

**Commonwealth of Australia
Department of Health**

**MEDICAL BENEFITS
SCHEDULE BOOK**

Medicare Benefits Schedule

1 November 1980

Amendments

1 April 1981

1 September 1981

16 November 1981

COMMONWEALTH DEPARTMENT OF HEALTH



MEDICAL BENEFITS SCHEDULE BOOK

AMENDMENTS

**SCHEDULE FEES
AT 16 NOVEMBER 1981**

AUSTRALIAN GOVERNMENT PUBLISHING SERVICE
CANBERRA 1981

COMMONWEALTH DEPARTMENT OF HEALTH

Amendments to Medical Benefits Schedule Book 16 November 1981

1. The Government has accepted the determination of Dr J. E. Isaac, a Deputy President of the Australian Conciliation and Arbitration Commission made following an independent public inquiry to vary medical fees on which the payment of medical benefits is based.

2. The Table of Medical Services contained in the Schedule to the Health Insurance Act will be amended with effect from 16 November 1981 so as to increase the Schedule fees as follows:

General practitioner attendances —	7.6%
Pathology services —	9.7%
Radiology services —	9.2%
Other services —	7.1%

3. Appropriately increased medical benefits apply automatically under the provisions of the Act.

4. The increased fees and benefits will apply to services rendered on and after 16 November 1981.

5. In the time available it is not possible to print and distribute a new Medical Benefits Schedule Book prior to 16 November 1981. However, to facilitate the implementation of the new fees and benefits the enclosed "Item Fee List" has been prepared for use by medical practitioners, registered private health benefit organisations and other interested parties.

6. A Ready Reckoner showing 16 November 1981 Schedule fees and medical benefit levels is also enclosed.

7. The determination increasing fees generally included provision for the amount specified in the description of item 2953 to be similarly increased. The reference in the item "for which the established fee is \$100.00 or more" should be amended to read "for which the established fee is \$108.00 or more".

8. The amounts mentioned in certain items which have a "derived fee" should also be amended as follows:

Page 81	Item 2732 — substitute "\$13.20" for "\$12.00"
Page 84	Item 2782 — substitute "\$14.20" for "\$13.00"
Page 85	Item 2798 — substitute "\$ 8.30" for "\$ 7.60"
Page 89	Item 2863 — substitute "\$ 3.30" for "\$ 3.00"
	Item 2867 — substitute "\$ 4.00" for "\$ 3.70"
	Item 2871 — substitute "\$ 7.90" for "\$ 7.20"
Page 90	Item 2877 — substitute "\$ 4.00" for "\$ 3.70"
	Item 2881 — substitute "\$ 4.70" for "\$ 4.30"
	Item 2885 — substitute "\$10.20" for "\$ 9.40"
	Item 2889 — substitute "\$ 6.10" for "\$ 5.60"
Page 91	Item 2893 — substitute "\$ 8.30" for "\$ 7.60"
	Item 2897 — substitute "\$14.20" for "\$13.00"

9. It is proposed that a revised Medical Benefits Schedule Book will be published early in 1982.

Special Arrangements — Transitional Period

10. Where an item refers to a service in which treatment continues over a period of time in excess of one day and the treatment commenced before 16 November 1981 and continues beyond that date, the general rule is that the 1 September 1981 level of fees and benefits would apply.

11. However, as with previous fee increases in the case of relevant obstetric items a special rule will apply in that the fee and benefit will depend on the date of the actual confinement. If the confinement takes place before 16 November 1981 fees and medical benefits at the 1 September 1981 level will apply. If the confinement takes place on or after 16 November 1981 fees and medical benefits at the new (16 November 1981) level will apply.

Medical Benefits Schedule — Parts 1-11
Ready Reckoner Showing 16 November 1981 Schedule Fees
and 16 November 1981 Medical Benefit Levels.

16 November 1981 Medical Benefit Levels

**16 November 1981
 Schedule Fee**

	Commonwealth Medical Benefit @ 30% flat	Basic Fund Medical Benefit*	Combined Medical Benefit @ 85%/\$10 maximum gap	Commonwealth Medical Benefit @ 85%/\$5 maximum gap	Commonwealth Medical Benefit @ 85% flat
\$	\$	\$	\$	\$	\$
1.30	0.40	0.75	1.15	1.15	1.15
2.60	0.80	1.45	2.25	2.25	2.25
2.65	0.80	1.50	2.30	2.30	2.30
3.30	1.00	1.85	2.85	2.85	2.85
3.50	1.05	1.95	3.00	3.00	3.00
3.90	1.20	2.15	3.35	3.35	3.35
4.35	1.35	2.35	3.70	3.70	3.70
4.40	1.35	2.40	3.75	3.75	3.75
4.45	1.35	2.45	3.80	3.80	3.80
5.10	1.55	2.80	4.35	4.35	4.35
5.20	1.60	2.85	4.45	4.45	4.45
5.25	1.60	2.90	4.50	4.50	4.50
5.80	1.75	3.20	4.95	4.95	4.95
5.90	1.80	3.25	5.05	5.05	5.05
6.00	1.80	3.30	5.10	5.10	5.10
6.40	1.95	3.50	5.45	5.45	5.45
6.50	1.95	3.60	5.55	5.55	5.55
6.55	2.00	3.60	5.60	5.60	5.60
7.00	2.10	3.85	5.95	5.95	5.95
7.10	2.15	3.90	6.05	6.05	6.05
7.20	2.20	3.95	6.15	6.15	6.15
7.30	2.20	4.05	6.25	6.25	6.25
7.70	2.35	4.20	6.55	6.55	6.55
7.80	2.35	4.30	6.65	6.65	6.65
8.30	2.50	4.60	7.10	7.10	7.10
8.40	2.55	4.60	7.15	7.15	7.15
8.70	2.65	4.75	7.40	7.40	7.40
9.30	2.80	5.15	7.95	7.95	7.95
9.50	2.85	5.25	8.10	8.10	8.10
9.70	2.95	5.30	8.25	8.25	8.25
9.75	2.95	5.35	8.30	8.30	8.30
10.00	3.00	5.50	8.50	8.50	8.50
10.20	3.10	5.60	8.70	8.70	8.70
10.40	3.15	5.70	8.85	8.85	8.85
10.60	3.20	5.85	9.05	9.05	9.05

16 November 1981

\$1.30 to \$10.60

Page 1

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 85%/\$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 30% of the Schedule Fee.

Medical Benefits Schedule — Parts 1-11
Ready Reckoner Showing 16 November 1981 Schedule Fees
and 16 November 1981 Medical Benefit Levels.

16 November 1981 Medical Benefit Levels

**16 November 1981
 Schedule Fee**

	Commonwealth Medical Benefit @ 30% flat	Basic Fund Medical Benefit*	Combined Medical Benefit @ 85%/\$10 maximum gap	Commonwealth Medical Benefit @ 85%/\$5 maximum gap	Commonwealth Medical Benefit @ 85% flat
\$	\$	\$	\$	\$	\$
11.00	3.30	6.05	9.35	9.35	9.35
11.20	3.40	6.15	9.55	9.55	9.55
11.40	3.45	6.25	9.70	9.70	9.70
11.60	3.50	6.40	9.90	9.90	9.90
11.80	3.55	6.50	10.05	10.05	10.05
11.85	3.60	6.50	10.10	10.10	10.10
12.00	3.60	6.60	10.20	10.20	10.20
12.20	3.70	6.70	10.40	10.40	10.40
12.25	3.70	6.75	10.45	10.45	10.45
12.60	3.80	6.95	10.75	10.75	10.75
12.80	3.85	7.05	10.90	10.90	10.90
13.00	3.90	7.15	11.05	11.05	11.05
13.05	3.95	7.15	11.10	11.10	11.10
13.20	4.00	7.25	11.25	11.25	11.25
13.40	4.05	7.35	11.40	11.40	11.40
13.80	4.15	7.60	11.75	11.75	11.75
14.20	4.30	7.80	12.10	12.10	12.10
14.40	4.35	7.90	12.25	12.25	12.25
14.60	4.40	8.05	12.45	12.45	12.45
14.70	4.45	8.05	12.50	12.50	12.50
14.80	4.45	8.15	12.60	12.60	12.60
15.00	4.50	8.25	12.75	12.75	12.75
15.20	4.60	8.35	12.95	12.95	12.95
15.25	4.60	8.40	13.00	13.00	13.00
15.40	4.65	8.45	13.10	13.10	13.10
15.60	4.70	8.60	13.30	13.30	13.30
15.80	4.75	8.70	13.45	13.45	13.45
16.00	4.80	8.80	13.60	13.60	13.60
16.20	4.90	8.90	13.80	13.80	13.80
16.40	4.95	9.00	13.95	13.95	13.95
16.50	4.95	9.10	14.05	14.05	14.05
16.60	5.00	9.15	14.15	14.15	14.15
17.00	5.10	9.35	14.45	14.45	14.45
17.20	5.20	9.45	14.65	14.65	14.65
17.40	5.25	9.55	14.80	14.80	14.80

16 November 1981

\$11.00 to \$17.40

Page II

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 85%/\$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 30% of the Schedule Fee.

Medical Benefits Schedule – Parts 1-11
Ready Reckoner Showing 16 November 1981 Schedule Fees
and 16 November 1981 Medical Benefit Levels.

16 November 1981 Medical Benefit Levels

16 November 1981
Schedule Fee

	Commonwealth Medical Benefit @ 30% flat	Basic Fund Medical Benefit *	Combined Medical Benefit @ 85%/\$10 maximum gap	Commonwealth Medical Benefit @ 85%/\$5 maximum gap	Commonwealth Medical Benefit @ 85% flat
\$	\$	\$	\$	\$	\$
17.50	5.25	9.65	14.90	14.90	14.90
17.60	5.30	9.70	15.00	15.00	15.00
17.80	5.35	9.80	15.15	15.15	15.15
18.00	5.40	9.90	15.30	15.30	15.30
18.20	5.50	10.00	15.50	15.50	15.50
18.40	5.55	10.10	15.65	15.65	15.65
18.60	5.60	10.25	15.85	15.85	15.85
18.80	5.65	10.35	16.00	16.00	16.00
19.00	5.70	10.45	16.15	16.15	16.15
19.20	5.80	10.55	16.35	16.35	16.35
19.40	5.85	10.65	16.50	16.50	16.50
19.50	5.85	10.75	16.60	16.60	16.60
19.60	5.90	10.80	16.70	16.70	16.70
19.80	5.95	10.90	16.85	16.85	16.85
20.00	6.00	11.00	17.00	17.00	17.00
20.50	6.15	11.30	17.45	17.45	17.45
21.00	6.30	11.55	17.85	17.85	17.85
21.50	6.45	11.85	18.30	18.30	18.30
22.00	6.60	12.10	18.70	18.70	18.70
22.50	6.75	12.40	19.15	19.15	19.15
22.90	6.90	12.60	19.50	19.50	19.50
23.00	6.90	12.65	19.55	19.55	19.55
23.50	7.05	12.95	20.00	20.00	20.00
24.00	7.20	13.20	20.40	20.40	20.40
24.50	7.35	13.50	20.85	20.85	20.85
24.75	7.45	13.60	21.05	21.05	21.05
25.00	7.50	13.75	21.25	21.25	21.25
25.50	7.65	14.05	21.70	21.70	21.70
26.00	7.80	14.30	22.10	22.10	22.10
26.25	7.90	14.45	22.35	22.35	22.35
27.00	8.10	14.85	22.95	22.95	22.95
27.50	8.25	15.15	23.40	23.40	23.40
28.50	8.55	15.70	24.25	24.25	24.25
29.00	8.70	15.95	24.65	24.65	24.65
29.50	8.85	16.25	25.10	25.10	25.10

16 November 1981

\$17.50 to \$29.50

Page III

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 85%/\$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 30% of the Schedule Fee.

Medical Benefits Schedule — Parts 1-11
Ready Reckoner Showing 16 November 1981 Schedule Fees
and 16 November 1981 Medical Benefit Levels

16 November 1981 Medical Benefit Levels

**16 November 1981
Schedule Fee**

	Commonwealth Medical Benefit @ 30% flat	Basic Fund Medical Benefit*	Combined Medical Benefit @ 85%/\$10 maximum gap	Commonwealth Medical Benefit @ 85%/\$5 maximum gap	Commonwealth Medical Benefit @ 85% flat
\$	\$	\$	\$	\$	\$
29.65	8.90	16.35	25.25	25.25	25.25
30.00	9.00	16.50	25.50	25.50	25.50
30.50	9.15	16.80	25.95	25.95	25.95
31.00	9.30	17.05	26.35	26.35	26.35
31.50	9.45	17.35	26.80	26.80	26.80
32.00	9.60	17.60	27.20	27.20	27.20
32.50	9.75	17.90	27.65	27.65	27.65
32.65	9.80	18.00	27.80	27.80	27.80
33.00	9.90	18.15	28.05	28.05	28.05
33.50	10.05	18.45	28.50	28.50	28.50
34.50	10.35	19.00	29.35	29.50	29.35
35.00	10.50	19.25	29.75	30.00	29.75
35.50	10.65	19.55	30.20	30.50	30.20
36.00	10.80	19.80	30.60	31.00	30.60
36.50	10.95	20.10	31.05	31.50	31.05
37.00	11.10	20.35	31.45	32.00	31.45
37.50	11.25	20.65	31.90	32.50	31.90
38.00	11.40	20.90	32.30	33.00	32.30
38.50	11.55	21.20	32.75	33.50	32.75
39.00	11.70	21.45	33.15	34.00	33.15
39.50	11.85	21.75	33.60	34.50	33.60
40.50	12.15	22.30	34.45	35.50	34.45
41.00	12.30	22.55	34.85	36.00	34.85
41.50	12.45	22.85	35.30	36.50	35.30
42.00	12.60	23.10	35.70	37.00	35.70
42.50	12.75	23.40	36.15	37.50	36.15
43.00	12.90	23.65	36.55	38.00	36.55
43.50	13.05	23.95	37.00	38.50	37.00
44.00	13.20	24.20	37.40	39.00	37.40
44.50	13.35	24.50	37.85	39.50	37.85
45.00	13.50	24.75	38.25	40.00	38.25
45.50	13.65	25.05	38.70	40.50	38.70
45.75	13.75	25.15	38.90	40.75	38.90
46.00	13.80	25.30	39.10	41.00	39.10
46.50	13.95	25.60	39.55	41.50	39.55

16 November 1981

\$29.65 to \$46.50

Page IV

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 85%/\$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 30% of the Schedule Fee.

**Medical Benefits Schedule — Parts 1-11
Ready Reckoner Showing 16 November 1981 Schedule Fees
and 16 November 1981 Medical Benefit Levels.**

16 November 1981 Medical Benefit Levels

**16 November 1981
Schedule Fee**

	Commonwealth Medical Benefit @ 30% flat	Basic Fund Medical Benefit*	Combined Medical Benefit @ 85%/\$10 maximum gap	Commonwealth Medical Benefit @ 85%/\$5 maximum gap	Commonwealth Medical Benefit 85% flat
\$	\$	\$	\$	\$	\$
47.00	14.10	25.85	39.95	42.00	39.95
47.50	14.25	26.15	40.40	42.50	40.40
48.00	14.40	26.40	40.80	43.00	40.80
48.50	14.55	26.70	41.25	43.50	41.25
49.00	14.70	26.95	41.65	44.00	41.65
49.50	14.85	27.25	42.10	44.50	42.10
50.00	15.00	27.50	42.50	45.00	42.50
51.00	15.30	28.05	43.35	46.00	43.35
52.00	15.60	28.60	44.20	47.00	44.20
52.50	15.75	28.90	44.65	47.50	44.65
53.00	15.90	29.15	45.05	48.00	45.05
54.00	16.20	29.70	45.90	49.00	45.90
55.00	16.50	30.25	46.75	50.00	46.75
56.00	16.80	30.80	47.60	51.00	47.60
57.00	17.10	31.35	48.45	52.00	48.45
58.00	17.40	31.90	49.30	53.00	49.30
59.00	17.70	32.45	50.15	54.00	50.15
59.25	17.80	32.60	50.40	54.25	50.40
60.00	18.00	33.00	51.00	55.00	51.00
61.00	18.30	33.55	51.85	56.00	51.85
62.00	18.60	34.10	52.70	57.00	52.70
63.00	18.90	34.65	53.55	58.00	53.55
64.00	19.20	35.20	54.40	59.00	54.40
65.00	19.50	35.75	55.25	60.00	55.25
65.25	19.60	35.90	55.50	60.25	55.50
66.00	19.80	36.30	56.10	61.00	56.10
67.00	20.10	36.90	57.00	62.00	56.95
69.00	20.70	38.30	59.00	64.00	58.65
70.00	21.00	39.00	60.00	65.00	59.50
71.00	21.30	39.70	61.00	66.00	60.35
72.00	21.60	40.40	62.00	67.00	61.20
73.00	21.90	41.10	63.00	68.00	62.05
74.00	22.20	41.80	64.00	69.00	62.90
75.00	22.50	42.50	65.00	70.00	63.75
76.00	22.80	43.20	66.00	71.00	64.60

16 November 1981

\$47.00 to \$76.00

Page V

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 85%/\$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 30% of the Schedule Fee.

**Medical Benefits Schedule — Parts 1-11
Ready Reckoner Showing 16 November 1981 Schedule Fees
and 16 November 1981 Medical Benefit Levels.**

16 November 1981 Medical Benefit Levels

**16 November 1981
Schedule Fee**

	Commonwealth Medical Benefit @ 30% flat	Basic Fund Medical Benefit *	Combined Medical Benefit @ 85%/\$10 maximum gap	Commonwealth Medical Benefit @ 85%/\$5 maximum gap	Commonwealth Medical Benefit @ 85% flat
\$	\$	\$	\$	\$	\$
77.00	23.10	43.90	67.00	72.00	65.45
78.00	23.40	44.60	68.00	73.00	66.30
79.00	23.70	45.30	69.00	74.00	67.15
80.00	24.00	46.00	70.00	75.00	68.00
81.00	24.30	46.70	71.00	76.00	68.85
82.00	24.60	47.40	72.00	77.00	69.70
83.00	24.90	48.10	73.00	78.00	70.55
84.00	25.20	48.80	74.00	79.00	71.40
85.00	25.50	49.50	75.00	80.00	72.25
85.50	25.65	49.85	75.50	80.50	72.70
86.00	25.80	50.20	76.00	81.00	73.10
87.00	26.10	50.90	77.00	82.00	73.95
88.00	26.40	51.60	78.00	83.00	74.80
89.00	26.70	52.30	79.00	84.00	75.65
90.00	27.00	53.00	80.00	85.00	76.50
91.00	27.30	53.70	81.00	86.00	77.35
92.00	27.60	54.40	82.00	87.00	78.20
93.00	27.90	55.10	83.00	88.00	79.05
94.00	28.20	55.80	84.00	89.00	79.90
95.00	28.50	56.50	85.00	90.00	80.75
96.00	28.80	57.20	86.00	91.00	81.60
97.00	29.10	57.90	87.00	92.00	82.45
97.50	29.25	58.25	87.50	92.50	82.90
98.00	29.40	58.60	88.00	93.00	83.30
99.00	29.70	59.30	89.00	94.00	84.15
100.00	30.00	60.00	90.00	95.00	85.00
102.00	30.60	61.40	92.00	97.00	86.70
104.00	31.20	62.80	94.00	99.00	88.40
106.00	31.80	64.20	96.00	101.00	90.10
108.00	32.40	65.60	98.00	103.00	91.80
110.00	33.00	67.00	100.00	105.00	93.50
112.00	33.60	68.40	102.00	107.00	95.20
114.00	34.20	69.80	104.00	109.00	96.90
116.00	34.80	71.20	106.00	111.00	98.60
118.00	35.40	72.60	108.00	113.00	100.30

16 November 1981

\$77.00 to \$118.00

Page VI

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 85%/\$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 30% of the Schedule Fee.

Medical Benefits Schedule -- Parts 1-11
Ready Reckoner Showing 16 November 1981 Schedule Fees
and 16 November 1981 Medical Benefit Levels.

16 November 1981 Medical Benefit Levels

16 November 1981
Schedule Fee

	Commonwealth Medical Benefit @ 30% flat	Basic Fund Medical Benefit*	Combined Medical Benefit @ 85%/\$10 maximum gap	Commonwealth Medical Benefit @ 85%/\$5 maximum gap	Commonwealth Medical Benefit @ 85% flat
\$	\$	\$	\$	\$	\$
120.00	36.00	74.00	110.00	115.00	102.00
122.00	36.60	75.40	112.00	117.00	103.70
124.00	37.20	76.80	114.00	119.00	105.40
126.00	37.80	78.20	116.00	121.00	107.10
128.00	38.40	79.60	118.00	123.00	108.80
130.00	39.00	81.00	120.00	125.00	110.50
132.00	39.60	82.40	122.00	127.00	112.20
134.00	40.20	83.80	124.00	129.00	113.90
136.00	40.80	85.20	126.00	131.00	115.60
138.00	41.40	86.60	128.00	133.00	117.30
140.00	42.00	88.00	130.00	135.00	119.00
142.00	42.60	89.40	132.00	137.00	120.70
144.00	43.20	90.80	134.00	139.00	122.40
146.00	43.80	92.20	136.00	141.00	124.10
148.00	44.40	93.60	138.00	143.00	125.80
150.00	45.00	95.00	140.00	145.00	127.50
152.00	45.60	96.40	142.00	147.00	129.20
154.00	46.20	97.80	144.00	149.00	130.90
156.00	46.80	99.20	146.00	151.00	132.60
158.00	47.40	100.60	148.00	153.00	134.30
160.00	48.00	102.00	150.00	155.00	136.00
162.00	48.60	103.40	152.00	157.00	137.70
164.00	49.20	104.80	154.00	159.00	139.40
166.00	49.80	106.20	156.00	161.00	141.10
167.00	50.10	106.90	157.00	162.00	141.95
168.00	50.40	107.60	158.00	163.00	142.80
170.00	51.00	109.00	160.00	165.00	144.50
172.00	51.60	110.40	162.00	167.00	146.20
174.00	52.20	111.80	164.00	169.00	147.90
176.00	52.80	113.20	166.00	171.00	149.60
178.00	53.40	114.60	168.00	173.00	151.30
179.00	53.70	115.30	169.00	174.00	152.15
180.00	54.00	116.00	170.00	175.00	153.00
182.00	54.60	117.40	172.00	177.00	154.70
184.00	55.20	118.80	174.00	179.00	156.40

16 November 1981

\$120.00 to \$184.00

Page VII

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 85%/\$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 30% of the Schedule Fee.

Medical Benefits Schedule – Parts 1-11
Ready Reckoner Showing 16 November 1981 Schedule Fees
and 16 November 1981 Medical Benefit Levels.

16 November 1981 Medical Benefit Levels

**16 November 1981
 Schedule Fee**

	Commonwealth Medical Benefit @ 30% flat	Basic Fund Medical Benefit *	Combined Medical Benefit @ 85%/\$10 maximum gap	Commonwealth Medical Benefit @ 85%/\$5 maximum gap	Commonwealth Medical Benefit @ 85% flat
\$	\$	\$	\$	\$	\$
185.00	55.50	119.50	175.00	180.00	157.25
186.00	55.80	120.20	176.00	181.00	158.10
188.00	56.40	121.60	178.00	183.00	159.80
190.00	57.00	123.00	180.00	185.00	161.50
192.00	57.60	124.40	182.00	187.00	163.20
194.00	58.20	125.80	184.00	189.00	164.90
198.00	59.40	128.60	188.00	193.00	168.30
200.00	60.00	130.00	190.00	195.00	170.00
201.00	60.30	130.70	191.00	196.00	170.85
205.00	61.50	133.50	195.00	200.00	174.25
206.50	61.95	134.55	196.50	201.50	175.55
210.00	63.00	137.00	200.00	205.00	178.50
215.00	64.50	140.50	205.00	210.00	182.75
218.50	65.55	142.95	208.50	213.50	185.75
220.00	66.00	144.00	210.00	215.00	187.00
224.50	67.35	147.15	214.50	219.50	190.85
225.00	67.50	147.50	215.00	220.00	191.25
230.00	69.00	151.00	220.00	225.00	195.50
235.00	70.50	154.50	225.00	230.00	199.75
240.00	72.00	158.00	230.00	235.00	204.00
240.50	72.15	158.35	230.50	235.50	204.45
245.00	73.50	161.50	235.00	240.00	208.25
250.00	75.00	165.00	240.00	245.00	212.50
255.00	76.50	168.50	245.00	250.00	216.75
257.00	77.10	169.90	247.00	252.00	218.45
260.00	78.00	172.00	250.00	255.00	221.00
264.50	79.35	175.15	254.50	259.50	224.85
265.00	79.50	175.50	255.00	260.00	225.25
270.00	81.00	179.00	260.00	265.00	229.50
275.00	82.50	182.50	265.00	270.00	233.75
280.00	84.00	186.00	270.00	275.00	238.00
285.00	85.50	189.50	275.00	280.00	242.25
287.00	86.10	190.90	277.00	282.00	243.95
290.00	87.00	193.00	280.00	285.00	246.50
295.00	88.50	196.50	285.00	290.00	250.75

16 November 1981

\$185.00 to \$295.00

Page VII

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 85%/\$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 30% of the Schedule Fee.

Medical Benefits Schedule — Parts 1-11
Ready Reckoner Showing 16 November 1981 Schedule Fees
and 16 November 1981 Medical Benefit Levels.

16 November 1981 Medical Benefit Levels

16 November 1981
Schedule Fee

	Commonwealth Medical Benefit @ 30% flat	Basic Fund Medical Benefit*	Combined Medical Benefit @ 85%/\$10 maximum gap	Commonwealth Medical Benefit @ 85%/\$5 maximum gap	Commonwealth Medical Benefit @ 85% flat
\$	\$	\$	\$	\$	\$
296.50	88.95	197.55	286.50	291.50	252.05
300.00	90.00	200.00	290.00	295.00	255.00
305.00	91.50	203.50	295.00	300.00	259.25
315.00	94.50	210.50	305.00	310.00	267.75
320.00	96.00	214.00	310.00	315.00	272.00
325.00	97.50	217.50	315.00	320.00	276.25
330.00	99.00	221.00	320.00	325.00	280.50
350.00	105.00	235.00	340.00	345.00	297.50
355.00	106.50	238.50	345.00	350.00	301.75
360.00	108.00	242.00	350.00	355.00	306.00
370.00	111.00	249.00	360.00	365.00	314.50
375.00	112.50	252.50	365.00	370.00	318.75
380.00	114.00	256.00	370.00	375.00	323.00
385.00	115.50	259.50	375.00	380.00	327.25
390.00	117.00	263.00	380.00	385.00	331.50
405.00	121.50	273.50	395.00	400.00	344.25
420.00	126.00	284.00	410.00	415.00	357.00
430.00	129.00	291.00	420.00	425.00	365.50
435.00	130.50	294.50	425.00	430.00	369.75
465.00	139.50	315.50	455.00	460.00	395.25
470.00	141.00	319.00	460.00	465.00	399.50
480.00	144.00	326.00	470.00	475.00	408.00
485.00	145.50	329.50	475.00	480.00	412.25
500.00	150.00	340.00	490.00	495.00	425.00
505.00	151.50	343.50	495.00	500.00	429.25
510.00	153.00	347.00	500.00	505.00	433.50
515.00	154.50	350.50	505.00	510.00	437.75
523.00	156.90	356.10	513.00	518.00	444.55
530.00	159.00	361.00	520.00	525.00	450.50
540.00	162.00	368.00	530.00	535.00	459.00
545.00	163.50	371.50	535.00	540.00	463.25
570.00	171.00	389.00	560.00	565.00	484.50
580.00	174.00	396.00	570.00	575.00	493.00
600.00	180.00	410.00	590.00	595.00	510.00
605.00	181.50	413.50	595.00	600.00	514.25

16 November 1981

\$296.50 to \$605.00

Page IX

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 85%/\$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 30% of the Schedule Fee.

**Medical Benefits Schedule — Parts 1-11
Ready Reckoner Showing 16 November 1981 Schedule Fees
and 16 November 1981 Medical Benefit Levels.**

16 November 1981 Medical Benefit Levels

**16 November 1981
Schedule Fee**

	Commonwealth Medical Benefit @ 30% flat	Basic Fund Medical Benefit*	Combined Medical Benefit @ 85%/\$10 maximum gap	Commonwealth Medical Benefit @ 85%/\$5 maximum gap	Commonwealth Medical Benefit @ 85% flat
\$	\$	\$	\$	\$	\$
625.00	187.50	427.50	615.00	620.00	531.25
633.00	189.90	433.10	623.00	628.00	538.05
635.00	190.50	434.50	625.00	630.00	539.75
645.00	193.50	441.50	635.00	640.00	548.25
655.00	196.50	448.50	645.00	650.00	556.75
720.00	216.00	494.00	710.00	715.00	612.00
725.00	217.50	497.50	715.00	720.00	616.25
745.00	223.50	511.50	735.00	740.00	633.25
750.00	225.00	515.00	740.00	745.00	637.50
815.00	244.50	560.50	805.00	810.00	692.75
860.00	258.00	592.00	850.00	855.00	731.00
930.00	279.00	641.00	920.00	925.00	790.50
1030.00	309.00	711.00	1020.00	1025.00	875.50
1175.00	352.50	812.50	1165.00	1170.00	998.75

16 November 1981

\$625.00 to \$1175.00

Page X

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 85%/\$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 30% of the Schedule Fee.

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
3	8.70	8.30	8.30	8.30	8.30	8.30
4	15.20	14.60	14.60	14.60	14.60	14.60
14	12.00	11.20	10.60	10.60	10.60	11.20
19	18.20	17.20	17.00	17.00	17.00	17.20
25	22.50	21.50	20.50	20.50	20.50	21.50
26	29.00	27.50	27.00	27.00	27.00	27.50
33	34.50	32.50	31.00	31.00	31.00	32.50
35	41.50	38.50	38.00	38.00	38.00	38.50
43	13.40	12.20	12.20	12.20	12.20	12.20
44	19.80	19.00	19.00	19.00	19.00	19.00
51	17.40	16.60	16.40	16.40	16.40	16.60
53	24.50	22.50	22.50	22.50	22.50	22.50
57	29.00	28.50	27.50	27.50	27.50	28.50
59	35.50	34.50	33.50	33.50	33.50	34.50
65	41.50	38.50	38.50	38.50	38.50	38.50
66	47.50	45.50	43.50	43.50	43.50	45.50
69	17.40	16.60	16.40	16.40	16.40	16.60
71	24.50	22.50	22.50	22.50	22.50	22.50
72	12.00	11.20	10.60	10.60	10.60	11.20
74	17.00	16.00	15.40	15.40	15.40	16.00
75	12.00	11.20	10.60	10.60	10.60	11.20
76	10.40	9.70	9.50	9.50	9.50	9.70
78	8.70	8.30	8.30	8.30	8.30	8.30
82	12.00	11.20	10.60	10.60	10.60	11.20
85	17.20	16.20	16.20	16.20	16.20	14.40
88	34.50	32.00	32.00	32.00	32.00	28.50
94	17.20	16.20	16.20	16.20	16.20	14.40
100	50.00	47.00	47.00	47.00	47.00	43.00
103	32.00	31.50	31.50	31.50	31.50	29.00
110	60.00	55.00	55.00	55.00	55.00	55.00
116	30.00	30.00	30.00	30.00	30.00	30.00
122	74.00	70.00	70.00	70.00	70.00	70.00
128	44.50	44.50	44.50	44.50	44.50	44.50
134	17.20	16.20	16.20	16.20	16.20	16.20
136	34.50	32.00	32.00	32.00	32.00	32.00
138	51.00	48.00	48.00	48.00	48.00	48.00
140	70.00	64.00	64.00	64.00	64.00	64.00
142	86.00	81.00	81.00	81.00	81.00	81.00
144	32.00	31.50	31.50	31.50	31.50	31.50
146	50.00	47.00	47.00	47.00	47.00	47.00
148	69.00	63.00	63.00	63.00	63.00	63.00
150	84.00	79.00	79.00	79.00	79.00	79.00
152	100.00	96.00	96.00	96.00	96.00	96.00
160	48.00	48.00	48.00	48.00	48.00	48.00
161	78.00	78.00	78.00	78.00	78.00	78.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
162	110.00	110.00	110.00	110.00	110.00	110.00
163	140.00	140.00	140.00	140.00	140.00	140.00
164	168.00	168.00	168.00	168.00	168.00	168.00
190	12.00	11.20	10.60	10.60	10.60	11.20
192	120.00	112.00	106.00	106.00	106.00	112.00
194	102.00	93.00	93.00	79.00	79.00	79.00
196	152.00	116.00	116.00	102.00	102.00	102.00
198	102.00	93.00	93.00	93.00	93.00	93.00
200	174.00	158.00	152.00	140.00	140.00	140.00
207	230.00	198.00	174.00	198.00	174.00	158.00
208	245.00	220.00	205.00	200.00	188.00	186.00
209	300.00	250.00	225.00	250.00	225.00	205.00
211	201.00	185.00	179.00	167.00	167.00	167.00
213	257.00	225.00	201.00	225.00	201.00	185.00
216	240.50	224.50	218.50	206.50	206.50	206.50
217	296.50	264.50	240.50	264.50	240.50	224.50
234	220.00	220.00	205.00	205.00	205.00	198.00
241	290.00	255.00	255.00	255.00	255.00	230.00
242	8.70	8.30	8.30	8.30	8.30	8.30
246	8.70	8.30	8.30	8.30	8.30	8.30
250	70.00	70.00	70.00	70.00	70.00	70.00
258	93.00	93.00	93.00	93.00	93.00	93.00
267	27.00	27.00	27.00	27.00	27.00	27.00
273	8.70	8.30	8.30	8.30	8.30	8.30
274	102.00	102.00	102.00	102.00	102.00	102.00
275	126.00	126.00	126.00	126.00	126.00	126.00
278	27.00	27.00	27.00	27.00	27.00	27.00
284	37.50	37.50	37.50	37.50	37.50	37.50
295	27.00	27.00	27.00	27.00	27.00	27.00
298	48.50	48.50	48.50	48.50	48.50	48.50
354	27.00	27.00	27.00	27.00	27.00	27.00
360	102.00	102.00	102.00	102.00	102.00	102.00
362	32.50	32.50	32.50	32.50	32.50	32.50
365	116.00	116.00	116.00	116.00	116.00	116.00
368	174.00	174.00	174.00	174.00	174.00	174.00
383	54.00	54.00	54.00	54.00	54.00	54.00
401	6.00	5.90	5.90	5.80	5.80	5.10
403	12.00	11.80	11.80	11.60	11.60	10.20
404	18.00	17.80	17.80	17.40	17.40	15.20
405	24.00	23.50	23.50	23.00	23.00	20.50
406	30.00	29.50	29.50	29.00	29.00	25.50
407	36.00	35.50	35.50	35.00	35.00	30.50
408	42.00	41.50	41.50	40.50	40.50	35.50
409	48.00	47.50	47.50	46.50	46.50	41.00
443	54.00	53.00	53.00	52.00	52.00	46.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
450	60.00	59.00	59.00	58.00	58.00	51.00
453	66.00	65.00	65.00	64.00	64.00	56.00
454	72.00	71.00	71.00	70.00	70.00	61.00
457	78.00	77.00	77.00	75.00	75.00	66.00
458	84.00	83.00	83.00	81.00	81.00	71.00
459	90.00	89.00	89.00	87.00	87.00	76.00
460	96.00	95.00	95.00	93.00	93.00	82.00
461	102.00	100.00	100.00	99.00	99.00	87.00
462	108.00	106.00	106.00	104.00	104.00	92.00
463	114.00	112.00	112.00	110.00	110.00	97.00
464	120.00	118.00	118.00	116.00	116.00	102.00
465	126.00	124.00	124.00	122.00	122.00	108.00
466	132.00	130.00	130.00	128.00	128.00	112.00
467	138.00	136.00	136.00	134.00	134.00	118.00
468	144.00	142.00	142.00	140.00	140.00	122.00
469	150.00	148.00	148.00	146.00	146.00	128.00
470	156.00	154.00	154.00	150.00	150.00	132.00
471	162.00	160.00	160.00	156.00	156.00	138.00
472	168.00	166.00	166.00	162.00	162.00	142.00
473	174.00	172.00	172.00	168.00	168.00	148.00
474	180.00	178.00	178.00	174.00	174.00	152.00
475	192.00	190.00	190.00	186.00	186.00	164.00
476	215.00	215.00	215.00	210.00	210.00	184.00
477	230.00	225.00	225.00	220.00	220.00	194.00
478	235.00	230.00	230.00	225.00	225.00	198.00
479	15.00	14.80	14.80	14.60	14.60	12.80
480	36.00	35.50	35.50	35.00	35.00	30.50
481	42.00	41.50	41.50	40.50	40.50	35.50
482	0.00	0.00	0.00	0.00	0.00	0.00
483	0.00	0.00	0.00	0.00	0.00	0.00
484	0.00	0.00	0.00	0.00	0.00	0.00
485	0.00	0.00	0.00	0.00	0.00	0.00
487	60.00	59.00	59.00	58.00	58.00	51.00
489	42.00	41.50	41.50	40.50	40.50	35.50
490	48.00	47.50	47.50	46.50	46.50	41.00
500	7.30	7.20	7.20	7.10	7.10	6.40
505	14.60	14.40	14.40	14.20	14.20	12.80
506	22.00	21.50	21.50	21.00	21.00	19.00
509	29.00	28.50	28.50	28.50	28.50	25.50
510	36.50	36.00	36.00	35.50	35.50	32.00
513	44.00	43.00	43.00	42.50	42.50	38.00
514	51.00	50.00	50.00	49.50	49.50	44.50
517	58.00	57.00	57.00	57.00	57.00	51.00
518	66.00	65.00	65.00	64.00	64.00	57.00
521	73.00	72.00	72.00	71.00	71.00	64.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
522	80.00	79.00	79.00	78.00	78.00	70.00
523	88.00	86.00	86.00	85.00	85.00	76.00
524	95.00	93.00	93.00	92.00	92.00	83.00
525	102.00	100.00	100.00	99.00	99.00	89.00
526	110.00	108.00	108.00	106.00	106.00	95.00
527	116.00	114.00	114.00	114.00	114.00	102.00
528	124.00	122.00	122.00	120.00	120.00	108.00
529	132.00	130.00	130.00	128.00	128.00	114.00
531	138.00	136.00	136.00	134.00	134.00	120.00
533	146.00	144.00	144.00	142.00	142.00	128.00
535	154.00	150.00	150.00	148.00	148.00	134.00
537	160.00	158.00	158.00	156.00	156.00	140.00
538	168.00	166.00	166.00	162.00	162.00	146.00
539	176.00	172.00	172.00	170.00	170.00	152.00
540	182.00	180.00	180.00	176.00	176.00	160.00
541	190.00	186.00	186.00	184.00	184.00	166.00
542	198.00	194.00	194.00	190.00	190.00	172.00
543	205.00	200.00	200.00	198.00	198.00	178.00
544	210.00	210.00	210.00	205.00	205.00	184.00
545	220.00	215.00	215.00	210.00	210.00	190.00
546	235.00	230.00	230.00	225.00	225.00	205.00
547	265.00	260.00	260.00	255.00	255.00	230.00
548	280.00	275.00	275.00	270.00	270.00	240.00
549	285.00	280.00	280.00	275.00	275.00	250.00
550	18.20	18.00	18.00	17.60	17.60	16.00
551	44.00	43.00	43.00	42.50	42.50	38.00
552	51.00	50.00	50.00	49.50	49.50	44.50
553	0.00	0.00	0.00	0.00	0.00	0.00
554	0.00	0.00	0.00	0.00	0.00	0.00
556	0.00	0.00	0.00	0.00	0.00	0.00
557	0.00	0.00	0.00	0.00	0.00	0.00
559	73.00	72.00	72.00	71.00	71.00	64.00
561	51.00	50.00	50.00	49.50	49.50	44.50
562	58.00	57.00	57.00	57.00	57.00	51.00
566	24.00	23.50	23.50	23.00	23.00	20.50
567	29.00	28.50	28.50	28.50	28.50	25.50
568	36.00	35.50	35.50	35.00	35.00	30.50
569	44.00	43.00	43.00	42.50	42.50	38.00
570	48.00	47.50	47.50	46.50	46.50	41.00
571	58.00	57.00	57.00	57.00	57.00	51.00
572	36.00	35.50	35.50	35.00	35.00	30.50
573	44.00	43.00	43.00	42.50	42.50	38.00
574	60.00	59.00	59.00	58.00	58.00	51.00
575	73.00	72.00	72.00	71.00	71.00	64.00
748	39.50	39.50	39.50	39.50	39.50	39.50

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
752	29.00	29.00	29.00	29.00	29.00	29.00
755	59.00	58.00	58.00	57.00	57.00	51.00
756	65.00	64.00	64.00	63.00	63.00	58.00
760	29.50	29.50	29.50	29.50	29.50	29.50
764	37.50	37.50	37.50	37.50	37.50	37.50
767	58.00	58.00	58.00	58.00	58.00	58.00
770	29.00	29.00	29.00	27.50	27.50	25.50
774	58.00	58.00	58.00	58.00	58.00	58.00
777	94.00	94.00	94.00	94.00	94.00	94.00
787	79.00	79.00	79.00	79.00	79.00	79.00
790	116.00	116.00	116.00	116.00	116.00	116.00
792	20.50	20.50	20.50	20.50	20.50	20.50
794	36.00	36.00	36.00	36.00	36.00	36.00
797	78.00	78.00	78.00	78.00	78.00	78.00
803	57.00	57.00	57.00	57.00	57.00	57.00
806	71.00	71.00	71.00	71.00	71.00	71.00
809	97.00	97.00	97.00	97.00	97.00	97.00
810	47.00	47.00	47.00	47.00	47.00	47.00
811	64.00	64.00	64.00	64.00	64.00	64.00
813	94.00	94.00	94.00	94.00	94.00	94.00
814	64.00	64.00	64.00	64.00	64.00	64.00
816	48.50	48.50	48.50	48.50	48.50	48.50
817	72.00	72.00	72.00	72.00	72.00	72.00
818	164.00	164.00	164.00	164.00	164.00	164.00
821	82.00	82.00	82.00	82.00	82.00	82.00
824	30.00	30.00	30.00	30.00	30.00	30.00
831	52.00	52.00	52.00	52.00	52.00	52.00
833	97.00	97.00	97.00	97.00	97.00	97.00
836	57.00	57.00	57.00	57.00	57.00	57.00
839	32.00	32.00	32.00	32.00	32.00	32.00
841	12.00	12.00	12.00	12.00	12.00	12.00
843	32.00	32.00	32.00	32.00	32.00	32.00
844	29.00	24.00	29.00	29.00	24.00	24.00
849	17.20	17.20	17.20	17.20	17.20	17.20
851	52.00	52.00	52.00	52.00	52.00	52.00
853	46.50	46.50	46.50	46.50	46.50	46.50
856	29.50	29.50	29.50	29.50	29.50	29.50
859	57.00	57.00	57.00	57.00	57.00	57.00
860	72.00	72.00	72.00	72.00	72.00	72.00
863	11.00	11.00	11.00	11.00	11.00	11.00
865	15.60	15.60	15.60	15.60	15.60	15.60
870	21.00	21.00	21.00	21.00	21.00	21.00
874	26.00	26.00	26.00	26.00	26.00	26.00
877	15.60	15.60	15.60	15.60	15.60	15.60
878	10.00	10.00	10.00	10.00	10.00	10.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
882	18.60	18.60	18.60	18.60	18.60	18.60
884	18.60	18.60	18.60	18.60	18.60	18.60
886	24.00	24.00	24.00	24.00	24.00	24.00
887	21.00	21.00	21.00	21.00	21.00	21.00
888	27.50	27.50	27.50	27.50	27.50	27.50
889	41.00	41.00	41.00	41.00	41.00	41.00
890	22.50	21.00	21.00	21.00	21.00	21.00
893	50.00	45.00	45.00	45.00	45.00	45.00
895	24.00	24.00	24.00	24.00	24.00	24.00
897	36.00	36.00	36.00	36.00	36.00	36.00
902	142.00	142.00	142.00	142.00	142.00	142.00
904	120.00	120.00	120.00	120.00	120.00	120.00
907	12.00	12.00	12.00	12.00	12.00	12.00
908	20.50	20.50	20.50	20.50	20.50	20.50
909	10.20	10.20	10.20	10.20	10.20	10.20
912	30.50	30.50	30.50	30.50	30.50	30.50
913	51.00	51.00	51.00	51.00	51.00	51.00
914	51.00	51.00	51.00	51.00	51.00	51.00
915	78.00	78.00	78.00	78.00	78.00	78.00
916	72.00	72.00	72.00	72.00	72.00	72.00
917	41.00	41.00	41.00	41.00	41.00	41.00
918	71.00	71.00	71.00	71.00	71.00	71.00
920	58.00	58.00	58.00	58.00	58.00	58.00
921	17.40	17.40	17.40	17.40	17.40	17.40
922	188.00	188.00	188.00	188.00	188.00	188.00
923	270.00	270.00	270.00	270.00	270.00	270.00
925	47.00	47.00	47.00	47.00	47.00	47.00
927	15.20	15.20	15.20	15.20	15.20	15.20
929	25.50	25.50	25.50	25.50	25.50	25.50
932	25.50	25.50	25.50	25.50	25.50	25.50
934	36.00	36.00	36.00	36.00	36.00	36.00
936	55.00	55.00	55.00	55.00	55.00	55.00
938	55.00	55.00	55.00	55.00	55.00	55.00
940	51.00	51.00	51.00	51.00	51.00	51.00
944	35.50	35.50	35.50	35.50	35.50	35.50
947	97.00	97.00	97.00	97.00	97.00	97.00
949	20.50	20.50	20.50	20.50	20.50	20.50
950	97.00	97.00	97.00	97.00	97.00	97.00
951	36.50	36.50	36.50	36.50	36.50	36.50
952	50.00	50.00	50.00	50.00	50.00	50.00
955	2.60	2.60	2.60	2.60	2.60	2.60
956	9.70	9.70	9.70	9.70	9.70	9.70
957	29.00	29.00	29.00	29.00	29.00	29.00
958	15.40	15.40	15.40	15.40	15.40	15.40
960	22.00	22.00	22.00	22.00	22.00	22.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
963	14.60	14.60	14.60	14.60	14.60	14.60
966	39.50	39.50	39.50	39.50	39.50	39.50
968	76.00	76.00	76.00	76.00	76.00	76.00
970	152.00	152.00	152.00	152.00	152.00	152.00
974	25.50	25.50	25.50	25.50	25.50	25.50
976	230.00	230.00	230.00	230.00	230.00	230.00
977	55.00	55.00	55.00	55.00	55.00	55.00
980	12.00	11.20	10.60	10.60	10.60	11.20
987	16.40	16.40	16.40	16.40	16.40	16.40
989	25.00	25.00	25.00	25.00	25.00	25.00
994	110.00	110.00	110.00	110.00	110.00	110.00
1006	4.40	4.40	4.40	4.40	4.40	4.40
1007	3.30	3.30	3.30	3.30	3.30	3.30
1008	7.00	7.00	7.00	7.00	7.00	7.00
1009	5.25	5.25	5.25	5.25	5.25	5.25
1010	4.45	4.45	4.45	4.45	4.45	4.45
1011	10.40	10.40	10.40	10.40	10.40	10.40
1012	7.80	7.80	7.80	7.80	7.80	7.80
1013	5.20	5.20	5.20	5.20	5.20	5.20
1014	8.70	8.70	8.70	8.70	8.70	8.70
1015	6.55	6.55	6.55	6.55	6.55	6.55
1016	4.35	4.35	4.35	4.35	4.35	4.35
1019	3.50	3.50	3.50	3.50	3.50	3.50
1020	2.65	2.65	2.65	2.65	2.65	2.65
1021	5.20	5.20	5.20	5.20	5.20	5.20
1022	3.90	3.90	3.90	3.90	3.90	3.90
1028	5.20	5.20	5.20	5.20	5.20	5.20
1029	3.90	3.90	3.90	3.90	3.90	3.90
1030	8.70	8.70	8.70	8.70	8.70	8.70
1032	6.55	6.55	6.55	6.55	6.55	6.55
1036	8.70	8.70	8.70	8.70	8.70	8.70
1037	6.55	6.55	6.55	6.55	6.55	6.55
1038	17.40	17.40	17.40	17.40	17.40	17.40
1040	13.05	13.05	13.05	13.05	13.05	13.05
1044	17.40	17.40	17.40	17.40	17.40	17.40
1045	13.05	13.05	13.05	13.05	13.05	13.05
1048	35.00	35.00	35.00	35.00	35.00	35.00
1049	26.25	26.25	26.25	26.25	26.25	26.25
1062	52.00	52.00	52.00	52.00	52.00	52.00
1063	39.00	39.00	39.00	39.00	39.00	39.00
1064	87.00	87.00	87.00	87.00	87.00	87.00
1065	65.25	65.25	65.25	65.25	65.25	65.25
1080	8.70	8.70	8.70	8.70	8.70	8.70
1081	6.55	6.55	6.55	6.55	6.55	6.55
1089	15.80	15.80	15.80	15.80	15.80	15.80

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1090	11.85	11.85	11.85	11.85	11.85	11.85
1101	17.40	17.40	17.40	17.40	17.40	17.40
1102	13.05	13.05	13.05	13.05	13.05	13.05
1104	35.00	35.00	35.00	35.00	35.00	35.00
1105	26.25	26.25	26.25	26.25	26.25	26.25
1106	8.70	8.70	8.70	8.70	8.70	8.70
1108	6.55	6.55	6.55	6.55	6.55	6.55
1111	35.00	35.00	35.00	35.00	35.00	35.00
1112	26.25	26.25	26.25	26.25	26.25	26.25
1113	17.50	17.50	17.50	17.50	17.50	17.50
1114	13.00	13.00	13.00	13.00	13.00	13.00
1116	9.75	9.75	9.75	9.75	9.75	9.75
1117	6.50	6.50	6.50	6.50	6.50	6.50
1121	13.00	13.00	13.00	13.00	13.00	13.00
1122	9.75	9.75	9.75	9.75	9.75	9.75
1124	35.00	35.00	35.00	35.00	35.00	35.00
1125	26.25	26.25	26.25	26.25	26.25	26.25
1126	26.00	26.00	26.00	26.00	26.00	26.00
1128	19.50	19.50	19.50	19.50	19.50	19.50
1129	17.40	17.40	17.40	17.40	17.40	17.40
1130	13.05	13.05	13.05	13.05	13.05	13.05
1136	8.70	8.70	8.70	8.70	8.70	8.70
1137	6.55	6.55	6.55	6.55	6.55	6.55
1144	13.00	13.00	13.00	13.00	13.00	13.00
1145	9.75	9.75	9.75	9.75	9.75	9.75
1152	17.40	17.40	17.40	17.40	17.40	17.40
1153	13.05	13.05	13.05	13.05	13.05	13.05
1159	17.40	17.40	17.40	17.40	17.40	17.40
1160	13.05	13.05	13.05	13.05	13.05	13.05
1166	17.40	17.40	17.40	17.40	17.40	17.40
1167	13.05	13.05	13.05	13.05	13.05	13.05
1190	7.00	7.00	7.00	7.00	7.00	7.00
1191	5.25	5.25	5.25	5.25	5.25	5.25
1194	17.40	17.40	17.40	17.40	17.40	17.40
1195	13.05	13.05	13.05	13.05	13.05	13.05
1202	7.00	7.00	7.00	7.00	7.00	7.00
1203	5.25	5.25	5.25	5.25	5.25	5.25
1206	17.40	17.40	17.40	17.40	17.40	17.40
1207	13.05	13.05	13.05	13.05	13.05	13.05
1211	8.70	8.70	8.70	8.70	8.70	8.70
1212	6.55	6.55	6.55	6.55	6.55	6.55
1215	8.70	8.70	8.70	8.70	8.70	8.70
1216	6.55	6.55	6.55	6.55	6.55	6.55
1234	8.70	8.70	8.70	8.70	8.70	8.70
1235	6.55	6.55	6.55	6.55	6.55	6.55

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1236	13.00	13.00	13.00	13.00	13.00	13.00
1237	9.75	9.75	9.75	9.75	9.75	9.75
1238	17.40	17.40	17.40	17.40	17.40	17.40
1239	13.05	13.05	13.05	13.05	13.05	13.05
1242	8.70	8.70	8.70	8.70	8.70	8.70
1243	6.55	6.55	6.55	6.55	6.55	6.55
1244	8.70	8.70	8.70	8.70	8.70	8.70
1246	6.55	6.55	6.55	6.55	6.55	6.55
1247	8.70	8.70	8.70	8.70	8.70	8.70
1248	6.55	6.55	6.55	6.55	6.55	6.55
1251	13.00	13.00	13.00	13.00	13.00	13.00
1252	9.75	9.75	9.75	9.75	9.75	9.75
1255	13.00	13.00	13.00	13.00	13.00	13.00
1256	9.75	9.75	9.75	9.75	9.75	9.75
1259	13.00	13.00	13.00	13.00	13.00	13.00
1260	9.75	9.75	9.75	9.75	9.75	9.75
1261	10.40	10.40	10.40	10.40	10.40	10.40
1262	7.80	7.80	7.80	7.80	7.80	7.80
1263	13.00	13.00	13.00	13.00	13.00	13.00
1264	9.75	9.75	9.75	9.75	9.75	9.75
1267	26.00	26.00	26.00	26.00	26.00	26.00
1268	19.50	19.50	19.50	19.50	19.50	19.50
1271	26.00	26.00	26.00	26.00	26.00	26.00
1272	19.50	19.50	19.50	19.50	19.50	19.50
1277	26.00	26.00	26.00	26.00	26.00	26.00
1278	19.50	19.50	19.50	19.50	19.50	19.50
1279	52.00	52.00	52.00	52.00	52.00	52.00
1280	39.00	39.00	39.00	39.00	39.00	39.00
1301	13.00	13.00	13.00	13.00	13.00	13.00
1302	9.75	9.75	9.75	9.75	9.75	9.75
1303	6.50	6.50	6.50	6.50	6.50	6.50
1304	17.40	17.40	17.40	17.40	17.40	17.40
1305	13.05	13.05	13.05	13.05	13.05	13.05
1306	8.70	8.70	8.70	8.70	8.70	8.70
1307	22.00	22.00	22.00	22.00	22.00	22.00
1308	16.50	16.50	16.50	16.50	16.50	16.50
1309	11.00	11.00	11.00	11.00	11.00	11.00
1310	24.00	24.00	24.00	24.00	24.00	24.00
1311	18.00	18.00	18.00	18.00	18.00	18.00
1312	12.00	12.00	12.00	12.00	12.00	12.00
1319	4.40	4.40	4.40	4.40	4.40	4.40
1320	3.30	3.30	3.30	3.30	3.30	3.30
1322	8.70	8.70	8.70	8.70	8.70	8.70
1323	6.55	6.55	6.55	6.55	6.55	6.55
1324	35.00	35.00	35.00	35.00	35.00	35.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1325	26.25	26.25	26.25	26.25	26.25	26.25
1326	17.50	17.50	17.50	17.50	17.50	17.50
1327	17.40	17.40	17.40	17.40	17.40	17.40
1328	13.05	13.05	13.05	13.05	13.05	13.05
1330	17.40	17.40	17.40	17.40	17.40	17.40
1331	13.05	13.05	13.05	13.05	13.05	13.05
1333	17.40	17.40	17.40	17.40	17.40	17.40
1334	13.05	13.05	13.05	13.05	13.05	13.05
1336	17.40	17.40	17.40	17.40	17.40	17.40
1337	13.05	13.05	13.05	13.05	13.05	13.05
1339	17.40	17.40	17.40	17.40	17.40	17.40
1340	13.05	13.05	13.05	13.05	13.05	13.05
1342	17.40	17.40	17.40	17.40	17.40	17.40
1343	13.05	13.05	13.05	13.05	13.05	13.05
1345	26.00	26.00	26.00	26.00	26.00	26.00
1346	19.50	19.50	19.50	19.50	19.50	19.50
1348	26.00	26.00	26.00	26.00	26.00	26.00
1349	19.50	19.50	19.50	19.50	19.50	19.50
1351	26.00	26.00	26.00	26.00	26.00	26.00
1352	19.50	19.50	19.50	19.50	19.50	19.50
1354	26.00	26.00	26.00	26.00	26.00	26.00
1355	19.50	19.50	19.50	19.50	19.50	19.50
1357	26.00	26.00	26.00	26.00	26.00	26.00
1358	19.50	19.50	19.50	19.50	19.50	19.50
1360	26.00	26.00	26.00	26.00	26.00	26.00
1362	19.50	19.50	19.50	19.50	19.50	19.50
1364	35.00	35.00	35.00	35.00	35.00	35.00
1366	26.25	26.25	26.25	26.25	26.25	26.25
1368	35.00	35.00	35.00	35.00	35.00	35.00
1370	26.25	26.25	26.25	26.25	26.25	26.25
1372	35.00	35.00	35.00	35.00	35.00	35.00
1374	26.25	26.25	26.25	26.25	26.25	26.25
1376	8.70	8.70	8.70	8.70	8.70	8.70
1378	6.55	6.55	6.55	6.55	6.55	6.55
1380	22.00	22.00	22.00	22.00	22.00	22.00
1381	16.50	16.50	16.50	16.50	16.50	16.50
1382	35.00	35.00	35.00	35.00	35.00	35.00
1384	26.25	26.25	26.25	26.25	26.25	26.25
1385	43.50	43.50	43.50	43.50	43.50	43.50
1387	32.65	32.65	32.65	32.65	32.65	32.65
1392	26.00	26.00	26.00	26.00	26.00	26.00
1393	19.50	19.50	19.50	19.50	19.50	19.50
1394	43.50	43.50	43.50	43.50	43.50	43.50
1395	32.65	32.65	32.65	32.65	32.65	32.65
1397	52.00	52.00	52.00	52.00	52.00	52.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1398	39.00	39.00	39.00	39.00	39.00	39.00
1419	13.00	13.00	13.00	13.00	13.00	13.00
1420	9.75	9.75	9.75	9.75	9.75	9.75
1427	22.00	22.00	22.00	22.00	22.00	22.00
1428	16.50	16.50	16.50	16.50	16.50	16.50
1434	17.40	17.40	17.40	17.40	17.40	17.40
1435	13.05	13.05	13.05	13.05	13.05	13.05
1441	30.50	30.50	30.50	30.50	30.50	30.50
1442	22.90	22.90	22.90	22.90	22.90	22.90
1452	26.00	26.00	26.00	26.00	26.00	26.00
1453	19.50	19.50	19.50	19.50	19.50	19.50
1455	39.50	39.50	39.50	39.50	39.50	39.50
1456	29.65	29.65	29.65	29.65	29.65	29.65
1458	52.00	52.00	52.00	52.00	52.00	52.00
1459	39.00	39.00	39.00	39.00	39.00	39.00
1461	5.20	5.20	5.20	5.20	5.20	5.20
1462	3.90	3.90	3.90	3.90	3.90	3.90
1475	43.50	43.50	43.50	43.50	43.50	43.50
1476	32.65	32.65	32.65	32.65	32.65	32.65
1478	70.00	70.00	70.00	70.00	70.00	70.00
1479	52.50	52.50	52.50	52.50	52.50	52.50
1481	87.00	87.00	87.00	87.00	87.00	87.00
1482	65.25	65.25	65.25	65.25	65.25	65.25
1484	8.70	8.70	8.70	8.70	8.70	8.70
1485	6.55	6.55	6.55	6.55	6.55	6.55
1504	8.70	8.70	8.70	8.70	8.70	8.70
1505	6.55	6.55	6.55	6.55	6.55	6.55
1511	26.00	26.00	26.00	26.00	26.00	26.00
1512	19.50	19.50	19.50	19.50	19.50	19.50
1516	22.00	22.00	22.00	22.00	22.00	22.00
1517	16.50	16.50	16.50	16.50	16.50	16.50
1529	5.20	5.20	5.20	5.20	5.20	5.20
1530	3.90	3.90	3.90	3.90	3.90	3.90
1536	7.00	7.00	7.00	7.00	7.00	7.00
1537	5.25	5.25	5.25	5.25	5.25	5.25
1545	7.00	7.00	7.00	7.00	7.00	7.00
1546	5.25	5.25	5.25	5.25	5.25	5.25
1548	8.70	8.70	8.70	8.70	8.70	8.70
1549	6.55	6.55	6.55	6.55	6.55	6.55
1556	8.70	8.70	8.70	8.70	8.70	8.70
1557	6.55	6.55	6.55	6.55	6.55	6.55
1566	13.00	13.00	13.00	13.00	13.00	13.00
1567	9.75	9.75	9.75	9.75	9.75	9.75
1586	8.70	8.70	8.70	8.70	8.70	8.70
1587	6.55	6.55	6.55	6.55	6.55	6.55

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1588	17.40	17.40	17.40	17.40	17.40	17.40
1589	13.05	13.05	13.05	13.05	13.05	13.05
1604	22.00	22.00	22.00	22.00	22.00	22.00
1606	16.50	16.50	16.50	16.50	16.50	16.50
1609	17.40	17.40	17.40	17.40	17.40	17.40
1610	13.05	13.05	13.05	13.05	13.05	13.05
1611	11.00	11.00	11.00	11.00	11.00	11.00
1612	30.50	30.50	30.50	30.50	30.50	30.50
1613	22.90	22.90	22.90	22.90	22.90	22.90
1614	15.25	15.25	15.25	15.25	15.25	15.25
1615	26.00	26.00	26.00	26.00	26.00	26.00
1616	19.50	19.50	19.50	19.50	19.50	19.50
1618	16.40	16.40	16.40	16.40	16.40	16.40
1619	46.00	46.00	46.00	46.00	46.00	46.00
1620	34.50	34.50	34.50	34.50	34.50	34.50
1621	23.00	23.00	23.00	23.00	23.00	23.00
1622	17.40	17.40	17.40	17.40	17.40	17.40
1623	13.05	13.05	13.05	13.05	13.05	13.05
1633	26.00	26.00	26.00	26.00	26.00	26.00
1634	19.50	19.50	19.50	19.50	19.50	19.50
1636	13.00	13.00	13.00	13.00	13.00	13.00
1637	4.40	4.40	4.40	4.40	4.40	4.40
1638	3.30	3.30	3.30	3.30	3.30	3.30
1640	4.40	4.40	4.40	4.40	4.40	4.40
1641	3.30	3.30	3.30	3.30	3.30	3.30
1644	8.70	8.70	8.70	8.70	8.70	8.70
1645	6.55	6.55	6.55	6.55	6.55	6.55
1647	17.40	17.40	17.40	17.40	17.40	17.40
1648	13.05	13.05	13.05	13.05	13.05	13.05
1661	8.70	8.70	8.70	8.70	8.70	8.70
1662	6.55	6.55	6.55	6.55	6.55	6.55
1664	13.00	13.00	13.00	13.00	13.00	13.00
1665	9.75	9.75	9.75	9.75	9.75	9.75
1668	33.00	33.00	33.00	33.00	33.00	33.00
1669	24.75	24.75	24.75	24.75	24.75	24.75
1670	16.50	16.50	16.50	16.50	16.50	16.50
1673	24.50	24.50	24.50	24.50	24.50	24.50
1674	18.40	18.40	18.40	18.40	18.40	18.40
1676	12.25	12.25	12.25	12.25	12.25	12.25
1682	8.70	8.70	8.70	8.70	8.70	8.70
1683	6.55	6.55	6.55	6.55	6.55	6.55
1687	13.00	13.00	13.00	13.00	13.00	13.00
1688	9.75	9.75	9.75	9.75	9.75	9.75
1693	8.70	8.70	8.70	8.70	8.70	8.70
1694	6.55	6.55	6.55	6.55	6.55	6.55

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1702	17.40	17.40	17.40	17.40	17.40	17.40
1703	13.05	13.05	13.05	13.05	13.05	13.05
1705	30.50	30.50	30.50	30.50	30.50	30.50
1706	22.90	22.90	22.90	22.90	22.90	22.90
1721	17.40	17.40	17.40	17.40	17.40	17.40
1722	13.05	13.05	13.05	13.05	13.05	13.05
1724	22.00	22.00	22.00	22.00	22.00	22.00
1725	16.50	16.50	16.50	16.50	16.50	16.50
1732	4.40	4.40	4.40	4.40	4.40	4.40
1733	3.30	3.30	3.30	3.30	3.30	3.30
1743	17.40	17.40	17.40	17.40	17.40	17.40
1744	13.05	13.05	13.05	13.05	13.05	13.05
1756	4.40	4.40	4.40	4.40	4.40	4.40
1757	3.30	3.30	3.30	3.30	3.30	3.30
1758	5.20	5.20	5.20	5.20	5.20	5.20
1759	3.90	3.90	3.90	3.90	3.90	3.90
1760	13.00	13.00	13.00	13.00	13.00	13.00
1761	9.75	9.75	9.75	9.75	9.75	9.75
1763	7.00	7.00	7.00	7.00	7.00	7.00
1764	5.25	5.25	5.25	5.25	5.25	5.25
1766	3.50	3.50	3.50	3.50	3.50	3.50
1767	2.65	2.65	2.65	2.65	2.65	2.65
1772	4.40	4.40	4.40	4.40	4.40	4.40
1773	3.30	3.30	3.30	3.30	3.30	3.30
1775	5.20	5.20	5.20	5.20	5.20	5.20
1776	3.90	3.90	3.90	3.90	3.90	3.90
1781	17.40	17.40	17.40	17.40	17.40	17.40
1782	13.05	13.05	13.05	13.05	13.05	13.05
1784	4.40	4.40	4.40	4.40	4.40	4.40
1785	3.30	3.30	3.30	3.30	3.30	3.30
1793	13.00	13.00	13.00	13.00	13.00	13.00
1794	9.75	9.75	9.75	9.75	9.75	9.75
1796	7.00	7.00	7.00	7.00	7.00	7.00
1797	5.25	5.25	5.25	5.25	5.25	5.25
1805	8.70	8.70	8.70	8.70	8.70	8.70
1806	6.55	6.55	6.55	6.55	6.55	6.55
1808	4.40	4.40	4.40	4.40	4.40	4.40
1809	3.30	3.30	3.30	3.30	3.30	3.30
1823	8.70	8.70	8.70	8.70	8.70	8.70
1824	6.55	6.55	6.55	6.55	6.55	6.55
1826	4.40	4.40	4.40	4.40	4.40	4.40
1827	3.30	3.30	3.30	3.30	3.30	3.30
1839	4.40	4.40	4.40	4.40	4.40	4.40
1840	3.30	3.30	3.30	3.30	3.30	3.30
1843	13.00	13.00	13.00	13.00	13.00	13.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1844	9.75	9.75	9.75	9.75	9.75	9.75
1846	19.60	19.60	19.60	19.60	19.60	19.60
1847	14.70	14.70	14.70	14.70	14.70	14.70
1851	8.70	8.70	8.70	8.70	8.70	8.70
1852	6.55	6.55	6.55	6.55	6.55	6.55
1858	35.00	35.00	35.00	35.00	35.00	35.00
1859	26.25	26.25	26.25	26.25	26.25	26.25
1877	26.00	26.00	26.00	26.00	26.00	26.00
1878	19.50	19.50	19.50	19.50	19.50	19.50
1884	4.40	4.40	4.40	4.40	4.40	4.40
1885	3.30	3.30	3.30	3.30	3.30	3.30
1888	17.40	17.40	17.40	17.40	17.40	17.40
1889	13.05	13.05	13.05	13.05	13.05	13.05
1891	8.70	8.70	8.70	8.70	8.70	8.70
1892	6.55	6.55	6.55	6.55	6.55	6.55
1897	26.00	26.00	26.00	26.00	26.00	26.00
1898	19.50	19.50	19.50	19.50	19.50	19.50
1903	8.70	8.70	8.70	8.70	8.70	8.70
1904	6.55	6.55	6.55	6.55	6.55	6.55
1905	4.40	4.40	4.40	4.40	4.40	4.40
1906	3.30	3.30	3.30	3.30	3.30	3.30
1911	17.40	17.40	17.40	17.40	17.40	17.40
1912	13.05	13.05	13.05	13.05	13.05	13.05
1913	8.70	8.70	8.70	8.70	8.70	8.70
1914	6.55	6.55	6.55	6.55	6.55	6.55
1918	22.00	22.00	22.00	22.00	22.00	22.00
1919	16.50	16.50	16.50	16.50	16.50	16.50
1924	17.40	17.40	17.40	17.40	17.40	17.40
1925	13.05	13.05	13.05	13.05	13.05	13.05
1926	8.70	8.70	8.70	8.70	8.70	8.70
1927	6.55	6.55	6.55	6.55	6.55	6.55
1935	8.70	8.70	8.70	8.70	8.70	8.70
1936	6.55	6.55	6.55	6.55	6.55	6.55
1941	17.40	17.40	17.40	17.40	17.40	17.40
1942	13.05	13.05	13.05	13.05	13.05	13.05
1943	8.70	8.70	8.70	8.70	8.70	8.70
1944	6.55	6.55	6.55	6.55	6.55	6.55
1948	13.00	13.00	13.00	13.00	13.00	13.00
1949	9.75	9.75	9.75	9.75	9.75	9.75
1955	17.40	17.40	17.40	17.40	17.40	17.40
1956	13.05	13.05	13.05	13.05	13.05	13.05
1957	8.70	8.70	8.70	8.70	8.70	8.70
1958	6.55	6.55	6.55	6.55	6.55	6.55
1965	26.00	26.00	26.00	26.00	26.00	26.00
1966	19.50	19.50	19.50	19.50	19.50	19.50

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1971	26.00	26.00	26.00	26.00	26.00	26.00
1972	19.50	19.50	19.50	19.50	19.50	19.50
1973	43.50	43.50	43.50	43.50	43.50	43.50
1974	32.65	32.65	32.65	32.65	32.65	32.65
1981	35.00	35.00	35.00	35.00	35.00	35.00
1982	26.25	26.25	26.25	26.25	26.25	26.25
1987	35.00	35.00	35.00	35.00	35.00	35.00
1988	26.25	26.25	26.25	26.25	26.25	26.25
1995	35.00	35.00	35.00	35.00	35.00	35.00
1996	26.25	26.25	26.25	26.25	26.25	26.25
1997	52.00	52.00	52.00	52.00	52.00	52.00
1998	39.00	39.00	39.00	39.00	39.00	39.00
2006	43.50	43.50	43.50	43.50	43.50	43.50
2007	32.65	32.65	32.65	32.65	32.65	32.65
2013	8.70	8.70	8.70	8.70	8.70	8.70
2014	6.55	6.55	6.55	6.55	6.55	6.55
2022	17.40	17.40	17.40	17.40	17.40	17.40
2023	13.05	13.05	13.05	13.05	13.05	13.05
2041	61.00	61.00	61.00	61.00	61.00	61.00
2042	45.75	45.75	45.75	45.75	45.75	45.75
2048	79.00	79.00	79.00	79.00	79.00	79.00
2049	59.25	59.25	59.25	59.25	59.25	59.25
2056	114.00	114.00	114.00	114.00	114.00	114.00
2057	85.50	85.50	85.50	85.50	85.50	85.50
2060	79.00	79.00	79.00	79.00	79.00	79.00
2061	59.25	59.25	59.25	59.25	59.25	59.25
2081	13.00	13.00	13.00	13.00	13.00	13.00
2082	9.75	9.75	9.75	9.75	9.75	9.75
2091	26.00	26.00	26.00	26.00	26.00	26.00
2092	19.50	19.50	19.50	19.50	19.50	19.50
2096	35.00	35.00	35.00	35.00	35.00	35.00
2097	26.25	26.25	26.25	26.25	26.25	26.25
2104	13.00	13.00	13.00	13.00	13.00	13.00
2105	9.75	9.75	9.75	9.75	9.75	9.75
2111	22.00	22.00	22.00	22.00	22.00	22.00
2112	16.50	16.50	16.50	16.50	16.50	16.50
2131	8.70	8.70	8.70	8.70	8.70	8.70
2132	6.55	6.55	6.55	6.55	6.55	6.55
2141	8.70	8.70	8.70	8.70	8.70	8.70
2142	6.55	6.55	6.55	6.55	6.55	6.55
2148	130.00	130.00	130.00	130.00	130.00	130.00
2149	97.50	97.50	97.50	97.50	97.50	97.50
2155	87.00	87.00	87.00	87.00	87.00	87.00
2156	65.25	65.25	65.25	65.25	65.25	65.25
2161	104.00	104.00	104.00	104.00	104.00	104.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2162	78.00	78.00	78.00	78.00	78.00	78.00
2170	87.00	87.00	87.00	87.00	87.00	87.00
2171	65.25	65.25	65.25	65.25	65.25	65.25
2173	130.00	130.00	130.00	130.00	130.00	130.00
2174	97.50	97.50	97.50	97.50	97.50	97.50
2201	5.20	5.20	5.20	5.20	5.20	5.20
2202	3.90	3.90	3.90	3.90	3.90	3.90
2211	17.40	17.40	17.40	17.40	17.40	17.40
2212	13.05	13.05	13.05	13.05	13.05	13.05
2215	26.00	26.00	26.00	26.00	26.00	26.00
2216	19.50	19.50	19.50	19.50	19.50	19.50
2225	13.00	13.00	13.00	13.00	13.00	13.00
2226	9.75	9.75	9.75	9.75	9.75	9.75
2227	22.00	22.00	22.00	22.00	22.00	22.00
2228	16.50	16.50	16.50	16.50	16.50	16.50
2247	13.00	13.00	13.00	13.00	13.00	13.00
2248	9.75	9.75	9.75	9.75	9.75	9.75
2249	17.40	17.40	17.40	17.40	17.40	17.40
2250	13.05	13.05	13.05	13.05	13.05	13.05
2264	17.40	17.40	17.40	17.40	17.40	17.40
2265	13.05	13.05	13.05	13.05	13.05	13.05
2272	8.70	8.70	8.70	8.70	8.70	8.70
2273	6.55	6.55	6.55	6.55	6.55	6.55
2285	26.00	26.00	26.00	26.00	26.00	26.00
2286	19.50	19.50	19.50	19.50	19.50	19.50
2334	2.65	2.65	2.65	2.65	2.65	2.65
2335	3.90	3.90	3.90	3.90	3.90	3.90
2336	5.25	5.25	5.25	5.25	5.25	5.25
2342	2.65	2.65	2.65	2.65	2.65	2.65
2346	6.55	6.55	6.55	6.55	6.55	6.55
2352	3.90	3.90	3.90	3.90	3.90	3.90
2357	5.25	5.25	5.25	5.25	5.25	5.25
2362	1.30	1.30	1.30	1.30	1.30	1.30
2369	3.90	3.90	3.90	3.90	3.90	3.90
2374	6.55	6.55	6.55	6.55	6.55	6.55
2382	6.55	6.55	6.55	6.55	6.55	6.55
2388	6.55	6.55	6.55	6.55	6.55	6.55
2392	3.90	3.90	3.90	3.90	3.90	3.90
2502	22.50	22.50	17.60	17.60	17.60	17.60
2505	26.00	26.00	21.50	21.50	21.50	21.50
2508	22.50	22.50	17.60	17.60	17.60	17.60
2512	26.00	26.00	21.50	21.50	21.50	21.50
2516	30.50	30.50	26.00	26.00	26.00	26.00
2520	35.00	35.00	30.00	30.00	30.00	30.00
2524	22.50	22.50	19.80	19.80	19.80	19.80

