report may be requested by:

- a WorkCover Corporation Claims Agent; Self Managed or Exempt Employer; or
- a worker's representative or advocate.

Note 2: The date of request is deemed to be two business days after the date the letter of request is posted. A business day is any day, excluding Saturday, Sunday and Public Holidays.

Note 3: Most reports are expected to be completed on the basis of the medical practitioners clinical notes, therefore a consultation is not expected to be a pre-requisite for the preparation of a report. However, if required in the judgement of the medical practitioner, the charge for the consultation is in accordance with:

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

MEDICAL REPORT - INDEPENDENT MEDICAL EXAMINERS

Item No.	Group	Description	Maximum Fee
WMS29	Specialists in a Surgical Discipline	Independent Medical Examiner Report - provided within 10 business days of receipt of the request.	\$200.00
WMS30	Specialists in a Surgical Discipline	Independent Medical Examiner Report - provided between 10 and 30 business days after receipt of the request.	\$180.00
WMS31	Specialists in a Surgical Discipline	Independent Medical Examiner Report - provided 30 or more business days after receipt of the request.	\$150.00
WMP29	Consultant Physicians	Independent Medical Examiner Report - provided within 10 business days of receipt of the request.	\$200.00
WMP30	Consultant Physicians	Independent Medical Examiner Report - provided between 10 and 30 business days after receipt of the request.	\$180.00
WMP31	Consultant Physicians	Independent Medical Examiner Report - provided 30 or more business days after receipt of the request.	\$150.00

Note 1: A medical report may be requested by:

- a WorkCover Corporation Claims Agent; Self Managed or Exempt Employer; or
- a worker's representative or advocate.

Note 2: The date of request is deemed to be two business days after the date the letter of request is posted. A business day is any day, excluding Saturday, Sunday and Public Holidays.

Note 3: A consultation is required for the preparation of a report and should be charged in accordance with:

- item 104 for Specialists in a Surgical Discipline;
- item 110 for Consultant Physicians; or
- item 304, 306, or 308 for Consultant Psychiatrists.

Note 4: Medical Examiners on the Corporation's Register of Independent Medical Examiner Providers have a separate service and fee schedule. Please contact WorkCover Corporation on (08) 8238 5789 for details.

READING TIME - INDEPENDENT MEDICAL EXAMINERS

Item No.	Group	Description	Maximum Fee
WMS32	Specialists in a Surgical Discipline	Reading time - payable to an independent medical examiner for reading prior reports or other information forwarded by the requestor.	\$25.00
WMP32	Consultant Physicians	Reading time - payable to an independent medical examiner for reading prior reports or other information forwarded by the requestor.	\$25.00

CLARIFICATION OF A REPORT - RE-EXAMINATION NOT REQUIRED INDEPENDENT MEDICAL EXAMINERS

Item No.	Group	Description	Maximum Fee
WMS33	Specialists in a Surgical Discipline	Clarification of a Report - Re-examination not required	\$40.00
WMP33	Consultant Physicians	Clarification of a Report - Re-examination not required	\$40.00

Note 1: Clarification must be requested by:

- a WorkCover Corporation Claims Agent; Self Managed or Exempt Employer; or
- a worker's representative or advocate.

Note 2: A fee is not payable for clarifications sought as a result of failure by the Provider to prepare the previous report in accordance with user information needs.

CANCELLATION OF AN APPOINTMENT INDEPENDENT MEDICAL EXAMINERS

Item No.	Group	Description	Maximum Fee
WMS34	Specialists in a Surgical Discipline	Cancellation of an appointment - less than 24 hours before the time of the scheduled appointment.	\$43.00
WMP34	Consultant Physicians	Cancellation of an appointment - less than 24 hours before the time of the scheduled appointment.	\$76.00

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

- a WorkCover Corporation Claims Agent; Self Managed or Exempt Employer; or
- a worker's representative or advocate.