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2528	27.50	27.50	23.50	23.50	23.50	23.50
2532	32.00	32.00	27.50	27.50	27.50	27.50
2537	42.50	42.50	32.00	32.00	32.00	32.00
2539	30.50	30.50	26.00	26.00	26.00	26.00
2541	35.00	35.00	30.00	30.00	30.00	30.00
2543	24.50	24.50	19.80	19.80	19.80	19.80
2545	27.50	27.50	23.50	23.50	23.50	23.50
2548	30.50	30.50	26.00	26.00	26.00	26.00
2551	39.00	39.00	27.00	27.00	27.00	27.00
2554	39.00	39.00	27.00	27.00	27.00	27.00
2557	64.00	64.00	64.00	64.00	64.00	64.00
2560	39.00	41.50	32.00	32.00	32.00	32.00
2563	30.50	30.50	27.00	27.00	27.00	27.00
2566	39.00	41.50	32.00	32.00	32.00	32.00
2569	39.00	41.50	32.00	32.00	32.00	32.00
2573	30.50	30.50	27.00	27.00	27.00	27.00
2576	30.50	30.50	27.00	30.50	27.00	27.00
2579	30.50	30.50	27.00	30.50	27.00	27.00
2581	26.00	30.50	23.50	23.50	23.50	23.50
2583	26.00	30.50	23.50	23.50	23.50	23.50
2585	32.00	32.00	30.00	32.00	30.00	30.00
2587	21.50	21.50	19.20	21.50	19.20	19.20
2589	51.00	51.00	49.00	51.00	49.00	49.00
2591	41.50	41.50	41.50	41.50	41.50	41.50
2593	32.00	32.00	32.00	32.00	32.00	32.00
2595	27.50	27.50	23.50	23.50	24.50	23.50
2597	41.50	41.50	35.00	35.00	35.00	35.00
2599	36.00	36.00	30.00	30.00	30.00	30.00
2601	49.00	49.00	39.50	39.50	39.50	39.50
2604	30.00	30.00	24.50	24.50	24.50	24.50
2607	62.00	62.00	54.00	54.00	54.00	54.00
2609	85.00	85.00	70.00	70.00	70.00	70.00
2611	13.20	13.20	13.20	13.20	13.20	13.20
2614	30.50	30.50	30.50	30.50	30.50	30.50
2617	26.00	26.00	21.50	21.50	21.50	21.50
2621	57.00	57.00	57.00	57.00	57.00	57.00
2625	24.50	27.00	22.50	22.50	22.50	22.50
2627	27.50	30.50	26.00	26.00	26.00	26.00
2630	39.00	39.00	31.50	31.50	31.50	31.50
2634	26.00	26.00	23.50	26.00	26.00	24.50
2638	14.20	14.20	13.20	13.20	13.20	13.20
2642	32.00	32.00	27.50	27.50	27.50	27.50
2646	39.00	39.00	35.00	35.00	35.00	35.00
2650	24.50	27.00	22.50	22.50	22.50	22.50
2654	27.50	30.50	26.00	26.00	26.00	26.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2659	30.50	32.00	27.50	27.50	27.50	27.50
2662	36.50	39.00	35.00	35.00	35.00	35.00
2665	27.50	30.50	26.00	26.00	26.00	26.00
2672	85.00	85.00	85.00	85.00	85.00	85.00
2676	76.00	76.00	73.00	73.00	73.00	73.00
2678	97.00	97.00	92.00	92.00	92.00	92.00
2681	98.00	98.00	90.00	90.00	90.00	90.00
2687	64.00	64.00	61.00	61.00	61.00	61.00
2690	42.50	42.50	41.50	41.50	41.50	41.50
2694	51.00	51.00	51.00	51.00	51.00	51.00
2697	30.50	32.00	27.50	27.50	27.50	27.00
2699	24.50	27.00	22.50	22.50	22.50	22.50
2703	27.50	30.50	26.00	26.00	26.00	26.00
2706	43.50	43.50	39.00	39.00	39.00	39.00
2709	57.00	59.00	51.00	51.00	51.00	51.00
2711	70.00	71.00	61.00	61.00	61.00	61.00
2714	51.00	51.00	51.00	51.00	51.00	51.00
2716	57.00	59.00	51.00	51.00	51.00	51.00
2718	70.00	71.00	64.00	64.00	64.00	64.00
2720	44.00	51.00	42.50	42.50	42.50	42.50
2722	45.00	49.00	43.50	43.50	41.50	41.50
2724	70.00	71.00	64.00	64.00	64.00	64.00
2726	49.00	57.00	45.00	45.00	45.00	45.00
2728	83.00	96.00	76.00	76.00	76.00	76.00
2730	42.50	42.50	42.50	42.50	42.50	42.50
2732	0.00	0.00	0.00	0.00	0.00	0.00
2734	51.00	51.00	51.00	51.00	51.00	51.00
2736	30.50	30.50	30.50	30.50	30.50	30.50
2738	27.50	31.50	26.00	26.00	26.00	26.00
2740	57.00	57.00	42.50	42.50	42.50	42.50
2742	42.50	42.50	42.50	42.50	42.50	42.50
2744	51.00	51.00	51.00	51.00	51.00	51.00
2746	71.00	71.00	71.00	71.00	71.00	71.00
2748	71.00	71.00	71.00	71.00	71.00	71.00
2750	71.00	71.00	71.00	71.00	71.00	71.00
2751	192.00	192.00	192.00	192.00	192.00	192.00
2752	42.50	45.00	39.00	39.00	45.00	42.50
2754	30.50	30.50	30.50	30.50	30.50	30.50
2756	66.00	66.00	66.00	66.00	66.00	66.00
2758	51.00	51.00	51.00	51.00	51.00	51.00
2760	57.00	57.00	57.00	57.00	57.00	57.00
2762	43.50	43.50	35.00	39.00	35.00	35.00
2764	64.00	64.00	51.00	51.00	51.00	51.00
2766	64.00	64.00	51.00	51.00	51.00	51.00
2768	64.00	64.00	51.00	51.00	51.00	51.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2770	64.00	64.00	51.00	51.00	51.00	51.00
2772	64.00	64.00	51.00	51.00	51.00	51.00
2773	76.00	76.00	76.00	76.00	76.00	76.00
2774	128.00	128.00	128.00	128.00	128.00	128.00
2775	176.00	176.00	176.00	176.00	176.00	176.00
2776	64.00	64.00	51.00	51.00	51.00	51.00
2778	43.50	43.50	43.50	43.50	43.50	43.50
2780	43.50	43.50	43.50	43.50	43.50	43.50
2782	0.00	0.00	0.00	0.00	0.00	0.00
2784	32.00	32.00	32.00	32.00	32.00	32.00
2786	27.00	27.00	27.00	27.00	27.00	27.00
2788	32.00	32.00	32.00	32.00	32.00	32.00
2790	55.00	55.00	55.00	55.00	55.00	55.00
2792	42.50	42.50	42.50	42.50	42.50	42.50
2794	39.00	39.00	36.00	36.00	36.00	35.00
2796	39.00	39.00	39.00	39.00	39.00	39.00
2798	0.00	0.00	0.00	0.00	0.00	0.00
2800	27.50	27.50	27.50	27.50	27.50	27.50
2802	19.20	19.20	19.20	19.20	19.20	19.20
2805	90.00	116.00	90.00	90.00	90.00	90.00
2807	76.00	76.00	76.00	76.00	76.00	76.00
2811	108.00	96.00	96.00	96.00	96.00	96.00
2813	26.00	26.00	26.00	26.00	26.00	26.00
2815	39.00	39.00	39.00	39.00	39.00	39.00
2817	39.00	39.00	39.00	39.00	39.00	39.00
2819	30.50	30.50	30.50	30.50	30.50	30.50
2823	24.50	24.50	24.50	24.50	24.50	24.50
2825	30.50	30.50	30.50	30.50	30.50	30.50
2827	24.50	24.50	24.50	24.50	24.50	24.50
2831	39.00	39.00	39.00	39.00	39.00	39.00
2833	31.50	31.50	31.50	31.50	31.50	31.50
2837	19.80	19.80	19.80	19.80	19.80	19.80
2839	44.00	44.00	44.00	44.00	44.00	44.00
2841	39.00	39.00	39.00	39.00	39.00	39.00
2843	26.00	26.00	26.00	26.00	26.00	26.00
2845	26.00	26.00	26.00	26.00	26.00	26.00
2847	76.00	76.00	76.00	76.00	76.00	76.00
2849	51.00	51.00	51.00	51.00	51.00	51.00
2851	13.20	13.20	13.20	13.20	13.20	13.20
2853	76.00	76.00	76.00	76.00	76.00	76.00
2855	39.00	39.00	39.00	39.00	39.00	39.00
2857	51.00	51.00	51.00	51.00	51.00	51.00
2859	76.00	76.00	76.00	76.00	76.00	76.00
2861	16.60	16.60	16.60	16.60	16.60	16.60
2863	0.00	0.00	0.00	0.00	0.00	0.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2865	19.80	19.80	19.80	19.80	19.80	19.80
2867	0.00	0.00	0.00	0.00	0.00	0.00
2869	39.50	39.50	39.50	39.50	39.50	39.50
2871	0.00	0.00	0.00	0.00	0.00	0.00
2873	22.50	22.50	22.50	22.50	22.50	22.50
2875	19.80	19.80	19.80	19.80	19.80	19.80
2877	0.00	0.00	0.00	0.00	0.00	0.00
2879	23.50	23.50	23.50	23.50	23.50	23.50
2881	0.00	0.00	0.00	0.00	0.00	0.00
2883	51.00	51.00	51.00	51.00	51.00	51.00
2885	0.00	0.00	0.00	0.00	0.00	0.00
2887	30.50	30.50	30.50	30.50	30.50	30.50
2889	0.00	0.00	0.00	0.00	0.00	0.00
2891	41.50	41.50	41.50	41.50	41.50	41.50
2893	0.00	0.00	0.00	0.00	0.00	0.00
2895	71.00	71.00	71.00	71.00	71.00	71.00
2897	0.00	0.00	0.00	0.00	0.00	0.00
2899	118.00	118.00	118.00	118.00	118.00	118.00
2901	83.00	83.00	83.00	83.00	83.00	83.00
2904	166.00	166.00	166.00	166.00	166.00	166.00
2907	245.00	245.00	245.00	245.00	245.00	245.00
2910	192.00	192.00	192.00	192.00	192.00	192.00
2913	118.00	118.00	118.00	118.00	118.00	118.00
2915	49.00	49.00	49.00	49.00	49.00	49.00
2917	75.00	75.00	75.00	75.00	75.00	75.00
2919	32.00	32.00	32.00	32.00	32.00	32.00
2922	24.50	24.50	24.50	24.50	24.50	24.50
2924	79.00	79.00	79.00	79.00	79.00	79.00
2926	24.50	24.50	24.50	24.50	24.50	24.50
2928	49.00	49.00	49.00	49.00	49.00	49.00
2931	59.00	59.00	59.00	59.00	59.00	59.00
2933	16.60	16.60	16.60	16.60	16.60	16.60
2935	17.60	17.60	17.60	17.60	17.60	17.60
2937	71.00	71.00	71.00	71.00	71.00	71.00
2939	30.00	30.00	30.00	30.00	30.00	30.00
2941	30.00	30.00	30.00	30.00	30.00	30.00
2953	0.00	0.00	0.00	0.00	0.00	0.00
2960	71.00	71.00	71.00	71.00	71.00	71.00
2961	28.50	71.00	71.00	71.00	71.00	71.00
2962	122.00	122.00	122.00	122.00	122.00	122.00
2963	49.00	122.00	122.00	122.00	122.00	122.00
2964	102.00	102.00	102.00	102.00	102.00	102.00
2965	41.50	102.00	102.00	102.00	102.00	102.00
2966	194.00	194.00	194.00	194.00	194.00	194.00
2967	78.00	194.00	194.00	194.00	194.00	194.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2968	194.00	194.00	194.00	194.00	194.00	194.00
2969	78.00	194.00	194.00	194.00	194.00	194.00
2970	250.00	250.00	250.00	250.00	250.00	250.00
2971	100.00	250.00	250.00	250.00	250.00	250.00
3006	12.00	11.20	10.60	10.60	10.60	11.20
3012	19.40	19.40	19.40	19.40	19.40	19.40
3016	26.00	26.00	26.00	26.00	26.00	26.00
3022	31.50	31.50	31.50	31.50	31.50	31.50
3027	55.00	55.00	55.00	55.00	55.00	55.00
3033	66.00	66.00	66.00	66.00	66.00	66.00
3038	138.00	138.00	138.00	138.00	138.00	138.00
3039	270.00	270.00	270.00	270.00	270.00	270.00
3041	138.00	138.00	138.00	138.00	138.00	138.00
3046	22.50	22.50	22.50	22.50	22.50	22.50
3050	38.00	31.50	33.00	31.50	31.50	30.50
3058	35.00	27.00	27.00	27.00	27.00	27.00
3063	50.00	50.00	50.00	50.00	50.00	50.00
3073	38.00	35.00	31.50	31.50	31.50	31.50
3082	61.00	61.00	61.00	61.00	61.00	61.00
3087	77.00	77.00	77.00	77.00	77.00	77.00
3092	50.00	50.00	50.00	50.00	50.00	50.00
3098	64.00	64.00	64.00	64.00	64.00	64.00
3101	78.00	78.00	78.00	78.00	78.00	78.00
3104	108.00	108.00	108.00	108.00	108.00	108.00
3106	31.50	31.50	31.50	31.50	31.50	31.50
3110	61.00	61.00	61.00	61.00	61.00	61.00
3113	10.00	9.30	8.40	8.40	8.40	8.40
3116	46.50	46.50	46.50	46.50	46.50	46.50
3120	94.00	94.00	94.00	84.00	84.00	84.00
3124	116.00	116.00	116.00	108.00	108.00	108.00
3130	22.50	21.50	22.50	21.50	21.50	21.50
3135	50.00	48.00	48.00	48.00	48.00	48.00
3142	64.00	60.00	60.00	60.00	60.00	60.00
3148	20.50	20.50	20.50	20.50	20.50	20.50
3157	46.50	46.50	46.50	46.50	46.50	46.50
3158	25.00	25.00	25.00	25.00	25.00	25.00
3160	12.60	12.60	12.60	12.60	12.60	12.60
3168	77.00	77.00	77.00	77.00	77.00	77.00
3173	38.00	38.00	38.00	38.00	38.00	38.00
3178	64.00	64.00	64.00	64.00	64.00	64.00
3183	77.00	77.00	77.00	77.00	77.00	77.00
3194	66.00	66.00	66.00	66.00	53.00	53.00
3199	93.00	93.00	77.00	77.00	69.00	69.00
3208	120.00	94.00	94.00	94.00	94.00	94.00
3213	156.00	116.00	116.00	116.00	116.00	116.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
3217	156.00	156.00	156.00	156.00	156.00	156.00
3219	40.50	40.50	40.50	40.50	40.50	40.50
3220	54.00	54.00	54.00	54.00	54.00	54.00
3221	108.00	108.00	108.00	108.00	108.00	108.00
3222	138.00	138.00	138.00	138.00	138.00	138.00
3223	144.00	144.00	144.00	144.00	144.00	144.00
3224	172.00	172.00	172.00	172.00	172.00	172.00
3225	215.00	215.00	215.00	215.00	215.00	215.00
3226	290.00	290.00	290.00	290.00	290.00	290.00
3233	60.00	60.00	55.00	55.00	55.00	55.00
3237	74.00	74.00	66.00	66.00	66.00	66.00
3247	84.00	84.00	75.00	75.00	75.00	75.00
3253	106.00	106.00	96.00	96.00	96.00	96.00
3261	114.00	138.00	114.00	114.00	114.00	100.00
3265	138.00	156.00	138.00	138.00	138.00	126.00
3271	168.00	168.00	168.00	168.00	168.00	168.00
3276	355.00	355.00	355.00	355.00	355.00	355.00
3281	215.00	215.00	215.00	215.00	215.00	215.00
3289	250.00	250.00	250.00	250.00	250.00	250.00
3295	355.00	355.00	355.00	355.00	355.00	355.00
3301	168.00	168.00	168.00	168.00	168.00	168.00
3309	192.00	192.00	192.00	192.00	192.00	192.00
3310	290.00	290.00	290.00	290.00	290.00	290.00
3311	420.00	420.00	420.00	420.00	420.00	420.00
3314	57.00	57.00	57.00	57.00	57.00	57.00
3320	20.00	18.60	18.60	18.60	18.60	18.60
3330	22.50	27.00	20.50	20.50	20.50	20.50
3332	29.50	29.50	22.50	22.50	22.50	22.50
3338	37.00	35.00	35.00	35.00	35.00	35.00
3342	39.00	37.00	37.00	37.00	37.00	37.00
3346	46.50	40.50	40.50	40.50	40.50	40.50
3349	22.50	27.00	20.50	20.50	20.50	20.50
3350	54.00	54.00	54.00	54.00	54.00	54.00
3351	134.00	134.00	134.00	134.00	134.00	134.00
3352	172.00	172.00	172.00	172.00	172.00	172.00
3356	18.60	18.60	18.60	18.60	18.60	18.60
3363	69.00	69.00	69.00	69.00	69.00	69.00
3366	10.00	11.40	7.80	7.80	7.70	7.80
3371	10.00	11.40	10.00	10.00	10.00	10.00
3379	50.00	50.00	42.00	42.00	42.00	42.00
3384	69.00	69.00	57.00	53.00	53.00	53.00
3391	64.00	64.00	64.00	64.00	64.00	64.00
3399	114.00	114.00	114.00	114.00	114.00	114.00
3404	94.00	94.00	94.00	94.00	94.00	94.00
3407	126.00	126.00	126.00	126.00	126.00	126.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
3417	64.00	64.00	64.00	64.00	64.00	64.00
3425	150.00	150.00	150.00	150.00	150.00	150.00
3431	150.00	150.00	150.00	150.00	150.00	150.00
3437	315.00	315.00	315.00	315.00	315.00	315.00
3444	530.00	530.00	530.00	530.00	530.00	530.00
3450	355.00	355.00	355.00	355.00	355.00	355.00
3455	150.00	186.00	150.00	150.00	150.00	150.00
3459	84.00	84.00	84.00	84.00	84.00	84.00
3465	25.00	25.00	25.00	25.00	25.00	25.00
3468	50.00	50.00	50.00	50.00	50.00	50.00
3472	64.00	64.00	64.00	64.00	64.00	64.00
3477	64.00	64.00	64.00	64.00	64.00	64.00
3480	126.00	126.00	126.00	126.00	126.00	126.00
3495	745.00	745.00	745.00	745.00	745.00	745.00
3496	19.40	19.40	19.40	19.40	19.40	19.40
3505	51.00	51.00	51.00	51.00	51.00	51.00
3509	66.00	66.00	66.00	66.00	66.00	66.00
3516	87.00	87.00	87.00	87.00	87.00	87.00
3526	168.00	168.00	168.00	168.00	168.00	168.00
3530	215.00	215.00	215.00	215.00	215.00	215.00
3532	405.00	405.00	405.00	405.00	405.00	405.00
3542	420.00	420.00	420.00	420.00	420.00	420.00
3547	470.00	470.00	470.00	470.00	470.00	470.00
3555	530.00	530.00	530.00	530.00	530.00	530.00
3563	305.00	305.00	305.00	305.00	305.00	305.00
3576	215.00	225.00	215.00	215.00	215.00	215.00
3581	164.00	164.00	164.00	164.00	164.00	164.00
3591	245.00	245.00	245.00	245.00	245.00	245.00
3597	188.00	188.00	188.00	188.00	188.00	188.00
3616	745.00	745.00	745.00	745.00	745.00	745.00
3618	156.00	156.00	156.00	156.00	156.00	156.00
3622	420.00	420.00	420.00	420.00	420.00	420.00
3634	106.00	106.00	106.00	106.00	106.00	106.00
3638	305.00	305.00	305.00	305.00	305.00	305.00
3647	138.00	138.00	138.00	138.00	138.00	138.00
3652	186.00	186.00	186.00	186.00	186.00	186.00
3654	84.00	93.00	74.00	71.00	71.00	71.00
3664	114.00	114.00	102.00	86.00	86.00	86.00
3668	110.00	110.00	110.00	110.00	110.00	110.00
3673	138.00	138.00	138.00	138.00	138.00	138.00
3678	110.00	110.00	110.00	110.00	110.00	110.00
3683	138.00	138.00	138.00	138.00	138.00	138.00
3698	250.00	250.00	250.00	250.00	250.00	250.00
3702	370.00	370.00	370.00	370.00	370.00	370.00
3707	64.00	64.00	64.00	64.00	64.00	64.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
3713	162.00	162.00	162.00	162.00	162.00	162.00
3718	205.00	205.00	205.00	205.00	205.00	205.00
3722	225.00	225.00	225.00	225.00	225.00	225.00
3726	225.00	225.00	225.00	225.00	225.00	225.00
3730	470.00	470.00	470.00	470.00	470.00	470.00
3734	142.00	142.00	142.00	142.00	142.00	142.00
3739	220.00	220.00	220.00	220.00	220.00	220.00
3745	270.00	270.00	270.00	270.00	270.00	270.00
3750	225.00	225.00	225.00	225.00	225.00	225.00
3752	74.00	74.00	74.00	74.00	74.00	74.00
3754	250.00	250.00	250.00	250.00	250.00	250.00
3759	635.00	635.00	635.00	635.00	635.00	635.00
3764	225.00	225.00	225.00	225.00	225.00	225.00
3783	250.00	250.00	250.00	250.00	250.00	250.00
3789	78.00	78.00	78.00	78.00	78.00	78.00
3793	250.00	240.00	240.00	225.00	220.00	220.00
3798	315.00	315.00	315.00	270.00	290.00	270.00
3802	188.00	188.00	188.00	188.00	188.00	188.00
3809	225.00	225.00	225.00	225.00	225.00	225.00
3815	380.00	380.00	380.00	380.00	380.00	380.00
3820	370.00	370.00	370.00	350.00	350.00	350.00
3825	260.00	260.00	260.00	260.00	260.00	260.00
3831	405.00	405.00	405.00	405.00	405.00	405.00
3834	625.00	625.00	625.00	625.00	625.00	625.00
3847	96.00	96.00	96.00	96.00	96.00	96.00
3849	118.00	118.00	118.00	118.00	118.00	118.00
3851	150.00	150.00	150.00	150.00	150.00	150.00
3860	156.00	156.00	156.00	156.00	156.00	156.00
3862	215.00	215.00	215.00	215.00	215.00	215.00
3875	250.00	250.00	250.00	250.00	250.00	250.00
3882	295.00	295.00	295.00	295.00	295.00	295.00
3889	355.00	355.00	355.00	355.00	355.00	355.00
3891	420.00	420.00	420.00	420.00	420.00	420.00
3892	370.00	370.00	370.00	370.00	370.00	370.00
3893	515.00	515.00	515.00	515.00	515.00	515.00
3894	225.00	225.00	225.00	225.00	225.00	225.00
3898	295.00	295.00	295.00	295.00	295.00	295.00
3900	375.00	375.00	375.00	375.00	375.00	375.00
3902	295.00	295.00	295.00	295.00	295.00	295.00
3922	420.00	420.00	420.00	420.00	420.00	420.00
3930	530.00	530.00	530.00	530.00	530.00	530.00
3938	625.00	625.00	625.00	625.00	625.00	625.00
3952	188.00	188.00	188.00	188.00	188.00	188.00
3976	128.00	128.00	128.00	128.00	128.00	128.00
3981	162.00	162.00	162.00	162.00	162.00	162.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
3986	225.00	225.00	225.00	225.00	225.00	225.00
4003	100.00	100.00	100.00	100.00	100.00	100.00
4012	370.00	405.00	370.00	370.00	370.00	370.00
4018	380.00	380.00	380.00	380.00	380.00	380.00
4039	290.00	305.00	290.00	290.00	290.00	290.00
4043	370.00	405.00	370.00	370.00	370.00	370.00
4046	420.00	420.00	420.00	420.00	420.00	420.00
4048	530.00	530.00	530.00	530.00	530.00	530.00
4052	633.00	633.00	633.00	633.00	633.00	633.00
4054	540.00	540.00	540.00	540.00	540.00	540.00
4059	186.00	186.00	186.00	186.00	186.00	186.00
4068	530.00	530.00	530.00	530.00	530.00	530.00
4074	150.00	138.00	138.00	138.00	138.00	126.00
4080	172.00	186.00	186.00	156.00	172.00	150.00
4084	53.00	53.00	53.00	53.00	53.00	53.00
4087	168.00	168.00	168.00	168.00	168.00	168.00
4093	210.00	210.00	210.00	210.00	210.00	210.00
4099	75.00	75.00	75.00	75.00	75.00	75.00
4104	38.00	38.00	38.00	38.00	38.00	38.00
4109	505.00	505.00	505.00	505.00	505.00	505.00
4115	745.00	745.00	745.00	745.00	745.00	745.00
4130	220.00	220.00	220.00	220.00	220.00	220.00
4133	530.00	530.00	530.00	530.00	530.00	530.00
4141	295.00	305.00	295.00	295.00	295.00	295.00
4144	315.00	315.00	315.00	315.00	315.00	315.00
4165	470.00	470.00	470.00	470.00	470.00	470.00
4173	370.00	370.00	370.00	370.00	370.00	370.00
4179	370.00	370.00	370.00	370.00	370.00	370.00
4185	194.00	194.00	194.00	194.00	194.00	194.00
4191	78.00	78.00	78.00	78.00	78.00	78.00
4197	22.50	22.50	22.50	22.50	22.50	22.50
4202	523.00	523.00	523.00	523.00	523.00	523.00
4209	430.00	430.00	430.00	430.00	430.00	430.00
4214	186.00	186.00	186.00	186.00	186.00	186.00
4217	645.00	645.00	645.00	645.00	645.00	645.00
4222	150.00	150.00	144.00	144.00	144.00	128.00
4227	186.00	186.00	186.00	174.00	194.00	156.00
4233	225.00	225.00	225.00	225.00	225.00	225.00
4238	330.00	330.00	330.00	330.00	330.00	330.00
4241	405.00	380.00	380.00	380.00	380.00	380.00
4246	112.00	112.00	112.00	112.00	112.00	112.00
4249	150.00	150.00	150.00	150.00	150.00	150.00
4251	128.00	128.00	128.00	128.00	128.00	128.00
4254	172.00	172.00	172.00	172.00	172.00	172.00
4258	188.00	188.00	188.00	188.00	188.00	188.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
4262	225.00	225.00	225.00	225.00	225.00	225.00
4265	15.00	15.00	15.00	15.00	15.00	15.00
4269	100.00	100.00	100.00	100.00	100.00	100.00
4273	124.00	124.00	124.00	124.00	124.00	124.00
4288	128.00	128.00	128.00	128.00	128.00	128.00
4293	172.00	172.00	172.00	172.00	172.00	172.00
4296	225.00	225.00	225.00	225.00	225.00	225.00
4307	225.00	225.00	215.00	215.00	215.00	215.00
4313	48.00	48.00	48.00	48.00	48.00	48.00
4319	19.40	19.40	19.40	19.40	19.40	19.40
4327	46.50	46.50	42.00	42.00	42.00	42.00
4338	64.00	64.00	64.00	64.00	64.00	64.00
4345	78.00	78.00	78.00	78.00	78.00	78.00
4351	20.00	20.00	20.00	20.00	20.00	20.00
4354	23.00	23.00	23.00	23.00	23.00	23.00
4363	35.50	35.50	35.50	35.50	35.50	35.50
4365	84.00	84.00	84.00	84.00	84.00	84.00
4380	69.00	69.00	69.00	69.00	69.00	69.00
4383	78.00	78.00	78.00	78.00	78.00	78.00
4385	102.00	102.00	102.00	102.00	102.00	102.00
4388	156.00	156.00	156.00	156.00	156.00	156.00
4389	186.00	186.00	186.00	186.00	186.00	186.00
4394	225.00	225.00	225.00	225.00	225.00	225.00
4397	168.00	168.00	168.00	168.00	168.00	168.00
4399	270.00	270.00	270.00	270.00	270.00	270.00
4407	250.00	250.00	250.00	250.00	250.00	250.00
4413	390.00	390.00	390.00	390.00	390.00	390.00
4427	15.00	15.00	15.00	15.00	15.00	15.00
4434	60.00	60.00	60.00	60.00	60.00	60.00
4442	78.00	78.00	78.00	78.00	78.00	78.00
4455	29.50	29.50	29.50	29.50	29.50	29.50
4467	50.00	50.00	50.00	50.00	50.00	50.00
4473	35.50	35.50	35.50	35.50	35.50	35.50
4482	162.00	162.00	162.00	162.00	162.00	162.00
4490	112.00	112.00	112.00	112.00	112.00	112.00
4492	240.00	240.00	240.00	240.00	240.00	240.00
4509	23.00	23.00	23.00	23.00	23.00	23.00
4523	126.00	138.00	114.00	94.00	94.00	94.00
4527	156.00	194.00	138.00	116.00	116.00	116.00
4534	43.00	43.00	43.00	43.00	43.00	43.00
4537	94.00	94.00	94.00	77.00	77.00	77.00
4544	116.00	138.00	116.00	100.00	100.00	100.00
4552	96.00	96.00	96.00	96.00	96.00	96.00
4557	126.00	126.00	126.00	126.00	126.00	126.00
4568	138.00	138.00	138.00	138.00	138.00	138.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
4573	168.00	168.00	168.00	168.00	168.00	168.00
4578	50.00	50.00	50.00	50.00	50.00	50.00
4585	64.00	64.00	64.00	64.00	64.00	64.00
4590	295.00	295.00	295.00	295.00	295.00	295.00
4606	150.00	186.00	150.00	150.00	150.00	150.00
4611	128.00	128.00	120.00	120.00	120.00	120.00
4617	162.00	162.00	150.00	150.00	150.00	150.00
4622	40.50	38.50	38.50	38.50	38.50	38.50
4629	15.00	15.00	15.00	15.00	15.00	15.00
4633	43.00	43.00	43.00	43.00	43.00	43.00
4637	84.00	84.00	84.00	84.00	84.00	84.00
4640	210.00	210.00	210.00	210.00	210.00	210.00
4643	154.00	154.00	154.00	154.00	154.00	154.00
4649	287.00	287.00	287.00	287.00	287.00	287.00
4651	138.00	138.00	138.00	138.00	138.00	138.00
4655	108.00	108.00	108.00	108.00	108.00	108.00
4658	86.00	86.00	86.00	86.00	86.00	86.00
4662	215.00	215.00	215.00	215.00	215.00	215.00
4665	350.00	350.00	350.00	350.00	350.00	350.00
4670	21.50	21.50	21.50	21.50	21.50	21.50
4676	108.00	108.00	108.00	108.00	108.00	108.00
4678	148.00	148.00	148.00	148.00	148.00	148.00
4690	215.00	215.00	215.00	215.00	215.00	215.00
4693	305.00	305.00	305.00	305.00	305.00	305.00
4695	465.00	465.00	465.00	465.00	465.00	465.00
4696	420.00	420.00	420.00	420.00	420.00	420.00
4699	505.00	505.00	505.00	505.00	505.00	505.00
4702	305.00	305.00	305.00	305.00	305.00	305.00
4705	505.00	505.00	505.00	505.00	505.00	505.00
4709	465.00	465.00	465.00	465.00	465.00	465.00
4715	225.00	225.00	225.00	225.00	225.00	225.00
4721	295.00	295.00	295.00	295.00	295.00	295.00
4733	250.00	250.00	250.00	250.00	250.00	250.00
4738	305.00	305.00	305.00	305.00	305.00	305.00
4744	570.00	570.00	570.00	570.00	570.00	570.00
4749	545.00	545.00	545.00	545.00	545.00	545.00
4754	570.00	570.00	570.00	570.00	570.00	570.00
4756	860.00	860.00	860.00	860.00	860.00	860.00
4762	505.00	505.00	505.00	505.00	505.00	505.00
4764	750.00	750.00	750.00	750.00	750.00	750.00
4766	505.00	505.00	505.00	505.00	505.00	505.00
4778	295.00	295.00	295.00	295.00	295.00	295.00
4784	380.00	380.00	380.00	380.00	380.00	380.00
4789	270.00	270.00	270.00	270.00	270.00	270.00
4791	625.00	625.00	625.00	625.00	625.00	625.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
4794	745.00	745.00	745.00	745.00	745.00	745.00
4798	530.00	530.00	530.00	530.00	530.00	530.00
4800	215.00	215.00	215.00	215.00	215.00	215.00
4806	215.00	215.00	215.00	215.00	215.00	215.00
4808	102.00	102.00	102.00	102.00	102.00	102.00
4812	78.00	78.00	78.00	78.00	78.00	78.00
4817	420.00	420.00	420.00	420.00	420.00	420.00
4822	225.00	225.00	225.00	225.00	225.00	225.00
4832	53.00	53.00	53.00	53.00	53.00	53.00
4838	87.00	87.00	87.00	87.00	87.00	87.00
4844	150.00	150.00	150.00	150.00	150.00	150.00
4853	150.00	150.00	150.00	150.00	150.00	150.00
4860	150.00	150.00	150.00	150.00	150.00	150.00
4864	150.00	150.00	150.00	150.00	150.00	150.00
4867	250.00	250.00	250.00	250.00	250.00	250.00
4870	194.00	194.00	194.00	194.00	194.00	194.00
4877	250.00	250.00	250.00	250.00	250.00	250.00
4927	66.00	66.00	66.00	66.00	66.00	66.00
4930	81.00	81.00	81.00	81.00	81.00	81.00
4934	100.00	100.00	100.00	100.00	100.00	100.00
4940	122.00	122.00	122.00	122.00	122.00	122.00
4943	116.00	116.00	116.00	116.00	116.00	116.00
4948	144.00	144.00	144.00	144.00	144.00	144.00
4950	132.00	132.00	132.00	132.00	132.00	132.00
4954	162.00	162.00	162.00	162.00	162.00	162.00
4957	150.00	150.00	150.00	150.00	150.00	150.00
4961	186.00	186.00	186.00	186.00	186.00	186.00
4965	77.00	77.00	77.00	77.00	77.00	77.00
4969	96.00	96.00	96.00	96.00	96.00	96.00
4972	96.00	96.00	96.00	96.00	96.00	96.00
4976	126.00	126.00	126.00	126.00	126.00	126.00
4979	150.00	150.00	150.00	150.00	150.00	150.00
4983	250.00	250.00	250.00	250.00	250.00	250.00
4987	505.00	505.00	505.00	505.00	505.00	505.00
4990	50.00	50.00	50.00	50.00	50.00	50.00
4993	61.00	61.00	61.00	61.00	61.00	61.00
4995	75.00	75.00	75.00	75.00	75.00	75.00
4997	93.00	93.00	93.00	93.00	93.00	93.00
4999	87.00	87.00	87.00	87.00	87.00	87.00
5002	108.00	108.00	108.00	108.00	108.00	108.00
5006	100.00	100.00	100.00	100.00	100.00	100.00
5009	122.00	122.00	122.00	122.00	122.00	122.00
5015	112.00	112.00	112.00	112.00	112.00	112.00
5018	140.00	140.00	140.00	140.00	140.00	140.00
5024	61.00	61.00	61.00	61.00	61.00	61.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
5029	77.00	77.00	77.00	77.00	77.00	77.00
5034	150.00	150.00	150.00	150.00	150.00	150.00
5038	126.00	126.00	126.00	126.00	126.00	126.00
5045	194.00	194.00	194.00	194.00	194.00	194.00
5048	270.00	270.00	270.00	270.00	270.00	270.00
5051	305.00	305.00	305.00	305.00	305.00	305.00
5055	625.00	625.00	625.00	625.00	625.00	625.00
5059	35.00	35.00	35.00	35.00	35.00	35.00
5062	102.00	102.00	102.00	102.00	102.00	102.00
5066	61.00	61.00	61.00	61.00	61.00	61.00
5068	69.00	69.00	69.00	69.00	69.00	69.00
5072	390.00	390.00	390.00	390.00	390.00	390.00
5075	250.00	250.00	250.00	250.00	250.00	250.00
5078	405.00	405.00	405.00	405.00	405.00	405.00
5081	465.00	465.00	465.00	465.00	465.00	465.00
5085	505.00	505.00	505.00	505.00	505.00	505.00
5087	225.00	225.00	225.00	225.00	225.00	225.00
5091	290.00	290.00	290.00	290.00	290.00	290.00
5095	465.00	465.00	465.00	465.00	465.00	465.00
5098	505.00	505.00	505.00	505.00	505.00	505.00
5100	625.00	625.00	625.00	625.00	625.00	625.00
5102	505.00	505.00	505.00	505.00	505.00	505.00
5104	570.00	570.00	570.00	570.00	570.00	570.00
5106	435.00	435.00	435.00	435.00	435.00	435.00
5108	1030.00	1030.00	1030.00	1030.00	1030.00	1030.00
5112	1030.00	1030.00	1030.00	1030.00	1030.00	1030.00
5116	505.00	505.00	505.00	505.00	505.00	505.00
5122	625.00	625.00	625.00	625.00	625.00	625.00
5127	505.00	505.00	505.00	505.00	505.00	505.00
5131	250.00	250.00	250.00	250.00	250.00	250.00
5138	465.00	465.00	465.00	465.00	465.00	465.00
5143	295.00	295.00	295.00	295.00	295.00	295.00
5147	465.00	465.00	465.00	465.00	465.00	465.00
5152	350.00	350.00	350.00	350.00	350.00	350.00
5158	505.00	505.00	505.00	505.00	505.00	505.00
5162	42.00	61.00	42.00	42.00	42.00	42.00
5166	186.00	225.00	186.00	186.00	186.00	186.00
5172	102.00	93.00	74.00	74.00	74.00	74.00
5176	20.00	20.00	20.00	20.00	20.00	20.00
5182	46.50	46.50	46.50	46.50	46.50	46.50
5186	46.50	46.50	46.50	46.50	46.50	46.50
5192	30.50	30.50	30.50	30.50	30.50	30.50
5196	53.00	53.00	53.00	53.00	53.00	53.00
5201	33.00	33.00	33.00	33.00	33.00	33.00
5205	35.00	35.00	35.00	35.00	35.00	35.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
5210	74.00	74.00	60.00	60.00	74.00	60.00
5214	93.00	93.00	74.00	74.00	93.00	74.00
5217	186.00	205.00	138.00	138.00	186.00	138.00
5229	43.00	43.00	43.00	43.00	43.00	43.00
5230	38.00	38.00	38.00	38.00	38.00	38.00
5233	69.00	69.00	69.00	69.00	69.00	69.00
5237	57.00	57.00	57.00	57.00	57.00	57.00
5241	75.00	75.00	75.00	75.00	75.00	75.00
5245	13.80	13.80	13.80	13.80	13.80	13.80
5254	38.50	38.50	38.50	38.50	38.50	38.50
5264	11.40	11.40	11.40	11.40	11.40	11.40
5268	186.00	186.00	186.00	186.00	186.00	186.00
5270	186.00	225.00	186.00	186.00	186.00	186.00
5277	260.00	260.00	260.00	260.00	260.00	260.00
5280	114.00	114.00	126.00	93.00	93.00	93.00
5284	50.00	50.00	50.00	50.00	50.00	50.00
5288	250.00	250.00	250.00	250.00	250.00	250.00
5295	330.00	330.00	330.00	330.00	330.00	330.00
5298	430.00	430.00	430.00	430.00	430.00	430.00
5301	156.00	205.00	156.00	156.00	156.00	156.00
5305	25.00	25.00	25.00	25.00	25.00	25.00
5308	144.00	144.00	144.00	144.00	144.00	144.00
5318	330.00	330.00	330.00	330.00	330.00	330.00
5320	260.00	260.00	260.00	260.00	260.00	260.00
5330	126.00	126.00	126.00	126.00	126.00	126.00
5337	350.00	350.00	350.00	350.00	350.00	350.00
5339	465.00	465.00	465.00	465.00	465.00	465.00
5343	17.20	19.40	15.60	15.00	15.00	15.00
5345	50.00	50.00	50.00	50.00	50.00	50.00
5348	53.00	53.00	53.00	53.00	53.00	53.00
5354	295.00	295.00	295.00	295.00	295.00	295.00
5357	250.00	250.00	250.00	250.00	250.00	250.00
5360	295.00	295.00	295.00	295.00	295.00	295.00
5363	93.00	93.00	78.00	78.00	78.00	78.00
5366	126.00	114.00	100.00	100.00	100.00	100.00
5389	116.00	116.00	100.00	100.00	100.00	100.00
5392	156.00	156.00	120.00	120.00	120.00	120.00
5396	48.00	48.00	48.00	48.00	48.00	48.00
5401	61.00	61.00	61.00	61.00	61.00	61.00
5407	50.00	40.50	40.50	40.50	40.50	40.50
5411	69.00	57.00	57.00	57.00	57.00	53.00
5431	38.00	38.00	38.00	38.00	38.00	38.00
5445	29.50	29.50	29.50	29.50	29.50	29.50
5449	15.00	15.00	15.00	15.00	15.00	15.00
5456	150.00	150.00	150.00	150.00	150.00	150.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
5464	78.00	78.00	78.00	78.00	78.00	78.00
5470	152.00	152.00	152.00	152.00	152.00	152.00
5480	102.00	102.00	102.00	102.00	102.00	102.00
5486	150.00	150.00	150.00	150.00	150.00	150.00
5490	22.50	22.50	22.50	22.50	22.50	22.50
5492	96.00	96.00	96.00	96.00	96.00	96.00
5498	545.00	545.00	545.00	545.00	545.00	545.00
5508	570.00	570.00	570.00	570.00	570.00	570.00
5520	78.00	78.00	78.00	78.00	78.00	78.00
5524	93.00	114.00	93.00	93.00	93.00	93.00
5530	102.00	126.00	102.00	102.00	102.00	102.00
5534	122.00	122.00	122.00	122.00	122.00	122.00
5540	172.00	172.00	172.00	172.00	172.00	172.00
5545	250.00	250.00	250.00	250.00	250.00	250.00
5556	250.00	250.00	250.00	250.00	250.00	250.00
5572	77.00	77.00	77.00	77.00	77.00	77.00
5598	102.00	102.00	102.00	102.00	102.00	102.00
5601	75.00	75.00	75.00	75.00	75.00	75.00
5605	75.00	75.00	75.00	75.00	75.00	75.00
5611	100.00	100.00	100.00	100.00	100.00	100.00
5613	154.00	154.00	154.00	154.00	154.00	154.00
5619	106.00	106.00	106.00	106.00	106.00	106.00
5636	370.00	370.00	370.00	370.00	370.00	370.00
5642	625.00	625.00	625.00	625.00	625.00	625.00
5644	430.00	430.00	430.00	430.00	430.00	430.00
5645	360.00	360.00	360.00	360.00	360.00	360.00
5647	350.00	350.00	350.00	350.00	350.00	350.00
5654	330.00	330.00	330.00	330.00	330.00	330.00
5661	405.00	405.00	405.00	405.00	405.00	405.00
5665	465.00	465.00	465.00	465.00	465.00	465.00
5675	510.00	510.00	510.00	510.00	510.00	510.00
5679	465.00	465.00	465.00	465.00	465.00	465.00
5683	315.00	315.00	315.00	315.00	315.00	315.00
5691	405.00	405.00	405.00	405.00	405.00	405.00
5699	470.00	470.00	470.00	470.00	470.00	470.00
5705	370.00	370.00	370.00	370.00	370.00	370.00
5715	330.00	330.00	330.00	330.00	330.00	330.00
5721	250.00	250.00	250.00	250.00	250.00	250.00
5724	290.00	290.00	290.00	290.00	290.00	290.00
5726	74.00	74.00	74.00	74.00	74.00	74.00
5729	150.00	150.00	150.00	150.00	150.00	150.00
5732	205.00	205.00	205.00	205.00	205.00	205.00
5734	405.00	405.00	405.00	405.00	405.00	405.00
5737	465.00	465.00	465.00	465.00	465.00	465.00
5741	405.00	405.00	405.00	405.00	405.00	405.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
5744	405.00	405.00	405.00	405.00	405.00	405.00
5747	330.00	330.00	330.00	330.00	330.00	330.00
5753	570.00	570.00	570.00	570.00	570.00	570.00
5757	745.00	745.00	745.00	745.00	745.00	745.00
5763	330.00	330.00	330.00	330.00	330.00	330.00
5769	405.00	405.00	405.00	405.00	405.00	405.00
5773	370.00	370.00	370.00	370.00	370.00	370.00
5777	465.00	465.00	465.00	465.00	465.00	465.00
5780	405.00	405.00	405.00	405.00	405.00	405.00
5785	405.00	405.00	405.00	405.00	405.00	405.00
5792	500.00	500.00	500.00	500.00	500.00	500.00
5799	405.00	405.00	405.00	405.00	405.00	405.00
5804	500.00	500.00	500.00	500.00	500.00	500.00
5807	570.00	570.00	570.00	570.00	570.00	570.00
5812	290.00	290.00	290.00	290.00	290.00	290.00
5816	330.00	330.00	330.00	330.00	330.00	330.00
5821	330.00	330.00	330.00	330.00	330.00	330.00
5827	405.00	405.00	405.00	405.00	405.00	405.00
5831	315.00	315.00	315.00	315.00	315.00	315.00
5836	405.00	405.00	405.00	405.00	405.00	405.00
5837	194.00	194.00	194.00	194.00	194.00	194.00
5840	12.60	13.80	12.60	12.60	13.80	12.20
5845	63.00	61.00	61.00	61.00	61.00	61.00
5851	81.00	93.00	81.00	81.00	81.00	81.00
5853	102.00	102.00	102.00	102.00	102.00	102.00
5861	40.50	40.50	40.50	40.50	40.50	40.50
5864	122.00	122.00	122.00	122.00	122.00	122.00
5868	102.00	102.00	102.00	102.00	102.00	102.00
5871	144.00	144.00	144.00	144.00	144.00	144.00
5875	305.00	305.00	305.00	305.00	305.00	305.00
5878	114.00	114.00	114.00	114.00	114.00	114.00
5881	205.00	205.00	205.00	205.00	205.00	205.00
5883	205.00	205.00	205.00	205.00	205.00	205.00
5885	150.00	186.00	150.00	150.00	150.00	150.00
5888	205.00	205.00	205.00	205.00	205.00	205.00
5891	250.00	250.00	250.00	250.00	250.00	250.00
5894	305.00	305.00	305.00	305.00	305.00	305.00
5897	150.00	150.00	150.00	150.00	150.00	150.00
5901	186.00	186.00	186.00	186.00	186.00	186.00
5903	35.00	35.00	35.00	35.00	35.00	35.00
5905	465.00	465.00	465.00	465.00	465.00	465.00
5916	305.00	305.00	305.00	305.00	305.00	305.00
5919	305.00	305.00	305.00	305.00	305.00	305.00
5929	330.00	330.00	330.00	330.00	330.00	330.00
5935	186.00	186.00	186.00	186.00	186.00	186.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
5941	370.00	370.00	370.00	370.00	370.00	370.00
5947	290.00	290.00	290.00	290.00	290.00	290.00
5956	330.00	330.00	330.00	330.00	330.00	330.00
5964	20.50	20.50	20.50	20.50	20.50	20.50
5968	205.00	205.00	205.00	205.00	205.00	205.00
5977	290.00	290.00	290.00	290.00	290.00	290.00
5981	745.00	745.00	745.00	745.00	745.00	745.00
5984	405.00	405.00	405.00	405.00	405.00	405.00
5993	500.00	500.00	500.00	500.00	500.00	500.00
6001	465.00	465.00	430.00	430.00	430.00	430.00
6005	430.00	480.00	430.00	430.00	430.00	430.00
6010	205.00	205.00	205.00	205.00	205.00	205.00
6017	505.00	505.00	505.00	505.00	505.00	505.00
6022	126.00	126.00	126.00	126.00	126.00	126.00
6027	186.00	186.00	186.00	186.00	186.00	186.00
6030	61.00	61.00	61.00	61.00	61.00	61.00
6033	205.00	205.00	205.00	205.00	205.00	205.00
6036	20.50	20.50	20.50	20.50	20.50	20.50
6039	35.00	33.00	35.00	35.00	35.00	35.00
6041	405.00	405.00	405.00	405.00	405.00	405.00
6044	122.00	122.00	122.00	122.00	122.00	122.00
6047	63.00	63.00	63.00	63.00	63.00	63.00
6053	144.00	144.00	144.00	144.00	144.00	144.00
6056	102.00	102.00	102.00	102.00	102.00	102.00
6061	75.00	75.00	75.00	75.00	75.00	75.00
6066	40.50	40.50	40.50	40.50	40.50	40.50
6069	102.00	102.00	102.00	102.00	102.00	102.00
6077	290.00	290.00	290.00	290.00	290.00	290.00
6079	250.00	250.00	250.00	250.00	250.00	250.00
6083	330.00	330.00	330.00	330.00	330.00	330.00
6086	330.00	330.00	330.00	330.00	330.00	330.00
6089	305.00	305.00	305.00	305.00	305.00	305.00
6092	305.00	305.00	305.00	305.00	305.00	305.00
6095	122.00	122.00	122.00	122.00	122.00	122.00
6098	77.00	77.00	77.00	77.00	77.00	77.00
6105	162.00	162.00	162.00	162.00	162.00	162.00
6107	205.00	205.00	205.00	205.00	205.00	205.00
6110	315.00	315.00	315.00	315.00	315.00	315.00
6118	370.00	370.00	370.00	370.00	370.00	370.00
6122	122.00	122.00	122.00	122.00	122.00	122.00
6130	250.00	250.00	250.00	250.00	250.00	250.00
6135	405.00	405.00	405.00	405.00	405.00	405.00
6140	81.00	81.00	81.00	81.00	81.00	81.00
6146	81.00	81.00	81.00	81.00	81.00	81.00
6152	205.00	205.00	205.00	205.00	205.00	205.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6157	330.00	330.00	330.00	330.00	330.00	330.00
6162	35.00	35.00	35.00	35.00	35.00	35.00
6166	330.00	330.00	330.00	330.00	330.00	330.00
6175	162.00	162.00	162.00	162.00	162.00	162.00
6179	205.00	205.00	205.00	205.00	205.00	205.00
6184	405.00	405.00	405.00	405.00	405.00	405.00
6189	205.00	205.00	205.00	205.00	205.00	205.00
6194	405.00	405.00	405.00	405.00	405.00	405.00
6199	20.50	20.50	20.50	20.50	20.50	20.50
6204	205.00	205.00	205.00	205.00	205.00	205.00
6208	290.00	290.00	290.00	290.00	290.00	290.00
6210	330.00	330.00	330.00	330.00	330.00	330.00
6212	126.00	126.00	126.00	126.00	126.00	126.00
6218	81.00	81.00	81.00	81.00	81.00	81.00
6221	100.00	100.00	100.00	100.00	100.00	100.00
6224	122.00	122.00	122.00	122.00	122.00	122.00
6228	122.00	122.00	122.00	122.00	122.00	122.00
6231	375.00	375.00	375.00	375.00	375.00	375.00
6232	285.00	285.00	285.00	285.00	285.00	285.00
6233	150.00	150.00	150.00	150.00	150.00	150.00
6236	138.00	138.00	138.00	138.00	138.00	138.00
6238	250.00	250.00	250.00	250.00	250.00	250.00
6241	290.00	290.00	290.00	290.00	290.00	290.00
6244	225.00	225.00	225.00	225.00	225.00	225.00
6246	81.00	81.00	81.00	81.00	81.00	81.00
6249	81.00	81.00	81.00	81.00	81.00	81.00
6253	102.00	102.00	102.00	102.00	102.00	102.00
6258	35.50	35.50	35.50	35.50	35.50	35.50
6262	23.00	23.00	23.00	23.00	23.00	23.00
6271	38.50	38.50	38.50	38.50	38.50	38.50
6274	77.00	77.00	77.00	77.00	77.00	77.00
6277	96.00	96.00	96.00	96.00	96.00	96.00
6278	51.00	51.00	51.00	51.00	51.00	51.00
6280	64.00	64.00	64.00	64.00	64.00	64.00
6284	25.50	25.50	25.50	25.50	25.50	25.50
6290	25.50	25.50	25.50	25.50	25.50	25.50
6292	51.00	51.00	51.00	51.00	51.00	51.00
6296	64.00	64.00	64.00	64.00	64.00	64.00
6299	116.00	116.00	116.00	116.00	116.00	116.00
6302	152.00	152.00	152.00	152.00	152.00	152.00
6306	515.00	515.00	515.00	515.00	515.00	515.00
6308	295.00	295.00	295.00	295.00	295.00	295.00
6313	18.80	18.80	18.80	18.80	18.80	18.80
6321	93.00	93.00	93.00	93.00	93.00	93.00
6325	295.00	295.00	295.00	295.00	295.00	295.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6327	295.00	295.00	295.00	295.00	295.00	295.00
6332	174.00	174.00	174.00	174.00	174.00	174.00
6336	70.00	70.00	70.00	70.00	70.00	70.00
6342	54.00	54.00	54.00	54.00	54.00	54.00
6347	150.00	128.00	128.00	128.00	128.00	128.00
6352	182.00	158.00	158.00	158.00	158.00	158.00
6358	182.00	182.00	182.00	182.00	182.00	182.00
6363	230.00	230.00	230.00	230.00	230.00	230.00
6367	225.00	225.00	225.00	225.00	225.00	225.00
6373	275.00	275.00	275.00	275.00	290.00	275.00
6389	76.00	76.00	76.00	76.00	76.00	76.00
6396	230.00	230.00	230.00	230.00	230.00	230.00
6401	295.00	295.00	295.00	295.00	295.00	295.00
6406	290.00	290.00	290.00	290.00	290.00	290.00
6407	290.00	290.00	290.00	290.00	290.00	290.00
6408	158.00	158.00	158.00	158.00	158.00	158.00
6411	27.50	27.50	27.50	27.50	27.50	27.50
6415	14.80	14.80	14.80	14.80	14.80	14.80
6430	75.00	75.00	75.00	75.00	75.00	75.00
6431	93.00	93.00	93.00	93.00	93.00	93.00
6446	35.50	35.50	35.50	35.50	35.50	35.50
6451	46.50	46.50	46.50	46.50	46.50	46.50
6460	58.00	58.00	58.00	58.00	58.00	58.00
6464	75.00	79.00	75.00	75.00	75.00	75.00
6469	94.00	94.00	94.00	94.00	94.00	94.00
6483	128.00	128.00	128.00	128.00	128.00	128.00
6508	230.00	230.00	230.00	230.00	230.00	230.00
6513	230.00	230.00	230.00	230.00	230.00	230.00
6517	290.00	290.00	290.00	290.00	290.00	290.00
6532	305.00	305.00	305.00	305.00	305.00	305.00
6533	385.00	385.00	385.00	385.00	385.00	385.00
6536	485.00	485.00	485.00	485.00	485.00	485.00
6542	355.00	355.00	355.00	355.00	355.00	355.00
6544	330.00	330.00	330.00	330.00	330.00	330.00
6553	182.00	182.00	182.00	182.00	182.00	182.00
6557	230.00	230.00	230.00	230.00	230.00	230.00
6570	255.00	255.00	255.00	255.00	255.00	255.00
6585	152.00	152.00	140.00	152.00	140.00	140.00
6594	186.00	205.00	186.00	186.00	186.00	186.00
6604	93.00	93.00	93.00	93.00	93.00	93.00
6607	174.00	174.00	174.00	174.00	174.00	174.00
6611	142.00	142.00	142.00	142.00	142.00	142.00
6612	174.00	174.00	174.00	174.00	174.00	174.00
6631	275.00	275.00	275.00	275.00	275.00	275.00
6633	320.00	320.00	320.00	320.00	320.00	320.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6638	29.00	29.00	29.00	29.00	29.00	29.00
6641	18.60	18.60	18.60	18.60	18.60	18.60
6643	156.00	156.00	156.00	156.00	156.00	156.00
6644	198.00	198.00	198.00	198.00	198.00	198.00
6648	188.00	188.00	188.00	188.00	188.00	188.00
6649	235.00	235.00	235.00	235.00	235.00	235.00
6677	156.00	156.00	156.00	156.00	156.00	156.00
6681	198.00	198.00	198.00	198.00	198.00	198.00
6686	43.50	43.50	43.50	43.50	43.50	43.50
6688	205.00	205.00	205.00	205.00	205.00	205.00
6692	260.00	260.00	260.00	260.00	260.00	260.00
6697	205.00	205.00	205.00	205.00	205.00	205.00
6699	260.00	260.00	260.00	260.00	260.00	260.00
6701	150.00	150.00	150.00	150.00	150.00	150.00
6703	87.00	87.00	87.00	87.00	87.00	87.00
6705	174.00	174.00	174.00	174.00	174.00	174.00
6707	270.00	270.00	270.00	270.00	270.00	270.00
6709	172.00	172.00	172.00	172.00	172.00	172.00
6715	355.00	355.00	355.00	355.00	355.00	355.00
6722	435.00	435.00	435.00	435.00	435.00	435.00
6724	215.00	215.00	215.00	215.00	215.00	215.00
6728	270.00	270.00	270.00	270.00	270.00	270.00
6730	315.00	315.00	315.00	315.00	315.00	315.00
6736	435.00	435.00	435.00	435.00	435.00	435.00
6740	174.00	174.00	174.00	174.00	174.00	174.00
6742	225.00	225.00	225.00	225.00	225.00	225.00
6744	315.00	315.00	315.00	315.00	315.00	315.00
6747	435.00	435.00	435.00	435.00	435.00	435.00
6752	50.00	50.00	50.00	50.00	50.00	50.00
6754	35.50	35.50	35.50	35.50	35.50	35.50
6758	194.00	194.00	194.00	194.00	194.00	194.00
6762	50.00	50.00	50.00	50.00	50.00	50.00
6766	116.00	116.00	116.00	116.00	116.00	116.00
6767	22.50	20.00	20.00	20.00	20.00	20.00
6768	144.00	144.00	144.00	144.00	144.00	144.00
6772	87.00	87.00	87.00	87.00	87.00	87.00
6774	215.00	215.00	215.00	215.00	215.00	215.00
6778	295.00	295.00	295.00	295.00	295.00	295.00
6786	315.00	315.00	315.00	315.00	315.00	315.00
6792	270.00	270.00	270.00	270.00	270.00	270.00
6796	194.00	194.00	194.00	194.00	194.00	194.00
6799	61.00	61.00	42.00	42.00	42.00	42.00
6802	20.50	20.50	20.50	20.50	20.50	20.50
6805	57.00	48.00	35.00	35.00	35.00	35.00
6807	50.00	50.00	50.00	50.00	50.00	50.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6810	162.00	162.00	162.00	162.00	162.00	162.00
6816	12.00	11.20	10.60	10.60	10.60	11.20
6818	30.50	30.50	30.50	30.50	30.50	30.50
6820	87.00	87.00	87.00	87.00	87.00	87.00
6824	30.50	30.50	30.50	30.50	30.50	30.50
6828	570.00	570.00	570.00	570.00	570.00	570.00
6832	380.00	380.00	380.00	380.00	380.00	380.00
6835	26.00	26.00	26.00	26.00	26.00	26.00
6837	108.00	114.00	100.00	100.00	100.00	100.00
6842	50.00	50.00	50.00	50.00	50.00	50.00
6846	116.00	116.00	116.00	116.00	116.00	116.00
6848	505.00	465.00	420.00	405.00	405.00	405.00
6852	270.00	270.00	270.00	270.00	270.00	270.00
6857	194.00	194.00	194.00	194.00	194.00	194.00
6859	505.00	505.00	505.00	505.00	505.00	505.00
6861	225.00	225.00	225.00	225.00	225.00	225.00
6863	570.00	570.00	570.00	570.00	570.00	570.00
6865	130.00	130.00	130.00	130.00	130.00	130.00
6871	270.00	270.00	270.00	270.00	270.00	270.00
6873	405.00	380.00	380.00	380.00	380.00	380.00
6879	295.00	295.00	295.00	295.00	295.00	295.00
6881	225.00	225.00	225.00	225.00	225.00	225.00
6885	225.00	225.00	225.00	225.00	225.00	225.00
6889	150.00	150.00	150.00	150.00	150.00	150.00
6894	465.00	465.00	465.00	465.00	465.00	465.00
6898	126.00	126.00	126.00	126.00	126.00	126.00
6900	380.00	380.00	380.00	380.00	380.00	380.00
6902	505.00	570.00	505.00	505.00	505.00	505.00
6904	150.00	150.00	150.00	150.00	150.00	150.00
6906	71.00	71.00	71.00	71.00	71.00	71.00
6908	250.00	250.00	250.00	250.00	250.00	250.00
6914	38.00	38.00	38.00	38.00	38.00	38.00
6918	29.50	29.50	29.50	29.50	29.50	29.50
6922	250.00	250.00	225.00	225.00	225.00	225.00
6924	295.00	295.00	260.00	260.00	260.00	260.00
6928	315.00	315.00	295.00	295.00	295.00	295.00
6930	295.00	295.00	250.00	225.00	260.00	225.00
6932	172.00	172.00	172.00	172.00	172.00	172.00
6938	172.00	172.00	172.00	172.00	172.00	172.00
6940	29.00	29.00	29.00	29.00	29.00	29.00
6942	47.00	47.00	47.00	47.00	47.00	47.00
6953	47.00	47.00	47.00	47.00	47.00	47.00
6955	200.00	200.00	200.00	200.00	200.00	200.00
6958	385.00	385.00	385.00	385.00	385.00	385.00
6962	580.00	580.00	580.00	580.00	580.00	580.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6964	420.00	420.00	420.00	420.00	420.00	420.00
6966	580.00	580.00	580.00	580.00	580.00	580.00
6968	300.00	300.00	300.00	300.00	300.00	300.00
6972	510.00	510.00	510.00	510.00	510.00	510.00
6974	120.00	120.00	120.00	120.00	120.00	120.00
6980	580.00	580.00	580.00	580.00	580.00	580.00
6986	580.00	580.00	580.00	580.00	580.00	580.00
6988	720.00	720.00	720.00	720.00	720.00	720.00
6992	174.00	174.00	174.00	174.00	174.00	174.00
6995	420.00	420.00	420.00	420.00	420.00	420.00
6997	420.00	420.00	420.00	420.00	420.00	420.00
6999	580.00	580.00	580.00	580.00	580.00	580.00
7001	186.00	186.00	186.00	186.00	186.00	186.00
7003	225.00	225.00	225.00	225.00	225.00	225.00
7006	270.00	270.00	270.00	270.00	270.00	270.00
7011	186.00	186.00	186.00	186.00	186.00	186.00
7013	315.00	315.00	315.00	315.00	315.00	315.00
7021	510.00	510.00	510.00	510.00	510.00	510.00
7028	255.00	255.00	255.00	255.00	255.00	255.00
7033	162.00	162.00	162.00	162.00	162.00	162.00
7042	128.00	128.00	128.00	128.00	128.00	128.00
7046	815.00	815.00	815.00	815.00	815.00	815.00
7057	1175.00	1175.00	1175.00	1175.00	1175.00	1175.00
7066	930.00	930.00	930.00	930.00	930.00	930.00
7079	114.00	114.00	114.00	114.00	114.00	114.00
7081	120.00	120.00	120.00	120.00	120.00	120.00
7085	32.50	32.50	32.50	32.50	32.50	32.50
7089	37.00	37.00	37.00	37.00	37.00	37.00
7099	81.00	81.00	81.00	81.00	81.00	81.00
7106	54.00	54.00	54.00	54.00	54.00	54.00
7111	66.00	66.00	66.00	66.00	66.00	66.00
7112	93.00	93.00	93.00	93.00	93.00	93.00
7116	86.00	86.00	86.00	86.00	86.00	86.00
7117	110.00	110.00	110.00	110.00	110.00	110.00
7120	150.00	150.00	150.00	150.00	150.00	150.00
7121	194.00	194.00	194.00	194.00	194.00	194.00
7124	186.00	186.00	186.00	186.00	186.00	186.00
7129	300.00	300.00	300.00	300.00	300.00	300.00
7132	205.00	205.00	205.00	205.00	205.00	205.00
7138	330.00	330.00	330.00	330.00	330.00	330.00
7139	370.00	370.00	370.00	370.00	370.00	370.00
7143	186.00	186.00	186.00	186.00	186.00	186.00
7148	78.00	78.00	78.00	78.00	78.00	78.00
7152	100.00	100.00	100.00	100.00	100.00	100.00
7156	186.00	186.00	186.00	186.00	186.00	186.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7170	500.00	500.00	500.00	500.00	500.00	500.00
7175	156.00	156.00	156.00	156.00	156.00	156.00
7178	110.00	110.00	93.00	93.00	93.00	93.00
7182	138.00	138.00	114.00	114.00	114.00	114.00
7184	35.00	35.00	35.00	35.00	35.00	35.00
7186	100.00	100.00	100.00	100.00	100.00	100.00
7192	200.00	200.00	200.00	200.00	200.00	200.00
7194	420.00	420.00	420.00	420.00	420.00	420.00
7198	605.00	605.00	605.00	605.00	605.00	605.00
7203	1030.00	1030.00	1030.00	1030.00	1030.00	1030.00
7212	200.00	200.00	200.00	200.00	200.00	200.00
7216	465.00	465.00	465.00	465.00	465.00	465.00
7231	305.00	305.00	305.00	305.00	305.00	305.00
7240	390.00	390.00	390.00	390.00	390.00	390.00
7244	465.00	465.00	465.00	465.00	465.00	465.00
7248	465.00	465.00	465.00	465.00	465.00	465.00
7251	380.00	380.00	380.00	380.00	380.00	380.00
7265	1030.00	1030.00	1030.00	1030.00	1030.00	1030.00
7270	545.00	545.00	545.00	545.00	545.00	545.00
7274	270.00	270.00	270.00	270.00	270.00	270.00
7279	305.00	305.00	305.00	305.00	305.00	305.00
7283	605.00	605.00	605.00	605.00	605.00	605.00
7287	200.00	200.00	200.00	200.00	200.00	200.00
7291	305.00	305.00	305.00	305.00	305.00	305.00
7298	380.00	380.00	380.00	380.00	380.00	380.00
7312	465.00	465.00	465.00	465.00	465.00	465.00
7314	385.00	385.00	385.00	385.00	385.00	385.00
7316	385.00	385.00	385.00	385.00	385.00	385.00
7318	205.00	205.00	205.00	205.00	205.00	205.00
7320	305.00	305.00	305.00	305.00	305.00	305.00
7324	305.00	305.00	305.00	305.00	305.00	305.00
7326	430.00	430.00	430.00	430.00	430.00	430.00
7328	385.00	385.00	385.00	385.00	385.00	385.00
7331	405.00	405.00	405.00	405.00	405.00	405.00
7336	405.00	405.00	405.00	405.00	405.00	405.00
7341	405.00	405.00	405.00	405.00	405.00	405.00
7346	420.00	420.00	420.00	420.00	420.00	420.00
7353	510.00	510.00	510.00	510.00	510.00	510.00
7355	465.00	465.00	465.00	465.00	465.00	465.00
7361	240.00	240.00	240.00	240.00	240.00	240.00
7365	240.00	240.00	240.00	240.00	240.00	240.00
7370	405.00	405.00	405.00	405.00	405.00	405.00
7376	300.00	300.00	300.00	300.00	300.00	300.00
7381	270.00	270.00	270.00	270.00	270.00	270.00
7397	20.00	20.00	20.00	20.00	20.00	20.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7410	31.50	31.50	31.50	31.50	31.50	31.50
7412	38.00	38.00	38.00	38.00	38.00	38.00
7416	31.50	31.50	31.50	31.50	31.50	31.50
7419	25.00	25.00	25.00	25.00	25.00	25.00
7423	46.50	46.50	46.50	46.50	46.50	46.50
7426	29.50	29.50	29.50	29.50	29.50	29.50
7430	60.00	60.00	60.00	60.00	60.00	60.00
7432	75.00	75.00	75.00	75.00	75.00	75.00
7435	12.80	12.80	12.80	12.80	12.80	12.80
7436	38.00	38.00	38.00	38.00	38.00	38.00
7440	96.00	96.00	96.00	96.00	96.00	96.00
7443	126.00	126.00	126.00	126.00	126.00	126.00
7446	71.00	71.00	71.00	71.00	71.00	71.00
7451	87.00	87.00	87.00	87.00	87.00	87.00
7457	29.50	29.50	29.50	29.50	29.50	29.50
7461	50.00	50.00	50.00	50.00	50.00	50.00
7464	15.00	15.00	15.00	15.00	15.00	15.00
7468	38.00	38.00	38.00	38.00	38.00	38.00
7472	114.00	114.00	114.00	114.00	114.00	114.00
7480	51.00	51.00	51.00	51.00	51.00	51.00
7483	0.00	0.00	0.00	0.00	0.00	0.00
7505	18.60	18.60	18.60	18.60	18.60	18.60
7508	38.50	38.50	38.50	38.50	38.50	38.50
7512	57.00	57.00	57.00	57.00	57.00	57.00
7516	26.00	26.00	26.00	26.00	26.00	26.00
7520	57.00	57.00	57.00	57.00	57.00	57.00
7524	78.00	78.00	78.00	78.00	78.00	71.00
7527	66.00	66.00	66.00	66.00	66.00	66.00
7530	93.00	93.00	93.00	93.00	93.00	93.00
7533	29.50	29.50	29.50	29.50	29.50	29.50
7535	57.00	57.00	57.00	57.00	57.00	57.00
7538	69.00	69.00	69.00	69.00	69.00	69.00
7540	74.00	74.00	77.00	74.00	74.00	74.00
7544	102.00	93.00	114.00	102.00	102.00	93.00
7547	57.00	57.00	57.00	57.00	57.00	57.00
7550	61.00	66.00	61.00	61.00	66.00	61.00
7552	78.00	93.00	74.00	74.00	93.00	74.00
7559	60.00	60.00	60.00	60.00	60.00	60.00
7563	74.00	74.00	74.00	74.00	74.00	74.00
7567	87.00	87.00	87.00	87.00	87.00	87.00
7572	128.00	128.00	128.00	128.00	128.00	128.00
7588	40.50	40.50	40.50	40.50	40.50	40.50
7593	57.00	55.00	57.00	50.00	50.00	50.00
7597	50.00	50.00	50.00	50.00	50.00	50.00
7601	12.00	11.20	10.60	10.60	10.60	11.20

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7605	17.20	16.20	16.20	16.20	16.20	14.40
7608	75.00	75.00	75.00	75.00	75.00	75.00
7610	100.00	100.00	100.00	100.00	100.00	100.00
7615	57.00	57.00	57.00	57.00	57.00	57.00
7619	75.00	75.00	75.00	75.00	75.00	75.00
7624	172.00	172.00	172.00	172.00	172.00	172.00
7627	225.00	225.00	225.00	225.00	225.00	225.00
7632	43.50	43.50	43.50	43.50	43.50	43.50
7637	60.00	63.00	55.00	57.00	57.00	57.00
7641	66.00	69.00	60.00	57.00	64.00	57.00
7643	93.00	93.00	78.00	78.00	78.00	78.00
7647	112.00	112.00	112.00	112.00	112.00	112.00
7652	150.00	150.00	150.00	150.00	150.00	150.00
7673	39.00	39.00	39.00	39.00	39.00	39.00
7677	57.00	57.00	57.00	57.00	57.00	57.00
7681	15.60	15.60	15.60	15.60	15.60	15.60
7683	25.00	25.00	25.00	25.00	25.00	25.00
7687	38.50	38.50	38.50	38.50	38.50	38.50
7691	38.50	38.50	38.50	38.50	38.50	38.50
7694	12.00	11.20	10.60	10.60	10.60	11.20
7697	17.20	16.20	16.20	16.20	16.20	14.40
7701	12.00	11.20	10.60	10.60	10.60	11.20
7706	17.20	16.20	16.20	16.20	16.20	14.40
7709	74.00	74.00	74.00	57.00	57.00	57.00
7712	102.00	102.00	93.00	74.00	74.00	74.00
7715	205.00	205.00	205.00	205.00	205.00	205.00
7718	47.00	47.00	47.00	47.00	47.00	47.00
7721	63.00	63.00	63.00	63.00	63.00	63.00
7727	138.00	138.00	138.00	138.00	138.00	138.00
7739	57.00	57.00	57.00	57.00	57.00	57.00
7743	75.00	75.00	75.00	75.00	75.00	75.00
7749	188.00	188.00	188.00	188.00	188.00	188.00
7764	51.00	51.00	51.00	51.00	51.00	51.00
7766	69.00	69.00	69.00	69.00	69.00	69.00
7774	12.00	11.20	10.60	10.60	10.60	11.20
7777	17.20	16.20	16.20	16.20	16.20	14.40
7781	12.00	11.20	10.60	10.60	10.60	11.20
7785	17.20	16.20	16.20	16.20	16.20	14.40
7789	87.00	87.00	87.00	87.00	87.00	87.00
7793	150.00	150.00	150.00	150.00	150.00	150.00
7798	380.00	380.00	380.00	380.00	380.00	380.00
7802	51.00	51.00	51.00	51.00	51.00	51.00
7803	0.00	0.00	0.00	0.00	0.00	0.00
7808	51.00	51.00	51.00	51.00	51.00	51.00
7809	0.00	0.00	0.00	0.00	0.00	0.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7815	51.00	51.00	51.00	51.00	51.00	51.00
7817	0.00	0.00	0.00	0.00	0.00	0.00
7821	51.00	51.00	51.00	51.00	51.00	51.00
7823	0.00	0.00	0.00	0.00	0.00	0.00
7828	0.00	0.00	0.00	0.00	0.00	0.00
7834	0.00	0.00	0.00	0.00	0.00	0.00
7839	0.00	0.00	0.00	0.00	0.00	0.00
7844	0.00	0.00	0.00	0.00	0.00	0.00
7847	0.00	0.00	0.00	0.00	0.00	0.00
7853	120.00	120.00	120.00	120.00	120.00	120.00
7857	120.00	120.00	120.00	120.00	120.00	120.00
7861	15.00	15.00	12.00	12.00	12.00	12.00
7864	12.80	12.80	12.80	12.80	12.80	12.80
7868	30.50	30.50	30.50	30.50	30.50	30.50
7872	71.00	53.00	53.00	53.00	53.00	53.00
7878	93.00	69.00	69.00	66.00	69.00	66.00
7883	53.00	53.00	53.00	53.00	53.00	53.00
7886	78.00	78.00	78.00	78.00	78.00	78.00
7898	420.00	420.00	420.00	420.00	420.00	420.00
7902	154.00	154.00	154.00	154.00	154.00	154.00
7911	48.00	48.00	48.00	48.00	48.00	48.00
7915	60.00	60.00	60.00	60.00	60.00	60.00
7919	61.00	53.00	53.00	53.00	53.00	53.00
7923	78.00	64.00	64.00	64.00	64.00	64.00
7926	77.00	77.00	77.00	77.00	77.00	77.00
7928	128.00	128.00	128.00	128.00	128.00	128.00
7932	128.00	128.00	128.00	128.00	128.00	128.00
7934	655.00	655.00	655.00	655.00	655.00	655.00
7937	215.00	215.00	215.00	215.00	215.00	215.00
7938	815.00	815.00	815.00	815.00	815.00	815.00
7939	1030.00	1030.00	1030.00	1030.00	1030.00	1030.00
7940	144.00	144.00	144.00	144.00	144.00	144.00
7942	305.00	305.00	305.00	305.00	305.00	305.00
7945	540.00	540.00	540.00	540.00	540.00	540.00
7947	470.00	470.00	470.00	470.00	470.00	470.00
7951	600.00	600.00	600.00	600.00	600.00	600.00
7957	540.00	540.00	540.00	540.00	540.00	540.00
7961	725.00	725.00	725.00	725.00	725.00	725.00
7967	530.00	530.00	530.00	530.00	530.00	530.00
7969	725.00	725.00	725.00	725.00	725.00	725.00
7975	370.00	370.00	370.00	370.00	370.00	370.00
7977	290.00	290.00	290.00	290.00	290.00	290.00
7983	370.00	370.00	370.00	370.00	370.00	370.00
7993	260.00	260.00	260.00	260.00	260.00	260.00
7999	240.00	240.00	240.00	240.00	240.00	240.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8001	215.00	215.00	215.00	215.00	215.00	215.00
8003	325.00	325.00	325.00	325.00	325.00	325.00
8009	120.00	120.00	120.00	120.00	120.00	120.00
8014	128.00	128.00	128.00	128.00	128.00	128.00
8017	330.00	330.00	330.00	330.00	330.00	330.00
8019	385.00	385.00	385.00	385.00	385.00	385.00
8022	140.00	140.00	116.00	106.00	106.00	106.00
8026	38.50	38.50	38.50	38.50	38.50	38.50
8028	200.00	200.00	200.00	200.00	200.00	200.00
8032	225.00	225.00	225.00	225.00	225.00	225.00
8036	200.00	200.00	200.00	200.00	200.00	200.00
8040	144.00	144.00	144.00	144.00	144.00	144.00
8044	510.00	510.00	510.00	510.00	510.00	510.00
8048	355.00	355.00	355.00	355.00	355.00	355.00
8053	355.00	355.00	355.00	355.00	355.00	355.00
8061	435.00	435.00	435.00	435.00	435.00	435.00
8069	655.00	655.00	655.00	655.00	655.00	655.00
8074	260.00	260.00	260.00	260.00	260.00	260.00
8079	355.00	355.00	355.00	355.00	355.00	355.00
8081	174.00	174.00	174.00	174.00	174.00	174.00
8084	94.00	94.00	94.00	94.00	94.00	94.00
8087	205.00	205.00	205.00	205.00	205.00	205.00
8089	260.00	260.00	260.00	260.00	260.00	260.00
8095	192.00	192.00	192.00	192.00	192.00	192.00
8097	240.00	240.00	240.00	240.00	240.00	240.00
8100	290.00	290.00	290.00	290.00	290.00	290.00
8105	13.80	13.80	13.80	13.80	13.80	13.80
8113	174.00	174.00	174.00	174.00	174.00	174.00
8116	260.00	290.00	260.00	260.00	260.00	260.00
8120	154.00	154.00	154.00	154.00	154.00	154.00
8131	220.00	220.00	198.00	198.00	205.00	198.00
8135	290.00	270.00	250.00	250.00	250.00	250.00
8151	94.00	94.00	94.00	94.00	94.00	94.00
8153	116.00	116.00	116.00	116.00	116.00	116.00
8158	260.00	260.00	260.00	260.00	260.00	260.00
8161	205.00	205.00	205.00	205.00	205.00	205.00
8166	154.00	154.00	154.00	154.00	154.00	154.00
8169	94.00	94.00	94.00	94.00	94.00	94.00
8173	116.00	116.00	116.00	116.00	116.00	116.00
8179	114.00	114.00	114.00	114.00	114.00	114.00
8182	144.00	144.00	144.00	144.00	144.00	144.00
8185	120.00	120.00	110.00	110.00	120.00	110.00
8187	128.00	128.00	128.00	128.00	128.00	128.00
8190	128.00	128.00	128.00	128.00	128.00	128.00
8193	154.00	154.00	154.00	154.00	154.00	154.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8195	174.00	174.00	174.00	174.00	174.00	174.00
8198	290.00	290.00	290.00	290.00	290.00	290.00
8201	420.00	420.00	420.00	420.00	420.00	420.00
8206	290.00	290.00	290.00	290.00	290.00	290.00
8209	270.00	270.00	270.00	270.00	270.00	270.00
8211	290.00	290.00	290.00	290.00	290.00	290.00
8214	71.00	71.00	71.00	71.00	71.00	71.00
8217	144.00	144.00	144.00	144.00	144.00	144.00
8219	122.00	122.00	122.00	122.00	122.00	122.00
8222	154.00	154.00	154.00	154.00	154.00	154.00
8225	174.00	174.00	174.00	174.00	174.00	174.00
8227	64.00	64.00	64.00	64.00	64.00	64.00
8230	77.00	77.00	77.00	77.00	77.00	77.00
8233	120.00	120.00	120.00	120.00	120.00	120.00
8235	152.00	152.00	152.00	152.00	152.00	152.00
8238	192.00	192.00	192.00	192.00	192.00	192.00
8241	53.00	53.00	53.00	53.00	53.00	53.00
8243	77.00	77.00	77.00	77.00	77.00	77.00
8246	48.00	48.00	48.00	48.00	48.00	48.00
8249	116.00	116.00	116.00	116.00	116.00	116.00
8251	215.00	215.00	215.00	215.00	215.00	215.00
8257	290.00	290.00	290.00	290.00	290.00	290.00
8259	220.00	220.00	220.00	220.00	220.00	220.00
8262	128.00	128.00	128.00	128.00	128.00	128.00
8267	94.00	94.00	94.00	94.00	94.00	94.00
8275	138.00	138.00	138.00	138.00	138.00	138.00
8279	78.00	78.00	78.00	78.00	78.00	78.00
8282	106.00	106.00	106.00	106.00	106.00	106.00
8283	138.00	138.00	138.00	138.00	138.00	138.00
8287	96.00	96.00	96.00	96.00	96.00	96.00
8290	230.00	230.00	230.00	230.00	230.00	230.00
8294	154.00	154.00	154.00	154.00	154.00	154.00
8296	77.00	77.00	77.00	77.00	77.00	77.00
8298	192.00	192.00	192.00	192.00	192.00	192.00
8302	290.00	290.00	290.00	290.00	290.00	290.00
8304	355.00	355.00	355.00	355.00	355.00	355.00
8306	470.00	470.00	470.00	470.00	470.00	470.00
8310	174.00	174.00	174.00	174.00	174.00	174.00
8312	174.00	174.00	174.00	174.00	174.00	174.00
8314	240.00	240.00	240.00	240.00	240.00	240.00
8316	240.00	240.00	240.00	240.00	240.00	240.00
8318	480.00	480.00	480.00	480.00	480.00	480.00
8320	225.00	225.00	225.00	225.00	225.00	225.00
8322	210.00	210.00	210.00	210.00	210.00	210.00
8324	240.00	240.00	240.00	240.00	240.00	240.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8326	240.00	240.00	240.00	240.00	240.00	240.00
8328	174.00	174.00	174.00	174.00	174.00	174.00
8330	240.00	240.00	240.00	240.00	240.00	240.00
8332	84.00	61.00	61.00	61.00	61.00	61.00
8334	20.50	20.50	20.50	20.50	20.50	20.50
8336	26.00	26.00	26.00	26.00	26.00	26.00
8349	42.00	42.00	42.00	42.00	42.00	42.00
8351	26.00	26.00	26.00	26.00	26.00	26.00
8352	20.50	20.50	20.50	20.50	20.50	20.50
8354	31.50	31.50	31.50	31.50	31.50	31.50
8356	31.50	31.50	31.50	31.50	31.50	31.50
8378	385.00	385.00	385.00	385.00	385.00	385.00
8380	380.00	380.00	380.00	380.00	380.00	380.00
8382	94.00	94.00	94.00	94.00	94.00	94.00
8384	205.00	205.00	205.00	205.00	205.00	205.00
8386	154.00	154.00	154.00	154.00	154.00	154.00
8388	470.00	470.00	470.00	470.00	470.00	470.00
8390	470.00	470.00	470.00	470.00	470.00	470.00
8392	580.00	580.00	580.00	580.00	580.00	580.00
8394	405.00	405.00	405.00	405.00	405.00	405.00
8398	530.00	530.00	530.00	530.00	530.00	530.00
8400	465.00	465.00	465.00	465.00	465.00	465.00
8402	515.00	515.00	515.00	515.00	515.00	515.00
8406	172.00	172.00	172.00	172.00	172.00	172.00
8408	500.00	500.00	500.00	500.00	500.00	500.00
8410	260.00	260.00	260.00	260.00	260.00	260.00
8412	225.00	225.00	225.00	225.00	225.00	225.00
8414	510.00	510.00	510.00	510.00	510.00	510.00
8418	305.00	305.00	305.00	305.00	305.00	305.00
8422	156.00	156.00	156.00	156.00	156.00	156.00
8424	350.00	350.00	350.00	350.00	350.00	350.00
8428	20.50	20.50	20.50	20.50	20.50	20.50
8430	53.00	53.00	53.00	53.00	53.00	53.00
8432	75.00	75.00	75.00	75.00	75.00	75.00
8434	96.00	96.00	96.00	96.00	96.00	96.00
8436	205.00	205.00	205.00	205.00	205.00	205.00
8440	240.00	240.00	240.00	240.00	240.00	240.00
8442	290.00	290.00	290.00	290.00	290.00	290.00
8444	430.00	430.00	430.00	430.00	430.00	430.00
8450	200.00	200.00	200.00	200.00	200.00	200.00
8452	75.00	75.00	75.00	75.00	75.00	75.00
8454	168.00	168.00	168.00	168.00	168.00	168.00
8458	39.00	39.00	39.00	39.00	39.00	39.00
8462	57.00	57.00	46.50	46.50	46.50	39.00
8466	69.00	69.00	69.00	69.00	69.00	69.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8470	93.00	93.00	93.00	93.00	93.00	93.00
8472	138.00	138.00	138.00	138.00	138.00	138.00
8474	240.00	240.00	240.00	240.00	240.00	240.00
8476	330.00	330.00	330.00	330.00	330.00	330.00
8478	200.00	200.00	200.00	200.00	200.00	200.00
8480	120.00	120.00	120.00	120.00	120.00	120.00
8484	174.00	174.00	174.00	174.00	174.00	174.00
8485	200.00	200.00	200.00	200.00	200.00	200.00
8486	100.00	100.00	100.00	100.00	100.00	100.00
8487	430.00	430.00	430.00	430.00	430.00	430.00
8488	192.00	192.00	192.00	192.00	192.00	192.00
8490	110.00	110.00	110.00	110.00	110.00	110.00
8492	50.00	50.00	50.00	50.00	50.00	50.00
8494	188.00	188.00	188.00	188.00	188.00	188.00
8496	100.00	100.00	100.00	100.00	100.00	100.00
8498	200.00	200.00	200.00	200.00	200.00	200.00
8500	156.00	156.00	156.00	156.00	156.00	156.00
8502	110.00	110.00	110.00	110.00	110.00	110.00
8504	87.00	87.00	87.00	87.00	87.00	87.00
8508	174.00	174.00	174.00	174.00	174.00	174.00
8509	128.00	128.00	128.00	128.00	128.00	128.00
8510	295.00	295.00	295.00	295.00	295.00	295.00
8511	270.00	270.00	270.00	270.00	270.00	270.00
8512	120.00	120.00	120.00	120.00	120.00	120.00
8516	250.00	250.00	250.00	250.00	250.00	250.00
8518	200.00	200.00	200.00	200.00	200.00	200.00
8522	93.00	93.00	93.00	93.00	93.00	93.00
8524	126.00	126.00	126.00	126.00	126.00	126.00
8528	380.00	380.00	380.00	380.00	380.00	380.00
8530	315.00	315.00	315.00	315.00	315.00	315.00
8532	380.00	380.00	380.00	380.00	380.00	380.00
8540	545.00	545.00	545.00	545.00	545.00	545.00
8542	470.00	470.00	470.00	470.00	470.00	470.00
8544	140.00	140.00	140.00	140.00	140.00	140.00
8546	305.00	305.00	305.00	305.00	305.00	305.00
8548	355.00	355.00	355.00	355.00	355.00	355.00
8552	205.00	205.00	205.00	205.00	205.00	205.00
8554	380.00	380.00	380.00	380.00	380.00	380.00
8556	295.00	295.00	295.00	295.00	295.00	295.00
8560	250.00	250.00	250.00	250.00	250.00	250.00
8564	250.00	250.00	250.00	250.00	250.00	250.00
8568	350.00	350.00	350.00	350.00	350.00	350.00
8570	200.00	200.00	200.00	200.00	200.00	200.00
8574	220.00	220.00	220.00	220.00	220.00	220.00
8578	250.00	250.00	250.00	250.00	250.00	250.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8582	250.00	250.00	250.00	250.00	250.00	250.00
8586	330.00	290.00	290.00	290.00	290.00	290.00
8588	138.00	138.00	138.00	138.00	138.00	138.00
8592	200.00	200.00	200.00	200.00	200.00	200.00
8594	220.00	220.00	220.00	220.00	220.00	220.00
8596	250.00	250.00	250.00	250.00	250.00	250.00
8598	430.00	430.00	430.00	430.00	430.00	430.00
8600	540.00	540.00	540.00	540.00	540.00	540.00
8602	63.00	63.00	63.00	63.00	63.00	63.00
8604	150.00	150.00	150.00	150.00	150.00	150.00
8606	215.00	215.00	215.00	215.00	215.00	215.00
8608	225.00	225.00	225.00	225.00	225.00	225.00
8612	295.00	295.00	295.00	295.00	295.00	295.00
8614	138.00	138.00	138.00	138.00	138.00	138.00
8616	138.00	138.00	138.00	138.00	138.00	138.00
8618	355.00	355.00	355.00	355.00	355.00	355.00
8620	104.00	104.00	104.00	104.00	104.00	104.00
8622	270.00	270.00	270.00	270.00	270.00	270.00
8624	370.00	370.00	370.00	370.00	370.00	370.00
8628	114.00	114.00	114.00	114.00	114.00	114.00
8630	220.00	220.00	220.00	220.00	220.00	220.00
8632	505.00	505.00	505.00	505.00	505.00	505.00
8634	150.00	150.00	150.00	150.00	150.00	150.00
8636	270.00	270.00	270.00	270.00	270.00	270.00
8640	350.00	350.00	350.00	350.00	350.00	350.00
8644	174.00	174.00	174.00	174.00	174.00	174.00
8648	250.00	250.00	250.00	250.00	250.00	250.00
8652	250.00	250.00	250.00	250.00	250.00	250.00
8656	315.00	315.00	315.00	315.00	315.00	315.00
8700	56.00	56.00	56.00	56.00	56.00	56.00
8702	22.50	22.50	22.50	22.50	19.80	22.50
8704	44.50	44.50	44.50	44.50	44.50	44.50
8706	15.20	15.20	15.20	15.20	15.20	15.20
8708	22.50	22.50	22.50	22.50	22.50	22.50
8710	24.50	24.50	24.50	24.50	24.50	24.50
8711	37.00	37.00	37.00	37.00	37.00	37.00
8712	100.00	100.00	100.00	100.00	100.00	100.00
8713	88.00	88.00	88.00	88.00	88.00	88.00
8716	77.00	77.00	77.00	77.00	77.00	77.00
8717	67.00	67.00	67.00	67.00	67.00	67.00
8720	126.00	126.00	126.00	126.00	126.00	126.00
8721	67.00	67.00	67.00	67.00	67.00	67.00
8723	152.00	152.00	152.00	152.00	152.00	152.00
8724	77.00	77.00	77.00	77.00	77.00	77.00
8730	77.00	77.00	77.00	77.00	77.00	77.00

**Schedule Fees for Medical Benefits Purposes
as from 16 November 1981**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8731	67.00	67.00	67.00	67.00	67.00	67.00
8736	102.00	102.00	102.00	102.00	102.00	102.00
8737	91.00	91.00	91.00	91.00	91.00	91.00
8738	78.00	78.00	78.00	78.00	78.00	78.00
8739	69.00	69.00	69.00	69.00	69.00	69.00
8742	152.00	152.00	152.00	152.00	152.00	152.00
8743	132.00	132.00	132.00	132.00	132.00	132.00
8746	53.00	53.00	53.00	53.00	53.00	53.00
8747	46.50	46.50	46.50	46.50	46.50	46.50
8750	78.00	78.00	78.00	78.00	78.00	78.00
8755	78.00	78.00	78.00	78.00	78.00	78.00
8756	69.00	69.00	69.00	69.00	69.00	69.00
8759	102.00	102.00	102.00	102.00	102.00	102.00
8760	90.00	90.00	90.00	90.00	90.00	90.00
8763	54.00	54.00	54.00	54.00	54.00	54.00
8764	47.50	47.50	47.50	47.50	47.50	47.50
8769	104.00	104.00	104.00	104.00	104.00	104.00
8770	92.00	92.00	92.00	92.00	92.00	92.00
8773	78.00	78.00	78.00	78.00	78.00	78.00
8774	70.00	70.00	70.00	70.00	70.00	70.00
8779	30.00	30.00	30.00	30.00	30.00	30.00
8780	27.00	27.00	27.00	27.00	27.00	27.00
8783	102.00	102.00	102.00	102.00	102.00	102.00
8784	90.00	90.00	90.00	90.00	90.00	90.00
8787	77.00	77.00	77.00	77.00	77.00	77.00
8788	67.00	67.00	67.00	67.00	67.00	67.00
8793	205.00	205.00	205.00	205.00	205.00	205.00
8794	178.00	178.00	178.00	178.00	178.00	178.00
8797	104.00	104.00	104.00	104.00	104.00	104.00
8798	92.00	92.00	92.00	92.00	92.00	92.00
8799	104.00	104.00	104.00	104.00	104.00	104.00
8800	92.00	92.00	92.00	92.00	92.00	92.00
8803	205.00	205.00	205.00	205.00	205.00	205.00
8804	178.00	178.00	178.00	178.00	178.00	178.00
8807	104.00	104.00	104.00	104.00	104.00	104.00
8808	92.00	92.00	92.00	92.00	92.00	92.00
8813	52.00	52.00	52.00	52.00	52.00	52.00
8814	46.00	46.00	46.00	46.00	46.00	46.00
8817	27.00	27.00	27.00	27.00	27.00	27.00
8818	23.50	23.50	23.50	23.50	23.50	23.50
8821	77.00	77.00	77.00	77.00	77.00	77.00
8824	80.00	80.00	80.00	80.00	80.00	80.00
8825	71.00	71.00	71.00	71.00	71.00	71.00
8828	77.00	77.00	77.00	77.00	77.00	77.00
8829	67.00	67.00	67.00	67.00	67.00	67.00

COMMONWEALTH DEPARTMENT OF HEALTH

Medical Benefits Schedule Book REPLACEMENT PAGES 1 SEPTEMBER 1981 — AMENDMENTS

1. As announced by the Government revised health insurance arrangements are to operate from 1 September 1981. From that date the payment of Commonwealth medical benefits will be restricted to those persons with at least basic medical cover with a registered medical benefits organisation (except for eligible pensioners and persons in special need).

2. Under the new arrangements a flat rate of Commonwealth medical benefit for medically insured persons of 30 per cent of Schedule fees will apply to all Schedule medical services. The basic level of medical insurance will be increased from 75 per cent to 85 per cent of the Schedule fee with a maximum gap of \$10 to be met by the patient for any one medical service item where the doctor charges the Schedule fee.

3. The Medical Benefits Schedule is also being amended from 1 September 1981. These amendments which consist of a number of additions, deletions and changes recommended by the Medical Benefits Schedule Revision Committee and the Working Party on the General Review of the Medical Benefits Schedule become effective from 1 September 1981 and apply to services rendered on and after that date.

4. Attached is a set of replacement pages incorporating the amendments, for insertion into Section 1, Part A, "Explanatory Notes" and Section 2 "Medical Benefits Schedule" of the Medical Benefits Schedule Book. The replacement pages are printed on white paper and are further identified by the date 1 September 1981 appearing at the bottom left hand corner of each page.

5. New and amended services have been identified in the Schedule in Section 2 by the following symbols in the margin

- | | |
|--|---|
| (a) New services | † |
| (b) Description of service amended (item number unchanged) | ‡ |
| (c) Fees amended | + |

6. While the majority of the amendments are self explanatory, some items require clarification. Accordingly the following notes have been prepared for guidance of medical practitioners.

Items 69, 71, 76, 78 — Nursing home attendances

7. These items referring to attendances on patients in nursing homes have been amended to include attendances on patients in aged persons' accommodation such as hostels and self-contained units attached to or in the grounds of a nursing home.

Item 851 — Contact lenses

8. Benefits are not attracted under this Item unless the lenses are prescribed at this attendance. Evaluation and fitting without the issue of a prescription do not qualify under the item.

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

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

11. Where patients require more frequent fitting of contact lenses than once in three years, the case may be referred to the Medical Benefits Advisory Committee under Section 11 of the Health Insurance Act (see para. 39 Outline of Medical Benefits Scheme).

Item 1101-1108 — Rh phenotyping

12. Attention is drawn to the notation to these items that benefits are payable once only during any one period of hospitalisation.

Estimation of beta-HCG

13. Estimation of beta-HCG in serum or urine as a diagnostic test for pregnancy attracts benefit under Items 2272/2273 not under Items 1345/1346.

Item 2953 — Assistance at operations

14. Benefit for assistance at an operation is now available only where the Schedule fee for the operation is \$100.00 or more.

Items 3110 and 3734 — Control of post-operative haemorrhage

15. Attention is drawn to these two new items covering control of post-operative haemorrhage.

New Items

16. The following is a list of new items introduced into the Schedule:

851	1326	1943	3847	4217	6431
878	1612	1944	3849	4399	6633
957	1613	2953	3851	4492	6638
1261	1614	3110	3862	4800	6863
1262	1619	3730	3892	5492	8318
1324	1620	3734	3893	6430	8711
1325	1621				

Amended Items

17. The descriptions of the following items have been amended:

69	1121	1346	1453	2273	5470
71	1122	1364	1609	3713	5480
76	1124	1366	1610	3718	5486
78	1125	1376	1611	3860	6278
877	1263	1378	1615	4258	6280
1111	1264	1419	1616	4262	6451
1112	1301	1420	1618	4455	6807
1113	1302	1427	2264	4832	6861
1114	1303	1428	2265	5348	8614
1116	1345	1452	2272	5464	8710
1117					

Amended Fees

18. The fees for the following items have been amended:

2264	3713	4455	6274	6277	6415
2265	3718				

Items Deleted

19. The following items have been deleted:

879	3855	4602	6216	6424	6599
2950	3857	4828	6267	6436	6636
2955	3858	5474	6286	6441	6782
3846	4461	6170	6418		

Special Arrangements — Transitional Period

20. Where an item refers to a service in which treatment continues over a period of time in excess of one day and the treatment commenced before 1 September 1981 and continues beyond that date, the general rule is that the 1 November 1980 level of benefits would be payable.

21. However, as with previous fee increases in the case of relevant obstetric items a special rule will apply in that the rate of benefit will depend on the date of the actual confinement. If the confinement takes place before 1 September 1981 medical benefits will be paid at the 1 November 1980 benefit level. If the confinement takes place on or after 1 September 1981 medical benefits will be payable at the new (1 September 1981) level.

Department of Health,
Canberra
1 September 1981

COMMONWEALTH DEPARTMENT OF HEALTH

Medical Benefits Schedule Book
REPLACEMENT PAGES
1 APRIL 1981 - AMENDMENTS

1. The Medical Benefits Schedule is being amended from 1 April 1981 and the amendments will apply to services rendered on and after that date.

2. Attached is a set of replacement pages incorporating the amendments, for insertion into Section 2 "Medical Benefits Schedule" of the Medical Benefits Schedule Book. The replacement pages are printed on blue paper and are further identified by the date 1 April 1981 appearing at the bottom left hand corner of each page.

3. New and amended services have been identified in the Schedule in Section 2 by the following symbols in the margin

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

4. While the majority of the amendments are self explanatory, some items require clarification. Accordingly the following notes have been prepared for guidance of medical practitioners.

Item 980

5. This is a new item inserted in the Schedule to cover the performance of acupuncture.

6. Previously benefits were attracted for this service on a consultation basis under the professional attendance items contained in Part 1 of the Schedule. The service should now be itemised under Item 980 which includes any associated consultation on the same day. Attendance items in Part 1 of the Schedule should not be itemised for acupuncture.

Items 8518, 8528, 8530 and 8532

7. The description of these items have been amended so that benefits will be attracted for these services only where they are reasonably required for the medical treatment of a patient.

Items Deleted

8. The following items have been deleted: -
- 8534
 - 8536
 - 8538
 - 8550
 - 8589
 - 8591.

Department of Health
Canberra
1 April 1981



MEDICAL BENEFITS SCHEDULE BOOK

MEDICAL BENEFITS SCHEDULE BOOK 1 NOVEMBER 1980

ERRATA

The following corrections should be made to the enclosed book —

Section 1

Page 1A-2 — The example in the third line should read "e.g., Items 3739/3745"

Page 1A-4 — Paragraphs 22 and 23 should be amended to read —

Section 2

The existing yellow pages 239/240 and 241 should be replaced with the accompanying new pages 239/240 and 241 which are printed on white paper.

SCHEDULE FEES AT 1 NOVEMBER 1980

COMMONWEALTH DEPARTMENT OF HEALTH

Preface

This Book provides information on the arrangements under which the Medical Benefits Scheme will operate as from 1 November 1980.

Section 1 of this Book contains explanatory notes on the Scheme together with an outline of the arrangements under which it operates.

The Medical Benefits Schedule, contained in Section 2, shows for each service the item number, description of medical service and Schedule fee as at 1 November 1980 for each State. In the case of services which have an associated anaesthetic, the number of relevant anaesthetic units together with the anaesthetic item number is shown. A break-up of the various levels of medical benefits is contained in a detailed "Ready Reckoner" which is located at the front of Section 2 of this Book.

The Index of the Book is in two sections. Section 3A provides an index to items in Parts 1 to 6, 9 and 10 of the Schedule while Section 3B provides an index to Part 7 Pathology Services, Part 8 Radiological Services, Part 8A Radiotherapy, Part 9A Computerised Axial Tomography and Part 11 Nuclear Medicine.

This edition of the Book has been printed for use by medical practitioners and private medical benefit organisations.

The maximum benefits payable for "gap" or supplementary insurance by private medical benefits organisations providing such insurance can be calculated by subtracting the appropriate benefits, as shown in the Ready Reckoner, from the Schedule fees shown in the Schedule.

It should be noted that the fees and benefits shown in this edition of the Book are the Schedule fees and benefits in force at 1 November 1980 and apply to medical services rendered on and after that date.

The Book has four sections:—

Section	Content
1	Outline of the Medical Benefits Scheme and Notes for General Guidance of Medical Practitioners Part A — Explanation of Changes Part B — Outline of Medical Benefits Scheme Part C — Compilation and Information on Interpretation of the Medical Benefits Schedule Part D — Notes to assist in the Completion of Claims for Assigned Benefits
2	The Schedule
3A	Index to Parts 1 to 6, 9 and 10 of the Schedule
3B	Index to Parts 7, 8, 8A, 9A and 11 of the Schedule
3C	List of Acceptable Terms and Abbreviations in Pathology
4A	Addresses of the State Headquarters, Health Benefits and Services Branches and Processing Centres of the Department of Health
4B	Names and Addresses of registered private medical benefits organisations

Department of Health,
CANBERRA, A.C.T. 2606

SECTION 1

OUTLINE
of the
MEDICAL BENEFITS SCHEME
and
NOTES FOR THE GUIDANCE OF
MEDICAL PRACTITIONERS

SECTION 1

TABLE OF CONTENTS

Subject	Para. No.
PART A	
Explanatory Notes.....	(See pages 1A-1 to 1A-3)
PART B	
Commonwealth Medical Benefit	2
Basic Fund Benefit.....	3-4
Pensioner Health Benefit Card Holders	5-6
Disadvantaged Persons	7-8
Eligibility for Medical Benefits.....	9-11
Contributors to Registered Private Medical Benefit Organisations	12
Schedule Fees and Table of Benefits	13-14
Professional Services.....	15-17
Aggregate Items.....	18-20
Where Medical Benefits are not Payable	21-26
Health Screening Service.....	27
Services Rendered to a Doctor's Dependants, Partner, or Partner's Dependants	28
Workers' Compensation, Third Party Insurance, Damages, etc	29-33
Limiting Rule	34
Waiting Periods.....	35-36
Diagnostic Services.....	37-38
Service of Unusual Length or Complexity	39-45
Visitors to Australia	46-47
Medical Expenses Incurred Overseas.....	48-49
Penalties.....	50
Billing of the Patient	
Itemised Accounts.....	51-56
Claiming of Benefits	57
Paid Accounts.....	58
Unpaid Accounts.....	59-61
Bulk Billing on the Department of Health.....	62-65
Completion and Submission of Claims for Assignment of Benefits	66-70
Cheques and Statements for Assignment Claims	71-72
Bulk Billing Stationery Supplies	73
Eligible Pensioner Patients	74-82
Disadvantaged Persons	83-85
PART C	
Compilation of the Medical Benefits Schedule	86-88
Medical Benefits.....	89-92
Medical Services not Listed in the Schedule	93
Interpretation of the Schedule	
Principles of Interpretation.....	94-97
Consultation and Procedures Rendered at the One Attendance	98-101
Part 1 — Professional Attendances.....	102-106
Multiple Attendances.....	107-110

Prolonged Attendance in Treatment of a Critical Condition.....	111
Acupuncture.....	112
Part 2 — Obstetrics	
General.....	113
Antenatal Care	114
Confinement.....	115-119
Postnatal Care.....	120
Other Services.....	121
Part 3 — Administration of Anaesthetics.....	122-137
Multiple Anaesthetic Rule	138-139
Anaesthetic Services of Unusual Length	140-142
Appeals	145
Part 6 — Miscellaneous Procedures	
Venepuncture.....	146-148
Multiphasic Health Screening	149
Part 7 — Pathology Services	150
Recognised Specialist Pathologists.....	151-152
Approved Pathology Practitioner Scheme	153-159
Pathology Services must be necessary.....	160-161
Conditions relating to medical benefits.....	162-167
Requests in writing.....	168-171
Blood Grouping.....	172
Compatibility Testing.....	173
Blood Culture.....	174
Part 8 — Radiology.....	175
Radiography of the Breast	176-177
Part 8A — Radiotherapy	178-179
Part 9 — Assistance at Operations	180-182
Part 9A — Computerised Axial Tomography.....	183-186
Part 10 — Operations	
Separate Unrelated Procedure	187-188
Not Associated with any Other Item in this Part.....	190
Not Covered by a Specific Item in this Part	191
Multiple Operation Formula.....	192-196
After-Care.....	197-203
Laparotomy and Other Procedures.....	204-205
Local skin flap — Definition	206-210
Part 11 — Nuclear Medicine.....	211-216
Recognition as a Specialist or Consultant Physician	217-222
Referral of Patients to Specialists or Consultant Physicians	223-232

PART D

Notes to assist in the Completion of Claims for
Assigned Benefits

(See pages 1D-1 to 1D-5)

SECTION 1
PART A
EXPLANATORY NOTES

INCREASE IN SCHEDULE FEES AND BENEFITS — 1 NOVEMBER 1980

1. The Government has approved an increase in medical benefits for all medical services listed in the Medical Benefits Schedule. The new benefits are based on Schedule fees determined by an Enquiry conducted by Mr. Justice J. T. Ludeka, established to determine fees to apply for medical benefit purposes from 1 November 1980.

2. The Schedule fees which have applied since 1 November 1979 will be increased as follows:

	SCHEDULE ITEM NUMBERS	PERCENTAGE INCREASE
GROUP A.	952, 956, 958, 963, 1006-2392.	9.8%
GROUP B.	2502-2941, 2960-2971.	9.7%
GROUP C.	3-78, 82, 190, 192, 242, 246, 273, 955, 3006, 6816, 7601, 7694, 7701, 7774, 7781.	9.5%
GROUP D.	110-152, 803-839, 886-921, 932-938, 966-977, 987, 989, 2430-2500.	9.5%
GROUP E.	85-164, 194-241, 250-267, 274-383, 748-764, 770-797, 844-884, 940-949, 960, 2950-2955, 3012-6810, 6818-7597, 7605-7691, 7697, 7706-7766, 7777, 7785-8656.	9.5%
GROUP F.	401-575, 767, 922-929.	9.4%

3. The new benefits will apply to all medical services rendered on or after 1 November 1980.

Amendments to the Medical Benefits Schedule — 1 November 1980

4. Several additions, deletions and amendments recommended by the Medical Benefits Schedule Revision Committee and the Working Party on the General Review of the Medical Benefits Schedule have been made in this edition of the Medical Benefits Schedule Book. These adjustments become effective from 1 November 1980 and apply to services rendered on and after that date.

5. New and amended services are identified in the Schedule in Part 2 by the following symbols in the margin —

- | | |
|--|---|
| (a) New services | + |
| (b) Description of service amended (Item number unchanged) | ‡ |
| (c) Fees amended (in addition to general fee increase) | + |

6. While the majority of the amendments are self explanatory, some items require clarification. Accordingly the following notes have been prepared for guidance.

Separate unrelated procedure

7. It will be noted that the term "as an independent procedure" which until now appeared in many items in Part 10 has been replaced with other qualifications, the most frequent of which is "as a separate unrelated procedure". This phrase is intended to preclude payment of benefits when

- (i) a procedure so qualified is associated with another procedure through the same incision, e.g., removal of a calculus (Item 5968) in the course of an open operation on the bladder for another purpose;
- (ii) such procedure is combined with another in the same body area, e.g., Item 5520 with another operation on the larynx or trachea;
- (iii) the procedure is an integral part of the performance of another procedure, e.g., Items 3120/3124 in conjunction with Item 3041.

8. The biopsy of an abdominal lymph gland, Items 3135/3142 would not attract benefits in association with an intra-abdominal operation. However, biopsy of an inguinal gland in conjunction with a laparotomy would attract separate benefits.

Not Associated with any Other Item in this Part

9. The phrase "not associated with any other item in this Part" means that benefit is not attracted for that item when the service is performed on the same occasion as any other service in Part 10.

Not Covered by a Specific Item in this Part

10. The phrase "not covered by a specific item in this Part" means that this item may be itemised if there is no specific item relating to the service performed in the Schedule, e.g., Items 3739/3745. Benefits may be attracted for an item with this qualification as well as benefits for another service during the course of the same operation.

Items 3350, 3351, 3352 — Serial Curettage Excision

11. 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.

Items 2699/2703 — Plain Abdominal Film

12. Benefits are not attracted for Items 2699/2703 in association with barium meal examinations. Benefits are payable for the preliminary plain film in conjunction with barium enema studies.

Nuclear Medicine

13. The Section on nuclear medicine has been completely revised and now appears as Part 11 at the end of the Schedule.

14. There is now a differential fee structure for items covering nuclear medicine depending on whether or not the service is performed at a computerised installation.

15. It is not required that the computer be actually used in the performance of a particular scan in order that the service will attract the fee and benefit appropriate for a computerised installation.

16. Many items in Part 11 contain more than one service. If two or more services within the one item are rendered, full benefits are attracted for each service.

17. Benefits for a nuclear scanning service cover the preliminary examination of the patient, estimation of dosage, supervision of the administration of the dose and the performance of the scan, and compilation of the final report. Additional benefits will only be attracted for specialist physician or consultant physician attendance under Part 1 of the Schedule where there is a request for a full medical examination accompanied by a Notice of Referral.

New Items

18. The following is a list of new items introduced into the Schedule:

487	1637	6232	8738	8770	8803
489	1638	8131	8739	8773	8804
490	1668	8712	8742	8774	8807
559	1669	8713	8743	8779	8808
561	1670	8716	8746	8780	8813
562	1846	8717	8747	8783	8814
810	1847	8720	8750	8784	8817
811	3350	8721	8755	8787	8818
813	3351	8723	8756	8788	8821
814	3352	8724	8759	8793	8824
841	3726	8730	8760	8794	8825
843	5883	8731	8763	8797	8828
950	6210	8736	8764	8798	8829
951	6231	8737	8769		

Items Transferred

19. Several items have been transferred from the previous Part 7A to the new Part 11. These items are listed below showing the old and new item numbers.

Old Item No.	Item No. as from 1/11/80	Old Item No.	Item No. as from 1/11/80
2430	8700	2441	8706
2432	8702	2443	8708
2438	8704	2448	8710

Amended Items

20. The descriptions of the following items have been amended:

134	1839	3120	3815	5812	6885
144	1840	3124	3820	5816	6908
767	1843	3130	3825	5881	6914
886	1844	3135	4039	5968	6918
887	1973	3142	4043	6036	6999
888	1974	3148	4104	6047	7046
889	2013	3247	4351	6208	7175
890	2014	3253	4363	6246	7864
893	2699	3261	4455	6258	7883
908	2703	3265	4473	6262	8001
1101	2709	3349	4637	6313	8169
1102	2711	3425	5186	6342	8173
1234	2714	3713	5192	6585	8251
1235	2720	3718	5520	6594	8352
1673	3106	3722	5605	6686	8354
1674	3113	3739	5683	6871	8574
1676	3116	3745	5721	6881	8578

Items Deleted

21. The following items have been deleted:

812	2470	2481	2493	3870
815	2473	2483	2495	5857
2434	2474	2484	2496	6230
2451	2476	2486	2498	8124
2454	2477	2487	2499	8127
2457	2479	2489	2500	8148
2462	2480	2491	3189	

'Special Arrangements — Transitional Period

22. Where an item refers to a service in which treatment continues over a period of time in excess of one day and the treatment commenced before 1 November 1980 and continues beyond that date, the general rule is that the 1 November 1979 level of benefits would be payable.

23. However, as with previous fee increases in the case of relevant obstetric items a special rule will apply in that the rate of benefit will depend on the date of the actual confinement. If the confinement takes place before 1 November 1980, medical benefits will be paid at the 1 November 1979 benefit level. If the confinement takes place on or after 1 November 1980 medical benefits will be payable at the new (1 November 1980) level.'

Department of Health,
CANBERRA, A.C.T. 2606

**SECTION 1
PART B
OUTLINE OF THE MEDICAL BENEFITS SCHEME**

1. Under the current health insurance arrangements Commonwealth medical benefits are payable in respect of medically insured persons and persons covered by a Pensioner Health Benefits Card, Health Benefits Card (for Sickness Beneficiaries), or a Health Care Card (for persons in special need). Medically uninsured persons not covered by these cards will not receive Commonwealth medical benefits.

Commonwealth Medical Benefit

2. From 1 September 1981, medical benefits are paid by the Commonwealth at the rate of 30% of the Schedule fee for any one medical service for a person covered by private medical insurance. Special arrangements apply in respect of persons covered by Pensioner Health Benefits Cards* and persons identified as being in special need and covered by a Health Care Card.

*NOTE: Any reference to Pensioner Health Benefits Cards or entitlement in this Book can be taken to apply also to Health Benefits Cards.

Basic Fund Benefit (\$10 Maximum gap)

3. As a condition of registration, private health insurance organisations are required to offer a basic medical benefit table which, together with the Commonwealth benefit, will cover at least 85% of the Schedule fee for each medical service with a maximum patient payment of \$10 for any one service where the Schedule fee is charged. Of the 85% benefit, 30% is Commonwealth benefit.

4. A basic or higher medical benefit cover and basic or higher hospital benefit cover (i.e. covering hospital charges for shared or private room accommodation and treatment by the patient's own doctor in a recognised (public) hospital or in a private hospital) may be purchased from registered private health benefit organisations.

Pensioner Health Benefit Card Holders (85%/ \$5)

5. Pensioners with Pensioner Health Benefit entitlements and the dependants of such pensioners are eligible to receive medical benefits from the Government at 85% of the Schedule fee for each medical service with a maximum patient payment of \$5 for any one service where the Schedule fee is charged. The benefit is paid as a Commonwealth benefit.

6. Bulk-billing facilities in respect of these persons are available.

Persons in Special Need

7. Bulk-billing arrangements are also available in respect of persons identified as being in special need by the Department of Social Security. These persons are issued with a Health Care Card.

8. Medical practitioners may bulk-bill the Commonwealth for all services rendered to such persons and receive 85% of the Schedule fee for each service rendered. However, the medical practitioner must accept the 85% benefit as full payment for the service and is not permitted to recover any further amount from such patients. Alternatively, persons covered by Health Care Cards may claim benefits from a registered health fund of 85% of the Schedule fee with a maximum patient contribution of \$5 for each service.

Eligibility for Medical Benefits

9. All persons in Australia are eligible for Commonwealth medical benefits provided they enrol in a basic medical benefits table or qualify for a Pensioner Health Benefits or Health Care Card. Australian residents temporarily absent overseas are also eligible except in respect of Health Care Cardholders who will need to enrol with funds as medically insured persons to qualify for payment of medical benefits for services rendered overseas.

10. Eligibility for Pensioner Health Benefits entitlement and Health Care Card entitlement is restricted to Australian residents.

11. Commonwealth medical benefits are paid on behalf of the Commonwealth by registered medical benefit organisations. To receive this benefit, registration with an organisation is necessary for all except bulk-billed claims.

Contributors to Registered Private Medical Benefit Organisations

12. Persons who are privately insured for medical benefit purposes with a private registered medical benefits organisation will claim benefits from that organisation.

Schedule Fees and Table of Benefits

13. Medical benefits are based on fees determined for each medical service in each State. Fees for the Australian Capital Territory and Northern Territory are the same as for New South Wales and for medical benefit purposes the term New South Wales should be read as including these two territories. The fees to which benefits are related are those applicable in the State where the service was rendered, irrespective of the State of residence of the medical practitioner or the patient. These fees are shown in the Schedule in Section 2 of this Book. The fee is referred to in these notes as the "Schedule fee".

14. The various levels of medical benefit for each medical service (as explained at paragraphs 2 to 8) are set out in detail in the "Ready Reckoner" located at the front of Section 2. Where appropriate, the calculated benefit has been rounded to the nearest higher 5 cents. However, in no circumstances will the benefit payable for any service exceed the amount of the fee actually charged for that service.

Professional Services

15. Professional services which attract medical benefits are medical services rendered by or on behalf of a medical practitioner. Medical services which may be rendered "on behalf of" a medical practitioner include pathology and radiology services where portion of the service is performed by a technologist employed by the medical practitioner.

16. Certain other services, such as manipulations performed by physiotherapists, do not qualify for medical benefit even though they may be done on the advice of a medical practitioner.

17. The notes in this book relate to professional services by or on behalf of medical practitioners. Separate books are issued in relation to the payment of benefits for:—

- certain medical services of a dental nature rendered by approved dental practitioners in an operating theatre of a hospital;
- consultations by participating optometrists;
- services by accredited dental practitioners in the treatment of cleft lip and cleft palate conditions.

Aggregate Items

18. The Schedule includes a number of items which apply only in conjunction with another specified service listed in the Schedule. These items provide for the application of a fixed loading or factor to the fee and benefit for the service with which they are rendered. Item 2863 — Superficial radiotherapy of two or more fields — is an example.

19. When these particular procedures are rendered in conjunction, the legislation provides for the procedures to be regarded as one service and for a single patient gap to apply. The Schedule fee for the service will be ascertained in accordance with the particular rules shown in the relevant items. When the appropriate fee has been determined, medical benefits applicable may be ascertained by reference to the "Ready Reckoner" located at the front of Section 2.

20. Examples of the services to which this aggregation principle applies are items 482, 483, 484, 485, 553, 554, 556, 557, 2732, 2782, 2798, 2863, 2867, 2871, 2877, 2881, 2885, 2889, 2893, 2897, 7483, 7803, 7809, 7817, 7823, 7828, 7834, 7839, 7844 and 7847.

Where Medical Benefits are not Payable

21. Commonwealth medical benefits are not payable in respect of a professional service in the following circumstances —

- (i) where the medical expenses for the service are paid or payable to a recognised (public) hospital;
- (ii) where the doctor who rendered the service was acting on behalf of an organisation prescribed for the purposes of Section 17 of the Health Insurance Act;
- (iii) where the service was rendered on the premises of an organisation prescribed for the purposes of Section 17;
- (iv) Where the service was rendered on the premises of an organisation approved for the purposes of a Health Program Grant;
- (v) where the medical expenses for the service are wholly payable by way of compensation or damages under a State or Commonwealth or Territorial law or under a legal claim. However, where medical expenses are only partly recoverable in such cases, the amount of medical benefit payable will be determined by the Department of Health in respect of Commonwealth medical benefits and by medical benefit organisations in the case of fund benefits;
- (vi) where the service is a medical examination for the purposes of —
 - life insurance,
 - superannuation or provident account scheme, or
 - admission to membership of a friendly society;
- (vii) where the service was rendered in the course of the carrying out of a mass immunisation.

22. Paragraph deleted.

23. Paragraph deleted.

24. Paragraph deleted.

25. Unless the Minister for Health otherwise directs, Commonwealth medical benefit is not payable in respect of a professional service where —

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

26. The legislation empowers the Minister for Health to make regulations to preclude the payment of Commonwealth medical benefits for professional services rendered in prescribed circumstances. Such regulations, however, may only be made in accordance with a recommendation made by the Medical Benefits Advisory Committee.

Health Screening Service

27. A health screening service is defined as a medical examination or test that is not reasonably required for the treatment of the medical condition of the patient. Services covered by this proscription include — multiphasic health screening (except services by Medichcek in Sydney, the Shepherd Foundation in Melbourne and services requested by the National Heart Foundation of Australia as part of their Risk Evaluation Service); programs for testing fitness to undertake physical training courses, sport, vocational activities; examination and diagnostic tests for driving, flying and other licences, entrance to schools and other educational facilities, for travel requirements and for the purposes of legal proceedings; pathology tests associated with orthomolecular medicine. Professional services rendered to an unemployed person, if required by a prospective

employer, are not regarded as health screening services and therefore would attract medical benefits.

Services Rendered to a Doctor's Dependents, Partner, or Partner's Dependents

28. Commonwealth medical benefits are not generally payable in respect of professional services rendered by a medical practitioner to his dependants or his partners or their dependants. However, benefits are not necessarily excluded in all such cases. Each individual case has to be examined having regard to the particular circumstances which apply.

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

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

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

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

32. Where a claim is made for medical benefits and it appears to the Minister or his delegate that the service may be subject to a claim for compensation, damages, etc., the Minister or his delegate may direct that a provisional payment of medical benefit may be made in respect of that service. If the claimant subsequently receives compensation payment in respect of the medical expenses, he will be required to refund all or part of the provisional payment made.

33. The matter of provisional payment to contributors to private medical funds of fund benefits in respect of services which may become subject to compensation or damages is a matter for determination by each medical benefits fund having regard to its rules, policies and procedures.

Limiting Rule

34. In no circumstances will the benefit payable for a professional service exceed the fee charged for the service. Furthermore, the total benefits payable for any service from all sources, including any additional benefit payable by a medical benefit fund under gap or supplementary insurance arrangements, shall not exceed the Schedule fee for that service in the State in which the service was rendered.

Waiting Periods

35. Generally, a waiting period of two months (including obstetric cases) applies for persons who join a registered private medical benefits fund. (This will be waived for the period 1 September 1981 to 31 October 1981.) Such persons are not eligible for fund benefits for medical services rendered during that first two months after joining the fund. Longer waiting periods may be invoked in respect of tables with higher levels of benefits. No waiting period applies in respect of the payment of Commonwealth benefits.

36. Registered medical benefits organisations are required to waive waiting periods in respect of persons who lose their entitlement to Pensioner Health Benefits or Health Care Cards provided they join a fund within two months prior or three months after eligibility for the Card is lost.

Diagnostic Services

37. Where a private doctor provides a medical service (including a diagnostic service) to a private patient in a recognised (public) hospital and bills the patient for the service, medical benefits are payable.

38. However, where the medical expenses for a service are paid or payable to a recognised (public) hospital, medical benefits are not payable.

Service of Unusual Length or Complexity

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

40. Any such application for a higher fee under Section 11 of the Health Insurance Act should be made to the Commonwealth Department of Health and should be supported by a statement by the medical practitioner indicating in detail those unusual features which are the basis for the claim for a higher fee. The doctor rendering the service should advise the patient to forward this statement with the claim form and account to the relevant medical benefits organisation. Where the doctor bulk-bills the Department of Health, in respect of eligible pensioners or persons in special need who are uninsured, his statement should be attached to the assignment form.

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

- the time taken;
- the factors causing the undue length of time taken;
- special difficulties or complexities encountered beyond those which would normally be expected in the procedure;
- other significant factors, such as the general condition of the patient, anaesthetic problems and need for resuscitation.

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

43. Subsequent applications to which the principles determined by the Committee can be applied, may be dealt with by the Department in accordance with those principles, without further reference to the Committee.

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

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

Visitors to Australia

46. Commonwealth medical benefits are available to visitors to Australia who hold basic medical insurance with an Australian registered medical benefits organisation.

47. The contribution rates and the conditions under which benefits are available are a matter for arrangement between the visitor and the selected insurer.

Medical Expenses Incurred Overseas

48. Commonwealth medical benefits are generally payable for medical expenses incurred for medical services rendered outside Australia to permanent residents of Australia.

lia who are covered by private medical insurance. In these circumstances a medical service rendered by a person authorised to practise as a medical practitioner under the law of the place where the medical service was rendered will rank for benefit as if that medical service had been rendered in Australia by a medical practitioner.

49. In such cases, the amount of medical benefit payable will be the amount which would be payable if the medical service had been rendered in New South Wales.

Penalties

50. The legislation provides penalties for persons who make false statements either orally or in writing, or issue or present false or misleading documents capable of being used in connection with a claim for benefits.

Billing of the Patient

Itemised Accounts

51. Where the doctor bills the patient for medical services rendered, the patient needs a properly itemised account and receipt to enable him to claim Commonwealth and/or fund medical benefits. Doctors' accounts should therefore show the following details for each service —

- (a) Name of patient;
- (b) Medical Benefits Schedule Item Number;
- (c) Description of service;
- (d) Date of service;
- (e) The fee for each service;
- (f) Where the account contains the name of more than one doctor (e.g. the account is issued by a group practice), the name of the doctor who rendered the service should be clearly identified;
- (g) In the case of pathology services, the name of the doctor requesting those services and the date on which the request was made.

52. Where the account relates to the administration of an anaesthetic or assistance at an operation, the name of the surgeon who performed the operation and the nature or item number of the operation should also be shown on the account.

53. It will facilitate the payment of medical benefits if doctors in their accounts describe the particular services in the words used in the Medical Benefits Schedule as well as by Schedule Item Number.

54. Payment of medical benefits will also be facilitated if doctors include provider code numbers on their accounts and receipts. Details of provider numbers may be obtained from the local Commonwealth Director of Health.

55. Where a doctor wishes to apportion his total fee between the appropriate medical fee and any balance outstanding in respect of services rendered previously, he should ensure that the balance is described in such a way (e.g. balance of account) that it cannot be mistaken as being a separate medical service. In particular no item number should be shown against the balance.

56. Only one original itemised account should be issued in respect of any one medical service and any duplicates of accounts or receipts should be clearly marked "duplicate" and should be issued only where the original has been lost. Duplicates should not be issued as a routine system for "accounts rendered".

Claiming of Benefits

57. The patient, upon receipt of a doctor's account, has two courses open to him for paying the account and receiving benefits. These are explained in paragraphs 58 to 61.

Paid Accounts

58. Firstly, he may pay the account and subsequently present the account, supporting receipt (and referral notice where applicable) and a covering claim form to the registered private medical benefits fund with which he is insured or registered. The fund

will assess and pay to the contributor the benefits to which he is entitled (i.e., Commonwealth only, fund only or Commonwealth and fund).

Unpaid Accounts

59. Where the patient has not paid the account he may present the unpaid account (and referral notice where applicable) to his fund with a claim form. In such cases the fund will arrange to provide the claimant with a cheque, made payable to the doctor, for the level of medical benefits appropriate to the insurance status of the patient.

60. It will be the patient's responsibility to forward the cheque to the doctor and make arrangements for payment of the balance of the account if any. "Pay doctor cheques" involving Commonwealth medical benefits are not to be sent by private health funds direct to medical practitioners or to patients at a doctor's address (even if requested by the patient to do so). Pay doctor cheques should be forwarded to the contributor's normal address.

61. Special arrangements apply in the case of eligible pensioners and their dependants, sickness beneficiaries and of people in special need who may enter into an agreement or an arrangement to assign the medical benefits to the doctor who performed the service. The Department of Health is responsible for the payment of assigned medical benefits through a bulk-billing facility (see below).

Bulk-Billing on the Department of Health

62. Bulk-billing facilities are available for services provided to persons covered by a Pensioner Health Benefits Card and their dependants, for sickness beneficiaries and for persons in special need covered by a Health Care Card and their dependants.

63. Under these arrangements a doctor may arrange with the patient for the assignment by the patient of the benefit for a service. The doctor may then claim payment of the benefit for the service directly from the Department of Health.

64. A claim for assignment of benefit comprises one or more Assignment Forms, which describe the services rendered, attached to a Claim for Assigned Medical Benefits Form which identifies the doctor who rendered the services.

65. Assignment Forms are provided by the Department of Health to doctors who wish to claim direct for services to patients eligible for medical benefits from the Department of Health. Different types of Assignment Forms are available to meet the needs of particular doctors or particular types of medical practice e.g. pathologists and radiologists who typically provide a larger number of services for each patient.

Completion and Submission of Claims for Assignment of Benefits

66. When a doctor bulk-bills on the Department of Health, the Assignment Forms take the place of the conventional accounts and receipts. It is important therefore that the Assignment Forms should show in respect of each service to each patient the information which is required in patients' accounts as mentioned in paragraphs 51 and 52. It is also important to note that doctors should only claim for services which they provide. For example an assistance item should not be included as part of the surgeon's or anaesthetist's claim for assigned benefits.

67. Detailed instructions regarding the requirements for completion and submission of assignment claims are included with the Assignment stationery provided by the Department of Health. In addition procedures for completion and submission of assignment claims are included in Section 1D of this book.

68. The Assignment Form should generally be signed by both the patient and the doctor. The doctor's name should also be shown against the statement "I assign to . . ."

69. The claim form must be signed and dated by the doctor who rendered the services described on the Assignment Forms attached to the claim form.

70. A claim form together with corresponding Assignment Forms should be forwarded to the Department of Health at intervals which corresponds to the completion of a book of assignment forms or once per month.

Cheques and Statements for Assignment Claims

71. Assignment of benefit claims are paid by cheque sent by post to the doctor. Cheques and statements in respect of assignment of benefit claims are forwarded in the same envelope. A statement is prepared in respect of each assignment claim to enable the doctor to reconcile the payments made with the amounts claimed. The statement identifies the medical services and shows the amount paid in respect of each service. Where necessary, the statement includes an explanation for any adjustment to the amount claimed.

72. When, for some reason, it is not possible to make an immediate payment of benefit for one or more services included in the claim, this will not delay payment of benefits for other services which are claimed. Any benefits payable for services omitted in these circumstances will automatically be included in future payments.

Bulk-Billing Stationery Supplies

73. Doctors who wish to bulk-bill will be supplied with the necessary stationery by the Department of Health. The address of the local Processing Centres of the Department of Health who will provide stationery supplies are contained in Section 4A of this Book.

Eligible Pensioner Patients

74. Special arrangements apply in the case of eligible pensioners and their dependants. For this purpose an eligible pensioner is a pensioner who holds a current Pensioner Health Benefits Card or a Health Benefits Card (for Sickness Beneficiaries).

75. Doctors providing medical services in Australia have been invited to enter into an undertaking that they will ask eligible pensioners (who are not covered by private medical insurance) and their dependants whether they wish to assign the medical benefits to the doctor, and that, if the eligible pensioner wishes to so assign the benefits, then the doctor will arrange for the making and acceptance of such an assignment in accordance with the arrangements outlined in paragraphs 62 to 65.

76. Where a doctor has given an undertaking to offer bulk-billing for eligible pensioners, collection of a patient moiety is not permitted.

77. In the case of **any** eligible pensioner patient, however, the Government expects that doctors will not charge any amount in excess of the medical benefits payable even where the pensioner is privately insured for medical benefits.

78. An undertaking given by a doctor under the former arrangements will continue in force and will be binding on the doctor until such time as he revokes the undertaking, which he may do at any time by notifying the Minister in writing.

79. The undertaking does not apply in the case of unreferral specialist or consultant physician services where higher fees and benefits would apply if the pensioner had been referred. The benefits payable in such cases are related to the lower fees applicable. However, if in such a case the consultant physician or specialist is willing to accept the amount of benefit payable in full payment for his services, he may do so by making an assignment arrangement.

80. It should be noted that, even if a doctor has not entered into an undertaking he may nevertheless arrange for eligible pensioner patients who are not covered by private medical insurance to complete Assignment Forms for medical services rendered and he may forward such Assignment Forms to the Department of Health and claim payment of medical benefits in accordance with the procedures in paragraphs 62 to 72.

81. Eligible pensioners who are not covered by hospital insurance will be accommodated and treated without charge in recognised (public) hospitals. The treatment will be provided by doctors employed by the hospital or by private doctors who have entered into a contract arrangement with the hospital. The hospital will be responsible for remunerating the doctors.

82. Where a hospital insured eligible pensioner is treated in hospital as a private patient and treated by the doctor of his/her choice, fees rendered by the attending doctors will attract medical benefits and the fee raised by the hospital will be covered by hospital benefits.

Persons in Special Need

83. Special arrangements also apply in the case of persons in special need. Such persons will be covered by a Health Care Card. To be eligible for this classification, persons must fall into one of the following categories:

- (i) Migrants or refugees in their first 6 months in Australia.
- (ii) Unemployment or special benefit recipients with income, apart from benefit, not exceeding \$40 per week (single) or \$68 per week (married).
- (iii) Low income earners who pass the following test:

Married — joint income of less than \$160 per week, including pension if any, plus \$20 for each child.

Sole parent with one child — income of less than \$160 per week, including pension if any, plus \$20 for each additional child.

Single person — income less than \$96 per week, including pension if any.

NOTE: References to 'income' are to gross income.

84. Persons who consider that they may fall into one of the above categories should be advised to apply for the issue of a Health Care Card at the nearest regional office of the Department of Social Security. Application forms are available from offices of the Commonwealth Department of Social Security, post offices and medical benefit funds.

85. Health Care Card holders will be entitled to the following benefits:—

Medical Cover

- If the doctor gives someone with a Health Care Card a bill, that person should claim for medical benefits from a registered medical benefit fund. The fund will pay medical benefits of 85% of the Schedule fee for each medical service. The most someone with a Card will have to pay is \$5 each service if the doctor charges the Schedule fee.
- If the doctor bulk-bills, he will receive a flat 85% of the Schedule fee in full payment. The doctor is not permitted to recover any additional amount from the patient.

Hospital Cover

- Free accommodation and treatment in a standard ward of a recognized (i.e. public) hospital. Treatment by doctors engaged by the hospital.
- Free outpatient treatment at a recognized (i.e. public) hospital.

SECTION 1
PART B
OUTLINE OF THE MEDICAL BENEFITS SCHEME

1. Under the current health insurance arrangements Commonwealth medical benefits are payable in respect of both insured and uninsured persons. There is no requirement to take out private health insurance, however, those with private insurance will be able to claim both Commonwealth and fund benefits.

Commonwealth Medical Benefit (\$20 Maximum gap)

2. From 1 September 1979, medical benefits are paid by the Commonwealth for the amount (if any) by which the Schedule fee exceeds \$20, i.e., the maximum gap to be met by the patient for any one medical service will be \$20 where the doctor charges the Schedule fee. No Commonwealth medical benefit is payable where the Schedule fee is \$20 or less. However, special arrangements apply in respect of persons covered by Pensioner Health Benefit Cards and non-medically insured persons identified as disadvantaged by medical practitioners (see below).

Basic Fund Benefit (\$10 Maximum gap)

3. As a condition of registration, private health insurance organisations are required to offer a basic medical benefit table which, together with the Commonwealth benefit, will cover at least 75% of the Schedule fee for each medical service with a maximum patient payment of \$10 for any one service where the Schedule fee is charged.

4. A basic or higher medical benefit cover and basic or higher hospital benefit cover (i.e. covering hospital charges for shared or private room accommodation and treatment by the patient's own doctor in a recognised (public) hospital or in a private hospital) may be purchased from one or more registered private health benefit organisations.

Pensioner Health Benefit Card Holders (85%/5\$)

5. Pensioners with Pensioner Health Benefit entitlements and the dependants of such pensioners are eligible to receive medical benefits from the Government at 85% of the Schedule fee for each medical service with a maximum patient payment of \$5 for any one service where the Schedule fee is charged. The benefit is paid as a Commonwealth benefit.

6. Bulk-billing facilities in respect of these persons are available provided the patient does not have private medical insurance.

Disadvantaged Persons (75% flat)

7. Bulk-billing arrangements are also available in respect of persons identified by medical practitioners as disadvantaged (provided the patient does not have private medical insurance).

8. Medical practitioners may bulk-bill the Commonwealth for all services rendered to such persons and receive 75% of the Schedule fee for each service rendered. However, the medical practitioner must accept the 75% benefit as full payment for the service and is not permitted to recover any further amount from such patients.

Eligibility for Medical Benefits

9. All Australian residents are eligible for Commonwealth medical benefits in accordance with the Health Insurance Act. Australian residents include persons whose permanent place of abode is in Australia and visitors to Australia who come for non-recreational purposes and whose stay exceeds six months. Australian residents temporarily absent overseas are also eligible.

10. Visitors to Australia who come for recreational purposes and other visitors

who come for less than six months will need to make their own arrangements to obtain cover for medical expenses.

11. Commonwealth medical benefits are paid on behalf of the Commonwealth by registered medical benefit organisations. To receive this benefit, registration with an organisation is necessary for all except bulk-billed claims.

Contributors to Registered Private Medical Benefit Organisations

12. Persons who are privately insured for medical benefit purposes with a private registered medical benefits organisation will claim benefits from that organisation. Insured and uninsured patients can claim benefits from the medical benefits organisation with which they are registered.

Schedule Fees and Table of Benefits

13. Medical benefits are based on fees determined for each medical service in each State. Fees for the Australian Capital Territory and Northern Territory are the same as for New South Wales and for medical benefit purposes the term New South Wales should be read as including these two territories. The fees to which benefits are related are those applicable in the State where the service was rendered, irrespective of the State of residence of the medical practitioner or the patient. These fees are shown in the Schedule in Section 2 of this Book. The fee is referred to in these notes as the "Schedule fee".

14. The various levels of medical benefit for each medical service (as explained at paragraphs 2 to 8) are set out in detail in the "Ready Reckoner" located at the front of Section 2. Where appropriate, the calculated benefit has been rounded to the nearest higher 5 cents. However, in no circumstances will the benefit payable for any service exceed the amount of the fee actually charged for that service.

Professional Services

15. Professional services which attract medical benefits are medical services rendered by or on behalf of a medical practitioner. Medical services which may be rendered "on behalf of" a medical practitioner include pathology and radiology services where portion of the service is performed by a technologist employed by the medical practitioner.

16. Certain other services, such as manipulations performed by physiotherapists, do not qualify for medical benefit even though they may be done on the advice of a medical practitioner.

17. The notes in this book relate to professional services by or on behalf of medical practitioners. Separate books are issued in relation to the payment of benefits for:—

- certain medical services of a dental nature rendered by approved dental practitioners in an operating theatre of a hospital;
- consultations by participating optometrists.

Aggregate Items

18. The Schedule includes a number of items which apply only in conjunction with another specified service listed in the Schedule. These items provide for the application of a fixed loading or factor to the fee and benefit for the service with which they are rendered. Item 2863 — Superficial radiotherapy of two or more fields — is an example.

19. When these particular procedures are rendered in conjunction, the legislation provides for the procedures to be regarded as one service and for a single patient gap to apply. The Schedule fee for the service will be ascertained in accordance with the particular rules shown in the relevant items. When the appropriate fee has been determined, medical benefits applicable may be ascertained by reference to the "Ready Reckoner" located at the front of Section 2.

20. Examples of the services to which this aggregation principle applies are items 482, 483, 484, 485, 553, 554, 556, 557, 2732, 2782, 2798, 2863, 2867, 2871, 2877, 2881, 2885, 2889, 2893, 2897, 7483, 7803, 7809, 7817, 7823, 7828, 7834, 7839, 7844 and 7847.

Where Medical Benefits are not Payable

21. Commonwealth medical benefits are not payable in respect of a professional service in the following circumstances —

- (i) where the medical expenses for the service are paid or payable to a recognised (public) hospital;
- (ii) where the doctor who rendered the service was acting on behalf of an organisation prescribed for the purposes of Section 17 of the Health Insurance Act;
- (iii) where the service was rendered on the premises of an organisation prescribed for the purposes of Section 17;
- (iv) Where the service was rendered on the premises of an organisation approved for the purposes of a Health Program Grant;
- (v) Where the service was rendered to a hospital patient occupying an approved bed in respect of which a supplementary daily bed payment is payable in accordance with Section 34 of the Health Insurance Act. (Section 34 relates to certain private non-profit hospitals which provide comprehensive care and treatment free of charge to hospital patients in approved beds);
- (vi) where the medical expenses for the service are wholly payable by way of compensation or damages under a State or Commonwealth or Territorial law or under a legal claim. However, where medical expenses are only partly recoverable in such cases, the amount of medical benefit payable will be determined by the Department of Health in respect of Commonwealth medical benefits and by medical benefit organisations in the case of fund benefits;
- (vii) where the service is a medical examination for the purposes of —
 - life insurance,
 - superannuation or provident account scheme, or
 - admission to membership of a friendly society;
- (viii) where the service was rendered in the course of the carrying out of a mass immunisation.

22. Commonwealth medical benefits are not payable for services rendered to a "hospital patient". The Health Insurance Act defines "hospital patient" in relation to an approved hospital as —

"An in-patient in respect of whom the hospital provides comprehensive care, including all necessary medical, nursing and diagnostic services and, if they are available at the hospital, dental and paramedical services, by means of its own staff or by other agreed arrangements."

23. Commonwealth medical benefits are therefore not payable where a recognised hospital provides a hospital in-patient with free standard ward treatment by doctors employed by the hospital on a salaried, sessional or contract basis.

24. Commonwealth medical benefits are not payable for out-patient services provided by a recognised (public) hospital. In those States/Territories where out-patient charges are raised hospital fund benefits are payable.

25. Unless the Minister for Health otherwise directs, Commonwealth medical benefit is not payable in respect of a professional service where —

- (a) the service has been rendered by or on behalf of, or under an arrangement with, the Commonwealth, a State or a local governing body or an authority established by a law of the Commonwealth, a law of a State or a law of an internal Territory;
- (b) the medical expenses were incurred by the employer of the person to whom the service was rendered;

- (c) the person to whom that service was rendered was employed in an industrial undertaking and that service was rendered to him for purposes connected with the operation of that undertaking; or
- (d) the service was a health screening service (see below).

26. The legislation empowers the Minister for Health to make regulations to preclude the payment of Commonwealth medical benefits for professional services rendered in prescribed circumstances. Such regulations, however, may only be made in accordance with a recommendation made by the Medical Benefits Advisory Committee.

Health Screening Service

27. A health screening service is defined as a medical examination or test that is not reasonably required for the treatment of the medical condition of the patient. Services covered by this proscription include — multiphasic health screening (except services by Medichex in Sydney, the Shepherd Foundation in Melbourne and services requested by the National Heart Foundation of Australia as part of their Risk Evaluation Service); programs for testing fitness to undertake physical training courses, sport, vocational activities; examination and diagnostic tests for driving, flying and other licences, entrance to schools and other educational facilities, for travel requirements and for the purposes of legal proceedings.

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

28. Commonwealth medical benefits are not generally payable in respect of professional services rendered by a medical practitioner to his dependants or his partners or their dependants. However, benefits are not necessarily excluded in all such cases. Each individual case has to be examined having regard to the particular circumstances which apply.

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

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

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

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

32. Where a claim is made for medical benefits and it appears to the Minister or his delegate that the service may be subject to a claim for compensation, damages, etc., the Minister or his delegate may direct that a provisional payment of medical benefit may be made in respect of that service. If the claimant subsequently receives compensation payment in respect of the medical expenses, he will be required to refund all or part of the provisional payment made.

33. The matter of provisional payment to contributors to private medical funds of fund benefits in respect of services which may become subject to compensation or damages is a matter for determination by each medical benefits fund having regard to its rules, policies and procedures.

Limiting Rule

34. In no circumstances will the benefit payable for a professional service exceed the fee charged for the service. Furthermore, the total benefits payable for any service from all sources, including any additional benefit payable by a medical benefit fund under gap or supplementary insurance arrangements, shall not exceed the

Schedule fee for that service in the State in which the service was rendered.

Waiting Periods

35. Generally, a waiting period of two months (including obstetric cases) applies for persons who join a registered private medical benefits fund. Such persons are not eligible for fund benefits for medical services rendered during that first two months after joining the fund. Longer waiting periods may be invoked in respect of tables with higher levels of benefits. No waiting period applies in respect of the payment of Commonwealth benefits.

36. Registered medical benefits organisations may waive waiting periods in respect of persons who lose their entitlement to Pensioner Health Benefits.

Diagnostic Services

37. Where a private doctor provides a medical service (including a diagnostic service) to a private patient in a recognised (public) hospital and bills the patient for the service, medical benefits are payable.

38. However, where the medical expenses for a service are paid or payable to a recognised (public) hospital, medical benefits are not payable.

Service of Unusual Length or Complexity

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

40. Any such application for a higher fee under Section 11 of the Health Insurance Act should be made to the Commonwealth Department of Health and should be supported by a statement by the medical practitioner indicating in detail those unusual features which are the basis for the claim for a higher fee. The doctor rendering the service should advise the patient to forward this statement with the claim form and account to the relevant medical benefits organisation. Where the doctor bulk-bills the Department of Health, in respect of eligible pensioners or disadvantaged persons who are uninsured, his statement should be attached to the assignment form.

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

- the time taken;
- the factors causing the undue length of time taken;
- special difficulties or complexities encountered beyond those which would normally be expected in the procedure;
- other significant factors, such as the general condition of the patient, anaesthetic problems and need for resuscitation.

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

43. Subsequent applications to which the principles determined by the Committee can be applied, may be dealt with by the Department in accordance with those principles, without further reference to the Committee.

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

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

Visitors to Australia

46. Commonwealth medical benefits are available only to residents of Australia. Visitors to Australia who come for recreational purposes and other visitors who come for less than six months will need to make their own arrangements to obtain cover for medical expenses.

47. The contribution rates and the conditions under which benefits are available are a matter for arrangement between the visitor and the selected insurer.

Medical Expenses Incurred Overseas

48. Commonwealth medical benefits are generally payable for medical expenses incurred for medical services rendered outside Australia to permanent residents of Australia. In these circumstances a medical service rendered by a person authorised to practise as a medical practitioner under the law of the place where the medical service was rendered will rank for benefit as if that medical service had been rendered in Australia by a medical practitioner.

49. In such cases, the amount of medical benefit payable will be the amount which would be payable if the medical service had been rendered in New South Wales.

Penalties

50. The legislation provides penalties for persons who make false statements either orally or in writing, or issue or present false or misleading documents capable of being used in connection with a claim for benefits.

Billing of the Patient

Itemised Accounts

51. Where the doctor bills the patient for medical services rendered, the patient needs a properly itemised account and receipt to enable him to claim Commonwealth and/or fund medical benefits. Doctors' accounts should therefore show the following details for each service—

- (a) Name of patient;
- (b) Medical Benefits Schedule Item Number;
- (c) Description of service;
- (d) Date of service;
- (e) The fee for each service;
- (f) Where the account contains the name of more than one doctor (e.g. the account is issued by a group practice), the name of the doctor who rendered the service should be clearly identified;
- (g) In the case of pathology services, the name of the doctor requesting those services and the date on which the request was made.

52. Where the account relates to the administration of an anaesthetic or assistance at an operation, the name of the surgeon who performed the operation

and the nature or item number of the operation should also be shown on the account.

53. It will facilitate the payment of medical benefits if doctors in their accounts describe the particular services in the words used in the Medical Benefits Schedule as well as by Schedule Item Number.

54. Payment of medical benefits will also be facilitated if doctors include provider code numbers on their accounts and receipts. Details of provider numbers may be obtained from the local Commonwealth Director of Health.

55. Where a doctor wishes to apportion his total fee between the appropriate medical fee and any balance outstanding in respect of services rendered previously, he should ensure that the balance is described in such a way (e.g. balance of account) that it cannot be mistaken as being a separate medical service. In particular no item number should be shown against the balance.

56. Only one original itemised account should be issued in respect of any one medical service and any duplicates of accounts or receipts should be clearly marked "duplicate" and should be issued only where the original has been lost. Duplicates should not be issued as a routine system for "accounts rendered".

Claiming of Benefits

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

Paid Accounts

58. Firstly, he may pay the account and subsequently present the account, supporting receipt (and referral notice where applicable) and a covering claim form to the registered private medical benefits fund with which he is insured or registered. The fund will assess and pay to the contributor the benefits to which he is entitled (i.e., Commonwealth only, fund only or Commonwealth and fund).

Unpaid Accounts

59. Where the Schedule fee for the service is in excess of \$20 and the patient has not paid the account he may present the unpaid account (and referral notice where applicable) to his fund with a claim form. In such cases the fund will arrange to provide the claimant with a cheque, made payable to the doctor, for the level of medical benefits appropriate to the insurance status of the patient i.e., if the patient is non-medically insured — the appropriate Commonwealth medical benefits and if the patient is insured — the appropriate fund medical benefits in addition to Commonwealth benefits. In instances where no Commonwealth medical benefits are payable i.e., the Schedule fee is \$20 or less, the fund may arrange to provide the claimant with a pay doctor cheque.

60. It will be the patient's responsibility to forward the cheque to the doctor and make arrangements for payment of the balance of the account if any. "Pay doctor cheques" involving Commonwealth medical benefits are not to be sent by private health funds direct to medical practitioners or to patients at a doctor's address (even if requested by the patient to do so). Pay doctor cheques should be forwarded to the contributor's normal address.

61. Special arrangements apply in the case of eligible pensioners and their dependants and of disadvantaged persons who may enter into an agreement or an arrangement to assign the medical benefits to the doctor who performed the service. The Department of Health is responsible for the payment of assigned medical benefits through a bulk-billing facility (see below).

Bulk-Billing on the Department of Health

62. Bulk-billing facilities are available for services provided to persons covered by a Pensioner Health Benefits Card and their dependants and for non-medically insured persons identified by their doctor as being disadvantaged.

63. Under these arrangements a doctor may arrange with the patient for the assignment by the patient of the benefit for a service. The doctor may then claim payment of the benefit for the service directly from the Department of Health.

64. A claim for assignment of benefit comprises one or more Assignment Forms, which describe the services rendered, attached to a Claim for Assigned Medical Benefits Form which identifies the doctor who rendered the services.

65. Assignment Forms are provided by the Department of Health to doctors who wish to claim direct for services to patients eligible for medical benefits from the Department of Health. Different types of Assignment Forms are available to meet the needs of particular doctors or particular types of medical practice e.g. pathologists and radiologists who typically provide a larger number of services for each patient.

Completion and Submission of Claims for Assignment of Benefits

66. When a doctor bulk-bills on the Department of Health, the Assignment Forms take the place of the conventional accounts and receipts. It is important therefore that the Assignment Forms should show in respect of each service to each patient the information which is required in patients' accounts as mentioned in paragraphs 51 and 52. It is also important to note that doctors should only claim for services which they provide. For example an assistance item should not be included as part of the surgeon's or anaesthetist's claim for assigned benefits.

67. Detailed instructions regarding the requirements for completion and submission of assignment claims are included with the Assignment stationery provided by the Department of Health. In addition procedures for completion and submission of assignment claims are included in Section 1D of this book.

68. The Assignment Form should generally be signed by both the patient and the doctor. The doctor's name should also be shown against the statement "I assign to ..."

69. The claim form must be signed and dated by the doctor who rendered the services described on the Assignment Forms attached to the claim form.

70. A claim form together with corresponding Assignment Forms should be forwarded to the Department of Health at intervals which corresponds to the completion of a book of assignment forms or once per month.

Cheques and Statements for Assignment Claims

71. Assignment of benefit claims are paid by cheque sent by post to the doctor. Cheques and statements in respect of assignment of benefit claims are forwarded in the same envelope. A statement is prepared in respect of each assignment claim to enable the doctor to reconcile the payments made with the amounts claimed. The statement identifies the medical services and shows the amount paid in respect of each service. Where necessary, the statement includes an explanation for any adjustment to the amount claimed.

72. When, for some reason, it is not possible to make an immediate payment of benefit for one or more services included in the claim, this will not delay payment of benefits for other services which are claimed. Any benefits payable for services omitted in these circumstances will automatically be included in future payments.

Bulk-Billing Stationery Supplies

73. Doctors who wish to bulk-bill will be supplied with the necessary stationery by the Department of Health. The address of the local Processing Centres of the Department of Health who will provide stationery supplies are contained in Section 4A of this Book.

Eligible Pensioner Patients

74. Special arrangements apply in the case of eligible pensioners and their dependants. For this purpose an eligible pensioner is a pensioner who holds a

current Pensioner Health Benefits Card. Pensioner Health Benefits Cards are renewed annually.

75. Doctors providing medical services in Australia have been invited to enter into an undertaking that they will ask eligible pensioners (who are not covered by private medical insurance) and their dependants whether they wish to assign the medical benefits to the doctor, and that, if the eligible pensioner wishes to so assign the benefits, then the doctor will arrange for the making and acceptance of such an assignment in accordance with the arrangements outlined in paragraphs 62 to 65.

76. Where a doctor has given an undertaking to offer bulk-billing for eligible pensioners, that undertaking only legally applies in the case of eligible pensioners who are not contributors to a medical benefits fund. In these cases, collection of a patient moiety is not permitted.

77. In the case of **any** pensioner patient who holds a Pensioner Health Benefits Card, however, the Government expects that doctors will not charge any amount in excess of the medical benefits payable even where the pensioner is privately insured for medical benefits.

78. An undertaking given by a doctor under the former arrangements will continue in force and will be binding on the doctor until such time as he revokes the undertaking, which he may do at any time by notifying the Minister in writing.

79. The undertaking does not apply in the case of unREFERRED specialist or consultant physician services where higher fees and benefits would apply if the pensioner had been referred. The benefits payable in such cases are related to the lower fees applicable. However, if in such a case the consultant physician or specialist is willing to accept the amount of benefit payable in full payment for his services, he may do so by making an assignment arrangement.

80. It should be noted that, even if a doctor has not entered into an undertaking he may nevertheless arrange for eligible pensioner patients who are not covered by private medical insurance to complete Assignment Forms for medical services rendered and he may forward such Assignment Forms to the Department of Health and claim payment of medical benefits in accordance with the procedures in paragraphs 62 to 72.

81. Eligible pensioners who are not covered by hospital insurance will be accommodated and treated without charge in recognised (public) hospitals. The treatment will be provided by doctors employed by the hospital or by private doctors who have entered into a contract arrangement with the hospital. The hospital will be responsible for remunerating the doctors.

82. Where a privately insured eligible pensioner is treated in hospital as a private patient, fees rendered by the attending doctors will attract medical benefits and the fee raised by the hospital will be covered by hospital benefits.

Disadvantaged persons

83. Special arrangements also apply in the case of persons identified by the doctor as disadvantaged where the doctor agrees to bulk-bill.

84. Under these arrangements, doctors may bulk-bill the Department of Health for non-medically insured patients identified by him as being disadvantaged and he will receive a flat 75% of the Schedule fee in full payment. The doctor is not permitted to recover any additional amount from the patient.

85. Although there are no legislative guidelines for the classification of disadvantaged persons, persons in the following categories could be included:—

- persons on low income, including social security, unemployment, sickness or special beneficiaries;
- newly arrived migrants and some other ethnic group;
- refugees who are financially disadvantaged;
- persons who suffer financial misfortune because of substantial medical expenses caused by prolonged or severe illness.

SECTION 1
PART C
COMPILATION AND INFORMATION ON INTERPRETATION OF MEDICAL
BENEFITS SCHEDULE

COMPILATION OF THE MEDICAL BENEFITS SCHEDULE

86. The professional services have been grouped into Parts 1 to 11 according to the general nature of the services. Within some Parts the services have been further grouped into Divisions according to the particular nature of the services concerned. For example, Part 10 covering operations has been divided into thirteen divisions corresponding generally to the usual classifications of surgical procedures. Certain divisions contain sections under sub-headings, e.g., vascular surgery, operations on the prostate, etc., which allow for suitable grouping of specific services. A Table of Contents appears in the front of Section 2 of this Book.

87. The professional services have been expressed in general terms, even though the name of one or more physicians or surgeons may have become linked, by usage, with a particular procedure. For example, "Bassini's operation" is not listed as such in the Schedule but is covered by "repair of inguinal hernia" in Items 4222/4227.

88. An index to Parts 1 to 6, 9 and 10 of the Schedule appears in Section 3A of this Book while an index to Parts 7, 8, 8A, 9A and 11 of the Schedule appears in Section 3B.

Medical Benefits

89. The amounts of medical benefit have been based on the Schedule fee for each medical service in each State. (The N.S.W. fees apply for services in the Australian Capital Territory and the Northern Territory.) Details of the Schedule fees for each medical service are contained in the Schedule at Section 2 of this Book. The various levels of medical benefits may be ascertained by reference to the "Ready Reckoner" at the front of Section 2.

90. In some cases two levels of fees (special arrangements apply in respect of Pathology services — see paragraph 162, Computerised Axial Tomography — see paragraphs 184 and 185 and Nuclear Medicine — see paragraphs 212 and 213) are shown for the same service with each level being allocated separate item numbers in the Medical Benefits Schedule. The first item (identified by the letter "G") applies to the procedure when rendered by either a general practitioner or by a specialist whose patient has not been referred, and the second (identified by the letter "S") applies in the case where the procedure has been rendered by a recognised specialist in the practice of his specialty where the patient has been referred. It should be noted that a referral is not required in the case of anaesthetic services (Part 3) or radiology services (Part 8 — with the exception of items 2734 and 2736 — See paragraph 226).

91. Higher rates of benefit are also provided for consultations by a recognised consultant physician where the patient has been referred by another medical practitioner.

92. Conditions of referral for medical benefits purposes are set out in paragraphs 223 to 232.

MEDICAL SERVICES NOT LISTED IN THE SCHEDULE

93. Instances may arise where a particular medical service rendered by a medical practitioner is not listed in the Schedule or in the index to the Schedule. Cases of this nature should be referred to the local Commonwealth Director of Health for consideration.

INTERPRETATION OF THE SCHEDULE

Principles of Interpretation

94. Each professional service listed in the Schedule is a complete medical service in itself. However, it may also form part of a more comprehensive service covered by another item, in which case the benefit provided for the latter service covers the former as well. For example, benefit is not payable for a bronchoscopy (Schedule Item 5605) where a foreign body is removed from the bronchus (Schedule Item 5613) since the bronchoscopy is an integral part of the removal operation.

95. Where a service is rendered partly by one medical practitioner and partly by another, only the one amount of benefit is payable. This may be instanced by the case in which a pathology examination is partly completed by one medical practitioner and finalised by another, the only benefit payable being that for the total examination.

96. Where separate services covered by individual items in the Schedule are rendered by different medical practitioners the individual items apply. For example, if antenatal care is provided by one medical practitioner and the confinement and postnatal care are provided by another medical practitioner, the benefits for the first practitioner's services are payable under Item 190 or 192 while benefits for the latter services are payable under Item 194 or 196. However, where a medical practitioner who has provided antenatal care for a patient finds it necessary to call in a specialist during the confinement, benefit is payable under Item 200 as well as under Item 198.

97. There are some services which are not listed in the Schedule because they are regarded as forming part of a normal consultation. Some of these services are identified in the index to this Book, e.g.:—

- Amputation stump, trimming of
- Colostomy, lavage of
- Ear, syringe of
- Hypodermic intramuscular or intravenous injections
- Proctoscopy
- Resuturing of surgical wounds (excluding repair of burst abdomen)
- Trimming of ileostomy.

Consultation and Procedures Rendered at the One Attendance

98. Where there are rendered, during the course of a single attendance, a consultation (under Part 1 of the Medical Benefits Schedule) and another medical service (under any other Part of the Schedule), benefits are payable subject to certain exceptions, for both the consultation and the other service. Examples of items of service in the Medical Benefits Schedule excluded from this rule are:—

- (i) those items the descriptions of which are qualified by the words
 - (a) "Each Attendance . . ." "At an Attendance" or "Attendance at which," e.g., Items 920, *2861, 2863, 2865, 2867, 2869, 2871, 2873, 2875, 2877, 2879, 2881, 2883, 2885, 2887, 2889, 2891, 2893, 2895, 2897, 2926, 2933, 3330, 3332, 3338, 3342, 3346, 5229, 6904, 7601, 7605, 7694, 7697, 7701, 7706, 7774, 7777, 7781, 7785 — * see para. 99 in relation to radiotherapy;
 - (b) "Including all related attendances" e.g., Item 198; and
 - (c) "Including associated consultation" e.g., Items 886, 887, 888, 889, 3006, 3012, 3016, 3022, 3027, 3033, 4629, 5264, 6313, 6835;
- (ii) those items in Part 2 of the Schedule which cover or include a component for antenatal or postnatal care, e.g., Items 192, 194, 196, 200, 207, 208, 209, 211, 213, 216, 217, 234, 241;
- (iii) those items in the Schedule which provide separate benefit for special services for the treatment of obstetrical complications, e.g., Items 242, 246, 273;

(iv) those items in the Schedule where the attendance is an integral part of the service, e.g., Items 818, 821, 824; and

(v) all items in Parts 3, 5 and 9 of the Schedule.

99. Where a service excluded from this rule is performed in conjunction with a consultation, benefit is payable for either the consultation or the service but not for both. However, in the case of radiotherapy treatment, benefits are payable for both the radiotherapy and an initial referred consultation.

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

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

PART 1 — PROFESSIONAL ATTENDANCES

102. The physical attendance of the medical practitioner upon the patient is necessary before a "consultation" may be regarded as a professional attendance. Telephone or wireless consultations, letters of advice by medical practitioners, counselling of relatives (Note — Items 890 and 893 are not counselling services) or the issue of repeat prescriptions when the patient is not in attendance do not therefore qualify for benefit. Post mortem examinations or the issue of death or cremation certificates do not qualify for benefit.

103. An IN HOURS consultation or visit is a reference to an attendance between 8 a.m. and 8 p.m. on a week day not being a public holiday, or between 8 a.m. and 1 p.m. on a Saturday.

104. 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.

105. To facilitate the payment of claims, medical practitioners are requested to indicate on the patient's account the time at which the service was rendered whenever an "after hours" general practitioner attendance is itemised.

106. The definitions of "standard", "long" and "prolonged" consultations in the Health Insurance legislation differ from those which the Australian Medical Association has included in its List. Medical practitioners are requested to ensure that when itemising a "standard", "long" or "prolonged" service on a patient's account the service is identified by reference to the appropriate Medical Benefits Schedule item number.

Multiple Attendances

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

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

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

110. 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 installation of mydriatic drops and then an hour or so later eye refraction is undertaken. These sessions are regarded as being one attendance for benefit purposes. A further example is in the case of skin sensitivity testing.

Prolonged Attendance in Treatment of a Critical Condition

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

- (i) the patient must be in imminent danger of death;
- (ii) the patient must be receiving treatment of a life-saving nature;
- (iii) the constant presence of the medical practitioner must be necessary for the treatment to be maintained;
- (iv) the attention rendered in that period must be to the exclusion of any other patient.

Acupuncture

112. Benefits for acupuncture are payable on an attendance basis. The attendance includes the accompanying consultation and the performance of the acupuncture. Where the benefit is related to a time-tiered structure, only that time where the practitioner is actively engaged in the procedure is counted. Time occupied by electropulsation of the needles in the absence of the practitioner should not enter into the estimation of the duration of the attendance.

PART 2 — OBSTETRICS**General**

113. Where the medical practitioner undertakes the antenatal care, confinement and postnatal care, Items 200/207, 208/209, 211/213 or 216/217 are appropriate. Items 190, 192 or 194/196 apply only where the medical practitioner has not provided all three services.

Antenatal Care

114. The following services where rendered during the antenatal period also attract benefits:—

- (a) Items 242, 246 (when the treatment is given in a hospital or nursing home), 250/258, 267, 273 (but not normally before the 24th week of pregnancy), 278, 284, 295, 298 and 354.
- (b) Medical services covered by Parts 3-10 of the Schedule.
- (c) The initial consultation at which pregnancy is diagnosed.
- (d) The first referred consultation by a specialist obstetrician when called in to advise on the pregnancy.
- (e) Treatment of an intercurrent condition not directly related to the pregnancy.

Confinement

115. Benefits for the confinement for which there is a component in Items 194/196, 200/207, 211/213 and 216/217 also cover a low forceps delivery, episiotomy or repair of first or second degree tear when these services are necessary.

116. Mid-cavity forceps or vacuum extraction, breech delivery or management of multiple deliveries attract benefits under Items 208/209.

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

118. Where, during the course of a confinement, a general practitioner hands the patient over to a specialist obstetrician, benefits are payable for the appropriate confinement item in addition to Item 198 (i.e., confinement as an independent procedure by a specialist). If, at the time of the confinement but before the general practitioner has undertaken the actual confinement, the specialist is called in for the full management of the confinement, benefits for the general practitioner's services

should be assessed under Items 190 or 192 for the antenatal attendances and on a consultation basis for the postnatal attendances.

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

Postnatal Care —

Schedule Items 194/196, 200/207, 208/209, 211/213, 216/217, 234/241

120. The Schedule fees and benefits payable for those items in Part 2 (Obstetrics) of the Schedule which include the words, "confinement and postnatal care for nine days", cover all attendances on the mother and the baby during that period, except in the following circumstances:—

- (i) where the medical services rendered are outside those covered by a consultation, e.g., repair of third degree tear, blood transfusion, etc.;
- (ii) where the condition of the mother and/or baby during the nine day postnatal period is such as to require the services of a consultant (e.g., paediatrician, specialist gynaecologist, etc.); and
- (iii) where it is necessary during the postnatal period to treat a condition not directly related to the pregnancy or the confinement or the neonatal condition of the baby.

Other Services

121. Item 242 relates to the treatment of habitual miscarriage by injection of hormones. A case becomes one of habitual miscarriage following two consecutive spontaneous miscarriages or where progesterone deficiency has been proved by hormonal assay of cells obtained from a smear of the lateral vaginal wall.

PART 3 — ADMINISTRATION OF ANAESTHETICS

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

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

124. The Schedule fees for the administration of an anaesthetic in connection with a procedure (when performed by a specialist anaesthetist or by a medical practitioner other than a specialist anaesthetist) have been derived by applying unit values to the number of anaesthetic units assigned to the procedure. Part 3 of the Schedule lists the derived fees and the benefits. The appropriate anaesthetic units and item numbers are also shown below each procedure likely to be performed under anaesthesia.

125. An anaesthetic (other than a dental anaesthetic listed in Division 3 of Part 3) must be administered in connection with another professional service listed in the Schedule (or a prescribed medical service rendered by an approved dentist or dental practitioner) if it is to attract benefit.

126. Except in special circumstances, benefit is not payable for the administration of an anaesthetic listed in Division 1 or 2 of Part 3 of the Schedule 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.

127. Fees and benefits established for anaesthetic services cover all essential components in the administration of the anaesthetic. Separate benefit may be attracted, however, for complementary services such as central venous pressure and direct arterial pressure reading, estimations of respiratory function by complicated techniques (but not simple techniques covered by Item 921) or intravenous infusion. It should be noted that extra benefit is not payable for electrocardiographic monitoring, provision for which has been made in the value determined for the anaesthetic units.

128. The amount of benefit specified for the administration of an anaesthetic is the benefit payable for that service irrespective of whether one or more than one medical practitioner administers it. However, benefit is provided under Part 5 for the services of one assistant anaesthetist (who must not be either the surgeon or assistant surgeon) where the anaesthetic administered by the anaesthetist has an anaesthetic unit value of not less than 21 units.

129. Before benefit will be paid for the administration of an anaesthetic, or for the services of an assistant anaesthetist, the item number, the nature of the operation and the name of the medical practitioner who performed the operation must be shown on the anaesthetist's account.

130. Where a regional nerve block or field block is administered by a medical practitioner other than the practitioner carrying out the operation, the block is assessed as an anaesthetic item according to the advice in paragraph 123. When a block is carried out in cases not associated with a surgical procedure, such as for intractable pain or during labour, the service falls under Part 4.

131. When a regional nerve block or field block covered by an item in Part 4 of the Schedule is administered by a medical practitioner in the course of a surgical procedure undertaken by him, then such a block will attract benefit under the appropriate item in Part 4.

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

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

- (i) If, as a result of the consultation, anaesthesia and surgery are proceeded with in the ordinary way, then Item 85 applies;
- (ii) If, as a result of the consultation, surgery is contra-indicated or is postponed for some days or weeks and if the anaesthetist supervises any necessary treatment during the postponement period, such attendances attract benefit either under Item 88, 94, 100 or 103. In such a case, to qualify for the specialist rate of benefit, the patient must present a Notice of Referral by the referring doctor.

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

135. Where a general anaesthetic is administered in connection with a confinement, benefit is attracted for the anaesthetic on the basis of 7 anaesthetic units (Item 408 or 514) provided the anaesthetic is administered by a medical practitioner other than the medical practitioner undertaking the confinement.

136. The administration of epidural anaesthesia during labour is covered by Items 748 or 752 in Part 4 of the Schedule whether administered by the medical practitioner undertaking the confinement or by another medical practitioner.

137. As a general rule, where an anaesthetic is administered in connection with a medical service which attracts benefits on a consultation basis, benefit for the

administration of the anaesthetic, provided it is administered by a medical practitioner other than the medical practitioner rendering the professional service, is to be determined on the basis of 4 anaesthetic units (Item 405 or 509).

Multiple Anaesthetic Rule

138. 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 Division 3 of Part 3 (dental anaesthetics) with items in Divisions 1 and 2.

139. Where fees have been derived by using this formula, calculation of the relevant benefit may be assisted by reference to the Ready Reckoner located at the front of Section 2. The rounding rule set out in Note (a) above applies.

ANAESTHETIC SERVICES OF UNUSUAL LENGTH

140. The Medical Benefits Advisory Committee has formulated principles for the determination of increased Schedule fees in respect of individual anaesthetic services (not multiple anaesthetic services) which are of unusual length.

141. These principles are based solely on the unusual length of time involved in the administration of the anaesthetic, rather than considerations of unusual complexity and applications will, as a general rule, be finalised by registered medical benefit organisations. However, applications relating to anaesthetic services involving unusual complexity or multiple anaesthetic services should be forwarded, in the usual manner, to the Department of Health for consideration by the Medical Benefits Advisory Committee.

142. Details of the principles formulated by the Committee and which also apply to dental anaesthetics are:—

- (i) if the time involved in the administration of the anaesthetic in the particular case does not exceed the usual time allowed in the M.B. Schedule item for the service (see Explanatory Note (a)) by more than 2 time units (i.e. 30 minutes) the claim should be disallowed;
- (ii) if the claim satisfies the requirements of (i), the benefit may be determined by dividing the total time involved (see Explanatory Note (b)) into units of 15 minutes and, to the total of these units, adding 4 additional units. Benefit may then be determined by reference to the Schedule item corresponding to the equivalent number of anaesthetic units (see Explanatory Note (c)).

Explanatory Notes

- (a) The usual time allowed in the Schedule item may be determined by deducting 4 anaesthetic units from the total provided under the Item, and multiplying the resultant number of units by 15 to arrive at the time expressed in minutes.
- (b) "Total time involved" is defined as the time in which the anaesthetist is in continuous attendance on the patient and incorporates the supervised period of recovery.
- (c) Where the total anaesthetic units derived from the application of the statement

of principles produces an anaesthetic unit value which is not currently covered by an item in the Schedule, the procedure to be followed is to take the Schedule item covering the number of anaesthetic units nearest to but **below**, the anaesthetic unit value derived and then to add the Schedule item covering the number of anaesthetic units necessary to make up the balance. For example, the fee for an anaesthetic unit value of 35 units (N.S.W. specialist rate) would be calculated as follows:—

Item 546 (32 units) —	\$200.00
Item 506 (3 units) —	\$ 18.60
	\$218.60 (Total fee)

143. Where fees have been derived by using this formula, calculation of the relevant benefit may be assisted by reference to the Ready Reckoner located at the front of Section 2. The rounding rule set out in Note (a) of paragraph 138 applies.

144. In respect of dental anaesthetics it should be noted that the increased benefits for prolonged dental anaesthetics are calculated in the same manner as for other prolonged anaesthetics. The increased benefits should be paid under the appropriate general anaesthetic items and not under the dental anaesthetic items.

Appeals

145. Appeals against assessments made in accordance with the above principles should be referred through the Department of Health for consideration by the Medical Benefits Advisory Committee.

PART 6 — MISCELLANEOUS PROCEDURES

Venepuncture (Item 955)

146. Medical benefits are available for the collection of a blood specimen by venepuncture for sending away for pathology investigation. Conditions of eligibility for benefits are set out hereunder.

147. Medical benefits are payable once only under this item irrespective of the number of blood samples collected during any one attendance and provided that:—

- the collection is done for forwarding to an approved pathology practitioner outside the requesting practitioner's partnership or group practice; and
- the collection is not associated with the performance of pathology test(s) on any blood collected for the same patient episode by any member including an approved pathology practitioner within the requesting practitioner's partnership or group practice.

148. Medical benefits will NOT be payable for this item in the following circumstances:—

- when the service is rendered in conjunction with any of the items in Division 9 of Part 7 nor with procedural services in Division 2 (Procedural Services) of Part 7 of the Schedule;
- When the service is in respect of in-patients or out-patients of private or recognised hospitals;
- when the collection is done on private or recognised hospital premises (excepting rooms privately rented from the hospital which are defined as not being hospital premises);
- when the collection is done by Governmental or non-profit instrumentalities or institutions (including university departments).

Multiphasic Health Screening (Item 994)

149. This item covers multiphasic screening services rendered only by the Medichcek Referral Centre in Sydney and the Shepherd Foundation in Melbourne. Claims for medical benefits in respect of screening services rendered by other than the above two organisations will be rejected.

PART 7 — PATHOLOGY SERVICES

150. Pathology items listed in Divisions 1 to 8 of Part 7 apply only where the pathology services are rendered by approved pathology practitioners. The pathology items in Division 9 of Part 7 apply where the services are performed by medical practitioners who are not approved pathology practitioners.

Recognised Specialist Pathologists

151. Recognised specialist pathologists (see paragraph 152) must become approved pathology practitioners for services in Divisions 1-8 performed and billed in their own right to be eligible for medical benefits.

152. A recognised specialist in pathology means a medical practitioner recognised for the purposes of the Health Insurance Act as a specialist in pathology (see paragraphs 217 to 222). The principal speciality of pathology includes a number of sectional specialities. Accordingly, a medical practitioner who is recognised as a specialist in a sectional speciality of pathology is recognised as a specialist pathologist for this purpose.

Approved Pathology Practitioner Scheme

153. For pathology services in Divisions 1 to 8 of Part 7 of the Schedule, medical benefits are not payable unless these services are performed by an approved pathology practitioner. Medical practitioners, or persons employing medical practitioners, seeking to become approved pathology practitioners will be required to:

- (i) Complete an undertaking to comply with a Code of Conduct (see paragraph 157) and the other conditions specified in the undertaking.
- (ii) Pay a fee, currently \$10.

154. Where a medical practitioner, or a person employing a medical practitioner, completes an undertaking and pays the prescribed fee, the Minister may approve the practitioner, or the person employing a medical practitioner, as an approved pathology practitioner. The application fee is not refundable if the undertaking is not approved.

155. Forms of undertaking are available from the office of the Commonwealth Director of Health in each State capital city. Enquiries about the Scheme should be directed to the office of the local Commonwealth Director of Health.

156. The following are eligible to be applicants to give an undertaking:

- (i) A medical practitioner (note that recognised specialists in pathology must become approved pathology practitioners in their own right for their patients to be able to obtain medical benefits).
- (ii) A person employing a medical practitioner to perform pathology services.
- (iii) A State, or an authority established under a State or Territory law, which is so specified by the Commonwealth Minister for Health for this purpose.

157. In summary, the common form of undertaking requires that —

- (a) there is no sharing of fees or benefits between practitioners ordering tests and an approved practitioner rendering pathology services;
- (b) no approved practitioner provides free services, payments or other considerations as incentives to a practitioner ordering tests;
- (c) the approved practitioner rendering the service should bill the patient direct; he should not bill the practitioner requesting the service;
- (d) the approved practitioner does not enter into any arrangement whereby multiple services rules built into the structure of the Schedule are knowingly avoided; or
- (e) the approved practitioner will not render or request excessive services.

158. An approved pathology practitioner would not be in breach of an undertaking by way of the ordinary partnership/group practice arrangements regarding costs and income, where the pathology services are necessary for the adequate medical care of patients. That is, bona fide arrangements where pathology services are necessary in the terms of the Health Insurance Act would not be regarded as breaches of undertakings.

159. The critical issue, whether partnership or group practice arrangements are involved or not, is whether the requesting or rendering of pathology services eligible for medical benefits is influenced by considerations other than the need for the services for the adequate medical care of the patients concerned.

Pathology Services must be necessary

160. The Health Insurance Act stipulates that medical benefits are not payable in respect of a pathology service unless a practitioner has determined that the service is reasonably necessary for the adequate medical care of the patient concerned, whether he performs the service or requests another practitioner to perform the pathology tests.

161. Matters which may be referred to a Medical Services Committee of Inquiry for consideration include questions of initiation of unnecessary pathology services by referring practitioners, and breaching of undertakings by approved pathology practitioners as well as the rendering of excessive services.

Conditions relating to medical benefits

162. For the purposes of calculating medical benefits for an item listed in Part 7 which is requested or determined to be necessary on or after 1 August 1977, the following rules apply:

- (1) Divisions 1-8 are applicable only where the service is performed by an approved pathology practitioner.
- (2) Division 9 is applicable only where the service is performed by a medical practitioner who is not an approved pathology practitioner. Benefit is payable in respect of a pathology item in Division 9 only where the service is determined as being necessary by the medical practitioner rendering the service, or is rendered in response to a request by a member of a group of practitioners to which that practitioner belongs (providing the member making the request was not himself an approved pathology practitioner).
- (3) The "SP" Schedule fee in Divisions 1-8 applies only where:
 - (a) the service was performed by an approved pathology practitioner, who was a recognised specialist pathologist, or by a recognised specialist pathologist employed by an approved pathology practitioner;
 - (b) the approved pathology practitioner has a request in writing (which conforms to the requirements of the regulations under the Health Insurance Act — see paragraphs 168 to 170) from another medical practitioner or a dental practitioner;
 - (c) the person in respect of whom the service was rendered, was not at the time of the request a private in-patient or in receipt of an out-patient service at a recognised hospital; and
 - (d) recognised hospital or Government (including university and Government authority) laboratory facilities and/or staff were not used in the performance of the pathology service.
- (4) The "HP" Schedule fee applies to specified items in Divisions 1-8 where pathology services are rendered to private in-patients of recognised hospitals where recognised hospital or Government laboratory equipment and/or staff is used. (See paragraph 167 for details of prescribed laboratories.)
- (5) The "OP" Schedule fee in Divisions 1-8 applies in other circumstances, namely —
 - (a) the service was performed by an approved pathology practitioner who

is not a recognised specialist pathologist, and he does not employ a recognised specialist pathologist; or

- (b) the service was performed by an approved pathology practitioner who is, or employs a recognised specialist in pathology but all the conditions of rule 3 above were not met.
- (6) Benefit is not payable in respect of a pathology item in Divisions 1-8 unless the approved pathology practitioner —
- (a) has a request in writing from a medical or dental practitioner for the services requested and records on his account, receipt or bulk-billing assignment form the following additional details —
- (i) the name and address* of the requesting practitioner (the practitioner's surname and initials will be satisfactory unless there is more than one practitioner with the same surname and initials at the same address);
- (ii) the date on which the request was made; and
- (iii) where the approved pathology practitioner is not a medical practitioner, but employs a medical practitioner, the surname, initials and provider number of the medical practitioner* rendering the service.

(* It would assist if provider numbers are shown — provider numbers may be obtained by enquiry to the Office of the Commonwealth Department of Health in the nearest State capital city. The requesting doctor's provider number is acceptable in lieu of address.)

or —

- (b) determined that the service was necessary if he is a medical practitioner, or the need was determined by a medical practitioner who is an employee and records the date the service was determined as being necessary on his account, receipt or bulk-billing assignment form. In practice this requirement would be met by a notation "Determined necessary 25 August" or words or abbreviations to that effect.
- (7) Benefit is not payable in respect of a pathology item in Division 9 unless the medical practitioner who renders the service includes on his account, receipt or bulk-billing assignment form in addition to the normal particulars of the patient, the services performed and the fee charged —
- (a) the date on which he determined the service was necessary; or
- (b) (i) the date on which he was requested to render the service by a partner or another member of a group of practitioners, to which he belongs; and
- (ii) the surname and initials of that medical practitioner (provided that request is not made by a person who is an approved pathology practitioner).

163. An approved pathology practitioner who has been requested to perform one or more pathology services may deem it necessary in the interest of the patient to carry out additional tests to those requested. This situation may be handled in two ways:

- (a) The approved pathology practitioner may arrange with the referring practitioner to forward an amended or a second request. His account will then be issued in the ordinary way and the additional services will attract full benefits at the "SP" rate where the approved pathology practitioner is a recognised specialist.
- (b) He may determine that the services were necessary. In this case his account or receipt for the requested services will observe the requirements of paragraph 162 (6) (a). His account or receipt for the additional services will indicate that he determined the services were necessary and the date the

determination was made (paragraph 162 (6) (b)). These services attract benefit at the "OP" rate.

164. For those items where the fee and benefit are related to the number of services performed in relation to the one patient episode, a patient episode is defined as covering:

- (a) services requested by a medical or dental practitioner on the one calendar day although they may be rendered by another approved pathology practitioner on one day or over a number of days; or
- (b) the need for the items is determined on the one calendar day and rendered by the medical practitioner himself on that day or over a number of days.

165. Exemption may be sought to the inbuilt multiple services rule under Section 4B(3) of the Health Insurance Act in the case of seriously ill patients whose condition requires a series of pathology investigations at various times throughout the day, provided that these services constitute distinct and separate collections and performances, involving substantial additional expense for the approved pathology practitioner. An exemption may be sought by the initiating practitioner endorsing the request with the notation "S4B3" and the approved pathology practitioner performing the pathology tests endorsing his account similarly and by indicating the times the services were performed. Alternatively, an exemption may be sought by the approved pathology practitioner approaching the office of the local Commonwealth Director of Health. If exemption is granted, the approved pathology practitioner will have to endorse his accounts that the exemption was approved by ... on ... Approval is not automatic. The practitioner may be asked to verify that the patient was seriously ill, that the special tests were necessary, that substantial additional expenses were incurred, and that they were requested. Exemptions would not normally apply in the instance of tests provided in a recognised (public) hospital nor in respect of tests listed under procedural services (Items 1504-1517). A typical case for exemption would be where a pathology practitioner is required to make special visits at intervals to a hospital to collect specimens from a critically ill person.

166. Exemption may also be made to the requirement that tests requested to be performed at intervals over a period of days or weeks should be supported by separate individual request forms each time they are rendered. An example is regular prothrombin time estimations. The initial request should be endorsed with the notation "S16A1" and the period for which the request is intended to apply should be stated. The approved pathology practitioner's account should show the original date of the request and the endorsement "S16A2" against the relevant items.

167. The following laboratories have been prescribed for the purposes of payment of medical benefits as outlined in paragraphs 162(3) (d) and (4):

- (a) Laboratories operated by the Commonwealth (these include Commonwealth health laboratories operated by the Department of Health as well as the laboratories operated by other Departments e.g. the Departments of Defence and Veterans' Affairs conduct laboratories from which pathology services are provided).
- (b) Laboratories operated by a State Government or authority of a State. (Laboratories operated or associated with recognised hospitals are also included.)
- (c) Laboratories operated by Capital Territory Health Commission.
- (d) Laboratories operated by the following universities —
 - University of N.S.W.
 - University of Sydney
 - University of New England
 - Monash University
 - University of Melbourne
 - University of Queensland
 - University of Adelaide
 - University of Western Australia

Requests in writing

168. Approved pathology practitioners must hold a request in writing for all services requested by any other practitioner before billing patients. This includes requests from partners and other members of a group practice. Requests in writing are not required for self-determined tests or for items listed in Division 9 of Part 7. The request in writing must show:

1. In the requesting practitioner's own handwriting —
 "The individual pathology services, or recognised groups of pathology tests of particular organ or physiological function to be rendered" (see Section 3C for list of acceptable terms and abbreviations);
2. the requesting practitioner's signature;
3. the name and address of the requesting practitioner (the practitioner's surname and initials will be satisfactory unless there is more than one practitioner with the same surname and initials at the same address; it is acceptable that the doctor's provider number be shown in lieu of address — the provider number may be obtained by enquiry to the Office of the Commonwealth Department of Health in the nearest State capital city);
4. the name and address of the patient;
5. the date the pathology services were determined to be necessary;
6. that the patient was a private in-patient or out-patient of a recognised hospital where this is the case at the time of the request; and
7. the name and address of the approved pathology practitioner requested to perform the pathology services.

169. There is no official "request in writing" form, and the doctor's own stationery, or pre-printed forms supplied by approved pathology practitioners are acceptable (provided there are no check lists or "tick-a-box" lists of individual or groups of pathology services on the forms). Oral requests must be confirmed by a request in writing (conforming with paragraph 168 above) before an account is issued. A request in writing is required within a partnership or group practice for services in Divisions 1-8 — see also paragraph 171 below for referrals as between approved pathology practitioners.

170. Approved pathology practitioners must retain requests in writing for a period of 18 months and must produce any requests specified if so required by a notice in writing by the Minister.

171. Where an approved pathology practitioner refers some or all services requested to another approved pathology practitioner the following applies —

- (a) where all the services are referred, he forwards the initial request to the second approved pathology practitioner who bills the patient;
- (b) where some of the services are referred, he should issue his own request in writing, which should show in addition to the particulars listed in paragraph 168 above —
 - (i) name and address of the original requesting practitioner;
 - (ii) date of initial request;
- (c) the patient is billed by each approved pathology practitioner for the services he performs.

HAEMATOLOGY

Blood Grouping (Items 1080/1081 and 1089/1090)

172. Repeat blood grouping may be performed each time cross-matching of fresh units of blood for transfusion is carried out. This is an internal quality control measure and should not attract benefits on each occasion. Benefits are payable for blood grouping once only during any period of hospitalisation.

Compatibility Testing (Items 1111-1117)

173. If further blood is requested after the initial compatibility testing and a separate attendance is involved, benefits are again attracted under Items 1111-1113 for one or two units of blood.

Blood Culture (Items 1633/1634)

174. The usual practice is to take one set of cultures every 2-3 hours for a total of 3-4 sets. One set consists of aerobic or anaerobic or both media. Benefits under the items are attracted for each set to a maximum of three sets.

PART 8 — RADIOLOGY

175. A "Notice of Referral" is not required in the case of services contained in Part 8 of the Schedule (except in relation to items 2734 and 2736) to which higher fees apply when rendered by specialist radiologists.

Radiography of the Breast (Items 2734 and 2736)

176. The descriptions of these items were recommended by the Medical Benefits Advisory Committee. The Committee's recommendation was based on the generally accepted view that mammography should not be used as a primary screening procedure in apparently well people and that it should only be performed by specialist radiologists on patients referred specifically for the examination.

177. To facilitate these requirements the Regulations to the Health Insurance Act require the referring medical practitioner to complete a Notice of Referral (to be personally signed by the medical practitioner) indicating that the patient has been referred for mammography in accordance with the requirements outlined in the descriptions of the items.

PART 8A — RADIOTHERAPY

178. The level of benefits for radiotherapy depends not only on the number of fields irradiated but also on the frequency of irradiation. In the items related to additional fields, it is to be noted that treatment by rotational therapy is considered to be equivalent to the irradiation of three fields (i.e., irradiation of one field plus two additional fields). For example, each attendance for orthovoltage rotational therapy, at the rate of 3 or more treatments per week would attract benefit under Item 2875 plus twice Item 2877.

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

PART 9 — ASSISTANCE AT OPERATIONS

180. For an operation (or combination of operations) for which the Schedule fee does not exceed \$173.00 benefits for assistance have been based on a fee of \$34.50. Where the Schedule fee for the operation (or combination of operations) exceeds \$173.00 an assistance fee of one-fifth of the Schedule fee has been determined for benefit purposes.

181. 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.

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

PART 9A — COMPUTERISED AXIAL TOMOGRAPHY

183. It will be noted that there are two levels of fees in respect of computerised axial tomography, i.e. "HR" and "OR".

184. The "HR" Schedule fee applies to specified items in Part 9A where the service is rendered using any computerised axial tomography equipment of a recognised hospital or a radiology unit included in a prescribed class of radiology units.

185. The "OR" Schedule fee applies to specified items in Part 9A in other circumstances, i.e. where the service is rendered without using any computerised axial tomography equipment of a recognised hospital or a radiology unit included in a prescribed class of radiology units.

186. Each of the following classes of radiology units is a prescribed class of radiology units:

- (a) radiology units operated by the Commonwealth;
- (b) radiology units operated by a State or an authority of a State;
- (c) radiology units operated by the Northern Territory of Australia;
- (d) radiology units operated by the Australian Capital Territory Health Commission; and
- (e) radiology units operated by an Australian University.

PART 10 — OPERATIONS

Separate Unrelated Procedure

187. The phrase "separate unrelated procedure" is intended to preclude payment of benefits when —

- (i) a procedure so qualified is associated with another procedure through the same incision, e.g., removal of a calculus (Item 5968) in the course of an open operation on the bladder for another purpose;
- (ii) such procedure is combined with another in the same body area, e.g., Item 5520 with another operation on the larynx or trachea;
- (iii) the procedure is an integral part of the performance of another procedure, e.g., Items 3120/3124 in conjunction with Item 3041.

188. The biopsy of an abdominal lymph gland, Items 3135/3142 would not attract benefits in association with an intra-abdominal operation.

189. Biopsy of an inguinal gland in conjunction with a laparotomy, however, would attract separate benefits.

Not Associated with any Other Item in this Part

190. The phrase "not associated with any other item in this Part" means that benefit is not attracted for that item when the service is performed on the same occasion as any other service in Part 10.

Not Covered by a Specific Item in this Part

191. The phrase "not covered by a specific item in this Part" means that this item may be itemised if there is no specific item relating to the service performed in the Schedule, e.g., Items 3789/3745. Benefits may be attracted for an item with this qualification as well as benefits for another service during the course of the same operation.

Multiple Operation Formula

192. The fees for two or more operations, other than amputations, performed on a patient on the one occasion (except as provided in paragraph 194) are calculated by the following rule:—

100 per cent for the item with the greatest Schedule fee, plus 50 per cent for the item with the next greatest Schedule fee, plus 25 per cent for each other item.

Note: (a) Fees so calculated which result in a sum which is not a multiple of 5 cents are to be taken to the next higher multiple of 5 cents.

(b) Where two or more operations performed on the one occasion have

Schedule fees which are equal, one of these amounts shall be treated as being greater than the other or others of those amounts.

193. Where fees have been derived by using this formula, calculation of the relevant benefit may be assisted by reference to the Ready Reckoner located at the front of Section 2. The rounding rule set out in Note (a) above applies.

194. 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 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.

195. Where two medical practitioners operate independently and either performs more than one operation, the method of assessment outlined in paragraph 192 would apply in respect of the services performed by each medical practitioner. For these purposes the term "operation" includes all items in Part 10 (other than Division 2 of that Part) and Items 234 and 241 in Part 2 covering Caesarean section.

196. 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.

After-care

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

198. 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.

199. 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 normal post-operative attendances up to the healing of the wound or normal union of a fracture plus the final check or examination, regardless of whether the attendances are at the hospital, rooms, or the patient's home.

200. Attendances which form part of normal after-care, whether at hospitals, rooms, or at the patient's home, should not be shown on the doctor's account. Only those attendances which do not form part of normal after-care, i.e., those services attracting separate medical benefits, should be itemised. When additional services are itemised, the doctor should show against those services on the account the words "not normal after-care".

201. Subject to the approval of the local Commonwealth Director of Health, benefits may be paid for professional services for the treatment of an intercurrent condition or an unusual complication arising from the operation.

202. Some minor operations are merely stages in the treatment of a particular condition. Attendances subsequent to such operations should not be regarded as after-care but rather as a continuation of the treatment of the original condition and attract benefits. Items to which this policy applies are Items 3371, 3379/3384, 4578/4585, 4633, 5162, 5196, 6802, 6816, 6818, 6824, 6940, 6942, 6953 and 7864.

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

Item No.	Treatment of fracture of	After-care Period
7505	Terminal phalanx of finger or thumb	6 weeks
7508/7512	Proximal phalanx of finger or thumb	6 "

Item No.	Treatment of fracture of	After-care Period
7516	Middle phalanx of finger	6 weeks
7520/7524	One or more metacarpals not involving base of first carpometacarpal joint	6 "
7527/7530	First metacarpal involving carpometacarpal joint (Bennett's fracture)	8 "
7533	Carpus (excluding navicular)	6 "
7535/7538	Navicular or carpal scaphoid	3 months
7540/7544	Colles' fracture of wrist	3 "
7547	Distal end of radius or ulna, involving wrist	8 weeks
7550/7552	Radius	8 "
7559/7563	Ulna	8 "
7567/7572	Both shafts of forearm or humerus	3 months
7588/7593	Clavicle or sternum	4 weeks
7597	Scapula	6 "
7608/7610	Pelvis (excluding symphysis pubis) or sacrum	4 months
7615/7619	Symphysis pubis	4 "
7624/7627	Femur	6 "
7632/7637	Fibula or tarsus (excepting os calcis or os talus)	8 weeks
7641/7643	Tibia or patella	4 months
7647/7652	Both shafts of leg, ankle (Potts fracture) with or without dislocation, os calcis (calcaneus) or os talus	4 months
7673/7677	Metatarsals — one or more	6 weeks
7681	Phalanx of toe (other than great toe)	6 "
7683	More than one phalanx of toe (other than great toe)	6 "
7687	Distal phalanx of great toe	8 "
7691	Proximal phalanx of great toe	8 "
7709/7712	Nasal bones, requiring reduction	4 "
7715	Nasal bones, requiring reduction and involving osteotomies	4 "
7718/7721	Maxilla — not requiring splinting	6 "
7727	Maxilla — with external fixation, wiring of teeth or internal fixation	3 months
7739/7743	Mandible — not requiring splinting	6 weeks
7749	Mandible — by means of wiring of teeth, internal fixation, or skeletal pinning with external fixation	3 months
7764/7766	Zygoma	6 weeks
7789	Spine (excluding sacrum), transverse process or bone other than vertebral body requiring immobilisation in plaster or traction by skull calipers	3 months
7793	Spine (excluding sacrum), vertebral body, without involvement of cord, requiring immobilisation in plaster or traction by skull calipers	6 "
7798	Spine (excluding sacrum), vertebral body, with involvement of cord	6 "

Laparotomy and other procedures (Item 3722)

204. This item covers several operations on abdominal viscera not dissimilar in time and complexity. Where more than one of the procedures are performed during the one operation, each procedure may be itemised according to the multiple operation formula except for (with reservations) division of peritoneal adhesions.

205. Although the division of peritoneal adhesions carries the restriction "where no

other listed intra-abdominal procedure is performed", benefits on the multiple operation basis will be attracted under Item 3722 when itemised in association with another intra-abdominal operation where:—

- (i) extensive peritoneal adhesions are encountered;
- (ii) the division of the adhesions is not related solely to the course of the principal procedure (e.g. removal of a retro-caecal appendix or a closely adherent gall-bladder would not qualify);
- (iii) the additional time required is in excess of 45 minutes; and
- (iv) the surgeon provides sufficient details on his account to indicate that the requirements of sub-paragraphs (i), (ii) and (iii) have been met.

Local Skin Flap — Definition

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

207. 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.

208. A "Z" plasty is a particular type of transposition flap repair. Although 2 flaps are created, rebate will be paid on the basis of Item 8480 or 8484 once only.

209. Common Items where local skin flap repair is payable include:

3041	3276	7815	8470
3219/3220	3295	7817	8472
3221/3222	3301	7821	8474
3233/3237	3314	7823	8522
3247/3253	3320	8298	8524
3261/3265	3477	8462	8588
3271	6044	8466	

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

210. Items where a local flap repair should not be payable in addition are:

3046-3101	3223-3226	8530	8594-8600
3104	3309-3311	8532	8608
3173-3183	3597	8542	8612
3194-3217	8528	8550	8622-8652

PART 11 — NUCLEAR MEDICINE

211. There is a differential fee structure for items covering nuclear medicine depending on whether or not the service is performed at a computerised installation.

212. The "C" Schedule fee applies only where the service covered by the item is performed in a nuclear medicine installation with computerised processing facilities.

213. The "NC" Schedule fee applies where the service covered by the item is performed in a nuclear medicine installation without computerised processing facilities.

214. It is not required that the computer be actually used in the performance of a

particular scan in order that the service will attract the fee and benefit appropriate for a computerised installation.

215. Many items in Part 11 contain more than one service. If two or more services within the one item are rendered, full benefits are attracted for each service.

216. Benefits for a nuclear scanning service cover the preliminary examination of the patient, estimation of dosage supervision of the administration of the dose and the performance of the scan, and compilation of the final report. Additional benefits will only be attracted for specialist physician or consultant physician attendance under Part 1 of the Schedule where there is a request for a full medical examination accompanied by a Notice of Referral.

RECOGNITION AS A SPECIALIST OR CONSULTANT PHYSICIAN

217. Where a medical practitioner is registered as a specialist or consultant physician under State or Territory law, he is also recognised as such, in the appropriate speciality, for the purposes of the Health Insurance Act.

218. In addition, a medical practitioner who:—

- practises as a specialist or consultant physician in a State or Territory which does not have specialist registration laws; or
- practises as a specialist or consultant physician in a State or Territory which has specialist registration laws but who is not registered under those laws:

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

219. The Minister for Health may request a Specialist Recognition Advisory Committee to advise him whether a medical practitioner should be recognised as a specialist or consultant physician for the purposes of the Health Insurance Act, having regard to his qualifications, his experience and standing in the medical profession and the nature of his practice.

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

221. Where a medical practitioner has been recognised as a specialist or consultant physician for the purposes of the Health Insurance Act, medical benefits are payable at the appropriate higher rate in respect of certain services rendered by him in the practice of the speciality in which he is so recognised, provided (other than in the case of services by specialist anaesthetists or radiologists — see paragraph 231) the patient has been referred in accordance with paragraphs 223 to 231.

222. All enquiries concerning the recognition of specialists and consultant physicians should be directed to the local Commonwealth Director of Health. (The addresses of State Headquarters and Health Benefits and Services Branches of the Department are contained in Section 4A).

REFERRAL OF PATIENTS TO SPECIALISTS OR CONSULTANT PHYSICIANS

223. For the purpose of payment of medical benefits at the higher rate, referrals are required to be made as follows:—

- (a) to a recognised consultant physician — by another medical practitioner.
- (b) to a recognised specialist —
 - (i) by another medical practitioner; or
 - (ii) by a registered dental practitioner, where the referral arises out of a dental service; or
 - (iii) by a registered optometrist or a registered optician, where the specialist is an ophthalmologist.

224. Benefits are only payable at the consultant physician rate if the referral is made by a medical practitioner. Where a dentist refers a patient to a consultant

physician benefits are payable at the specialist referred rate only.

225. The referral system involves the use of special forms known as Notices of Referral.

226. The procedure for use of Notices of Referral when a patient is referred by a doctor to a specialist is as follows:—

- When the doctor refers a patient to a specialist, he will complete one of these Notices and hand it to the patient.
- The patient will produce the Notice when he first consults the specialist.
- The specialist will note on his history card for the patient the serial number shown on the Notice.
- Where the specialist has made arrangements with the patient for the assignment of the benefit for the particular service, the Notice should be retained by the specialist and attached to the appropriate "Claim for Assigned Medical Benefits Form". However, where the specialist prefers to bill the patient, the Notice should be returned to the patient. This would usually be done when the specialist issues his account for the first specialist service. This account should show the name of the referring doctor in the usual manner.
- In cases where the Notice has been returned to the patient it should be produced by him with the account for the first specialist service when a claim is made for medical benefits in respect of that service (see also Part B paragraphs 57 to 61).

227. For medical benefits purposes, a Notice of Referral will be acceptable for subsequent services by a specialist or consultant physician only during the following periods, commencing from the date of the patient's first consultation with the specialist or consultant physician:—

- (a) where the patient was referred for "opinion" or "immediate treatment" — three months, and
- (b) where the patient was referred for "continuing management of present condition" — twelve months.

228. The specialist should quote in his accounts for the initial and subsequent services the name of the referring doctor and the serial number of the original Notice (e.g., "Referred by Dr. J. Jones — Notice of Referral No. E05751-26").

229. The procedure outlined above also applies to the referral of patients by medical practitioners to consultant physicians and to referrals by dental practitioners and optometrists/opticians.

230. Except as described in paragraph 231, a Notice of Referral must have been issued by the referring doctor, dental practitioner or optometrist/optician in respect of all services provided by specialists and consultant physicians in order that patients may be eligible for medical benefits at the higher rate. Unless such a Notice has been issued, the referral requirements will be regarded as not having been satisfied and benefits will be paid at the unreferral rate.

231. A Notice of Referral is not required in the case of specialist radiologist (except in the case of items 2734 and 2736 — see paragraphs 176 and 177) or anaesthetist services (including Item 85 — Pre-operative examination of a patient in preparation for the administration of an anaesthetic). The higher rate of benefits in these cases is payable provided the services are rendered by a specialist radiologist or anaesthetist. However, for benefits to be payable at the specialist rate for consultations by specialist anaesthetists (other than for a pre-operative examination) a Notice of Referral is required. (See paragraph 133.)

232. A Notice of Referral is not required in the case of a specialist pathologist service in Part 7 of the Schedule. However, for benefits to be payable at the higher rate for such services, the conditions set out in Part 7 of the Schedule must be satisfied and the patient's account must show the name of the practitioner requesting the service(s) and the date on which the request was made. (See paragraphs 150 et seq.)

COMMONWEALTH MEDICAL BENEFITS
ASSIGNMENT FORM
 (SECTION 20A HEALTH INSURANCE ACT 1973)

DO NOT USE IF CLAIM HAS BEEN OR IS
 INTENDED TO BE MADE FOR WORKERS'
 COMPENSATION OR DAMAGES

EC 46010

H0500
 (MD2)
 1/79

PATIENT'S SURNAME		CHRISTIAN OR GIVEN NAMES				SEX M <input type="checkbox"/> F <input type="checkbox"/>								
HEALTH INSURANCE NUMBER			DATE OF BIRTH			U S	R P No	CR						
DATE OF SERVICE	DESCRIPTION OF SERVICE				ITEM NO	AMOUNT OF BENEFIT	AMOUNT PAYABLE BY PATIENT	OFFICE USE ONLY						
Day	M th	Year							AMOUNT	MP	R	N	C	OR
PLEASE PRINT														
PATIENT'S ADDRESS														
PHB No.														

DEPT. OF HEALTH COPY

Patient to complete this section and retain copy of completed form

I assign to _____ my right to payment of Commonwealth medical

benefits for the above mentioned professional services. Number of services _____

I declare that

- (a) I am not entitled to benefits for the above mentioned services under a medical benefits table conducted by a registered medical benefits organisation, providing benefits for professional services.
- (b) the patient in respect of whom the service was provided is an Australian resident or is a person to whom the Health Insurance Act 1973 applies by virtue of an approval under Section 6 of that Act, and
- (c) I do not have an entitlement to, or a right to claim compensation or damages in respect of these services.

Signature of Patient _____ Date _____/_____/_____

Practitioner to complete

I accept this assignment and the amounts specified above as being payable by the patient for the above mentioned services in full payment of all amounts due to me in respect of those services. The services were rendered by me or on my behalf. I undertake to provide a copy of this completed form to the patient.

Signature of Practitioner or Agent _____ Date _____/_____/_____

REFERRING PRACTITIONER

REFERRAL NUMBER

EITHER date of Request _____/_____/_____
 and Requesting Practitioner _____

OR Date Need for Test Determined

_____/_____/_____
 PRACTITIONER'S USE

How to submit Claims for Assigned Benefits (HO502)

A **CLAIM FOR ASSIGNED MEDICAL BENEFITS FORM** should be completed and forwarded to the Department of Health together with assignment forms at intervals corresponding to the completion of a book of assignment forms or once per month. The following information should be completed in the appropriate sections of the Claim for Assigned Medical Benefits Form. An illustrated copy of the form is shown at page 1D-5.

- SECTION A.** **Practitioner's name and practice address.** Adhesive labels bearing the practitioner's name, provider number and practice address are available on request from the Department of Health.
- SECTION B.** The first and last serial numbers of the attached Assignment Forms.
- SECTION C.** The total number of attached Assignment Forms.
- SECTION D.** The claimant's signature should be that of the person who rendered the services indicated on the attached Assignment Forms or that of the person on whose behalf the services were rendered.

Assignment Forms included in a claim should be in a numerical sequence and preferably from the same book to expedite any subsequent inquiry made by a practitioner about a claim. Assignment Forms within a claim should all be for the same practice location and should not include services performed other than by or on behalf of the practitioner whose signature appears on the Claim Form.

COMMONWEALTH MEDICAL BENEFITS CLAIM FOR ASSIGNED MEDICAL BENEFITS

(Section 20B Health Insurance Act 1973)

H0602
(MC2)
1/79

CLAIMANT'S NAME

CLAIMANT'S ADDRESS

 FIRST ASSIGNMENT
FORM NUMBER

--	--	--	--	--	--	--	--	--	--

LAST NUMBER

--	--	--	--	--	--	--	--	--	--

 NUMBER OF
ASSIGNMENT FORMS

--	--

I HEREBY CLAIM IN RESPECT OF THE PROFESSIONAL SERVICES RENDERED BY ME OR ON MY BEHALF SPECIFIED IN THE ATTACHED ASSIGNMENT FORMS THE AMOUNTS SPECIFIED IN THOSE FORMS IN THE COLUMN HEADED "AMOUNT OF BENEFIT".
 I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE PATIENTS IN RESPECT OF WHOM ASSIGNMENTS HAVE BEEN RECEIVED ARE ENTITLED TO MAKE SUCH ASSIGNMENTS UNDER SECTION 20A OF THE HEALTH INSURANCE ACT 1973.
 I DECLARE THAT A COPY OF THE ASSIGNMENT OR AGREEMENT FORM HAS BEEN RETAINED BY THE PATIENT IN ACCORDANCE WITH SECTION 20B OF THE HEALTH INSURANCE ACT 1973.
 I DECLARE THAT NONE OF THE AMOUNTS CLAIMED IS IN RESPECT OF A PROFESSIONAL SERVICE—
 (A) THAT WAS RENDERED IN A RECOGNIZED HOSPITAL TO A PATIENT WHO WAS NOT A PRIVATE PATIENT;
 (B) THAT WAS RENDERED IN CARRYING OUT A MASS IMMUNIZATION;
 (C) THAT WAS A MEDICAL EXAMINATION FOR THE PURPOSES OF LIFE INSURANCE, A SUPERANNUATION OR PROVIDENT ACCOUNT SCHEME OR ADMISSION TO MEMBERSHIP OF A FRIENDLY SOCIETY, OR
 (D) IN RESPECT OF WHICH TO THE BEST OF MY KNOWLEDGE AND BELIEF A COMMONWEALTH MEDICAL BENEFIT IS OTHERWISE NOT PAYABLE UNDER THE HEALTH INSURANCE ACT 1973.
 I FURTHER DECLARE THAT NO OTHER PAYMENTS HAVE BEEN SOUGHT FROM THE PATIENT OTHER THAN THOSE SPECIFIED IN THE COLUMNS HEADED "AMOUNT PAYABLE BY THE PATIENT" ON THE ATTACHED ASSIGNMENT FORMS.

CLAIMANT'S SIGNATURE _____

DATE _____/_____/_____

SECTION 1
PART D
NOTES TO ASSIST IN THE COMPLETION OF CLAIMS FOR
ASSIGNED BENEFITS

Types of Assignment Forms

(a) **Individual Assignment Forms HO500**

Books of 50 of these forms in triplicate are available for normal use. The top (GREEN) copy should be detached and submitted to the Department of Health. The second (PINK) copy should be given to the assignor (patient). The third (YELLOW) copy should be retained in the book for record purposes. Each voucher should be used to record only those services performed at one patient attendance. Where more than one patient attendance occurs, even on the same day, a second assignment form must be completed.

(b) **Continuous Assignment Forms HO501**

These are available in continuous stationery designed for use in a typewriter or computer printer. The information required on individual assignment Forms (HO500) and continuous assignment Forms HO501 is the same.

Assignment Forms replace Accounts and Receipts

When a doctor direct bills on the Department of Health, the Assignment Forms take the place of the conventional accounts and receipts. It is important therefore that the Assignment Forms should show in respect of each service to each patient the information which is required in patients' accounts as mentioned in paragraphs 51 and 52 of the Notes for Guidance of Medical Practitioners.

How to complete Assignment Forms (HO500) (HO501)

The following information should be completed in the appropriate sections of the Assignment Form at the time of each attendance. An illustrated copy of an Assignment Form is shown at page 1D-3.

- SECTION 1.** **Patient's Name** — Complete one patient name per voucher. Print the patient's surname including any second Christian or given name.
- SECTION 2.** **Patient's Sex** — Indicate the patient's sex by placing a tick in the appropriate square.
- SECTION 3.** **Patient Health Insurance Number** should be shown if known. Where the number is unknown the patient's date of birth should be shown.
- SECTION 4.** **Patient's Date of Birth** should be given. Forms which quote a patient's date of birth may be paid without the need for further reference to the doctor even though an incorrect Health Insurance Number has been quoted.
- SECTION 5.** **Date of Service** is necessary for correct levels of benefit.
- SECTION 6.** **A description of service** in brief should be provided. The "Description of Service" space on the form should also be used to include information which would otherwise be included on the doctor's accounts and receipts. Refer to paragraphs 51 and 52 of the Notes for Guidance of Medical Practitioners.
- SECTION 7.** **An M.B.S. Item Number** is necessary to identify the correct service provided.
- SECTION 8.** **The amount of benefit claimed** must be entered against each service. Benefit should equal 75 per cent (flat) of the Schedule fee for Disadvantaged persons or 85 per cent of the Schedule fee (or the Schedule fee less \$5.00) for P.H.B. card holders.
- SECTION 9.** **Amount payable by a patient** should be shown where an amount is

charged in addition to the benefit claimed. N.B. This is not applicable for disadvantaged persons.