**TELEPHONE CALLS (EXCLUDING CALLS MADE DURING A
CONSULTATION AND CALLS MADE TO OR RECEIVED FROM WORKERS)**

Item No.	Group	Description	Maximum Fee
WMG19	General Practitioners	Telephone Calls - up to and including 10 minutes duration	\$16.00
WMG20	General Practitioners	Telephone Calls - of more than 10 minutes duration	\$35.00
WMS19	Specialists in a Surgical Discipline	Telephone Calls - of up to and including 10 minutes duration	\$20.60
WMS20	Specialists in a Surgical Discipline	Telephone Calls - of more than 10 minutes duration	\$45.10
WMP19	Consultant Physicians	Telephone Calls - of up to and including 10 minutes duration	\$20.60
WMP20	Consultant Physicians	Telephone Calls - of more than 10 minutes duration	\$45.10

Note 1: Telephone Calls of a case specific nature, made to or received from:

- a WorkCover Corporation Claims Agent, Self-Managed or Exempt Employer;
- an employer;
- a WorkCover Corporation Medical Consultant; or
- a provider of Return to Work Services registered by WorkCover Corporation.

Note 2: Telephone contact between treating/referring medical providers which forms part of the clinical management of the case is not normally chargeable.

Note 3: A fee is not payable if the telephone contact occurs during a consultation with the worker.

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

SPECIFIED DUTIES FORM (SDF)

Item No.	Group	Description	Maximum Fee
WMG23	General Practitioners	Completion of a Specified Duties Form (SDF)	\$15.00
WMS23	Specialists in a Surgical Discipline	Completion of a Specified Duties Form (SDF)	\$15.00
WMP23	Consultant Physicians	Completion of a Specified Duties Form (SDF)	\$15.00

Note 1: This form is to be completed at the request of the WorkCover Corporation Claims Agent, Self-Managed or Exempt Employer.

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

Note 3: SDFs may be obtained by contacting WorkCover Corporation on (08) 8233 2222 or FREECALL 1800 188 000 (SA country only).

SCHEDULE B - TRADITIONAL SERVICES

SERVICES DELIVERED BY EAR, NOSE AND THROAT SURGEONS

Item No.	Group	Description	Maximum Fee
WME24	Otorhinolaryngology	Cortical Evoked Response Audiometry	\$230.00
WME25	Otorhinolaryngology	Sensonics Smell Identification Test	\$100.00

SERVICES DELIVERED BY RADIOLOGISTS

Item No.	Group	Description	Maximum Fee
WMI01	Radiology	Magnetic Resonance Study of one region of the body or two contiguous regions of the body including contrast medium and consumables.	\$420.00
WMI02	Radiology	Magnetic Resonance Study of three or more contiguous regions of the body or two or more separate regions of the body including contrast medium and consumables.	\$420.00
WMI03	Radiology	Use of gadolinium included in cost of the above items.	NIL
WMI04	Radiology	Time based fee for providing a mobile image intensifier and radiographer to stand-by and/or perform fluoroscopic examinations during surgical procedures. Derived Fee: for every 30 minutes or part thereof	\$102.00
WMI05	Radiology	Time based charge for providing a radiographer to stand-by and/or perform radiographic examinations in an operating theatre. Derived Fee: for every 30 minutes or part thereof	\$25.50

SERVICES DELIVERED BY A MEDICAL PRACTITIONER

Item No.	Group	Description	Maximum Fee
WMG26	Medical Practitioner	Fluids, intravenous drip infusion of - percutaneous	\$39.50
WMG27	Medical Practitioner	Fluids, intravenous drip infusion of - open exposure	\$65.50

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

**SERVICES DELIVERED BY MEDICAL PRACTITIONERS IN THE
PRACTICE OF HYPNOTHERAPY**

Item No.	Group	Description	Maximum Fee
WMG31	Medical Practitioners	General Practitioner - At Consulting Rooms - Up to 15 minutes	\$33.80
WMG28	Medical Practitioners	General Practitioner - At Consulting Rooms - 16 - 30 minutes	\$59.00
WMG29	Medical Practitioners	General Practitioner - At Consulting Rooms - 31 - 45 minutes	\$88.50
WMG30	Medical Practitioners	General Practitioner - At Consulting Rooms - more than 46 minutes	\$120.50

SERVICES DELIVERED BY A SPECIALIST IN A SURGICAL DISCIPLINE

Item No.	Group	Description	Maximum Fee
WMS35	Specialist is a Surgical Discipline	Laparoscopic Approach to Anterior Spinal Fusion Anaesthetic Item number for Specialist 17714	\$990.50

MGE 97/98 CS

E. D. WILSON Clerk of the Council