- SECTION 10.** **The "OFFICE USE ONLY" area should be left blank.**
- SECTION 11.** **The patient's address** should be shown.
- SECTION 12.** **The P.H.B. number** must be shown when claiming 85 per cent/\$5 level of benefit. Where a P.H.B. number is not quoted the claim will be regarded as being in respect of a disadvantaged person and the 75 per cent (flat) principle will apply.
- SECTION 13.** **I ASSIGN TO** — should be completed by showing the name of the doctor to whom benefits have been assigned.
- SECTION 14.** **A signature must be obtained from the patient.** In addition he must indicate in the space provided the number of services, i.e. 1, 2, 3 or 4. If the patient is unable to sign personally, an explanation should be made in the "Practitioner's Use" space on the form.
- SECTION 15.** **Signature of practitioner or agent should be completed** at the time of the attendance in conjunction with the patient's signature.
- SECTION 16.** **Referral details** should be provided when applicable to allow Specialist rates of benefit to be paid. Refer paragraphs 223-232 of the Notes for Guidance of Medical Practitioners.
- SECTION 17.** **Pathology request or date deemed necessary details** are required when claiming benefit for a pathology service. It would assist if the provider number of the requesting practitioner is shown, otherwise, show requesting doctor's name and address. Refer to paragraph 162 of the Notes for Guidance of Medical Practitioners.

SECTION 2

**MEDICAL BENEFITS
SCHEDULE FEES**

ALL STATES

1 NOVEMBER 1980

THE SCHEDULE

TABLE OF CONTENTS

	Item Nos.	Page Nos.
Ready Reckoner showing 1 November 1980 Schedule Fees and Medical Benefit Levels		i - ix
Part and Division		
Part 1 — Professional Attendances not covered by an item in any other Part of this Schedule.....	3 — 164	1- 8
Part 2 — Obstetrics		
Division 1 — General.....	190 — 209	9-10
Division 2 — Special Services.....	211 — 383	10-12
Part 3 — Anaesthetics		
Division 1 — Administration of an Anaesthetic by a medical practitioner other than a Specialist Anaesthetist.....	401 — 490	13-18
Division 2 — Administration of an Anaesthetic by a Specialist Anaesthetist.....	500 — 562	18-22
Division 3 — Dental Anaesthetics.....	566 — 575	23
Part 4 — Regional Nerve or Field Block.....	748 — 764	24
Part 5 — Assistance in Administration of an Anaesthetic	767	25
Part 6 — Miscellaneous Procedures		
Division 1.....	770 — 790	26
Division 2.....	792 — 817	26-28
Division 3.....	818 — 843	28
Division 4.....	844 — 860	29
Division 5.....	863 — 884	29-30
Division 6.....	886 — 893	30-31
Division 7.....	895 — 907	31
Division 8.....	908 — 977	32-35
Division 9.....	987 — 989	35
Division 10.....	994	36
Part 7 — Pathology Services —		
Division 1 — Haematology.....	1006 — 1280	39-47
Division 2 — Chemistry of Body Fluids and Tissues.....	1301 — 1517	48-55
Division 3 — Microbiology.....	1529 — 1859	56-64
Division 4 — Immunology.....	1877 — 2023	64-67
Division 5 — Histopathology.....	2041 — 2061	68
Division 6 — Cytology.....	2081 — 2112	68-69
Division 7 — Cytogenetics.....	2131 — 2174	69-70
Division 8 — Infertility and Pregnancy Tests.....	2201 — 2286	70-72
Division 9 — 17 Specified Simple Basic Pathology Tests.....	2334 — 2392	72-73
Part 8 — Radiological Services —		
Division 1 — Radiographic Examination of Extremities and Report (With or Without Fluoroscopy).....	2502 — 2537	74
Division 2 — Radiographic Examination of Shoulder or Hip Joint and Report.....	2539 — 2557	75
Division 3 — Radiographic Examination of Head and Report.....	2560 — 2595	75-77

TABLE OF CONTENTS

Part and Division	Item Nos.	Page Nos.
Part 8 — Radiological Services — Continued		
Division 4 — Radiographic Examination of Spine and Report.....	2597 — 2611	77
Division 5 — Bone Age Study and Skeletal Surveys	2614 — 2621	77-78
Division 6 — Radiographic Examination of Thoracic Region and Report.....	2625 — 2662	78
Division 7 — Radiographic Examination of Urinary Tract and Report.....	2665 — 2697	79
Division 8 — Radiographic Examination of Alimentary Tract and Biliary System (With or Without Fluoroscopy) and Report.....	2699 — 2728	80-81
Division 9 — Radiographic Examination for Localisation of Foreign Bodies and Report.....	2730 — 2732	81
Division 10 — Radiographic Examination of Breasts and Report.....	2734 — 2736	81
Division 11 — Radiographic Examination in Connection with Pregnancy and Report.....	2738 — 2742	82
Division 12 — Radiographic Examination with Opaque or Contrast Media and Report.....	2744 — 2794	82-85
Division 13 — Tomography and Report	2796	85
Division 14 — Stereoscopic Examination and Report.....	2798	85
Division 15 — Fluoroscopic Examination and Report.....	2800 — 2802	85
Division 16 — Preparation for Radiological Procedure, Being the Injection of Opaque or Contrast Media or the Removal of Fluid and its Replacement by Air, Oxygen or Other Contrast Media or Other Similar Preparation.....	2805 — 2859	85-88
Part 8A — Radiotherapy.....	2861 — 2941	89-93
Part 9 — Assistance at Operations.....	2950 — 2955	94
Part 9A — Computerised Axial Tomography	2960 — 2971	95
Part 10 — Operations		
Division 1 — General Surgical.....	3006 — 4877	96-133
Division 2 — Amputation or Disarticulation of Limb	4927 — 5055	133-136
Division 3 — Ear, Nose and Throat	5059 — 5619	136-149
Division 4 — Urological	5636 — 6253	149-166
Division 5 — Gynaecological.....	6258 — 6681	166-174
Division 6 — Ophthalmological	6686 — 6938	174-183
Division 7 — Thoracic	6940 — 7066	183-187
Division 8 — Neuro-surgical.....	7079 — 7381	187-195
Division 9 — Treatment of Dislocations.....	7397 — 7483	195-197
Division 10 — Treatment of Fractures.....	7505 — 7847	197-206
Division 11 — Orthopaedic.....	7853 — 8356	206-222
Division 12 — Paediatric.....	8378 — 8444	222-225
Division 13 — Plastic and Reconstructive	8450 — 8656	226-236
Part 11 — Nuclear Medicine	8700 — 8829	237-241

Medical Benefits Schedule — Parts 1-11
Ready Reckoner showing 1 November 1980 Schedule Fees
and 1 September 1981 Medical Benefit Levels.

1 September 1981 Medical Benefit Levels

**1 November 1980
 Schedule Fee**

	Commonwealth Medical Benefit @ 30% flat	Basic Fund Medical Benefit *	Combined Medical Benefit @ 85% / \$10 maximum gap	Commonwealth Medical Benefit @ 85% / \$5 maximum gap	Commonwealth Medical Benefit @ 85% flat
\$	\$	\$	\$	\$	\$
1.20	0.40	0.65	1.05	1.05	1.05
2.40	0.75	1.30	2.05	2.05	2.05
3.00	0.90	1.65	2.55	2.55	2.55
3.20	1.00	1.75	2.75	2.75	2.75
3.60	1.10	2.00	3.10	3.10	3.10
4.00	1.20	2.20	3.40	3.40	3.40
4.05	1.25	2.20	3.45	3.45	3.45
4.80	1.45	2.65	4.10	4.10	4.10
5.40	1.65	2.95	4.60	4.60	4.60
5.50	1.65	3.05	4.70	4.70	4.70
5.60	1.70	3.10	4.80	4.80	4.80
5.90	1.80	3.25	5.05	5.05	5.05
6.00	1.80	3.30	5.10	5.10	5.10
6.40	1.95	3.50	5.45	5.45	5.45
6.60	2.00	3.65	5.65	5.65	5.65
6.70	2.05	3.65	5.70	5.70	5.70
6.80	2.05	3.75	5.80	5.80	5.80
7.20	2.20	3.95	6.15	6.15	6.15
7.30	2.20	4.05	6.25	6.25	6.25
7.70	2.35	4.20	6.55	6.55	6.55
7.80	2.35	4.30	6.65	6.65	6.65
8.00	2.40	4.40	6.80	6.80	6.80
8.10	2.45	4.45	6.90	6.90	6.90
8.70	2.65	4.75	7.40	7.40	7.40
8.80	2.65	4.85	7.50	7.50	7.50
9.00	2.70	4.95	7.65	7.65	7.65
9.30	2.80	5.15	7.95	7.95	7.95
9.40	2.85	5.15	8.00	8.00	8.00
9.50	2.85	5.25	8.10	8.10	8.10
9.60	2.90	5.30	8.20	8.20	8.20
9.90	3.00	5.45	8.45	8.45	8.45
10.00	3.00	5.50	8.50	8.50	8.50
10.10	3.05	5.55	8.60	8.60	8.60
10.20	3.10	5.60	8.70	8.70	8.70
10.40	3.15	5.70	8.85	8.85	8.85

1 September 1981

\$1.20 to \$10.40

Page 1

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 85% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 30% of the Schedule Fee.

Medical Benefits Schedule – Parts 1-11
Ready Reckoner showing 1 November 1980 Schedule Fees
and 1 September 1981 Medical Benefit Levels.

1 September 1981 Medical Benefit Levels

1 November 1980
Schedule Fee

	Commonwealth Medical Benefit @ 30% flat	Basic Fund Medical Benefit *	Combined Medical Benefit @ 85% / \$10 maximum gap	Commonwealth Medical Benefit @ 85% / \$5 maximum gap	Commonwealth Medical Benefit @ 85% flat
\$	\$	\$	\$	\$	\$
10.60	3.20	5.85	9.05	9.05	9.05
10.80	3.25	5.95	9.20	9.20	9.20
11.00	3.30	6.05	9.35	9.35	9.35
11.20	3.40	6.15	9.55	9.55	9.55
11.25	3.40	6.20	9.60	9.60	9.60
11.40	3.45	6.25	9.70	9.70	9.70
11.80	3.55	6.50	10.05	10.05	10.05
12.00	3.60	6.60	10.20	10.20	10.20
12.40	3.75	6.80	10.55	10.55	10.55
12.80	3.85	7.05	10.90	10.90	10.90
13.00	3.90	7.15	11.05	11.05	11.05
13.20	4.00	7.25	11.25	11.25	11.25
13.40	4.05	7.35	11.40	11.40	11.40
13.50	4.05	7.45	11.50	11.50	11.50
13.60	4.10	7.50	11.60	11.60	11.60
13.80	4.15	7.60	11.75	11.75	11.75
14.00	4.20	7.70	11.90	11.90	11.90
14.20	4.30	7.80	12.10	12.10	12.10
14.40	4.35	7.90	12.25	12.25	12.25
14.60	4.40	8.05	12.45	12.45	12.45
14.80	4.45	8.15	12.60	12.60	12.60
15.00	4.50	8.25	12.75	12.75	12.75
15.15	4.55	8.35	12.90	12.90	12.90
15.20	4.60	8.35	12.95	12.95	12.95
15.40	4.65	8.45	13.10	13.10	13.10
15.80	4.75	8.70	13.45	13.45	13.45
16.00	4.80	8.80	13.60	13.60	13.60
16.20	4.90	8.90	13.80	13.80	13.80
16.40	4.95	9.00	13.95	13.95	13.95
16.50	4.95	9.10	14.05	14.05	14.05
16.60	5.00	9.15	14.15	14.15	14.15
16.80	5.05	9.25	14.30	14.30	14.30
16.90	5.10	9.30	14.40	14.40	14.40
17.00	5.10	9.35	14.45	14.45	14.45
17.40	5.25	9.55	14.80	14.80	14.80

1 September 1981

\$10.60 to \$17.40

Page 2

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 85% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 30% of the Schedule Fee.

Medical Benefits Schedule — Parts 1-11
Ready Reckoner showing 1 November 1980 Schedule Fees
and 1 September 1981 Medical Benefit Levels.

1 September 1981 Medical Benefit Levels

**1 November 1980
Schedule Fee**

	Commonwealth Medical Benefit @ 30% flat	Basic Fund Medical Benefit *	Combined Medical Benefit @ 85% / \$10 maximum gap	Commonwealth Medical Benefit @ 85% / \$5 maximum gap	Commonwealth Medical Benefit @ 85% flat
\$	\$	\$	\$	\$	\$
17.60	5.30	9.70	15.00	15.00	15.00
17.80	5.35	9.80	15.15	15.15	15.15
18.00	5.40	9.90	15.30	15.30	15.30
18.20	5.50	10.00	15.50	15.50	15.50
18.40	5.55	10.10	15.65	15.65	15.65
18.60	5.60	10.25	15.85	15.85	15.85
18.80	5.65	10.35	16.00	16.00	16.00
19.00	5.70	10.45	16.15	16.15	16.15
19.20	5.80	10.55	16.35	16.35	16.35
19.40	5.85	10.65	16.50	16.50	16.50
19.60	5.90	10.80	16.70	16.70	16.70
19.80	5.95	10.90	16.85	16.85	16.85
20.00	6.00	11.00	17.00	17.00	17.00
20.50	6.15	11.30	17.45	17.45	17.45
21.00	6.30	11.55	17.85	17.85	17.85
21.50	6.45	11.85	18.30	18.30	18.30
22.00	6.60	12.10	18.70	18.70	18.70
22.50	6.75	12.40	19.15	19.15	19.15
23.00	6.90	12.65	19.55	19.55	19.55
23.50	7.05	12.95	20.00	20.00	20.00
24.00	7.20	13.20	20.40	20.40	20.40
24.50	7.35	13.50	20.85	20.85	20.85
25.00	7.50	13.75	21.25	21.25	21.25
25.50	7.65	14.05	21.70	21.70	21.70
26.00	7.80	14.30	22.10	22.10	22.10
26.50	7.95	14.60	22.55	22.55	22.55
27.00	8.10	14.85	22.95	22.95	22.95
27.50	8.25	15.15	23.40	23.40	23.40
28.00	8.40	15.40	23.80	23.80	23.80
28.50	8.55	15.70	24.25	24.25	24.25
29.00	8.70	15.95	24.65	24.65	24.65
29.50	8.85	16.25	25.10	25.10	25.10
30.00	9.00	16.50	25.50	25.50	25.50
30.50	9.15	16.80	25.95	25.95	25.95
31.00	9.30	17.05	26.35	26.35	26.35

1 September 1981

\$17.60 to \$31.00

Page 3

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 85% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 30% of the Schedule Fee.

**Medical Benefits Schedule — Parts 1-11
Ready Reckoner showing 1 November 1980 Schedule Fees
and 1 September 1981 Medical Benefit Levels.**

1 September 1981 Medical Benefit Levels

**1 November 1980
Schedule Fee**

	Commonwealth Medical Benefit @ 30% flat	Basic Fund Medical Benefit *	Combined Medical Benefit @ 85% / \$10 maximum gap	Commonwealth Medical Benefit @ 85% / \$5 maximum gap	Commonwealth Medical Benefit @ 85% flat
\$	\$	\$	\$	\$	\$
31.50	9.45	17.35	26.80	26.80	26.80
32.00	9.60	17.60	27.20	27.20	27.20
32.50	9.75	17.90	27.65	27.65	27.65
33.00	9.90	18.15	28.05	28.05	28.05
33.50	10.05	18.45	28.50	28.50	28.50
34.00	10.20	18.70	28.90	29.00	28.90
34.50	10.35	19.00	29.35	29.50	29.35
35.00	10.50	19.25	29.75	30.00	29.75
35.50	10.65	19.55	30.20	30.50	30.20
36.00	10.80	19.80	30.60	31.00	30.60
36.50	10.95	20.10	31.05	31.50	31.05
37.00	11.10	20.35	31.45	32.00	31.45
38.00	11.40	20.90	32.30	33.00	32.30
38.50	11.55	21.20	32.75	33.50	32.75
39.00	11.70	21.45	33.15	34.00	33.15
39.50	11.85	21.75	33.60	34.50	33.60
40.00	12.00	22.00	34.00	35.00	34.00
40.50	12.15	22.30	34.45	35.50	34.45
41.00	12.30	22.55	34.85	36.00	34.85
41.50	12.45	22.85	35.30	36.50	35.30
42.00	12.60	23.10	35.70	37.00	35.70
42.50	12.75	23.40	36.15	37.50	36.15
43.00	12.90	23.65	36.55	38.00	36.55
43.50	13.05	23.95	37.00	38.50	37.00
44.00	13.20	24.20	37.40	39.00	37.40
44.50	13.35	24.50	37.85	39.50	37.85
45.00	13.50	24.75	38.25	40.00	38.25
45.50	13.65	25.05	38.70	40.50	38.70
46.00	13.80	25.30	39.10	41.00	39.10
46.50	13.95	25.60	39.55	41.50	39.55
47.00	14.10	25.85	39.95	42.00	39.95
47.50	14.25	26.15	40.40	42.50	40.40
48.00	14.40	26.40	40.80	43.00	40.80
48.50	14.55	26.70	41.25	43.50	41.25
49.00	14.70	26.95	41.65	44.00	41.65

1 September 1981

\$31.50 to \$49.00

Page 4

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 85% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 30% of the Schedule Fee.

Medical Benefits Schedule — Parts 1-11
Ready Reckoner showing 1 November 1980 Schedule Fees
and 1 September 1981 Medical Benefit Levels.

1 September 1981 Medical Benefit Levels

**1 November 1980
Schedule Fee**

	Commonwealth Medical Benefit @ 30% flat	Basic Fund Medical Benefit *	Combined Medical Benefit @ 85% / \$10 maximum gap	Commonwealth Medical Benefit @ 85% / \$5 maximum gap	Commonwealth Medical Benefit @ 85% flat
\$	\$	\$	\$	\$	\$
49.50	14.85	27.25	42.10	44.50	42.10
50.00	15.00	27.50	42.50	45.00	42.50
51.00	15.30	28.05	43.35	46.00	43.35
52.00	15.60	28.60	44.20	47.00	44.20
53.00	15.90	29.15	45.05	48.00	45.05
54.00	16.20	29.70	45.90	49.00	45.90
55.00	16.50	30.25	46.75	50.00	46.75
56.00	16.80	30.80	47.60	51.00	47.60
57.00	17.10	31.35	48.45	52.00	48.45
59.00	17.70	32.45	50.15	54.00	50.15
60.00	18.00	33.00	51.00	55.00	51.00
61.00	18.30	33.55	51.85	56.00	51.85
62.00	18.60	34.10	52.70	57.00	52.70
63.00	18.90	34.65	53.55	58.00	53.55
64.00	19.20	35.20	54.40	59.00	54.40
65.00	19.50	35.75	55.25	60.00	55.25
66.00	19.80	36.30	56.10	61.00	56.10
67.00	20.10	36.90	57.00	62.00	56.95
68.00	20.40	37.60	58.00	63.00	57.80
69.00	20.70	38.30	59.00	64.00	58.65
70.00	21.00	39.00	60.00	65.00	59.50
71.00	21.30	39.70	61.00	66.00	60.35
72.00	21.60	40.40	62.00	67.00	61.20
73.00	21.90	41.10	63.00	68.00	62.05
74.00	22.20	41.80	64.00	69.00	62.90
75.00	22.50	42.50	65.00	70.00	63.75
76.00	22.80	43.20	66.00	71.00	64.60
77.00	23.10	43.90	67.00	72.00	65.45
78.00	23.40	44.60	68.00	73.00	66.30
79.00	23.70	45.30	69.00	74.00	67.15
80.00	24.00	46.00	70.00	75.00	68.00
81.00	24.30	46.70	71.00	76.00	68.85
82.00	24.60	47.40	72.00	77.00	69.70
83.00	24.90	48.10	73.00	78.00	70.55
84.00	25.20	48.80	74.00	79.00	71.40

September 1981

\$49.50 to \$84.00

Page 5

Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 85% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 30% of the Schedule Fee.

Medical Benefits Schedule — Parts 1-11
Ready Reckoner showing 1 November 1980 Schedule Fees
and 1 September 1981 Medical Benefit Levels.

1 September 1981 Medical Benefit Levels

1 November 1980
Schedule Fee

	Commonwealth Medical Benefit @ 30% flat	Basic Fund Medical Benefit *	Combined Medical Benefit @ 85% / \$10 maximum gap	Commonwealth Medical Benefit @ 85% / \$5 maximum gap	Commonwealth Medical Benefit @ 85% flat
\$	\$	\$	\$	\$	\$
85.00	25.50	49.50	75.00	80.00	72.25
86.00	25.80	50.20	76.00	81.00	73.10
87.00	26.10	50.90	77.00	82.00	73.95
88.00	26.40	51.60	78.00	83.00	74.80
89.00	26.70	52.30	79.00	84.00	75.65
90.00	27.00	53.00	80.00	85.00	76.50
91.00	27.30	53.70	81.00	86.00	77.35
92.00	27.60	54.40	82.00	87.00	78.20
93.00	27.90	55.10	83.00	88.00	79.05
94.00	28.20	55.80	84.00	89.00	79.90
95.00	28.50	56.50	85.00	90.00	80.75
96.00	28.80	57.20	86.00	91.00	81.60
97.00	29.10	57.90	87.00	92.00	82.45
98.00	29.40	58.60	88.00	93.00	83.30
99.00	29.70	59.30	89.00	94.00	84.15
100.00	30.00	60.00	90.00	95.00	85.00
102.00	30.60	61.40	92.00	97.00	86.70
104.00	31.20	62.80	94.00	99.00	88.40
106.00	31.80	64.20	96.00	101.00	90.10
108.00	32.40	65.60	98.00	103.00	91.80
110.00	33.00	67.00	100.00	105.00	93.50
112.00	33.60	68.40	102.00	107.00	95.20
114.00	34.20	69.80	104.00	109.00	96.90
116.00	34.80	71.20	106.00	111.00	98.60
118.00	35.40	72.60	108.00	113.00	100.30
120.00	36.00	74.00	110.00	115.00	102.00
122.00	36.60	75.40	112.00	117.00	103.70
124.00	37.20	76.80	114.00	119.00	105.40
126.00	37.80	78.20	116.00	121.00	107.10
128.00	38.40	79.60	118.00	123.00	108.80
130.00	39.00	81.00	120.00	125.00	110.50
132.00	39.60	82.40	122.00	127.00	112.20
134.00	40.20	83.80	124.00	129.00	113.90
136.00	40.80	85.20	126.00	131.00	115.60
138.00	41.40	86.60	128.00	133.00	117.30

1 September 1981

\$85.00 to \$138.00

Page 6

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 85% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 30% of the Schedule Fee.

Medical Benefits Schedule — Parts 1-11
Ready Reckoner showing 1 November 1980 Schedule Fees
and 1 September 1981 Medical Benefit Levels.

1 September 1981 Medical Benefit Levels

**1 November 1980
Schedule Fee**

	Commonwealth Medical Benefit @ 30% flat	Basic Fund Medical Benefit *	Combined Medical Benefit @ 85% / \$10 maximum gap	Commonwealth Medical Benefit @ 85% / \$5 maximum gap	Commonwealth Medical Benefit @ 85% flat
\$	\$	\$	\$	\$	\$
140.00	42.00	88.00	130.00	135.00	119.00
142.00	42.60	89.40	132.00	137.00	120.70
144.00	43.20	90.80	134.00	139.00	122.40
146.00	43.80	92.20	136.00	141.00	124.10
148.00	44.40	93.60	138.00	143.00	125.80
150.00	45.00	95.00	140.00	145.00	127.50
152.00	45.60	96.40	142.00	147.00	129.20
154.00	46.20	97.80	144.00	149.00	130.90
155.00	46.50	98.50	145.00	150.00	131.75
156.00	46.80	99.20	146.00	151.00	132.60
158.00	47.40	100.60	148.00	153.00	134.30
160.00	48.00	102.00	150.00	155.00	136.00
162.00	48.60	103.40	152.00	157.00	137.70
164.00	49.20	104.80	154.00	159.00	139.40
166.00	49.80	106.20	156.00	161.00	141.10
167.00	50.10	106.90	157.00	162.00	141.95
168.00	50.40	107.60	158.00	163.00	142.80
170.00	51.00	109.00	160.00	165.00	144.50
172.00	51.60	110.40	162.00	167.00	146.20
173.00	51.90	111.10	163.00	168.00	147.05
174.00	52.20	111.80	164.00	169.00	147.90
176.00	52.80	113.20	166.00	171.00	149.60
178.00	53.40	114.60	168.00	173.00	151.30
180.00	54.00	116.00	170.00	175.00	153.00
182.00	54.60	117.40	172.00	177.00	154.70
184.00	55.20	118.80	174.00	179.00	156.40
186.00	55.80	120.20	176.00	181.00	158.10
187.00	56.10	120.90	177.00	182.00	158.95
188.00	56.40	121.60	178.00	183.00	159.80
190.00	57.00	123.00	180.00	185.00	161.50
192.00	57.60	124.40	182.00	187.00	163.20
194.00	58.20	125.80	184.00	189.00	164.90
198.00	59.40	128.60	188.00	193.00	168.30
200.00	60.00	130.00	190.00	195.00	170.00
204.00	61.20	132.80	194.00	199.00	173.40

1 September 1981

\$140.00 to \$204.00

Page 7

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 85% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 30% of the Schedule Fee.

Medical Benefits Schedule — Parts 1-11
Ready Reckoner showing 1 November 1980 Schedule Fees
and 1 September 1981 Medical Benefit Levels.

1 September 1981 Medical Benefit Levels

**1 November 1980
 Schedule Fee**

	Commonwealth Medical Benefit @ 30% flat	Basic Fund Medical Benefit *	Combined Medical Benefit @ 85% / \$10 maximum gap	Commonwealth Medical Benefit @ 85% / \$5 maximum gap	Commonwealth Medical Benefit @ 85% flat
\$	\$	\$	\$	\$	\$
205.00	61.50	133.50	195.00	200.00	174.25
209.00	62.70	136.30	199.00	204.00	177.65
210.00	63.00	137.00	200.00	205.00	178.50
215.00	64.50	140.50	205.00	210.00	182.75
220.00	66.00	144.00	210.00	215.00	187.00
224.00	67.20	146.80	214.00	219.00	190.40
225.00	67.50	147.50	215.00	220.00	191.25
230.00	69.00	151.00	220.00	225.00	195.50
235.00	70.50	154.50	225.00	230.00	199.75
240.00	72.00	158.00	230.00	235.00	204.00
245.00	73.50	161.50	235.00	240.00	208.25
246.00	73.80	162.20	236.00	241.00	209.10
250.00	75.00	165.00	240.00	245.00	212.50
255.00	76.50	168.50	245.00	250.00	216.75
260.00	78.00	172.00	250.00	255.00	221.00
265.00	79.50	175.50	255.00	260.00	225.25
270.00	81.00	179.00	260.00	265.00	229.50
275.00	82.50	182.50	265.00	270.00	233.75
277.00	83.10	183.90	267.00	272.00	235.45
280.00	84.00	186.00	270.00	275.00	238.00
285.00	85.50	189.50	275.00	280.00	242.25
295.00	88.50	196.50	285.00	290.00	250.75
300.00	90.00	200.00	290.00	295.00	255.00
305.00	91.50	203.50	295.00	300.00	259.25
310.00	93.00	207.00	300.00	305.00	263.50
325.00	97.50	217.50	315.00	320.00	276.25
330.00	99.00	221.00	320.00	325.00	280.50
335.00	100.50	224.50	325.00	330.00	284.75
345.00	103.50	231.50	335.00	340.00	293.25
350.00	105.00	235.00	340.00	345.00	297.50
355.00	106.50	238.50	345.00	350.00	301.75
360.00	108.00	242.00	350.00	355.00	306.00
365.00	109.50	245.50	355.00	360.00	310.25
380.00	114.00	256.00	370.00	375.00	323.00
390.00	117.00	263.00	380.00	385.00	331.50

1 September 1981

\$205.00 to \$390.00

Page 8

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 85% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 30% of the Schedule Fee.

Medical Benefits Schedule — Parts 1-11
Ready Reckoner showing 1 November 1980 Schedule Fees
and 1 September 1981 Medical Benefit Levels.

1 September 1981 Medical Benefit Levels

**November 1980
Schedule Fee**

	Commonwealth Medical Benefit @ 30% flat	Basic Fund Medical Benefit *	Combined Medical Benefit @ 85% / \$10 maximum gap	Commonwealth Medical Benefit @ 85% / \$5 maximum gap	Commonwealth Medical Benefit @ 85% flat
\$	\$	\$	\$	\$	\$
400.00	120.00	270.00	390.00	395.00	340.00
405.00	121.50	273.50	395.00	400.00	344.25
435.00	130.50	294.50	425.00	430.00	369.75
440.00	132.00	298.00	430.00	435.00	374.00
450.00	135.00	305.00	440.00	445.00	382.50
455.00	136.50	308.50	445.00	450.00	386.75
465.00	139.50	315.50	455.00	460.00	395.25
470.00	141.00	319.00	460.00	465.00	399.50
475.00	142.50	322.50	465.00	470.00	403.75
480.00	144.00	326.00	470.00	475.00	408.00
487.00	146.10	330.90	477.00	482.00	413.95
495.00	148.50	336.50	485.00	490.00	420.75
505.00	151.50	343.50	495.00	500.00	429.25
510.00	153.00	347.00	500.00	505.00	433.50
530.00	159.00	361.00	520.00	525.00	450.50
540.00	162.00	368.00	530.00	535.00	459.00
560.00	168.00	382.00	550.00	555.00	476.00
565.00	169.50	385.50	555.00	560.00	480.25
585.00	175.50	399.50	575.00	580.00	497.25
592.00	177.60	404.40	582.00	587.00	503.20
595.00	178.50	406.50	585.00	590.00	505.75
600.00	180.00	410.00	590.00	595.00	510.00
610.00	183.00	417.00	600.00	605.00	518.50
670.00	201.00	459.00	660.00	665.00	569.50
675.00	202.50	462.50	665.00	670.00	573.75
695.00	208.50	476.50	685.00	690.00	590.75
700.00	210.00	480.00	690.00	695.00	595.00
760.00	228.00	522.00	750.00	755.00	646.00
805.00	241.50	553.50	795.00	800.00	684.25
870.00	261.00	599.00	860.00	865.00	739.50
960.00	288.00	662.00	950.00	955.00	816.00
1095.00	328.50	756.50	1085.00	1090.00	930.75

September 1981

\$400.00 to \$1095.00

Page 9

Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 85% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 30% of the Schedule Fee.

**Medical Benefits Schedule — Parts 1-11
Ready Reckoner showing 1 November 1980
Schedule Fees and Medical Benefit Levels.**

MEDICAL BENEFIT LEVELS

**SCHEDULE
FEE**

	Commonwealth Medical Benefit @0% / \$20 maximum gap	Basic Fund Medical Benefit *	Combined Medical Benefit @75% / \$10 maximum gap	Commonwealth Medical Benefit @85% / \$5 maximum gap	Commonwealth Medical Benefit @75% flat
\$	\$	\$	\$	\$	\$
1.20	0.00	0.90	0.90	1.05	0.90
2.40	0.00	1.80	1.80	2.05	1.80
3.00	0.00	2.25	2.25	2.55	2.25
3.20	0.00	2.40	2.40	2.75	2.40
3.60	0.00	2.70	2.70	3.10	2.70
4.00	0.00	3.00	3.00	3.40	3.00
4.05	0.00	3.05	3.05	3.45	3.05
4.80	0.00	3.60	3.60	4.10	3.60
5.40	0.00	4.05	4.05	4.60	4.05
5.50	0.00	4.15	4.15	4.70	4.15
5.60	0.00	4.20	4.20	4.80	4.20
5.90	0.00	4.45	4.45	5.05	4.45
6.00	0.00	4.50	4.50	5.10	4.50
6.40	0.00	4.80	4.80	5.45	4.80
6.60	0.00	4.95	4.95	5.65	4.95
6.70	0.00	5.05	5.05	5.70	5.05
6.80	0.00	5.10	5.10	5.80	5.10
7.20	0.00	5.40	5.40	6.15	5.40
7.30	0.00	5.50	5.50	6.25	5.50
7.70	0.00	5.80	5.80	6.55	5.80
7.80	0.00	5.85	5.85	6.65	5.85
8.00	0.00	6.00	6.00	6.80	6.00
8.10	0.00	6.10	6.10	6.90	6.10
8.70	0.00	6.55	6.55	7.40	6.55
8.80	0.00	6.60	6.60	7.50	6.60
9.00	0.00	6.75	6.75	7.65	6.75
9.30	0.00	7.00	7.00	7.95	7.00
9.40	0.00	7.05	7.05	8.00	7.05
9.50	0.00	7.15	7.15	8.10	7.15
9.60	0.00	7.20	7.20	8.20	7.20
9.90	0.00	7.45	7.45	8.45	7.45
10.00	0.00	7.50	7.50	8.50	7.50
10.10	0.00	7.60	7.60	8.60	7.60
10.20	0.00	7.65	7.65	8.70	7.65
10.40	0.00	7.80	7.80	8.85	7.80

1 November 1980

\$1.20 to \$10.40

Page 1

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 75% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 0% / \$20 maximum gap of the Schedule Fee.

**Medical Benefits Schedule — Parts 1-11
Ready Reckoner showing 1 November 1980
Schedule Fees and Medical Benefit Levels.**

SCHEDULE FEE	MEDICAL BENEFIT LEVELS				
	Commonwealth Medical Benefit @0% / \$20 maximum gap	Basic Fund Medical Benefit *	Combined Medical Benefit @75% / \$10 maximum gap	Commonwealth Medical Benefit @85% / \$5 maximum gap	Commonwealth Medical Benefit @75% flat
\$	\$	\$	\$	\$	\$
10.60	0.00	7.95	7.95	9.05	7.95
10.80	0.00	8.10	8.10	9.20	8.10
11.00	0.00	8.25	8.25	9.35	8.25
11.20	0.00	8.40	8.40	9.55	8.40
11.25	0.00	8.45	8.45	9.60	8.45
11.40	0.00	8.55	8.55	9.70	8.55
11.80	0.00	8.85	8.85	10.05	8.85
12.00	0.00	9.00	9.00	10.20	9.00
12.40	0.00	9.30	9.30	10.55	9.30
12.80	0.00	9.60	9.60	10.90	9.60
13.00	0.00	9.75	9.75	11.05	9.75
13.20	0.00	9.90	9.90	11.25	9.90
13.40	0.00	10.05	10.05	11.40	10.05
13.50	0.00	10.15	10.15	11.50	10.15
13.60	0.00	10.20	10.20	11.60	10.20
13.80	0.00	10.35	10.35	11.75	10.35
14.00	0.00	10.50	10.50	11.90	10.50
14.20	0.00	10.65	10.65	12.10	10.65
14.40	0.00	10.80	10.80	12.25	10.80
14.60	0.00	10.95	10.95	12.45	10.95
14.80	0.00	11.10	11.10	12.60	11.10
15.00	0.00	11.25	11.25	12.75	11.25
15.15	0.00	11.40	11.40	12.90	11.40
15.20	0.00	11.40	11.40	12.95	11.40
15.40	0.00	11.55	11.55	13.10	11.55
15.80	0.00	11.85	11.85	13.45	11.85
16.00	0.00	12.00	12.00	13.60	12.00
16.20	0.00	12.15	12.15	13.80	12.15
16.40	0.00	12.30	12.30	13.95	12.30
16.50	0.00	12.40	12.40	14.05	12.40
16.60	0.00	12.45	12.45	14.15	12.45
16.80	0.00	12.60	12.60	14.30	12.60
16.90	0.00	12.70	12.70	14.40	12.70
17.00	0.00	12.75	12.75	14.45	12.75
17.40	0.00	13.05	13.05	14.80	13.05

1 November 1980

\$10.60 to \$17.40

Page 11

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 75% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 0% / \$20 maximum gap of the Schedule Fee.

**Medical Benefits Schedule – Parts 1-11
Ready Reckoner showing 1 November 1980
Schedule Fees and Medical Benefit Levels.**

SCHEDULE FEE	MEDICAL BENEFIT LEVELS				
	Commonwealth Medical Benefit @0% / \$20 maximum gap	Basic Fund Medical Benefit *	Combined Medical Benefit @75% / \$10 maximum gap	Commonwealth Medical Benefit @85% / \$5 maximum gap	Commonwealth Medical Benefit @75% flat
\$	\$	\$	\$	\$	\$
17.60	0.00	13.20	13.20	15.00	13.20
17.80	0.00	13.35	13.35	15.15	13.35
18.00	0.00	13.50	13.50	15.30	13.50
18.20	0.00	13.65	13.65	15.50	13.65
18.40	0.00	13.80	13.80	15.65	13.80
18.60	0.00	13.95	13.95	15.85	13.95
18.80	0.00	14.10	14.10	16.00	14.10
19.00	0.00	14.25	14.25	16.15	14.25
19.20	0.00	14.40	14.40	16.35	14.40
19.40	0.00	14.55	14.55	16.50	14.55
19.60	0.00	14.70	14.70	16.70	14.70
19.80	0.00	14.85	14.85	16.85	14.85
20.00	0.00	15.00	15.00	17.00	15.00
20.50	0.50	14.90	15.40	17.45	15.40
21.00	1.00	14.75	15.75	17.85	15.75
21.50	1.50	14.65	16.15	18.30	16.15
22.00	2.00	14.50	16.50	18.70	16.50
22.50	2.50	14.40	16.90	19.15	16.90
23.00	3.00	14.25	17.25	19.55	17.25
23.50	3.50	14.15	17.65	20.00	17.65
24.00	4.00	14.00	18.00	20.40	18.00
24.50	4.50	13.90	18.40	20.85	18.40
25.00	5.00	13.75	18.75	21.25	18.75
25.50	5.50	13.65	19.15	21.70	19.15
26.00	6.00	13.50	19.50	22.10	19.50
26.50	6.50	13.40	19.90	22.55	19.90
27.00	7.00	13.25	20.25	22.95	20.25
27.50	7.50	13.15	20.65	23.40	20.65
28.00	8.00	13.00	21.00	23.80	21.00
28.50	8.50	12.90	21.40	24.25	21.40
29.00	9.00	12.75	21.75	24.65	21.75
29.50	9.50	12.65	22.15	25.10	22.15
30.00	10.00	12.50	22.50	25.50	22.50
30.50	10.50	12.40	22.90	25.95	22.90
31.00	11.00	12.25	23.25	26.35	23.25

1 November 1980

\$17.60 to \$31.00

Page iii

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 75% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 0% / \$20 maximum gap of the Schedule Fee.

**Medical Benefits Schedule – Parts 1-11
Ready Reckoner showing 1 November 1980
Schedule Fees and Medical Benefit Levels.**

SCHEDULE FEE	MEDICAL BENEFIT LEVELS				
	Commonwealth Medical Benefit @0% / \$20 maximum gap	Basic Fund Medical Benefit *	Combined Medical Benefit @75% / \$10 maximum gap	Commonwealth Medical Benefit @85% / \$5 maximum gap	Commonwealth Medical Benefit @75% flat
\$	\$	\$	\$	\$	\$
32.00	12.00	12.00	24.00	27.20	24.00
32.50	12.50	11.90	24.40	27.65	24.40
33.00	13.00	11.75	24.75	28.05	24.75
33.50	13.50	11.65	25.15	28.50	25.15
34.00	14.00	11.50	25.50	29.00	25.50
34.50	14.50	11.40	25.90	29.50	25.90
35.00	15.00	11.25	26.25	30.00	26.25
35.50	15.50	11.15	26.65	30.50	26.65
36.00	16.00	11.00	27.00	31.00	27.00
36.50	16.50	10.90	27.40	31.50	27.40
37.00	17.00	10.75	27.75	32.00	27.75
38.00	18.00	10.50	28.50	33.00	28.50
38.50	18.50	10.40	28.90	33.50	28.90
39.00	19.00	10.25	29.25	34.00	29.25
39.50	19.50	10.15	29.65	34.50	29.65
40.00	20.00	10.00	30.00	35.00	30.00
40.50	20.50	10.00	30.50	35.50	30.40
41.00	21.00	10.00	31.00	36.00	30.75
41.50	21.50	10.00	31.50	36.50	31.15
42.00	22.00	10.00	32.00	37.00	31.50
42.50	22.50	10.00	32.50	37.50	31.90
43.00	23.00	10.00	33.00	38.00	32.25
43.50	23.50	10.00	33.50	38.50	32.65
44.00	24.00	10.00	34.00	39.00	33.00
44.50	24.50	10.00	34.50	39.50	33.40
45.00	25.00	10.00	35.00	40.00	33.75
45.50	25.50	10.00	35.50	40.50	34.15
46.00	26.00	10.00	36.00	41.00	34.50
46.50	26.50	10.00	36.50	41.50	34.90
47.00	27.00	10.00	37.00	42.00	35.25
47.50	27.50	10.00	37.50	42.50	35.65
48.00	28.00	10.00	38.00	43.00	36.00
48.50	28.50	10.00	38.50	43.50	36.40
49.00	29.00	10.00	39.00	44.00	36.75
49.50	29.50	10.00	39.50	44.50	37.15

1 November 1980

\$32.00 to \$49.50

Page iv

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 75% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 0% / \$20 maximum gap of the Schedule Fee.

**Medical Benefits Schedule — Parts 1-11
Ready Reckoner showing 1 November 1980
Schedule Fees and Medical Benefit Levels.**

MEDICAL BENEFIT LEVELS

**SCHEDULE
FEE**

	Commonwealth Medical Benefit @0% / \$20 maximum gap	Basic Fund Medical Benefit *	Combined Medical Benefit @75% / \$10 maximum gap	Commonwealth Medical Benefit @85% / \$5 maximum gap	Commonwealth Medical Benefit @75% flat
\$	\$	\$	\$	\$	\$
50.00	30.00	10.00	40.00	45.00	37.50
51.00	31.00	10.00	41.00	46.00	38.25
52.00	32.00	10.00	42.00	47.00	39.00
53.00	33.00	10.00	43.00	48.00	39.75
54.00	34.00	10.00	44.00	49.00	40.50
55.00	35.00	10.00	45.00	50.00	41.25
56.00	36.00	10.00	46.00	51.00	42.00
57.00	37.00	10.00	47.00	52.00	42.75
59.00	39.00	10.00	49.00	54.00	44.25
60.00	40.00	10.00	50.00	55.00	45.00
61.00	41.00	10.00	51.00	56.00	45.75
62.00	42.00	10.00	52.00	57.00	46.50
63.00	43.00	10.00	53.00	58.00	47.25
64.00	44.00	10.00	54.00	59.00	48.00
65.00	45.00	10.00	55.00	60.00	48.75
66.00	46.00	10.00	56.00	61.00	49.50
67.00	47.00	10.00	57.00	62.00	50.25
68.00	48.00	10.00	58.00	63.00	51.00
69.00	49.00	10.00	59.00	64.00	51.75
70.00	50.00	10.00	60.00	65.00	52.50
71.00	51.00	10.00	61.00	66.00	53.25
72.00	52.00	10.00	62.00	67.00	54.00
73.00	53.00	10.00	63.00	68.00	54.75
74.00	54.00	10.00	64.00	69.00	55.50
75.00	55.00	10.00	65.00	70.00	56.25
76.00	56.00	10.00	66.00	71.00	57.00
77.00	57.00	10.00	67.00	72.00	57.75
78.00	58.00	10.00	68.00	73.00	58.50
79.00	59.00	10.00	69.00	74.00	59.25
80.00	60.00	10.00	70.00	75.00	60.00
81.00	61.00	10.00	71.00	76.00	60.75
82.00	62.00	10.00	72.00	77.00	61.50
83.00	63.00	10.00	73.00	78.00	62.25
84.00	64.00	10.00	74.00	79.00	63.00
85.00	65.00	10.00	75.00	80.00	63.75

1 November 1980

\$50.00 to \$85.00

Page v

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 75% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 0% / \$20 maximum gap of the Schedule Fee.

**Medical Benefits Schedule — Parts 1-11
Ready Reckoner showing 1 November 1980
Schedule Fees and Medical Benefit Levels.**

**SCHEDULE
FEE**

MEDICAL BENEFIT LEVELS

	Commonwealth Medical Benefit @0% / \$20 maximum gap	Basic Fund Medical Benefit *	Combined Medical Benefit @75% / \$10 maximum gap	Commonwealth Medical Benefit @85% / \$5 maximum gap	Commonwealth Medical Benefit @75% flat
\$	\$	\$	\$	\$	\$
86.00	66.00	10.00	76.00	81.00	64.50
87.00	67.00	10.00	77.00	82.00	65.25
88.00	68.00	10.00	78.00	83.00	66.00
89.00	69.00	10.00	79.00	84.00	66.75
90.00	70.00	10.00	80.00	85.00	67.50
91.00	71.00	10.00	81.00	86.00	68.25
92.00	72.00	10.00	82.00	87.00	69.00
93.00	73.00	10.00	83.00	88.00	69.75
94.00	74.00	10.00	84.00	89.00	70.50
95.00	75.00	10.00	85.00	90.00	71.25
96.00	76.00	10.00	86.00	91.00	72.00
97.00	77.00	10.00	87.00	92.00	72.75
98.00	78.00	10.00	88.00	93.00	73.50
99.00	79.00	10.00	89.00	94.00	74.25
100.00	80.00	10.00	90.00	95.00	75.00
102.00	82.00	10.00	92.00	97.00	76.50
104.00	84.00	10.00	94.00	99.00	78.00
106.00	86.00	10.00	96.00	101.00	79.50
108.00	88.00	10.00	98.00	103.00	81.00
110.00	90.00	10.00	100.00	105.00	82.50
112.00	92.00	10.00	102.00	107.00	84.00
114.00	94.00	10.00	104.00	109.00	85.50
116.00	96.00	10.00	106.00	111.00	87.00
118.00	98.00	10.00	108.00	113.00	88.50
120.00	100.00	10.00	110.00	115.00	90.00
122.00	102.00	10.00	112.00	117.00	91.50
124.00	104.00	10.00	114.00	119.00	93.00
126.00	106.00	10.00	116.00	121.00	94.50
128.00	108.00	10.00	118.00	123.00	96.00
130.00	110.00	10.00	120.00	125.00	97.50
132.00	112.00	10.00	122.00	127.00	99.00
134.00	114.00	10.00	124.00	129.00	100.50
136.00	116.00	10.00	126.00	131.00	102.00
138.00	118.00	10.00	128.00	133.00	103.50
140.00	120.00	10.00	130.00	135.00	105.00

1 November 1980

\$86.00 to \$140.00

Page vi

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 75% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 0% / \$20 maximum gap of the Schedule Fee.

**Medical Benefits Schedule — Parts 1-11
Ready Reckoner showing 1 November 1980
Schedule Fees and Medical Benefit Levels.**

**SCHEDULE
FEE**

MEDICAL BENEFIT LEVELS

	Commonwealth Medical Benefit @0% / \$20 maximum gap	Basic Fund Medical Benefit *	Combined Medical Benefit @75% / \$10 maximum gap	Commonwealth Medical Benefit @85% / \$5 maximum gap	Commonwealth Medical Benefit @75% flat
\$	\$	\$	\$	\$	\$
142.00	122.00	10.00	132.00	137.00	106.50
144.00	124.00	10.00	134.00	139.00	108.00
146.00	126.00	10.00	136.00	141.00	109.50
148.00	128.00	10.00	138.00	143.00	111.00
150.00	130.00	10.00	140.00	145.00	112.50
152.00	132.00	10.00	142.00	147.00	114.00
154.00	134.00	10.00	144.00	149.00	115.50
155.00	135.00	10.00	145.00	150.00	116.25
156.00	136.00	10.00	146.00	151.00	117.00
158.00	138.00	10.00	148.00	153.00	118.50
160.00	140.00	10.00	150.00	155.00	120.00
162.00	142.00	10.00	152.00	157.00	121.50
164.00	144.00	10.00	154.00	159.00	123.00
166.00	146.00	10.00	156.00	161.00	124.50
167.00	147.00	10.00	157.00	162.00	125.25
168.00	148.00	10.00	158.00	163.00	126.00
170.00	150.00	10.00	160.00	165.00	127.50
172.00	152.00	10.00	162.00	167.00	129.00
173.00	153.00	10.00	163.00	168.00	129.75
174.00	154.00	10.00	164.00	169.00	130.50
176.00	156.00	10.00	166.00	171.00	132.00
178.00	158.00	10.00	168.00	173.00	133.50
180.00	160.00	10.00	170.00	175.00	135.00
182.00	162.00	10.00	172.00	177.00	136.50
184.00	164.00	10.00	174.00	179.00	138.00
186.00	166.00	10.00	176.00	181.00	139.50
187.00	167.00	10.00	177.00	182.00	140.25
188.00	168.00	10.00	178.00	183.00	141.00
190.00	170.00	10.00	180.00	185.00	142.50
192.00	172.00	10.00	182.00	187.00	144.00
194.00	174.00	10.00	184.00	189.00	145.50
198.00	178.00	10.00	188.00	193.00	148.50
200.00	180.00	10.00	190.00	195.00	150.00
204.00	184.00	10.00	194.00	199.00	153.00
205.00	185.00	10.00	195.00	200.00	153.75

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 75% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 0% / \$20 maximum gap of the Schedule Fee.

Medical Benefits Schedule — Parts 1-11
Ready Reckoner showing 1 November 1980
Schedule Fees and Medical Benefit Levels.

**SCHEDULE
FEE**

MEDICAL BENEFIT LEVELS

	Commonwealth Medical Benefit @0% / \$20 maximum gap	Basic Fund Medical Benefit *	Combined Medical Benefit @75% / \$10 maximum gap	Commonwealth Medical Benefit @85% / \$5 maximum gap	Commonwealth Medical Benefit @75% flat
\$	\$	\$	\$	\$	\$
209.00	189.00	10.00	199.00	204.00	156.75
210.00	190.00	10.00	200.00	205.00	157.50
215.00	195.00	10.00	205.00	210.00	161.25
220.00	200.00	10.00	210.00	215.00	165.00
224.00	204.00	10.00	214.00	219.00	168.00
225.00	205.00	10.00	215.00	220.00	168.75
230.00	210.00	10.00	220.00	225.00	172.50
235.00	215.00	10.00	225.00	230.00	176.25
240.00	220.00	10.00	230.00	235.00	180.00
245.00	225.00	10.00	235.00	240.00	183.75
246.00	226.00	10.00	236.00	241.00	184.50
250.00	230.00	10.00	240.00	245.00	187.50
255.00	235.00	10.00	245.00	250.00	191.25
260.00	240.00	10.00	250.00	255.00	195.00
265.00	245.00	10.00	255.00	260.00	198.75
270.00	250.00	10.00	260.00	265.00	202.50
275.00	255.00	10.00	265.00	270.00	206.25
277.00	257.00	10.00	267.00	272.00	207.75
280.00	260.00	10.00	270.00	275.00	210.00
285.00	265.00	10.00	275.00	280.00	213.75
295.00	275.00	10.00	285.00	290.00	221.25
305.00	285.00	10.00	295.00	300.00	228.75
310.00	290.00	10.00	300.00	305.00	232.50
325.00	305.00	10.00	315.00	320.00	243.75
330.00	310.00	10.00	320.00	325.00	247.50
335.00	315.00	10.00	325.00	330.00	251.25
345.00	325.00	10.00	335.00	340.00	258.75
350.00	330.00	10.00	340.00	345.00	262.50
355.00	335.00	10.00	345.00	350.00	266.25
360.00	340.00	10.00	350.00	355.00	270.00
365.00	345.00	10.00	355.00	360.00	273.75
380.00	360.00	10.00	370.00	375.00	285.00
390.00	370.00	10.00	380.00	385.00	292.50
400.00	380.00	10.00	390.00	395.00	300.00
405.00	385.00	10.00	395.00	400.00	303.75

1 November 1980

\$209.00 to \$405.00

Page viii

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 75% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 0% / \$20 maximum gap of the Schedule Fee.

**Medical Benefits Schedule – Parts 1-11
Ready Reckoner showing 1 November 1980
Schedule Fees and Medical Benefit Levels.**

**SCHEDULE
FEE**

MEDICAL BENEFIT LEVELS

	Commonwealth Medical Benefit @0% / \$20 maximum gap	Basic Fund Medical Benefit *	Combined Medical Benefit @75% / \$10 maximum gap	Commonwealth Medical Benefit @85% / \$5 maximum gap	Commonwealth Medical Benefit @75% flat
\$	\$	\$	\$	\$	\$
435.00	415.00	10.00	425.00	430.00	326.25
440.00	420.00	10.00	430.00	435.00	330.00
450.00	430.00	10.00	440.00	445.00	337.50
455.00	435.00	10.00	445.00	450.00	341.25
465.00	445.00	10.00	455.00	460.00	348.75
470.00	450.00	10.00	460.00	465.00	352.50
475.00	455.00	10.00	465.00	470.00	356.25
480.00	460.00	10.00	470.00	475.00	360.00
487.00	467.00	10.00	477.00	482.00	365.25
495.00	475.00	10.00	485.00	490.00	371.25
505.00	485.00	10.00	495.00	500.00	378.75
510.00	490.00	10.00	500.00	505.00	382.50
530.00	510.00	10.00	520.00	525.00	397.50
540.00	520.00	10.00	530.00	535.00	405.00
560.00	540.00	10.00	550.00	555.00	420.00
565.00	545.00	10.00	555.00	560.00	423.75
585.00	565.00	10.00	575.00	580.00	438.75
592.00	572.00	10.00	582.00	587.00	444.00
595.00	575.00	10.00	585.00	590.00	446.25
610.00	590.00	10.00	600.00	605.00	457.50
670.00	650.00	10.00	660.00	665.00	502.50
675.00	655.00	10.00	665.00	670.00	506.25
695.00	675.00	10.00	685.00	690.00	521.25
700.00	680.00	10.00	690.00	695.00	525.00
760.00	740.00	10.00	750.00	755.00	570.00
805.00	785.00	10.00	795.00	800.00	603.75
870.00	850.00	10.00	860.00	865.00	652.50
960.00	940.00	10.00	950.00	955.00	720.00
1095.00	1075.00	10.00	1085.00	1090.00	821.25

* Basic Fund Medical Benefit is the difference between Combined Medical Benefit at 75% / \$10 maximum gap of the Schedule Fee, and Commonwealth Medical Benefit at 0% / \$20 maximum gap of the Schedule Fee.

Item No.	Medical Service
----------	-----------------

PART 1 — PROFESSIONAL ATTENDANCES NOT COVERED BY AN ITEM IN ANY OTHER PART OF THIS SCHEDULE

NOTE

(1) An *IN HOURS* consultation or visit is a reference to an attendance between 8 a.m. and 8 p.m. on a week day not being a public holiday or between 8 a.m. and 1 p.m. on a Saturday.

(2) 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.

GENERAL PRACTITIONER — SURGERY CONSULTATIONS

Professional attendance at consulting rooms

BRIEF CONSULTATION of not more than 5 minutes duration

— IN HOURS

3	FEE	\$	NSW 8.10	VIC 7.70	QLD 7.70	SA 7.70	WA 7.70	TAS 7.70
---	-----	----	-------------	-------------	-------------	------------	------------	-------------

— AFTER HOURS

4	FEE	\$	NSW 14.20	VIC 13.60	QLD 13.60	SA 13.60	WA 13.60	TAS 13.60
---	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

STANDARD CONSULTATION of more than 5 minutes duration but not more than 25 minutes duration

— IN HOURS

14	FEE	\$	NSW 11.20	VIC 10.40	QLD 9.90	SA 9.90	WA 9.90	TAS 10.40
----	-----	----	--------------	--------------	-------------	------------	------------	--------------

— AFTER HOURS

19	FEE	\$	NSW 17.00	VIC 16.00	QLD 15.80	SA 15.80	WA 15.80	TAS 16.00
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

LONG CONSULTATION of more than 25 minutes duration but not more than 45 minutes duration

— IN HOURS

25	FEE	\$	NSW 21.00	VIC 19.80	QLD 19.00	SA 19.00	WA 19.00	TAS 19.80
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

PART 1

ATTENDANCES

-- AFTER HOURS

26	FEE	\$	NSW 27.00	VIC 25.50	QLD 25.00	SA 25.00	WA 25.00	TAS 25.50
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

PROLONGED CONSULTATION of more than 45 minutes duration

-- IN HOURS

33	FEE	\$	NSW 32.00	VIC 30.00	QLD 29.00	SA 29.00	WA 29.00	TAS 30.00
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

-- AFTER HOURS

35	FEE	\$	NSW 38.50	VIC 36.00	QLD 35.50	SA 35.50	WA 35.50	TAS 36.00
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

GENERAL PRACTITIONER -- HOME VISITS

Professional attendance at a place other than consulting rooms, hospital or nursing home

BRIEF HOME VISIT of not more than 5 minutes duration

-- IN HOURS

43	FEE	\$	NSW 12.40	VIC 11.40	QLD 11.40	SA 11.40	WA 11.40	TAS 11.40
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

-- AFTER HOURS

44	FEE	\$	NSW 18.40	VIC 17.60	QLD 17.60	SA 17.60	WA 17.60	TAS 17.60
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

STANDARD HOME VISIT of more than 5 minutes duration but not more than 25 minutes duration

-- IN HOURS

51	FEE	\$	NSW 16.20	VIC 15.40	QLD 15.20	SA 15.20	WA 15.20	TAS 15.40
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

-- AFTER HOURS

53	FEE	\$	NSW 23.00	VIC 21.00	QLD 21.00	SA 21.00	WA 21.00	TAS 21.00
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

LONG HOME VISIT of more than 25 minutes duration but not more than 45 minutes duration

— IN HOURS

57	FEE	\$	NSW 27.00	VIC 26.50	QLD 25.50	SA 25.50	WA 25.50	TAS 26.50
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— AFTER HOURS

59	FEE	\$	NSW 33.00	VIC 32.00	QLD 31.00	SA 31.00	WA 31.00	TAS 32.00
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

PROLONGED HOME VISIT of more than 45 minutes duration

— IN HOURS

65	FEE	\$	NSW 38.50	VIC 36.00	QLD 36.00	SA 36.00	WA 36.00	TAS 36.00
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— AFTER HOURS

66	FEE	\$	NSW 44.00	VIC 42.50	QLD 40.50	SA 40.50	WA 40.50	TAS 42.50
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

GENERAL PRACTITIONER — CONSULTATION AT HOSPITAL OR NURSING HOME (one patient)

Professional attendance at a **HOSPITAL** or **NURSING HOME** when only one patient is seen — **EACH ATTENDANCE**

— IN HOURS

69	FEE	\$	NSW 16.20	VIC 15.40	QLD 15.20	SA 15.20	WA 15.20	TAS 15.40
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— AFTER HOURS

71	FEE	\$	NSW 23.00	VIC 21.00	QLD 21.00	SA 21.00	WA 21.00	TAS 21.00
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

**GENERAL PRACTITIONER – CONSULTATION AT HOSPITAL
(two patients)**

Professional attendance on two patients in the one **HOSPITAL** on the one occasion – **EACH PATIENT**

– IN HOURS

72	FEE	\$	NSW 11.20	VIC 10.40	QLD 9.90	SA 9.90	WA 9.90	TAS 10.40
----	-----	----	--------------	--------------	-------------	------------	------------	--------------

– AFTER HOURS

74	FEE	\$	NSW 15.80	VIC 14.80	QLD 14.40	SA 14.40	WA 14.40	TAS 14.80
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

**GENERAL PRACTITIONER – CONSULTATION AT HOSPITAL
(three or more patients)**

Professional attendance on three or more patients in the one **HOSPITAL** on the one occasion – **EACH PATIENT**

75	FEE	\$	NSW 11.20	VIC 10.40	QLD 9.90	SA 9.90	WA 9.90	TAS 10.40
----	-----	----	--------------	--------------	-------------	------------	------------	--------------

**GENERAL PRACTITIONER – CONSULTATION AT NURSING HOME
(two patients)**

Professional attendance on two patients in the one **NURSING HOME** on the one occasion – **EACH PATIENT**

76	FEE	\$	NSW 9.60	VIC 9.00	QLD 8.80	SA 8.80	WA 8.80	TAS 9.00
----	-----	----	-------------	-------------	-------------	------------	------------	-------------

**GENERAL PRACTITIONER – CONSULTATION AT NURSING HOME
(three or more patients)**

Professional attendance on three or more patients in the one **NURSING HOME** on the one occasion – **EACH PATIENT**

78	FEE	\$	NSW 8.10	VIC 7.70	QLD 7.70	SA 7.70	WA 7.70	TAS 7.70
----	-----	----	-------------	-------------	-------------	------------	------------	-------------

LONG HOME VISIT of more than 25 minutes duration but not more than 45 minutes duration

— IN HOURS

57	FEE	\$	NSW 27.00	VIC 26.50	QLD 25.50	SA 25.50	WA 25.50	TAS 26.50
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— AFTER HOURS

59	FEE	\$	NSW 33.00	VIC 32.00	QLD 31.00	SA 31.00	WA 31.00	TAS 32.00
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

PROLONGED HOME VISIT of more than 45 minutes duration

— IN HOURS

65	FEE	\$	NSW 38.50	VIC 36.00	QLD 36.00	SA 36.00	WA 36.00	TAS 36.00
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— AFTER HOURS

66	FEE	\$	NSW 44.00	VIC 42.50	QLD 40.50	SA 40.50	WA 40.50	TAS 42.50
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

GENERAL PRACTITIONER — CONSULTATION AT HOSPITAL OR NURSING HOME (one patient)

‡ Professional attendance at a **HOSPITAL** or **NURSING HOME** including **AGED PERSONS' ACCOMMODATION** attached to a nursing home or where the aged persons' accommodation is situated within a nursing home complex when only one patient is seen — **EACH ATTENDANCE**

— IN HOURS

69	FEE	\$	NSW 16.20	VIC 15.40	QLD 15.20	SA 15.20	WA 15.20	TAS 15.40
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

‡ — AFTER HOURS

71	FEE	\$	NSW 23.00	VIC 21.00	QLD 21.00	SA 21.00	WA 21.00	TAS 21.00
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

**GENERAL PRACTITIONER — CONSULTATION AT HOSPITAL
(two patients)**

Professional attendance on two patients in the one **HOSPITAL** on the one occasion — **EACH PATIENT**

— IN HOURS

72	FEE	\$	NSW 11.20	VIC 10.40	QLD 9.90	SA 9.90	WA 9.90	TAS 10.40
----	-----	----	--------------	--------------	-------------	------------	------------	--------------

— AFTER HOURS

74	FEE	\$	NSW 15.80	VIC 14.80	QLD 14.40	SA 14.40	WA 14.40	TAS 14.80
----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

**GENERAL PRACTITIONER — CONSULTATION AT HOSPITAL
(three or more patients)**

Professional attendance on three or more patients in the one **HOSPITAL** on the one occasion — **EACH PATIENT**

75	FEE	\$	NSW 11.20	VIC 10.40	QLD 9.90	SA 9.90	WA 9.90	TAS 10.40
----	-----	----	--------------	--------------	-------------	------------	------------	--------------

**GENERAL PRACTITIONER — CONSULTATION AT NURSING HOME
(two patients)**

‡ Professional attendance on two patients in the one **NURSING HOME** including **AGED PERSONS' ACCOMMODATION** attached to a nursing home or where the aged persons' accommodation is situated within a nursing home complex, on the one occasion

— EACH PATIENT

76	FEE	\$	NSW 9.60	VIC 9.00	QLD 8.80	SA 8.80	WA 8.80	TAS 9.00
----	-----	----	-------------	-------------	-------------	------------	------------	-------------

**GENERAL PRACTITIONER — CONSULTATION AT NURSING HOME
(three or more patients)**

‡ Professional attendance on three or more patients in the one **NURSING HOME** including **AGED PERSONS' ACCOMMODATION** attached to a nursing home or where the aged persons' accommodation is situated within a nursing home complex, on the one occasion

— EACH PATIENT

78	FEE	\$	NSW 8.10	VIC 7.70	QLD 7.70	SA 7.70	WA 7.70	TAS 7.70
----	-----	----	-------------	-------------	-------------	------------	------------	-------------

PRE-OPERATIVE EXAMINATION BY ANAESTHETIST

PRE-OPERATIVE EXAMINATION OF A PATIENT IN PREPARATION FOR THE ADMINISTRATION OF AN ANAESTHETIC, being an examination carried out at an attendance other than at which the anaesthetic is administered

			NSW	VIC	QLD	SA	WA	TAS
82	G. FEE	\$	11.20	10.40	9.90	9.90	9.90	10.40
85	S. FEE	\$	16.00	15.20	15.20	15.20	15.20	13.40

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 speciality where the patient is referred to him

— INITIAL attendance in a single course of treatment

			NSW	VIC	QLD	SA	WA	TAS
88	FEE	\$	32.00	30.00	30.00	30.00	30.00	26.50

— Each attendance **SUBSEQUENT** to the first in a single course of treatment

			NSW	VIC	QLD	SA	WA	TAS
94	FEE	\$	16.00	15.20	15.20	15.20	15.20	13.40

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 speciality where the patient is referred to him

— INITIAL attendance in a single course of treatment

			NSW	VIC	QLD	SA	WA	TAS
100	FEE	\$	46.50	44.00	44.00	44.00	44.00	40.00

— Each attendance **SUBSEQUENT** to the first in a single course of treatment

			NSW	VIC	QLD	SA	WA	TAS
103	FEE	\$	30.00	29.50	29.50	29.50	29.50	27.00

**CONSULTANT PHYSICIAN (OTHER THAN IN PSYCHIATRY),
REFERRED CONSULTATION – SURGERY, HOSPITAL
OR NURSING HOME**

Professional attendance at consulting rooms, hospital or nursing home by a consultant physician in the practice of his specialty (other than in psychiatry) where the patient is referred to him by a medical practitioner

– **INITIAL** attendance in a single course of treatment

			NSW	VIC	QLD	SA	WA	TAS
110	FEE	\$	56.00	51.00	51.00	51.00	51.00	51.00

– Each attendance **SUBSEQUENT** to the first in a single course of treatment

116	ALL STATES: FEE \$28.00							
-----	-------------------------	--	--	--	--	--	--	--

**CONSULTANT PHYSICIAN (OTHER THAN IN PSYCHIATRY),
REFERRED CONSULTATION – HOME VISITS**

Professional attendance at a place other than consulting rooms, hospital or nursing home by a consultant physician in the practice of his specialty (other than in psychiatry) where the patient is referred to him by a medical practitioner

– **INITIAL** attendance in a single course of treatment

			NSW	VIC	QLD	SA	WA	TAS
122	FEE	\$	69.00	65.00	65.00	65.00	65.00	65.00

– Each attendance **SUBSEQUENT** to the first in a single course of treatment

128	ALL STATES: FEE \$41.50							
-----	-------------------------	--	--	--	--	--	--	--

**CONSULTANT PSYCHIATRIST, REFERRED CONSULTATION
– SURGERY, HOSPITAL OR NURSING HOME**

‡ Professional attendance at consulting rooms, hospital or nursing home by a consultant psychiatrist in the practice of his recognised specialty of PSYCHIATRY where the patient is referred to him by a medical practitioner

– An attendance of not more than 15 minutes duration

			NSW	VIC	QLD	SA	WA	TAS
134	FEE	\$	16.00	15.20	15.20	15.20	15.20	15.20

PART 1

ATTENDANCES

	— An attendance of more than 15 minutes duration but not more than 30 minutes duration							
136	FEE	\$	NSW 32.00	VIC 30.00	QLD 30.00	SA 30.00	WA 30.00	TAS 30.00
	— An attendance of more than 30 minutes duration but not more than 45 minutes duration							
138	FEE	\$	NSW 48.00	VIC 45.00	QLD 45.00	SA 45.00	WA 45.00	TAS 45.00
	— An attendance of more than 45 minutes duration but not more than 75 minutes duration							
140	FEE	\$	NSW 65.00	VIC 60.00	QLD 60.00	SA 60.00	WA 60.00	TAS 60.00
	— An attendance of more than 75 minutes duration							
142	FEE	\$	NSW 80.00	VIC 76.00	QLD 76.00	SA 76.00	WA 76.00	TAS 76.00
CONSULTANT PSYCHIATRIST, REFERRED CONSULTATION — HOME VISITS								
‡	Professional attendance by a consultant psychiatrist in the practice of his recognised speciality of PSYCHIATRY where the patient is referred to him by a medical practitioner — where that attendance is at a place other than consulting rooms, hospital or nursing home							
	— An attendance of not more than 15 minutes duration							
144	FEE	\$	NSW 30.00	VIC 29.50	QLD 29.50	SA 29.50	WA 29.50	TAS 29.50
	— An attendance of more than 15 minutes duration but not more than 30 minutes duration							
146	FEE	\$	NSW 46.50	VIC 44.00	QLD 44.00	SA 44.00	WA 44.00	TAS 44.00
	— An attendance of more than 30 minutes duration but not more than 45 minutes duration							
148	FEE	\$	NSW 64.00	VIC 59.00	QLD 59.00	SA 59.00	WA 59.00	TAS 59.00

PART 1

ATTENDANCES

	— An attendance of more than 45 minutes duration but not more than 75 minutes duration							
150	FEE	\$	NSW 78.00	VIC 74.00	QLD 74.00	SA 74.00	WA 74.00	TAS 74.00

	— An attendance of more than 75 minutes duration							
152	FEE	\$	NSW 94.00	VIC 90.00	QLD 90.00	SA 90.00	WA 90.00	TAS 90.00

PROLONGED PROFESSIONAL ATTENDANCE

Professional attendance (not covered by any other item in this Part) on a patient in a critical condition that requires constant attention to the exclusion of all other patients

— For a period of not less than **ONE** hour but less than **TWO** hours

160	ALL STATES: FEE \$45.00							
-----	-------------------------	--	--	--	--	--	--	--

— For a period of not less than **TWO** hours but less than **THREE** hours

161	ALL STATES: FEE \$73.00							
-----	-------------------------	--	--	--	--	--	--	--

— For a period of not less than **THREE** hours but less than **FOUR** hours

162	ALL STATES: FEE \$102.00							
-----	--------------------------	--	--	--	--	--	--	--

— For a period of not less than **FOUR** hours but less than **FIVE** hours

163	ALL STATES: FEE \$130.00							
-----	--------------------------	--	--	--	--	--	--	--

— For a period of **FIVE** hours or more

164	ALL STATES: FEE \$156.00							
-----	--------------------------	--	--	--	--	--	--	--

Medical Service

PART 2 — OBSTETRICS

DIVISION 1 — GENERAL

ANTENATAL CARE (not including any service or services covered by Item 200 or 207 or by any item in Division 2 of this Part) where the attendances do not exceed ten — each attendance

Item No.			NSW	VIC	QLD	SA	WA	TAS
190	FEE	\$	11.20	10.40	9.90	9.90	9.90	10.40

ANTENATAL CARE (not including any service or services covered by Item 200 or 207 or by any item in Division 2 of this Part) where attendances exceed ten

Item No.			NSW	VIC	QLD	SA	WA	TAS
192	FEE	\$	112.00	104.00	99.00	99.00	99.00	104.00

CONFINEMENT AND POSTNATAL CARE for nine days (not including any service or services covered by Item 200 or 207 or by any item in Division 2 of this Part) where the medical practitioner has not given the antenatal care

Item No.			NSW	VIC	QLD	SA	WA	TAS
194	G. FEE	\$	96.00	87.00	87.00	74.00	74.00	74.00
196	S. FEE	\$	142.00	108.00	108.00	96.00	96.00	96.00

CONFINEMENT AS AN INDEPENDENT PROCEDURE BY A SPECIALIST in the practice of his specialty, where the patient is referred by another medical practitioner including all attendances related to the confinement

Item No.			NSW	VIC	QLD	SA	WA	TAS
198	FEE	\$	96.00	87.00	87.00	87.00	87.00	87.00

ANTENATAL CARE, CONFINEMENT AND POSTNATAL CARE for nine days (not including any service or services covered by Division 2 of this Part)

Item No.			NSW	VIC	QLD	SA	WA	TAS
200	G. FEE	\$	162.00	148.00	142.00	130.00	130.00	130.00
207	S. FEE	\$	215.00	184.00	162.00	184.00	162.00	148.00

PART 2 DIVISION 1 — GENERAL

OBSTETRICS

ANTENATAL CARE, CONFINEMENT and POSTNATAL CARE for nine days with MID-CAVITY FORCEPS or VACUUM EXTRACTION, BREECH DELIVERY OR MANAGEMENT OF MULTIPLE DELIVERY (not including any service or services covered by Division 2 of this Part other than Items 295, 298 and 360 when performed at time of delivery)

			NSW	VIC	QLD	SA	WA	TAS
208	G. FEE	\$	230.00	205.00	190.00	186.00	176.00	174.00
209	S. FEE	\$	280.00	235.00	210.00	235.00	210.00	192.00

DIVISION 2 — SPECIAL SERVICES

ANTENATAL CARE, CONFINEMENT AND POSTNATAL CARE for nine days WITH SURGICAL INDUCTION OF LABOUR

			NSW	VIC	QLD	SA	WA	TAS
211	G. FEE	\$	187.00	173.00	167.00	155.00	155.00	155.00
213	S. FEE	\$	240.00	209.00	187.00	209.00	187.00	173.00

ANTENATAL CARE, CONFINEMENT AND POSTNATAL CARE for nine days WITH SURGICAL INDUCTION OF LABOUR INCLUDING MAJOR REGIONAL OR FIELD BLOCK

			NSW	VIC	QLD	SA	WA	TAS
216	G. FEE	\$	224.00	210.00	204.00	192.00	192.00	192.00
217	S. FEE	\$	277.00	246.00	224.00	246.00	224.00	210.00

CAESAREAN SECTION and postnatal care for nine days

			NSW	VIC	QLD	SA	WA	TAS
234	G. FEE	\$	205.00	205.00	192.00	192.00	192.00	184.00
241	S. FEE	\$	270.00	240.00	240.00	240.00	240.00	215.00

Anaesthetic 10 units — Item Nos 450G / 521S

TREATMENT OF HABITUAL MISCARRIAGE by injection of hormones — each injection up to a maximum of twelve injections, not associated with a routine antenatal attendance

			NSW	VIC	QLD	SA	WA	TAS
242	FEE	\$	8.10	7.70	7.70	7.70	7.70	7.70

PART 2 DIVISION 2 — SPECIAL SERVICES

OBSTETRICS

THREATENED ABORTION, THREATENED MISCARRIAGE OR HYPEREMESIS GRAVIDARUM, requiring admission to hospital, treatment of — each attendance not associated with a routine antenatal attendance

			NSW	VIC	QLD	SA	WA	TAS
246	FEE	\$	8.10	7.70	7.70	7.70	7.70	7.70

CERVIX, purse string ligation of, for threatened miscarriage

250 G. ALL STATES: FEE \$65.00

258 S. ALL STATES: FEE \$87.00

Anaesthetic 6 units — Item Nos 407G / 513S

CERVIX, removal of purse string ligature of, under general anaesthesia

267 ALL STATES: FEE \$25.00

Anaesthetic 5 units — Item Nos 406G / 510S

PRE-ECLAMPSIA, ECLAMPSIA OR ANTEPARTUM HAEMORRHAGE, treatment of — each attendance not associated with a routine antenatal attendance

			NSW	VIC	QLD	SA	WA	TAS
273	FEE	\$	8.10	7.70	7.70	7.70	7.70	7.70

INDUCTION and MANAGEMENT of SECOND TRIMESTER LABOUR

274 G. ALL STATES: FEE \$95.00

275 S. ALL STATES: FEE \$118.00

AMNIOSCOPY or AMNIOCENTESIS

278 ALL STATES: FEE \$25.00

AMNIOSCOPY with surgical induction of labour

284 ALL STATES: FEE \$35.00

Anaesthetic 6 units — Item Nos 407G / 513S

VERSION, EXTERNAL, under general anaesthesia, not covered by Items 208/209

295 ALL STATES: FEE \$25.00

Anaesthetic 6 units — Item Nos 407G / 513S

298	<p>VERSION, INTERNAL, under general anaesthesia, not covered by Items 208/209</p> <p>ALL STATES: FEE \$45.50</p> <p>Anaesthetic 6 units – Item Nos 407G / 513S</p>
354	<p>SURGICAL INDUCTION of labour</p> <p>ALL STATES: FEE \$25.00</p> <p>Anaesthetic 5 units – Item Nos 406G / 510S</p>
360	<p>DECAPITATION, CRANIOTOMY, CLEIDOTOMY OR EVISCERATION OF FOETUS or any two or more of those services, not covered by Items 208/209</p> <p>ALL STATES: FEE \$96.00</p> <p>Anaesthetic 8 units – Item Nos 409G / 517S</p>
362	<p>EVACUATION OF PRODUCTS OF CONCEPTION (such as retained foetus, placenta, membranes or mole) by intrauterine manual removal or TREATMENT OF POSTPARTUM HAEMORRHAGE by special procedures such as packing of uterus</p> <p>ALL STATES: FEE \$30.50</p> <p>Anaesthetic 7 units – Item Nos 408G / 514S</p>
365	<p>MANIPULATIVE CORRECTION OF ACUTE INVERSION OF UTERUS, by vaginal approach, with or without incision of cervix</p> <p>ALL STATES: FEE \$108.00</p> <p>Anaesthetic 8 units – Item Nos 409G / 517S</p>
368	<p>MANIPULATIVE CORRECTION OF ACUTE INVERSION OF UTERUS, by abdominal approach, with or without incision of cervix</p> <p>ALL STATES: FEE \$162.00</p> <p>Anaesthetic 9 units – Item Nos 443G / 518S</p>
383	<p>THIRD DEGREE TEAR, repair of, involving anal sphincter muscles</p> <p>ALL STATES: FEE \$50.00</p> <p>Anaesthetic 7 units – Item Nos 408G / 514S</p>

Item No.	Medical Service
----------	-----------------

PART 3 — ANAESTHETICS**NOTE**

(1) Where an anaesthetic is administered to a patient the pre-medication 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 on the patient.

(2) The amount of benefit specified for the administration of an anaesthetic or for assistance in the administration of an anaesthetic is the amount payable whether that service is rendered by one or more than one medical practitioner.

(3) Fees for anaesthetics administered when two or more operations are performed on a patient, on the one occasion are to be calculated by the following rule applied to the listed anaesthetic items for the individual operations:

100 per cent for the item with the greatest anaesthetic fee;
plus 20 per cent for the item with the next greatest anaesthetic fee;
plus 10 per cent for each other item.

For convenience in assessing anaesthetic services, Items 82 and 85 have been repeated in this Part.

PRE-OPERATIVE EXAMINATION OF A PATIENT IN PREPARATION FOR THE ADMINISTRATION OF AN ANAESTHETIC, being an examination carried out at an attendance other than at which the anaesthetic is administered

			NSW	VIC	QLD	SA	WA	TAS
82	G. FEE	\$	11.20	10.40	9.90	9.90	9.90	10.40
85	S. FEE	\$	16.00	15.20	15.20	15.20	15.20	13.40

DIVISION 1 — ADMINISTRATION OF AN ANAESTHETIC by a medical practitioner OTHER THAN A SPECIALIST ANAESTHETIST

— In connection with a medical service which has been assigned an anaesthetic unit value of

— ONE UNIT

			NSW	VIC	QLD	SA	WA	TAS
401	FEE	\$	5.60	5.50	5.50	5.40	5.40	4.80

— TWO UNITS

			NSW	VIC	QLD	SA	WA	TAS
403	FEE	\$	11.20	11.00	11.00	10.80	10.80	9.50

— THREE UNITS

			NSW	VIC	QLD	SA	WA	TAS
404	FEE	\$	16.80	16.60	16.60	16.20	16.20	14.20

PART 3 DIVISION 1

ANAESTHETICS — G

— FOUR UNITS

405	FEE	\$	NSW 22.50	VIC 22.00	QLD 22.00	SA 21.50	WA 21.50	TAS 19.00
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— FIVE UNITS

406	FEE	\$	NSW 28.00	VIC 27.50	QLD 27.50	SA 27.00	WA 27.00	TAS 24.00
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— SIX UNITS

407	FEE	\$	NSW 33.50	VIC 33.00	QLD 33.00	SA 32.50	WA 32.50	TAS 28.50
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— SEVEN UNITS

408	FEE	\$	NSW 39.50	VIC 38.50	QLD 38.50	SA 38.00	WA 38.00	TAS 33.50
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— EIGHT UNITS

409	FEE	\$	NSW 45.00	VIC 44.00	QLD 44.00	SA 43.50	WA 43.50	TAS 38.00
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— NINE UNITS

443	FEE	\$	NSW 51.00	VIC 49.50	QLD 49.50	SA 48.50	WA 48.50	TAS 43.00
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— TEN UNITS

450	FEE	\$	NSW 56.00	VIC 55.00	QLD 55.00	SA 54.00	WA 54.00	TAS 47.50
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— ELEVEN UNITS

453	FEE	\$	NSW 62.00	VIC 61.00	QLD 61.00	SA 60.00	WA 60.00	TAS 52.00
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— TWELVE UNITS

454	FEE	\$	NSW 67.00	VIC 66.00	QLD 66.00	SA 65.00	WA 65.00	TAS 57.00
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— THIRTEEN UNITS

457	FEE	\$	NSW 73.00	VIC 72.00	QLD 72.00	SA 70.00	WA 70.00	TAS 62.00
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— FOURTEEN UNITS

458	FEE	\$	NSW 79.00	VIC 77.00	QLD 77.00	SA 76.00	WA 76.00	TAS 67.00
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— FIFTEEN UNITS

459	FEE	\$	NSW 84.00	VIC 83.00	QLD 83.00	SA 81.00	WA 81.00	TAS 71.00
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— SIXTEEN UNITS

460	FEE	\$	NSW 90.00	VIC 88.00	QLD 88.00	SA 87.00	WA 87.00	TAS 76.00
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— SEVENTEEN UNITS

461	FEE	\$	NSW 96.00	VIC 94.00	QLD 94.00	SA 92.00	WA 92.00	TAS 81.00
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— EIGHTEEN UNITS

462	FEE	\$	NSW 102.00	VIC 99.00	QLD 99.00	SA 97.00	WA 97.00	TAS 86.00
-----	-----	----	---------------	--------------	--------------	-------------	-------------	--------------

— NINETEEN UNITS

463	FEE	\$	NSW 106.00	VIC 104.00	QLD 104.00	SA 102.00	WA 102.00	TAS 90.00
-----	-----	----	---------------	---------------	---------------	--------------	--------------	--------------

— TWENTY UNITS

464	FEE	\$	NSW 112.00	VIC 110.00	QLD 110.00	SA 108.00	WA 108.00	TAS 95.00
-----	-----	----	---------------	---------------	---------------	--------------	--------------	--------------

— TWENTY-ONE UNITS

465	FEE	\$	NSW 118.00	VIC 116.00	QLD 116.00	SA 114.00	WA 114.00	TAS 100.00
-----	-----	----	---------------	---------------	---------------	--------------	--------------	---------------

— TWENTY-TWO UNITS

466	FEE	\$	NSW 124.00	VIC 122.00	QLD 122.00	SA 120.00	WA 120.00	TAS 104.00
-----	-----	----	---------------	---------------	---------------	--------------	--------------	---------------

— TWENTY-THREE UNITS

467	FEE	\$	NSW 130.00	VIC 128.00	QLD 128.00	SA 124.00	WA 124.00	TAS 110.00
-----	-----	----	---------------	---------------	---------------	--------------	--------------	---------------

	- TWENTY-FOUR UNITS							
468	FEE	\$	NSW 134.00	VIC 132.00	QLD 132.00	SA 130.00	WA 130.00	TAS 114.00
	- TWENTY-FIVE UNITS							
469	FEE	\$	NSW 140.00	VIC 138.00	QLD 138.00	SA 136.00	WA 136.00	TAS 118.00
	- TWENTY-SIX UNITS							
470	FEE	\$	NSW 146.00	VIC 144.00	QLD 144.00	SA 140.00	WA 140.00	TAS 124.00
	- TWENTY-SEVEN UNITS							
471	FEE	\$	NSW 152.00	VIC 150.00	QLD 150.00	SA 146.00	WA 146.00	TAS 128.00
	- TWENTY-EIGHT UNITS							
472	FEE	\$	NSW 158.00	VIC 154.00	QLD 154.00	SA 152.00	WA 152.00	TAS 134.00
	- TWENTY-NINE UNITS							
473	FEE	\$	NSW 164.00	VIC 160.00	QLD 160.00	SA 158.00	WA 158.00	TAS 138.00
	- THIRTY UNITS							
474	FEE	\$	NSW 168.00	VIC 166.00	QLD 166.00	SA 162.00	WA 162.00	TAS 142.00
	- THIRTY-TWO UNITS							
475	FEE	\$	NSW 180.00	VIC 176.00	QLD 176.00	SA 174.00	WA 174.00	TAS 152.00
	- THIRTY-SIX UNITS							
476	FEE	\$	NSW 200.00	VIC 198.00	QLD 198.00	SA 194.00	WA 194.00	TAS 172.00
	- THIRTY-EIGHT UNITS							
477	FEE	\$	NSW 215.00	VIC 210.00	QLD 210.00	SA 205.00	WA 205.00	TAS 180.00

— THIRTY-NINE UNITS

478	FEE	\$	NSW 220.00	VIC 215.00	QLD 215.00	SA 210.00	WA 210.00	TAS 186.00
-----	-----	----	---------------	---------------	---------------	--------------	--------------	---------------

— In connection with electroconvulsive therapy
(based on 2.5 units)

479	FEE	\$	NSW 14.00	VIC 13.80	QLD 13.80	SA 13.60	WA 13.60	TAS 11.80
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— In connection with radio-therapy
(based on 6 units)

480	FEE	\$	NSW 33.50	VIC 33.00	QLD 33.00	SA 32.50	WA 32.50	TAS 28.50
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— In connection with forceps delivery
(based on 7 units)

481	FEE	\$	NSW 39.50	VIC 38.50	QLD 38.50	SA 38.00	WA 38.00	TAS 33.50
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— In connection with the treatment of a dislocation requiring open operation, being a dislocation referred to in Items 7397 to 7472

482	DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the dislocation plus one-half of that fee.							
-----	--	--	--	--	--	--	--	--

-- In connection with the treatment of a simple and uncomplicated fracture requiring open operation being a fracture referred to in Items 7505 to 7798

483	DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the fracture plus one-third of that fee.							
-----	--	--	--	--	--	--	--	--

— In connection with the treatment of a simple and uncomplicated fracture requiring internal fixation or with the treatment of a compound fracture requiring open operation, being in either case a fracture referred to in Items 7505 to 7798

484	DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the fracture plus one-half of that fee.							
-----	---	--	--	--	--	--	--	--

— In connection with the treatment of a complicated fracture involving viscera, blood vessels or nerves and requiring open operation, being a fracture referred to in Items 7505 to 7798

485	DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the fracture plus three-quarters of that fee.							
-----	---	--	--	--	--	--	--	--

† — Where the anaesthetic is administered as a therapeutic procedure

487	FEE	\$	NSW 56.00	VIC 55.00	QLD 55.00	SA 54.00	WA 54.00	TAS 47.50
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

PART 3 DIVISION 1

ANAESTHETICS — G

†	— In connection with computerised axial tomography — brain scan, plain study with or without contrast medium study							
489	FEE	\$	NSW 39.50	VIC 38.50	QLD 38.50	SA 38.00	WA 38.00	TAS 33.50
†	— In connection with computerised axial tomography — body scan, plain study with or without contrast medium study							
490	FEE	\$	NSW 45.00	VIC 44.00	QLD 44.00	SA 43.50	WA 43.50	TAS 38.00
DIVISION 2 — ADMINISTRATION OF AN ANAESTHETIC BY A SPECIALIST ANAESTHETIST								
— In connection with a medical service which has been assigned an anaesthetic unit value of								
— ONE UNIT								
500	FEE	\$	NSW 6.80	VIC 6.70	QLD 6.70	SA 6.60	WA 6.60	TAS 5.90
— TWO UNITS								
505	FEE	\$	NSW 13.60	VIC 13.40	QLD 13.40	SA 13.20	WA 13.20	TAS 11.80
— THREE UNITS								
506	FEE	\$	NSW 20.50	VIC 20.00	QLD 20.00	SA 19.80	WA 19.80	TAS 17.80
— FOUR UNITS								
509	FEE	\$	NSW 27.50	VIC 27.00	QLD 27.00	SA 26.50	WA 26.50	TAS 24.00
— FIVE UNITS								
510	FEE	\$	NSW 34.00	VIC 33.50	QLD 33.50	SA 33.00	WA 33.00	TAS 29.50
— SIX UNITS								
513	FEE	\$	NSW 41.00	VIC 40.00	QLD 40.00	SA 39.50	WA 39.50	TAS 35.50

— SEVEN UNITS

514	FEE	\$	NSW 47.50	VIC 47.00	QLD 47.00	SA 46.00	WA 46.00	TAS 41.50
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— EIGHT UNITS

517	FEE	\$	NSW 55.00	VIC 54.00	QLD 54.00	SA 53.00	WA 53.00	TAS 47.50
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— NINE UNITS

518	FEE	\$	NSW 61.00	VIC 60.00	QLD 60.00	SA 59.00	WA 59.00	TAS 53.00
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— TEN UNITS

521	FEE	\$	NSW 68.00	VIC 67.00	QLD 67.00	SA 66.00	WA 66.00	TAS 59.00
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— ELEVEN UNITS

522	FEE	\$	NSW 75.00	VIC 74.00	QLD 74.00	SA 73.00	WA 73.00	TAS 65.00
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— TWELVE UNITS

523	FEE	\$	NSW 82.00	VIC 80.00	QLD 80.00	SA 79.00	WA 79.00	TAS 71.00
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— THIRTEEN UNITS

524	FEE	\$	NSW 89.00	VIC 87.00	QLD 87.00	SA 86.00	WA 86.00	TAS 77.00
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— FOURTEEN UNITS

525	FEE	\$	NSW 95.00	VIC 94.00	QLD 94.00	SA 92.00	WA 92.00	TAS 83.00
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— FIFTEEN UNITS

526	FEE	\$	NSW 102.00	VIC 100.00	QLD 100.00	SA 99.00	WA 99.00	TAS 89.00
-----	-----	----	---------------	---------------	---------------	-------------	-------------	--------------

— SIXTEEN UNITS

527	FEE	\$	NSW 110.00	VIC 108.00	QLD 108.00	SA 106.00	WA 106.00	TAS 95.00
-----	-----	----	---------------	---------------	---------------	--------------	--------------	--------------

	— SEVENTEEN UNITS							
528	FEE	\$	NSW 116.00	VIC 114.00	QLD 114.00	SA 112.00	WA 112.00	TAS 100.00
	— EIGHTEEN UNITS							
529	FEE	\$	NSW 122.00	VIC 120.00	QLD 120.00	SA 118.00	WA 118.00	TAS 106.00
	— NINETEEN UNITS							
531	FEE	\$	NSW 130.00	VIC 128.00	QLD 128.00	SA 126.00	WA 126.00	TAS 112.00
	— TWENTY UNITS							
533	FEE	\$	NSW 136.00	VIC 134.00	QLD 134.00	SA 132.00	WA 132.00	TAS 118.00
	— TWENTY-ONE UNITS							
535	FEE	\$	NSW 144.00	VIC 140.00	QLD 140.00	SA 138.00	WA 138.00	TAS 124.00
	— TWENTY-TWO UNITS							
537	FEE	\$	NSW 150.00	VIC 148.00	QLD 148.00	SA 146.00	WA 146.00	TAS 130.00
	— TWENTY-THREE UNITS							
538	FEE	\$	NSW 156.00	VIC 154.00	QLD 154.00	SA 152.00	WA 152.00	TAS 136.00
	— TWENTY-FOUR UNITS							
539	FEE	\$	NSW 164.00	VIC 160.00	QLD 160.00	SA 158.00	WA 158.00	TAS 142.00
	— TWENTY-FIVE UNITS							
540	FEE	\$	NSW 170.00	VIC 168.00	QLD 168.00	SA 164.00	WA 164.00	TAS 148.00
	— TWENTY-SIX UNITS							
541	FEE	\$	NSW 178.00	VIC 174.00	QLD 174.00	SA 172.00	WA 172.00	TAS 154.00

— TWENTY-SEVEN UNITS

542	FEE	\$	NSW 184.00	VIC 182.00	QLD 182.00	SA 178.00	WA 178.00	TAS 160.00
-----	-----	----	---------------	---------------	---------------	--------------	--------------	---------------

— TWENTY-EIGHT UNITS

543	FEE	\$	NSW 190.00	VIC 188.00	QLD 188.00	SA 184.00	WA 184.00	TAS 166.00
-----	-----	----	---------------	---------------	---------------	--------------	--------------	---------------

— TWENTY-NINE UNITS

544	FEE	\$	NSW 198.00	VIC 194.00	QLD 194.00	SA 192.00	WA 192.00	TAS 172.00
-----	-----	----	---------------	---------------	---------------	--------------	--------------	---------------

— THIRTY UNITS

545	FEE	\$	NSW 205.00	VIC 200.00	QLD 200.00	SA 198.00	WA 198.00	TAS 178.00
-----	-----	----	---------------	---------------	---------------	--------------	--------------	---------------

— THIRTY-TWO UNITS

546	FEE	\$	NSW 220.00	VIC 215.00	QLD 215.00	SA 210.00	WA 210.00	TAS 190.00
-----	-----	----	---------------	---------------	---------------	--------------	--------------	---------------

— THIRTY-SIX UNITS

547	FEE	\$	NSW 245.00	VIC 240.00	QLD 240.00	SA 235.00	WA 235.00	TAS 215.00
-----	-----	----	---------------	---------------	---------------	--------------	--------------	---------------

— THIRTY-EIGHT UNITS

548	FEE	\$	NSW 260.00	VIC 255.00	QLD 255.00	SA 250.00	WA 250.00	TAS 225.00
-----	-----	----	---------------	---------------	---------------	--------------	--------------	---------------

— THIRTY-NINE UNITS

549	FEE	\$	NSW 265.00	VIC 260.00	QLD 260.00	SA 255.00	WA 255.00	TAS 230.00
-----	-----	----	---------------	---------------	---------------	--------------	--------------	---------------

— In connection with electroconvulsive therapy
(based on 2.5 units)

550	FEE	\$	NSW 17.00	VIC 16.80	QLD 16.80	SA 16.40	WA 16.40	TAS 14.80
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

— In connection with radio-therapy
(based on 6 units)

551	FEE	\$	NSW 41.00	VIC 40.00	QLD 40.00	SA 39.50	WA 39.50	TAS 35.50
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

	— In connection with forceps delivery (based on 7 units)							
552	FEE	\$	NSW 47.50	VIC 47.00	QLD 47.00	SA 46.00	WA 46.00	TAS 41.50
553	— In connection with the treatment of a dislocation requiring open operation, being a dislocation referred to in Items 7397 to 7472 — DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the dislocation plus one-half of that fee.							
554	— In connection with the treatment of a simple and uncomplicated fracture requiring open operation being a fracture referred to in Items 7505 to 7798 — DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the fracture plus one-third of that fee.							
556	— In connection with the treatment of a simple and uncomplicated fracture requiring internal fixation or with the treatment of a compound fracture requiring open operation, being in either case a fracture referred to in Items 7505 to 7798 — DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the fracture plus one-half of that fee.							
557	— In connection with the treatment of a complicated fracture involving viscera, blood vessels or nerves and requiring open operation, being a fracture referred to in Items 7505 to 7798 — DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the fracture plus three-quarters of that fee.							
†	— Where the anaesthetic is administered as a therapeutic procedure							
559	FEE	\$	NSW 68.00	VIC 67.00	QLD 67.00	SA 66.00	WA 66.00	TAS 59.00
†	— In connection with computerised axial tomography — brain scan, plain study with or without contrast medium study							
561	FEE	\$	NSW 47.50	VIC 47.00	QLD 47.00	SA 46.00	WA 46.00	TAS 41.50
†	— In connection with computerised axial tomography — body scan, plain study with or without contrast medium study							
562	FEE	\$	NSW 55.00	VIC 54.00	QLD 54.00	SA 53.00	WA 53.00	TAS 47.50

DIVISION 3 — DENTAL ANAESTHETICS

(IN CONNECTION WITH A DENTAL SERVICE NOT BEING A MEDICAL SERVICE
PRESCRIBED FOR THE PAYMENT OF MEDICAL BENEFITS.)ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ANAESTHETIC OTHER
THAN AN ENDOTRACHEAL ANAESTHETIC in connection with a dental operation

			NSW	VIC	QLD	SA	WA	TAS
566	G. FEE	\$	22.50	22.00	22.00	21.50	21.50	19.00
567	S. FEE	\$	27.50	27.00	27.00	26.50	26.50	24.00

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL
ANAESTHETIC FOR EXTRACTION OF TEETH NOT COVERED BY ITEMS 570 AND
571 BELOW

			NSW	VIC	QLD	SA	WA	TAS
568	G. FEE	\$	33.50	33.00	33.00	32.50	32.50	28.50
569	S. FEE	\$	41.00	40.00	40.00	39.50	39.50	35.50

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL
ANAESTHETIC FOR REMOVAL OF TEETH REQUIRING INCISION OF SOFT TISSUE
AND REMOVAL OF BONE

			NSW	VIC	QLD	SA	WA	TAS
570	G. FEE	\$	45.00	44.00	44.00	43.50	43.50	38.00
571	S. FEE	\$	55.00	54.00	54.00	53.00	53.00	47.50

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL
ANAESTHETIC FOR RESTORATIVE DENTAL WORK OF NOT MORE THAN 30
MINUTES DURATION

			NSW	VIC	QLD	SA	WA	TAS
572	G. FEE	\$	33.50	33.00	33.00	32.50	32.50	28.50
573	S. FEE	\$	41.00	40.00	40.00	39.50	39.50	35.50

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL
ANAESTHETIC FOR RESTORATIVE DENTAL WORK OF MORE THAN 30 MINUTES
DURATION

			NSW	VIC	QLD	SA	WA	TAS
574	G. FEE	\$	56.00	55.00	55.00	54.00	54.00	47.50
575	S. FEE	\$	68.00	67.00	67.00	66.00	66.00	59.00

Item No.	Medical Service
----------	-----------------

**PART 4
REGIONAL NERVE OR FIELD BLOCK**

INITIAL MAJOR REGIONAL OR FIELD BLOCK, including abdominal; brachial plexus; caudal; cervical plexus (not including the uterine cervix); epidural (peridural); paravertebral (thoracic or lumbar); pudendal; sacral; spinal

748	ALL STATES: FEE \$37.00
-----	-------------------------

SUBSEQUENT MAJOR REGIONAL OR FIELD BLOCK, including abdominal; brachial plexus; caudal; cervical plexus (not including the uterine cervix); epidural (peridural); paravertebral (thoracic or lumbar); pudendal; sacral; spinal

752	ALL STATES: FEE \$27.00
-----	-------------------------

NERVE BLOCK with local anaesthetic agent of the coeliac plexus, lumbar sympathetic chain, thoracic sympathetic chain, glossopharyngeal or obturator nerve, with or without X-ray control

755	FEE	\$	NSW 55.00	VIC 54.00	QLD 54.00	SA 53.00	WA 53.00	TAS 47.50
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

NERVE BLOCK with neurolytic agent (alcohol, phenol or other neurolytic agent) of the coeliac plexus nerve, the splanchnic nerves, the lumbar sympathetic chain, the thoracic sympathetic chain, or a cranial nerve (other than the trigeminal nerve) or an epidural or caudal block with or without X-ray control localisation by electrical stimulator or preliminary block with local anaesthetic

756	FEE	\$	NSW 61.00	VIC 60.00	QLD 60.00	SA 59.00	WA 59.00	TAS 54.00
-----	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

INTRAVENOUS REGIONAL ANAESTHESIA OF LIMB BY RETROGRADE PERFUSION

760	G.	ALL STATES: FEE \$27.50
-----	----	-------------------------

764	S.	ALL STATES: FEE \$35.00
-----	----	-------------------------

Item
No.

Medical Service

**PART 5
ASSISTANCE IN THE ADMINISTRATION OF AN ANAESTHETIC**

‡ Assistance in the administration of an anaesthetic for which the anaesthetic unit value is not less than 21 units.

767

ALL STATES: FEE \$54.00

Medical Service

**PART 6
MISCELLANEOUS PROCEDURES**

DIVISION 1

BLOOD PRESSURE RECORDING by intravascular cannula

			NSW	VIC	QLD	SA	WA	TAS
770	FEE	\$	27.00	27.00	27.00	25.50	25.50	24.00

Anaesthetic 4 units — Item Nos 405G / 509S

774 HYPERBARIC OXYGEN THERAPY where the medical practitioner is NOT in the chamber

ALL STATES: FEE \$54.00

777 HYPERBARIC OXYGEN THERAPY where the medical practitioner is confined to the chamber

ALL STATES: FEE \$88.00

787 GENERAL ANAESTHESIA (including oxygen administration) during HYPERBARIC THERAPY where the medical practitioner is NOT confined to the chamber

ALL STATES: FEE \$74.00

790 GENERAL ANAESTHESIA (including oxygen administration) during HYPERBARIC THERAPY where the medical practitioner is confined to the chamber

ALL STATES: FEE \$108.00

DIVISION 2

792 ULTRASONIC ECHOGRAPHY by simple linear array or mechanical sector real-time scanning, not associated with Item 794, 797 or 913 with a maximum of two scans during any one pregnancy

ALL STATES: FEE \$19.00

794 ULTRASONIC ECHOGRAPHY, UNIDIMENSIONAL, not associated with Item 792, 797 or 913

ALL STATES: FEE \$33.50

797	ULTRASONIC CROSS-SECTIONAL ECHOGRAPHY, BIDIMENSIONAL (excluding real-time scanning covered by Item 792) not associated with Item 792, 794 or 913 ALL STATES: FEE \$73.00
803	ELECTROENCEPHALOGRAPHY not covered by Item 794, 797, 806 or 809 in this Schedule ALL STATES: FEE \$53.00 Anaesthetic 6 units — Item Nos 407G / 513S
806	ELECTROENCEPHALOGRAPHY, temporosphenoidal ALL STATES: FEE \$66.00
809	ELECTROCORTICOGRAPHY ALL STATES: FEE \$91.00
810	† NEUROMUSCULAR ELECTRODIAGNOSIS — conduction studies on one nerve OR ELECTROMYOGRAPHY of one or more muscles using concentric needle electrodes OR both these examinations (not associated with Item 811 or 813) ALL STATES: FEE \$44.00
811	† NEUROMUSCULAR ELECTRODIAGNOSIS — conduction studies on two or three nerves with or without electromyography (not associated with Item 810 or 813) ALL STATES: FEE \$60.00
813	† NEUROMUSCULAR ELECTRODIAGNOSIS — conduction studies on four or more nerves with or without electromyography OR recordings from single fibres of nerves and muscles OR both of these examinations (not associated with Item 810 or 811) ALL STATES: FEE \$88.00
814	† NEUROMUSCULAR ELECTRODIAGNOSIS — repetitive stimulation for study of neuromuscular conduction OR electromyography with quantitative computerised analysis OR both of these examinations ALL STATES: FEE \$60.00
816	CORTICAL EVOKED RESPONSES — one or two studies ALL STATES: FEE \$45.50

817	CORTICAL EVOKED RESPONSES — three or more studies ALL STATES: FEE \$67.00
DIVISION 3	
818	HAEMODIALYSIS in hospital where prolonged and constant specialist medical supervision of the dialysis is required for the duration of the dialysis ALL STATES: FEE \$154.00
821	HAEMODIALYSIS in hospital where intermittent specialist medical supervision of the dialysis is required ALL STATES: FEE \$77.00
824	HAEMODIALYSIS in hospital, stabilised maintenance dialysis for chronic renal failure where a separate account is not rendered for an attendance under Part 1 of this Schedule ALL STATES: FEE \$28.00
831	DECLOTTING OF AN ARTERIOVENOUS SHUNT ALL STATES: FEE \$48.50
833	INDWELLING PERITONEAL CATHETER (Tenckhoff or similar) FOR DIALYSIS — INSERTION AND FIXATION OF ALL STATES: FEE \$91.00
836	PERITONEAL DIALYSIS, establishment of by abdominal puncture and insertion of temporary catheter including associated consultation ALL STATES: FEE \$53.00
839	BLADDER WASHOUT TEST for localisation of urinary infection — not including bacterial counts for organisms in specimens ALL STATES: FEE \$30.00
† 841	URINARY FLOW STUDY ALL STATES: FEE \$11.20
† 843	CYSTOMETROGRAPHY ALL STATES: FEE \$30.00

DIVISION 4

TONOGRAPHY — in the investigation or management of glaucoma

			NSW	VIC	QLD	SA	WA	TAS
844	FEE	\$	27.00	22.50	27.00	27.00	22.50	22.50

PROVOCATIVE TEST OR TESTS FOR GLAUCOMA, including water drinking

849 ALL STATES: FEE \$16.00

† ATTENDANCE by a medical practitioner for the investigation and evaluation of a patient for the fitting of CONTACT LENSES, with keratometry and testing with trial lenses and the issue of a prescription — ONE ATTENDANCE IN ANY PERIOD OF THIRTY-SIX CONSECUTIVE MONTHS.

851 ALL STATES: FEE \$49.00

ELECTRORETINOGRAPHY

853 ALL STATES: FEE \$43.50

OPTIC FUNDI, examination of, following intravenous dye injection

856 ALL STATES: FEE \$27.50

RETINAL PHOTOGRAPHY, multiple exposures of one eye with intravenous dye injection

859 ALL STATES: FEE \$53.00

RETINAL PHOTOGRAPHY, multiple exposures of both eyes with intravenous dye injection

860 ALL STATES: FEE \$67.00

DIVISION 5

AUDIOGRAM, air conduction

863 ALL STATES: FEE \$10.20

AUDIOGRAM, air conduction and bone conduction

865 ALL STATES: FEE \$14.60

AUDIOGRAM, air conduction, bone conduction and speech

870 ALL STATES: FEE \$19.80

AUDIOGRAM, air conduction, bone conduction and speech, with other Cochlear tests

874 ALL STATES: FEE \$24.50

‡	IMPEDANCE AUDIOGRAM not associated with a service covered by item 863, 865, 870 or 874
877	ALL STATES: FEE \$14.60
†	IMPEDANCE AUDIOGRAM in association with a service covered by item 863, 865, 870 or 874
878	ALL STATES: FEE \$9.30
882	CALORIC TEST OF LABYRINTH OR LABYRINTHS ALL STATES: FEE \$17.40
884	ELECTRONYSTAGMOGRAPHY ALL STATES: FEE \$17.40
DIVISION 6	
886	ELECTROCONVULSIVE THERAPY, including associated consultation ALL STATES: FEE \$22.50
887	CONSULTANT PSYCHIATRIST — GROUP PSYCHOTHERAPY Group psychotherapy (including associated consultation) of not less than ONE hour's duration given under the continuous direct supervision of a consultant psychiatrist in the practice of his recognised specialty of psychiatry where the patients are referred to him by a medical practitioner GROUP PSYCHOTHERAPY on a group of 2-9 patients, OR FAMILY GROUP psychotherapy on a group of more than THREE patients, EACH PATIENT ALL STATES: FEE \$19.80
888	CONSULTANT PSYCHIATRIST — FAMILY GROUP PSYCHOTHERAPY on a group of three patients, EACH PATIENT ALL STATES: FEE \$25.50
889	CONSULTANT PSYCHIATRIST — FAMILY GROUP PSYCHOTHERAPY on a group of two patients, EACH PATIENT ALL STATES: FEE \$38.50

DIVISION 4

TONOGRAPHY — In the investigation or management of glaucoma

			NSW	VIC	QLD	SA	WA	TAS
844	FEE	\$	27.00	22.50	27.00	27.00	22.50	22.50

PROVOCATIVE TEST OR TESTS FOR GLAUCOMA, including water drinking

849 ALL STATES: FEE \$16.00

ELECTRORETINOGRAPHY

853 ALL STATES: FEE \$43.50

OPTIC FUNDI, examination of, following intravenous dye injection

856 ALL STATES: FEE \$27.50

RETINAL PHOTOGRAPHY, multiple exposures of one eye with intravenous dye injection

859 ALL STATES: FEE \$53.00

RETINAL PHOTOGRAPHY, multiple exposures of both eyes with intravenous dye injection

860 ALL STATES: FEE \$67.00

DIVISION 5

AUDIOGRAM, air conduction

863 ALL STATES: FEE \$10.20

AUDIOGRAM, air conduction and bone conduction

865 ALL STATES: FEE \$14.60

AUDIOGRAM, air conduction, bone conduction and speech

870 ALL STATES: FEE \$19.80

AUDIOGRAM, air conduction, bone conduction and speech, with other Cochlear tests

874 ALL STATES: FEE \$24.50

IMPEDANCE AUDIOGRAM

877 ALL STATES: FEE \$14.60

879	<p>IMPEDANCE AUDIOGRAM with either air conduction audiogram or air conduction and bone conduction audiogram</p> <p>ALL STATES: FEE \$21.50</p>
882	<p>CALORIC TEST OF LABYRINTH OR LABYRINTHS</p> <p>ALL STATES: FEE \$17.40</p>
884	<p>ELECTRONYSTAGMOGRAPHY</p> <p>ALL STATES: FEE \$17.40</p>
DIVISION 6	
886	<p>‡ ELECTROCONVULSIVE THERAPY, including associated consultation</p> <p>ALL STATES: FEE \$22.50</p>
887	<p>CONSULTANT PSYCHIATRIST — GROUP PSYCHOTHERAPY</p> <p>Group psychotherapy (including associated consultation) of not less than ONE hour's duration given under the continuous direct supervision of a consultant psychiatrist in the practice of his recognised specialty of psychiatry where the patients are referred to him by a medical practitioner</p> <p>‡ GROUP PSYCHOTHERAPY on a group of 2-9 patients OR FAMILY GROUP psychotherapy on a group of more than THREE patients, EACH PATIENT</p> <p>ALL STATES: FEE \$19.80</p>
888	<p>‡ CONSULTANT PSYCHIATRIST — FAMILY GROUP PSYCHOTHERAPY on a group of three patients, EACH PATIENT</p> <p>ALL STATES: FEE \$25.50</p>
889	<p>‡ CONSULTANT PSYCHIATRIST — FAMILY GROUP PSYCHOTHERAPY on a group of two patients, EACH PATIENT</p> <p>ALL STATES: FEE \$38.50</p>

‡	CONSULTANT PSYCHIATRIST — INTERVIEW OF A PERSON OTHER THAN A PATIENT — SURGERY, HOSPITAL OR NURSING HOME								
	Professional attendance by a consultant psychiatrist in the practice of his recognised speciality of psychiatry, where the patient is referred to him 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.								
890	FEE	\$	NSW 21.00	VIC 19.40	QLD 19.40	SA 19.40	WA 19.40	TAS 19.40	
‡	CONSULTANT PSYCHIATRIST — INTERVIEW OF A PERSON OTHER THAN A PATIENT — SURGERY, HOSPITAL OR NURSING HOME								
	Professional attendance by a consultant psychiatrist in the practice of his recognised speciality of psychiatry where the patient is referred to him by a medical practitioner involving an interview of a person other than the patient of not less than 45 minutes duration, in the course of initial diagnostic evaluation of a patient, where that interview is at consulting rooms, hospital or nursing home.								
893	FEE	\$	NSW 46.50	VIC 42.00	QLD 42.00	SA 42.00	WA 42.00	TAS 42.00	
DIVISION 7									
	UMBILICAL OR SCALP VEIN CATHETERISATION with or without infusion								
895	ALL STATES: FEE \$22.50								
	UMBILICAL ARTERY CATHETERISATION with or without infusion.								
897	ALL STATES: FEE \$33.50								
	BLOOD TRANSFUSION with venesection and complete replacement of blood, including collection from donor								
902	ALL STATES: FEE \$132.00								
	BLOOD TRANSFUSION with venesection and complete replacement of blood, using blood already collected								
904	ALL STATES: FEE \$112.00								
	BLOOD for pathology test, collection of, BY FEMORAL OR EXTERNAL JUGULAR VEIN PUNCTURE IN INFANTS.								
907	ALL STATES: FEE \$11.20								

DIVISION 8	
908	‡ ELECTROCARDIOGRAPHY, tracing and report, with or without implanted pacemaker testing ALL STATES: FEE \$19.20
909	ELECTROCARDIOGRAPHY, tracing or report only ALL STATES: FEE \$9.60
912	PHONOCARDIOGRAPHY ALL STATES: FEE \$28.50
913	ECHOCARDIOGRAPHY — not covered by Item 792 ALL STATES: FEE \$48.00
914	EXERCISE ELECTROCARDIOGRAPHY, without monitoring (Master's test) — INCLUDING RESTING ELECTROCARDIOGRAPHY ALL STATES: FEE \$47.50
915	ELECTROCARDIOGRAPHIC MONITORING (continuous) of ambulatory patient INCLUDING RESTING ELECTROCARDIOGRAPHY and the recording of other parameters ALL STATES: FEE \$73.00
916	ELECTROCARDIOGRAPHIC MONITORING during exercise (bicycle ergometer or treadmill) INCLUDING RESTING ELECTROCARDIOGRAPHY and the recording of other parameters ALL STATES: FEE \$67.00
917	RESTORATION OF CARDIAC RHYTHM by electrical stimulation (cardioversion), other than in the course of cardiac surgery ALL STATES: FEE \$38.50 Anaesthetic 4 units — Item Nos 405G / 509S
918	BRONCHOSPIROMETRY, including gas analysis ALL STATES: FEE \$66.00

920	ESTIMATION OF RESPIRATORY FUNCTION requiring complicated techniques — each attendance at which one or more tests are performed ALL STATES: FEE \$54.00
921	ESTIMATION OF RESPIRATORY FUNCTION, involving a graphic record, performed before and after inhalation of a bronchodilator, a cholinergic substance or a sensitising agent, or before and after exercise — one or more such tests performed on the one occasion ALL STATES: FEE \$16.20
922	PERFUSION OF LIMB OR ORGAN using heart-lung machine or equivalent ALL STATES: FEE \$176.00
923	WHOLE BODY PERFUSION, CARDIAC BY-PASS, using heart-lung machine or equivalent ALL STATES: FEE \$250.00
925	INDUCED CONTROLLED HYPOTHERMIA — total body ALL STATES: FEE \$44.00
927	FLUIDS, intravenous infusion of — PERCUTANEOUS ALL STATES: FEE \$14.20
929	FLUIDS, intravenous infusion of — BY OPEN EXPOSURE ALL STATES: FEE \$24.00
932	INTRAVENOUS INFUSION or INJECTION of a substance incorporating a CYTOTOXIC AGENT ALL STATES: FEE \$24.00
934	INTRA-ARTERIAL INFUSION or INJECTION of a substance incorporating a CYTOTOXIC AGENT, PREPARATION FOR ALL STATES: FEE \$33.50
936	INTRALYMPHATIC INFUSION or INJECTION of a fluid containing a CYTOTOXIC AGENT, with or without the incorporation of an opaque medium ALL STATES: FEE \$51.00
938	INTRALYMPHATIC INSERTION OF NEEDLE OR CANNULA for the purpose of introduction of radio-active material ALL STATES: FEE \$51.00

940	ADMINISTRATION OF BLOOD, including collection from donor ALL STATES: FEE \$47.50
944	ADMINISTRATION OF BLOOD already collected ALL STATES: FEE \$33.00
947	INTRA-UTERINE FOETAL BLOOD TRANSFUSION using blood already collected, INCLUDING NECESSARY AMNIOCENTESIS ALL STATES: FEE \$91.00
949	COLLECTION OF BLOOD for purposes of transfusion ALL STATES: FEE \$19.20
950	CENTRAL VEIN CATHETERISATION (via jugular or subclavian vein) by open exposure for parenteral alimentation in a person under twelve years of age ALL STATES: FEE \$91.00 Anaesthetic 12 units — Item Nos 454G / 523S
951	CENTRAL VEIN CATHETERISATION (via jugular or subclavian vein) by percutaneous or open exposure for parenteral alimentation not covered by Item 950 ALL STATES: FEE \$34.00 Anaesthetic 6 units — Item Nos 407G / 513S
952	BLOOD DYE — DILUTION INDICATOR TEST ALL STATES: FEE \$45.50
955	VENEPUNCTURE AND THE COLLECTION OF BLOOD for the performance by an APPROVED PATHOLOGY PRACTITIONER of a pathology service — one or more such procedures during the one attendance ALL STATES: FEE \$2.40
956	ARTERIAL PUNCTURE for collection of blood ALL STATES: FEE \$8.80
957	† INTRA-ARTERIAL CANNULISATION for purpose of taking multiple arterial blood samples for blood gas analysis ALL STATES: FEE \$27.00
958	COLLECTION OF SPECIMEN OF SWEAT by iontophoresis ALL STATES: FEE \$14.00

920	ESTIMATION OF RESPIRATORY FUNCTION requiring complicated techniques — each attendance at which one or more tests are performed ALL STATES: FEE \$54.00
921	ESTIMATION OF RESPIRATORY FUNCTION, involving a graphic record, performed before and after inhalation of a bronchodilator, a cholinergic substance or a sensitising agent, or before and after exercise — one or more such tests performed on the one occasion ALL STATES: FEE \$16.20
922	PERFUSION OF LIMB OR ORGAN using heart-lung machine or equivalent ALL STATES: FEE \$176.00
923	WHOLE BODY PERFUSION, CARDIAC BY-PASS, using heart-lung machine or equivalent ALL STATES: FEE \$250.00
925	INDUCED CONTROLLED HYPOTHERMIA — total body ALL STATES: FEE \$44.00
927	FLUIDS, intravenous infusion of — PERCUTANEOUS ALL STATES: FEE \$14.20
929	FLUIDS, intravenous infusion of — BY OPEN EXPOSURE ALL STATES: FEE \$24.00
932	INTRAVENOUS INFUSION or INJECTION of a substance incorporating a CYTOTOXIC AGENT ALL STATES: FEE \$24.00
934	INTRA-ARTERIAL INFUSION or INJECTION of a substance incorporating a CYTOTOXIC AGENT, PREPARATION FOR ALL STATES: FEE \$33.50
936	INTRALYMPHATIC INFUSION or INJECTION of a fluid containing a CYTOTOXIC AGENT, with or without the incorporation of an opaque medium ALL STATES: FEE \$51.00
938	INTRALYMPHATIC INSERTION OF NEEDLE OR CANNULA for the purpose of introduction of radio-active material ALL STATES: FEE \$51.00

940	ADMINISTRATION OF BLOOD, including collection from donor ALL STATES: FEE \$47.50
944	ADMINISTRATION OF BLOOD already collected ALL STATES: FEE \$33.00
947	INTRA-UTERINE FOETAL BLOOD TRANSFUSION using blood already collected, INCLUDING NECESSARY AMNIOCENTESIS ALL STATES: FEE \$91.00
949	COLLECTION OF BLOOD for purposes of transfusion ALL STATES: FEE \$19.20
950	† CENTRAL VEIN CATHETERISATION (via jugular or subclavian vein) by open exposure for parenteral alimentation in a person under twelve years of age ALL STATES: FEE \$91.00 Anaesthetic 12 units — Item Nos 454G / 523S
951	† CENTRAL VEIN CATHETERISATION (via jugular or subclavian vein) by percutaneous or open exposure for parenteral alimentation not covered by Item 950 ALL STATES: FEE \$34.00 Anaesthetic 6 units — Item Nos 407G / 513S
952	BLOOD DYE — DILUTION INDICATOR TEST ALL STATES: FEE \$45.50
955	VENEPUNCTURE AND THE COLLECTION OF BLOOD for the performance by an APPROVED PATHOLOGY PRACTITIONER of a pathology service — one or more such procedures during the one attendance ALL STATES: FEE \$2.40
956	ARTERIAL PUNCTURE for collection of blood ALL STATES: FEE \$8.80
958	COLLECTION OF SPECIMEN OF SWEAT by iontophoresis ALL STATES: FEE \$14.00

960	HORMONE OR LIVING TISSUE IMPLANTATION — by incision ALL STATES: FEE \$20.50							
963	HORMONE OR LIVING TISSUE IMPLANTATION — by cannula ALL STATES: FEE \$13.40							
966	OESOPHAGEAL MOTILITY TEST, manometric ALL STATES: FEE \$37.00							
968	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant IN THE ABSENCE OF GASTROINTESTINAL HAEMORRHAGE ALL STATES: FEE \$71.00							
970	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant FOR UPPER GASTROINTESTINAL HAEMORRHAGE ALL STATES: FEE \$142.00							
974	GASTRIC LAVAGE in the treatment of ingested poison ALL STATES: FEE \$24.00							
976	COUNTERPULSATION BY INTRA-AORTIC BALLOON: management on the first day, including initial and subsequent consultations and monitoring of various parameters ALL STATES: FEE \$215.00							
977	COUNTERPULSATION BY INTRA-AORTIC BALLOON: management on each subsequent day, including associated consultations and monitoring of various parameters ALL STATES: FEE \$51.00							
†	Attendance by a medical practitioner at which acupuncture is performed including any associated consultation on the same day.							
980	FEE	\$	NSW 11.20	VIC 10.40	QLD 9.90	SA 9.90	WA 9.90	TAS 10.40

DIVISION 9

SKIN SENSITIVITY TESTING for allergens, USING ONE TO TWENTY ALLERGENS

987

ALL STATES: FEE \$15.40

SKIN SENSITIVITY TESTING for allergens, USING MORE THAN TWENTY ALLERGENS

989

ALL STATES: FEE \$23.50

DIVISION 10

MULTIPHASIC HEALTH SCREENING SERVICE involving the performance of 10 or more medical services specified in items in Parts 6, 7 and 8 (including any associated consultation)

994

ALL STATES: FEE \$110.00

960 HORMONE OR LIVING TISSUE IMPLANTATION — by incision
ALL STATES: FEE \$20.50

963 HORMONE OR LIVING TISSUE IMPLANTATION — by cannula
ALL STATES: FEE \$13.40

966 OESOPHAGEAL MOTILITY TEST, manometric
ALL STATES: FEE \$37.00

968 GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant IN THE ABSENCE OF GASTROINTESTINAL HAEMORRHAGE
ALL STATES: FEE \$71.00

970 GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant FOR UPPER GASTROINTESTINAL HAEMORRHAGE
ALL STATES: FEE \$142.00

974 GASTRIC LAVAGE in the treatment of ingested poison
ALL STATES: FEE \$24.00

976 COUNTERPULSATION BY INTRA-AORTIC BALLOON: management on the first day, including initial and subsequent consultations and monitoring of various parameters
ALL STATES: FEE \$215.00

977 COUNTERPULSATION BY INTRA-AORTIC BALLOON: management on each subsequent day, including associated consultations and monitoring of various parameters
ALL STATES: FEE \$51.00

DIVISION 9

987 SKIN SENSITIVITY TESTING for allergens, USING ONE TO TWENTY ALLERGENS
ALL STATES: FEE \$15.40

989 SKIN SENSITIVITY TESTING for allergens, USING MORE THAN TWENTY ALLERGENS
ALL STATES: FEE \$23.50

DIVISION 10

MULTIPHASIC HEALTH SCREENING SERVICE involving the performance of 10 or more medical services specified in items in Parts 6, 7 and 8 (including any associated consultation)

994

ALL STATES: FEE \$110.00

PART 7 – PATHOLOGY SERVICES

NOTE (This note should be read in conjunction with paragraphs 145 to 169 of Section 1 of this Book – Notes for General Guidance of Medical Practitioners)

For the purposes of calculating medical benefits for an item listed in Part 7 which is requested or determined to be necessary on or after 1 November 1977, the following rules apply:

- (1) Divisions 1-8 are applicable only where the service is performed by an approved pathology practitioner.
- (2) Division 9 is applicable only where the service is performed by a medical practitioner who is not an approved pathology practitioner. Benefit is payable in respect of a pathology item in Division 9 only where the service is determined as being necessary by the medical practitioner rendering the service, or is rendered in response to a request by a member of a group of practitioners to which that practitioner belongs (providing the member making the request was not himself an approved pathology practitioner).
- (3) The "SP" Schedule fee in Divisions 1-8 applies only where:
 - (a) the service was performed by an approved pathology practitioner, who was a recognised specialist pathologist, or by a recognised specialist pathologist employed by an approved pathology practitioner;
 - (b) the approved pathology practitioner has a request in writing (which conforms to the requirements of the regulations under the Health Insurance Act – see paragraph 163 to 165) from another medical practitioner or a dental practitioner.
 - (c) the person in respect of whom the service was rendered, was not at the time of the request a private inpatient or in receipt of an outpatient service at a recognised hospital; and
 - (d) recognised hospital or Government (including universities and Government authorities) laboratory facilities and/or staff were not used in the performance of the pathology service.
- (4) The "HP" Schedule fee applies to specified items in Divisions 1-8 where pathology services are rendered to private inpatients of recognised hospitals where recognised hospital or Government laboratory equipment and/or staff is used. (See para. 162 for details of prescribed laboratories).
- (5) The "OP" Schedule fee in Divisions 1-8 applies in other circumstances, namely –
 - (a) the service was performed by an approved pathology practitioner who is not a recognised specialist pathologist, and he does not employ a recognised specialist pathologist; or
 - (b) the service was performed by an approved pathology practitioner who is, or employs a recognised specialist in pathology but all the conditions of rule 3 above were not met.
- (6) Benefit is not payable in respect of a pathology item in Divisions 1-8 unless the approved pathology practitioner –
 - (a) has a request in writing from a medical or dental practitioner for the services requested and records on his account, receipt or bulk-billing assignment form the following additional details –

- (i) the name and address³ of the requesting practitioner (the practitioner's surname and initials will be satisfactory unless there is more than one practitioner with the same surname and initials at the same address);
- (ii) the date on which the request was made; and
- (iii) where the approved pathology practitioner is not a medical practitioner, but employs a medical practitioner, the surname, initials and provider number of the medical practitioner³ rendering the service.

(* It would assist if provider numbers are shown — provider numbers may be obtained by enquiry to the Office of the Commonwealth Department of Health in the nearest State capital city. The requesting doctor's provider number is acceptable in lieu of address).

or —

- (b) determined that the service was necessary if he is a medical practitioner, or the need was determined by a medical practitioner, who is an employee and records the date the service was determined as being necessary on his account, receipt or bulk-billing assignment form. In practice this requirement would be met by a notation "Determined necessary 25 August" or words or abbreviations to that effect.
- (7) Benefit is not payable in respect of a pathology item in Division 9 unless the medical practitioner who renders the service includes on his account, receipt or bulk-billing assignment form in addition to the normal particulars of the patient, the services performed and the fee charged —
- (a) the date on which he determined the service was necessary; or
 - (b) (i) the date on which he was requested to render the service by a partner or another member of a group of practitioners, to which he belongs; and
 - (ii) the surname and initials of that medical practitioner (provided that request is not made by a person who is an approved pathology practitioner).
- (8) For those items where the fee and benefit are related to the number of services performed in relation to the one patient episode, a patient episode is defined as covering:
- (a) services requested by a medical or dental practitioner on the one calendar day although they may be rendered by another approved pathology practitioner on one day or over a number of days; or
 - (b) the need for the items is determined on the one calendar day and rendered by the medical practitioner himself on that day or over a number of days.

It should be noted that, while the above rules apply specifically in relation to items listed in Part 7 of the Schedule, payment of medical benefits in respect of such services is also subject to the general rules governing the circumstances in which medical benefits are not payable as set out in Section 1 of this Book.

Item
No.

Medical Service

PART 7 — PATHOLOGY**DIVISION 1 — HAEMATOLOGY**

Blood count consisting of — Erythrocyte count; Erythrocyte sedimentation rate; Haematocrit estimation; Haemoglobin estimation; Platelet count; or Leucocyte count

One procedure (excluding haemoglobin estimation or erythrocyte sedimentation rate when not referred by another medical practitioner)

1006 SP. ALL STATES: FEE \$4.00

1007 OP. ALL STATES: FEE \$3.00

Two procedures to which Item 1006 or 1007 applies

1008 SP. ALL STATES: FEE \$6.40

1009 OP. ALL STATES: FEE \$4.80

1010 HP. ALL STATES: FEE \$4.05

Three or more procedures to which Item 1006 or 1007 applies including calculation of erythrocyte indices

1011 SP. ALL STATES: FEE \$9.60

1012 OP. ALL STATES: FEE \$7.20

1013 HP. ALL STATES: FEE \$4.80

Blood film, examination of — including erythrocyte morphology, differential count by one or more methods and the qualitative estimation of platelets

1014 SP. ALL STATES: FEE \$8.00

1015 OP. ALL STATES: FEE \$6.00

1016 HP. ALL STATES: FEE \$4.00

Blood film, examination by special stains to demonstrate the presence of — Basophilic stippling; Eosinophils (wet preparation or film); Haemoglobin H; Reticulocytes; or similar conditions, cells or substances

One procedure

1019 SP. ALL STATES: FEE \$3.20

1020 OP. ALL STATES: FEE \$2.40

Two or more procedures to which Item 1019 or 1020 applies

1021 SP. ALL STATES: FEE \$4.80

1022 OP. ALL STATES: FEE \$3.60

Blood film, examination by special stains to demonstrate the presence of — Foetal haemoglobin; Heinz bodies; Iron; Malarial or other parasites; Neutrophil alkaline phosphatase; PAS; Sudan black positive granules; Sickie cells; or similar cells, substances or parasites

One procedure

1028 SP. ALL STATES: FEE \$4.80

1029 OP. ALL STATES: FEE \$3.60

Two or more procedures to which Item 1028 or 1029 applies

1030 SP. ALL STATES: FEE \$8.00

1032 OP. ALL STATES: FEE \$6.00

Erythrocytes, qualitative assessment of metabolism or haemolysis by — Erythrocyte autohaemolysis test; Erythrocyte fragility test (mechanical); Glucose-6-phosphate dehydrogenase estimation; Glutathione deficiencies test; Pyruvate kinase estimation; Sugar water test (or similar) for paroxysmal nocturnal haemoglobinuria

One procedure

1036 SP. ALL STATES: FEE \$8.00

1037 OP. ALL STATES: FEE \$6.00

Two or more procedures to which Item 1036 or 1037 applies

1038 SP. ALL STATES: FEE \$16.00

1040 OP. ALL STATES: FEE \$12.00

Erythrocytes, quantitative assessment of metabolism or haemolysis by —
 Acid haemolysis test (or similar) for paroxysmal nocturnal haemoglobinuria;
 Erythrocyte fragility to hypotonic saline test without incubation; Erythrocyte fragility to
 hypotonic saline test after incubation; Glutathione stability test; Glucose-6-phosphate
 dehydrogenase estimation; Pyruvate kinase estimation

One procedure

1044 SP. ALL STATES: FEE \$16.00

1045 OP. ALL STATES: FEE \$12.00

Two or more procedures to which Item 1044 or 1045 applies

1048 SP. ALL STATES: FEE \$32.00

1049 OP. ALL STATES: FEE \$24.00

BONE MARROW EXAMINATION
 (Excluding Collection Fee)

Bone marrow examination (including use of special stains where indicated), of —
 Bone marrow aspirate; Clot section; Trephine section

One procedure

1062 SP. ALL STATES: FEE \$48.00

1063 OP. ALL STATES: FEE \$36.00

Two or more procedures to which Item 1062 or 1063 applies

1064 SP. ALL STATES: FEE \$80.00

1065 OP. ALL STATES: FEE \$60.00

BLOOD TRANSFUSION PROCEDURES

NOTE: Benefit for these items is payable once only during any one period of
 hospitalisation

Blood grouping (including back grouping when performed) — ABO and Rh (D antigen)
 not covered by Item 1089 or 1090

1080 SP. ALL STATES: FEE \$8.00

1081 OP. ALL STATES: FEE \$6.00

NOTE: Benefit for these items is payable once only during any one period of hospitalisation

Blood grouping (including back grouping when performed) — ABO and Rh (D antigen) when performed in association with compatibility testing covered by Item 1111, 1112, 1113, 1114, 1116 or 1117

1089 SP. ALL STATES: FEE \$14.40

1090 OP. ALL STATES: FEE \$10.80

NOTE: Benefit for items 1101, 1102, 1104, 1105, 1106 and 1108 is payable once only during any one period of hospitalisation

Blood grouping — Rh phenotypes; Kell system; Duffy system; M and N factors; or any other blood group system

One system

1101 SP. ALL STATES: FEE \$16.00

1102 OP. ALL STATES: FEE \$12.00

Two systems to which Item 1101 or 1102 applies

1104 SP. ALL STATES: FEE \$32.00

1105 OP. ALL STATES: FEE \$24.00

Each system to which Item 1101 or 1102 applies in excess of two

1106 SP. ALL STATES: FEE \$8.00

1108 OP. ALL STATES: FEE \$6.00

‡ Compatibility testing by saline, papain, albumin or indirect Coombs techniques (by any or all techniques), including auto-cross match and donor group check where performed —

Testing involving one or two units of blood

1111 SP. ALL STATES: FEE \$32.00

1112 OP. ALL STATES: FEE \$24.00

1113 HP. ALL STATES: FEE \$16.00

Erythrocytes, quantitative assessment of metabolism or haemolysis by —
 Acid haemolysis test (or similar) for paroxysmal nocturnal haemoglobinuria;
 Erythrocyte fragility to hypotonic saline test without incubation; Erythrocyte fragility to
 hypotonic saline test after incubation; Glutathione stability test; Glucose-6-phosphate
 dehydrogenase estimation; Pyruvate kinase estimation

One procedure

1044 SP. ALL STATES: FEE \$16.00

1045 OP. ALL STATES: FEE \$12.00

Two or more procedures to which Item 1044 or 1045 applies

1048 SP. ALL STATES: FEE \$32.00

1049 OP. ALL STATES: FEE \$24.00

BONE MARROW EXAMINATION (Excluding Collection Fee)

Bone marrow examination (including use of special stains where indicated), of —
 Bone marrow aspirate; Clot section; Trepine section

One procedure

1062 SP. ALL STATES: FEE \$48.00

1063 OP. ALL STATES: FEE \$36.00

Two or more procedures to which Item 1062 or 1063 applies

1064 SP. ALL STATES: FEE \$80.00

1065 OP. ALL STATES: FEE \$60.00

BLOOD TRANSFUSION PROCEDURES

NOTE: Benefit for these items is payable once only during any one period of
 hospitalisation

Blood grouping (including back grouping when performed) — ABO and Rh (D antigen)
 not covered by Item 1089 or 1090

1080 SP. ALL STATES: FEE \$8.00

1081 OP. ALL STATES: FEE \$6.00

NOTE: Benefit for these items is payable once only during any one period of hospitalisation

Blood grouping (including back grouping when performed) — ABO and Rh (D antigen) when performed in association with compatibility testing covered by Item 1111, 1112, 1113, 1114, 1116 or 1117

1089 SP. ALL STATES: FEE \$14.40

1090 OP. ALL STATES: FEE \$10.80

‡ Blood grouping — Rh phenotypes; Kell system; Duffy system; M and N factors; or any other blood group system

One system

1101 SP. ALL STATES: FEE \$16.00

1102 OP. ALL STATES: FEE \$12.00

Two systems to which Item 1101 or 1102 applies

1104 SP. ALL STATES: FEE \$32.00

1105 OP. ALL STATES: FEE \$24.00

Each system to which Item 1101 or 1102 applies in excess of two

1106 SP. ALL STATES: FEE \$8.00

1108 OP. ALL STATES: FEE \$6.00

Compatibility testing (by saline, papain, albumin or indirect Coombs techniques), including auto-cross match and donor group check where performed —

Testing involving one or two units of blood

1111 SP. ALL STATES: FEE \$32.00

1112 OP. ALL STATES: FEE \$24.00

1113 HP. ALL STATES: FEE \$16.00

‡	Compatibility testing by saline, papain, albumin or indirect Coombs techniques (by any or all techniques), including auto-cross match and donor group check where performed — Each unit of blood tested in excess of two	
1114	SP.	ALL STATES: FEE \$12.00
1116	OP.	ALL STATES: FEE \$9.00
1117	HP.	ALL STATES: FEE \$6.00
‡	Examination of serum for Rh and/or other blood group antibodies — Screening test (by any or all techniques)	
1121	SP.	ALL STATES: FEE \$12.00
1122	OP.	ALL STATES: FEE \$9.00
‡	Examination of serum for Rh and/or other blood group antibodies — Screening test (by any or all techniques) and quantitative estimation of one antibody	
1124	SP.	ALL STATES: FEE \$32.00
1125	OP.	ALL STATES: FEE \$24.00
	Examination of serum for Rh and/or other blood group antibodies — Quantitative estimation — one antibody	
1126	SP.	ALL STATES: FEE \$24.00
1128	OP.	ALL STATES: FEE \$18.00
	Examination of serum for Rh and/or other blood group antibodies — Quantitative estimation — each antibody in excess of one	
1129	SP.	ALL STATES: FEE \$16.00
1130	OP.	ALL STATES: FEE \$12.00
	Coombs test, direct	
1136	SP.	ALL STATES: FEE \$8.00
1137	OP.	ALL STATES: FEE \$6.00

	Coombs test, indirect (not associated with Item 1111, 1112, 1113, 1114, 1116, 1117, 1121, 1122, 1124, 1125, 1126, 1128, 1129 or 1130 except where part of neo-natal screening or in investigation of haemolytic anaemia)	
1144	SP.	ALL STATES: FEE \$12.00
1145	OP.	ALL STATES: FEE \$9.00
	Examination of serum for blood group haemolysins	
1152	SP.	ALL STATES: FEE \$16.00
1153	OP.	ALL STATES: FEE \$12.00
	Leucocyte agglutinins, detection of	
1159	SP.	ALL STATES: FEE \$16.00
1160	OP.	ALL STATES: FEE \$12.00
	Platelet agglutinins, detection of	
1166	SP.	ALL STATES: FEE \$16.00
1167	OP.	ALL STATES: FEE \$12.00
	MISCELLANEOUS	
	Heterophile antibodies, qualitative estimation of (test for infectious mononucleosis)	
1190	SP.	ALL STATES: FEE \$6.40
1191	OP.	ALL STATES: FEE \$4.80
	Heterophile antibodies quantitative estimation by serial dilutions with specific absorption (including qualitative estimation covered by Item 1190 or 1191)	
1194	SP.	ALL STATES: FEE \$16.00
1195	OP.	ALL STATES: FEE \$12.00
	Cold agglutinins, qualitative estimation of	
1202	SP.	ALL STATES: FEE \$6.40
1203	OP.	ALL STATES: FEE \$4.80
	Cold agglutinins quantitative estimation by serial dilutions (including qualitative estimation covered by Item 1202 or 1203 where performed)	
1206	SP.	ALL STATES: FEE \$16.00
1207	OP.	ALL STATES: FEE \$12.00

Compatibility testing (by saline, papain, albumin or indirect Coombs techniques), including auto-cross match and donor group check where performed –

Each unit of blood tested in excess of two

1114 SP. ALL STATES: FEE \$12.00

1116 OP. ALL STATES: FEE \$9.00

1117 HP. ALL STATES: FEE \$6.00

Examination of serum for Rh and/or other blood group antibodies –

Screening test (including all indicated techniques)

1121 SP. ALL STATES: FEE \$12.00

1122 OP. ALL STATES: FEE \$9.00

Examination of serum for Rh and/or other blood group antibodies –

Screening test (including all indicated techniques) and quantitative estimation of first antibody

1124 SP. ALL STATES: FEE \$32.00

1125 OP. ALL STATES: FEE \$24.00

Examination of serum for Rh and/or other blood group antibodies –

Quantitative estimation – one antibody

1126 SP. ALL STATES: FEE \$24.00

1128 OP. ALL STATES: FEE \$18.00

Examination of serum for Rh and/or other blood group antibodies –

Quantitative estimation – each antibody in excess of one

1129 SP. ALL STATES: FEE \$16.00

1130 OP. ALL STATES: FEE \$12.00

Coombs test, direct

1136 SP. ALL STATES: FEE \$8.00

1137 OP. ALL STATES: FEE \$6.00

PART 7 - PATHOLOGY

DIVISION 1 - HAEMATOLOGY

	Coombs test, indirect (not associated with Item 1111, 1112, 1113, 1114, 1116, 1117, 1121, 1122, 1124, 1125, 1126, 1128, 1129 or 1130 except where part of neo-natal screening or in investigation of haemolytic anaemia)	
1144	SP.	ALL STATES: FEE \$12.00
1145	OP.	ALL STATES: FEE \$9.00
	Examination of serum for blood group haemolysins	
1152	SP.	ALL STATES: FEE \$16.00
1153	OP.	ALL STATES: FEE \$12.00
	Leucocyte agglutinins, detection of	
1159	SP.	ALL STATES: FEE \$16.00
1160	OP.	ALL STATES: FEE \$12.00
	Platelet agglutinins, detection of	
1166	SP.	ALL STATES: FEE \$16.00
1167	OP.	ALL STATES: FEE \$12.00
	MISCELLANEOUS	
	Heterophile antibodies, qualitative estimation of (test for infectious mononucleosis)	
1190	SP.	ALL STATES: FEE \$6.40
1191	OP.	ALL STATES: FEE \$4.80
	Heterophile antibodies quantitative estimation by serial dilutions with specific absorption (including qualitative estimation covered by Item 1190 or 1191)	
1194	SP.	ALL STATES: FEE \$16.00
1195	OP.	ALL STATES: FEE \$12.00
	Cold agglutinins, qualitative estimation of	
1202	SP.	ALL STATES: FEE \$6.40
1203	OP.	ALL STATES: FEE \$4.80
	Cold agglutinins quantitative estimation by serial dilutions (including qualitative estimation covered by Item 1202 or 1203 where performed)	
1206	SP.	ALL STATES: FEE \$16.00
1207	OP.	ALL STATES: FEE \$12.00

	Blood volume, estimation of by dye method	
1211	SP.	ALL STATES: FEE \$8.00
1212	OP.	ALL STATES: FEE \$6.00

	Blood, spectroscopic examination of	
1215	SP.	ALL STATES: FEE \$8.00
1216	OP.	ALL STATES: FEE \$6.00

HAEMOSTASIS

Estimation of — Bleeding time; Coagulation time (including clot retraction); Prothrombin time (one stage); Thromboplastin time (partial) with or without kaolin and/or kaolin clotting time; or Thrombotest (Owren)

One procedure

1234	SP.	ALL STATES: FEE \$8.00
1235	OP.	ALL STATES: FEE \$6.00

Two procedures to which Item 1234 or 1235 applies

1236	SP.	ALL STATES: FEE \$12.00
1237	OP.	ALL STATES: FEE \$9.00

Three or more procedures to which Item 1234 or 1235 applies

1238	SP.	ALL STATES: FEE \$16.00
1239	OP.	ALL STATES: FEE \$12.00

Platelet aggregation, qualitative test for

1242	SP.	ALL STATES: FEE \$8.00
1243	OP.	ALL STATES: FEE \$6.00

Estimation of — Thrombin time (including test for presence of an inhibitor and serial test for fibrinogenolysis); or recalcified plasma clotting time — each procedure

1244	SP.	ALL STATES: FEE \$8.00
1246	OP.	ALL STATES: FEE \$6.00

	Fibrinogen titre, determination of	
1247	SP.	ALL STATES: FEE \$8.00
1248	OP.	ALL STATES: FEE \$6.00
	Factor 13, test for presence of	
1251	SP.	ALL STATES: FEE \$12.00
1252	OP.	ALL STATES: FEE \$9.00
	Thromboplastin generation screening test	
1255	SP.	ALL STATES: FEE \$12.00
1256	OP.	ALL STATES: FEE \$9.00
	Prothrombin time, estimation of (two stage)	
1259	SP.	ALL STATES: FEE \$12.00
1260	OP.	ALL STATES: FEE \$9.00
†	Qualitative, quantitative OR qualitative and quantitative estimation of Fibrin degeneration products	
1261	SP.	ALL STATES: FEE \$9.60
1262	OP.	ALL STATES: FEE \$7.20
‡	Quantitative estimation of — Platelet adhesion; Prothrombin consumption; or Protamine sulphate — each procedure	
1263	SP.	ALL STATES: FEE \$12.00
1264	OP.	ALL STATES: FEE \$9.00
	Euglobulin lysis time, estimation of	
1267	SP.	ALL STATES: FEE \$24.00
1268	OP.	ALL STATES: FEE \$18.00
	Quantitative estimation of — Platelet antibodies (by one or more techniques); Platelet Factor III availability; or one or more blood coagulation factors (including antihæmophilic globulin) — each procedure	
1271	SP.	ALL STATES: FEE \$24.00
1272	OP.	ALL STATES: FEE \$18.00

Blood volume, estimation of by dye method

1211 SP. ALL STATES: FEE \$8.00

1212 OP. ALL STATES: FEE \$6.00

Blood, spectroscopic examination of

1215 SP. ALL STATES: FEE \$8.00

1216 OP. ALL STATES: FEE \$6.00

HAEMOSTASIS

‡ Estimation of — Bleeding time; Coagulation time (including clot retraction); Prothrombin time (one stage); Thromboplastin time (partial) with or without kaolin and/or kaolin clotting time; or Thrombotest (Owren)

One procedure

1234 SP. ALL STATES: FEE \$8.00

1235 OP. ALL STATES: FEE \$6.00

Two procedures to which Item 1234 or 1235 applies

1236 SP. ALL STATES: FEE \$12.00

1237 OP. ALL STATES: FEE \$9.00

Three or more procedures to which Item 1234 or 1235 applies

1238 SP. ALL STATES: FEE \$16.00

1239 OP. ALL STATES: FEE \$12.00

Platelet aggregation, qualitative test for

1242 SP. ALL STATES: FEE \$8.00

1243 OP. ALL STATES: FEE \$6.00

Estimation of — Thrombin time (including test for presence of an inhibitor and serial test for fibrinogenolysis); or recalcified plasma clotting time — each procedure

1244 SP. ALL STATES: FEE \$8.00

1246 OP. ALL STATES: FEE \$6.00

	Fibrinogen titre, determination of	
1247	SP.	ALL STATES: FEE \$8.00
1248	OP.	ALL STATES: FEE \$6.00
	Factor 13, test for presence of	
1251	SP.	ALL STATES: FEE \$12.00
1252	OP.	ALL STATES: FEE \$9.00
	Thromboplastin generation screening test	
1255	SP.	ALL STATES: FEE \$12.00
1256	OP.	ALL STATES: FEE \$9.00
	Prothrombin time, estimation of (two stage)	
1259	SP.	ALL STATES: FEE \$12.00
1260	OP.	ALL STATES: FEE \$9.00
	Quantitative estimation of — Fibrin degeneration products; Platelet adhesion; Prothrombin consumption, or Protamine sulphate — each procedure	
1263	SP.	ALL STATES: FEE \$12.00
1264	OP.	ALL STATES: FEE \$9.00
	Euglobulin lysis time, estimation of	
1267	SP.	ALL STATES: FEE \$24.00
1268	OP.	ALL STATES: FEE \$18.00
	Quantitative estimation of — Platelet antibodies (by one or more techniques); Platelet Factor III availability; or one or more blood coagulation factors (including antihæmophilic globulin) — each procedure	
1271	SP.	ALL STATES: FEE \$24.00
1272	OP.	ALL STATES: FEE \$18.00
	Platelet aggregation test using — ADP; Collagen; 5HT; Ristocetin; or similar substance One procedure	
1277	SP.	ALL STATES: FEE \$24.00
1278	OP.	ALL STATES: FEE \$18.00

Platelet aggregation test using — ADP; Collagen; 5HT; Ristocetin; or similar substance

One procedure

1277 SP. ALL STATES: FEE \$24.00

1278 OP. ALL STATES: FEE \$18.00

Two or more procedures to which Item 1277 or 1278 applies

1279 SP. ALL STATES: FEE \$48.00

1280 OP. ALL STATES: FEE \$36.00

DIVISION 2 — CHEMISTRY OF BODY FLUIDS AND TISSUES

NOTE:

(i) The estimation of any substance specified in any item in this Division performed on a multichannel analyser system must be itemised under Items 1301-1312.

(ii) Items 1301-1312 refer to estimations performed by any means, i.e. on a multichannel analyser system or by any other method. If, in the one episode, some tests are performed on a multichannel analyser and some by other methods, the total number of tests undertaken, irrespective of method, is the relevant factor in allotting the appropriate item.

‡ Estimation BY ANY METHOD of — Albumin; Alkaline phosphatase; ALT; AST; Bicarbonate; Bilirubin (direct); Bilirubin (indirect); Calcium; Chloride; Cholesterol; CK; CK isoenzymes; Creatinine; GGTP; Globulin; Glucose; HBD; LD; Phosphate; Potassium; Protein (total); Sodium; Triglycerides; Urate; or Urea or estimation of a substance referred to in any other item in this Division where the estimation is performed on a multichannel analyser

One estimation —

1301 SP. ALL STATES: FEE \$12.00

1302 OP. ALL STATES: FEE \$9.00

1303 HP. ALL STATES: FEE \$6.00

Two estimations — of a kind specified in Item 1301, 1302 or 1303 —

1304 SP. ALL STATES: FEE \$16.00

1305 OP. ALL STATES: FEE \$12.00

1306 HP. ALL STATES: FEE \$8.00

Three to five estimations — of a kind specified in Item 1301, 1302 or 1303 —

1307 SP. ALL STATES: FEE \$20.00

1308 OP. ALL STATES: FEE \$15.00

1309 HP. ALL STATES: FEE \$10.00

Two or more procedures to which Item 1277 or 1278 applies

1279 SP. ALL STATES: FEE \$48.00

1280 OP. ALL STATES: FEE \$36.00

DIVISION 2 — CHEMISTRY OF BODY FLUIDS AND TISSUES

NOTE:

(i) The estimation of any substance specified in any item in this Division performed on a multichannel analyser system must be itemised under Items 1301-1312.

(ii) Items 1301-1312 refer to estimations performed by any means, i.e. on a multichannel analyser system or by any other method. If, in the one episode, some tests are performed on a multichannel analyser and some by other methods, the total number of tests undertaken, irrespective of method, is the relevant factor in allotting the appropriate item.

Estimation BY ANY METHOD of — Albumin; Alkaline phosphatase; ALT; AST; Bicarbonate; Billrubin (direct); Bilirubin (indirect); Calcium; Chloride; Cholesterol; CK; Creatinine; GGTP; Globulin; Glucose; HBD; LD; Phosphate; Potassium; Protein (total); Sodium; Triglycerides; Urate; Urea

Estimation of a substance referred to in any other item in this Division where the estimation is performed on a multichannel analyser

One estimation —

1301	SP.	ALL STATES: FEE \$12.00
1302	OP.	ALL STATES: FEE \$9.00
1303	HP.	ALL STATES: FEE \$6.00

Two estimations — of a kind specified in Item 1301, 1302 or 1303 —

1304	SP.	ALL STATES: FEE \$16.00
1305	OP.	ALL STATES: FEE \$12.00
1306	HP.	ALL STATES: FEE \$8.00

Three to five estimations — of a kind specified in Item 1301, 1302 or 1303 —

1307	SP.	ALL STATES: FEE \$20.00
1308	OP.	ALL STATES: FEE \$15.00
1309	HP.	ALL STATES: FEE \$10.00

Six or more estimations — of a kind specified in Item 1301, 1302 or 1303 —

1310 SP. ALL STATES: FEE \$22.00

1311 OP. ALL STATES: FEE \$16.50

1312 HP. ALL STATES: FEE \$11.00

Qualitative estimation of — Acidity (by pH meter or titration); Blood in faeces (occult blood); Cryoglobulins; Cryoproteins; Euglobins; Macroglobulins (Sia test); PBG; UBG or Any other substance not specified in any other item in this Division —

One estimation

1319 SP. ALL STATES: FEE \$4.00

1320 OP. ALL STATES: FEE \$3.00

Two or more estimations to which Item 1319 or 1320 applies

1322 SP. ALL STATES: FEE \$8.00

1323 OP. ALL STATES: FEE \$6.00

† Quantitative estimation of blood gases (including pO₂, oxygen saturation, pCO₂ and estimation of bicarbonate and pH)

1324 SP. ALL STATES: FEE \$32.00

1325 OP. ALL STATES: FEE \$24.00

1326 HP. ALL STATES: FEE \$16.00

Qualitative estimation of — Foetoprotein; Gastric acidity (by dye method); or Porphyrins

Each estimation

1327 SP. ALL STATES: FEE \$16.00

1328 OP. ALL STATES: FEE \$12.00

Chromatography, qualitative estimation of a substance not specified in any other item in this Division

1330 SP. ALL STATES: FEE \$16.00

1331 OP. ALL STATES: FEE \$12.00

Electrophoresis, qualitative

1333 SP. ALL STATES: FEE \$16.00

1334 OP. ALL STATES: FEE \$12.00

PART 7 — PATHOLOGY

DIVISION 2 — CHEMISTRY

	Australia antigen or similar antigen, detection of by any method including radioimmunoassay	
1336	SP.	ALL STATES: FEE \$16.00
1337	OP.	ALL STATES: FEE \$12.00
	Osmolality, estimation of, in serum or urine	
1339	SP.	ALL STATES: FEE \$16.00
1340	OP.	ALL STATES: FEE \$12.00
	Quantitative estimation of — Acid phosphatase; Aldolase; Amylase; Lipase; Amylase and Lipase; Bromide; BSP; Caeruloplasmin; Carotene; Complement (total or fraction); Any other specific protein (excluding immunoglobulins) (where estimated by immunodiffusion, nephelometry, Laurell rocket or similar technique); Creatine; Hexosamine; Lactate; Lithium; Magnesium; Pyruvate; Salicylate; or Xylose —	
	Each estimation	
1342	SP.	ALL STATES: FEE \$16.00
1343	OP.	ALL STATES: FEE \$12.00
	‡ Quantitative estimation of — Arsenic; Copper; Gold; Lead; Mercury; Strontium; Zinc; Any other element not specified elsewhere in this Division; Folic acid; Vitamin B12; Any other vitamin not specified elsewhere in this Division; Alcohol; Ammonia; Neo-natal bilirubin (direct and indirect); Cholinesterase; Coproporphyrin; Erythroporphyrin; Uroporphyrin; Other porphyrin factor; Delta ALA; 5HIAA; Iron (including iron-binding capacity); Oxalate; Oxosteroids; Oxogenic steroids; PBG; Urine oestriol; Transketolase; Urinary or Serum HCG (other than in diagnosis of pregnancy), or Any other substance not specified in any other item in this Division —	
	Each estimation	
1345	SP.	ALL STATES: FEE \$24.00
1346	OP.	ALL STATES: FEE \$18.00
	Dibucaine number or similar, determination of	
1348	SP.	ALL STATES: FEE \$24.00
1349	OP.	ALL STATES: FEE \$18.00
	Indican, qualitative test for	
1351	SP.	ALL STATES: FEE \$24.00
1352	OP.	ALL STATES: FEE \$18.00
	Calculus, analysis of	
1354	SP.	ALL STATES: FEE \$24.00
1355	OP.	ALL STATES: FEE \$18.00

PART 7 — PATHOLOGY

DIVISION 2 — CHEMISTRY

Six or more estimations — of a kind specified in Item 1301, 1302 or 1303 —

1310 SP. ALL STATES: FEE \$22.00

1311 OP. ALL STATES: FEE \$16.50

1312 HP. ALL STATES: FEE \$11.00

Qualitative estimation of — Acidity (by pH meter or titration); Blood in faeces (occult blood); Cryoglobulins; Cryoproteins; Euglobins; Macroglobulins (Sia test); PBG; UBG or Any other substance not specified in any other item in this Division —

One estimation

1319 SP. ALL STATES: FEE \$4.00

1320 OP. ALL STATES: FEE \$3.00

Two or more estimations to which Item 1319 or 1320 applies

1322 SP. ALL STATES: FEE \$8.00

1323 OP. ALL STATES: FEE \$6.00

Qualitative estimation of — Foetoprotein; Gastric acidity (by dye method); or Porphyrins

Each estimation

1327 SP. ALL STATES: FEE \$16.00

1328 OP. ALL STATES: FEE \$12.00

Chromatography, qualitative estimation of a substance not specified in any other item in this Division

1330 SP. ALL STATES: FEE \$16.00

1331 OP. ALL STATES: FEE \$12.00

Electrophoresis, qualitative

1333 SP. ALL STATES: FEE \$16.00

1334 OP. ALL STATES: FEE \$12.00

Australia antigen or similar antigen, detection of by any method including radioimmunoassay

1336 SP. ALL STATES: FEE \$16.00

1337 OP. ALL STATES: FEE \$12.00

	Osmolality, estimation of, in serum or urine	
1339	SP.	ALL STATES: FEE \$16.00
1340	OP.	ALL STATES: FEE \$12.00
	Quantitative estimation of — Acid phosphatase; Aldolase; Amylase; Lipase; Amylase and Lipase; Bromide; BSP; Caeruloplasmin; Carotene; Complement (total or fraction); Any other specific protein (excluding immunoglobulins) (where estimated by immunodiffusion, nephelometry, Laurell rocket or similar technique); Creatine; Hexosamine; Lactate; Lithium; Magnesium; Pyruvate; Salicylate; or Xylose —	
	Each estimation	
1342	SP.	ALL STATES: FEE \$16.00
1343	OP.	ALL STATES: FEE \$12.00
	Quantitative estimation of — Arsenic; Copper; Gold; Lead; Mercury; Strontium; Zinc; Any other element not specified elsewhere in this Division; Folic acid; Vitamin B12; Any other vitamin not specified elsewhere in this Division; Alcohol; Ammonia; Neo-natal bilirubin (direct and indirect); Cholinesterase; Coproporphyrin; Erythroporphyrin; Uroporphyrin; Other porphyrin factor; Delta ALA; 5HIAA; Iron (including iron-binding capacity); Oxalate; Oxosteroids; Oxogenic steroids; PBG; Urine oestriol; Transketolase; Any other substance not specified in any other item in this Division —	
	Each estimation	
1345	SP.	ALL STATES: FEE \$24.00
1346	OP.	ALL STATES: FEE \$18.00
	Dibucaine number or similar, determination of	
1348	SP.	ALL STATES: FEE \$24.00
1349	OP.	ALL STATES: FEE \$18.00
	Indican, qualitative test for	
1351	SP.	ALL STATES: FEE \$24.00
1352	OP.	ALL STATES: FEE \$18.00
	Calculus, analysis of	
1354	SP.	ALL STATES: FEE \$24.00
1355	OP.	ALL STATES: FEE \$18.00
	Amniotic fluid, spectrophotometric analysis of	
1357	SP.	ALL STATES: FEE \$24.00
1358	OP.	ALL STATES: FEE \$18.00

	Amniotic fluid, spectrophotometric analysis of	
1357	SP.	ALL STATES: FEE \$24.00
1358	OP.	ALL STATES: FEE \$18.00
	Electrophoresis, quantitative (including qualitative test)	
1360	SP.	ALL STATES: FEE \$24.00
1362	OP.	ALL STATES: FEE \$18.00
‡	Quantitative estimation of — Catecholamines (each component); Faecal fat; HMMA; Hydroxyproline; Non-pregnancy oestrogens, Pregnanediol; Pregnanetriol; Any other steroid fraction (where not estimated in the same process as another steroid fraction); or Multiple steroid fractions estimated in the same process —	
	Each estimation	
1364	SP.	ALL STATES: FEE \$32.00
1366	OP.	ALL STATES: FEE \$24.00
	Chromatography, quantitative estimation (including qualitative test) of any substance not specified in any other item in this Division	
1368	SP.	ALL STATES: FEE \$32.00
1370	OP.	ALL STATES: FEE \$24.00
	Lecithin/sphingomyelin ratio of amniotic fluid, determination of	
1372	SP.	ALL STATES: FEE \$32.00
1374	OP.	ALL STATES: FEE \$24.00
‡	Drug assays — qualitative estimations or screening procedures, by colorimetric methods —	
	One or more estimations or procedures on each specimen	
1376	SP.	ALL STATES: FEE \$8.00
1378	OP.	ALL STATES: FEE \$6.00
	Barbiturates; Carbamazepine; Digoxin; Phenytoin; — assay by radioimmunoassay, enzyme linked immunoassay, gas liquid chromatography or any other methods	
	Estimation of one substance using one or more of the methods specified	
1380	SP.	ALL STATES: FEE \$20.00
1381	OP.	ALL STATES: FEE \$15.00

	Estimation of two substances referred to in Item 1380 or 1381 using one or more of the methods specified in those items —	
1382	SP.	ALL STATES: FEE \$32.00
1384	OP.	ALL STATES: FEE \$24.00
	Estimation of three or more substances referred to in Item 1380 or 1381 using one or more of the methods specified in those items —	
1385	SP.	ALL STATES: FEE \$40.00
1387	OP.	ALL STATES: FEE \$30.00
	Diazepam; Ethosuximide; Methotrexate; Morphine; Procainamide; Quinidine; or similar substances not covered by any other item in this Division — assay by radioimmunoassay, enzyme linked immunoassay, gas liquid chromatography or any other method	
	Estimation of one substance using one or more of the methods specified	
1392	SP.	ALL STATES: FEE \$24.00
1393	OP.	ALL STATES: FEE \$18.00
	Estimation of two substances referred to in Item 1392 or 1393 using one or more of the methods specified in those items —	
1394	SP.	ALL STATES: FEE \$40.00
1395	OP.	ALL STATES: FEE \$30.00
	Estimation of three or more substances referred to in Item 1392 or 1393 using one or more of the methods specified in those items	
1397	SP.	ALL STATES: FEE \$48.00
1398	OP.	ALL STATES: FEE \$36.00
	HORMONE ASSAYS	
	(not covered by any other item in this Division)	
‡	T3 resin uptake OR Thyroxine (T4) — assay of (or equivalent function test) — using any technique	
1419	SP.	ALL STATES: FEE \$12.00
1420	OP.	ALL STATES: FEE \$9.00
‡	T3 resin uptake AND Thyroxine (T4) — assay of (or equivalent function test) — using any technique	
1427	SP.	ALL STATES: FEE \$20.00
1428	OP.	ALL STATES: FEE \$15.00

PART 7 - PATHOLOGY

DIVISION 2 - CHEMISTRY

	Electrophoresis, quantitative (including qualitative test)	
1360	SP.	ALL STATES: FEE \$24.00
1362	OP.	ALL STATES: FEE \$18.00
	Quantitative estimation of - Catecholamines (each component); Faecal fat; HMMA; Hydroxyproline; Blood gases (including pO ₂ , oxygen saturation; pCO ₂ and estimation of bicarbonate and pH); Non-pregnancy oestrogens; Pregnanediol; Pregnanetriol; Any other steroid fraction (where not estimated in the same process as another steroid fraction); or Multiple steroid fractions estimated in the same process -	
	Each estimation	
1364	SP.	ALL STATES: FEE \$32.00
1366	OP.	ALL STATES: FEE \$24.00
	Chromatography, quantitative estimation (including qualitative test) of any substance not specified in any other item in this Division	
1368	SP.	ALL STATES: FEE \$32.00
1370	OP.	ALL STATES: FEE \$24.00
	Lecithin/sphingomyelin ratio of amniotic fluid, determination of	
1372	SP.	ALL STATES: FEE \$32.00
1374	OP.	ALL STATES: FEE \$24.00
	Drug assays - qualitative estimations or screening procedures	
	One or more estimations or procedures on each specimen	
1376	SP.	ALL STATES: FEE \$8.00
1378	OP.	ALL STATES: FEE \$6.00
	Barbiturates; Carbamazepine; Digoxin; Phenytoin; - assay by radioimmunoassay, enzyme linked immunoassay, gas liquid chromatography or any other methods	
	Estimation of one substance using one or more of the methods specified	
1380	SP.	ALL STATES: FEE \$20.00
1381	OP.	ALL STATES: FEE \$15.00
	Estimation of two substances referred to in item 1380 or 1381 using one or more of the methods specified in those items -	
1382	SP.	ALL STATES: FEE \$32.00
1384	OP.	ALL STATES: FEE \$24.00

PART 7 — PATHOLOGY

DIVISION 2 — CHEMISTRY

	Estimation of three or more substances referred to in Item 1380 or 1381 using one or more of the methods specified in those items —	
1385	SP.	ALL STATES: FEE \$40.00
1387	OP.	ALL STATES: FEE \$30.00
	Diazepam; Ethosuximide; Methotrexate; Morphine; Procainamide; Quinidine; or similar substances not covered by any other item in this Division — assay by radioimmunoassay, enzyme linked immunoassay, gas liquid chromatography or any other method	
	Estimation of one substance using one or more of the methods specified	
1392	SP.	ALL STATES: FEE \$24.00
1393	OP.	ALL STATES: FEE \$18.00
	Estimation of two substances referred to in Item 1392 or 1393 using one or more of the methods specified in those items —	
1394	SP.	ALL STATES: FEE \$40.00
1395	OP.	ALL STATES: FEE \$30.00
	Estimation of three or more substances referred to in Item 1392 or 1393 using one or more of the methods specified in those items	
1397	SP.	ALL STATES: FEE \$48.00
1398	OP.	ALL STATES: FEE \$36.00
	HORMONE ASSAYS	
	(not covered by any other item in this Division)	
	Thyroxine (T4) OR T3 resin uptake — assay of (or equivalent function test) — using any technique	
1419	SP.	ALL STATES: FEE \$12.00
1420	OP.	ALL STATES: FEE \$9.00
	Thyroxine (T4) AND T3 resin uptake — assay of (or equivalent function test) — using any technique	
1427	SP.	ALL STATES: FEE \$20.00
1428	OP.	ALL STATES: FEE \$15.00
	Normalised thyroxine (Effective thyroxine ratio or similar assay) when not associated with Item 1419, 1420, 1427 or 1428 — assay using any technique	
1434	SP.	ALL STATES: FEE \$16.00
1435	OP.	ALL STATES: FEE \$12.00

	Normalised thyroxine (Effective thyroxine ratio or similar assay) when not associated with Item 1419, 1420, 1427 or 1428 — assay using any technique	
1434	SP.	ALL STATES: FEE \$16.00
1435	OP.	ALL STATES: FEE \$12.00
	Thyroxine (T4) AND T3 resin uptake (or equivalent function test) and Normalised thyroxine (Effective thyroxine ratio or similar assay) performed by a different procedure — assay using any technique	
1441	SP.	ALL STATES: FEE \$28.00
1442	OP.	ALL STATES: FEE \$21.00
‡	Hormone assays (including insulin, growth hormone, TSH, LH, FSH, T3, prolactin, renin, gastrin, cortisol [selenium labelled], ACTH and HPL but excluding thyroid hormones covered by Item 1419, 1420, 1427, 1428, 1434, 1435, 1441 or 1442) using gamma emitting labels or any other unspecified technique	
	One estimation of any one hormone	
1452	SP.	ALL STATES: FEE \$24.00
1453	OP.	ALL STATES: FEE \$18.00
	Two estimations of any one hormone using any technique referred to in Item 1452 or 1453	
1455	SP.	ALL STATES: FEE \$36.00
1456	OP.	ALL STATES: FEE \$27.00
	Three estimations of any one hormone using any technique referred to in Item 1452 or 1453	
1458	SP.	ALL STATES: FEE \$48.00
1459	OP.	ALL STATES: FEE \$36.00
	Each estimation of any one hormone in excess of three using any technique referred to in Item 1452 or 1453	
1461	SP.	ALL STATES: FEE \$4.80
1462	OP.	ALL STATES: FEE \$3.60

	Hormone assays (including progesterone, testosterone, cortisol [tritium labelled] 17-hydroxyprogesterone, oestradiol and aldosterone) using beta emitting labels or bioassay	
	One estimation of any one hormone	
1475	SP.	ALL STATES: FEE \$40.00
1476	OP.	ALL STATES: FEE \$30.00
	Two estimations of any one hormone using a technique referred to in Item 1475 or 1476	
1478	SP.	ALL STATES: FEE \$64.00
1479	OP.	ALL STATES: FEE \$48.00
	Three estimations of any one hormone using a technique referred to in Item 1475 or 1476	
1481	SP.	ALL STATES: FEE \$80.00
1482	OP.	ALL STATES: FEE \$60.00
	Each estimation of any one hormone in excess of three using a technique referred to in Item 1475 or 1476	
1484	SP.	ALL STATES: FEE \$8.00
1485	OP.	ALL STATES: FEE \$6.00

PART 7 — PATHOLOGY

DIVISION 2 — CHEMISTRY

Thyroxine (T4) **AND** T3 resin uptake (or equivalent function test) and Normalised thyroxine (Effective thyroxine ratio or similar assay) performed by a different procedure — assay using any technique

1441 SP. ALL STATES: FEE \$28.00

1442 OP. ALL STATES: FEE \$21.00

Hormone assays (including insulin, growth hormone, TSH, LH, FSH, T3, prolactin, HCG, beta-HCG, renin, gastrin, cortisol [selenium labelled], ACTH and HPL) using gamma emitting labels or any other unspecified technique (excluding thyroid hormones covered by Item 1419, 1420, 1427, 1428, 1434, 1435, 1441 or 1442)

One estimation of any one hormone

1452 SP. ALL STATES: FEE \$24.00

1453 OP. ALL STATES: FEE \$18.00

Two estimations of any one hormone using any technique referred to in Item 1452 or 1453

1455 SP. ALL STATES: FEE \$36.00

1456 OP. ALL STATES: FEE \$27.00

Three estimations of any one hormone using any technique referred to in Item 1452 or 1453

1458 SP. ALL STATES: FEE \$48.00

1459 OP. ALL STATES: FEE \$36.00

Each estimation of any one hormone in excess of three using any technique referred to in Item 1452 or 1453

1461 SP. ALL STATES: FEE \$4.80

1462 OP. ALL STATES: FEE \$3.60

Hormone assays (including progesterone, testosterone, cortisol [tritium labelled] 17-hydroxyprogesterone, oestradiol and aldosterone) using beta emitting labels or bioassay

One estimation of any one hormone

1475 SP. ALL STATES: FEE \$40.00

1476 OP. ALL STATES: FEE \$30.00

	Two estimations of any one hormone using a technique referred to in Item 1475 or 1476	
1478	SP.	ALL STATES: FEE \$64.00
1479	OP.	ALL STATES: FEE \$48.00
	Three estimations of any one hormone using a technique referred to in Item 1475 or 1476	
1481	SP.	ALL STATES: FEE \$80.00
1482	OP.	ALL STATES: FEE \$60.00
	Each estimation of any one hormone in excess of three using a technique referred to in Item 1475 or 1476	
1484	SP.	ALL STATES: FEE \$8.00
1485	OP.	ALL STATES: FEE \$6.00

PROCEDURAL SERVICES

NOTE:

(i) Benefit is not payable for a procedural service (Items 1504/1505, 1511/1512 and 1516/1517) in addition to benefit for an attendance under Part 1 of Schedule on the same calendar day

(ii) Benefit is not payable for a procedural service in respect of a person who is a patient in a recognised hospital or when performed using recognised hospital facilities

(iii) Where a procedural service is itemised, the investigation undertaken as well as the individual services performed should be specified

ACTH stimulation test; Adrenaline tolerance test; Arginine infusion test; Bromsulphthalein test; Carbohydrate tolerance test; Creatinine clearance test; Gastric function test requiring intubation; Glucagon tolerance test; Histidine loaded Figlu test; L-dopa stimulation test; Phenoisulphthalein excretion test; TSH stimulation test; Urea clearance test; Urea concentration test; Vasopressin stimulation test; Xylose absorption test, or similar test

Procedural service associated with any one of these tests

1504 SP. ALL STATES: FEE \$8.00

1505 OP. ALL STATES: FEE \$6.00

Tolbutamide test; Insulin hypoglycaemia stimulation test; Gonadotrophin releasing hormone stimulation test; Thyrotrophin releasing hormone stimulation test; Urine acidification test; or similar test

Procedural service associated with any one of these tests

1511 SP. ALL STATES: FEE \$24.00

1512 OP. ALL STATES: FEE \$18.00

Thyrotrophin releasing hormone; Gonadotrophin releasing hormone; Thyroid stimulating hormone — administration of

Procedural service associated with the administration of any one of these drugs

1516 SP. ALL STATES: FEE \$20.00

1517 OP. ALL STATES: FEE \$15.00

DIVISION 3 — MICROBIOLOGY

Microscopical examination — wet film, other than urine

1529 SP. ALL STATES: FEE \$4.80

1530 OP. ALL STATES: FEE \$3.60

Microscopical examination of urine (where the patient is referred by another medical practitioner) and examination for one or more of pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone and bile pigments

1536 SP. ALL STATES: FEE \$6.40

1537 OP. ALL STATES: FEE \$4.80

Microscopical examination using Gram stain or similar stain (e.g. Loeffler, methylene blue, Giemsa)

One stain

1545 SP. ALL STATES: FEE \$6.40

1546 OP. ALL STATES: FEE \$4.80

Microscopical examination using stains referred to in Item 1545 or 1546 —

Two or more stains

1548 SP. ALL STATES: FEE \$8.00

1549 OP. ALL STATES: FEE \$6.00

Microscopical examination using special stain (e.g. Ziehl-Neelsen or similar stain) —

One stain

1556 SP. ALL STATES: FEE \$8.00

1557 OP. ALL STATES: FEE \$6.00

Microscopical examination using two or more stains one or more of which is a special stain referred to in Item 1556 or 1557

1566 SP. ALL STATES: FEE \$12.00

1567 OP. ALL STATES: FEE \$9.00

	Microscopical examination for dermatophytes	
	Examination of material from one site	
1586	SP.	ALL STATES: FEE \$8.00
1587	OP.	ALL STATES: FEE \$6.00
	Microscopical examination referred to in Item 1586 or 1587 —	
	Examination of material from two or more sites	
1588	SP.	ALL STATES: FEE \$16.00
1589	OP.	ALL STATES: FEE \$12.00
	Microscopical examination of exudate by dark ground illumination for <i>Treponema pallidum</i>	
1604	SP.	ALL STATES: FEE \$20.00
1606	OP.	ALL STATES: FEE \$15.00
‡	Cultural examination of material other than urine for aerobic micro-organisms (including fungi) with, where indicated, the use of relevant stains, and/or use of selective media and sensitivity testing —	
	Examination of material from one site	
1609	SP.	ALL STATES: FEE \$16.00
1610	OP.	ALL STATES: FEE \$12.00
1611	HP.	ALL STATES: FEE \$10.10
†	Cultural examination referred to in Items 1609, 1610 or 1611 —	
	Examination of material from two or more sites	
1612	SP.	ALL STATES: FEE \$28.00
1613	OP.	ALL STATES: FEE \$21.00
1614	HP.	ALL STATES: FEE \$14.00
‡	Cultural examination of material other than blood or urine for aerobic and anaerobic micro-organisms, using an anaerobic atmosphere for the culture of anaerobes with, where indicated the use of relevant stains and/or use of selective media and/or sensitivity testing —	
	Examination of material from one site	
1615	SP.	ALL STATES: FEE \$24.00
1616	OP.	ALL STATES: FEE \$18.00
1618	HP.	ALL STATES: FEE \$15.15

PART 7 — PATHOLOGY

DIVISION 3 — MICROBIOLOGY

†	Cultural examination referred to in Items 1615, 1616 or 1618 — Examination of specimens from two or more sites	
1619	SP.	ALL STATES: FEE \$42.00
1620	OP.	ALL STATES: FEE \$31.50
1621	HP.	ALL STATES: FEE \$21.00
	Cultural examination for mycobacteria — each specimen	
1622	SP.	ALL STATES: FEE \$16.00
1623	OP.	ALL STATES: FEE \$12.00
	Blood culture, including sub-culture, using both aerobic and anaerobic media, with, where indicated the use of relevant stains and/or sensitivity testing but not involving organism identification Each set of cultures to a maximum of three sets	
1633	SP.	ALL STATES: FEE \$24.00
1634	OP.	ALL STATES: FEE \$18.00
1636	HP.	ALL STATES: FEE \$12.00
	Screening test for mycoplasma and/or ureaplasma	
1637	SP.	ALL STATES: FEE \$4.00
1638	OP.	ALL STATES: FEE \$3.00
	Coagulase test for organism identification by slide or tube method, not associated with the use of Items 1644/1645, 1647/1648, 1661/1662, 1664/1665, for identification of the same organism	
1640	SP.	ALL STATES: FEE \$4.00
1641	OP.	ALL STATES: FEE \$3.00
	Identification of pathogenic micro-organisms, excluding M tuberculosis, using biochemical tests and/or other special techniques involving sub-culture Identification of one organism	
1644	SP.	ALL STATES: FEE \$8.00
1645	OP.	ALL STATES: FEE \$6.00

	Microscopical examination for dermatophytes	
	Examination of material from one site	
1586	SP.	ALL STATES: FEE \$8.00
1587	OP.	ALL STATES: FEE \$6.00
	Microscopical examination referred to in Item 1586 or 1587 —	
	Examination of material from two or more sites	
1588	SP.	ALL STATES: FEE \$16.00
1589	OP.	ALL STATES: FEE \$12.00
	Microscopical examination of exudate by dark ground illumination for <i>Treponema pallidum</i>	
1604	SP.	ALL STATES: FEE \$20.00
1606	OP.	ALL STATES: FEE \$15.00
	Cultural examination of a specimen other than urine for aerobic micro-organisms (including fungi) with, where indicated — the use of relevant stains, and/or use of selective media and sensitivity testing	
1609	SP.	ALL STATES: FEE \$16.00
1610	OP.	ALL STATES: FEE \$12.00
1611	HP.	ALL STATES: FEE \$10.10
	Cultural examination of a specimen other than blood or urine for aerobic and anaerobic micro-organisms, using an anaerobic atmosphere for the culture of anaerobes with, where indicated the use of relevant stains and/or use of selective media and/or sensitivity testing	
1615	SP.	ALL STATES: FEE \$24.00
1616	OP.	ALL STATES: FEE \$18.00
1618	HP.	ALL STATES: FEE \$15.15

PART 7 — PATHOLOGY

DIVISION 3 — MICROBIOLOGY

	Cultural examination for mycobacteria — each specimen	
1622	SP.	ALL STATES: FEE \$16.00
1623	OP.	ALL STATES: FEE \$12.00
	Blood culture, including sub-culture, using both aerobic and anaerobic media, with, where indicated the use of relevant stains and/or sensitivity testing but not involving organism identification	
	Each set of cultures to a maximum of three sets	
1633	SP.	ALL STATES: FEE \$24.00
1634	OP.	ALL STATES: FEE \$18.00
1636	HP.	ALL STATES: FEE \$12.00
†	Screening test for mycoplasma and/or ureaplasma	
1637	SP.	ALL STATES: FEE \$4.00
1638	OP.	ALL STATES: FEE \$3.00
	Coagulase test for organism identification by slide or tube method, not associated with the use of Items 1644/1645, 1647/1648, 1661/1662, 1664/1665, for identification of the same organism	
1640	SP.	ALL STATES: FEE \$4.00
1641	OP.	ALL STATES: FEE \$3.00
	Identification of pathogenic micro-organisms, excluding M tuberculosis, using biochemical tests and/or other special techniques involving sub-culture	
	Identification of one organism	
1644	SP.	ALL STATES: FEE \$8.00
1645	OP.	ALL STATES: FEE \$6.00
	Identification of two or more organisms, excluding M tuberculosis, by the method referred to in Item 1644 or 1645	
1647	SP.	ALL STATES: FEE \$16.00
1648	OP.	ALL STATES: FEE \$12.00

Identification of two or more organisms, excluding *M. tuberculosis*, by the method referred to in Item 1644 or 1645

1647 SP. ALL STATES: FEE \$16.00

1648 OP. ALL STATES: FEE \$12.00

Identification of pathogenic micro-organisms using specific serological techniques, (including immunofluorescent and immunoenzymic methods)

One procedure

1661 SP. ALL STATES: FEE \$8.00

1662 OP. ALL STATES: FEE \$6.00

Two or more of any procedures of a kind referred to in Item 1661 or 1662

1664 SP. ALL STATES: FEE \$12.00

1665 OP. ALL STATES: FEE \$9.00

Anaerobic culture of urine obtained by suprapubic aspiration of the bladder where previous aerobic urine culture is negative, plus microscopical examination of urine, with cell count, relevant stains (if indicated), aerobic cultural examination and colony count of micro-organisms (other than by simple microscopy and simple culture, e.g., dip slide and microbiological kit tests, covered by Item 1682 or 1683), with sensitivity testing where indicated and with general examination for one or more of the following —

pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone and bile pigments. (Not associated with Item 1673, 1674 or 1676)

1668 SP. ALL STATES: FEE \$30.00

1669 OP. ALL STATES: FEE \$22.50

1670 HP. ALL STATES: FEE \$15.00

Microscopical examination of urine, with cell count, relevant stains (if indicated), aerobic cultural examination and colony count of micro-organisms (other than by simple microscopy and simple culture, e.g., dip slide and microbiological kit tests, covered by Item 1682 or 1683), with sensitivity testing where indicated and with general examination for one or more of the following —

pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone and bile pigments

1673 SP. ALL STATES: FEE \$22.50

1674 OP. ALL STATES: FEE \$16.90

1676 HP. ALL STATES: FEE \$11.25

PART 7 — PATHOLOGY

DIVISION 3 — MICROBIOLOGY

	Microscopical examination of urine and simple culture by means of dip slide or microbiological kit tests (where the patient is referred by another medical practitioner)	
1682	SP.	ALL STATES: FEE \$8.00
1683	OP.	ALL STATES: FEE \$6.00
	Microscopical examination of faeces or body fluids for parasites, cysts or ova, with or without simple stains and concentration techniques	
1687	SP.	ALL STATES: FEE \$12.00
1688	OP.	ALL STATES: FEE \$9.00
	Identification of helminths	
1693	SP.	ALL STATES: FEE \$8.00
1694	OP.	ALL STATES: FEE \$6.00
	Cultural examination for parasites other than trichomonas	
	Culture of one parasite	
1702	SP.	ALL STATES: FEE \$16.00
1703	OP.	ALL STATES: FEE \$12.00
	Cultural examination for parasites referred to in Item 1702 or 1703 —	
	Culture of two or more parasites	
1705	SP.	ALL STATES: FEE \$28.00
1706	OP.	ALL STATES: FEE \$21.00
	Determination of the minimum inhibitory concentration of an antibiotic or chemotherapeutic agent by tube technique or by agar plate dilution	
	One organism	
1721	SP.	ALL STATES: FEE \$16.00
1722	OP.	ALL STATES: FEE \$12.00
	Determination referred to in Item 1721 or 1722 —	
	Two or more organisms	
1724	SP.	ALL STATES: FEE \$20.00
1725	OP.	ALL STATES: FEE \$15.00

Identification of pathogenic micro-organisms using specific serological techniques, (including immunofluorescent and immunoenzymic methods)

One procedure

1661 SP. ALL STATES: FEE \$8.00

1662 OP. ALL STATES: FEE \$6.00

Two or more of any procedures of a kind referred to in Item 1661 or 1662

1664 SP. ALL STATES: FEE \$12.00

1665 OP. ALL STATES: FEE \$9.00

† Anaerobic culture of urine obtained by suprapubic aspiration of the bladder where previous aerobic urine culture is negative, plus microscopical examination of urine, with cell count, relevant stains (if indicated), aerobic cultural examination and colony count of micro-organisms (other than by simple microscopy and simple culture, e.g., dip slide and microbiological kit tests, covered by Item 1682 or 1683), with sensitivity testing where indicated and with general examination for one or more of the following —

pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone and bile pigments, (Not associated with Item 1673, 1674 or 1676)

1668 SP. ALL STATES: FEE \$30.00

1669 OP. ALL STATES: FEE \$22.50

1670 HP. ALL STATES: FEE \$15.00

‡ Microscopical examination of urine, with cell count, relevant stains (if indicated), aerobic cultural examination and colony count of micro-organisms (other than by simple microscopy and simple culture, e.g., dip slide and microbiological kit tests, covered by Item 1682 or 1683), with sensitivity testing where indicated and with general examination for one or more of the following —

pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone and bile pigments

1673 SP. ALL STATES: FEE \$22.50

1674 OP. ALL STATES: FEE \$16.90

1676 HP. ALL STATES: FEE \$11.25

PART 7 — PATHOLOGY

DIVISION 3 — MICROBIOLOGY

	Microscopical examination of urine and simple culture by means of dip slide or microbiological kit tests (where the patient is referred by another medical practitioner)	
1682	SP.	ALL STATES: FEE \$8.00
1683	OP.	ALL STATES: FEE \$6.00
	Microscopical examination of faeces or body fluids for parasites, cysts or ova, with or without simple stains and concentration techniques	
1687	SP.	ALL STATES: FEE \$12.00
1688	OP.	ALL STATES: FEE \$9.00
	Identification of helminths	
1693	SP.	ALL STATES: FEE \$8.00
1694	OP.	ALL STATES: FEE \$6.00
	Cultural examination for parasites other than trichomonas	
	Culture of one parasite	
1702	SP.	ALL STATES: FEE \$16.00
1703	OP.	ALL STATES: FEE \$12.00
	Cultural examination for parasites referred to in Item 1702 or 1703 —	
	Culture of two or more parasites	
1705	SP.	ALL STATES: FEE \$28.00
1706	OP.	ALL STATES: FEE \$21.00
	Determination of the minimum inhibitory concentration of an antibiotic or chemotherapeutic agent by tube technique or by agar plate dilution	
	One organism	
1721	SP.	ALL STATES: FEE \$16.00
1722	OP.	ALL STATES: FEE \$12.00
	Determination referred to in Item 1721 or 1722 —	
	Two or more organisms	
1724	SP.	ALL STATES: FEE \$20.00
1725	OP.	ALL STATES: FEE \$15.00

PART 7 — PATHOLOGY

DIVISION 3 — MICROBIOLOGY

	Detection of substances inhibitory to micro-organisms in a body fluid (including urine)	
1732	SP.	ALL STATES: FEE \$4.00
1733	OP.	ALL STATES: FEE \$3.00
	Quantitative assay of an antibiotic or chemotherapeutic agent in a body fluid (including urine)	
1743	SP.	ALL STATES: FEE \$16.00
1744	OP.	ALL STATES: FEE \$12.00
	Agglutination tests (screening)	
	One test	
1756	SP.	ALL STATES: FEE \$4.00
1757	OP.	ALL STATES: FEE \$3.00
	Agglutination tests (screening)	
	Two or more tests	
1758	SP.	ALL STATES: FEE \$4.80
1759	OP.	ALL STATES: FEE \$3.60
	Agglutination tests (quantitative), including those for enteric fever and brucellosis	
	One antigen	
1760	SP.	ALL STATES: FEE \$12.00
1761	OP.	ALL STATES: FEE \$9.00
	Agglutination tests (quantitative) referred to in Item 1760 or 1761 —	
	Second to sixth antigen — each antigen	
1763	SP.	ALL STATES: FEE \$6.40
1764	OP.	ALL STATES: FEE \$4.80
	Agglutination tests (quantitative) referred to in Item 1760 or 1761 —	
	Each antigen in excess of six	
1766	SP.	ALL STATES: FEE \$3.20
1767	OP.	ALL STATES: FEE \$2.40

PART 7 — PATHOLOGY

DIVISION 3 — MICROBIOLOGY

Flocculation tests, including V.D.R.L., Kahn, Kline or similar tests

One test

1772 SP. ALL STATES: FEE \$4.00

1773 OP. ALL STATES: FEE \$3.00

Flocculation tests referred to in Item 1772 or 1773 —

Two or more tests:

1775 SP. ALL STATES: FEE \$4.80

1776 OP. ALL STATES: FEE \$3.60

Complement fixation tests

One test

1781 SP. ALL STATES: FEE \$16.00

1782 OP. ALL STATES: FEE \$12.00

Each test referred to in Item 1781 or 1782 in excess of one

1784 SP. ALL STATES: FEE \$4.00

1785 OP. ALL STATES: FEE \$3.00

Fluorescent serum antibody test (FTA test, FTA-absorbed test or similar)

One test

1793 SP. ALL STATES: FEE \$12.00

1794 OP. ALL STATES: FEE \$9.00

Each test referred to in Item 1793 or 1794 in excess of one

1796 SP. ALL STATES: FEE \$6.40

1797 OP. ALL STATES: FEE \$4.80

Haemagglutination tests —

One test

1805 SP. ALL STATES: FEE \$8.00

1806 OP. ALL STATES: FEE \$6.00

Each test referred to in Item 1805 or 1806 in excess of one

1808 SP. ALL STATES: FEE \$4.00

1809 OP. ALL STATES: FEE \$3.00

Haemagglutination inhibition tests —

One test

1823 SP. ALL STATES: FEE \$8.00

1824 OP. ALL STATES: FEE \$6.00

Each test referred to in Item 1823 or 1824 in excess of one

1826 SP. ALL STATES: FEE \$4.00

1827 OP. ALL STATES: FEE \$3.00

‡ Antistreptolysin O titre or similar test (qualitative) not associated with Item 1843, 1844, 1846 or 1847

1839 SP. ALL STATES: FEE \$4.00

1840 OP. ALL STATES: FEE \$3.00

‡ Antistreptolysin O titre test, anti-desoxyribonuclease B titre test or similar test (quantitative) — One test

1843 SP. ALL STATES: FEE \$12.00

1844 OP. ALL STATES: FEE \$9.00

† Antistreptolysin O titre test, anti-desoxyribonuclease B titre test or similar test (quantitative) — Two or more tests

1846 SP. ALL STATES: FEE \$18.00

1847 OP. ALL STATES: FEE \$13.50

Total and differential cell count on any body fluid

1851 SP. ALL STATES: FEE \$8.00

1852 OP. ALL STATES: FEE \$6.00

PART 7 — PATHOLOGY

DIVISION 3 — MICROBIOLOGY

	Autogenous vaccine, preparation of — each organism	
1858	SP.	ALL STATES: FEE \$32.00
1859	OP.	ALL STATES: FEE \$24.00
DIVISION 4 — IMMUNOLOGY		
	Immunoelectrophoresis using polyvalent antisera	
1877	SP.	ALL STATES: FEE \$24.00
1878	OP.	ALL STATES: FEE \$18.00
	Immunoelectrophoresis using monovalent antiserum — each antiserum	
1884	SP.	ALL STATES: FEE \$4.00
1885	OP.	ALL STATES: FEE \$3.00
	Immunoglobulins G, A, M or D, quantitative estimation of, by immunodiffusion or any other method	
	Estimation of one immunoglobulin	
1888	SP.	ALL STATES: FEE \$16.00
1889	OP.	ALL STATES: FEE \$12.00
	Estimation of each immunoglobulin referred to in Item 1888 or 1889 in excess of one	
1891	SP.	ALL STATES: FEE \$8.00
1892	OP.	ALL STATES: FEE \$6.00
	Immunoglobulin E, quantitative estimation of	
1897	SP.	ALL STATES: FEE \$24.00
1898	OP.	ALL STATES: FEE \$18.00
	Radioallergosorbent tests for allergen identification	
	Identification of one to four allergens — each allergen	
1903	SP.	ALL STATES: FEE \$8.00
1904	OP.	ALL STATES: FEE \$6.00

	Identification of each allergen referred to in Item 1903 or 1904 in excess of four	
1905	SP.	ALL STATES: FEE \$4.00
1906	OP.	ALL STATES: FEE \$3.00
	Immunofluorescent detection of tissue antibodies — qualitative not associated with the service specified in Item 1918 or 1919	
	Detection of one antibody	
1911	SP.	ALL STATES: FEE \$16.00
1912	OP.	ALL STATES: FEE \$12.00
	Detection of each antibody referred to in Item 1911 or 1912 in excess of one — each antibody	
1913	SP.	ALL STATES: FEE \$8.00
1914	OP.	ALL STATES: FEE \$6.00
	Immunofluorescent detection of tissue antibodies — qualitative and quantitative —	
	Detection and estimation of each antibody	
1918	SP.	ALL STATES: FEE \$20.00
1919	OP.	ALL STATES: FEE \$15.00
	Complement fixation tests on human tissue antibody —	
	One antibody	
1924	SP.	ALL STATES: FEE \$16.00
1925	OP.	ALL STATES: FEE \$12.00
	Each antibody referred to in Item 1924 or 1925 in excess of one	
1926	SP.	ALL STATES: FEE \$8.00
1927	OP.	ALL STATES: FEE \$6.00
	Latex flocculation test — qualitative and/or quantitative	
1935	SP.	ALL STATES: FEE \$8.00
1936	OP.	ALL STATES: FEE \$6.00

	Rose Waaler test, quantitative, using sheep cells	
1941	SP.	ALL STATES: FEE \$16.00
1942	OP.	ALL STATES: FEE \$12.00
†	Modified Rose Waaler test using stabilised sheep cells, not associated with Item 1941 or 1942	
1943	SP.	ALL STATES: FEE \$8.00
1944	OP.	ALL STATES: FEE \$6.00
	Lupus erythematosus cells, preparation and examination of film for	
1948	SP.	ALL STATES: FEE \$12.00
1949	OP.	ALL STATES: FEE \$9.00
	Tanned erythrocyte haemagglutination test for tissue antibodies — One antibody	
1955	SP.	ALL STATES: FEE \$16.00
1956	OP.	ALL STATES: FEE \$12.00
	Each antibody referred to in Item 1955 or 1956 in excess of one	
1957	SP.	ALL STATES: FEE \$8.00
1958	OP.	ALL STATES: FEE \$6.00
	Leucocyte fractionation as preliminary test to specific tests of leucocyte function (by density gradient centrifugation or other method) —	
1965	SP.	ALL STATES: FEE \$24.00
1966	OP.	ALL STATES: FEE \$18.00
	Neutrophil or monocyte tests for phagocytic activity — Visual techniques	
1971	SP.	ALL STATES: FEE \$24.00
1972	OP.	ALL STATES: FEE \$18.00
	Neutrophil or monocyte function tests for phagocytic activity — Radioactive techniques	
1973	SP.	ALL STATES: FEE \$40.00
1974	OP.	ALL STATES: FEE \$30.00

PART 7 — PATHOLOGY

DIVISION 4 — IMMUNOLOGY

		Identification of each allergen referred to in Item 1903 or 1904 in excess of four
1905	SP.	ALL STATES: FEE \$4.00
1906	OP.	ALL STATES: FEE \$3.00
		Immunofluorescent detection of tissue antibodies — qualitative not associated with the service specified in Item 1918 or 1919
		Detection of one antibody
1911	SP.	ALL STATES: FEE \$16.00
1912	OP.	ALL STATES: FEE \$12.00
		Detection of each antibody referred to in Item 1911 or 1912 in excess of one — each antibody
1913	SP.	ALL STATES: FEE \$8.00
1914	OP.	ALL STATES: FEE \$6.00
		Immunofluorescent detection of tissue antibodies — qualitative and quantitative —
		Detection and estimation of each antibody
1918	SP.	ALL STATES: FEE \$20.00
1919	OP.	ALL STATES: FEE \$15.00
		Complement fixation tests on human tissue antibody —
		One antibody
1924	SP.	ALL STATES: FEE \$16.00
1925	OP.	ALL STATES: FEE \$12.00
		Each antibody referred to in Item 1924 or 1925 in excess of one
1926	SP.	ALL STATES: FEE \$8.00
1927	OP.	ALL STATES: FEE \$6.00
		Latex flocculation test — qualitative and/or quantitative
1935	SP.	ALL STATES: FEE \$8.00
1936	OP.	ALL STATES: FEE \$6.00

	Rose Waaler test, quantitative, using sheep cells	
1941	SP.	ALL STATES: FEE \$16.00
1942	OP.	ALL STATES: FEE \$12.00
	Lupus erythematosus cells, preparation and examination of film for	
1948	SP.	ALL STATES: FEE \$12.00
1949	OP.	ALL STATES: FEE \$9.00
	Tanned erythrocyte haemagglutination test for tissue antibodies — One antibody	
1955	SP.	ALL STATES: FEE \$16.00
1956	OP.	ALL STATES: FEE \$12.00
	Each antibody referred to in Item 1955 or 1956 in excess of one	
1957	SP.	ALL STATES: FEE \$6.00
1958	OP.	ALL STATES: FEE \$6.00
	Leucocyte fractionation as preliminary test to specific tests of leucocyte function (by density gradient centrifugation or other method) —	
1965	SP.	ALL STATES: FEE \$24.00
1966	OP.	ALL STATES: FEE \$18.00
	Neutrophil or monocyte tests for phagocytic activity — Visual techniques	
1971	SP.	ALL STATES: FEE \$24.00
1972	OP.	ALL STATES: FEE \$18.00
‡	Neutrophil or monocyte function tests for phagocytic activity — Radioactive techniques	
1973	SP.	ALL STATES: FEE \$40.00
1974	OP.	ALL STATES: FEE \$30.00

PART 7 — PATHOLOGY

DIVISION 4 — IMMUNOLOGY

Lymphocyte cell count — E. rosette technique or similar

1981 SP. ALL STATES: FEE \$32.00

1982 OP. ALL STATES: FEE \$24.00

B lymphocyte cell count — by immunofluorescence or immunoperoxidase

1987 SP. ALL STATES: FEE \$32.00

1988 OP. ALL STATES: FEE \$24.00

Lymphocyte function tests —

Visual transformation

1995 SP. ALL STATES: FEE \$32.00

1996 OP. ALL STATES: FEE \$24.00

Radioactive techniques

1997 SP. ALL STATES: FEE \$48.00

1998 OP. ALL STATES: FEE \$36.00

Tissue group typing (HLA phenotypes)

2006 SP. ALL STATES: FEE \$40.00

2007 OP. ALL STATES: FEE \$30.00

‡ Mantoux, Schick, Casoni or similar test, not including skin sensitivity testing for allergens covered by Item 987 or 989

2013 SP. ALL STATES: FEE \$8.00

2014 OP. ALL STATES: FEE \$6.00

Skin sensitivity — induction and detection of sensitivity to chemical antigens

2022 SP. ALL STATES: FEE \$16.00

2023 OP. ALL STATES: FEE \$12.00

DIVISION 5 — HISTOPATHOLOGY

NOTE:

The words 'biopsy material' cover all the tissue forwarded to the pathologist from any operation or group of operations performed on a patient at the one time

Histopathology examination of biopsy material — processing of one or more paraffin blocks with all appropriate stains and provision of professional opinion

2041 SP. ALL STATES: FEE \$56.00

2042 OP. ALL STATES: FEE \$42.00

Immediate frozen section diagnosis of biopsy material performed at the pathologist's laboratory and confirmatory histopathology examination on this material after the frozen section using all appropriate stains

2048 SP. ALL STATES: FEE \$72.00

2049 OP. ALL STATES: FEE \$54.00

Immediate frozen section diagnosis of biopsy material performed at a distance of one or more kilometres from the pathologist's laboratory and confirmatory histopathology examination on this material after the frozen section using all appropriate stains

2056 SP. ALL STATES: FEE \$104.00

2057 OP. ALL STATES: FEE \$78.00

Immunofluorescent investigation of biopsy specimen, including any other histopathology examination of tissue obtained from the one patient at the one time

2060 SP. ALL STATES: FEE \$72.00

2061 OP. ALL STATES: FEE \$54.00

DIVISION 6 — CYTOLOGY

Cytological examination for pathological change of smears from — Cervix and vagina; Skin; or Mucous membrane —

Each examination

2081 SP. ALL STATES: FEE \$12.00

2082 OP. ALL STATES: FEE \$9.00

PART 7 — PATHOLOGY

DIVISION 6 — CYTOLOGY

Cytological examination for malignant cells — examination of — Sputum; Urine; Bronchial secretion; Cerebrospinal fluid; Peritoneal fluid; or similar fluid —

Each examination

2091 SP. ALL STATES: FEE \$24.00

2092 OP. ALL STATES: FEE \$18.00

Cytological examination for malignant cells — examination of (including collection of specimen) — Gastric washings; Duodenal washings; Oesophageal washings; Colonic washings

Each examination

2096 SP. ALL STATES: FEE \$32.00

2097 OP. ALL STATES: FEE \$24.00

Hormonal assessment by cytological examination of vaginal epithelium involving cell count and/or index

2104 SP. ALL STATES: FEE \$12.00

2105 OP. ALL STATES: FEE \$9.00

Cytological examination for pathological change of smears from cervix and vagina with hormonal assessment by cytological examination of vaginal epithelium involving cell count and/or index

2111 SP. ALL STATES: FEE \$20.00

2112 OP. ALL STATES: FEE \$15.00

DIVISION 7 — CYTOGENETICS

Cytological sex determination from blood film

2131 SP. ALL STATES: FEE \$8.00

2132 OP. ALL STATES: FEE \$6.00

Cytological sex chromatin studies (Barr or Y bodies) — other than from blood film —

Each tissue examined

2141 SP. ALL STATES: FEE \$8.00

2142 OP. ALL STATES: FEE \$6.00

PART 7 – PATHOLOGY**DIVISION 7 – CYTOGENETICS**

Chromosome studies, including preparation, count and karyotyping of amniotic fluid

2148 SP. ALL STATES: FEE \$120.00

2149 OP. ALL STATES: FEE \$90.00

Chromosome studies, including preparation, count and karyotyping of bone marrow

2155 SP. ALL STATES: FEE \$80.00

2156 OP. ALL STATES: FEE \$60.00

Chromosome studies, including preparation, count and karyotyping of blood, skin or any other tissue or fluid NOT referred to in Item 2148, 2149, 2155 or 2156 –

Each study

2161 SP. ALL STATES: FEE \$96.00

2162 OP. ALL STATES: FEE \$72.00

Chromosome identification by banding techniques (using fluorescein, Giemsa or centromeres staining) –

One method

2170 SP. ALL STATES: FEE \$80.00

2171 OP. ALL STATES: FEE \$60.00

Two or more methods referred to in Item 2170 or 2171

2173 SP. ALL STATES: FEE \$120.00

2174 OP. ALL STATES: FEE \$90.00

DIVISION 8 – INFERTILITY AND PREGNANCY TESTS

Semen examination for presence of spermatozoa

2201 SP. ALL STATES: FEE \$4.80

2202 OP. ALL STATES: FEE \$3.60

Huhner's Test (Post-coital test) – collection of sample and examination of wet preparation

2211 SP. ALL STATES: FEE \$16.00

2212 OP. ALL STATES: FEE \$12.00

Semen examination — involving measurement of volume, sperm count, motility (including duration) and/or viability. Gram stain or similar, morphology by differential count

2215 SP. ALL STATES: FEE \$24.00

2216 OP. ALL STATES: FEE \$18.00

Semen analysis, chemical —

Analysis of one substance

2225 SP. ALL STATES: FEE \$12.00

2226 OP. ALL STATES: FEE \$9.00

Analysis of two or more substances referred to in Item 2225 or 2226

2227 SP. ALL STATES: FEE \$20.00

2228 OP. ALL STATES: FEE \$15.00

Spermagglutinating and immobilising antibodies, tests for —

One test

2247 SP. ALL STATES: FEE \$12.00

2248 OP. ALL STATES: FEE \$9.00

Two or more tests referred to in Item 2247 or 2248

2249 SP. ALL STATES: FEE \$16.00

2250 OP. ALL STATES: FEE \$12.00

‡+ Sperm penetrability, one or more tests for — not associated with Item 2211 or 2212

2264 SP. ALL STATES: FEE \$16.00

2265 OP. ALL STATES: FEE \$12.00

‡ Chorionic gonadotrophin, qualitative estimation of, for diagnosis of pregnancy or hormone-producing neoplasm by one or more methods including estimation of beta-HCG in serum or urine

2272 SP. ALL STATES: FEE \$8.00

2273 OP. ALL STATES: FEE \$6.00

Chorionic gonadotrophin, quantitative estimation of, by serial dilution, for assessment of hormone-producing neoplasm, one or more methods (not associated with Item 2272 or 2273) —

2285 SP. ALL STATES: FEE \$24.00

2286 OP. ALL STATES: FEE \$18.00

DIVISION 9 — 17 SPECIFIED SIMPLE BASIC PATHOLOGY TESTS

INTRODUCTION

The following items cover the 17 specified simple basic pathology tests a practitioner may perform in respect of patients of his own practice, including patients of his partners or other members of a group, if the practitioner is not an approved pathology provider. The Schedule fees in most cases correspond to the "O.P." rates in the preceding eight Divisions, except that the items for haemoglobin estimation, determinations of erythrocyte sedimentation rate and microscopical examination of urine concentrate do not require referral by another medical practitioner for the services to be eligible for medical benefits, and the Schedule fees for the items are based on lower relative value units. The items below for the basic blood tests are differently structured in respect of multiple tests to the corresponding items in Division 1

Haemoglobin estimation and/or haematocrit and/or erythrocyte count; leucocyte count; erythrocyte sedimentation rate; examination of blood film and/or differential leucocyte count —

One procedure

2334 ALL STATES: FEE \$2.40

Two procedures to which Item 2334 applies

2335 ALL STATES: FEE \$3.60

Three or more procedures to which Item 2334 applies

2336 ALL STATES: FEE \$4.80

Microscopical examination of urine

2342 ALL STATES: FEE \$2.40

Pregnancy test by one or more immunochemical methods

2346 ALL STATES: FEE \$6.00

Microscopical examination of wet film other than urine

2352 ALL STATES: FEE \$3.60

PART 7 — PATHOLOGY

DIVISION 8 — INFERTILITY AND PREGNANCY TESTS

Semen examination — involving measurement of volume, sperm count, motility (including duration) and/or viability, Gram stain or similar, morphology by differential count

2215 SP. ALL STATES: FEE \$24.00

2216 OP. ALL STATES: FEE \$18.00

Semen analysis, chemical —

Analysis of one substance

2225 SP. ALL STATES: FEE \$12.00

2226 OP. ALL STATES: FEE \$9.00

Analysis of two or more substances referred to in Item 2225 or 2226

2227 SP. ALL STATES: FEE \$20.00

2228 OP. ALL STATES: FEE \$15.00

Spermagglutinating and immobilising antibodies, tests for —

One test

2247 SP. ALL STATES: FEE \$12.00

2248 OP. ALL STATES: FEE \$9.00

Two or more tests referred to in Item 2247 or 2248

2249 SP. ALL STATES: FEE \$16.00

2250 OP. ALL STATES: FEE \$12.00

Sperm penetrability, one or more tests for

2264 SP. ALL STATES: FEE \$8.00

2265 OP. ALL STATES: FEE \$6.00

Chorionic gonadotrophin, qualitative estimation of, for diagnosis of pregnancy or hormone-producing neoplasm by one or more methods

2272 SP. ALL STATES: FEE \$8.00

2273 OP. ALL STATES: FEE \$6.00

Chorionic gonadotrophin, quantitative estimation of, by serial dilution, for assessment of hormone-producing neoplasm, one or more methods (not associated with Item 2272 or 2273) —

2285 SP. ALL STATES: FEE \$24.00

2286 OP. ALL STATES: FEE \$18.00

DIVISION 9 — 17 SPECIFIED SIMPLE BASIC PATHOLOGY TESTS

INTRODUCTION

The following items cover the 17 specified simple basic pathology tests a practitioner may perform in respect of patients of his own practice, including patients of his partners or other members of a group, if the practitioner is not an approved pathology provider. The Schedule fees in most cases correspond to the "O.P." rates in the preceding eight Divisions, except that the items for haemoglobin estimation, determinations of erythrocyte sedimentation rate and microscopical examination of urine concentrate do not require referral by another medical practitioner for the services to be eligible for medical benefits, and the Schedule fees for the items are based on lower relative value units. The items below for the basic blood tests are differently structured in respect of multiple tests to the corresponding items in Division 1

Haemoglobin estimation and/or haematocrit and/or erythrocyte count; leucocyte count; erythrocyte sedimentation rate; examination of blood film and/or differential leucocyte count —

One procedure

2334 ALL STATES: FEE \$2.40

Two procedures to which Item 2334 applies

2335 ALL STATES: FEE \$3.60

Three or more procedures to which Item 2334 applies

2336 ALL STATES: FEE \$4.80

Microscopical examination of urine

2342 ALL STATES: FEE \$2.40

Pregnancy test by one or more immunochemical methods

2346 ALL STATES: FEE \$6.00

Microscopical examination of wet film other than urine

2352 ALL STATES: FEE \$3.60

PART 7 — PATHOLOGY

DIVISION 9 — 17 SPECIFIED BASIC TESTS

2357	Microscopical examination of Gram stained film ALL STATES: FEE \$4.80
2362	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar ALL STATES: FEE \$1.20
2369	Microscopical examination screening for fungi in skin, hair, nails — one or more sites ALL STATES: FEE \$3.60
2374	Mantoux test ALL STATES: FEE \$6.00
2382	Casoni test for hydatid disease ALL STATES: FEE \$6.00
2388	Schick test ALL STATES: FEE \$6.00
2392	Seminal examination for presence of spermatozoa ALL STATES: FEE \$3.60

Item
No.

Medical Service

PART 8 — RADIOLOGICAL SERVICES

*Note: In this Part 'S.' denotes a service rendered by a specialist radiologist.*DIVISION 1 — RADIOGRAPHIC EXAMINATION OF EXTREMITIES AND REPORT
(WITH OR WITHOUT FLUOROSCOPY)

DIGITS OR PHALANGES — all or any of either hand or either foot

			NSW	VIC	QLD	SA	WA	TAS
2502	G. FEE	\$	20.50	20.50	16.20	16.20	16.20	16.20
2505	S. FEE	\$	24.00	24.00	19.60	19.60	19.60	19.60

HAND, WRIST, FOREARM, ELBOW OR ARM (elbow to shoulder)

			NSW	VIC	QLD	SA	WA	TAS
2508	G. FEE	\$	20.50	20.50	16.20	16.20	16.20	16.20
2512	S. FEE	\$	24.00	24.00	19.60	19.60	19.60	19.60

HAND WRIST AND LOWER FOREARM; UPPER FOREARM AND ELBOW; OR ELBOW
AND ARM (elbow to shoulder)

			NSW	VIC	QLD	SA	WA	TAS
2516	G. FEE	\$	28.00	28.00	24.00	24.00	24.00	24.00
2520	S. FEE	\$	32.00	32.00	27.50	27.50	27.50	27.50

FOOT, ANKLE, LOWER LEG, UPPER LEG, KNEE OR THIGH (femur)

			NSW	VIC	QLD	SA	WA	TAS
2524	G. FEE	\$	20.50	20.50	18.20	18.20	18.20	18.20
2528	S. FEE	\$	25.00	25.00	21.50	21.50	21.50	21.50

FOOT, ANKLE AND LOWER LEG; OR UPPER LEG AND KNEE

			NSW	VIC	QLD	SA	WA	TAS
2532	G. FEE	\$	29.50	29.50	25.00	25.00	25.00	25.00
2537	S. FEE	\$	39.00	39.00	29.50	29.50	29.50	29.50

PART 8 — RADIOLOGY

DIVISION 2 — SHOULDER OR HIP

DIVISION 2 — RADIOGRAPHIC EXAMINATION OF SHOULDER OR HIP JOINT AND REPORT

SHOULDER OR SCAPULA

			NSW	VIC	QLD	SA	WA	TAS
2539	G. FEE	\$	28.00	28.00	24.00	24.00	24.00	24.00
2541	S. FEE	\$	32.00	32.00	27.50	27.50	27.50	27.50

CLAVICLE

			NSW	VIC	QLD	SA	WA	TAS
2543	G. FEE	\$	22.50	22.50	18.20	18.20	18.20	18.20
2545	S. FEE	\$	25.00	25.00	21.50	21.50	21.50	21.50

HIP JOINT

			NSW	VIC	QLD	SA	WA	TAS
2548	FEE	\$	28.00	28.00	24.00	24.00	24.00	24.00

PELVIC GIRDLE

			NSW	VIC	QLD	SA	WA	TAS
2551	FEE	\$	35.50	35.50	24.50	24.50	24.50	24.50

SACRO-ILIAC JOINTS

			NSW	VIC	QLD	SA	WA	TAS
2554	FEE	\$	35.50	35.50	24.50	24.50	24.50	24.50

SMITH-PETERSEN NAIL — Insertion or similar procedure

2557	ALL STATES: FEE \$59.00							
------	-------------------------	--	--	--	--	--	--	--

DIVISION 3 — RADIOGRAPHIC EXAMINATION OF HEAD AND REPORT

SKULL (calvarium)

			NSW	VIC	QLD	SA	WA	TAS
2560	FEE	\$	35.50	38.00	29.50	29.50	29.50	29.50

SINUSES

			NSW	VIC	QLD	SA	WA	TAS
2563	FEE	\$	28.00	28.00	24.50	24.50	24.50	24.50

MASTOIDS

			NSW	VIC	QLD	SA	WA	TAS
2566	FEE	\$	35.50	38.00	29.50	29.50	29.50	29.50

PART 8 — RADIOLOGY

DIVISION 3 — HEAD

PETROUS TEMPORAL BONES

2569	FEE	\$	NSW 35.50	VIC 38.00	QLD 29.50	SA 29.50	WA 29.50	TAS 29.50
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

FACIAL BONES — orbit, maxilla or malar, any or all

2573	FEE	\$	NSW 28.00	VIC 28.00	QLD 24.50	SA 24.50	WA 24.50	TAS 24.50
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

MANDIBLE

2576	FEE	\$	NSW 28.00	VIC 28.00	QLD 24.50	SA 28.00	WA 24.50	TAS 24.50
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

SALIVARY CALCULUS

2579	FEE	\$	NSW 28.00	VIC 28.00	QLD 24.50	SA 28.00	WA 24.50	TAS 24.50
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

NOSE

2581	FEE	\$	NSW 24.00	VIC 28.00	QLD 21.50	SA 21.50	WA 21.50	TAS 21.50
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

EYE

2583	FEE	\$	NSW 24.00	VIC 28.00	QLD 21.50	SA 21.50	WA 21.50	TAS 21.50
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

TEMPORO-MANDIBULAR JOINTS

2585	FEE	\$	NSW 29.50	VIC 29.50	QLD 27.50	SA 29.50	WA 27.50	TAS 27.50
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

TEETH — SINGLE AREA

2587	FEE	\$	NSW 19.60	VIC 19.60	QLD 17.60	SA 19.60	WA 17.60	TAS 17.60
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

TEETH — FULL MOUTH

2589	FEE	\$	NSW 47.00	VIC 47.00	QLD 45.00	SA 47.00	WA 45.00	TAS 45.00
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

PALATO-PHARYNGEAL STUDIES with fluoroscopic screening

2591	ALL STATES: FEE \$38.00							
------	-------------------------	--	--	--	--	--	--	--

PALATO-PHARYNGEAL STUDIES without fluoroscopic screening

2593	ALL STATES: FEE \$29.50							
------	-------------------------	--	--	--	--	--	--	--

LARYNX

2595	FEE	\$	NSW 25.00	VIC 25.00	QLD 21.50	SA 21.50	WA 22.50	TAS 21.50
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

DIVISION 4 — RADIOGRAPHIC EXAMINATION OF SPINE AND REPORT

SPINE — CERVICAL

2597	FEE	\$	NSW 38.00	VIC 38.00	QLD 32.00	SA 32.00	WA 32.00	TAS 32.00
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

SPINE — THORACIC

2599	FEE	\$	NSW 33.00	VIC 33.00	QLD 27.50	SA 27.50	WA 27.50	TAS 27.50
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

SPINE — LUMBO-SACRAL

2601	FEE	\$	NSW 45.00	VIC 45.00	QLD 36.00	SA 36.00	WA 36.00	TAS 36.00
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

SPINE — SACRO-COCCYGEAL

2604	FEE	\$	NSW 27.50	VIC 27.50	QLD 22.50	SA 22.50	WA 22.50	TAS 22.50
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

SPINE — TWO REGIONS

2607	FEE	\$	NSW 57.00	VIC 57.00	QLD 49.00	SA 49.00	WA 49.00	TAS 49.00
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

SPINE — THREE OR MORE REGIONS

2609	FEE	\$	NSW 78.00	VIC 78.00	QLD 64.00	SA 64.00	WA 64.00	TAS 64.00
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

SPINE — FUNCTIONAL VIEWS OF ONE AREA

2611	ALL STATES: FEE \$12.00							
------	-------------------------	--	--	--	--	--	--	--

DIVISION 5 — BONE AGE STUDY AND SKELETAL SURVEYS

BONE AGE STUDY, WRIST AND KNEE

2614	ALL STATES: FEE \$28.00							
------	-------------------------	--	--	--	--	--	--	--

BONE AGE STUDY, WRIST

2617	FEE	\$	NSW 24.00	VIC 24.00	QLD 19.60	SA 19.60	WA 19.60	TAS 19.60
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

PART 8 - RADIOLOGY

DIVISION 5 - BONE AGE STUDY

2621	SKELETAL SURVEY INVOLVING FOUR OR MORE REGIONS							
	ALL STATES: FEE \$52.00							

DIVISION 6 - RADIOGRAPHIC EXAMINATION OF THORACIC REGION AND REPORT

CHEST (lung fields) by direct radiography

2625	G. FEE	\$	NSW 22.50	VIC 24.50	QLD 20.50	SA 20.50	WA 20.50	TAS 20.50
2627	S. FEE	\$	25.00	28.00	24.00	24.00	24.00	24.00

CHEST (lung fields) by direct radiography WITH FLUOROSCOPIC SCREENING

2630	FEE	\$	NSW 35.50	VIC 35.50	QLD 29.00	SA 29.00	WA 29.00	TAS 29.00
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

THORACIC INLET OR TRACHEA

2634	FEE	\$	NSW 24.00	VIC 24.00	QLD 21.50	SA 24.00	WA 24.00	TAS 22.50
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

CHEST, BY MINIATURE RADIOGRAPHY

2638	FEE	\$	NSW 13.00	VIC 13.00	QLD 12.00	SA 12.00	WA 12.00	TAS 12.00
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

CARDIAC EXAMINATION (including barium swallow)

2642	G. FEE	\$	NSW 29.50	VIC 29.50	QLD 25.00	SA 25.00	WA 25.00	TAS 25.00
2646	S. FEE	\$	35.50	35.50	32.00	32.00	32.00	32.00

STERNUM OR ONE OR MORE RIBS OF ANY ONE SIDE

2650	G. FEE	\$	NSW 22.50	VIC 24.50	QLD 20.50	SA 20.50	WA 20.50	TAS 20.50
2654	S. FEE	\$	25.00	28.00	24.00	24.00	24.00	24.00

ONE OR MORE RIBS OF BOTH SIDES

2659	G. FEE	\$	NSW 28.00	VIC 29.50	QLD 25.00	SA 25.00	WA 25.00	TAS 25.00
2662	S. FEE	\$	33.50	35.50	32.00	32.00	32.00	32.00

DIVISION 7 — RADIOGRAPHIC EXAMINATION OF URINARY TRACT AND REPORT
PLAIN RENAL ONLY

2665	FEE	\$	NSW 25.00	VIC 28.00	QLD 24.00	SA 24.00	WA 24.00	TAS 24.00
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

DRIP-INFUSION PYELOGRAPHY

2672 ALL STATES: FEE \$78.00

INTRAVENOUS PYELOGRAPHY, including preliminary plain film

2676	FEE	\$	NSW 70.00	VIC 70.00	QLD 67.00	SA 67.00	WA 67.00	TAS 67.00
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

INTRAVENOUS PYELOGRAPHY, including preliminary plain film and limited tomography involving up to three tomographic cuts

2678	FEE	\$	NSW 89.00	VIC 89.00	QLD 84.00	SA 84.00	WA 84.00	TAS 84.00
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

INTRAVENOUS PYELOGRAPHY, including preliminary plain film with delayed examination for the CYSTO-URETERIC REFLEX

2681	FEE	\$	NSW 90.00	VIC 90.00	QLD 82.00	SA 82.00	WA 82.00	TAS 82.00
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

ANTEGRADE OR RETROGRADE PYELOGRAPHY — including preliminary plain film

2687	FEE	\$	NSW 59.00	VIC 59.00	QLD 56.00	SA 56.00	WA 56.00	TAS 56.00
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

RETROGRADE CYSTOGRAPHY OR RETROGRADE URETHROGRAPHY

2690	FEE	\$	NSW 39.00	VIC 39.00	QLD 38.00	SA 38.00	WA 38.00	TAS 38.00
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

RETROGRADE MICTURATING CYSTO-URETHROGRAPHY

2694 ALL STATES: FEE \$47.00

RETRO-PERITONEAL PNEUMOGRAM

2697	FEE	\$	NSW 28.00	VIC 29.50	QLD 25.00	SA 25.00	WA 25.00	TAS 24.50
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

DIVISION 8 — RADIOGRAPHIC EXAMINATION OF ALIMENTARY TRACT AND BILIARY SYSTEM (WITH OR WITHOUT FLUOROSCOPY) AND REPORT

‡ PLAIN ABDOMINAL ONLY, not associated with Item 2709, 2711, 2714 or 2720

			NSW	VIC	QLD	SA	WA	TAS
2699	G. FEE	\$	22.50	24.50	20.50	20.50	20.50	20.50
2703	S. FEE	\$	25.00	28.00	24.00	24.00	24.00	24.00

OESOPHAGUS, with or without examination for foreign body or barium swallow

			NSW	VIC	QLD	SA	WA	TAS
2706	FEE	\$	40.00	40.00	35.50	35.50	35.50	35.50

‡ BARIUM or other opaque meal OF OESOPHAGUS, STOMACH AND DUODENUM, with or without screening of chest, with or without preliminary plain film

			NSW	VIC	QLD	SA	WA	TAS
2709	FEE	\$	52.00	54.00	47.00	47.00	47.00	47.00

‡ 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

			NSW	VIC	QLD	SA	WA	TAS
2711	FEE	\$	64.00	65.00	56.00	56.00	56.00	56.00

‡ BARIUM or other opaque meal, SMALL BOWEL SERIES ONLY, with or without preliminary plain film

2714 ALL STATES: FEE \$47.00

OPAQUE ENEMA

			NSW	VIC	QLD	SA	WA	TAS
2716	FEE	\$	52.00	54.00	47.00	47.00	47.00	47.00

OPAQUE ENEMA, including air contrast study

			NSW	VIC	QLD	SA	WA	TAS
2718	FEE	\$	64.00	65.00	59.00	59.00	59.00	59.00

‡ GRAHAM'S TEST (cholecystography), including preliminary abdominal radiograph

			NSW	VIC	QLD	SA	WA	TAS
2720	FEE	\$	40.50	47.00	39.00	39.00	39.00	39.00

PART 8 — RADIOLOGY

DIVISION 8 — ALIMENTARY TRACT

CHOLEGRAPHY DIRECT — operative or post operative

2722	FEE	\$	NSW 41.00	VIC 45.00	QLD 40.00	SA 40.00	WA 38.00	TAS 38.00
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

CHOLEGRAPHY — intravenous

2724	FEE	\$	NSW 64.00	VIC 65.00	QLD 59.00	SA 59.00	WA 59.00	TAS 59.00
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

CHOLEGRAPHY — percutaneous transhepatic

2726	FEE	\$	NSW 45.00	VIC 52.00	QLD 41.00	SA 41.00	WA 41.00	TAS 41.00
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

CHOLEGRAPHY — drip infusion

2728	FEE	\$	NSW 76.00	VIC 88.00	QLD 70.00	SA 70.00	WA 70.00	TAS 70.00
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

DIVISION 9 — RADIOGRAPHIC EXAMINATION FOR LOCALISATION OF FOREIGN BODIES AND REPORT

FOREIGN BODY IN EYE (special method, Sweet's or other)

2730			ALL STATES: FEE \$39.00					
------	--	--	-------------------------	--	--	--	--	--

FOREIGN BODY, LOCALISATION OF AND REPORT, not covered by any other item in this Part

2732			DERIVED FEE — The fee for the radiographic examination of the area and report plus an amount of \$12.00.					
------	--	--	--	--	--	--	--	--

DIVISION 10 — RADIOGRAPHIC EXAMINATION OF BREASTS AND REPORT

RADIOGRAPHIC EXAMINATION OF BOTH BREASTS (with or without thermography) AND REPORT where the patient is referred with a specific request for this procedure and there is reason to suspect the presence of malignancy in the breasts because of the past occurrence of breast malignancy in the patient or members of the patient's family or because symptoms or indications of malignancy were found on an examination of the patient by a medical practitioner

2734	S.		ALL STATES: FEE \$47.00					
------	----	--	-------------------------	--	--	--	--	--

RADIOGRAPHIC EXAMINATION OF ONE BREAST (with or without thermography) AND REPORT where the patient is referred with a specific request for this procedure and there is reason to suspect the presence of malignancy in the breast because of the past occurrence of breast malignancy in the patient or members of the patient's family or because symptoms or indications of malignancy were found on an examination of the patient by a medical practitioner

2736	S.		ALL STATES: FEE \$28.00					
------	----	--	-------------------------	--	--	--	--	--

**DIVISION 11 — RADIOGRAPHIC EXAMINATION IN CONNECTION WITH PREGNANCY
AND REPORT**

PREGNANT UTERUS

	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
2738			25.00	29.00	24.00	24.00	24.00	24.00

PELVIMETRY OR PLACENTOGRAPHY

	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
2740			52.00	52.00	39.00	39.00	39.00	39.00

CONTROL X-RAYS ASSOCIATED WITH INTRAUTERINE FOETAL BLOOD TRANSFUSION

2742 ALL STATES: FEE \$39.00

**DIVISION 12 — RADIOGRAPHIC EXAMINATION WITH OPAQUE OR CONTRAST
MEDIA, AND REPORT**

SERIAL ANGIOCARDIOGRAPHY (rapid cassette changing) — each series

2744 ALL STATES: FEE \$47.00

Anaesthetic 8 units — Item Nos 409G / 517S

SERIAL ANGIOCARDIOGRAPHY (SINGLE PLAIN — direct roll-film method) — each series

2746 ALL STATES: FEE \$65.00

Anaesthetic 8 units — Item Nos 409G / 517S

SERIAL ANGIOCARDIOGRAPHY (BI-PLANE — direct roll-film method) — each series

2748 ALL STATES: FEE \$65.00

Anaesthetic 8 units — Item Nos 409G / 517S

SERIAL ANGIOCARDIOGRAPHY (indirect roll-film method) — each series

2750 ALL STATES: FEE \$65.00

Anaesthetic 8 units — Item Nos 409G / 517S

SELECTIVE CORONARY ARTERIOGRAPHY

2751 ALL STATES: FEE \$176.00

PART 8 — RADIOLOGY

DIVISION 12 — CONTRAST MEDIA

	DISCOGRAPHY — one disc							
2752	FEE	\$	NSW 39.00	VIC 41.00	QLD 35.50	SA 35.50	WA 41.00	TAS 39.00
2754	DACRYOCYSTOGRAPHY — one side ALL STATES: FEE \$28.00							
2756	ENCEPHALOGRAPHY ALL STATES: FEE \$60.00							
2758	CEREBRAL ANGIOGRAPHY — one side ALL STATES: FEE \$47.00							
2760	CEREBRAL VENTRICULOGRAPHY ALL STATES: FEE \$52.00							
2762	HYSTEROSALPINGOGRAPHY							
	FEE	\$	NSW 40.00	VIC 40.00	QLD 32.00	SA 35.50	WA 32.00	TAS 32.00
2764	BRONCHOGRAPHY — one side							
	FEE	\$	NSW 59.00	VIC 59.00	QLD 47.00	SA 47.00	WA 47.00	TAS 47.00
2766	ARTERIOGRAPHY, PERIPHERAL — one side							
	FEE	\$	NSW 59.00	VIC 59.00	QLD 47.00	SA 47.00	WA 47.00	TAS 47.00
2768	PHLEBOGRAPHY — one side							
	FEE	\$	NSW 59.00	VIC 59.00	QLD 47.00	SA 47.00	WA 47.00	TAS 47.00
2770	AORTOGRAPHY							
	FEE	\$	NSW 59.00	VIC 59.00	QLD 47.00	SA 47.00	WA 47.00	TAS 47.00
2772	SPLENOGRAPHY							
	FEE	\$	NSW 59.00	VIC 59.00	QLD 47.00	SA 47.00	WA 47.00	TAS 47.00

PART 8 — RADIOLOGY

DIVISION 12 — CONTRAST MEDIA

2773	MYELOGRAPHY, one region ALL STATES: FEE \$70.00
2774	MYELOGRAPHY, two regions ALL STATES: FEE \$118.00
2775	MYELOGRAPHY, three regions ALL STATES: FEE \$162.00
2776	SELECTIVE ARTERIOGRAPHY — per injection and film run FEE \$ NSW 59.00 VIC 59.00 QLD 47.00 SA 47.00 WA 47.00 TAS 47.00
2778	SIALOGRAPHY — one gland ALL STATES: FEE \$40.00
2780	VASOEPIDIDYMOGRAPHY — one side ALL STATES: FEE \$40.00
2782	SINUSES AND FISTULAE DERIVED FEE — The fee for the radiographic examination of the area and report plus an amount of \$13.00.
2784	LARYNGOGRAPHY with contrast media ALL STATES: FEE \$29.50
2786	PNEUMOARTHROGRAPHY ALL STATES: FEE \$24.50
2788	ARTHROGRAPHY — contrast ALL STATES: FEE \$29.50
2790	ARTHROGRAPHY — double contrast ALL STATES: FEE \$50.00
2792	LYMPHANGIOGRAPHY, including follow up radiography ALL STATES: FEE \$39.00

PART 8 — RADIOLOGY

DIVISION 12 — CONTRAST MEDIA

PNEUMOMEDIASTINUM		NSW	VIC	QLD	SA	WA	TAS
2794	FEE \$	35.50	35.50	33.00	33.00	33.00	32.00
DIVISION 13 — TOMOGRAPHY AND REPORT							
TOMOGRAPHY OF ANY PART AND REPORT							
2796	ALL STATES: FEE \$35.50						
DIVISION 14 — STEREOSCOPIC EXAMINATION AND REPORT							
STEREOSCOPIC EXAMINATION AND REPORT							
2798	DERIVED FEE — The fee for the radiographic examination of the area and report plus an amount of \$7.60.						
DIVISION 15 — FLUOROSCOPIC EXAMINATION AND REPORT							
<i>(Fluoroscopic examination and report not covered by any other item in this Part — where radiograph is not taken)</i>							
EXAMINATION WITH GENERAL ANAESTHESIA							
2800	ALL STATES: FEE \$25.00						
Anaesthetic 7 units — Item Nos 408G / 514S							
EXAMINATION WITHOUT GENERAL ANAESTHESIA							
2802	ALL STATES: FEE \$17.60						
DIVISION 16 — PREPARATION FOR RADIOLOGICAL PROCEDURE, BEING THE INJECTION OF OPAQUE OR CONTRAST MEDIA OR THE REMOVAL OF FLUID AND ITS REPLACEMENT BY AIR, OXYGEN OR OTHER CONTRAST MEDIA OR OTHER SIMILAR PREPARATION							
ENCEPHALOGRAPHY							
		NSW	VIC	QLD	SA	WA	TAS
2805	FEE \$	82.00	106.00	82.00	82.00	82.00	82.00
Anaesthetic 10 units — Item Nos 450G / 521S							
CEREBRAL ANGIOGRAPHY (one side) — percutaneous, catheter or open exposure							
2807	ALL STATES: FEE \$70.00						
Anaesthetic 10 units — Item Nos 450G / 521S							

CEREBRAL VENTRICULOGRAPHY

		NSW	VIC	QLD	SA	WA	TAS
2811	FEE	\$ 98.00	88.00	88.00	88.00	88.00	88.00

Anaesthetic 10 units — Item Nos 450G / 521S

DACRYOCYSTOGRAPHY — one side

2813 ALL STATES: FEE \$24.00

BRONCHOGRAPHY — one or both sides

2815 ALL STATES: FEE \$35.50

Anaesthetic 8 units — Item Nos 409G / 517S

AORTOGRAPHY

2817 ALL STATES: FEE \$35.50

Anaesthetic 8 units — Item Nos 409G / 517S

ARTERIOGRAPHY (peripheral) or PHLEBOGRAPHY — one vessel

2819 ALL STATES: FEE \$28.00

Anaesthetic 6 units — Item Nos 407G / 513S

SPLENOGRAPHY

2823 ALL STATES: FEE \$22.50

Anaesthetic 6 units — Item Nos 407G / 513S

RETROPERITONEAL PNEUMOGRAM.

2825 ALL STATES: FEE \$28.00

SELECTIVE ARTERIOGRAM or PHLEBOGRAM

2827 ALL STATES: FEE \$22.50

Anaesthetic 6 units — Item Nos 407G / 513S

PERCUTANEOUS INJECTION of radio-opaque material into RENAL CYST (including aspiration) or RENAL PELVIS for antegrade pyelography

2831 ALL STATES: FEE \$35.50

2833	PNEUMOARTHROGRAPHY or PNEUMOPERITONEUM ALL STATES: FEE \$29.00
2837	DRIP-INFUSION PYELOGRAPHY OR CHOLEGRAPHY ALL STATES: FEE \$18.20
2839	RETROGRADE MICTURATING CYSTOURETHROGRAPHY ALL STATES: FEE \$40.50
2841	HYSTEOSALPINGOGRAPHY ALL STATES: FEE \$35.50 Anaesthetic 6 units — Item Nos 407G / 513S
2843	DISCOGRAPHY — one disc ALL STATES: FEE \$24.00 Anaesthetic 5 units — Item Nos 406G / 510S
2845	INTRA-OSSEOUS VENOGRAPHY ALL STATES: FEE \$24.00
2847	MYELOGRAPHY ALL STATES: FEE \$70.00 Anaesthetic 11 units — Item Nos 453G / 522S
2849	CISTERNAL PUNCTURE ALL STATES: FEE \$47.00
2851	SINUS OR FISTULA, INJECTION INTO ALL STATES: FEE \$12.00
2853	LYMPHANGIOGRAPHY — one side ALL STATES: FEE \$70.00
2855	LARYNGOGRAPHY ALL STATES: FEE \$35.50

PNEUMOMEDIASTINUM

2857

ALL STATES: FEE \$47.00

CHOLEGRAM (CHOLANGIOGRAM) — percutaneous transhepatic

2859

ALL STATES: FEE \$70.00

Item No.	Medical Service
----------	-----------------

PART 8A — RADIOTHERAPY

(Benefits for administration of general anaesthetic for radiotherapy are payable under Items 480/551)

RADIOTHERAPY, SUPERFICIAL (including treatment with x-rays, radium rays or other radioactive substances) not covered by any other item in this Part. Each attendance at which fractionated treatment is given at 3 or more treatments per week

— one field

2861	ALL STATES: FEE \$15.20
------	-------------------------

— two or more fields up to a maximum of five additional fields

2863	DERIVED FEE — The fee for Item 2861 plus for each field in excess of one an amount of \$3.00
------	---

RADIOTHERAPY, SUPERFICIAL, each attendance at which fractionated treatment is given at 2 treatments per week or less frequently

— one field

2865	ALL STATES: FEE \$18.20
------	-------------------------

— two or more fields up to a maximum of five additional fields

2867	DERIVED FEE — The fee for Item 2865 plus for each field in excess of one an amount of \$3.70.
------	--

RADIOTHERAPY, SUPERFICIAL, attendance at which single dose technique is applied

— one field

2869	ALL STATES: FEE \$36.00
------	-------------------------

— two or more fields up to a maximum of five additional fields

2871	DERIVED FEE — The fee for Item 2869 plus for each field in excess of one an amount of \$7.20.
------	--

RADIOTHERAPY, SUPERFICIAL — Each attendance at which treatment is given to the eye

2873	ALL STATES: FEE \$20.50
------	-------------------------

RADIOTHERAPY, DEEP OR ORTHOVOLTAGE — each attendance at which fractionated treatment is given at 3 or more treatments per week

— one field

2875	ALL STATES: FEE \$18.20
------	-------------------------

2877	<p>— two or more fields up to a maximum of five additional fields (rotational therapy being three fields)</p> <p>DERIVED FEE — The fee for Item 2875 plus for each field in excess of one an amount of \$3.70.</p>
2879	<p>RADIOTHERAPY, DEEP OR ORTHOVOLTAGE — each attendance at which fractionated treatment is given at 2 treatments per week or less frequently</p> <p>— one field</p> <p>ALL STATES: FEE \$21.50</p>
2881	<p>— two or more fields up to a maximum of five additional fields (rotational therapy being three fields)</p> <p>DERIVED FEE — The fee for Item 2879 plus for each field in excess of one an amount of \$4.30.</p>
2883	<p>RADIOTHERAPY, DEEP OR ORTHOVOLTAGE — attendance at which single dose technique is applied</p> <p>— one field</p> <p>ALL STATES: FEE \$47.00</p>
2885	<p>— two or more fields up to a maximum of five additional fields (rotational therapy being three fields)</p> <p>DERIVED FEE — The fee for Item 2883 plus for each field in excess of one an amount of \$9.40.</p>
2887	<p>RADIOTHERAPY, MEGAVOLTAGE OR TELEETHERAPY — each attendance at which fractionated treatment is given at 3 or more treatments per week</p> <p>— one field</p> <p>ALL STATES: FEE \$28.00</p>
2889	<p>— two or more fields up to a maximum of five additional fields (rotational therapy being three fields)</p> <p>DERIVED FEE — The fee for Item 2887 plus for each field in excess of one an amount of \$5.60.</p>
2891	<p>RADIOTHERAPY, MEGAVOLTAGE OR TELEETHERAPY — each attendance at which fractionated treatment is given at 2 treatments per week or less frequently</p> <p>— one field</p> <p>ALL STATES: FEE \$38.00</p>

2893	<p>— two or more fields up to a maximum of five additional fields (rotational therapy being three fields)</p> <p>DERIVED FEE — The fee for Item 2891 plus for each field in excess of one an amount of \$7.60.</p>
2895	<p>RADIOTHERAPY, MEGAVOLTAGE OR TELETHERAPY — attendance at which single dose technique is applied</p> <p>— one field</p> <p>ALL STATES: FEE \$65.00</p>
2897	<p>— two or more fields up to a maximum of five additional fields (rotational therapy being three fields)</p> <p>DERIVED FEE — The fee for Item 2895 plus for each field in excess of one an amount of \$13.00.</p>
2899	<p style="text-align: center;">SEALED RADIOACTIVE SOURCES</p> <p>INTRAUTERINE INSERTION ALONE</p> <p>ALL STATES: FEE \$108.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
2901	<p>INTRAVAGINAL INSERTION ALONE</p> <p>ALL STATES: FEE \$76.00</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
2904	<p>COMBINED INTRAUTERINE AND INTRAVAGINAL INSERTION</p> <p>ALL STATES: FEE \$152.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
2907	<p>IMPLANTATION OF A REGION necessitating a major anaesthetic and surgical exposure, including the eye, intra-abdominal organs, bladder or prostate</p> <p>ALL STATES: FEE \$225.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
2910	<p>COMPLEX IMPLANTATION OF A SITE not requiring separate surgical exposure, but necessitating a major anaesthetic, including mouth, tongue, salivary gland, neck, axilla or groin or other subcutaneous region</p> <p>ALL STATES: FEE \$176.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>

2913	<p>SIMPLE IMPLANTATION OF A SITE not requiring separate surgical exposure, but necessitating a major anaesthetic</p> <p>ALL STATES: FEE \$108.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
2915	<p>IMPLANTATION OF A SITE not requiring separate surgical exposure or a major anaesthetic, including skin or lip</p> <p>ALL STATES: FEE \$45.00</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
2917	<p>PREPARATION AND SUPERVISION (but not insertion) of sources for gynaecological irradiation</p> <p>ALL STATES: FEE \$69.00</p>
2919	<p>REMOVAL OF SEALED RADIOACTIVE SOURCES under a major anaesthetic</p> <p>ALL STATES: FEE \$29.50</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
2922	<p>REMOVAL OF SEALED RADIOACTIVE SOURCES without major anaesthetic</p> <p>ALL STATES: FEE \$22.50</p>
2924	<p>CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD to intracavity, intraoral or intranasal site</p> <p>ALL STATES: FEE \$72.00</p>
2926	<p>SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD referred to in Item 2924 — each attendance</p> <p>ALL STATES: FEE \$22.50</p>
2928	<p>CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD not exceeding 5 cm. diameter to an external surface</p> <p>ALL STATES: FEE \$45.00</p>
2931	<p>CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD 5 cm. or more in diameter to an external surface</p> <p>ALL STATES: FEE \$54.00</p>
2933	<p>SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD referred to in Item 2928 or 2931 — each attendance</p> <p>ALL STATES: FEE \$15.20</p>

UNSEALED RADIOACTIVE SOURCES

ORAL ADMINISTRATION of a therapeutic dose of a radioisotope — not covered by Item 2937

2935

ALL STATES: FEE \$16.20

ORAL ADMINISTRATION of a therapeutic dose of radio-iodine for hyperthyroidism or thyroid cancer by single dose technique

2937

ALL STATES: FEE \$65.00

INTRAVENOUS ADMINISTRATION of a therapeutic dose of a radioisotope

2939

ALL STATES: FEE \$27.50

INTRA-CAVITARY ADMINISTRATION OF A THERAPEUTIC DOSE OF A RADIOISOTOPE (NOT INCLUDING PRELIMINARY PARACENTESIS)

2941

ALL STATES: FEE \$27.50

Anaesthetic 5 units — Item Nos 406G / 510S

Item
No.

Medical Service

PART 9 — ASSISTANCE AT OPERATIONS

Note: *Benefit in respect of assistance at an operation is not payable unless the assistance is rendered by a medical practitioner other than the anaesthetist or assistant anaesthetist. The amount specified is the amount payable whether the assistance is rendered by one or more than one medical practitioner.*

† Assistance at any operation or series or combination of operations for which the established fee is \$100.00 or more

2953 **DERIVED FEE** — One-fifth of the established fee for the operation or operations.

UNSEALED RADIOACTIVE SOURCES

ORAL ADMINISTRATION of a therapeutic dose of a radioisotope — not covered by Item 2937

2935 ALL STATES: FEE \$16.20

ORAL ADMINISTRATION of a therapeutic dose of radio-iodine for hyperthyroidism or thyroid cancer by single dose technique

2937 ALL STATES: FEE \$65.00

INTRAVENOUS ADMINISTRATION of a therapeutic dose of a radioisotope

2939 ALL STATES: FEE \$27.50

INTER-CAVITARY ADMINISTRATION OF A THERAPEUTIC DOSE OF A RADIOISOTOPE (NOT INCLUDING PRELIMINARY PARACENTESIS)

2941 ALL STATES: FEE \$27.50

Anaesthetic: 5 units — Item Nos 406G / 510S

Item
No.

Medical Service

PART 9 — ASSISTANCE AT OPERATIONS

Note: *Benefit in respect of assistance at an operation is not payable unless the assistance is rendered by a medical practitioner other than the anaesthetist or assistant anaesthetist. The amount specified is the amount payable whether the assistance is rendered by one or more than one medical practitioner.*

‡ Assistance at any operation or series or combination of operations for which the established fee does not exceed \$173.00

2950

ALL STATES: FEE \$34.50

‡ Assistance at any operation or series or combination of operations for which the established fee exceeds \$173.00

2955

DERIVED FEE — One-fifth of the established fee for the operation or operations.

Item No.	Medical Service							
PART 9A — COMPUTERISED AXIAL TOMOGRAPHY								
COMPUTERISED AXIAL TOMOGRAPHY — brain scan on a brain scanner, plain study								
2960	OR.	ALL STATES: FEE \$65.00						
2961	HR. FEE	\$	NSW 26.00	VIC 65.00	QLD 65.00	SA 65.00	WA 65.00	TAS 65.00
COMPUTERISED AXIAL TOMOGRAPHY — brain scan on a brain scanner, plain study and contrast medium study								
2962	OR.	ALL STATES: FEE \$112.00						
2963	HR. FEE	\$	NSW 45.00	VIC 112.00	QLD 112.00	SA 112.00	WA 112.00	TAS 112.00
COMPUTERISED AXIAL TOMOGRAPHY — brain scan on a body scanner, plain study								
2964	OR.	ALL STATES: FEE \$94.00						
2965	HR. FEE	\$	NSW 38.00	VIC 94.00	QLD 94.00	SA 94.00	WA 94.00	TAS 94.00
COMPUTERISED AXIAL TOMOGRAPHY — brain scan on a body scanner, plain study and contrast medium study								
2966	OR.	ALL STATES: FEE \$178.00						
2967	HR. FEE	\$	NSW 71.00	VIC 178.00	QLD 178.00	SA 178.00	WA 178.00	TAS 178.00
COMPUTERISED AXIAL TOMOGRAPHY — body scan on a body scanner, plain study								
2968	OR.	ALL STATES: FEE \$178.00						
2969	HR. FEE	\$	NSW 71.00	VIC 178.00	QLD 178.00	SA 178.00	WA 178.00	TAS 178.00
COMPUTERISED AXIAL TOMOGRAPHY — body scan on a body scanner, plain study and intravenous contrast medium study								
2970	OR.	ALL STATES: FEE \$230.00						
2971	HR. FEE	\$	NSW 92.00	VIC 230.00	QLD 230.00	SA 230.00	WA 230.00	TAS 230.00

Item
No.

Medical Service

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

Note: 'Extensive' in relation to burns means more than 20% of the total body surface.

DRESSING OF LOCALISED BURNS (not involving grafting) — each attendance at which the procedure is performed, including associated consultation

3006	FEE	\$	NSW 11.20	VIC 10.40	QLD 9.90	SA 9.90	WA 9.90	TAS 10.40
------	-----	----	--------------	--------------	-------------	------------	------------	--------------

DRESSING OF BURNS, EXTENSIVE, without anaesthesia (not involving grafting) — each attendance at which the procedure is performed, including associated consultation

3012 ALL STATES: FEE \$18.20

DRESSING OF LOCALISED BURNS UNDER GENERAL ANAESTHESIA (not involving grafting) — each attendance at which the procedure is performed, including associated consultation

3016 G ALL STATES: FEE \$24.50

3022 S. ALL STATES: FEE \$29.50

Anaesthetic 7 units — Item Nos 408G / 514S

DRESSING OF BURNS, EXTENSIVE, UNDER GENERAL ANAESTHESIA (not involving grafting) — each attendance at which the procedure is performed, including associated consultation

3027 G ALL STATES: FEE \$51.00

3033 S. ALL STATES: FEE \$62.00

Anaesthetic 10 units — Item Nos 450G / 521S

EXCISION, under general anaesthesia, OF BURNS involving not more than 10% of body surface, not associated with grafting of the area

3038 ALL STATES: FEE \$128.00

Anaesthetic 10 units — Item Nos 450G / 521S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3039	<p>EXCISION, under general anaesthesia, OF BURNS involving more than 10% of body surface, not associated with grafting of the area</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>																
3041	<p>DEBRIDEMENT, under general anaesthesia, of deep or extensive contaminated wound of soft tissue</p> <p>ALL STATES: FEE \$128.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>																
3046	<p>SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), superficial, not covered by Part 2 of this Schedule</p> <p>ALL STATES: FEE \$21.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>																
3050	<p>SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), involving deeper tissue, not covered by Part 2 of this Schedule</p> <table border="0" data-bbox="192 979 1125 1040"> <thead> <tr> <th></th> <th></th> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>FEE</td> <td>\$</td> <td>35.50</td> <td>29.50</td> <td>31.00</td> <td>29.50</td> <td>29.50</td> <td>28.50</td> </tr> </tbody> </table> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	35.50	29.50	31.00	29.50	29.50	28.50
		NSW	VIC	QLD	SA	WA	TAS										
FEE	\$	35.50	29.50	31.00	29.50	29.50	28.50										
3058	<p>SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), superficial</p> <table border="0" data-bbox="192 1270 1125 1331"> <thead> <tr> <th></th> <th></th> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>FEE</td> <td>\$</td> <td>32.50</td> <td>25.00</td> <td>25.00</td> <td>25.00</td> <td>25.00</td> <td>25.00</td> </tr> </tbody> </table> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	32.50	25.00	25.00	25.00	25.00	25.00
		NSW	VIC	QLD	SA	WA	TAS										
FEE	\$	32.50	25.00	25.00	25.00	25.00	25.00										
3063	<p>SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), involving deeper tissue</p> <p>ALL STATES: FEE \$47.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>																

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, large (MORE THAN 7 CENTIMETRES LONG), superficial, not covered by Part 2 of this Schedule							
3073	FEE	\$	NSW 35.50	VIC 32.50	QLD 29.50	SA 29.50	WA 29.50	TAS 29.50
	Anaesthetic 6 units — Item Nos 407G / 513S							
	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, large (MORE THAN 7 CENTIMETRES LONG), involving deeper tissue, not covered by Part 2 of this Schedule							
3082	G.	ALL STATES: FEE \$57.00						
3087	S.	ALL STATES: FEE \$72.00						
	Anaesthetic 7 units — Item Nos 408G / 514S							
	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, large (MORE THAN 7 CENTIMETRES LONG), superficial							
3092	ALL STATES: FEE \$47.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, large (MORE THAN 7 CENTIMETRES LONG), involving deeper tissue							
3098	G.	ALL STATES: FEE \$60.00						
3101	S.	ALL STATES: FEE \$73.00						
	Anaesthetic 8 units — Item Nos 409G / 517S							
	REPAIR OF FULL THICKNESS LACERATION OF NOSE, EAR OR EYELID with accurate apposition of each layer							
3104	ALL STATES: FEE \$100.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							
‡	DRESSING AND REMOVAL OF SUTURES requiring a general anaesthetic, not associated with any other item in this Part							
3106	ALL STATES: FEE \$29.50							
	Anaesthetic 5 units — Item Nos 406G / 510S							

† 3110	Post-operative haemorrhage following perineal or vaginal operations, control of, under general anaesthesia							
			ALL STATES: FEE \$57.00					
			Anaesthetic 6 units — Item Nos 407G / 513S					
3113	SUPERFICIAL FOREIGN BODY, REMOVAL OF, as a separate unrelated procedure							
	FEE	\$	NSW 9.40	VIC 8.70	QLD 7.80	SA 7.80	WA 7.80	TAS 7.80
			Anaesthetic 5 units — Item Nos 406G / 510S					
3116	SUBCUTANEOUS FOREIGN BODY, REMOVAL OF, requiring incision and suture, as a separate unrelated procedure							
			ALL STATES: FEE \$43.50					
			Anaesthetic 6 units — Item Nos 407G / 513S					
3120	FOREIGN BODY IN MUSCLE, TENDON OR OTHER DEEP TISSUE, removal of, as a separate unrelated procedure							
	G. FEE	\$	NSW 88.00	VIC 88.00	QLD 88.00	SA 78.00	WA 78.00	TAS 78.00
3124	S. FEE	\$	108.00	108.00	108.00	100.00	100.00	100.00
			Anaesthetic 7 units — Item Nos 408G / 514S					
3130	BIOPSY OF SKIN OR MUCOUS MEMBRANE, as a separate unrelated procedure							
	FEE	\$	NSW 21.00	VIC 20.00	QLD 21.00	SA 20.00	WA 20.00	TAS 20.00
			Anaesthetic 5 units — Item Nos 406G / 510S					
3135	BIOPSY OF LYMPH GLAND, MUSCLE OR OTHER DEEP TISSUE OR ORGAN, as a separate unrelated procedure							
	G. FEE	\$	NSW 47.00	VIC 45.00	QLD 45.00	SA 45.00	WA 45.00	TAS 45.00
3142	S. FEE	\$	60.00	56.00	56.00	56.00	56.00	56.00
			Anaesthetic 6 units — Item Nos 407G / 513S					
3148	ASPIRATION BIOPSY OF LYMPH GLAND, DEEP TISSUE OR ORGAN, as a separate unrelated procedure							
			ALL STATES: FEE \$19.00					
			Anaesthetic 5 units — Item Nos 406G / 510S					

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3157	BIOPSY OF BONE MARROW by trephine using open approach							
	ALL STATES: FEE \$43.50							
	Anaesthetic 5 units — Item Nos 406G / 510S							
3158	BIOPSY OF BONE MARROW by trephine using percutaneous approach (e.g. Jamshidi needle)							
	ALL STATES: FEE \$23.50							
3160	BIOPSY OF BONE MARROW by aspiration or PUNCH BIOPSY OF SYNOVIAL MEMBRANE or PLEURA							
	ALL STATES: FEE \$11.80							
	Anaesthetic 5 units — Item Nos 406G / 510S							
3168	SCALENE NODE BIOPSY							
	ALL STATES: FEE \$72.00							
	Anaesthetic 5 units — Item Nos 406G / 510S							
3173	SINUS, excision of, involving superficial tissue only							
	ALL STATES: FEE \$35.50							
	Anaesthetic 6 units — Item Nos 407G / 513S							
3178	G.	SINUS, excision of, involving muscle and deep tissue						
		ALL STATES: FEE \$60.00						
3183	S.	SINUS, excision of, involving muscle and deep tissue						
		ALL STATES: FEE \$72.00						
		Anaesthetic 7 units — Item Nos 408G / 514S						
3194	G. FEE	\$	NSW 62.00	VIC 62.00	QLD 62.00	SA 62.00	WA 49.50	TAS 49.50
3199	S. FEE	\$	87.00	87.00	72.00	72.00	64.00	64.00
			Anaesthetic 6 units — Item Nos 407G / 513S					

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

	‡	SUPERFICIAL FOREIGN BODY, REMOVAL OF, as a separate unrelated procedure						
3113	FEE	\$	NSW 9.40	VIC 8.70	QLD 7.80	SA 7.80	WA 7.80	TAS 7.80
			Anaesthetic 5 units — Item Nos 406G / 510S					
	‡	SUBCUTANEOUS FOREIGN BODY, REMOVAL OF, requiring incision and suture, as a separate unrelated procedure						
3116			ALL STATES: FEE \$43.50					
			Anaesthetic 6 units — Item Nos 407G / 513S					
	‡	FOREIGN BODY IN MUSCLE, TENDON OR OTHER DEEP TISSUE, removal of, as a separate unrelated procedure						
3120	G. FEE	\$	NSW 88.00	VIC 88.00	QLD 88.00	SA 78.00	WA 78.00	TAS 78.00
3124	S. FEE	\$	108.00	108.00	108.00	100.00	100.00	100.00
			Anaesthetic 7 units — Item Nos 408G / 514S					
	‡	BIOPSY OF SKIN OR MUCOUS MEMBRANE, as a separate unrelated procedure						
3130	FEE	\$	NSW 21.00	VIC 20.00	QLD 21.00	SA 20.00	WA 20.00	TAS 20.00
			Anaesthetic 5 units — Item Nos 406G / 510S					
	‡	BIOPSY OF LYMPH GLAND, MUSCLE OR OTHER DEEP TISSUE OR ORGAN, as a separate unrelated procedure						
3135	G. FEE	\$	NSW 47.00	VIC 45.00	QLD 45.00	SA 45.00	WA 45.00	TAS 45.00
3142	S. FEE	\$	60.00	56.00	56.00	56.00	56.00	56.00
			Anaesthetic 6 units — Item Nos 407G / 513S					
	‡	ASPIRATION BIOPSY OF LYMPH GLAND, DEEP TISSUE OR ORGAN, as a separate unrelated procedure						
3148			ALL STATES: FEE \$19.00					
			Anaesthetic 5 units — Item Nos 406G / 510S					

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3157	BIOPSY OF BONE MARROW by trephine using open approach							
	ALL STATES: FEE \$43.50							
	Anaesthetic 5 units — Item Nos 406G / 510S							
3158	BIOPSY OF BONE MARROW by trephine using percutaneous approach (e.g. Jamshidi needle)							
	ALL STATES: FEE \$23.50							
3160	BIOPSY OF BONE MARROW by aspiration or PUNCH BIOPSY OF SYNOVIAL MEMBRANE or PLEURA							
	ALL STATES: FEE \$11.80							
	Anaesthetic 5 units — Item Nos 406G / 510S							
3168	SCALENE NODE BIOPSY							
	ALL STATES: FEE \$72.00							
	Anaesthetic 5 units — Item Nos 406G / 510S							
3173	SINUS, excision of, involving superficial tissue only							
	ALL STATES: FEE \$35.50							
	Anaesthetic 6 units — Item Nos 407G / 513S							
3178	SINUS, excision of, involving muscle and deep tissue							
G.	ALL STATES: FEE \$60.00							
3183	S.							
	ALL STATES: FEE \$72.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
3194	GANGLION OR SMALL BURSA, excision of							
G.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
			62.00	62.00	62.00	62.00	49.50	49.50
3199	S.	FEE	\$	87.00	87.00	72.00	72.00	64.00
								64.00
	Anaesthetic 6 units — Item Nos 407G / 513S							

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

		BURSA (LARGE), INCLUDING OLECRANON, CALCANEUM OR PATELLA, excision of						
			NSW	VIC	QLD	SA	WA	TAS
3208	G. FEE	\$	112.00	88.00	88.00	88.00	88.00	88.00
3213	S. FEE	\$	146.00	108.00	108.00	108.00	108.00	108.00
		Anaesthetic 6 units — Item Nos 407G / 513S						
		BURSA, SEMIMEMBRANOSUS (or Baker's cyst), excision of						
3217		ALL STATES: FEE \$146.00						
		Anaesthetic 7 units — Item Nos 408G / 514S						
		TUMOUR, CYST, ULCER OR SCAR, cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter, removal by surgical excision and suture or by cryosurgery using liquid nitrogen not covered by Item 3221/3222, 3223/3224, 3225, 3226, 3330, 3332, 3338, 3342, 3346 or 3349						
3219	G.	ALL STATES: FEE \$38.00						
3220	S.	ALL STATES: FEE \$50.00						
		Anaesthetic 6 units — Item Nos 407G / 513S						
		TUMOUR, CYST, ULCER OR SCAR, cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter, removal by surgical excision and suture or by cryosurgery using liquid nitrogen — MORE THAN 3 BUT NOT MORE THAN 10 LESIONS — not covered by Item 3330, 3332, 3338, 3342, 3346 or 3349						
3221	G.	ALL STATES: FEE \$100.00						
3222	S.	ALL STATES: FEE \$128.00						
		Anaesthetic 9 units — Item Nos 443G / 518S						
		TUMOUR, CYST, ULCER OR SCAR, cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter, removal by surgical excision and suture or by cryosurgery using liquid nitrogen — MORE THAN 10 BUT NOT MORE THAN 20 LESIONS — not covered by Item 3330, 3332, 3338, 3342, 3346 or 3349						
3223	G.	ALL STATES: FEE \$134.00						
3224	S.	ALL STATES: FEE \$160.00						
		Anaesthetic 13 units — Item Nos 457G / 524S						

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

TUMOUR, CYST, ULCER OR SCAR, cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter, removal by surgical excision and suture or by cryosurgery using liquid nitrogen — MORE THAN 20 BUT NOT MORE THAN 50 LESIONS — not covered by Item 3330, 3332, 3338, 3342, 3346 or 3349

3225 ALL STATES: FEE \$200.00

Anaesthetic 15 units — Item Nos 459G / 526S

TUMOUR, CYST, ULCER OR SCAR, cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter, removal by surgical excision and suture or by cryosurgery using liquid nitrogen — MORE THAN 50 LESIONS — not covered by Item 3330, 3332, 3338, 3342, 3346 or 3349

3226 ALL STATES: FEE \$270.00

Anaesthetic 17 units — Item Nos 461G / 528S

TUMOUR, CYST, ULCER OR SCAR, removal of cutaneous, subcutaneous or in mucous membrane, more than 3 centimetres in diameter

		NSW	VIC	QLD	SA	WA	TAS
3233	G. FEE	\$ 56.00	56.00	51.00	51.00	51.00	51.00

3237	S. FEE	\$ 69.00	69.00	62.00	62.00	62.00	62.00
------	--------	----------	-------	-------	-------	-------	-------

Anaesthetic 6 units — Item Nos 407G / 513S

‡ TUMOUR, CYST, ULCER OR SCAR, removal of, not covered by a specific item in this Part, involving muscle, bone or other deep tissue

		NSW	VIC	QLD	SA	WA	TAS
3247	G. FEE	\$ 78.00	78.00	70.00	70.00	70.00	70.00

3253	S. FEE	\$ 99.00	99.00	90.00	90.00	90.00	90.00
------	--------	----------	-------	-------	-------	-------	-------

Anaesthetic 8 units — Item Nos 409G / 517S

‡ TUMOUR OR DEEP CYST, removal of, not covered by a specific item in this Part, requiring wide excision

		NSW	VIC	QLD	SA	WA	TAS
3261	G. FEE	\$ 106.00	128.00	106.00	106.00	106.00	94.00

3265	S. FEE	\$ 128.00	146.00	128.00	128.00	128.00	118.00
------	--------	-----------	--------	--------	--------	--------	--------

Anaesthetic 8 units — Item Nos 409G / 517S

SKIN, malignant tumours requiring wide deep excision

3271 ALL STATES: FEE \$156.00

Anaesthetic 8 units — Item Nos 409G / 517S

3276	<p>SKIN, malignant tumours requiring wide deep excision with immediate block dissection of lymph glands</p> <p>ALL STATES: FEE \$330.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
3281	<p>SOFT TISSUE TUMOURS, INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE, EXTENSIVE EXCISION OF WITHOUT SKIN GRAFT</p> <p>ALL STATES: FEE \$200.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
3289	<p>SOFT TISSUE TUMOURS, INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE, EXTENSIVE EXCISION OF WITH SKIN GRAFT</p> <p>ALL STATES: FEE \$235.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
3295	<p>MISCELLANEOUS MALIGNANT TUMOUR IN ANY REGION — RADICAL OPERATION</p> <p>ALL STATES: FEE \$330.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
3301	<p>MISCELLANEOUS MALIGNANT TUMOUR IN ANY REGION — LIMITED OPERATION</p> <p>ALL STATES: FEE \$156.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
3309	<p>LIPECTOMY — transverse wedge excision of abdominal apron OR LIPECTOMY with wedge excision of skin elsewhere in body</p> <p>ALL STATES: FEE \$180.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
3310	<p>LIPECTOMY — subumbilical excision with undermining of skin edges and strengthening of musculo-aponeurotic wall</p> <p>ALL STATES: FEE \$270.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
3311	<p>LIPECTOMY — radical abdominoplasty (Pitanguy type or similar) with excision of skin and subcutaneous tissue, repair of musculo-aponeurotic layer and transposition of umbilicus</p> <p>ALL STATES: FEE \$390.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3314	AXILLARY HYPERIDROSIS, wedge excision for						
	ALL STATES: FEE \$53.00						
	Anaesthetic 7 units — Item Nos 408G / 514S						
3320	PLANTAR WART, removal of						
FEE	\$	NSW 18.80	VIC 17.40	QLD 17.40	SA 17.40	WA 17.40	TAS 17.40
	Anaesthetic 5 units — Item Nos 406G / 510S						
3330	KERATOSES, WARTS OR SIMILAR LESIONS, treatment by electrosurgical destruction, cryosurgery, chemotherapy or surgical removal — each attendance (including associated consultation) at which the procedure is performed ON NOT MORE THAN 5 LESIONS						
FEE	\$	NSW 21.00	VIC 25.00	QLD 19.00	SA 19.00	WA 19.00	TAS 19.00
	Anaesthetic 4 units — Item Nos 405G / 509S						
3332	KERATOSES, WARTS OR SIMILAR LESIONS, treatment by electrosurgical destruction, cryosurgery, chemotherapy or surgical removal — each attendance (including associated consultation) at which the procedure is performed ON MORE THAN 5 BUT NOT MORE THAN 10 LESIONS						
FEE	\$	NSW 27.50	VIC 27.50	QLD 21.00	SA 21.00	WA 21.00	TAS 21.00
	Anaesthetic 5 units — Item Nos 406G / 510S						
3338	KERATOSES, WARTS OR SIMILAR LESIONS, treatment by electrosurgical destruction, cryosurgery, chemotherapy or surgical removal — each attendance (including associated consultation) at which the procedure is performed ON MORE THAN 10 BUT NOT MORE THAN 15 LESIONS						
FEE	\$	NSW 34.50	VIC 32.50	QLD 32.50	SA 32.50	WA 32.50	TAS 32.50
	Anaesthetic 6 units — Item Nos 407G / 513S						
3342	KERATOSES, WARTS OR SIMILAR LESIONS, treatment by electrosurgical destruction, cryosurgery, chemotherapy or surgical removal — each attendance (including associated consultation) at which the procedure is performed ON MORE THAN 15 BUT NOT MORE THAN 20 LESIONS						
FEE	\$	NSW 36.50	VIC 34.50	QLD 34.50	SA 34.50	WA 34.50	TAS 34.50
	Anaesthetic 7 units — Item Nos 408G / 514S						

KERATOSES, WARTS OR SIMILAR LESIONS, treatment by electrosurgical destruction, cryosurgery, chemotherapy or surgical removal — each attendance (including associated consultation) at which the procedure is performed ON MORE THAN 20 LESIONS

			NSW	VIC	QLD	SA	WA	TAS
3346	FEE	\$	43.50	38.00	38.00	38.00	38.00	38.00

Anaesthetic 8 units — Item Nos 409G / 517S

† CUTANEOUS NEOPLASTIC LESIONS, treatment by electrosurgical destruction, chemotherapy, simple curettage or shaving, not covered by Item 3350, 3351 or 3352 — one or more lesions

			NSW	VIC	QLD	SA	WA	TAS
3349	FEE	\$	21.00	25.00	19.00	19.00	19.00	19.00

Anaesthetic 4 units — Item Nos 405G / 509S

† CANCER OF SKIN OR MUCOUS MEMBRANE, removal by serial curettage excision, not covered by Item 3349
(See Explanatory Notes covering this item)

3350 ALL STATES: FEE \$50.00

Anaesthetic 6 units — Item Nos 407G / 513S

† CANCER OF SKIN OR MUCOUS MEMBRANE, removal by serial curettage excision — more than 3 but not more than 10 lesions — not covered by Item 3349
(See Explanatory Notes covering this item)

3351 ALL STATES: FEE \$126.00

Anaesthetic 9 units — Item Nos 443G / 518S

† CANCER OF SKIN OR MUCOUS MEMBRANE, removal by serial curettage excision — more than 10 lesions — not covered by Item 3349
(See Explanatory Notes covering this item)

3352 ALL STATES: FEE \$160.00

Anaesthetic 13 units — Item Nos 457G / 524S

SKIN LESIONS, multiple injections with hydrocortisone or similar preparations

3356 ALL STATES: FEE \$17.40

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3363	KELOID, EXTENSIVE, MULTIPLE INJECTIONS OF HYDROCORTISONE or similar preparation under general anaesthesia							
	ALL STATES: FEE \$64.00							
	Anaesthetic 5 units — Item Nos 406G / 510S							
3366	HAEMATOMA, aspiration of							
	FEE	\$	NSW 9.40	VIC 10.60	QLD 7.30	SA 7.30	WA 7.20	TAS 7.30
	Anaesthetic 4 units — Item Nos 405G / 509S							
3371	HAEMATOMA, FURUNCLE, SMALL ABSCESS OR SIMILAR LESION not requiring a general anaesthetic, INCISION WITH DRAINAGE OF (excluding after-care)							
	FEE	\$	NSW 9.40	VIC 10.60	QLD 9.30	SA 9.30	WA 9.30	TAS 9.30
3379	LARGE HAEMATOMA, ABSCESS, CARBUNCLE, CELLULITIS or similar lesion requiring a general anaesthetic, INCISION WITH DRAINAGE OF (excluding after-care)							
	G. FEE	\$	NSW 47.00	VIC 47.00	QLD 39.00	SA 39.00	WA 39.00	TAS 39.00
3384	S. FEE	\$	64.00	64.00	53.00	49.50	49.50	49.50
	Anaesthetic 5 units — Item Nos 406G / 510S							
3391	MUSCLE, excision of (LIMITED)							
	ALL STATES: FEE \$60.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
3399	MUSCLE, excision of (EXTENSIVE)							
	ALL STATES: FEE \$106.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
3404	MUSCLE, RUPTURED, repair of (limited), not associated with external wound							
	ALL STATES: FEE \$88.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
3407	MUSCLE, RUPTURED, repair of (extensive), not associated with external wound							
	ALL STATES: FEE \$118.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							

3417	FASCIA, DEEP, repair of, FOR HERNIATED MUSCLE ALL STATES: FEE \$60.00 Anaesthetic 7 units — Item Nos 408G / 514S														
3425	‡ BONE TUMOUR, INNOCENT, excision of, not covered by a specific item in this Part. ALL STATES: FEE \$140.00 Anaesthetic 7 units — Item Nos 408G / 514S														
3431	STYLOID PROCESS OF TEMPORAL BONE, removal of ALL STATES: FEE \$140.00 Anaesthetic 7 units — Item Nos 408G / 514S														
3437	PAROTID GLAND, total extirpation of ALL STATES: FEE \$295.00 Anaesthetic 15 units — Item Nos 459G / 526S														
3444	PAROTID GLAND, total extirpation of, with preservation of facial nerve ALL STATES: FEE \$495.00 Anaesthetic 18 units — Item Nos 462G / 529S														
3450	PAROTID GLAND, SUPERFICIAL LOBECTOMY OR REMOVAL OF TUMOUR FROM, with exposure of facial nerve ALL STATES: FEE \$330.00 Anaesthetic 14 units — Item Nos 458G / 525S														
3455	SUBMANDIBULAR GLAND, extirpation of FEE <table border="0" style="margin-left: 40px;"> <thead> <tr> <th></th> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>\$</td> <td>140.00</td> <td>174.00</td> <td>140.00</td> <td>140.00</td> <td>140.00</td> <td>140.00</td> </tr> </tbody> </table> Anaesthetic 8 units — Item Nos 409G / 517S		NSW	VIC	QLD	SA	WA	TAS	\$	140.00	174.00	140.00	140.00	140.00	140.00
	NSW	VIC	QLD	SA	WA	TAS									
\$	140.00	174.00	140.00	140.00	140.00	140.00									
3459	SUBLINGUAL GLAND, extirpation of ALL STATES: FEE \$78.00 Anaesthetic 7 units — Item Nos 408G / 514S														
3465	SALIVARY GLAND, DILATATION OR DIATHERMY of duct ALL STATES: FEE \$23.50 Anaesthetic 6 units — Item Nos 407G / 513S														

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

	SALIVARY GLAND, removal of CALCULUS from duct	
3468	G.	ALL STATES: FEE \$47.00
3472	S.	ALL STATES: FEE \$60.00
		Anaesthetic 7 units — Item Nos 408G / 514S
	SALIVARY GLAND, repair of CUTANEOUS FISTULA OF	
3477		ALL STATES: FEE \$60.00
		Anaesthetic 7 units — Item Nos 408G / 514S
	TONGUE, partial excision of	
3480		ALL STATES: FEE \$118.00
		Anaesthetic 7 units — Item Nos 408G / 514S
	RADICAL EXCISION OF INTRA-ORAL TUMOUR INVOLVING RESECTION OF MANDIBLE AND LYMPH GLANDS OF NECK (commando-type operation)	
3495		ALL STATES: FEE \$695.00
		Anaesthetic 18 units — Item Nos 462G / 529S
	TONGUE TIE, repair of	
3496		ALL STATES: FEE \$18.20
		Anaesthetic 6 units — Item Nos 407G / 513S
	TONGUE TIE OR MAXILLARY FRENULUM, repair of, in a person aged not less than two years, under general anaesthesia	
3505		ALL STATES: FEE \$47.50
		Anaesthetic 6 units — Item Nos 407G / 513S
	RANULA OR MUCOUS CYST OF MOUTH, removal of	
3509	G.	ALL STATES: FEE \$62.00
3516	S.	ALL STATES: FEE \$81.00
		Anaesthetic 9 units — Item Nos 443G / 518S
	BRANCHIAL CYST, removal of	
3526		ALL STATES: FEE \$156.00
		Anaesthetic 9 units — Item Nos 443G / 518S

3530	BRANCHIAL FISTULA, removal of ALL STATES: FEE \$200.00 Anaesthetic 9 units — Item Nos 443G / 518S
3532	CYSTIC HYGROMA, extensive excision of massive lesion with or without thoracotomy ALL STATES: FEE \$380.00 Anaesthetic 11 units — Item Nos 453G / 522S
3542	THYROIDECTOMY, total ALL STATES: FEE \$390.00 Anaesthetic 14 units — Item Nos 458G / 525S
3547	PARATHYROID TUMOUR, removal of ALL STATES: FEE \$440.00 Anaesthetic 13 units — Item Nos 457G / 524S
3555	PARATHYROID GLANDS, removal of, other than for tumour ALL STATES: FEE \$495.00 Anaesthetic 16 units — Item Nos 460G / 527S
3563	THYROIDECTOMY, HEMI or SUB-TOTAL, with or without exposure of recurrent laryngeal nerve ALL STATES: FEE \$285.00 Anaesthetic 12 units — Item Nos 454G / 523S
3576	THYROID, excision of localised tumour of FEE: \$ NSW VIC QLD SA WA TAS \$ 200.00 210.00 200.00 200.00 200.00 200.00 Anaesthetic 10 units — Item Nos 450G / 521S
3581	THYROGLOSSAL CYST, removal of ALL STATES: FEE \$164.00 Anaesthetic 10 units — Item Nos 450G / 521S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3591	THYROGLOSSAL CYST AND FISTULA, removal of	ALL STATES: FEE \$230.00	Anaesthetic 10 units — Item Nos 450G / 521S
3597	CERVICAL OESOPHAGOSTOMY or CLOSURE OF CERVICAL OESOPHAGOSTOMY with or without plastic repair	ALL STATES: FEE \$176.00	Anaesthetic 13 units — Item Nos 457G / 524S
3616	CERVICAL OESOPHAGECTOMY with tracheostomy and oesophagostomy, with or without plastic reconstruction; or LARYNGOPHARYNGECTOMY with tracheostomy and plastic reconstruction	ALL STATES: FEE \$695.00	Anaesthetic 22 units — Item Nos 466G / 537S
3618	LYMPH GLANDS OF NECK, limited excision of	ALL STATES: FEE \$146.00	Anaesthetic 9 units — Item Nos 443G / 518S
3622	LYMPH GLANDS OF NECK, radical excision of	ALL STATES: FEE \$390.00	Anaesthetic 20 units — Item Nos 464G / 533S
3634	LYMPH GLANDS OF GROIN OR AXILLA, limited excision of	ALL STATES: FEE \$99.00	Anaesthetic 9 units — Item Nos 443G / 518S
3638	LYMPH GLANDS OF GROIN OR AXILLA, radical excision of	ALL STATES: FEE \$285.00	Anaesthetic 13 units — Item Nos 457G / 524S
3647	SIMPLE MASTECTOMY with or without frozen section biopsy	ALL STATES: FEE \$128.00	
3652	S.	ALL STATES: FEE \$174.00	Anaesthetic 9 units — Item Nos 443G / 518S

	BREAST, excision of CYST, fibro adenoma or other local lesion or segmental resection for any other reason							
3654	G. FEE	\$	NSW 78.00	VIC 87.00	QLD 69.00	SA 66.00	WA 66.00	TAS 66.00
3664	S. FEE	\$	106.00	106.00	95.00	80.00	80.00	80.00
	Anaesthetic 7 units — Item Nos 408G / 514S							
	BREAST, excision of CYST, fibro adenoma or other local lesion or segmental resection for any other reason, where frozen section is performed							
3668	G.	ALL STATES: FEE \$102.00						
3673	S.	ALL STATES: FEE \$128.00						
	Anaesthetic 8 units — Item Nos 409G / 517S							
	PARTIAL MASTECTOMY, involving more than one quarter of the breast tissue with or without frozen section biopsy							
3678	G.	ALL STATES: FEE \$102.00						
3683	S.	ALL STATES: FEE \$128.00						
	Anaesthetic 8 units — Item Nos 409G / 517S							
	BREAST, extended simple mastectomy with or without frozen section biopsy							
3698	ALL STATES: FEE \$235.00							
	Anaesthetic 12 units — Item Nos 454G / 523S							
	BREAST, radical or modified radical mastectomy with or without frozen section biopsy							
3702	ALL STATES: FEE \$345.00							
	Anaesthetic 16 units — Item Nos 460G / 527S							
	NIPPLE, INVERTED, surgical eversion of							
3707	ALL STATES: FEE \$60.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
‡+	LAPAROTOMY (exploratory), including associated biopsies, as a separate unrelated procedure							
3713	G.	ALL STATES: FEE \$152.00						
3718	S.	ALL STATES: FEE \$190.00						
	Anaesthetic 9 units — Item Nos 443G / 518S							
	LAPAROTOMY involving Caecostomy, Enterostomy, Colostomy, Enterotomy, Colotomy, Gastrostomy, Gastrotomy, reduction of intussusception, Removal of Meckel's diverticulum, Suture of perforated peptic ulcer, Simple repair of ruptured viscus, Reduction of volvulus OR Pyloroplasty (adult)							
3722	ALL STATES: FEE \$210.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							

3726	<p>LAPAROTOMY INVOLVING DIVISION OF PERITONEAL ADHESIONS (where no other listed intra abdominal procedure is performed) (See Explanatory Notes covering this item)</p> <p>ALL STATES: FEE \$210.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
3730	<p>† LAPAROTOMY FOR GRADING OF LYMPHONAS, including splenectomy, liver biopsies, lymph node biopsies and oophoropexy</p> <p>ALL STATES: FEE \$440.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
3734	<p>† LAPAROTOMY FOR CONTROL OF POST-OPERATIVE HAEMORRHAGE, where no other procedure is performed</p> <p>ALL STATES: FEE \$132.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
3739	<p>LAPAROTOMY INVOLVING OPERATION ON ABDOMINAL VISCERA, not covered by a specific item in this Part</p> <p>G. ALL STATES: FEE \$205.00</p>
3745	<p>S. ALL STATES: FEE \$250.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
3750	<p>SUBPHRENIC ABSCESS, drainage of</p> <p>ALL STATES: FEE \$210.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
3752	<p>LIVER BIOPSY, percutaneous</p> <p>ALL STATES: FEE \$69.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
3754	<p>LIVER TUMOUR, removal of other than by biopsy</p> <p>ALL STATES: FEE \$235.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
3759	<p>LIVER, MASSIVE RESECTION OF, or LOBECTOMY</p> <p>ALL STATES: FEE \$595.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

BREAST, excision of CYST, fibro adenoma or other local lesion or segmental resection for any other reason

		NSW	VIC	QLD	SA	WA	TAS
3654	G. FEE	\$ 78.00	87.00	69.00	66.00	66.00	66.00

3664	S. FEE	\$ 106.00	106.00	95.00	80.00	80.00	80.00
------	--------	-----------	--------	-------	-------	-------	-------

Anaesthetic 7 units — Item Nos 408G / 514S

BREAST, excision of CYST, fibro adenoma or other local lesion or segmental resection for any other reason, where frozen section is performed

3668	G.	ALL STATES: FEE \$102.00
------	----	--------------------------

3673	S.	ALL STATES: FEE \$128.00
------	----	--------------------------

Anaesthetic 8 units — Item Nos 409G / 517S

PARTIAL MASTECTOMY, involving more than one quarter of the breast tissue with or without frozen section biopsy

3678	G.	ALL STATES: FEE \$102.00
------	----	--------------------------

3683	S.	ALL STATES: FEE \$128.00
------	----	--------------------------

Anaesthetic 8 units — Item Nos 409G / 517S

BREAST, extended simple mastectomy with or without frozen section biopsy

3698		ALL STATES: FEE \$235.00
------	--	--------------------------

Anaesthetic 12 units — Item Nos 454G / 523S

BREAST, radical or modified radical mastectomy with or without frozen section biopsy

3702		ALL STATES: FEE \$345.00
------	--	--------------------------

Anaesthetic 16 units — Item Nos 460G / 527S

NIPPLE, INVERTED, surgical eversion of

3707		ALL STATES: FEE \$60.00
------	--	-------------------------

Anaesthetic 7 units — Item Nos 408G / 514S

‡ LAPAROTOMY (exploratory), as a separate unrelated procedure

3713	G.	ALL STATES: FEE \$140.00
------	----	--------------------------

		NSW	VIC	QLD	SA	WA	TAS
3718	S. FEE	\$ 176.00	190.00	176.00	176.00	176.00	176.00

Anaesthetic 9 units — Item Nos 443G / 518S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

‡	LAPAROTOMY involving Caecostomy, Enterostomy, Colostomy, Enterotomy, Colotomy, Gastrostomy, Gastrotomy, reduction of intussusception, Removal of Meckel's diverticulum, Suture of perforated peptic ulcer, Simple repair of ruptured viscus, Reduction of volvulus OR Pyloroplasty (adult)
3722	ALL STATES: FEE \$210.00 Anaesthetic 11 units — Item Nos 453G / 522S
†	LAPAROTOMY INVOLVING DIVISION OF PERITONEAL ADHESIONS (where no other listed intra abdominal procedure is performed) (See Explanatory Notes covering this item)
3726	ALL STATES: FEE \$210.00 Anaesthetic 11 units — Item Nos 453G / 522S
‡	LAPAROTOMY INVOLVING OPERATION ON ABDOMINAL VISCERA, not covered by a specific item in this Part
3739	G. ALL STATES: FEE \$205.00
3745	S. ALL STATES: FEE \$250.00 Anaesthetic 12 units — Item Nos 454G / 523S
3750	SUBPHRENIC ABSCESS, drainage of ALL STATES: FEE \$210.00 Anaesthetic 10 units — Item Nos 450G / 521S
3752	LIVER BIOPSY, percutaneous ALL STATES: FEE \$69.00 Anaesthetic 5 units — Item Nos 407G / 513S
3754	LIVER TUMOUR, removal of other than by biopsy ALL STATES: FEE \$235.00 Anaesthetic 13 units — Item Nos 457G / 524S
3759	LIVER, MASSIVE RESECTION OF, or LOBECTOMY ALL STATES: FEE \$595.00 Anaesthetic 18 units — Item Nos 462G / 529S

3764	LIVER ABSCESS, ABDOMINAL drainage of								
	ALL STATES: FEE \$210.00								
	Anaesthetic 11 units — Item Nos 453G / 522S								
3783	HYDATID CYST OF LIVER, PERITONEUM OR VISCUS, drainage procedure for								
	ALL STATES: FEE \$235.00								
	Anaesthetic 11 units — Item Nos 453G / 522S								
3789	OPERATIVE CHOLEGRAM OR PANCREATOGRAM OR CHOLEDOCHOSCOPY								
	ALL STATES: FEE \$73.00								
	Anaesthetic 10 units — Item Nos 450G / 521S								
	CHOLECYSTECTOMY								
3793	G	FEE	\$	NSW 235.00	VIC 225.00	QLD 225.00	SA 210.00	WA 205.00	TAS 205.00
3798	S	FEE	\$	295.00	295.00	295.00	250.00	270.00	250.00
	Anaesthetic 11 units — Item Nos 453G / 522S								
	CHOLECYSTOSTOMY								
3802	G	ALL STATES: FEE \$176.00							
3809	S	ALL STATES: FEE \$210.00							
	Anaesthetic 10 units — Item Nos 450G / 521S								
3815	CHOLEDOCHOTOMY AFTER PREVIOUS CHOLECYSTECTOMY, including dilatation of sphincter of Oddi and removal of calculus								
	ALL STATES: FEE \$355.00								
	Anaesthetic 14 units — Item Nos 458G / 525S								
3820	CHOLEDOCHOTOMY (WITH OR WITHOUT CHOLECYSTECTOMY), not covered by Item 3815, including dilatation of sphincter of Oddi and removal of calculus								
	FEE	\$	NSW 345.00	VIC 345.00	QLD 345.00	SA 325.00	WA 325.00	TAS 325.00	
	Anaesthetic 13 units — Item Nos 457G / 524S								

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3825	<p>TRANSDUODENAL OPERATION ON SPHINCTER OF ODDI, including dilatation, removal of calculus, sphincterotomy and sphincteroplasty</p> <p>ALL STATES: FEE \$245.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
3831	<p>OPERATIONS ON THE BILIARY SYSTEM INCLUDING CHOLECYSTODUODENOSTOMY CHOLECYSTOGASTROSTOMY OR CHOLECYSTOENTEROSTOMY</p> <p>ALL STATES: FEE \$380.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
3834	<p>OPERATIONS ON AND/OR RECONSTRUCTION OF HEPATIC DUCT OR COMMON BILE DUCT WITH OR WITHOUT ANASTOMOSIS TO GALLBLADDER, STOMACH OR INTESTINE</p> <p>ALL STATES: FEE \$585.00</p> <p>Anaesthetic 19 units — Item Nos 463G / 531S</p>
3847	<p>† OESOPHAGOSCOPY (not covered by Item 5464), GASTROSCOPY, DUODENOSCOPY OR PANENDOSCOPY (one or more such procedures)</p> <p>ALL STATES: FEE \$90.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
3849	<p>† OESOPHAGOSCOPY (not covered by Item 5464), GASTROSCOPY, DUODENOSCOPY OR PANENDOSCOPY (one or more such procedures) with biopsy or with endoscopic sclerosing injection of oesophageal or gastric varices</p> <p>ALL STATES: FEE \$110.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
3851	<p>† OESOPHAGOSCOPY (not covered by Item 5464), GASTROSCOPY, DUODENOSCOPY OR PANENDOSCOPY (one or more such procedures) with polypectomy, with or without removal of foreign body, with or without diathermy coagulation of bleeding oesophageal, gastric or duodenal lesions</p> <p>ALL STATES: FEE \$140.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
3860	<p>‡ ENDOSCOPIC PANCREATOCHOLANGIOGRAPHY</p> <p>ALL STATES: FEE \$146.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>

3764	LIVER ABSCESS, ABDOMINAL drainage of							
	ALL STATES: FEE \$210.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
3783	HYDATID CYST OF LIVER, PERITONEUM OR VISCUS, drainage procedure for							
	ALL STATES: FEE \$235.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
3789	OPERATIVE CHOLEGRAM OR PANCREATOGRAM OR CHOLEDOCHOSCOPY							
	ALL STATES: FEE \$73.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							
	CHOLECYSTECTOMY							
3793	G. FEE	\$	NSW 235.00	VIC 225.00	QLD 225.00	SA 210.00	WA 205.00	TAS 205.00
3798	S. FEE	\$	295.00	295.00	295.00	250.00	270.00	250.00
	Anaesthetic 11 units — Item Nos 453G / 522S							
	CHOLECYSTOSTOMY							
3802	G.	ALL STATES: FEE \$176.00						
3809	S.	ALL STATES: FEE \$210.00						
	Anaesthetic 10 units — Item Nos 450G / 521S							
‡	CHOLEDOCHOTOMY AFTER PREVIOUS CHOLECYSTECTOMY, including dilatation of sphincter of Oddi and removal of calculus							
3815	ALL STATES: FEE \$355.00							
	Anaesthetic 14 units — Item Nos 458G / 525S							
‡	CHOLEDOCHOTOMY (WITH OR WITHOUT CHOLECYSTECTOMY), not covered by Item 3815, including dilatation of sphincter of Oddi and removal of calculus							
3820	FEE	\$	NSW 345.00	VIC 345.00	QLD 345.00	SA 325.00	WA 325.00	TAS 325.00
	Anaesthetic 13 units — Item Nos 457G / 524S							

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3825	‡ TRANSDUODENAL OPERATION ON SPHINCTER OF ODDI, including dilatation, removal of calculus, sphincterotomy and sphincteroplasty ALL STATES: FEE \$245.00 Anaesthetic 15 units — Item Nos 459G / 526S
3831	OPERATIONS ON THE BILIARY SYSTEM INCLUDING CHOLECYSTODUODENOSTOMY CHOLECYSTOGASTROSTOMY OR CHOLECYSTOENTEROSTOMY ALL STATES: FEE \$380.00 Anaesthetic 15 units — Item Nos 459G / 526S
3834	OPERATIONS ON AND/OR RECONSTRUCTION OF HEPATIC DUCT OR COMMON BILE DUCT WITH OR WITHOUT ANASTOMOSIS TO GALLBLADDER, STOMACH OR INTESTINE ALL STATES: FEE \$585.00 Anaesthetic 19 units — Item Nos 463G / 531S
3846	GASTROSCOPY or DUODENOSCOPY ALL STATES: FEE \$73.00 Anaesthetic 6 units — Item Nos 407G / 513S
3855	GASTROSCOPY with biopsy or polypectomy or removal of foreign body or more than one of these procedures; OR DUODENOSCOPY with biopsy ALL STATES: FEE \$95.00 Anaesthetic 7 units — Item Nos 408G / 514S
3857	PANENDOSCOPY ALL STATES: FEE \$106.00 Anaesthetic 6 units — Item Nos 407G / 513S
3858	PANENDOSCOPY with biopsy ALL STATES: FEE \$128.00 Anaesthetic 7 units — Item Nos 408G / 514S

3862	† ENDOSCOPIC SPHINCTEROTOMY with or without extraction of stones from common bile duct ALL STATES: FEE \$200.00 Anaesthetic 8 units — Item Nos 409G / 517S
3875	VAGOTOMY — TRUNKAL ALL STATES: FEE \$235.00 Anaesthetic 11 units — Item Nos 453G / 522S
3882	VAGOTOMY — SELECTIVE ALL STATES: FEE \$275.00 Anaesthetic 12 units — Item Nos 454G / 523S
3889	VAGOTOMY — HIGHLY SELECTIVE; or VAGOTOMY — TRUNKAL OR SELECTIVE, with pyloroplasty or gastro-enterostomy ALL STATES: FEE \$330.00 Anaesthetic 13 units — Item Nos 457G / 524S
3891	VAGOTOMY — HIGHLY SELECTIVE with pyloroplasty or gastro-enterostomy ALL STATES: FEE \$390.00 Anaesthetic 13 units — Item Nos 457G / 524S
3892	† GASTRIC REDUCTION OR GASTROPLASTY for obesity, by any method ALL STATES: FEE \$345.00 Anaesthetic 13 units — Item Nos 457G / 524S
3893	† GASTRIC BY-PASS FOR OBESITY, including anastomosis, by any method ALL STATES: FEE \$480.00 Anaesthetic 21 units — Item Nos 465G / 535S
3894	GASTRO-ENTEROSTOMY (GASTRO-DUODENOSTOMY) OR ENTERO-COLOSTOMY OR ENTERO-ENTEROSTOMY
3898	G. ALL STATES: FEE \$210.00 S. ALL STATES: FEE \$275.00 Anaesthetic 12 units — Item Nos 454G / 523S
3900	GASTRO-ENTEROSTOMY or GASTRO-DUODENOSTOMY, reconstruction of ALL STATES: FEE \$350.00 Anaesthetic 14 units — Item Nos 458G / 525S

3902	PANCREATIC CYST — ANASTOMOSIS TO STOMACH OR DUODENUM															
	ALL STATES: FEE \$275.00															
	Anaesthetic 13 units — Item Nos 457G / 524S															
3922	PARTIAL GASTRECTOMY, with or without gastro-jejunostomy															
	ALL STATES: FEE \$390.00															
	Anaesthetic 15 units — Item Nos 459G / 526S															
3930	GASTRECTOMY, TOTAL, FOR BENIGN DISEASE															
	ALL STATES: FEE \$495.00															
	Anaesthetic 19 units — Item Nos 463G / 531S															
3938	GASTRECTOMY, TOTAL RADICAL, for carcinoma															
	ALL STATES: FEE \$585.00															
	Anaesthetic 21 units — Item Nos 465G / 535S															
3952	PYLOROPLASTY, INFANT, OR PYLOROMYOTOMY (RAMSTEDT'S)															
	ALL STATES: FEE \$176.00															
	Anaesthetic 9 units — Item Nos 443G / 518S															
3976	G.	ALL STATES: FEE \$120.00														
3981	S.	ALL STATES: FEE \$152.00														
	Anaesthetic 11 units — Item Nos 453G / 522S															
3986	ENTEROSTOMY OR COLOSTOMY, INTRA-PERITONEAL CLOSURE, not involving resection															
	ALL STATES: FEE \$210.00															
	Anaesthetic 11 units — Item Nos 453G / 522S															
4003	INTUSSUSCEPTION, reduction of, by fluid															
	ALL STATES: FEE \$94.00															
4012	INTUSSUSCEPTION, LAPAROTOMY and resection of															
	FEE	<table border="0"> <thead> <tr> <th></th> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>\$</td> <td>345.00</td> <td>380.00</td> <td>345.00</td> <td>345.00</td> <td>345.00</td> <td>345.00</td> </tr> </tbody> </table>		NSW	VIC	QLD	SA	WA	TAS	\$	345.00	380.00	345.00	345.00	345.00	345.00
	NSW	VIC	QLD	SA	WA	TAS										
\$	345.00	380.00	345.00	345.00	345.00	345.00										
	Anaesthetic 14 units — Item Nos 458G / 525S															

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

ENDOSCOPIC PANCREATOCHOLANGIOGRAPHY; OR ENDOSCOPIC
SPHINCTEROTOMY with extraction of stones from common bile duct

3860

ALL STATES: FEE \$146.00

Anaesthetic 8 units — Item Nos 409G / 517S

VAGOTOMY — TRUNKAL

3875

ALL STATES: FEE \$235.00

Anaesthetic 11 units — Item Nos 453G / 522S

VAGOTOMY — SELECTIVE

3882

ALL STATES: FEE \$275.00

Anaesthetic 12 units — Item Nos 454G / 523S

VAGOTOMY — HIGHLY SELECTIVE; or VAGOTOMY — TRUNKAL OR SELECTIVE,
with pyloroplasty or gastro-enterostomy

3889

ALL STATES: FEE \$330.00

Anaesthetic 13 units — Item Nos 457G / 524S

VAGOTOMY — HIGHLY SELECTIVE with pyloroplasty or gastro-enterostomy

3891

ALL STATES: FEE \$390.00

Anaesthetic 13 units — Item Nos 457G / 524S

GASTRO-ENTEROSTOMY (GASTRO-DUODENOSTOMY) OR ENTERO-COLOSTOMY
OR ENTERO-ENTEROSTOMY

3894

G.

ALL STATES: FEE \$210.00

3898

S.

ALL STATES: FEE \$275.00

Anaesthetic 12 units — Item Nos 454G / 523S

GASTRO-ENTEROSTOMY or GASTRO-DUODENOSTOMY, reconstruction of

3900

ALL STATES: FEE \$350.00

Anaesthetic 14 units — Item Nos 458G / 525S

PANCREATIC CYST — ANASTOMOSIS TO STOMACH OR DUODENUM

3902

ALL STATES: FEE \$275.00

Anaesthetic 13 units — Item Nos 457G / 524S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3922	PARTIAL GASTRECTOMY, with or without gastro-jejunostomy ALL STATES: FEE \$390.00 Anaesthetic 15 units — Item Nos 459G / 526S
3930	GASTRECTOMY, TOTAL, FOR BENIGN DISEASE ALL STATES: FEE \$495.00 Anaesthetic 19 units — Item Nos 463G / 531S
3938	GASTRECTOMY, TOTAL RADICAL, for carcinoma ALL STATES: FEE \$585.00 Anaesthetic 21 units — Item Nos 465G / 535S
3952	PYLOROPLASTY, INFANT, OR PYLOROMYOTOMY (RAMSTEDT'S) ALL STATES: FEE \$176.00 Anaesthetic 9 units — Item Nos 443G / 518S
3976	ENTEROSTOMY or COLOSTOMY, extra-peritoneal closure of G: ALL STATES: FEE \$120.00
3981	S: ALL STATES: FEE \$152.00 Anaesthetic 11 units — Item Nos 453G / 522S
3986	ENTEROSTOMY OR COLOSTOMY, INTRA-PERITONEAL CLOSURE, not involving resection ALL STATES: FEE \$210.00 Anaesthetic 11 units — Item Nos 453G / 522S
4003	INTUSSUSCEPTION, reduction of, by fluid ALL STATES: FEE \$94.00
4012	INTUSSUSCEPTION, LAPAROTOMY and resection of FEE \$ NSW 345.00 VIC 380.00 QLD 345.00 SA 345.00 WA 345.00 TAS 345.00 Anaesthetic 14 units — Item Nos 458G / 525S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

4018	TRANSVERSE OR SIGMOID COLECTOMY WITH OR WITHOUT ANASTOMOSIS							
	ALL STATES: FEE \$355.00							
	Anaesthetic 15 units — Item Nos 459G / 526S							
‡	BOWEL, SEGMENTAL RESECTION OF, WITH OR WITHOUT ANASTOMOSIS, not covered by a specific item in this Part							
4039	G. FEE	\$	NSW 270.00	VIC 285.00	QLD 270.00	SA 270.00	WA 270.00	TAS 270.00
4043	S. FEE	\$	345.00	380.00	345.00	345.00	345.00	345.00
	Anaesthetic 15 units — Item Nos 459G / 526S							
4046	HEMICOLECTOMY, right or left							
	ALL STATES: FEE \$390.00							
	Anaesthetic 15 units — Item Nos 459G / 526S							
4048	TOTAL COLECTOMY WITH ILEO-RECTAL ANASTOMOSIS OR ILEOSTOMY							
	ALL STATES: FEE \$495.00							
	Anaesthetic 20 units — Item Nos 464G / 533S							
4052	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY — one surgeon							
	ALL STATES: FEE \$592.00							
	Anaesthetic 20 units — Item Nos 464G / 533S							
4054	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, SYNCHRONOUS COMBINED: ABDOMINAL RESECTION (including after care)							
	ALL STATES: FEE \$505.00							
4059	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, SYNCHRONOUS COMBINED: PERINEAL RESECTION							
	ALL STATES: FEE \$174.00							
	Anaesthetic 17 units — Item Nos 461G / 528S							
4068	RECTUM, RESTORATIVE ANTERIOR RESECTION OF, WITH RECTOSIGMOIDECTOMY							
	ALL STATES: FEE \$495.00							
	Anaesthetic 16 units — Item Nos 460G / 527S							

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

APPENDICECTOMY, not covered by Item 4084 in this Part		NSW	VIC	QLD	SA	WA	TAS
4074	G. FEE	\$ 140.00	128.00	128.00	128.00	128.00	118.00
4080	S. FEE	\$ 160.00	174.00	174.00	146.00	160.00	140.00
Anaesthetic 8 units — Item Nos 409G / 517S							
<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							
4084		ALL STATES: FEE \$49.50					
Anaesthetic 5 units — Item Nos 406G / 510S							
DRAINAGE OF APPENDICEAL ABSCESS, or for ruptured appendix or for peritonitis with or without appendicectomy							
4087	G.	ALL STATES: FEE \$156.00					
4093	S.	ALL STATES: FEE \$198.00					
Anaesthetic 10 units — Item Nos 450G / 521S							
SMALL BOWEL INTUBATION with biopsy							
4099		ALL STATES: FEE \$70.00					
†	SMALL BOWEL INTUBATION — as a separate unrelated procedure						
4104		ALL STATES: FEE \$35.50					
PANCREATECTOMY, PARTIAL							
4109		ALL STATES: FEE \$470.00					
Anaesthetic 15 units — Item Nos 459G / 526S							
PANCREATICO-DUODENECTOMY, WHIPPLE'S OPERATION							
4115		ALL STATES: FEE \$695.00					
Anaesthetic 30 units — Item Nos 474G / 545S							
PANCREAS, drainage of							
4130		ALL STATES: FEE \$205.00					
Anaesthetic 11 units — Item Nos 453G / 522S							

4133	ANASTOMOSIS OF PANCREATIC DUCT TO BOWEL							
	ALL STATES: FEE \$495.00							
	Anaesthetic 18 units — Item Nos 462G / 529S							
4141	SPLENECTOMY FOR TRAUMA							
	FEE	\$	NSW 275.00	VIC 285.00	QLD 275.00	SA 275.00	WA 275.00	TAS 275.00
	Anaesthetic 13 units — Item Nos 457G / 524S							
4144	SPLENECTOMY, OTHER THAN FOR TRAUMA							
	ALL STATES: FEE \$295.00							
	Anaesthetic 13 units — Item Nos 457G / 524S							
4165	MULTIPLE RUPTURED VISCERA (INCLUDING LIVER, KIDNEY, SPLEEN OR HOLLOW VISCUS) major repair or removal of							
	ALL STATES: FEE \$440.00							
	Anaesthetic 18 units — Item Nos 462G / 529S							
4173	RETROPERITONEAL TUMOUR, removal of							
	ALL STATES: FEE \$345.00							
	Anaesthetic 15 units — Item Nos 459G / 526S							
4179	SACROCOCCYGEAL AND PRESACRAL TUMOUR — excision of							
	ALL STATES: FEE \$345.00							
	Anaesthetic 13 units — Item Nos 457G / 524S							
4185	RETROPERITONEAL ABSCESS, drainage of, not involving laparotomy							
	ALL STATES: FEE \$182.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							
4191	PERITONEOSCOPY							
	ALL STATES: FEE \$73.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
4197	PARACENTESIS ABDOMINIS							
	ALL STATES: FEE \$21.00							

4202	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF — one surgeon ALL STATES: FEE \$487.00 Anaesthetic 17 units — Item Nos 461G / 528S
4209	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF, SYNCHRONOUS COMBINED — abdominal resection (including after-care) ALL STATES: FEE \$400.00
4214	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF, SYNCHRONOUS COMBINED — perineal resection ALL STATES: FEE \$174.00 Anaesthetic 16 units — Item Nos 460G / 527S
4217	† ABDOMINO-PERINEAL PULL THROUGH RESECTION with colo-anal anastomosis (one or two stages), including associated colostomy ALL STATES: FEE \$600.00 Anaesthetic 30 units — Item Nos 474G / 545S
4222	FEMORAL OR INGUINAL HERNIA OR INFANTILE HYDROCELE, repair of not covered by Items 4233 or 4258/4262 G. FEE \$
	NSW 140.00 VIC 140.00 QLD 134.00 SA 134.00 WA 134.00 TAS 120.00
4227	S. FEE \$
	NSW 174.00 VIC 174.00 QLD 174.00 SA 162.00 WA 182.00 TAS 146.00 Anaesthetic 8 units — Item Nos 409G / 517S
4233	STRANGULATED, INCARCERATED OR OBSTRUCTED HERNIA, repair of, without bowel resection ALL STATES: FEE \$210.00 Anaesthetic 10 units — Item Nos 450G / 521S
4238	DIAPHRAGMATIC HERNIA, TRAUMATIC, repair of ALL STATES: FEE \$310.00 Anaesthetic 17 units — Item Nos 461G / 528S
4241	DIAPHRAGMATIC HERNIA, OTHER THAN TRAUMATIC, repair of (abdominal approach) FEE \$
	NSW 380.00 VIC 355.00 QLD 355.00 SA 355.00 WA 355.00 TAS 355.00 Anaesthetic 14 units — Item Nos 458G / 525S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

4133	ANASTOMOSIS OF PANCREATIC DUCT TO BOWEL							
	ALL STATES: FEE \$495.00							
	Anaesthetic 18 units — Item Nos 462G / 529S							
4141	SPLENECTOMY FOR TRAUMA							
FEE	\$	NSW 275.00	VIC 285.00	QLD 275.00	SA 275.00	WA 275.00	TAS 275.00	
	Anaesthetic 13 units — Item Nos 457G / 524S							
4144	SPLENECTOMY, OTHER THAN FOR TRAUMA							
	ALL STATES: FEE \$295.00							
	Anaesthetic 13 units — Item Nos 457G / 524S							
4165	MULTIPLE RUPTURED VISCERA (INCLUDING LIVER, KIDNEY, SPLEEN OR HOLLOW VISCUS) major repair or removal of							
	ALL STATES: FEE \$440.00							
	Anaesthetic 18 units — Item Nos 462G / 529S							
4173	RETROPERITONEAL TUMOUR, removal of							
	ALL STATES: FEE \$345.00							
	Anaesthetic 15 units — Item Nos 459G / 526S							
4179	SACROCOCCYGEAL AND PRESACRAL TUMOUR — excision of							
	ALL STATES: FEE \$345.00							
	Anaesthetic 13 units — Item Nos 457G / 524S							
4185	RETROPERITONEAL ABSCESS, drainage of, not involving laparotomy							
	ALL STATES: FEE \$182.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							
4191	PERITONEOSCOPY							
	ALL STATES: FEE \$73.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
4197	PARACENTESIS ABDOMINIS							
	ALL STATES: FEE \$21.00							

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

4202	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF — one surgeon							
	ALL STATES: FEE \$487.00							
	Anaesthetic 17 units — Item Nos 461G / 528S							
4209	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF, SYNCHRONOUS COMBINED — abdominal resection (including after care)							
	ALL STATES: FEE \$400.00							
4214	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF, SYNCHRONOUS COMBINED — perineal resection							
	ALL STATES: FEE \$174.00							
	Anaesthetic 16 units — Item Nos 460G / 527S							
4222	FEMORAL OR INGUINAL HERNIA OR INFANTILE HYDROCELE, repair of not covered by Items 4233 or 4258/4262							
			NSW	VIC	QLD	SA	WA	TAS
	G. FEE	\$	140.00	140.00	134.00	134.00	134.00	120.00
4227	S. FEE	\$	174.00	174.00	174.00	162.00	182.00	146.00
	Anaesthetic 8 units — Item Nos 409G / 517S							
4233	STRANGULATED, INCARCERATED OR OBSTRUCTED HERNIA, repair of, without bowel resection							
	ALL STATES: FEE \$210.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							
4238	DIAPHRAGMATIC HERNIA, TRAUMATIC, repair of							
	ALL STATES: FEE \$310.00							
	Anaesthetic 17 units — Item Nos 461G / 528S							
4241	DIAPHRAGMATIC HERNIA, OTHER THAN TRAUMATIC, repair of (abdominal approach)							
			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	380.00	355.00	355.00	355.00	355.00	355.00
	Anaesthetic 14 units — Item Nos 458G / 525S							

	UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, in a person under ten years of age	
4246	G.	ALL STATES: FEE \$104.00
4249	S.	ALL STATES: FEE \$140.00 Anaesthetic 8 units — Item Nos 409G / 517S
	UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, in a person ten years of age or over	
4251	G.	ALL STATES: FEE \$120.00
4254	S.	ALL STATES: FEE \$160.00 Anaesthetic 8 units — Item Nos 409G / 517S
	‡ VENTRAL, INCISIONAL, LUMBAR OR RECURRENT HERNIA OR BURST ABDOMEN, repair of	
4258	G.	ALL STATES: FEE \$176.00
4262	S.	ALL STATES: FEE \$210.00 Anaesthetic 10 units — Item Nos 450G / 521S
	HYDROCELE, tapping of	
4265		ALL STATES: FEE \$14.00
	HYDROCELE or VARICOCELE, removal of	
4269	G.	ALL STATES: FEE \$94.00
4273	S.	ALL STATES: FEE \$116.00 Anaesthetic 7 units — Item Nos 408G / 514S
	ORCHIDECTOMY (simple)	
4288	G.	ALL STATES: FEE \$120.00
4293	S.	ALL STATES: FEE \$160.00 Anaesthetic 7 units — Item Nos 408G / 514S
	ORCHIDECTOMY AND COMPLETE EXCISION OF SPERMATIC CORD	
4296		ALL STATES: FEE \$210.00 Anaesthetic 8 units — Item Nos 409G / 517S

	UNDESCENDED TESTIS, orchidopexy or transplantation of, with or without associated hernial repair							
4307	FEE	\$	NSW 210.00	VIC 210.00	QLD 200.00	SA 200.00	WA 200.00	TAS 200.00
	Anaesthetic 8 units — Item Nos 409G / 517S							
4313	SECONDARY DETACHMENT OF TESTIS FROM THIGH							
	ALL STATES: FEE \$45.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
4319	CIRCUMCISION of person UNDER FOUR WEEKS of age							
	ALL STATES: FEE \$18.20							
	Anaesthetic 6 units — Item Nos 407G / 513S							
4327	CIRCUMCISION of person UNDER TEN YEARS of age but not less than four weeks of age							
	FEE	\$	NSW 43.50	VIC 43.50	QLD 39.00	SA 39.00	WA 39.00	TAS 39.00
	Anaesthetic 6 units — Item Nos 407G / 513S							
4338	CIRCUMCISION of person TEN YEARS OF AGE OR OVER							
	G.	ALL STATES: FEE \$60.00						
4345	S.	ALL STATES: FEE \$73.00						
	Anaesthetic 6 units — Item Nos 407G / 513S							
4351	PARAPHIMOSIS, reduction of, under general anaesthesia, with or without dorsal incision, not associated with any other item in this Part							
	ALL STATES: FEE \$18.80							
	Anaesthetic 5 units — Item Nos 406G / 510S							
4354	SIGMOIDOSCOPIC EXAMINATION with or without biopsy							
	ALL STATES: FEE \$21.50							

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, in a person under ten years of age

4246 G. ALL STATES: FEE \$104.00

4249 S. ALL STATES: FEE \$140.00

Anaesthetic 8 units — Item Nos 409G / 517S

UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, in a person ten years of age or over

4251 G. ALL STATES: FEE \$120.00

4254 S. ALL STATES: FEE \$160.00

Anaesthetic 8 units — Item Nos 409G / 517S

VENTRAL, INCISIONAL, LUMBAR OR RECURRENT HERNIA, repair of

4258 G. ALL STATES: FEE \$176.00

4262 S. ALL STATES: FEE \$210.00

Anaesthetic 10 units — Item Nos 450G / 521S

HYDROCELE, tapping of

4265 ALL STATES: FEE \$14.00

HYDROCELE or VARICOCELE, removal of

4269 G. ALL STATES: FEE \$94.00

4273 S. ALL STATES: FEE \$116.00

Anaesthetic 7 units — Item Nos 408G / 514S

ORCHIDECTOMY (simple)

4288 G. ALL STATES: FEE \$120.00

4293 S. ALL STATES: FEE \$160.00

Anaesthetic 7 units — Item Nos 408G / 514S

ORCHIDECTOMY AND COMPLETE EXCISION OF SPERMATIC CORD

4296 ALL STATES: FEE \$210.00

Anaesthetic 8 units — Item Nos 409G / 517S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

4307	UNDESCENDED TESTIS, orchidopexy or transplantation of, with or without associated hernial repair	FEE	\$	NSW 210.00	VIC 210.00	QLD 200.00	SA 200.00	WA 200.00	TAS 200.00
				Anaesthetic 8 units — Item Nos 409G / 517S					
4313	SECONDARY DETACHMENT OF TESTIS FROM THIGH			ALL STATES: FEE \$45.00					
				Anaesthetic 6 units — Item Nos 407G / 513S					
4319	CIRCUMCISION of person UNDER FOUR WEEKS of age			ALL STATES: FEE \$18.20					
				Anaesthetic 6 units — Item Nos 407G / 513S					
4327	CIRCUMCISION of person UNDER TEN YEARS of age but not less than four weeks of age	FEE	\$	NSW 43.50	VIC 43.50	QLD 39.00	SA 39.00	WA 39.00	TAS 39.00
				Anaesthetic 6 units — Item Nos 407G / 513S					
4338	CIRCUMCISION of person TEN YEARS OF AGE OR OVER	G.		ALL STATES: FEE \$60.00					
4345		S.		ALL STATES: FEE \$73.00					
				Anaesthetic 6 units — Item Nos 407G / 513S					
4351	‡ PARAPHIMOSIS, reduction of, under general anaesthesia, with or without dorsal incision, not associated with any other item in this Part			ALL STATES: FEE \$18.80					
				Anaesthetic 5 units — Item Nos 406G / 510S					
4354	SIGMOIDOSCOPIC EXAMINATION with or without biopsy			ALL STATES: FEE \$21.50					

4363	<p>SIGMOIDOSCOPIC EXAMINATION, under general anaesthesia, with or without biopsy, not associated with any other item in this Part</p> <p>ALL STATES: FEE \$33.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
4365	<p>SIGMOIDOSCOPY with diathermy or resection OF RECTAL TUMOUR or tumours</p> <p>ALL STATES: FEE \$78.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
4380	<p>FULL OR PARTIAL THICKNESS RECTAL BIOPSY under general anaesthesia</p> <p>ALL STATES: FEE \$64.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
4383	<p>FIBREOPTIC COLONOSCOPY — EXAMINATION OF COLON UP TO SPLENIC FLEXURE (short colonoscopy)</p> <p>ALL STATES: FEE \$73.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
4385	<p>FIBREOPTIC COLONOSCOPY — EXAMINATION OF COLON UP TO SPLENIC FLEXURE (short colonoscopy) with biopsy</p> <p>ALL STATES: FEE \$95.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
4388	<p>FIBREOPTIC COLONOSCOPY — EXAMINATION OF COLON UP TO AND BEYOND SPLENIC FLEXURE (long colonoscopy)</p> <p>ALL STATES: FEE \$146.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
4389	<p>FIBREOPTIC COLONOSCOPY — EXAMINATION OF COLON UP TO AND BEYOND SPLENIC FLEXURE (long colonoscopy) with biopsy</p> <p>ALL STATES: FEE \$174.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
4394	<p>FIBREOPTIC COLONOSCOPY with removal of one or more polyps</p> <p>ALL STATES: FEE \$210.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>

4397	VILLOUS TUMOUR OF RECTUM, greater than 3 centimetres, local excision ALL STATES: FEE \$156.00 Anaesthetic 9 units — Item Nos 443G / 518S
4399	† RECTAL TUMOUR, excision of, via trans-sphincteric approach ALL STATES: FEE \$250.00 Anaesthetic 12 units — Item Nos 454G / 523S
4407	RECTUM, RADICAL OPERATION FOR PROLAPSE OF, PERINEAL APPROACH, (RECTOSIGMOIDECTOMY) ALL STATES: FEE \$235.00 Anaesthetic 9 units — Item Nos 443G / 518S
4413	RECTUM, RADICAL OPERATION FOR PROLAPSE OF, involving laparotomy ALL STATES: FEE \$365.00 Anaesthetic 13 units — Item Nos 457G / 524S
4427	RECTAL OR ANAL PROLAPSE, injection into, without anaesthesia ALL STATES: FEE \$14.00
4434	RECTAL POLYP, removal of G. ALL STATES: FEE \$56.00
4442	S. ALL STATES: FEE \$73.00 Anaesthetic 7 units — Item Nos 408G / 514S
4455	‡+ ANUS, DILATATION OF, under general anaesthesia, with or without disimpaction of faeces, not associated with any other item in this Part ALL STATES: FEE \$27.50 Anaesthetic 4 units — Item Nos 405G / 509S
4467	ANAL PROLAPSE — CIRCUM-ANAL SUTURE ALL STATES: FEE \$47.00 Anaesthetic 6 units — Item Nos 407G / 513S

‡	SIGMOIDOSCOPIC EXAMINATION, under general anaesthesia, with or without biopsy, not associated with any other item in this Part
4363	ALL STATES: FEE \$33.00 Anaesthetic 5 units — Item Nos 406G / 510S
4365	SIGMOIDOSCOPY with diathermy or resection OF RECTAL TUMOUR or tumours ALL STATES: FEE \$78.00 Anaesthetic 7 units — Item Nos 408G / 514S
4380	FULL OR PARTIAL THICKNESS RECTAL BIOPSY under general anaesthesia ALL STATES: FEE \$64.00 Anaesthetic 6 units — Item Nos 407G / 513S
4383	FIBROPTIC COLONOSCOPY — EXAMINATION OF COLON UP TO SPLENIC FLEXURE (short colonoscopy) ALL STATES: FEE \$73.00 Anaesthetic 6 units — Item Nos 407G / 513S
4385	FIBROPTIC COLONOSCOPY — EXAMINATION OF COLON UP TO SPLENIC FLEXURE (short colonoscopy) with biopsy ALL STATES: FEE \$95.00 Anaesthetic 7 units — Item Nos 408G / 514S
4388	FIBROPTIC COLONOSCOPY — EXAMINATION OF COLON UP TO AND BEYOND SPLENIC FLEXURE (long colonoscopy) ALL STATES: FEE \$146.00 Anaesthetic 8 units — Item Nos 409G / 517S
4389	FIBROPTIC COLONOSCOPY — EXAMINATION OF COLON UP TO AND BEYOND SPLENIC FLEXURE (long colonoscopy) with biopsy ALL STATES: FEE \$174.00 Anaesthetic 9 units — Item Nos 443G / 518S
4394	FIBROPTIC COLONOSCOPY with removal of one or more polyps ALL STATES: FEE \$210.00 Anaesthetic 10 units — Item Nos 450G / 521S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

4397	VILLOUS TUMOUR OF RECTUM, greater than 3 centimetres, local excision ALL STATES: FEE \$156.00 Anaesthetic 9 units — Item Nos 443G / 518S
4407	RECTUM, RADICAL OPERATION FOR PROLAPSE OF, PERINEAL APPROACH, (RECTOSIGMOIDECTOMY) ALL STATES: FEE \$235.00 Anaesthetic 9 units — Item Nos 443G / 518S
4413	RECTUM, RADICAL OPERATION FOR PROLAPSE OF, involving laparotomy ALL STATES: FEE \$365.00 Anaesthetic 13 units — Item Nos 457G / 524S
4427	RECTAL OR ANAL PROLAPSE, injection into, without anaesthesia ALL STATES: FEE \$14.00
4434	RECTAL POLYP, removal of G. ALL STATES: FEE \$56.00
4442	S. ALL STATES: FEE \$73.00 Anaesthetic 7 units — Item Nos 408G / 514S
4455	† ANUS, DILATATION OF, under general anaesthesia, not associated with any other item in this Part ALL STATES: FEE \$14.60 Anaesthetic 4 units — Item Nos 405G / 509S
4461	ANUS, MASSIVE DILATATION OF, UNDER ANAESTHESIA (Lord's procedure) with or without modified haemorrhoidectomy ALL STATES: FEE \$60.00 Anaesthetic 5 units — Item Nos 406G / 510S
4467	ANAL PROLAPSE — CIRCUM-ANAL SUTURE ALL STATES: FEE \$47.00 Anaesthetic 6 units — Item Nos 407G / 513S

4473	RECTAL OR ANAL PROLAPSE, submucosal injection for, under general anaesthesia, as a separate unrelated procedure	ALL STATES: FEE \$33.00 Anaesthetic 5 units — Item Nos 406G / 510S
4482	ANAL STRICTURE, repair of	ALL STATES: FEE \$152.00 Anaesthetic 7 units — Item Nos 408G / 514S
4490	ANAL SPHINCTEROTOMY as an independent procedure for Hirschsprung's disease	ALL STATES: FEE \$104.00 Anaesthetic 6 units — Item Nos 407G / 513S
4492	† ANAL INCONTINENCE, operation for, by Parkes intersphincteric procedure or by direct repair of anal sphincters, not covered by Item 383 in Part 2	ALL STATES: FEE \$225.00 Anaesthetic 11 units — Item Nos 453G / 522S
4509	HAEMORRHOIDS, incision of, or rubber band ligation of	ALL STATES: FEE \$21.50 Anaesthetic 5 units — Item Nos 406G / 510S
4523	HAEMORRHOIDECTOMY, RADICAL	
	G. FEE	NSW \$ 118.00 VIC 128.00 QLD 106.00 SA 88.00 WA 88.00 TAS 88.00
4527	S. FEE	\$ 146.00 182.00 128.00 108.00 108.00 108.00
		Anaesthetic 7 units — Item Nos 408G / 514S
4534	HAEMORRHOIDS, EXTERNAL, OR ANAL TAGS, one or more, REMOVAL OF, under general anaesthesia	ALL STATES: FEE \$40.00 Anaesthetic 5 units — Item Nos 406G / 510S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

	FISSURE IN ANO, excision of							
4537	G. FEE	\$	NSW 88.00	VIC 88.00	QLD 88.00	SA 72.00	WA 72.00	TAS 72.00
4544	S. FEE	\$	108.00	128.00	108.00	93.00	93.00	93.00
	Anaesthetic 6 units — Item Nos 407G / 513S							
	FISTULA IN ANO, SUBCUTANEOUS, excision of							
4552	G.	ALL STATES: FEE \$90.00						
4557	S.	ALL STATES: FEE \$118.00						
	Anaesthetic 7 units — Item Nos 408G / 514S							
	FISTULA IN ANO, excision of (involving incision of external sphincter)							
4568	G.	ALL STATES: FEE \$128.00						
4573	S.	ALL STATES: FEE \$156.00						
	Anaesthetic 7 units — Item Nos 408G / 514S							
	ISCHIO-RECTAL ABSCESS, incision of (excluding after-care)							
4578	G.	ALL STATES: FEE \$47.00						
4585	S.	ALL STATES: FEE \$60.00						
	Anaesthetic 6 units — Item Nos 407G / 513S							
	FAECAL FISTULA, repair of							
4590	ALL STATES: FEE \$275.00							
	Anaesthetic 12 units — Item Nos 454G / 523S							
	COCCYX, excision of							
4606	FEE	\$	NSW 140.00	VIC 174.00	QLD 140.00	SA 140.00	WA 140.00	TAS 140.00
	Anaesthetic 8 units — Item Nos 409G / 517S							
	PILONIDAL SINUS OR CYST, OR SACRAL SINUS OR CYST, excision of, in a person ten years of age or over							
4611	G. FEE	\$	NSW 120.00	VIC 120.00	QLD 112.00	SA 112.00	WA 112.00	TAS 112.00
4617	S. FEE	\$	152.00	152.00	140.00	140.00	140.00	140.00
	Anaesthetic 8 units — Item Nos 409G / 517S							

‡	RECTAL OR ANAL PROLAPSE, submucosal injection for, under general anaesthesia, as a separate unrelated procedure						
4473	ALL STATES: FEE \$33.00 Anaesthetic 5 units — Item Nos 406G / 510S						
4482	ANAL STRICTURE, repair of ALL STATES: FEE \$152.00 Anaesthetic 7 units — Item Nos 408G / 514S						
4490	ANAL SPHINCTEROTOMY as an independent procedure for Hirschsprung's disease ALL STATES: FEE \$104.00 Anaesthetic 6 units — Item Nos 407G / 513S						
4509	HAEMORRHOIDS, incision of, or rubber band ligation of ALL STATES: FEE \$27.50 Anaesthetic 5 units — Item Nos 406G / 510S						
4523	HAEMORRHOIDECTOMY, RADICAL						
		NSW	VIC	QLD	SA	WA	TAS
4523	G. FEE	\$ 118.00	128.00	106.00	88.00	88.00	88.00
4527	S. FEE	\$ 146.00	182.00	128.00	108.00	108.00	108.00
		Anaesthetic 7 units — Item Nos 408G / 514S					
4534	HAEMORRHOIDS, EXTERNAL, OR ANAL TAGS, one or more, REMOVAL OF, under general anaesthesia ALL STATES: FEE \$40.00 Anaesthetic 5 units — Item Nos 406G / 510S						
4537	FISSURE IN ANO, excision of						
		NSW	VIC	QLD	SA	WA	TAS
4537	G. FEE	\$ 88.00	88.00	88.00	72.00	72.00	72.00
4544	S. FEE	\$ 108.00	128.00	108.00	93.00	93.00	93.00
		Anaesthetic 6 units — Item Nos 407G / 513S					

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

	FISTULA IN ANO, SUBCUTANEOUS, excision of									
4552	G.	ALL STATES: FEE \$90.00								
4557	S.	ALL STATES: FEE \$118.00								
		Anaesthetic 7 units — Item Nos 408G / 514S								
	FISTULA IN ANO, excision of (involving incision of external sphincter)									
4568	G.	ALL STATES: FEE \$128.00								
4573	S.	ALL STATES: FEE \$156.00								
		Anaesthetic 7 units — Item Nos 408G / 514S								
	ISCHIO-RECTAL ABSCESS, incision of (excluding after-care)									
4578	G.	ALL STATES: FEE \$47.00								
4585	S.	ALL STATES: FEE \$60.00								
		Anaesthetic 6 units — Item Nos 407G / 513S								
	FAECAL FISTULA, repair of									
4590		ALL STATES: FEE \$275.00								
		Anaesthetic 12 units — Item Nos 454G / 523S								
	DISIMPACTION OF FAECES under anaesthesia									
4602		ALL STATES: FEE \$27.50								
		Anaesthetic 7 units — Item Nos 408G / 514S								
	COCCYX, excision of									
4606	FEE	\$	NSW 140.00	VIC 174.00	QLD 140.00	SA 140.00	WA 140.00	TAS 140.00		
			Anaesthetic 8 units — Item Nos 409G / 517S							
	PILONIDAL SINUS OR CYST, OR SACRAL SINUS OR CYST, excision of, in a person ten years of age or over									
4611	G.	FEE	\$	NSW 120.00	VIC 120.00	QLD 112.00	SA 112.00	WA 112.00	TAS 112.00	
4617	S.	FEE	\$	NSW 152.00	VIC 152.00	QLD 140.00	SA 140.00	WA 140.00	TAS 140.00	
				Anaesthetic 8 units — Item Nos 409G / 517S						

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

4622	<p>PILONIDAL SINUS, injection of sclerosant fluid under anaesthesia</p> <table border="0"> <tr> <td style="text-align: right;">FEE</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">NSW 38.00</td> <td style="text-align: right;">VIC 36.00</td> <td style="text-align: right;">QLD 36.00</td> <td style="text-align: right;">SA 36.00</td> <td style="text-align: right;">WA 36.00</td> <td style="text-align: right;">TAS 36.00</td> </tr> </table> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>	FEE	\$	NSW 38.00	VIC 36.00	QLD 36.00	SA 36.00	WA 36.00	TAS 36.00
FEE	\$	NSW 38.00	VIC 36.00	QLD 36.00	SA 36.00	WA 36.00	TAS 36.00		
4629	<p style="text-align: center;">VASCULAR SURGERY</p> <p>VARICOSE VEINS, injection into — one or more injections including associated consultation</p> <p style="text-align: center;">ALL STATES: FEE \$14.00</p>								
4633	<p>VARICOSE VEINS, multiple simultaneous injections by continuous compression techniques (excluding after-care)</p> <p style="text-align: center;">ALL STATES: FEE \$40.00</p>								
4637	<p>‡ VARICOSE VEINS, multiple ligations, with or without local stripping or excision, not covered by a specific item in this Part</p> <p style="text-align: center;">ALL STATES: FEE \$78.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>								
4640	<p>VARICOSE VEINS, high ligation and complete stripping or excision of long saphenous vein</p> <p style="text-align: center;">ALL STATES: FEE \$198.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>								
4643	<p>VARICOSE VEINS, high ligation and complete stripping or excision of short saphenous vein</p> <p style="text-align: center;">ALL STATES: FEE \$144.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>								
4649	<p>VARICOSE VEINS, high ligation and complete stripping or excision of both long and short saphenous systems</p> <p style="text-align: center;">ALL STATES: FEE \$270.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>								

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

4651	<p>VARICOSE VEINS, high ligation of long saphenous vein at sapheno-femoral junction</p> <p>ALL STATES: FEE \$128.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
4655	<p>VARICOSE VEINS, high ligation of short saphenous vein at sapheno-popliteal junction</p> <p>ALL STATES: FEE \$100.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
4658	<p>VARICOSE VEINS, sub-fascial ligation of single deep perforation</p> <p>ALL STATES: FEE \$80.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
4662	<p>VARICOSE VEINS, sub-fascial ligation of multiple deep perforating veins (Cockett's operation)</p> <p>ALL STATES: FEE \$200.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
4665	<p>CROSS LEG BY-PASS GRAFT — saphenous to femoral vein</p> <p>ALL STATES: FEE \$325.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
4670	<p>INTRA-ARTERIAL oxygen injection</p> <p>ALL STATES: FEE \$20.00</p>
4676	<p>MEDIUM ARTERY AND/OR VEIN, LIGATION OF, by elective operation; OR REPAIR OF ARTIFICIAL ARTERIO-VENOUS FISTULA</p> <p>ALL STATES: FEE \$100.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
4678	<p>LARGE ARTERY AND/OR VEIN, LIGATION OF, by elective operation</p> <p>ALL STATES: FEE \$138.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
4690	<p>GREAT VESSEL, ARTERY OR VEIN (including jugular, subclavian, axillary, iliac, femoral or popliteal) ligation of</p> <p>ALL STATES: FEE \$200.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

4693	<p>MAJOR ARTERY OR VEIN OF NECK OR EXTREMITY, repair of wound of, with restoration of continuity</p> <p>ALL STATES: FEE \$285.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
4695	<p>MICROVASCULAR REPAIR USING OPERATING MICROSCOPE with restoration of continuity of artery or vein of distal extremity or digit</p> <p>ALL STATES: FEE \$435.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
4696	<p>MAJOR ARTERY OR VEIN OF ABDOMEN INCLUDING AORTA AND VENA CAVA, repair of wound of, with restoration of continuity</p> <p>ALL STATES: FEE \$390.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
4699	<p>ARTERIO-VEINUS FISTULA, dissection and repair of, with restoration of continuity</p> <p>ALL STATES: FEE \$470.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
4702	<p>ARTERIO-VEINUS FISTULA, dissection and ligation of</p> <p>ALL STATES: FEE \$285.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
4705	<p>INNOMINATE, SUBCLAVIAN, OR ANY INTRA-ABDOMINAL ARTERY, endarterectomy of</p> <p>ALL STATES: FEE \$470.00</p> <p>Anaesthetic 19 units — Item Nos 463G / 531S</p>
4709	<p>ARTERY OF NECK OR EXTREMITIES, endarterectomy of</p> <p>ALL STATES: FEE \$435.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
4715	<p>GREAT VESSEL, ARTERY OR VEIN (including carotid, jugular, subclavian, axillary, iliac, femoral or popliteal) ligation of involving gradual occlusion by mechanical device</p> <p>ALL STATES: FEE \$210.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

4721	INFERIOR VENA CAVA, plication or ligation of ALL STATES: FEE \$275.00 Anaesthetic 12 units — Item Nos 454G / 523S
4733	INTERNAL CAROTID ARTERY, repositioning of ALL STATES: FEE \$235.00 Anaesthetic 13 units — Item Nos 457G / 524S
4738	ARTERIAL PATCH GRAFT ALL STATES: FEE \$285.00 Anaesthetic 12 units — Item Nos 454G / 523S
4744	AORTO-ILIAC OR AORTO-FEMORAL BIFURCATE GRAFT ALL STATES: FEE \$530.00 Anaesthetic 19 units — Item Nos 463G / 531S
4749	AXILLARY OR SUBCLAVIAN TO FEMORAL BY-PASS GRAFT ALL STATES: FEE \$510.00 Anaesthetic 16 units — Item Nos 460G / 527S
4754	ARTERIAL OR VENOUS GRAFT OR BY-PASS ALL STATES: FEE \$530.00 Anaesthetic 20 units — Item Nos 464G / 533S
4756	MICRO-ARTERIAL OR MICRO-VENOUS GRAFT using operating microscope ALL STATES: FEE \$805.00 Anaesthetic 22 units — Item Nos 466G / 537S
4762	ARTERIAL ANASTOMOSIS ALL STATES: FEE \$470.00 Anaesthetic 16 units — Item Nos 460G / 527S
4764	MICROVASCULAR ANASTOMOSIS OF ARTERY OR VEIN using operating microscope for reimplantation of limb or digit or free transfer of tissue ALL STATES: FEE \$700.00 Anaesthetic 38 units — Item Nos 477G / 548S

4766	<p>PORTAL HYPERTENSION, vascular anastomosis for</p> <p>ALL STATES: FEE \$470.00</p> <p>Anaesthetic 21 units — Item Nos 465G / 535S</p>
4778	<p>EMBOLUS, removal of, FROM ARTERY OF NECK OR EXTREMITIES</p> <p>ALL STATES: FEE \$275.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
4784	<p>EMBOLUS, removal of, FROM ARTERY OF TRUNK</p> <p>ALL STATES: FEE \$355.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
4789	<p>THROMBUS, removal of, FROM FEMORAL, ILIAC OR OTHER SIMILAR LARGE VEIN</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
4791	<p>ABDOMINAL AORTIC ANEURYSM, excision of and insertion of graft</p> <p>ALL STATES: FEE \$585.00</p> <p>Anaesthetic 26 units — Item Nos 470G / 541S</p>
4794	<p>RUPTURED ABDOMINAL AORTIC ANEURYSM, excision of and insertion of graft</p> <p>ALL STATES: FEE \$695.00</p> <p>Anaesthetic 26 units — Item Nos 470G / 541S</p>
4798	<p>ANEURYSM OF MAJOR ARTERY, excision of with insertion of graft</p> <p>ALL STATES: FEE \$495.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>
4800	<p>† TRANSLUMINAL ARTERIOPLASTY including associated radiological services and preparation</p> <p>ALL STATES: FEE \$200.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
4806	<p>INTRA-AORTIC BALLOON FOR COUNTERPULSATION, operation for, insertion by arteriotomy, or removal and arterioplasty</p> <p>ALL STATES: FEE \$200.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>

4808	ARTERIOVENOUS SHUNT, EXTERNAL, insertion of ALL STATES: FEE \$95.00 Anaesthetic 9 units — Item Nos 443G / 518S
4812	ARTERIOVENOUS SHUNT, EXTERNAL, removal of ALL STATES: FEE \$73.00 Anaesthetic 5 units — Item Nos 406G / 510S
4817	ARTERIOVENOUS ANASTOMOSIS, direct, of upper or lower limb ALL STATES: FEE \$390.00 Anaesthetic 14 units — Item Nos 458G / 525S
4822	INTRA-ARTERIAL INFUSION OF ARTERIES OF NECK, THORAX OR ABDOMEN, including initial operation and all post-operative management ALL STATES: FEE \$210.00 Anaesthetic 13 units — Item Nos 457G / 524S
	OPERATIONS FOR ACUTE OSTEOMYELITIS
‡ 4832	OPERATION ON PHALANX ALL STATES: FEE \$49.50 Anaesthetic 7 units — Item Nos 408G / 514S
4838	OPERATION ON STERNUM, CLAVICLE, RIB, ULNA, RADIUS, CARPUS, TIBIA, FIBULA, TARSUS, SKULL, MANDIBLE OR MAXILLA (other than alveolar margins) — ONE BONE ALL STATES: FEE \$81.00 Anaesthetic 10 units — Item Nos 450G / 521S
4844	OPERATION ON HUMERUS OR FEMUR — ONE BONE ALL STATES: FEE \$140.00 Anaesthetic 10 units — Item Nos 450G / 521S

4766	PORTAL HYPERTENSION, vascular anastomosis for ALL STATES: FEE \$470.00 Anaesthetic 21 units — Item Nos 465G / 535S
4778	EMBOLUS, removal of, FROM ARTERY OF NECK OR EXTREMITIES ALL STATES: FEE \$275.00 Anaesthetic 12 units — Item Nos 454G / 523S
4784	EMBOLUS, removal of, FROM ARTERY OF TRUNK ALL STATES: FEE \$355.00 Anaesthetic 15 units — Item Nos 459G / 526S
4789	THROMBUS, removal of, FROM FEMORAL, ILIAC OR OTHER SIMILAR LARGE VEIN ALL STATES: FEE \$250.00 Anaesthetic 12 units — Item Nos 454G / 523S
4791	ABDOMINAL AORTIC ANEURYSM, excision of and insertion of graft ALL STATES: FEE \$585.00 Anaesthetic 26 units — Item Nos 470G / 541S
4794	RUPTURED ABDOMINAL AORTIC ANEURYSM, excision of and insertion of graft ALL STATES: FEE \$695.00 Anaesthetic 26 units — Item Nos 470G / 541S
4798	ANEURYSM OF MAJOR ARTERY, excision of with insertion of graft ALL STATES: FEE \$495.00 Anaesthetic 18 units — Item Nos 462G / 529S
4806	INTRA-AORTIC BALLOON FOR COUNTERPULSATION, operation for, insertion by arteriotomy, or removal and arterioplasty ALL STATES: FEE \$200.00 Anaesthetic 14 units — Item Nos 458G / 525S
4808	ARTERIOVENOUS SHUNT, EXTERNAL, insertion of ALL STATES: FEE \$95.00 Anaesthetic 9 units — Item Nos 443G / 518S

4812	<p>ARTERIOVENOUS SHUNT, EXTERNAL, removal of</p> <p>ALL STATES: FEE \$73.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
4817	<p>ARTERIOVENOUS ANASTOMOSIS, direct, of upper or lower limb</p> <p>ALL STATES: FEE \$390.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
4822	<p>INTRA-ARTERIAL INFUSION OF ARTERIES OF NECK, THORAX OR ABDOMEN, including initial operation and all post-operative management</p> <p>ALL STATES: FEE \$210.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
OPERATIONS FOR ACUTE OSTEOMYELITIS	
4828	<p>OPERATION ON TERMINAL PHALANX OF FINGER OR TOE</p> <p>ALL STATES: FEE \$23.50</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
4832	<p>OPERATION ON PHALANX other than terminal, METACARPUS OR METATARSUS — ONE BONE</p> <p>ALL STATES: FEE \$49.50</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
4838	<p>OPERATION ON STERNUM, CLAVICLE, RIB, ULNA, RADIUS, CARPUS, TIBIA, FIBULA, TARSUS, SKULL, MANDIBLE OR MAXILLA (other than alveolar margins) — ONE BONE</p> <p>ALL STATES: FEE \$81.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
4844	<p>OPERATION ON HUMERUS OR FEMUR — ONE BONE</p> <p>ALL STATES: FEE \$140.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>

4853 OPERATION ON SPINE OR PELVIC BONES — ONE BONE
 ALL STATES: FEE \$140.00
 Anaesthetic 13 units — Item Nos 457G / 524S

OPERATIONS FOR CHRONIC OSTEOMYELITIS

4860 OPERATION ON SCAPULA, STERNUM, CLAVICLE, RIB, ULNA, RADIUS, METACARPUS, CARPUS, PHALANX, TIBIA, FIBULA, METATARSUS, TARSUS, MANDIBLE OR MAXILLA (other than alveolar margins) — ONE BONE or COMBINATION OF BONES
 ALL STATES: FEE \$140.00
 Anaesthetic 12 units — Item Nos 454G / 523S

4864 OPERATION ON HUMERUS OR FEMUR — ONE BONE
 ALL STATES: FEE \$140.00
 Anaesthetic 11 units — Item Nos 453G / 522S

4867 OPERATION ON SPINE OR PELVIC BONES — ONE BONE
 ALL STATES: FEE \$235.00
 Anaesthetic 12 units — Item Nos 454G / 523S

4870 OPERATION ON SKULL
 ALL STATES: FEE \$182.00
 Anaesthetic 12 units — Item Nos 454G / 523S

4877 OPERATION ON ANY COMBINATION OF BONES referred to in Items 4864, 4867 and 4870 in this Schedule
 ALL STATES: FEE \$235.00
 Anaesthetic 12 units — Item Nos 454G / 523S

**DIVISION 2 — AMPUTATION OR DISARTICULATION OF LIMB
 (MULTIPLE OPERATION FORMULA DOES NOT APPLY)**

ONE DIGIT of hand

4927 G. ALL STATES: FEE \$62.00

4930 S. ALL STATES: FEE \$76.00

Anaesthetic 6 units — Item Nos 407G / 513S

PART 10 — OPERATIONS

DIVISION 2 — AMPUTATIONS

	TWO DIGITS of one hand	
4934	G.	ALL STATES: FEE \$93.00
4940	S.	ALL STATES: FEE \$114.00
		Anaesthetic 7 units — Item Nos 408G / 514S
	THREE DIGITS of one hand	
4943	G.	ALL STATES: FEE \$108.00
4948	S.	ALL STATES: FEE \$134.00
		Anaesthetic 8 units — Item Nos 409G / 517S
	FOUR DIGITS of one hand	
4950	G.	ALL STATES: FEE \$124.00
4954	S.	ALL STATES: FEE \$152.00
		Anaesthetic 9 units — Item Nos 443G / 518S
	FIVE DIGITS of one hand	
4957	G.	ALL STATES: FEE \$140.00
4961	S.	ALL STATES: FEE \$174.00
		Anaesthetic 10 units — Item Nos 450G / 521S
	FINGER OR THUMB, INCLUDING METACARPAL or part of metacarpal — each digit	
4965	G.	ALL STATES: FEE \$72.00
4969	S.	ALL STATES: FEE \$90.00
		Anaesthetic 6 units — Item Nos 407G / 513S
	HAND, MIDCARPAL OR TRANSMETACARPAL	
4972	G.	ALL STATES: FEE \$90.00
4976	S.	ALL STATES: FEE \$118.00
		Anaesthetic 7 units — Item Nos 408G / 514S
	HAND, FOREARM OR THROUGH ARM	
4979		ALL STATES: FEE \$140.00
		Anaesthetic 8 units — Item Nos 409G / 517S

PART 10 — OPERATIONS

DIVISION 2 — AMPUTATIONS

4983	AT SHOULDER	ALL STATES: FEE \$235.00 Anaesthetic 12 units — Item Nos 454G / 523S
4987	INTERSCAPULOTHORACIC	ALL STATES: FEE \$470.00 Anaesthetic 15 units — Item Nos 459G / 526S
4990	ONE DIGIT of foot	G. ALL STATES: FEE \$47.00
4993	S.	ALL STATES: FEE \$57.00 Anaesthetic 6 units — Item Nos 407G / 513S
4995	TWO DIGITS of one foot	G. ALL STATES: FEE \$70.00
4997	S.	ALL STATES: FEE \$87.00 Anaesthetic 7 units — Item Nos 408G / 514S
4999	THREE DIGITS of one foot	G. ALL STATES: FEE \$81.00
5002	S.	ALL STATES: FEE \$100.00 Anaesthetic 8 units — Item Nos 409G / 517S
5006	FOUR DIGITS of one foot	G. ALL STATES: FEE \$94.00
5009	S.	ALL STATES: FEE \$114.00 Anaesthetic 9 units — Item Nos 443G / 518S
5015	FIVE DIGITS of one foot	G. ALL STATES: FEE \$104.00
5018	S.	ALL STATES: FEE \$130.00 Anaesthetic 10 units — Item Nos 450G / 521S

PART 10 — OPERATIONS

DIVISION 2 — AMPUTATIONS

	TOE, including metatarsal or part of metatarsal — each toe	
5024	G.	ALL STATES: FEE \$57.00
5029	S.	ALL STATES: FEE \$72.00 Anaesthetic 7 units — Item Nos 408G / 514S
5034	FOOT AT ANKLE (Syme, Pirogoff types) ALL STATES: FEE \$140.00 Anaesthetic 8 units — Item Nos 409G / 517S	
5038	FOOT, MIDTARSAL OR TRANSMETARSAL ALL STATES: FEE \$118.00 Anaesthetic 7 units — Item Nos 408G / 514S	
5045	THROUGH LEG OR AT KNEE ALL STATES: FEE \$182.00 Anaesthetic 8 units — Item Nos 409G / 517S	
5048	THROUGH THIGH ALL STATES: FEE \$250.00 Anaesthetic 10 units — Item Nos 450G / 521S	
5051	AT HIP ALL STATES: FEE \$285.00 Anaesthetic 14 units — Item Nos 458G / 525S	
5055	HINDQUARTER ALL STATES: FEE \$585.00 Anaesthetic 17 units — Item Nos 461G / 528S	
	DIVISION 3 — EAR, NOSE AND THROAT	
5059	EAR, removal of foreign body in, otherwise than by simple syringing ALL STATES: FEE \$32.50 Anaesthetic 4 units — Item Nos 405G / 509S	

5062	EAR, REMOVAL OF FOREIGN BODY IN, involving incision of external auditory canal ALL STATES: FEE \$95.00 Anaesthetic 6 units — Item Nos 407G / 513S
5066	AURAL POLYP, removal of ALL STATES: FEE \$57.00 Anaesthetic 4 units — Item Nos 405G / 509S
5068	EXTERNAL AUDITORY MEATUS, surgical removal of Keratosis obturans from, not covered by any other item in this Part ALL STATES: FEE \$84.00 Anaesthetic 9 units — Item Nos 443G / 518S
5072	EXTERNAL AUDITORY MEATUS, removal of EXOSTOSES IN ALL STATES: FEE \$365.00 Anaesthetic 12 units — Item Nos 454G / 523S
5075	MYRINGOPLASTY, trans-canal approach (Rosen incision) ALL STATES: FEE \$235.00 Anaesthetic 11 units — Item Nos 453G / 522S
5078	MYRINGOPLASTY, post-aural or endaural approach with or without mastoid inspection ALL STATES: FEE \$380.00 Anaesthetic 12 units — Item Nos 454G / 523S
5081	OSSICULAR CHAIN RECONSTRUCTION ALL STATES: FEE \$435.00 Anaesthetic 12 units — Item Nos 454G / 523S
5085	OSSICULAR CHAIN RECONSTRUCTION AND MYRINGOPLASTY ALL STATES: FEE \$470.00 Anaesthetic 13 units — Item Nos 457G / 524S
5087	MASTOIDECTOMY (CORTICAL) ALL STATES: FEE \$210.00 Anaesthetic 12 units — Item Nos 454G / 523S

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

5091	<p>OBLITERATION OF THE MASTOID CAVITY</p> <p>ALL STATES: FEE \$270.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
5095	<p>MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL)</p> <p>ALL STATES: FEE \$435.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
5098	<p>MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) AND MYRINGOPLASTY</p> <p>ALL STATES: FEE \$470.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
5100	<p>MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL), MYRINGOPLASTY AND OSSICULAR CHAIN RECONSTRUCTION</p> <p>ALL STATES: FEE \$585.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
5102	<p>DECOMPRESSION OF FACIAL NERVE in its mastoid portion</p> <p>ALL STATES: FEE \$470.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
5104	<p>DECOMPRESSION OF FACIAL NERVE in its intracranial portion by intracranial or intrapetrous approach</p> <p>ALL STATES: FEE \$530.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>
5106	<p>LABYRINTHOTOMY OR DESTRUCTION OF LABYRINTH</p> <p>ALL STATES: FEE \$405.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
5108	<p>CEREBELLO — PONTINE ANGLE TUMOUR, removal of by two surgeons operating conjointly, by transmastoid, translabyrinthine approach — transmastoid, translabyrinthine procedure (including after-care)</p> <p>ALL STATES: FEE \$960.00</p>

5112	<p>CEREBELLO — PONTINE ANGLE TUMOUR, removal of by two surgeons operating conjointly, by transmastoid, translabyrinthine approach — intracranial procedure (including after-care)</p> <p>ALL STATES: FEE \$960.00</p> <p>Anaesthetic 39 units — Item Nos 478G / 549S</p>
5116	<p>ENDOLYMPHATIC SAC, TRANSMASTOID DECOMPRESSION with or without drainage of</p> <p>ALL STATES: FEE \$470.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
5122	<p>INTERNAL AUDITORY MEATUS, exploration of, by middle cranial fossa approach with or without removal of tumour</p> <p>ALL STATES: FEE \$585.00</p> <p>Anaesthetic 21 units — Item Nos 465G / 535S</p>
5127	<p>FENESTRATION OPERATION — each ear</p> <p>ALL STATES: FEE \$470.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
5131	<p>VENOUS GRAFT TO FENESTRATION CAVITY</p> <p>ALL STATES: FEE \$235.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
5138	<p>STAPEDECTOMY</p> <p>ALL STATES: FEE \$435.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
5143	<p>STAPES MOBILISATION</p> <p>ALL STATES: FEE \$275.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
5147	<p>REPAIR OF ROUND WINDOW</p> <p>ALL STATES: FEE \$435.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

5152	GLOMUS TUMOUR, transtympanic removal of							
	ALL STATES: FEE \$325.00							
	Anaesthetic 12 units — Item Nos 454G / 523S							
5158	GLOMUS TUMOUR, transmastoid removal of, including mastoidectomy							
	ALL STATES: FEE \$470.00							
	Anaesthetic 13 units — Item Nos 457G / 524S							
5162	ABSCESS OR INFLAMMATION OF MIDDLE EAR, operation for (excluding after-care)							
	FEE	\$	NSW 39.00	VIC 57.00	QLD 39.00	SA 39.00	WA 39.00	TAS 39.00
	Anaesthetic 7 units — Item Nos 408G / 514S							
5166	MIDDLE EAR, EXPLORATION OF							
	FEE	\$	NSW 174.00	VIC 210.00	QLD 174.00	SA 174.00	WA 174.00	TAS 174.00
	Anaesthetic 9 units — Item Nos 443G / 518S							
5172	MIDDLE EAR, insertion of tube for DRAINAGE OF (including myringotomy)							
	FEE	\$	NSW 95.00	VIC 87.00	QLD 69.00	SA 69.00	WA 69.00	TAS 69.00
	Anaesthetic 7 units — Item Nos 408G / 514S							
5176	PERFORATION OF TYMPANUM, cauterisation or diathermy of							
	ALL STATES: FEE \$18.80							
	Anaesthetic 6 units — Item Nos 407G / 513S							
5182	EAR TOILET requiring use of operating microscope and microinspection of tympanic membrane with or without general anaesthesia							
	ALL STATES: FEE \$43.50							
	Anaesthetic 7 units — Item Nos 408G / 514S							
5186	‡ TYMPANIC MEMBRANE, microinspection of one or both ears under general anaesthesia, not associated with any other item in this Part							
	ALL STATES: FEE \$43.50							
	Anaesthetic 7 units — Item Nos 408G / 514S							

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

‡	EXAMINATION OF NASAL CAVITY or POST-NASAL SPACE, or NASAL CAVITY AND POST-NASAL SPACE, UNDER GENERAL ANAESTHESIA, not associated with any other item in this Part							
5192	ALL STATES: FEE \$28.50 Anaesthetic 6 units — Item Nos 407G / 513S							
5196	NASAL HAEMORRHAGE, POSTERIOR, ARREST OF, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding after-care) ALL STATES: FEE \$49.50 Anaesthetic 8 units — Item Nos 409G / 517S							
5201	NOSE, removal of FOREIGN BODY IN, other than by simple probing ALL STATES: FEE \$31.00 Anaesthetic 6 units — Item Nos 407G / 513S							
5205	NASAL POLYP OR POLYPI (SIMPLE), removal of ALL STATES: FEE \$32.50							
5210	NASAL POLYP OR POLYPI (requiring admission to hospital), removal of							
	G. FEE	\$	NSW 69.00	VIC 69.00	QLD 56.00	SA 56.00	WA 69.00	TAS 56.00
5214	S. FEE	\$	87.00	87.00	69.00	69.00	87.00	69.00
	Anaesthetic 7 units — Item Nos 408G / 514S							
5217	NASAL SEPTUM, SEPTOPLASTY OR SUBMUCOUS RESECTION OF							
	FEE	\$	NSW 174.00	VIC 190.00	QLD 128.00	SA 128.00	WA 174.00	TAS 128.00
	Anaesthetic 9 units — Item Nos 443G / 518S							
5229	CAUTERISATION OR DIATHERMY OF SEPTUM OR TURBINATES OR PHARYNX — any one or more — each attendance at which the procedure is performed, including associated consultation ALL STATES: FEE \$40.00 Anaesthetic 6 units — Item Nos 407G / 513S							

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

5230	<p>CAUTERY TO BLOOD VESSELS IN NOSE during an episode of epistaxis</p> <p>ALL STATES: FEE \$35.50</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
5233	<p>CRYOTHERAPY TO NOSE in the treatment of nasal haemorrhage.</p> <p>ALL STATES: FEE \$64.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
5237	<p>TURBINECTOMY or dislocation of turbinate</p> <p>ALL STATES: FEE \$53.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
5241	<p>TURBINATES, submucous resection of</p> <p>ALL STATES: FEE \$70.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
5245	<p>MAXILLARY ANTRUM, PNOSE PUNCTURE AND LAVAGE OF</p> <p>ALL STATES: FEE \$12.80</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
5254	<p>MAXILLARY ANTRUM, pnose puncture and lavage of, under general anaesthesia (requiring admission to hospital)</p> <p>ALL STATES: FEE \$36.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
5264	<p>MAXILLARY ANTRUM, LAVAGE OF — each attendance, including associated consultation</p> <p>ALL STATES: FEE \$10.60</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
5268	<p>MAXILLARY ARTERY, transantral ligation of</p> <p>ALL STATES: FEE \$174.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

	ANTROSTOMY (RADICAL)							
5270	FEE	\$	NSW 174.00	VIC 210.00	QLD 174.00	SA 174.00	WA 174.00	TAS 174.00
	Anaesthetic 9 units — Item Nos 443G / 518S							
5277	ANTROSTOMY (RADICAL) with transantral ethmoidectomy or transantral vidian neurectomy							
	ALL STATES: FEE \$245.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							
5280	ANTRUM, intranasal operation on, or removal of foreign body from							
	FEE	\$	NSW 106.00	VIC 106.00	QLD 118.00	SA 87.00	WA 87.00	TAS 87.00
	Anaesthetic 8 units — Item Nos 409G / 517S							
5284	ANTRUM, drainage of, through tooth socket							
	ALL STATES: FEE \$47.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
5288	ORO-ANTRAL FISTULA, plastic closure of							
	ALL STATES: FEE \$235.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
5295	FRONTO-NASAL ETHMOIDECTOMY with or without sphenoidectomy							
	ALL STATES: FEE \$310.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							
5298	RADICAL FRONTO-ETHMOIDECTOMY with osteoplastic flap							
	ALL STATES: FEE \$400.00							
	Anaesthetic 13 units — Item Nos 457G / 524S							
5301	FRONTAL SINUS OR ETHMOIDAL SINUSES, intranasal operation on							
	FEE	\$	NSW 146.00	VIC 190.00	QLD 146.00	SA 146.00	WA 146.00	TAS 146.00
	Anaesthetic 9 units — Item Nos 443G / 518S							

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

5305	FRONTAL SINUS, catheterisation of ALL STATES: FEE \$23.50 Anaesthetic 6 units — Item Nos 407G / 513S
5308	FRONTAL SINUS, trephine of ALL STATES: FEE \$134.00 Anaesthetic 6 units — Item Nos 407G / 513S
5318	FRONTAL SINUS, radical obliteration of ALL STATES: FEE \$310.00 Anaesthetic 10 units — Item Nos 450G / 521S
5320	ETHMOIDAL SINUSES, external operation on ALL STATES: FEE \$245.00 Anaesthetic 10 units — Item Nos 450G / 521S
5330	SPHENOIDAL SINUS, intranasal operation on ALL STATES: FEE \$118.00 Anaesthetic 10 units — Item Nos 450G / 521S
5337	TRANS-SPHENOIDAL HYPOPHYSECTOMY ALL STATES: FEE \$325.00 Anaesthetic 14 units — Item Nos 458G / 525S
5339	TRANS-SPHENOIDAL HYPOPHYSECTOMY including submucous resection of nasal septum and grafting to obliterate the pituitary fossa (including obtaining of graft) ALL STATES: FEE \$435.00 Anaesthetic 15 units — Item Nos 459G / 526S
5343	EUSTACHIAN TUBE, catheterisation of FEE \$ NSW 16.00 VIC 18.20 QLD 14.60 SA 14.00 WA 14.00 TAS 14.00 Anaesthetic 6 units — Item Nos 407G / 513S

DIVISION OF PHARYNGEAL ADHESIONS

5345

ALL STATES: FEE \$47.00

Anaesthetic 7 units — Item Nos 408G / 514S

‡ POST-NASAL SPACES, direct examination of, with biopsy, nasendoscopy or sinuscopy (unilateral)

5348

ALL STATES: FEE \$49.50

Anaesthetic 7 units — Item Nos 408G / 514S

PHARYNGEAL POUCH, removal of

5354

ALL STATES: FEE \$275.00

Anaesthetic 16 units — Item Nos 460G / 527S

PHARYNGEAL POUCH, ENDOSCOPIC RESECTION OF (Dohlman's operation)

5357

ALL STATES: FEE \$235.00

Anaesthetic 14 units — Item Nos 458G / 525S

PHARYNGOTOMY (lateral) including total excision of tongue

5360

ALL STATES: FEE \$275.00

Anaesthetic 6 units — Item Nos 407G / 513S

TONSILS OR TONSILS AND ADENOIDS, removal of, in a person aged LESS THAN TWELVE YEARS

5363

		NSW	VIC	QLD	SA	WA	TAS
G. FEE	\$	87.00	87.00	73.00	73.00	73.00	73.00
5366 S. FEE	\$	118.00	106.00	94.00	94.00	94.00	94.00

5366

Anaesthetic 7 units — Item Nos 408G / 514S

TONSILS OR TONSILS AND ADENOIDS, removal of, in a person TWELVE YEARS OF AGE OR OVER

5389

		NSW	VIC	QLD	SA	WA	TAS
G. FEE	\$	108.00	108.00	93.00	93.00	93.00	93.00
5392 S. FEE	\$	146.00	146.00	112.00	112.00	112.00	112.00

5392

Anaesthetic 8 units — Item Nos 409G / 517S

PART 10 – OPERATIONS

DIVISION 3 – EAR, NOSE AND THROAT

	TONSILS OR TONSILS AND ADENOIDS, ARREST OF HAEMORRHAGE requiring general anaesthesia, following removal of							
5396	G.		ALL STATES: FEE \$45.00					
5401	S.		ALL STATES: FEE \$57.00					
			Anaesthetic 9 units — Item Nos 443G / 518S					
	ADENOIDS, removal of							
5407	G. FEE	\$	NSW 47.00	VIC 38.00	QLD 38.00	SA 38.00	WA 38.00	TAS 38.00
5411	S. FEE	\$	64.00	53.00	53.00	53.00	53.00	49.50
			Anaesthetic 6 units — Item Nos 407G / 513S					
	LINGUAL TONSIL OR LATERAL PHARYNGEAL BANDS, removal of							
5431			ALL STATES: FEE \$35.50					
			Anaesthetic 7 units — Item Nos 408G / 514S					
	PERITONSILLAR ABSCESS (quinsy), incision of							
5445			ALL STATES: FEE \$27.50					
			Anaesthetic 7 units — Item Nos 408G / 514S					
	UVULOTOMY							
5449			ALL STATES: FEE \$14.00					
			Anaesthetic 6 units — Item Nos 407G / 513S					
	VALLECULAR OR PHARYNGEAL CYSTS, removal of							
5456			ALL STATES: FEE \$140.00					
			Anaesthetic 8 units — Item Nos 409G / 517S					
‡	OESOPHAGOSCOPY (with rigid oesophagoscope)							
5464			ALL STATES: FEE \$73.00					
			Anaesthetic 6 units — Item Nos 407G / 513S					
‡	OESOPHAGOSCOPY, with dilatation or insertion of prosthesis							
5470			ALL STATES: FEE \$142.00					
			Anaesthetic 7 units — Item Nos 408G / 514S					

5345	DIVISION OF PHARYNGEAL ADHESIONS							
	ALL STATES: FEE \$47.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
5348	POST-NASAL SPACE, direct examination of, with biopsy							
	ALL STATES: FEE \$49.50							
	Anaesthetic 7 units — Item Nos 408G / 514S							
5354	PHARYNGEAL POUCH, removal of							
	ALL STATES: FEE \$275.00							
	Anaesthetic 16 units — Item Nos 460G / 527S							
5357	PHARYNGEAL POUCH, ENDOSCOPIC RESECTION OF (Dohleman's operation)							
	ALL STATES: FEE \$235.00							
	Anaesthetic 14 units — Item Nos 458G / 525S							
5360	PHARYNGOTOMY (lateral) including total excision of tongue							
	ALL STATES: FEE \$275.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
5363	TONSILS OR TONSILS AND ADENOIDS, removal of, in a person aged LESS THAN TWELVE YEARS							
			NSW	VIC	QLD	SA	WA	TAS
	G. FEE	\$	87.00	87.00	73.00	73.00	73.00	73.00
5366	S. FEE	\$	118.00	106.00	94.00	94.00	94.00	94.00
	Anaesthetic 7 units — Item Nos 408G / 514S							
5389	TONSILS OR TONSILS AND ADENOIDS, removal of, in a person TWELVE YEARS OF AGE OR OVER							
			NSW	VIC	QLD	SA	WA	TAS
	G. FEE	\$	108.00	108.00	93.00	93.00	93.00	93.00
5392	S. FEE	\$	146.00	146.00	112.00	112.00	112.00	112.00
	Anaesthetic 8 units — Item Nos 409G / 517S							

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

	TONSILS, OR TONSILS AND ADENOIDS, ARREST OF HAEMORRHAGE requiring general anaesthesia, following removal of							
5396	G.		ALL STATES: FEE \$45.00					
5401	S.		ALL STATES: FEE \$57.00					
			Anaesthetic 9 units — Item Nos 443G / 518S					
	ADENOIDS, removal of							
5407	G. FEE	\$	NSW 47.00	VIC 38.00	QLD 38.00	SA 38.00	WA 38.00	TAS 38.00
5411	S. FEE	\$	64.00	53.00	53.00	53.00	53.00	49.50
			Anaesthetic 6 units — Item Nos 407G / 513S					
	LINGUAL TONSIL OR LATERAL PHARYNGEAL BANDS, removal of							
5431			ALL STATES: FEE \$35.50					
			Anaesthetic 7 units — Item Nos 408G / 514S					
	PERITONSILLAR ABSCESS (quinsy), incision of							
5445			ALL STATES: FEE \$27.50					
			Anaesthetic 7 units — Item Nos 408G / 514S					
	UVULOTOMY							
5449			ALL STATES: FEE \$14.00					
			Anaesthetic 6 units — Item Nos 407G / 513S					
	VALLECULAR OR PHARYNGEAL CYSTS, removal of							
5456			ALL STATES: FEE \$140.00					
			Anaesthetic 8 units — Item Nos 409G / 517S					
	OESOPHAGOSCOPY							
5464			ALL STATES: FEE \$73.00					
			Anaesthetic 6 units — Item Nos 407G / 513S					
	OESOPHAGOSCOPY, INITIAL, with dilatation or insertion of prosthesis							
5470			ALL STATES: FEE \$142.00					
			Anaesthetic 7 units — Item Nos 408G / 514S					

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

5480	‡	OESOPHAGOSCOPY (with rigid oesophagoscope), with biopsy ALL STATES: FEE \$95.00 Anaesthetic 7 units — Item Nos 408G / 514S
5486	‡	OESOPHAGOSCOPY (with rigid oesophagoscope), with removal of foreign body ALL STATES: FEE \$140.00 Anaesthetic 7 units — Item Nos 408G / 514S
5490		OESOPHAGEAL STRICTURE, dilatation of, without oesophagoscopy ALL STATES: FEE \$21.00 Anaesthetic 6 units — Item Nos 407G / 513S
5492	†	OESOPHAGUS, pneumatic dilatation of ALL STATES: FEE \$90.00 Anaesthetic 8 units — Item Nos 409G / 517S
5498		LARYNGECTOMY (TOTAL) ALL STATES: FEE \$510.00 Anaesthetic 20 units — Item Nos 464G / 533S
5508		LARYNGOPHARYNGECTOMY or PRIMARY RESTORATION OF ALIMENTARY CONTINUITY after laryngopharyngectomy USING STOMACH OR BOWEL ALL STATES: FEE \$530.00 Anaesthetic 20 units — Item Nos 464G / 533S
5520		LARYNX, direct examination of, as a separate unrelated procedure ALL STATES: FEE \$73.00 Anaesthetic 8 units — Item Nos 409G / 517S
5524		LARYNX, direct examination of, with biopsy FEE \$ NSW 87.00 VIC 106.00 QLD 87.00 SA 87.00 WA 87.00 TAS 87.00 Anaesthetic 8 units — Item Nos 409G / 517S

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

5530	LARYNX, direct examination of, WITH REMOVAL OF TUMOUR							
	FEE	\$	NSW 95.00	VIC 118.00	QLD 95.00	SA 95.00	WA 95.00	TAS 95.00
	Anaesthetic 9 units — Item Nos 443G / 518S							
5534	MICROLARYNGOSCOPY							
	ALL STATES: FEE \$114.00							
	Anaesthetic 8 units — Item Nos 409G / 517S							
5540	MICROLARYNGOSCOPY WITH REMOVAL OF TUMOUR							
	ALL STATES: FEE \$160.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							
5545	LARYNX, FRACTURED, operation for							
	ALL STATES: FEE \$235.00							
	Anaesthetic 15 units — Item Nos 459G / 526S							
5556	LARYNX, external operation on, OR LARYNGOFISSURE							
	ALL STATES: FEE \$235.00							
	Anaesthetic 13 units — Item Nos 457G / 524S							
5572	TRACHEOSTOMY							
	G.	ALL STATES: FEE \$72.00						
5598	S.	ALL STATES: FEE \$95.00						
	Anaesthetic 10 units — Item Nos 450G / 521S							
5601	TRACHEA, removal of foreign body in							
	ALL STATES: FEE \$70.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
5605	BRONCHOSCOPY, as a separate unrelated procedure							
	ALL STATES: FEE \$70.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

5474	OESOPHAGOSCOPY with dilatation or insertion of prosthesis — subsequent procedures in a single course of treatment							
	ALL STATES: FEE \$70.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
5480	OESOPHAGOSCOPY with biopsy							
	ALL STATES: FEE \$95.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
5486	OESOPHAGUS, removal of foreign body in							
	ALL STATES: FEE \$140.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
5490	OESOPHAGEAL STRICTURE, dilatation of, without oesophagoscopy							
	ALL STATES: FEE \$21.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
5498	LARYNGECTOMY (TOTAL)							
	ALL STATES: FEE \$510.00							
	Anaesthetic 20 units — Item Nos 464G / 533S							
5508	LARYNGOPHARYNGECTOMY or PRIMARY RESTORATION OF ALIMENTARY CONTINUITY after laryngopharyngectomy USING STOMACH OR BOWEL							
	ALL STATES: FEE \$530.00							
	Anaesthetic 20 units — Item Nos 464G / 533S							
5520	‡ LARYNX, direct examination of, as a separate unrelated procedure							
	ALL STATES: FEE \$73.00							
	Anaesthetic 8 units — Item Nos 409G / 517S							
5524	LARYNX, direct examination of, with biopsy							
	FEE	\$	NSW 87.00	VIC 106.00	QLD 87.00	SA 87.00	WA 87.00	TAS 87.00
	Anaesthetic 8 units — Item Nos 409G / 517S							

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

5530	LARYNX, direct examination of, WITH REMOVAL OF TUMOUR							
	FEE	\$	NSW 95.00	VIC 118.00	QLD 95.00	SA 95.00	WA 95.00	TAS 95.00
	Anaesthetic 9 units — Item Nos 443G / 518S							
5534	MICROLARYNGOSCOPY							
	ALL STATES: FEE \$114.00							
	Anaesthetic 8 units — Item Nos 409G / 517S							
5540	MICROLARYNGOSCOPY WITH REMOVAL OF TUMOUR							
	ALL STATES: FEE \$160.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							
5545	LARYNX, FRACTURED, operation for							
	ALL STATES: FEE \$235.00							
	Anaesthetic 15 units — Item Nos 459G / 526S							
5556	LARYNX, external operation on, OR LARYNGOFISSURE							
	ALL STATES: FEE \$235.00							
	Anaesthetic 13 units — Item Nos 457G / 524S							
5572	TRACHEOSTOMY							
	G.	ALL STATES: FEE \$72.00						
5598	S.	ALL STATES: FEE \$95.00						
	Anaesthetic 10 units — Item Nos 450G / 521S							
5601	TRACHEA, removal of foreign body in							
	ALL STATES: FEE \$70.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
5605	‡ BRONCHOSCOPY, as a separate unrelated procedure							
	ALL STATES: FEE \$70.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							

5611 BRONCHOSCOPY with biopsy or other diagnostic or therapeutic procedure
 ALL STATES: FEE \$94.00
 Anaesthetic 8 units — Item Nos 409G / 517S

5613 BRONCHUS, removal of foreign body in
 ALL STATES: FEE \$144.00
 Anaesthetic 9 units — Item Nos 443G / 518S

5619 BRONCHOSCOPY with dilatation of tracheal stricture
 ALL STATES: FEE \$99.00
 Anaesthetic 7 units — Item Nos 408G / 514S

DIVISION 4 — UROLOGICAL

5636 ADRENAL GLAND, biopsy or removal of
 ALL STATES: FEE \$345.00
 Anaesthetic 12 units — Item Nos 454G / 523S

5642 RENAL TRANSPLANT (not covered by Item 5644 or 5645)
 ALL STATES: FEE \$585.00
 Anaesthetic 24 units — Item Nos 468G / 539S

5644 RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together — vascular anastomosis including aftercare
 ALL STATES: FEE \$400.00

5645 RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together — ureterovesical anastomosis including aftercare
 ALL STATES: FEE \$335.00
 Anaesthetic 24 units — Item Nos 468G / 539S

5647 DONOR NEPHRECTOMY (cadaver)
 ALL STATES: FEE \$325.00

	NEPHRECTOMY complete	
5654	G.	ALL STATES: FEE \$310.00
5661	S.	ALL STATES: FEE \$380.00
	Anaesthetic 11 units — Item Nos 453G / 522S	
	NEPHRECTOMY partial, NEPHRECTOMY complicated by previous surgery on the same kidney, or NEPHRO-URETERECTOMY	
5665		ALL STATES: FEE \$435.00
	Anaesthetic 13 units — Item Nos 457G / 524S	
	NEPHRO-URETERECTOMY, COMPLETE, with bladder repair	
5675		ALL STATES: FEE \$475.00
	Anaesthetic 17 units — Item Nos 461G / 528S	
	KIDNEY, FUSED, symphysiotomy for	
5679		ALL STATES: FEE \$435.00
	Anaesthetic 14 units — Item Nos 458G / 525S	
‡	KIDNEY, EXPLORATION OF, WITH ANY PROCEDURE, not covered by a specific item in this Part	
5683		ALL STATES: FEE \$295.00
	Anaesthetic 10 units — Item Nos 450G / 521S	
	NEPHROLITHOTOMY OR PYELOLITHOTOMY	
5691		ALL STATES: FEE \$380.00
	Anaesthetic 12 units — Item Nos 454G / 523S	
	NEPHROLITHOTOMY OR PYELOLITHOTOMY — when complicated by previous surgery on the same kidney OR for large staghorn calculus filling renal pelvis and calyces	
5699		ALL STATES: FEE \$440.00
	Anaesthetic 12 units — Item Nos 454G / 523S	

URETEROLITHOTOMY

5705

ALL STATES: FEE \$345.00

Anaesthetic 11 units — Item Nos 453G / 522S

NEPHROSTOMY, nephrotomy or pyelostomy with drainage

5715

ALL STATES: FEE \$310.00

Anaesthetic 11 units — Item Nos 453G / 522S

‡ NEPHROPEXY, as a separate unrelated procedure

5721

ALL STATES: FEE \$235.00

Anaesthetic 9 units — Item Nos 443G / 518S

RENAL CYST OR CYSTS, excision or unroofing of

5724

ALL STATES: FEE \$270.00

Anaesthetic 11 units — Item Nos 453G / 522S

RENAL BIOPSY (closed)

5726

ALL STATES: FEE \$69.00

Anaesthetic 6 units — Item Nos 407G / 513S

PYONEPHROSIS, drainage of

5729

ALL STATES: FEE \$140.00

Anaesthetic 11 units — Item Nos 453G / 522S

PERINEPHRIC ABSCESS, drainage of

5732

ALL STATES: FEE \$190.00

Anaesthetic 9 units — Item Nos 443G / 518S

PYELOPLASTY

5734

ALL STATES: FEE \$380.00

Anaesthetic 14 units — Item Nos 458G / 525S

PYELOPLASTY; COMPLICATED by previous surgery on same kidney, or by congenital kidney abnormality or solitary kidney

5737

ALL STATES: FEE \$435.00

Anaesthetic 14 units — Item Nos 458G / 525S

5741	DIVIDED URETER, repair of ALL STATES: FEE \$380.00 Anaesthetic 13 units — Item Nos 457G / 524S
5744	REPAIR OF KIDNEY, WOUND OR INJURY ALL STATES: FEE \$380.00 Anaesthetic 13 units — Item Nos 457G / 524S
5747	URETERECTOMY, COMPLETE OR PARTIAL, with bladder repair ALL STATES: FEE \$310.00 Anaesthetic 12 units — Item Nos 454G / 523S
5753	REPLACEMENT OF URETER BY BOWEL — unilateral ALL STATES: FEE \$530.00 Anaesthetic 12 units — Item Nos 454G / 523S
5757	REPLACEMENT OF URETER BY BOWEL — bilateral ALL STATES: FEE \$695.00 Anaesthetic 17 units — Item Nos 461G / 528S
5763	URETER (UNILATERAL), transplantation of, into skin ALL STATES: FEE \$310.00 Anaesthetic 10 units — Item Nos 450G / 521S
5769	URETERS (BILATERAL), transplantation of, into skin ALL STATES: FEE \$380.00 Anaesthetic 12 units — Item Nos 454G / 523S
5773	URETER (UNILATERAL), transplantation of, into bladder ALL STATES: FEE \$345.00 Anaesthetic 12 units — Item Nos 454G / 523S
5777	URETERS (BILATERAL), transplantation of, into bladder ALL STATES: FEE \$435.00 Anaesthetic 14 units — Item Nos 458G / 525S

5780	<p>URETER, transplantation of, into bladder with bladder plastic procedure (Boari flap)</p> <p>ALL STATES: FEE \$380.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
5785	<p>URETER (UNILATERAL), transplantation of, into intestine</p> <p>ALL STATES: FEE \$380.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
5792	<p>URETERS (BILATERAL), transplantation of, into intestine</p> <p>ALL STATES: FEE \$465.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
5799	<p>URETER, transplantation of, into other ureter</p> <p>ALL STATES: FEE \$380.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
5804	<p>URETER (UNILATERAL), transplantation of, into isolated intestinal loop</p> <p>ALL STATES: FEE \$465.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
5807	<p>URETERS (BILATERAL), transplantation of, into isolated intestinal loop</p> <p>ALL STATES: FEE \$530.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
‡ 5812	<p>URETEROTOMY, with exploration or drainage, as a separate unrelated procedure</p> <p>ALL STATES: FEE \$270.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
‡ 5816	<p>URETEROTOMY, with exploration or drainage for a tumour, as a separate unrelated procedure</p> <p>ALL STATES: FEE \$310.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>

5821 URETEROLYSIS, with or without repositioning of ureter, for retroperitoneal fibrosis, ovarian vein syndrome etc. — unilateral

ALL STATES: FEE \$310.00

Anaesthetic 11 units — Item Nos 453G / 522S

5827 URETEROLYSIS, with or without repositioning of ureter, for retroperitoneal fibrosis, ovarian vein syndrome etc. — bilateral

ALL STATES: FEE \$380.00

Anaesthetic 13 units — Item Nos 457G / 524S

5831 REDUCTION URETEROPLASTY, unilateral

ALL STATES: FEE \$295.00

Anaesthetic 14 units — Item Nos 458G / 525S

5836 REDUCTION URETEROPLASTY, bilateral

ALL STATES: FEE \$380.00

Anaesthetic 17 units — Item Nos 461G / 528S

5837 CLOSURE OF CUTANEOUS URETEROSTOMY — unilateral

ALL STATES: FEE \$182.00

Anaesthetic 9 units — Item Nos 443G / 518S

OPERATIONS ON THE BLADDER (CLOSED)

BLADDER, catheterisation of — where no other surgical procedure is performed

		NSW	VIC	QLD	SA	WA	TAS
5840	FEE	\$ 11.80	12.80	11.80	11.80	12.80	11.40

Anaesthetic 4 units — Item Nos 405G / 509S

5845 CYSTOSCOPY, with or without urethral dilatation

		NSW	VIC	QLD	SA	WA	TAS
5845	FEE	\$ 59.00	57.00	57.00	57.00	57.00	57.00

Anaesthetic 5 units — Item Nos 406G / 510S

PART 10 — OPERATIONS

DIVISION 4 — UROLOGICAL

CYSTOSCOPY, with ureteric catheterisation, with or without introduction of opaque medium

5851	FEE	\$	NSW 76.00	VIC 87.00	QLD 76.00	SA 76.00	WA 76.00	TAS 76.00
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

Anaesthetic 5 units — Item Nos 406G / 510S

CYSTOSCOPY, with controlled hydro-dilatation of the bladder

5853 ALL STATES: FEE \$95.00

Anaesthetic 5 units — Item Nos 406G / 510S

ASCENDING CYSTO-URETHROGRAPHY

5861 ALL STATES: FEE \$38.00

Anaesthetic 5 units — Item Nos 406G / 510S

CYSTOSCOPIC REMOVAL OF FOREIGN BODY

5864 ALL STATES: FEE \$114.00

Anaesthetic 6 units — Item Nos 407G / 513S

CYSTOSCOPY, with biopsy of bladder tumours

5868 ALL STATES: FEE \$95.00

Anaesthetic 6 units — Item Nos 407G / 513S

CYSTOSCOPY, with diathermy or resection of superficial bladder tumours or with other diathermy of bladder or prostate

5871 ALL STATES: FEE \$134.00

Anaesthetic 6 units — Item Nos 407G / 513S

CYSTOSCOPY, with diathermy or resection of invasive bladder tumours or solitary tumour over 2 cm in diameter

5875 ALL STATES: FEE \$285.00

Anaesthetic 6 units — Item Nos 407G / 513S

CYSTOSCOPY, with ureteric meatotomy or with resection of ureterocele

5878 ALL STATES: FEE \$106.00

Anaesthetic 5 units — Item Nos 406G / 510S

‡	CYSTOSCOPY WITH ENDOSCOPIC RESECTION OF BLADDER NECK or CYSTOSCOPY WITH ENDOSCOPIC INCISION OF BLADDER NECK or BOTH OF THESE PROCEDURES							
5881	ALL STATES: FEE \$190.00 Anaesthetic 7 units — Item Nos 408G / 514S							
†	ENDOSCOPIC EXTERNAL SPHINCTEROTOMY for neurogenic bladder neck obstruction not associated with Item 5881							
5883	ALL STATES: FEE \$190.00 Anaesthetic 7 units — Item Nos 408G / 514S							
	CYSTOSCOPY, with endoscopic removal or manipulation of ureteric calculus							
5885	FEE	\$	NSW 140.00	VIC 174.00	QLD 140.00	SA 140.00	WA 140.00	TAS 140.00
	Anaesthetic 6 units — Item Nos 407G / 513S							
	LITHOLAPAXY, with or without cystoscopy							
5888	ALL STATES: FEE \$190.00 Anaesthetic 7 units — Item Nos 408G / 514S							
	OPERATIONS ON THE BLADDER (OPEN)							
	BLADDER, repair of rupture of, or partial excision of, or plastic repair of							
5891	G.	ALL STATES: FEE \$235.00						
5894	S.	ALL STATES: FEE \$285.00						
	Anaesthetic 13 units — Item Nos 457G / 524S							
	CYSTOSTOMY OR CYSTOTOMY, suprapubic							
5897	G.	ALL STATES: FEE \$140.00						
5901	S.	ALL STATES: FEE \$174.00						
	Anaesthetic 8 units — Item Nos 409G / 517S							
	SUPRAPUBIC STAB CYSTOTOMY							
5903	ALL STATES: FEE \$32.50 Anaesthetic 6 units — Item Nos 407G / 513S							

5905	BLADDER, total excision of ALL STATES: FEE \$435.00 Anaesthetic 29 units — Item Nos 473G / 544S
5916	BLADDER NECK CONTRACTURE, operation for ALL STATES: FEE \$285.00 Anaesthetic 9 units — Item Nos 443G / 518S
5919	BLADDER TUMOURS, suprapubic diathermy of ALL STATES: FEE \$285.00 Anaesthetic 10 units — Item Nos 450G / 521S
5929	DIVERTICULUM OF BLADDER, excision or obliteration of ALL STATES: FEE \$310.00 Anaesthetic 10 units — Item Nos 450G / 521S
5935	VESICAL FISTULA, cutaneous, operation for ALL STATES: FEE \$174.00 Anaesthetic 12 units — Item Nos 454G / 523S
5941	VESICO-VAGINAL FISTULA, closure of, by abdominal approach ALL STATES: FEE \$345.00 Anaesthetic 12 units — Item Nos 454G / 523S
5947	VESICO-COLIC FISTULA, closure of, excluding bowel resection ALL STATES: FEE \$270.00 Anaesthetic 11 units — Item Nos 453G / 522S
5956	VESICO-RECTAL FISTULA, closure of ALL STATES: FEE \$310.00 Anaesthetic 13 units — Item Nos 457G / 524S
5964	BLADDER ASPIRATION by needle ALL STATES: FEE \$19.00

‡	CYSTOTOMY, with removal of calculus, as a separate unrelated procedure							
5968	ALL STATES: FEE \$190.00 Anaesthetic 8 units — Item Nos 409G / 517S							
5977	URETHROPEXY (Marshall-Marchetti) ALL STATES: FEE \$270.00 Anaesthetic 9 units — Item Nos 443G / 518S							
5981	BLADDER ENLARGEMENT using intestine or segment of bowel ALL STATES: FEE \$695.00 Anaesthetic 23 units — Item Nos 467G / 538S							
5984	CORRECTION OF VESICO-URETERIC REFLUX — operation for — unilateral ALL STATES: FEE \$380.00 Anaesthetic 12 units — Item Nos 454G / 523S							
5993	CORRECTION OF VESICO-URETERIC REFLUX — operation for — bilateral ALL STATES: FEE \$465.00 Anaesthetic 14 units — Item Nos 458G / 525S							
OPERATIONS ON THE PROSTATE								
PROSTATECTOMY (suprapubic, perineal or retropubic)								
6001	FEE	\$	NSW 435.00	VIC 435.00	QLD 400.00	SA 400.00	WA 400.00	TAS 400.00
Anaesthetic 13 units — Item Nos 457G / 524S								
PROSTATECTOMY (endoscopic), with or without cystoscopy								
6005	FEE	\$	NSW 400.00	VIC 450.00	QLD 400.00	SA 400.00	WA 400.00	TAS 400.00
Anaesthetic 10 units — Item Nos 450G / 521S								
6010	MEDIAN BAR, endoscopic resection of, with or without cystoscopy ALL STATES: FEE \$190.00 Anaesthetic 9 units — Item Nos 443G / 518S							

6017	PROSTATE, total excision of ALL STATES: FEE \$470.00 Anaesthetic 13 units — Item Nos 457G / 524S
6022	PROSTATE, OPEN PERINEAL BIOPSY OF ALL STATES: FEE \$118.00 Anaesthetic 6 units — Item Nos 407G / 513S
6027	PROSTATE, biopsy of, endoscopic, with or without cystoscopy ALL STATES: FEE \$174.00 Anaesthetic 6 units — Item Nos 407G / 513S
6030	PROSTATE, needle biopsy of, or injection into ALL STATES: FEE \$57.00 Anaesthetic 5 units — Item Nos 406G / 510S
6033	PROSTATIC ABSCESS, retropubic or endoscopic drainage of ALL STATES: FEE \$190.00 Anaesthetic 7 units — Item Nos 408G / 514S
OPERATIONS ON URETHRA, PENIS OR SCROTUM	
6036	‡ URETHRAL SOUNDS, passage of, as a separate unrelated procedure ALL STATES: FEE \$19.00 Anaesthetic 5 units — Item Nos 406G / 510S
6039	URETHRAL STRICTURE, dilatation of FEE \$ NSW 32.50 VIC 31.00 QLD 32.50 SA 32.50 WA 32.50 TAS 32.50 Anaesthetic 5 units — Item Nos 406G / 510S
6041	URETHRA, repair of RUPTURE OF ALL STATES: FEE \$380.00 Anaesthetic 10 units — Item Nos 450G / 521S

6044	URETHRAL FISTULA, closure of ALL STATES: FEE \$114.00 Anaesthetic 8 units — Item Nos 409G / 517S
6047	‡ URETHROSCOPY, as a separate unrelated procedure ALL STATES: FEE \$59.00 Anaesthetic 5 units — Item Nos 406G / 510S
6053	URETHROSCOPY with diathermy of tumour ALL STATES: FEE \$134.00 Anaesthetic 7 units — Item Nos 408G / 514S
6056	URETHROSCOPY with removal of stone or foreign body ALL STATES: FEE \$95.00 Anaesthetic 6 units — Item Nos 407G / 513S
6061	URETHRA, examination of, involving the use of an urethroscope, with cystoscopy ALL STATES: FEE \$70.00 Anaesthetic 5 units — Item Nos 406G / 510S
6066	URETHRAL MEATOTOMY, EXTERNAL ALL STATES: FEE \$38.00 Anaesthetic 4 units — Item Nos 405G / 509S
6069	URETHROTOMY, external or internal ALL STATES: FEE \$95.00 Anaesthetic 5 units — Item Nos 406G / 510S
6077	URETHRECTOMY, partial or complete, for removal of tumour ALL STATES: FEE \$270.00 Anaesthetic 9 units — Item Nos 443G / 518S

6079	URETHRO-VAGINAL FISTULA, closure of ALL STATES: FEE \$235.00 Anaesthetic 9 units — Item Nos 443G / 518S
6083	URETHRO-RECTAL FISTULA, closure of ALL STATES: FEE \$310.00 Anaesthetic 10 units — Item Nos 450G / 521S
6086	URETHROPLASTY — single stage operation ALL STATES: FEE \$310.00 Anaesthetic 10 units — Item Nos 450G / 521S
6089	URETHROPLASTY — two stage operation — first stage ALL STATES: FEE \$285.00 Anaesthetic 9 units — Item Nos 443G / 518S
6092	URETHROPLASTY — two stage operation — second stage ALL STATES: FEE \$285.00 Anaesthetic 9 units — Item Nos 443G / 518S
6095	URETHROPLASTY, not covered by any other item in this Part ALL STATES: FEE \$114.00 Anaesthetic 9 units — Item Nos 443G / 518S
6098	HYPOSPADIAS, meatotomy and hemi-circumcision ALL STATES: FEE \$72.00 Anaesthetic 7 units — Item Nos 408G / 514S
6105	HYPOSPADIAS, correction of chordee ALL STATES: FEE \$152.00 Anaesthetic 10 units — Item Nos 450G / 521S
6107	HYPOSPADIAS, correction of chordee with transplantation of prepuce ALL STATES: FEE \$190.00 Anaesthetic 10 units — Item Nos 450G / 521S

6110	<p>HYPOSPADIAS, urethral reconstruction for, with or without urinary diversion</p> <p>ALL STATES: FEE \$295.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
6118	<p>HYPOSPADIAS, urethral reconstruction and correction of chordee, complete, one stage including urinary diversion</p> <p>ALL STATES: FEE \$345.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
6122	<p>HYPOSPADIAS, secondary correction of</p> <p>ALL STATES: FEE \$114.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
6130	<p>EPISPADIAS, repair of, not involving sphincter — each stage</p> <p>ALL STATES: FEE \$235.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
6135	<p>EPISPADIAS, repair of, INCLUDING BLADDER NECK CLOSURE</p> <p>ALL STATES: FEE \$380.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
6140	<p>URETHRA, diathermy of</p> <p>ALL STATES: FEE \$76.00</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
6146	<p>URETHRA, excision of prolapse of</p> <p>ALL STATES: FEE \$76.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
6152	<p>URETHRA, excision of diverticulum of</p> <p>ALL STATES: FEE \$190.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>

6157	<p>URETHRA, operation for correction of male urinary incontinence</p> <p>ALL STATES: FEE \$310.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
6162	<p>PRIAPISM, decompression operation for, under general anaesthesia</p> <p>ALL STATES: FEE \$32.50</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
6166	<p>PRIAPISM, decompression shunt, operation for</p> <p>ALL STATES: FEE \$310.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
6175	<p>URETHRAL VALVES OR URETHRAL MEMBRANE, endoscopic, resection of</p> <p>ALL STATES: FEE \$152.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
6179	<p>PENIS, partial amputation of</p> <p>ALL STATES: FEE \$190.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
6184	<p>PENIS, complete or radical amputation of</p> <p>ALL STATES: FEE \$380.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
6189	<p>PENIS, repair of laceration or fracture involving cavernous tissue</p> <p>ALL STATES: FEE \$190.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
6194	<p>PENIS, repair of avulsion</p> <p>ALL STATES: FEE \$380.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>

6199	PENIS, Peyronie's disease, injection procedure for ALL STATES: FEE \$19.00
6204	PENIS, Peyronie's disease, operation for ALL STATES: FEE \$190.00 Anaesthetic 8 units — Item Nos 409G / 517S
6208	PENIS, plastic implantation of ALL STATES: FEE \$270.00 Anaesthetic 8 units — Item Nos 409G / 517S
6210	PENIS, lengthening of by translocation of corpora as an independent procedure ALL STATES: FEE \$310.00 Anaesthetic 8 units — Item Nos 409G / 517S
6212	SCROTUM, partial excision of ALL STATES: FEE \$118.00 Anaesthetic 7 units — Item Nos 408G / 514S
6218	<p style="text-align: center;">OPERATIONS ON TESTES, VASA OR SEMINAL VESICLES</p> <p>TESTICULAR BIOPSY ALL STATES: FEE \$76.00 Anaesthetic 6 units — Item Nos 407G / 513S</p>
6221	SPERMATOCELE OR EPIDIDYMAL CYSTS, excision of G. ALL STATES: FEE \$93.00
6224	S. ALL STATES: FEE \$114.00 Anaesthetic 6 units — Item Nos 407G / 513S

6157	URETHRA, operation for correction of male urinary incontinence ALL STATES: FEE \$310.00 Anaesthetic 9 units — Item Nos 443G / 518S
6162	PRIAPISM, decompression operation for, under general anaesthesia ALL STATES: FEE \$32.50 Anaesthetic 7 units — Item Nos 408G / 514S
6166	PRIAPISM, decompression shunt, operation for ALL STATES: FEE \$310.00 Anaesthetic 10 units — Item Nos 450G / 521S
6170	URETHRAL ABSCESS, drainage of ALL STATES: FEE \$47.00 Anaesthetic 5 units — Item Nos 406G / 510S
6175	URETHRAL VALVES OR URETHRAL MEMBRANE, endoscopic, resection of ALL STATES: FEE \$152.00 Anaesthetic 7 units — Item Nos 408G / 514S
6179	PENIS, partial amputation of ALL STATES: FEE \$190.00 Anaesthetic 8 units — Item Nos 409G / 517S
6184	PENIS, complete or radical amputation of ALL STATES: FEE \$380.00 Anaesthetic 12 units — Item Nos 454G / 523S
6189	PENIS, repair of laceration or fracture involving cavernous tissue ALL STATES: FEE \$190.00 Anaesthetic 8 units — Item Nos 409G / 517S
6194	PENIS, repair of avulsion ALL STATES: FEE \$380.00 Anaesthetic 12 units — Item Nos 454G / 523S

6199		PENIS, Peyronie's disease, injection procedure for ALL STATES: FEE \$19.00
6204		PENIS, Peyronie's disease, operation for ALL STATES: FEE \$190.00 Anaesthetic 8 units — Item Nos 409G / 517S
6208	‡	PENIS, plastic implantation of ALL STATES: FEE \$270.00 Anaesthetic 8 units — Item Nos 409G / 517S
6210	†	PENIS, lengthening of by translocation of corpora as an independent procedure ALL STATES: FEE \$310.00 Anaesthetic 8 units — Item Nos 409G / 517S
6212		SCROTUM, partial excision of ALL STATES: FEE \$118.00 Anaesthetic 7 units — Item Nos 408G / 514S
6216		SCROTUM, drainage of abscess of ALL STATES: FEE \$76.00 Anaesthetic 4 units — Item Nos 405G / 509S
OPERATIONS ON TESTES, VASA OR SEMINAL VESICLES		
6218		TESTICULAR BIOPSY ALL STATES: FEE \$76.00 Anaesthetic 6 units — Item Nos 407G / 513S
6221	G.	SPERMATOCELE OR EPIDIDYMAL CYSTS, excision of ALL STATES: FEE \$93.00
6224	S.	ALL STATES: FEE \$114.00 Anaesthetic 6 units — Item Nos 407G / 513S

6228	<p>EXPLORATION OF THE TESTIS, with or without fixation for torsion</p> <p>ALL STATES: FEE \$114.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
6231	<p>RETROPERITONEAL LYMPH NODE DISSECTION following orchidectomy (unilateral)</p> <p>ALL STATES: FEE \$350.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
6232	<p>RETROPERITONEAL LYMPH NODE DISSECTION following nephrectomy for tumour</p> <p>ALL STATES: FEE \$265.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
6233	<p>ORCHIDOPLASTY</p> <p>ALL STATES: FEE \$140.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
6236	<p>EPIDIDYMECTOMY</p> <p>ALL STATES: FEE \$128.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
6238	<p>VASOEPIDIDYMOSTOMY — unilateral</p> <p>ALL STATES: FEE \$235.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
6241	<p>VASOEPIDIDYMOSTOMY — bilateral</p> <p>ALL STATES: FEE \$270.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
6244	<p>VAS DEFERENS, reanastomosis of</p> <p>ALL STATES: FEE \$210.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>

VASOEPIDIDYMOGRAPHY and VASOVESICULOGRAPHY, as a separate unrelated procedure, PREPARATION FOR, BY OPEN OPERATION

6246

ALL STATES: FEE \$76.00

Anaesthetic 5 units — Item Nos 406G / 510S

VASOTOMY OR VASECTOMY (unilateral or bilateral)

6249

G.

ALL STATES: FEE \$76.00

6253

S.

ALL STATES: FEE \$95.00

Anaesthetic 5 units — Item Nos 406G / 510S

DIVISION 5 — GYNAECOLOGICAL

GYNAECOLOGICAL EXAMINATION UNDER ANAESTHESIA, not associated with any other item in this Part

6258

ALL STATES: FEE \$33.00

Anaesthetic 5 units — Item Nos 406G / 510S

INTRA-UTERINE CONTRACEPTIVE DEVICE, INTRODUCTION OF, not associated with any other item in this Part; or removal of under general anaesthesia; not associated with any other item in this Part

6262

ALL STATES: FEE \$21.50

Anaesthetic 5 units — Item Nos 406G / 510S

HYMENECTOMY

6271

ALL STATES: FEE \$36.00

Anaesthetic 5 units — Item Nos 406G / 510S

+ BARTHOLIN'S CYST, excision of

6274

G.

ALL STATES: FEE \$72.00

6277

S.

ALL STATES: FEE \$90.00

Anaesthetic 7 units — Item Nos 408G / 514S

6228	EXPLORATION OF THE TESTIS, with or without fixation for torsion ALL STATES: FEE \$114.00 Anaesthetic 5 units — Item Nos 406G / 510S
† 6231	RETROPERITONEAL LYMPH NODE DISSECTION following orchidectomy (unilateral) ALL STATES: FEE \$350.00 Anaesthetic 12 units — Item Nos 454G / 523S
† 6232	RETROPERITONEAL LYMPH NODE DISSECTION following nephrectomy for tumour ALL STATES: FEE \$265.00 Anaesthetic 12 units — Item Nos 454G / 523S
6233	ORCHIDOPLASTY ALL STATES: FEE \$140.00 Anaesthetic 8 units — Item Nos 409G / 517S
6236	EPIDIDYMECTOMY ALL STATES: FEE \$128.00 Anaesthetic 8 units — Item Nos 409G / 517S
6238	VASOEPIDIDYMOSTOMY — unilateral ALL STATES: FEE \$235.00 Anaesthetic 9 units — Item Nos 443G / 518S
6241	VASOEPIDIDYMOSTOMY — bilateral ALL STATES: FEE \$270.00 Anaesthetic 12 units — Item Nos 454G / 523S
6244	VAS DEFERENS, reanastomosis of ALL STATES: FEE \$210.00 Anaesthetic 9 units — Item Nos 443G / 518S

PART 10 — OPERATIONS

DIVISION 4 — UROLOGICAL

‡ VASOEPIDIDYMOGRAPHY and VASOVESICULOGRAPHY, as a separate unrelated procedure, PREPARATION FOR, BY OPEN OPERATION

6246

ALL STATES: FEE \$76.00

Anaesthetic 5 units — Item Nos 406G / 510S

VASOTOMY OR VASECTOMY (unilateral or bilateral)

6249

G.

ALL STATES: FEE \$76.00

6253

S.

ALL STATES: FEE \$95.00

Anaesthetic 5 units — Item Nos 406G / 510S

DIVISION 5 — GYNAECOLOGICAL

‡ GYNAECOLOGICAL EXAMINATION UNDER ANAESTHESIA, not associated with any other item in this Part

6258

ALL STATES: FEE \$33.00

Anaesthetic 5 units — Item Nos 406G / 510S

‡ INTRA-UTERINE CONTRACEPTIVE DEVICE, INTRODUCTION OF, not associated with any other item in this Part; or removal of under general anaesthesia, not associated with any other item in this Part

6262

ALL STATES: FEE \$21.50

Anaesthetic 5 units — Item Nos 406G / 510S

SIMPLE TUMOUR OF VULVA, removal of

6267

ALL STATES: FEE \$33.00

Anaesthetic 7 units — Item Nos 408G / 514S

HYMENECTOMY

6271

ALL STATES: FEE \$36.00

Anaesthetic 5 units — Item Nos 406G / 510S

BARTHOLIN'S CYST, excision of

6274

G.

ALL STATES: FEE \$60.00

6277

S.

ALL STATES: FEE \$74.00

Anaesthetic 7 units — Item Nos 408G / 514S

‡	BARTHOLIN'S CYST OR GLAND, marsupialisation of	
6278	G.	ALL STATES: FEE \$47.50
6280	S.	ALL STATES: FEE \$60.00
		Anaesthetic 6 units — Item Nos 407G / 513S
6284	BARTHOLIN'S ABSCESS, incision of	
		ALL STATES: FEE \$24.00
		Anaesthetic 5 units — Item Nos 406G / 510S
6290	URETHRA OR URETHRAL CARUNCLE, cauterisation of	
		ALL STATES: FEE \$24.00
		Anaesthetic 4 units — Item Nos 405G / 509S
6292	URETHRAL CARUNCLE, excision of	
	G.	ALL STATES: FEE \$47.50
6296	S.	ALL STATES: FEE \$60.00
		Anaesthetic 6 units — Item Nos 407G / 513S
6299	CLITORIS, amputation of	
		ALL STATES: FEE \$108.00
		Anaesthetic 7 units — Item Nos 408G / 514S
6302	VULVECTOMY (SIMPLE), VULVOPLASTY OR LABIOPLASTY	
		ALL STATES: FEE \$142.00
		Anaesthetic 9 units — Item Nos 443G / 518S
6306	VULVECTOMY (RADICAL)	
		ALL STATES: FEE \$480.00
		Anaesthetic 16 units — Item Nos 460G / 527S

6308	PELVIC LYMPH GLANDS, excision of (radical) ALL STATES: FEE \$275.00 Anaesthetic 15 units — Item Nos 459G / 526S
6313	VAGINA, DILATATION OF, as a separate unrelated procedure including associated consultation ALL STATES: FEE \$17.60 Anaesthetic 4 units — Item Nos 405G / 509S
6321	VAGINA, removal of simple tumour (including Gartner duct cyst) ALL STATES: FEE \$87.00 Anaesthetic 8 units — Item Nos 409G / 517S
6325	VAGINA, partial or complete removal of ALL STATES: FEE \$275.00 Anaesthetic 13 units — Item Nos 457G / 524S
6327	VAGINAL RECONSTRUCTION in congenital absence, gynatresia or urogenital sinus ALL STATES: FEE \$275.00 Anaesthetic 18 units — Item Nos 462G / 529S
6332	VAGINAL SEPTUM, excision of, for correction of double vagina ALL STATES: FEE \$162.00 Anaesthetic 12 units — Item Nos 454G / 523S
6336	PLASTIC REPAIR TO ENLARGE VAGINAL ORIFICE ALL STATES: FEE \$65.00 Anaesthetic 9 units — Item Nos 443G / 518S
6342	COLPOTOMY OR COLPORRHAPHY, not covered by a specific item in this Part ALL STATES: FEE \$50.00 Anaesthetic 6 units — Item Nos 407G / 513S

	BARTHOLIN'S CYST OR GLAND, marsupialisation or cautery destruction of	
6278	G.	ALL STATES: FEE \$47.50
6280	S.	ALL STATES: FEE \$60.00
	Anaesthetic 6 units — Item Nos 407G / 513S	
	BARTHOLIN'S ABSCESS, incision of	
6284		ALL STATES: FEE \$24.00
	Anaesthetic 5 units — Item Nos 406G / 510S	
	SKENE'S DUCT, incision of, or removal of calculus from	
6286		ALL STATES: FEE \$36.00
	Anaesthetic 6 units — Item Nos 407G / 513S	
	URETHRA OR URETHRAL CARUNCLE, cauterisation of	
6290		ALL STATES: FEE \$24.00
	Anaesthetic 4 units — Item Nos 405G / 509S	
	URETHRAL CARUNCLE, excision of	
6292	G.	ALL STATES: FEE \$47.50
6296	S.	ALL STATES: FEE \$60.00
	Anaesthetic 6 units — Item Nos 407G / 513S	
	CLITORIS, amputation of	
6299		ALL STATES: FEE \$108.00
	Anaesthetic 7 units — Item Nos 408G / 514S	
	VULVECTOMY (SIMPLE), VULVOPLASTY OR LABIOPLASTY	
6302		ALL STATES: FEE \$142.00
	Anaesthetic 9 units — Item Nos 443G / 518S	
	VULVECTOMY (RADICAL)	
6306		ALL STATES: FEE \$480.00
	Anaesthetic 16 units — Item Nos 460G / 527S	

	BARTHOLIN'S CYST OR GLAND, marsupialisation or cautery destruction of	
6278	G.	ALL STATES: FEE \$47.50
6280	S.	ALL STATES: FEE \$60.00
		Anaesthetic 6 units — Item Nos 407G / 513S
	BARTHOLIN'S ABSCESS, incision of	
6284		ALL STATES: FEE \$24.00
		Anaesthetic 5 units — Item Nos 406G / 510S
	SKENE'S DUCT, incision of, or removal of calculus from	
6286		ALL STATES: FEE \$36.00
		Anaesthetic 6 units — Item Nos 407G / 513S
	URETHRA OR URETHRAL CARUNCLE, cauterisation of	
6290		ALL STATES: FEE \$24.00
		Anaesthetic 4 units — Item Nos 405G / 509S
	URETHRAL CARUNCLE, excision of	
6292	G.	ALL STATES: FEE \$47.50
6296	S.	ALL STATES: FEE \$60.00
		Anaesthetic 6 units — Item Nos 407G / 513S
	CLITORIS, amputation of	
6299		ALL STATES: FEE \$108.00
		Anaesthetic 7 units — Item Nos 408G / 514S
	VULVECTOMY (SIMPLE), VULVOPLASTY OR LABIOPLASTY	
6302		ALL STATES: FEE \$142.00
		Anaesthetic 9 units — Item Nos 443G / 518S
	VULVECTOMY (RADICAL)	
6306		ALL STATES: FEE \$480.00
		Anaesthetic 16 units — Item Nos 460G / 527S

PART 10 — OPERATIONS

DIVISION 5 — GYNAECOLOGICAL

6308	PELVIC LYMPH GLANDS, excision of (radical) ALL STATES: FEE \$275.00 Anaesthetic 15 units — Item Nos 459G / 526S
‡ 6313	VAGINA, DILATATION OF, as a separate unrelated procedure including associated consultation ALL STATES: FEE \$17.60 Anaesthetic 4 units — Item Nos 405G / 509S
6321	VAGINA, removal of simple tumour (including Gartner duct cyst) ALL STATES: FEE \$87.00 Anaesthetic 8 units — Item Nos 409G / 517S
6325	VAGINA, partial or complete removal of ALL STATES: FEE \$275.00 Anaesthetic 13 units — Item Nos 457G / 524S
6327	VAGINAL RECONSTRUCTION in congenital absence, gynatresia or urogenital sinus ALL STATES: FEE \$275.00 Anaesthetic 18 units — Item Nos 462G / 529S
6332	VAGINAL SEPTUM, excision of, for correction of double vagina ALL STATES: FEE \$162.00 Anaesthetic 12 units — Item Nos 454G / 523S
6336	PLASTIC REPAIR TO ENLARGE VAGINAL ORIFICE ALL STATES: FEE \$65.00 Anaesthetic 9 units — Item Nos 443G / 518S
‡ 6342	COLPOTOMY OR COLPORRHAPHY, not covered by a specific item in this Part ALL STATES: FEE \$50.00 Anaesthetic 6 units — Item Nos 407G / 513S

PART 10 — OPERATIONS

DIVISION 5 — GYNAECOLOGICAL

		CYSTOCELE OR RECTOCELE, repair of, not covered by items 6358, 6363, 6367 or 6373 in this Schedule						
6347	G. FEE	\$	NSW 140.00	VIC 120.00	QLD 120.00	SA 120.00	WA 120.00	TAS 120.00
6352	S. FEE	\$	170.00	148.00	148.00	148.00	148.00	148.00
		Anaesthetic 10 units — Item Nos 450G / 521S						
		CYSTOCELE AND RECTOCELE, repair of, not covered by Items 6367 or 6373 in this Schedule						
6358	G.	ALL STATES: FEE \$170.00						
6363	S.	ALL STATES: FEE \$215.00						
		Anaesthetic 10 units — Item Nos 450G / 521S						
		COLPOPLASTY, DONALD-FOTHERGILL OR MANCHESTER OPERATION (operation for genital prolapse)						
6367	G.	ALL STATES: FEE \$210.00						
6373	S. FEE	\$	NSW 255.00	VIC 255.00	QLD 255.00	SA 255.00	WA 270.00	TAS 255.00
		Anaesthetic 10 units — Item Nos 450G / 521S						
		URETHROCELE, operation for						
6389		ALL STATES: FEE \$71.00						
		Anaesthetic 9 units — Item Nos 443G / 518S						
		ABDOMINAL APPROACH for repair of ENTEROCELE AND/OR SUSPENSION OF VAGINAL VAULT						
6396		ALL STATES: FEE \$215.00						
		Anaesthetic 9 units — Item Nos 443G / 518S						
		FISTULA BETWEEN GENITAL AND URINARY OR ALIMENTARY TRACTS, repair of, not covered by Items 5941, 6079 or 6083						
6401		ALL STATES: FEE \$275.00						
		Anaesthetic 13 units — Item Nos 457G / 524S						
		STRESS INCONTINENCE, sling operation for						
6406		ALL STATES: FEE \$270.00						
		Anaesthetic 12 units — Item Nos 454G / 523S						

CYSTOCELE OR RECTOCELE, repair of, not covered by items 6358, 6363, 6367 or 6373 in this Schedule

			NSW	VIC	QLD	SA	WA	TAS
6347	G. FEE	\$	140.00	120.00	120.00	120.00	120.00	120.00
6352	S. FEE	\$	170.00	148.00	148.00	148.00	148.00	148.00

Anaesthetic 10 units — Item Nos 450G / 521S

CYSTOCELE AND RECTOCELE, repair of, not covered by Items 6367 or 6373 in this Schedule

6358	G.	ALL STATES: FEE \$170.00
6363	S.	ALL STATES: FEE \$215.00

Anaesthetic 10 units — Item Nos 450G / 521S

COLPOPLASTY, DONALD-FOTHERGILL OR MANCHESTER OPERATION (operation for genital prolapse)

6367	G.	ALL STATES: FEE \$210.00						
6373	S. FEE		NSW	VIC	QLD	SA	WA	TAS
		\$	255.00	255.00	255.00	255.00	270.00	255.00

Anaesthetic 10 units — Item Nos 450G / 521S

URETHROCELE, operation for

6389		ALL STATES: FEE \$71.00
------	--	-------------------------

Anaesthetic 9 units — Item Nos 443G / 518S

ABDOMINAL APPROACH for repair of ENTEROCELE AND/OR SUSPENSION OF VAGINAL VAULT

6396		ALL STATES: FEE \$215.00
------	--	--------------------------

Anaesthetic 9 units — Item Nos 443G / 518S

FISTULA BETWEEN GENITAL AND URINARY OR ALIMENTARY TRACTS, repair of, not covered by Items 5941, 6079 or 6083

6401		ALL STATES: FEE \$275.00
------	--	--------------------------

Anaesthetic 13 units — Item Nos 457G / 524S

STRESS INCONTINENCE, sling operation for

6406		ALL STATES: FEE \$270.00
------	--	--------------------------

Anaesthetic 12 units — Item Nos 454G / 523S

6407	<p>STRESS INCONTINENCE, ABDOMINO-VAGINAL operation for, synchronous combined: abdominal procedure (including after-care)</p> <p>ALL STATES: FEE \$270.00</p> <p>STRESS INCONTINENCE, ABDOMINO-VAGINAL operation for, synchronous combined: vaginal procedure (including aftercare)</p> <p>ALL STATES: FEE \$148.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
6411	<p>CERVIX, cauterisation, ionisation or diathermy of, with or without removal of cervical polyp, with or without dilatation of cervix</p> <p>ALL STATES: FEE \$25.50</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
+ 6415	<p>EXAMINATION OF THE UTERINE CERVIX by a magnifying colposcope of the Hinselmann type or similar instrument</p> <p>ALL STATES: FEE \$13.80</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
† 6430 6431	<p>CERVIX, cone biopsy, amputation or repair of, not covered by Item 6367 or 6373</p> <p>G. ALL STATES: FEE \$70.00</p> <p>S. ALL STATES: FEE \$87.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
6446	<p>CERVIX, dilatation of, not covered by Items 6460/6464 or 6469 in this Schedule</p> <p>ALL STATES: FEE \$33.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
‡ 6451	<p>HYSTEROSCOPY under general anaesthesia or CULDOSCOPY</p> <p>ALL STATES: FEE \$43.50</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>

PART 10 — OPERATIONS

DIVISION 5 — GYNAECOLOGICAL

CYSTOCELE OR RECTOCELE, repair of, not covered by items 6358, 6363, 6367 or 6373 in this Schedule

		NSW	VIC	QLD	SA	WA	TAS
6347	G. FEE	\$ 140.00	120.00	120.00	120.00	120.00	120.00
6352	S. FEE	\$ 170.00	148.00	148.00	148.00	148.00	148.00

Anaesthetic 10 units — Item Nos 450G / 521S

CYSTOCELE AND RECTOCELE, repair of, not covered by Items 6367 or 6373 in this Schedule

6358 G. ALL STATES: FEE \$170.00

6363 S. ALL STATES: FEE \$215.00

Anaesthetic 10 units — Item Nos 450G / 521S

COLPOPLASTY, DONALD-FOTHERGILL OR MANCHESTER OPERATION (operation for genital prolapse)

6367 G. ALL STATES: FEE \$210.00

		NSW	VIC	QLD	SA	WA	TAS
6373	S. FEE	\$ 255.00	255.00	255.00	255.00	270.00	255.00

Anaesthetic 10 units — Item Nos 450G / 521S

URETHROCELE, operation for

6389 ALL STATES: FEE \$71.00

Anaesthetic 9 units — Item Nos 443G / 518S

ABDOMINAL APPROACH for repair of ENTEROCELE AND/OR SUSPENSION OF VAGINAL VAULT

6396 ALL STATES: FEE \$215.00

Anaesthetic 9 units — Item Nos 443G / 518S

FISTULA BETWEEN GENITAL AND URINARY OR ALIMENTARY TRACTS, repair of, not covered by Items 5941, 6079 or 6083

6401 ALL STATES: FEE \$275.00

Anaesthetic 13 units — Item Nos 457G / 524S

STRESS INCONTINENCE, sling operation for

6406 ALL STATES: FEE \$270.00

Anaesthetic 12 units — Item Nos 454G / 523S

PART 10 — OPERATIONS

DIVISION 5 — GYNAECOLOGICAL

6407	STRESS INCONTINENCE, ABDOMINO-VAGINAL operation for, synchronous combined: abdominal procedure (including aftercare)	ALL STATES: FEE \$270.00														
6408	STRESS INCONTINENCE, ABDOMINO-VAGINAL operation for, synchronous combined: vaginal procedure (including aftercare)	ALL STATES: FEE \$148.00 Anaesthetic 12 units — Item Nos 454G / 523S														
6411	CERVIX, cauterisation, ionisation or diathermy of, with or without removal of cervical polyp, with or without dilatation of cervix	ALL STATES: FEE \$25.50 Anaesthetic 5 units — Item Nos 406G / 510S														
6415	EXAMINATION OF THE UTERINE CERVIX by a magnifying colposcope of the Hinselmann type or similar instrument	<table border="0"> <thead> <tr> <th></th> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>FEE \$</td> <td>27.50</td> <td>27.50</td> <td>27.50</td> <td>22.50</td> <td>22.50</td> <td>22.50</td> </tr> </tbody> </table> Anaesthetic 5 units — Item Nos 406G / 510S		NSW	VIC	QLD	SA	WA	TAS	FEE \$	27.50	27.50	27.50	22.50	22.50	22.50
	NSW	VIC	QLD	SA	WA	TAS										
FEE \$	27.50	27.50	27.50	22.50	22.50	22.50										
6418	G. CERVIX, cone biopsy of	ALL STATES: FEE \$70.00														
6424	S. CERVIX, cone biopsy of	ALL STATES: FEE \$87.00 Anaesthetic 7 units — Item Nos 408G / 514S														
6436	G. CERVIX, amputation or repair of, not covered by Item 6367 or 6373 in this Schedule	ALL STATES: FEE \$59.00														
6441	S. CERVIX, amputation or repair of, not covered by Item 6367 or 6373 in this Schedule	ALL STATES: FEE \$71.00 Anaesthetic 7 units — Item Nos 408G / 514S														
6446	CERVIX, dilatation of, not covered by Items 6460/6464 or 6469 in this Schedule	ALL STATES: FEE \$33.00 Anaesthetic 5 units — Item Nos 406G / 510S														
6451	CULDOSCOPY	ALL STATES: FEE \$43.50 Anaesthetic 7 units — Item Nos 408G / 514S														

PART 10 — OPERATIONS

DIVISION 5 — GYNAECOLOGICAL

UTERUS, CURETTAGE OF, with or without dilatation, including curettage for incomplete miscarriage

6460 G. ALL STATES: FEE \$54.00

6464	S. FEE	\$	NSW 70.00	VIC 74.00	QLD 70.00	SA 70.00	WA 70.00	TAS 70.00
------	--------	----	--------------	--------------	--------------	-------------	-------------	--------------

Anaesthetic 5 units — Item Nos 406G / 510S

EVACUATION OF THE CONTENTS OF THE GRAVID UTERUS BY CURETTAGE OR SUCTION CURETTAGE not covered by Item 6460/6464

6469 ALL STATES: FEE \$88.00

Anaesthetic 5 units — Item Nos 406G / 510S

UTERUS, CURETTAGE OF, with COLPOSCOPY, CERVICAL BIOPSY and RADICAL DIATHERMY

6483 ALL STATES: FEE \$120.00

Anaesthetic 8 units — Item Nos 409G / 517S

HYSTEROTOMY or MYOMECTOMY

6508 ALL STATES: FEE \$215.00

Anaesthetic 10 units — Item Nos 450G / 521S

HYSTERECTOMY — SUBTOTAL or TOTAL, by any route

6513 G. ALL STATES: FEE \$215.00

6517 S. ALL STATES: FEE \$270.00

Anaesthetic 11 units — Item Nos 453G / 522S

HYSTERECTOMY, ABDOMINAL, with enucleation of ovarian cyst, one or both sides

6532 G. ALL STATES: FEE \$285.00

6533 S. ALL STATES: FEE \$360.00

Anaesthetic 12 units — Item Nos 454G / 523S

HYSTERECTOMY AND DISSECTION OF PELVIC GLANDS

6536 ALL STATES: FEE \$455.00

Anaesthetic 17 units — Item Nos 461G / 528S

6542	RADICAL HYSTERECTOMY WITHOUT GLAND DISSECTION							
	ALL STATES: FEE \$330.00							
	Anaesthetic 12 units — Item Nos 454G / 523S							
6544	HYSTERECTOMY, VAGINAL, with removal of UTERINE ADNEXAE							
	ALL STATES: FEE \$310.00							
	Anaesthetic 12 units — Item Nos 454G / 523S							
6553	ECTOPIC GESTATION, removal of							
	G.	ALL STATES: FEE \$170.00						
6557	S.	ALL STATES: FEE \$215.00						
	Anaesthetic 9 units — Item Nos 443G / 518S							
6570	BICORNUATE UTERUS, plastic reconstruction for							
	ALL STATES: FEE \$240.00							
	Anaesthetic 14 units — Item Nos 458G / 525S							
6585	UTERUS, SUSPENSION OR FIXATION OF, as a separate unrelated procedure							
	G. FEE	\$	NSW 142.00	VIC 142.00	QLD 130.00	SA 142.00	WA 130.00	TAS 130.00
6594	S. FEE	\$	174.00	192.00	174.00	174.00	174.00	174.00
	Anaesthetic 8 units — Item Nos 409G / 517S							
6604	LAPAROSCOPY, DIAGNOSTIC, as a diagnostic procedure performed in gynaecology							
	ALL STATES: FEE \$87.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
6607	LAPAROSCOPY involving biopsy, puncture of cysts, diathermy of endometriosis, ventrosuspension, division of adhesions or other procedures — one or more such procedures — not associated with Item 6611 or 6612							
	ALL STATES: FEE \$162.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							

UTERUS, CURETTAGE OF, with or without dilatation, including curettage for incomplete miscarriage

6460 G. ALL STATES: FEE \$54.00

		NSW	VIC	QLD	SA	WA	TAS
6464	S. FEE	\$ 70.00	74.00	70.00	70.00	70.00	70.00

Anaesthetic 5 units - Item Nos 406G / 510S

EVACUATION OF THE CONTENTS OF THE GRAVID UTERUS BY CURETTAGE OR SUCTION CURETTAGE not covered by Item 6460/6464

6469 ALL STATES: FEE \$88.00

Anaesthetic 5 units - Item Nos 406G / 510S

UTERUS, CURETTAGE OF, with COLPOSCOPY, CERVICAL BIOPSY and RADICAL DIATHERMY

6483 ALL STATES: FEE \$120.00

Anaesthetic 8 units - Item Nos 409G / 517S

HYSTEROTOMY or MYOMECTOMY

6508 ALL STATES: FEE \$215.00

Anaesthetic 10 units - Item Nos 450G / 521S

HYSTERECTOMY - SUBTOTAL or TOTAL, by any route

6513 G. ALL STATES: FEE \$215.00

6517 S. ALL STATES: FEE \$270.00

Anaesthetic 11 units - Item Nos 453G / 522S

HYSTERECTOMY, ABDOMINAL, with enucleation of ovarian cyst, one or both sides

6532 G. ALL STATES: FEE \$285.00

6533 S. ALL STATES: FEE \$360.00

Anaesthetic 12 units - Item Nos 454G / 523S

HYSTERECTOMY AND DISSECTION OF PELVIC GLANDS

6536 ALL STATES: FEE \$455.00

Anaesthetic 17 units - Item Nos 461G / 528S

6542	RADICAL HYSTERECTOMY WITHOUT GLAND DISSECTION							
	ALL STATES: FEE \$330.00							
	Anaesthetic 12 units — Item Nos 454G / 523S							
6544	HYSTERECTOMY, VAGINAL, with removal of UTERINE ADNEXAE							
	ALL STATES: FEE \$310.00							
	Anaesthetic 12 units — Item Nos 454G / 523S							
6553	ECTOPIC GESTATION, removal of							
	G.	ALL STATES: FEE \$170.00						
6557	S.	ALL STATES: FEE \$215.00						
	Anaesthetic 9 units — Item Nos 443G / 518S							
6570	BICORNUATE UTERUS, plastic reconstruction for							
	ALL STATES: FEE \$240.00							
	Anaesthetic 14 units — Item Nos 458G / 525S							
‡	UTERUS, SUSPENSION OR FIXATION OF, as a separate unrelated procedure							
6585	G. FEE	\$	NSW 142.00	VIC 142.00	QLD 130.00	SA 142.00	WA 130.00	TAS 130.00
6594	S. FEE	\$	174.00	192.00	174.00	174.00	174.00	174.00
	Anaesthetic 8 units — Item Nos 409G / 517S							
6599	RUBIN TEST for patency							
	ALL STATES: FEE \$27.00							
	Anaesthetic 5 units — Item Nos 406G / 510S							
6604	LAPAROSCOPY, DIAGNOSTIC, as a diagnostic procedure performed in gynaecology							
	ALL STATES: FEE \$87.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							

STERILISATION BY TRANSECTION OR RESECTION OF FALLOPIAN TUBES, via abdominal or vaginal routes or via laparoscopy using diathermy or any other method

6611 G. ALL STATES: FEE \$132.00

6612 S. ALL STATES: FEE \$162.00

Anaesthetic 8 units — Item Nos 409G / 517S

TUBOPLASTY (salpingostomy, salpingolysis or tubal implantation into uterus), UNILATERAL or BILATERAL

6631 ALL STATES: FEE \$255.00

Anaesthetic 11 units — Item Nos 453G / 522S

† FALLOPIAN TUBES, unilateral microsurgical anastomosis of, using operating microscope

6633 ALL STATES: FEE \$300.00

Anaesthetic 18 units — Item Nos 462G / 529S

† FALLOPIAN TUBES, hydrotubation of, as an isolated procedure, or Rubin test for patency of

6638 ALL STATES: FEE \$27.00

Anaesthetic 7 units — Item Nos 408G / 514S

FALLOPIAN TUBES, hydrotubation of, as a repetitive post-operative procedure

6641 ALL STATES: FEE \$17.40

Anaesthetic 7 units — Item Nos 408G / 514S

LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PAROVARIAN, FIMBRIAL or BROAD LIGAMENT CYST — one such procedure, not associated with hysterectomy

6643 G. ALL STATES: FEE \$146.00

6644 S. ALL STATES: FEE \$184.00

Anaesthetic 9 units — Item Nos 443G / 518S

PART 10 — OPERATIONS

DIVISION 5 — GYNAECOLOGICAL

LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PAROVARIAN, FIMBRIAL or BROAD LIGAMENT CYST — two or more such procedures, unilateral or bilateral, not associated with hysterectomy

6648 G. ALL STATES: FEE \$176.00

6649 S. ALL STATES: FEE \$220.00

Anaesthetic 10 units — Item Nos 450G / 521S

PELVIC ABSCESS, suprapubic drainage of

6677 G. ALL STATES: FEE \$146.00

6681 S. ALL STATES: FEE \$184.00

Anaesthetic 8 units — Item Nos 409G / 517S

DIVISION 6 — OPHTHALMOLOGICAL

OPHTHALMOLOGICAL EXAMINATION under general anaesthesia, not associated with any other item in this Part

6686 ALL STATES: FEE \$40.50

Anaesthetic 5 units — Item Nos 406G / 510S

EYE, ENUCLEATION OF, with or without sphere implant

6688 ALL STATES: FEE \$190.00

Anaesthetic 8 units — Item Nos 409G / 517S

EYE, ENUCLEATION OF, with insertion of integrated implant

6692 ALL STATES: FEE \$245.00

Anaesthetic 9 units — Item Nos 443G / 518S

GLOBE, EVISCERATION OF

6697 ALL STATES: FEE \$190.00

Anaesthetic 8 units — Item Nos 409G / 517S

GLOBE, EVISCERATION OF, AND INSERTION OF INTRASCLERAL BALL OR CARTILAGE

6699 ALL STATES: FEE \$245.00

Anaesthetic 9 units — Item Nos 443G / 518S

LAPAROSCOPY involving biopsy, puncture of cysts, diathermy of endometriosis, ventrosuspension, division of adhesions or other procedures — one or more such procedures — not associated with Item 6611 or 6612

6607 ALL STATES: FEE \$162.00

Anaesthetic 7 units — Item Nos 408G / 514S

STERILISATION BY TRANSECTION OR RESECTION OF FALLOPIAN TUBES, via abdominal or vaginal routes or via laparoscopy using diathermy or any other method

6611 G. ALL STATES: FEE \$132.00

6612 S. ALL STATES: FEE \$162.00

Anaesthetic 8 units — Item Nos 409G / 517S

TUBOPLASTY (salpingostomy, salpingolysis or tubal implantation into uterus), UNILATERAL or BILATERAL

6631 ALL STATES: FEE \$255.00

Anaesthetic 11 units — Item Nos 453G / 522S

FALLOPIAN TUBES, hydrotubation of, as an isolated procedure

6636 ALL STATES: FEE \$25.50

Anaesthetic 7 units — Item Nos 408G / 514S

FALLOPIAN TUBES, hydrotubation of, as a repetitive post-operative procedure

6641 ALL STATES: FEE \$17.40

Anaesthetic 7 units — Item Nos 408G / 514S

LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PAROVARIAN, FIMBRIAL or BROAD LIGAMENT CYST — one such procedure, not associated with hysterectomy

6643 G. ALL STATES: FEE \$146.00

6644 S. ALL STATES: FEE \$184.00

Anaesthetic 9 units — Item Nos 443G / 518S

PART 10 — OPERATIONS

DIVISION 5 — GYNAECOLOGICAL

LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PAROVARIAN, FIMBRIAL or BROAD LIGAMENT CYST — two or more such procedures, unilateral or bilateral, not associated with hysterectomy

6648 G. ALL STATES: FEE \$176.00

6649 S. ALL STATES: FEE \$220.00

Anaesthetic 10 units — Item Nos 450G / 521S

PELVIC ABSCESS, suprapubic drainage of

6677 G. ALL STATES: FEE \$146.00

6681 S. ALL STATES: FEE \$184.00

Anaesthetic 8 units — Item Nos 409G / 517S

DIVISION 6 — OPHTHALMOLOGICAL

‡ OPHTHALMOLOGICAL EXAMINATION under general anaesthesia, not associated with any other item in this Part

6686 ALL STATES: FEE \$40.50

Anaesthetic 5 units — Item Nos 406G / 510S

EYE, ENUCLEATION OF, with or without sphere implant

6688 ALL STATES: FEE \$190.00

Anaesthetic 8 units — Item Nos 409G / 517S

EYE, ENUCLEATION OF, with insertion of integrated implant

6692 ALL STATES: FEE \$245.00

Anaesthetic 9 units — Item Nos 443G / 518S

GLOBE, EVISCERATION OF

6697 ALL STATES: FEE \$190.00

Anaesthetic 8 units — Item Nos 409G / 517S

GLOBE, EVISCERATION OF, AND INSERTION OF INTRASCLERAL BALL OR CARTILAGE

6699 ALL STATES: FEE \$245.00

Anaesthetic 9 units — Item Nos 443G / 518S

ANOPHTHALMIC ORBIT, INSERTION OF CARTILAGE OR ARTIFICIAL IMPLANT as a delayed procedure: or REMOVAL OF IMPLANT FROM SOCKET

6701

ALL STATES: FEE \$140.00

Anaesthetic 9 units — Item Nos 443G / 518S

ORBIT, SKIN GRAFT TO, as a delayed procedure

6703

ALL STATES: FEE \$81.00

Anaesthetic 7 units — Item Nos 408G / 514S

CONTRACTED SOCKET, RECONSTRUCTION INCLUDING MUCOUS MEMBRANE GRAFTING AND STENT MOULD

6705

ALL STATES: FEE \$162.00

Anaesthetic 11 units — Item Nos 453G / 522S

ORBIT, EXPLORATION with or without biopsy, requiring REMOVAL OF BONE

6707

ALL STATES: FEE \$250.00

Anaesthetic 9 units — Item Nos 443G / 518S

ORBIT, EXPLORATION OF with drainage or biopsy not requiring removal of bone

6709

ALL STATES: FEE \$160.00

Anaesthetic 8 units — Item Nos 409G / 517S

ORBIT, EXENTERATION OF, with or without skin graft and with or without temporalis muscle transplant

6715

ALL STATES: FEE \$330.00

Anaesthetic 10 units — Item Nos 450G / 521S

ORBIT, EXPLORATION OF, with removal of tumour or foreign body, requiring removal of bone

6722

ALL STATES: FEE \$405.00

Anaesthetic 12 units — Item Nos 454G / 523S

ORBIT, EXPLORATION OF, with removal of tumour or foreign body

6724

ALL STATES: FEE \$200.00

Anaesthetic 10 units — Item Nos 450G / 521S

PART 10 — OPERATIONS

DIVISION 6 — OPHTHALMOLOGICAL

6728	<p>EYEBALL, PERFORATING WOUND OF, not involving intraocular structures — repair</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
6730	<p>EYEBALL, PERFORATING WOUND OF, with incarceration or prolapse of uveal tissue — repair</p> <p>ALL STATES: FEE \$295.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
6736	<p>EYEBALL, PERFORATING WOUND OF, with incarceration of lens or vitreous — repair</p> <p>ALL STATES: FEE \$405.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
6740	<p>INTRA-OCULAR FOREIGN BODY, removal from anterior chamber, magnetic</p> <p>ALL STATES: FEE \$162.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
6742	<p>INTRA-OCULAR FOREIGN BODY, removal from anterior chamber, non-magnetic</p> <p>ALL STATES: FEE \$210.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
6744	<p>INTRA-OCULAR FOREIGN BODY, MAGNETIC, removal from posterior segment</p> <p>ALL STATES: FEE \$295.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
6747	<p>INTRA-OCULAR FOREIGN BODY, NON-MAGNETIC, removal from posterior segment</p> <p>ALL STATES: FEE \$405.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
6752	<p>ABSCESS (INTRA-ORBITAL), drainage of</p> <p>ALL STATES: FEE \$47.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
6754	<p>TARSAL CYST, extirpation of</p> <p>ALL STATES: FEE \$33.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>

6758	TARSAL CARTILAGE, excision of ALL STATES: FEE \$182.00 Anaesthetic 8 units — Item Nos 409G / 517S
6762	ECTROPION, tarsal cauterisation for ALL STATES: FEE \$47.00
6766	TARSORRHAPHY ALL STATES: FEE \$108.00 Anaesthetic 8 units — Item Nos 409G / 517S
6767	ELECTROLYSIS EPILATION for trichiasis — each treatment FEE \$ NSW 21.00 VIC 18.60 QLD 18.60 SA 18.60 WA 18.60 TAS 18.60 Anaesthetic 6 units — Item Nos 407G / 513S
6768	CANTHOPLASTY, medial or lateral ALL STATES: FEE \$134.00 Anaesthetic 9 units — Item Nos 443G / 518S
6772	LACRIMAL GLAND, excision of palpebral lobe ALL STATES: FEE \$81.00 Anaesthetic 8 units — Item Nos 409G / 517S
6774	LACRIMAL SAC, excision of, or operation on ALL STATES: FEE \$200.00 Anaesthetic 8 units — Item Nos 409G / 517S
6778	DACRYOCYSTORHINOSTOMY ALL STATES: FEE \$275.00 Anaesthetic 11 units — Item Nos 453G / 522S
6786	CONJUNCTIVORHINOSTOMY including dacryocystorhinostomy and fashioning of conjunctival flaps ALL STATES: FEE \$295.00 Anaesthetic 12 units — Item Nos 454G / 523S

PART 10 — OPERATIONS

DIVISION 6 — OPHTHALMOLOGICAL

6792	LACRIMAL CANALICULAR SYSTEM, reconstruction of ALL STATES: FEE \$250.00 Anaesthetic 8 units — Item Nos 409G / 517S
6796	LACRIMAL CANALICULUS, immediate repair of ALL STATES: FEE \$182.00 Anaesthetic 8 units — Item Nos 409G / 517S
6799	NASO-LACRIMAL DUCT, probing for obstruction, one or both ducts FEE \$ NSW 57.00 VIC 57.00 QLD 39.00 SA 39.00 WA 39.00 TAS 39.00 Anaesthetic 4 units — Item Nos 405G / 509S
6802	LACRIMAL PASSAGES, lavage of (excluding after-care) ALL STATES: FEE \$19.00 Anaesthetic 4 units — Item Nos 405G / 509S
6805	PUNCTUM SNIP operation FEE \$ NSW 53.00 VIC 45.00 QLD 32.50 SA 32.50 WA 32.50 TAS 32.50 Anaesthetic 4 units — Item Nos 405G / 509S
6807	‡ CONJUNCTIVAL PERITOMY OR REPAIR OF CORNEAL LACERATION by conjunctival flap ALL STATES: FEE \$47.00 Anaesthetic 6 units — Item Nos 407G / 513S
6810	CONJUNCTIVAL GRAFT OVER CORNEA ALL STATES: FEE \$152.00 Anaesthetic 7 units — Item Nos 408G / 514S
6816	CORNEA OR SCLERA, removal of superficial foreign body from (excluding after-care) FEE \$ NSW 11.20 VIC 10.40 QLD 9.90 SA 9.90 WA 9.90 TAS 10.40 Anaesthetic 6 units — Item Nos 407G / 513S

6758	TARSAL CARTILAGE, excision of ALL STATES: FEE \$182.00 Anaesthetic 8 units — Item Nos 409G / 517S
6762	ECTROPION, tarsal cauterisation for ALL STATES: FEE \$47.00
6766	TARSORRHAPHY ALL STATES: FEE \$108.00 Anaesthetic 8 units — Item Nos 409G / 517S
6767	ELECTROLYSIS EPILATION for trichiasis — each treatment FEE \$ NSW 21.00 VIC 18.60 QLD 18.60 SA 18.60 WA 18.60 TAS 18.60 Anaesthetic 6 units — Item Nos 407G / 513S
6768	CANTHOPLASTY, medial or lateral ALL STATES: FEE \$134.00 Anaesthetic 9 units — Item Nos 443G / 518S
6772	LACRIMAL GLAND, excision of palpebral lobe ALL STATES: FEE \$81.00 Anaesthetic 8 units — Item Nos 409G / 517S
6774	LACRIMAL SAC, excision of, or operation on ALL STATES: FEE \$200.00 Anaesthetic 8 units — Item Nos 409G / 517S
6778	DACRYOCYSTORHINOSTOMY ALL STATES: FEE \$275.00 Anaesthetic 11 units — Item Nos 453G / 522S
6782	CONJUNCTIVORHINOSTOMY ALL STATES: FEE \$235.00 Anaesthetic 11 units — Item Nos 453G / 522S

6786	CONJUNCTIVORHINOSTOMY including dacryocystorhinostomy and fashioning of conjunctival flaps	ALL STATES: FEE \$295.00 Anaesthetic 12 units — Item Nos 454G / 523S														
6792	LACRIMAL CANALICULAR SYSTEM, reconstruction of	ALL STATES: FEE \$250.00 Anaesthetic 8 units — Item Nos 409G / 517S														
6796	LACRIMAL CANALICULUS, immediate repair of	ALL STATES: FEE \$182.00 Anaesthetic 8 units — Item Nos 409G / 517S														
6799	NASO-LACRIMAL DUCT, probing for obstruction, one or both ducts	<table border="1"> <thead> <tr> <th></th> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>FEE \$</td> <td>57.00</td> <td>57.00</td> <td>39.00</td> <td>39.00</td> <td>39.00</td> <td>39.00</td> </tr> </tbody> </table> Anaesthetic 4 units — Item Nos 405G / 509S		NSW	VIC	QLD	SA	WA	TAS	FEE \$	57.00	57.00	39.00	39.00	39.00	39.00
	NSW	VIC	QLD	SA	WA	TAS										
FEE \$	57.00	57.00	39.00	39.00	39.00	39.00										
6802	LACRIMAL PASSAGES, lavage of (excluding after-care)	ALL STATES: FEE \$19.00 Anaesthetic 4 units — Item Nos 405G / 509S														
6805	PUNCTUM SNIP operation	<table border="1"> <thead> <tr> <th></th> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>FEE \$</td> <td>53.00</td> <td>45.00</td> <td>32.50</td> <td>32.50</td> <td>32.50</td> <td>32.50</td> </tr> </tbody> </table> Anaesthetic 4 units — Item Nos 405G / 509S		NSW	VIC	QLD	SA	WA	TAS	FEE \$	53.00	45.00	32.50	32.50	32.50	32.50
	NSW	VIC	QLD	SA	WA	TAS										
FEE \$	53.00	45.00	32.50	32.50	32.50	32.50										
6807	CONJUNCTIVAL PERITOMY	ALL STATES: FEE \$47.00 Anaesthetic 6 units — Item Nos 407G / 513S														
6810	CONJUNCTIVAL GRAFT OVER CORNEA	ALL STATES: FEE \$152.00 Anaesthetic 7 units — Item Nos 408G / 514S														

6818	CORNEA OR SCLERA, removal of imbedded foreign body from (excluding after-care)						
	ALL STATES: FEE \$28.50						
	Anaesthetic 8 units — Item Nos 409G / 517S						
6820	CORNEAL SCARS removal of by partial keratectomy						
	ALL STATES: FEE \$81.00						
	Anaesthetic 8 units — Item Nos 409G / 517S						
6824	CORNEA, epithelial debridement for dendritic ulcer (excluding after-care)						
	ALL STATES: FEE \$28.50						
	Anaesthetic 8 units — Item Nos 409G / 517S						
6828	CORNEA, transplantation of, full thickness, including collection of implant						
	ALL STATES: FEE \$530.00						
	Anaesthetic 13 units — Item Nos 457G / 524S						
6832	CORNEA, transplantation of, superficial or lamellar including collection of transplant						
	ALL STATES: FEE \$355.00						
	Anaesthetic 11 units — Item Nos 453G / 522S						
6835	CONJUNCTIVA, CAUTERY OF, INCLUDING TREATMENT OF PANNUS — each attendance at which treatment is given including associated consultation						
	ALL STATES: FEE \$24.50						
	Anaesthetic 4 units — Item Nos 405G / 509S						
6837	PTERYGIUM, removal of						
FEE	\$	NSW 100.00	VIC 106.00	QLD 93.00	SA 93.00	WA 93.00	TAS 93.00
	Anaesthetic 6 units — Item Nos 407G / 513S						
6842	PINGUECULA, removal of						
	ALL STATES: FEE \$47.00						
	Anaesthetic 6 units — Item Nos 407G / 513S						

6846	LIMBIC TUMOUR, removal of ALL STATES: FEE \$108.00 Anaesthetic 7 units — Item Nos 408G / 514S
6848	LENS EXTRACTION FEE \$ NSW VIC QLD SA WA TAS 470.00 435.00 390.00 380.00 380.00 380.00 Anaesthetic 11 units — Item Nos 453G / 522S
6852	ARTIFICIAL LENS, insertion of ALL STATES: FEE \$250.00 Anaesthetic 11 units — Item Nos 453G / 522S
6857	ARTIFICIAL LENS, removal of ALL STATES: FEE \$182.00 Anaesthetic 9 units — Item Nos 443G / 518S
6859	CATARACT, JUVENILE, removal of, including subsequent needlings ALL STATES: FEE \$470.00 Anaesthetic 11 units — Item Nos 453G / 522S
‡ 6861	CAPSULECTOMY OR REMOVAL OF VITREOUS via the anterior chamber ALL STATES: FEE \$210.00 Anaesthetic 9 units — Item Nos 443G / 518S
† 6863	VITRECTOMY via posterior chamber sclerotomy with removal of vitreous by cutting and suction and replacement by saline, Hartmann's or similar solution ALL STATES: FEE \$530.00 Anaesthetic 25 units — Item Nos 469G / 540S
6865	CAPSULOTOMY, NEEDLING or PARACENTESIS for diagnosis or relief of tension ALL STATES: FEE \$122.00 Anaesthetic 7 units — Item Nos 408G / 514S

PART 10 — OPERATIONS

DIVISION 6 — OPHTHALMOLOGICAL

CORNEA OR SCLERA, removal of superficial foreign body from (excluding after-care)

6816	FEE	\$	NSW 11.20	VIC 10.40	QLD 9.90	SA 9.90	WA 9.90	TAS 10.40
Anaesthetic 6 units — Item Nos 407G / 513S								

CORNEA OR SCLERA, removal of imbedded foreign body from (excluding after-care)

6818 ALL STATES: FEE \$28.50
Anaesthetic 8 units — Item Nos 409G / 517S

CORNEAL SCARS removal of by partial keratectomy

6820 ALL STATES: FEE \$81.00
Anaesthetic 8 units — Item Nos 409G / 517S

CORNEA, epithelial debridement for dendritic ulcer (excluding after-care)

6824 ALL STATES: FEE \$28.50
Anaesthetic 8 units — Item Nos 409G / 517S

CORNEA, transplantation of, full thickness, including collection of implant

6828 ALL STATES: FEE \$530.00
Anaesthetic 13 units — Item Nos 457G / 524S

CORNEA, transplantation of, superficial or lamellar including collection of transplant

6832 ALL STATES: FEE \$355.00
Anaesthetic 11 units — Item Nos 453G / 522S

CONJUNCTIVA, CAUTERY OF, INCLUDING TREATMENT OF PANNUS — each attendance at which treatment is given including associated consultation

6835 ALL STATES: FEE \$24.50
Anaesthetic 4 units — Item Nos 405G / 509S

PTERYGIUM, removal of

6837	FEE	\$	NSW 100.00	VIC 106.00	QLD 93.00	SA 93.00	WA 93.00	TAS 93.00
Anaesthetic 6 units — Item Nos 407G / 513S								

PART 10 — OPERATIONS

DIVISION 6 — OPHTHALMOLOGICAL

6842	PINGUECULA, removal of							
	ALL STATES: FEE \$47.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
6846	LIMBIC TUMOUR, removal of							
	ALL STATES: FEE \$108.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
6848	LENS EXTRACTION							
	FEE	\$	NSW 470.00	VIC 435.00	QLD 390.00	SA 380.00	WA 380.00	TAS 380.00
	Anaesthetic 11 units — Item Nos 453G / 522S							
6852	ARTIFICIAL LENS, insertion of							
	ALL STATES: FEE \$250.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
6857	ARTIFICIAL LENS, removal of							
	ALL STATES: FEE \$182.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							
6859	CATARACT, JUVENILE, removal of, including subsequent needlings							
	ALL STATES: FEE \$470.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
6861	CAPSULECTOMY							
	ALL STATES: FEE \$210.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							
6865	CAPSULOTOMY, NEEDLING or PARACENTESIS for diagnosis or relief of tension							
	ALL STATES: FEE \$122.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							

PART 10 — OPERATIONS

DIVISION 6 — OPHTHALMOLOGICAL

‡	ANTERIOR CHAMBER, IRRIGATION OF BLOOD FROM, as a separate unrelated procedure							
6871			ALL STATES: FEE \$250.00					
			Anaesthetic 7 units		—	Item Nos 408G / 514S		
	GLAUCOMA, filtering and allied operations in the treatment of							
6873	FEE	\$	NSW 380.00	VIC 355.00	QLD 355.00	SA 355.00	WA 355.00	TAS 355.00
			Anaesthetic 10 units		—	Item Nos 450G / 521S		
	GONIOTOMY							
6879			ALL STATES: FEE \$275.00					
			Anaesthetic 10 units		—	Item Nos 450G / 521S		
‡	DIVISION OF ANTERIOR OR POSTERIOR SYNECHIAE, as a separate unrelated procedure							
6881			ALL STATES: FEE \$210.00					
			Anaesthetic 9 units		—	Item Nos 443G / 518S		
‡	IRIDECTOMY (including excision of tumour of iris) OR IRIDOTOMY, as a separate unrelated procedure							
6885			ALL STATES: FEE \$210.00					
			Anaesthetic 10 units		—	Item Nos 450G / 521S		
	IRIS, LIGHT COAGULATION OF							
6889			ALL STATES: FEE \$140.00					
			Anaesthetic 6 units		—	Item Nos 407G / 513S		
	TUMOUR, INVOLVING CILIARY BODY OR CILIARY BODY AND IRIS, excision of							
6894			ALL STATES: FEE \$435.00					
			Anaesthetic 12 units		—	Item Nos 454G / 523S		
	CYCLODIATHERMY OR CYCLOCRYOTHERAPY							
6898			ALL STATES: FEE \$118.00					
			Anaesthetic 8 units		—	Item Nos 409G / 517S		

PART 10 — OPERATIONS

DIVISION 6 — OPHTHALMOLOGICAL

6900	DETACHED RETINA, diathermy or cryotherapy for							
	ALL STATES: FEE \$355.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
6902	DETACHED RETINA, resection or buckling or revision operation for							
FEE	\$	NSW 470.00	VIC 530.00	QLD 470.00	SA 470.00	WA 470.00	TAS 470.00	
	Anaesthetic 15 units — Item Nos 459G / 526S							
6904	PHOTOCOAGULATION, each attendance at which treatment is given							
	ALL STATES: FEE \$140.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							
6906	DETACHED RETINA, removal of encircling silicone band from							
	ALL STATES: FEE \$66.00							
	Anaesthetic 8 units — Item Nos 409G / 517S							
6908	‡ RETINA, CRYOTHERAPY TO, as a separate unrelated procedure							
	ALL STATES: FEE \$235.00							
	Anaesthetic 13 units — Item Nos 457G / 524S							
6914	‡ RETROBULBAR TRANSILLUMINATION, as a separate unrelated procedure							
	ALL STATES: FEE \$35.50							
	Anaesthetic 5 units — Item Nos 406G / 510S							
6918	‡ RETROBULBAR INJECTION OF ALCOHOL OR OTHER DRUG, as a separate unrelated procedure							
	ALL STATES: FEE \$27.50							
6922	SQUINT, OPERATION FOR ON ONE OR BOTH EYES, ONE OR TWO MUSCLES							
FEE	\$	NSW 235.00	VIC 235.00	QLD 210.00	SA 210.00	WA 210.00	TAS 210.00	
	Anaesthetic 8 units — Item Nos 409G / 517S							

PART 10 — OPERATIONS

DIVISION 6 — OPHTHALMOLOGICAL

SQUINT, OPERATION FOR ON ONE OR BOTH EYES, three or four muscles

6924	FEE	\$	NSW 275.00	VIC 275.00	QLD 245.00	SA 245.00	WA 245.00	TAS 245.00
------	-----	----	---------------	---------------	---------------	--------------	--------------	---------------

Anaesthetic 9 units — Item Nos 443G / 518S

SQUINT, OPERATION FOR ON ONE OR BOTH EYES, more than four muscles

6928	FEE	\$	NSW 295.00	VIC 295.00	QLD 275.00	SA 275.00	WA 275.00	TAS 275.00
------	-----	----	---------------	---------------	---------------	--------------	--------------	---------------

Anaesthetic 10 units — Item Nos 450G / 521S

SQUINT, muscle transplant for (Hummelsheim type, etc.)

6930	FEE	\$	NSW 275.00	VIC 275.00	QLD 235.00	SA 210.00	WA 245.00	TAS 210.00
------	-----	----	---------------	---------------	---------------	--------------	--------------	---------------

Anaesthetic 9 units — Item Nos 443G / 518S

RUPTURED MEDIAL PALPEBRAL LIGAMENT or EXTRA-OCULAR MUSCLE, repair of

6932	ALL STATES: FEE \$160.00							
------	--------------------------	--	--	--	--	--	--	--

Anaesthetic 9 units — Item Nos 443G / 518S

RESUTURING OF WOUND FOLLOWING INTRA-OCULAR PROCEDURES with or without excision of prolapsed iris

6938	ALL STATES: FEE \$160.00							
------	--------------------------	--	--	--	--	--	--	--

Anaesthetic 9 units — Item Nos 443G / 518S

DIVISION 7 — THORACIC

THORACIC CAVITY, aspiration or paracentesis of, or both (excluding after-care)

6940	ALL STATES: FEE \$27.00							
------	-------------------------	--	--	--	--	--	--	--

PERICARDIUM, paracentesis of (excluding after-care)

6942	ALL STATES: FEE \$44.00							
------	-------------------------	--	--	--	--	--	--	--

Anaesthetic 6 units — Item Nos 407G / 513S

INTERCOSTAL DRAIN, insertion of, not involving resection of rib (excluding after-care)

6953	ALL STATES: FEE \$44.00							
------	-------------------------	--	--	--	--	--	--	--

Anaesthetic 7 units — Item Nos 408G / 514S

6955	EMPYEMA, radical operation for, involving resection of rib ALL STATES: FEE \$186.00 Anaesthetic 13 units — Item Nos 457G / 524S
6958	THORACOTOMY, exploratory, with or without biopsy ALL STATES: FEE \$360.00 Anaesthetic 11 units — Item Nos 453G / 522S
6962	THORACOTOMY, with pulmonary decortication ALL STATES: FEE \$540.00 Anaesthetic 17 units — Item Nos 461G / 528S
6964	THORACOTOMY, with pleurectomy or pleurodesis, OR ENUCLEATION OF HYDATID CYSTS ALL STATES: FEE \$390.00 Anaesthetic 16 units — Item Nos 460G / 527S
6966	THORACOPLASTY (COMPLETE) ALL STATES: FEE \$540.00 Anaesthetic 21 units — Item Nos 465G / 535S
6968	THORACOPLASTY (IN STAGES) — each stage ALL STATES: FEE \$280.00 Anaesthetic 14 units — Item Nos 458G / 525S
6972	PECTUS EXCAVATUM OR PECTUS CARINATUM, radical correction of ALL STATES: FEE \$475.00 Anaesthetic 16 units — Item Nos 460G / 527S
6974	THORACOSCOPY, with or without division of pleural adhesions ALL STATES: FEE \$112.00 Anaesthetic 7 units — Item Nos 408G / 514S

6980	PNEUMONECTOMY or lobectomy ALL STATES: FEE \$540.00 Anaesthetic 18 units — Item Nos 462G / 529S
6986	OESOPHAGECTOMY, with direct anastomosis OR WITH STOMACH TRANSPOSITION ALL STATES: FEE \$540.00 Anaesthetic 23 units — Item Nos 467G / 538S
6988	OESOPHAGECTOMY, with interposition of small or large bowel ALL STATES: FEE \$670.00 Anaesthetic 27 units — Item Nos 471G / 542S
6992	MEDIASTINUM, cervical exploration of, with or without biopsy ALL STATES: FEE \$162.00 Anaesthetic 10 units — Item Nos 450G / 521S
6995	PERICARDIUM, TRANSTHORACIC DRAINAGE OF (other than for treatment of constrictive pericarditis) ALL STATES: FEE \$390.00 Anaesthetic 14 units — Item Nos 458G / 525S
6997	HERNIA, HIATUS OR OTHER DIAPHRAGMATIC, transthoracic repair of ALL STATES: FEE \$390.00 Anaesthetic 15 units — Item Nos 459G / 526S
6999	‡ INTRATHORACIC OPERATION on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than one of those organs, not covered by a specific item in this Part ALL STATES: FEE \$540.00 Anaesthetic 28 units — Item Nos 472G / 543S
7001	RIGHT HEART CATHETERISATION — including fluoroscopy, oximetry, dye dilution curves, cardiac output measurements by any method, shunt detection and exercise stress test ALL STATES: FEE \$174.00 Anaesthetic 12 units — Item Nos 454G / 523S

PART 10 — OPERATIONS

DIVISION 7 — THORACIC

7003	<p>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</p> <p>ALL STATES: FEE \$210.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
7006	<p>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</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
7011	<p>SELECTIVE CORONARY ARTERIOGRAPHY — placement of catheters and injection of opaque material</p> <p>ALL STATES: FEE \$174.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
7013	<p>SELECTIVE CORONARY ARTERIOGRAPHY — placement of catheters and injection of opaque material with right or left heart catheterisation, or both</p> <p>ALL STATES: FEE \$295.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
7021	<p>PERMANENT INTERNAL PACEMAKER AND MYOCARDIAL ELECTRODES, insertion or replacement of by thoracotomy</p> <p>ALL STATES: FEE \$475.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
7028	<p>PERMANENT TRANSVENOUS ELECTRODE, insertion or replacement of</p> <p>ALL STATES: FEE \$240.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
7033	<p>PERMANENT PACEMAKER, insertion or replacement of</p> <p>ALL STATES: FEE \$152.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>

PART 10 — OPERATIONS

DIVISION 7 — THORACIC

7042 TEMPORARY TRANSVENOUS PACEMAKING ELECTRODE, insertion of
 ALL STATES: FEE \$120.00
 Anaesthetic 11 units — Item Nos 453G / 522S

‡ 7046 OPEN HEART SURGERY — single valve replacement, operation for congenital heart disease or operation for any purpose, not covered by a specific item in this Part
 ALL STATES: FEE \$760.00
 Anaesthetic 32 units — Item Nos 475G / 546S

7057 OPEN HEART SURGERY on more than one valve or involving more than one chamber
 ALL STATES: FEE \$1095.00
 Anaesthetic 38 units — Item Nos 477G / 548S

7066 CORONARY ARTERY OR ARTERIES, direct surgery to, employing cardiopulmonary by-pass
 ALL STATES: FEE \$870.00
 Anaesthetic 36 units — Item Nos 476G / 547S

DIVISION 8 — NEURO-SURGICAL

7079 INJECTION INTO TRIGEMINAL GANGLION OR PRIMARY BRANCH OF TRIGEMINAL NERVE WITH ALCOHOL
 ALL STATES: FEE \$106.00

7081 INTRATHECAL INJECTION OF ALCOHOL OR PHENOL
 ALL STATES: FEE \$112.00

7085 LUMBAR PUNCTURE, SPINAL OR EPIDURAL INJECTION not covered by Items 748 or 752
 ALL STATES: FEE \$30.50

7089 CISTERNAL PUNCTURE
 ALL STATES: FEE \$34.50

7099 VENTRICULAR PUNCTURE (not including burr-hole)
 ALL STATES: FEE \$76.00

7106	CUTANEOUS OR DIGITAL NERVE, primary suture of G. ALL STATES: FEE \$50.00
7111	S. ALL STATES: FEE \$62.00 Anaesthetic 8 units — Item Nos 409G / 517S
7112	CUTANEOUS NERVE (other than digital nerve) primary suture of by MICROSURGICAL TECHNIQUES ALL STATES: FEE \$87.00 Anaesthetic 9 units — Item Nos 443G / 518S
7116	REPAIR OF DIVIDED DIGITAL NERVE to thumb or finger G. ALL STATES: FEE \$80.00
7117	S. ALL STATES: FEE \$102.00 Anaesthetic 8 units — Item Nos 409G / 517S
7120	REPAIR OF DIVIDED DIGITAL NERVE to thumb or finger by MICROSURGICAL TECHNIQUES, primary repair ALL STATES: FEE \$140.00 Anaesthetic 9 units — Item Nos 443G / 518S
7121	REPAIR OF DIVIDED DIGITAL NERVE to thumb or finger by MICROSURGICAL TECHNIQUES, secondary repair ALL STATES: FEE \$182.00 Anaesthetic 10 units — Item Nos 450G / 521S
7124	NERVE TRUNK, PRIMARY suture of ALL STATES: FEE \$174.00 Anaesthetic 8 units — Item Nos 409G / 517S
7129	NERVE TRUNK, primary suture of, by MICROSURGICAL TECHNIQUES ALL STATES: FEE \$280.00 Anaesthetic 11 units — Item Nos 453G / 522S
7132	NERVE TRUNK, SECONDARY suture of ALL STATES: FEE \$192.00 Anaesthetic 9 units — Item Nos 443G / 518S

7138	NERVE TRUNK, secondary suture of, by MICROSURGICAL TECHNIQUES ALL STATES: FEE \$310.00 Anaesthetic 12 units — Item Nos 454G / 523S
7139	NERVE GRAFT performed with magnification ALL STATES: FEE \$345.00 Anaesthetic 9 units — Item Nos 443G / 518S
7143	NERVE, TRANSPOSITION of ALL STATES: FEE \$174.00 Anaesthetic 8 units — Item Nos 409G / 517S
7148	NEURECTOMY, NEUROTOMY or removal of tumour from superficial peripheral nerve, including multiple percutaneous neurotomy of posterior division of spinal nerves G. ALL STATES: FEE \$73.00
7152	S. ALL STATES: FEE \$93.00 Anaesthetic 8 units — Item Nos 409G / 517S
7156	NEURECTOMY, NEUROTOMY, OR REMOVAL OF TUMOUR FROM DEEP PERIPHERAL NERVE ALL STATES: FEE \$174.00 Anaesthetic 10 units — Item Nos 450G / 521S
7170	NEURECTOMY, INTRACRANIAL OR RADICAL as in tic douloureux ALL STATES: FEE \$465.00 Anaesthetic 16 units — Item Nos 460G / 527S
7175	‡ EXPLOSION OF BRACHIAL PLEXUS, not covered by a specific item in this Part ALL STATES: FEE \$146.00 Anaesthetic 11 units — Item Nos 453G / 522S

PART 10 — OPERATIONS

DIVISION 8 — NEURO-SURGICAL

NEUROLYSIS BY OPEN OPERATION without transposition

			NSW	VIC	QLD	SA	WA	TAS
7178	G. FEE	\$	102.00	102.00	87.00	87.00	87.00	87.00
7182	S. FEE	\$	128.00	128.00	106.00	106.00	106.00	106.00

Anaesthetic 7 units — Item Nos 408G / 514S

SUBDURAL HAEMORRHAGE, tap for, each tap

7184 ALL STATES: FEE \$32.50

Anaesthetic 6 units — Item Nos 407G / 513S

BURR-HOLE, single, preparatory to ventricular puncture or for inspection purpose — not included in any other item

7186 ALL STATES: FEE \$94.00

Anaesthetic 11 units — Item Nos 453G / 522S

INTRACRANIAL TUMOUR, BIOPSY OF, OR CYST, drainage of via burr-hole — including burr-hole

7192 ALL STATES: FEE \$186.00

Anaesthetic 10 units — Item Nos 450G / 521S

INTRACRANIAL TUMOUR, biopsy and/or decompression via osteoplastic flap

7194 ALL STATES: FEE \$390.00

Anaesthetic 18 units — Item Nos 462G / 529S

INTRACEREBRAL TUMOUR, CRANIOTOMY AND REMOVAL or TEMPORAL LOBECTOMY for any reason

7198 ALL STATES: FEE \$565.00

Anaesthetic 25 units — Item Nos 469G / 540S

INTRACRANIAL EXTRACEREBRAL TUMOUR, CRANIOTOMY AND REMOVAL or HEMISPHERECTOMY for any reason

7203 ALL STATES: FEE \$960.00

Anaesthetic 25 units — Item Nos 469G / 540S

7212	INTRACRANIAL HAEMORRHAGE, burr-hole craniotomy for — including burr-hole ALL STATES: FEE \$186.00 Anaesthetic 11 units — Item Nos 453G / 522S
7216	INTRACRANIAL HAEMORRHAGE, OSTEOPLASTIC CRANIOTOMY OR EXTENSIVE CRANIECTOMY AND REMOVAL OF HAEMATOMA ALL STATES: FEE \$435.00 Anaesthetic 18 units — Item Nos 462G / 529S
7231	FRACTURE OF SKULL, depressed or comminuted, operation for ALL STATES: FEE \$285.00 Anaesthetic 12 units — Item Nos 454G / 523S
7240	FRACTURED SKULL, COMPOUND, WITHOUT DURAL PENETRATION, operation for ALL STATES: FEE \$365.00 Anaesthetic 12 units — Item Nos 454G / 523S
7244	FRACTURED SKULL, COMPOUND OR COMPLICATED, WITH DURAL PENETRATION AND BRAIN DAMAGE, operation for ALL STATES: FEE \$435.00 Anaesthetic 14 units — Item Nos 458G / 525S
7248	FRACTURED SKULL WITH RHINORRHOEA OR OTORRHEA CRANIOPLASTY AND REPAIR OF ALL STATES: FEE \$435.00 Anaesthetic 16 units — Item Nos 460G / 527S
7251	RECONSTRUCTIVE CRANIOPLASTY ALL STATES: FEE \$355.00 Anaesthetic 16 units — Item Nos 460G / 527S
7265	ANEURYSM, OR ARTERIOVENOUS MALFORMATION, CLIPPING OR REINFORCEMENT OF SAC ALL STATES: FEE \$960.00 Anaesthetic 28 units — Item Nos 472G / 543S

PART 10 — OPERATIONS

DIVISION 8 — NEURO-SURGICAL

7270	<p>ANEURYSM, OR ARTERIOVENOUS MALFORMATION, INTRACRANIAL PROXIMAL ARTERY CLIPPING</p> <p>ALL STATES: FEE \$510.00</p> <p>Anaesthetic 24 units — Item Nos 468G / 539S</p>
7274	<p>ANEURYSM, OR ARTERIOVENOUS FISTULA, cervical carotid ligation for</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
7279	<p>CRANIOTOMY involving osteoplastic flap, for re-opening post-operatively for haemorrhage, swelling etc.</p> <p>ALL STATES: FEE \$285.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
7283	<p>INTRACRANIAL ABSCESS, excision of</p> <p>ALL STATES: FEE \$565.00</p> <p>Anaesthetic 17 units — Item Nos 461G / 528S</p>
7287	<p>INTRACRANIAL INFECTION, drainage of, via burr-hole — including burr-hole</p> <p>ALL STATES: FEE \$186.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
7291	<p>CRANIECTOMY FOR OSTEOMYELITIS OF SKULL</p> <p>ALL STATES: FEE \$285.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
7298	<p>LEUCOTOMY OR LOBOTOMY for psychiatric causes</p> <p>ALL STATES: FEE \$355.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
7312	<p>CHEMOPALLIDECTOMY, or other stereotactic procedure including burr-hole and ar studies</p> <p>ALL STATES: FEE \$435.00</p> <p>Anaesthetic 17 units — Item Nos 461G / 528S</p>

7314	<p>VENTRICULO-CISTERNOSTOMY (TORKILDSEN'S OPERATION)</p> <p>ALL STATES: FEE \$360.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
7316	<p>VENTRICULO-ATRIAL OR VENTRICULO-PERITONEAL VALVULAR SHUNT for hydrocephalus or other lesion</p> <p>ALL STATES: FEE \$360.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
7318	<p>VENTRICULO-ATRIAL OR VENTRICULO-PERITONEAL SHUNT, revision or removal of</p> <p>ALL STATES: FEE \$190.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
7320	<p>SPINO-URETERAL, SPINO-PERITONEAL, SPINO-PLEURAL OR SIMILAR SPINAL SHUNT for hydrocephalus</p> <p>ALL STATES: FEE \$285.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
7324	<p>CRANIOSTENOSIS, operation for — single suture</p> <p>ALL STATES: FEE \$285.00</p> <p>Anaesthetic 17 units — Item Nos 461G / 528S</p>
7326	<p>CRANIOSTENOSIS, operation for — more than one suture</p> <p>ALL STATES: FEE \$400.00</p> <p>Anaesthetic 20 units — Item Nos 464G / 533S</p>
7328	<p>ARACHNOIDAL CYST, operation for</p> <p>ALL STATES: FEE \$360.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
7331	<p>LAMINECTOMY FOR EXPLORATION OR REMOVAL OF INTERVERTEBRAL DISC OR DISCS</p> <p>ALL STATES: FEE \$380.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>

7336	<p>LAMINECTOMY FOR RECURRENT DISC LESION OR SPINAL STENOSIS</p> <p>ALL STATES: FEE \$380.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
7341	<p>LAMINECTOMY FOR EXTRADURAL TUMOUR OR ABSCESS</p> <p>ALL STATES: FEE \$380.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
7346	<p>LAMINECTOMY FOR INTRADURAL LESION OR OPEN CORDOTOMY</p> <p>ALL STATES: FEE \$390.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
7353	<p>LAMINECTOMY AND RADICAL EXCISION OF INTRA-MEDULLARY TUMOUR OR ARTERIOVENOUS MALFORMATION</p> <p>ALL STATES: FEE \$475.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
7355	<p>LAMINECTOMY FOLLOWED BY POSTERIOR FUSION — not covered by Items 7361 and 7365</p> <p>ALL STATES: FEE \$435.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>
7361	<p>LAMINECTOMY FOLLOWED BY POSTERIOR FUSION, PERFORMED BY NEUROSURGEON AND ORTHOPAEDIC SURGEON OPERATING TOGETHER — LAMINECTOMY including after-care</p> <p>ALL STATES: FEE \$225.00</p>
7365	<p>LAMINECTOMY FOLLOWED BY POSTERIOR FUSION, PERFORMED BY NEUROSURGEON AND ORTHOPAEDIC SURGEON OPERATING TOGETHER — POSTERIOR FUSION, including after-care</p> <p>ALL STATES: FEE \$225.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>
7370	<p>SPINAL RHIZOLYSIS involving exposure of spinal nerve roots, with or without laminectomy</p> <p>ALL STATES: FEE \$380.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>

7376	SYMPATHECTOMY (cervical, lumbar, thoracic, sacral or presacral) ALL STATES: FEE \$280.00 Anaesthetic 10 units — Item Nos 450G / 521S
7381	PERCUTANEOUS CORDOTOMY ALL STATES: FEE \$250.00 Anaesthetic 9 units — Item Nos 443G / 518S
7397	<p style="text-align: center;">DIVISION 9 — TREATMENT OF DISLOCATIONS</p> <p style="text-align: center;">DISLOCATIONS NOT REQUIRING OPEN OPERATION</p> MANDIBLE ALL STATES: FEE \$18.80 Anaesthetic 4 units — Item Nos 405G / 509S
7410	CLAVICLE ALL STATES: FEE \$29.50 Anaesthetic 4 units — Item Nos 405G / 509S
7412	SHOULDER — first or second dislocation ALL STATES: FEE \$35.50 Anaesthetic 4 units — Item Nos 405G / 509S
7416	SHOULDER — third or subsequent dislocation — requiring anaesthesia ALL STATES: FEE \$29.50 Anaesthetic 4 units — Item Nos 405G / 509S
7419	SHOULDER — third or subsequent dislocation — not requiring anaesthesia ALL STATES: FEE \$23.50
7423	ELBOW ALL STATES: FEE \$43.50 Anaesthetic 4 units — Item Nos 405G / 509S

PART 10 — OPERATIONS

DIVISION 9 — DISLOCATIONS

7426	CARPUS	ALL STATES: FEE \$27.50 Anaesthetic 4 units — Item Nos 405G / 509S
7430	G.	ALL STATES: FEE \$58.00
7432	S.	ALL STATES: FEE \$70.00 Anaesthetic 4 units — Item Nos 405G / 509S
7435	FINGER	ALL STATES: FEE \$12.00 Anaesthetic 4 units — Item Nos 405G / 509S
7436	METACARPO-PHALANGEAL JOINT OF THUMB	ALL STATES: FEE \$35.50 Anaesthetic 4 units — Item Nos 405G / 509S
7440	G.	ALL STATES: FEE \$90.00
7443	S.	ALL STATES: FEE \$118.00 Anaesthetic 5 units — Item Nos 406G / 510S
7446	G.	ALL STATES: FEE \$66.00
7451	S.	ALL STATES: FEE \$81.00 Anaesthetic 4 units — Item Nos 405G / 509S
7457	PATELLA	ALL STATES: FEE \$27.50 Anaesthetic 4 units — Item Nos 405G / 509S
7461	ANKLE	ALL STATES: FEE \$47.00 Anaesthetic 5 units — Item Nos 406G / 510S

7464	<p>TOE</p> <p>ALL STATES: FEE \$14.00</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
7468	<p>TARSUS</p> <p>ALL STATES: FEE \$35.50</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
7472	<p>SPINE (CERVICAL OR LUMBAR), without fracture</p> <p>ALL STATES: FEE \$106.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
7480	<p style="text-align: center;">DISLOCATIONS REQUIRING OPEN OPERATION</p> <p>TREATMENT OF A DISLOCATION REQUIRING OPEN OPERATION, being a dislocation referred to in Items 7397, 7410, 7416, 7419, 7426, 7435, 7457 or 7464</p> <p>ALL STATES: FEE \$48.00</p> <p>Anaesthetic units — Item Nos 482G / 553S</p>
7483	<p>TREATMENT OF A DISLOCATION REQUIRING OPEN OPERATION, being a dislocation referred to in an item under the last preceding heading other than those items referred to in Item 7480</p> <p>DERIVED FEE — The fee for the treatment of the dislocation, had such dislocation not required open operation, plus one-half of that fee</p> <p>Anaesthetic — Item Nos 482G / 553S</p>
7505	<p style="text-align: center;">DIVISION 10 — TREATMENT OF FRACTURES</p> <p style="text-align: center;">SIMPLE AND UNCOMPLICATED FRACTURES NOT REQUIRING OPEN OPERATION</p> <p>TERMINAL PHALANX of finger or thumb</p> <p>ALL STATES: FEE \$17.40</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>

PART 10 — OPERATIONS

DIVISION 10 — FRACTURES

	PROXIMAL PHALANX of finger or thumb							
7508	G.	ALL STATES: FEE \$36.00						
7512	S.	ALL STATES: FEE \$53.00						
		Anaesthetic 4 units — Item Nos 405G / 509S						
	MIDDLE PHALANX OF FINGER							
7516		ALL STATES: FEE \$24.50						
		Anaesthetic 4 units — Item Nos 405G / 509S						
	ONE OR MORE METACARPALS, not involving base of first carpometacarpal joint							
7520	G.	ALL STATES: FEE \$53.00						
7524	S. FEE	\$	NSW 73.00	VIC 73.00	QLD 73.00	SA 73.00	WA 73.00	TAS 66.00
		Anaesthetic 4 units — Item Nos 405G / 509S						
	FIRST METACARPAL involving carpometacarpal joint (Bennett's fracture)							
7527	G.	ALL STATES: FEE \$62.00						
7530	S.	ALL STATES: FEE \$87.00						
		Anaesthetic 4 units — Item Nos 405G / 509S						
	CARPUS (excluding navicular)							
7533		ALL STATES: FEE \$27.50						
		Anaesthetic 5 units — Item Nos 406G / 510S						
	NAVICULAR OR CARPAL SCAPHOID							
7535	G.	ALL STATES: FEE \$53.00						
7538	S.	ALL STATES: FEE \$64.00						
		Anaesthetic 5 units — Item Nos 406G / 510S						
	COLLES' FRACTURE OF WRIST							
7540	G. FEE	\$	NSW 69.00	VIC 69.00	QLD 72.00	SA 69.00	WA 69.00	TAS 69.00
7544	S. FEE	\$	95.00	87.00	106.00	95.00	95.00	87.00
		Anaesthetic 5 units — Item Nos 406G / 510S						

PART 10 — OPERATIONS

DIVISION 10 — FRACTURES

7547 DISTAL END OF RADIUS OR ULNA, involving wrist
ALL STATES: FEE \$53.00
Anaesthetic 5 units — Item Nos 406G / 510S

RADIUS

7550 G. FEE \$ NSW 57.00 VIC 62.00 QLD 57.00 SA 57.00 WA 62.00 TAS 57.00

7552 S. FEE \$ 73.00 87.00 69.00 69.00 87.00 69.00

Anaesthetic 5 units — Item Nos 406G / 510S

ULNA

7559 G. ALL STATES: FEE \$56.00

7563 S. ALL STATES: FEE \$69.00

Anaesthetic 5 units — Item Nos 406G / 510S

BOTH SHAFTS OF FOREARM OR HUMERUS

7567 G. ALL STATES: FEE \$81.00

7572 S. ALL STATES: FEE \$120.00

Anaesthetic 6 units — Item Nos 407G / 513S

CLAVICLE OR STERNUM

7588 G. ALL STATES: FEE \$38.00

7593 S. FEE \$ NSW 53.00 VIC 51.00 QLD 53.00 SA 47.00 WA 47.00 TAS 47.00

Anaesthetic 6 units — Item Nos 407G / 513S

SCAPULA

7597 ALL STATES: FEE \$47.00

Anaesthetic 6 units — Item Nos 407G / 513S

ONE OR MORE RIBS — each attendance

7601 G. FEE \$ NSW 11.20 VIC 10.40 QLD 9.90 SA 9.90 WA 9.90 TAS 10.40

7605 S. FEE \$ 16.00 15.20 15.20 15.20 15.20 13.40

Anaesthetic 7 units — Item Nos 408G / 514S

PELVIS (excluding symphysis pubis) or sacrum

7608 G. ALL STATES: FEE \$70.00

7610 S. ALL STATES: FEE \$94.00

Anaesthetic 8 units - Item Nos 409G / 517S

SYMPHYSIS PUBIS

7615 G. ALL STATES: FEE \$53.00

7619 S. ALL STATES: FEE \$70.00

Anaesthetic 7 units - Item Nos 408G / 514S

FEMUR

7624 G. ALL STATES: FEE \$160.00

7627 S. ALL STATES: FEE \$210.00

Anaesthetic 8 units - Item Nos 409G / 517S

FIBULA OR TARSUS (excepting os calcis or os talus)

7632 G. ALL STATES: FEE \$40.50

			NSW	VIC	QLD	SA	WA	TAS
7637	S. FEE	\$	56.00	59.00	51.00	53.00	53.00	53.00

Anaesthetic 8 units - Item Nos 407G / 513S

TIBIA OR PATELLA

			NSW	VIC	QLD	SA	WA	TAS
7641	G. FEE	\$	62.00	64.00	56.00	53.00	60.00	53.00

			NSW	VIC	QLD	SA	WA	TAS
7643	S. FEE	\$	87.00	87.00	73.00	73.00	73.00	73.00

Anaesthetic 6 units - Item Nos 407G / 513S

BOTH SHAFTS OF LEG, ANKLE (Pott's Fracture) with or without dislocation, OS CALCIS (calcaneus) OR OS TALUS

7647 G. ALL STATES: FEE \$104.00

7652 S. ALL STATES: FEE \$140.00

Anaesthetic 7 units - Item Nos 408G / 514S

	METATARSALS — one or more								
7673	G.								ALL STATES: FEE \$36.50
7677	S.								ALL STATES: FEE \$53.00
									Anaesthetic 5 units — Item Nos 406G / 510S
	PHALANX OF TOE (other than great toe)								
7681									ALL STATES: FEE \$14.60
									Anaesthetic 4 units — Item Nos 405G / 509S
	MORE THAN ONE PHALANX OF TOE (other than great toe)								
7683									ALL STATES: FEE \$23.50
									Anaesthetic 4 units — Item Nos 405G / 509S
	DISTAL PHALANX of great toe								
7687									ALL STATES: FEE \$36.00
									Anaesthetic 4 units — Item Nos 405G / 509S
	PROXIMAL PHALANX of great toe								
7691									ALL STATES: FEE \$36.00
									Anaesthetic 4 units — Item Nos 405G / 509S
	SKULL, not requiring operation — each attendance								
7694	G.	FEE	\$	NSW 11.20	VIC 10.40	QLD 9.90	SA 9.90	WA 9.90	TAS 10.40
7697	S.	FEE	\$	16.00	15.20	15.20	15.20	15.20	13.40
	NASAL BONES, not requiring reduction — each attendance								
7701	G.	FEE	\$	NSW 11.20	VIC 10.40	QLD 9.90	SA 9.90	WA 9.90	TAS 10.40
7706	S.	FEE	\$	16.00	15.20	15.20	15.20	15.20	13.40
	NASAL BONES, requiring reduction								
7709	G.	FEE	\$	NSW 69.00	VIC 69.00	QLD 69.00	SA 53.00	WA 53.00	TAS 53.00
7712	S.	FEE	\$	95.00	95.00	87.00	69.00	69.00	69.00
									Anaesthetic 6 units — Item Nos 407G / 513S

7715	NASAL BONES, requiring reduction and involving osteotomies							
		ALL STATES: FEE \$190.00						
		Anaesthetic 8 units — Item Nos 409G / 517S						
7718	G.	ALL STATES: FEE \$44.00						
7721	S.	ALL STATES: FEE \$59.00						
7727	MAXILLA — with external fixation, wiring of teeth or internal fixation							
		ALL STATES: FEE \$128.00						
		Anaesthetic 11 units — Item Nos 453G / 522S						
7739	G.	ALL STATES: FEE \$53.00						
7743	S.	ALL STATES: FEE \$70.00						
7749	MANDIBLE — with wiring of teeth, internal fixation, or skeletal pinning with external fixation							
		ALL STATES: FEE \$176.00						
		Anaesthetic 12 units — Item Nos 454G / 523S						
7764	G.	ALL STATES: FEE \$47.50						
7766	S.	ALL STATES: FEE \$64.00						
		Anaesthetic 7 units — Item Nos 408G / 514S						
7774	G. FEE	\$	NSW 11.20	VIC 10.40	QLD 9.90	SA 9.90	WA 9.90	TAS 10.40
7777	S. FEE	\$	16.00	15.20	15.20	15.20	15.20	13.40

PART 10 — OPERATIONS

DIVISION 10 — FRACTURES

SPINE (excluding sacrum), VERTEBRAL BODY, without involvement of cord, not requiring immobilisation in plaster — each attendance

			NSW	VIC	QLD	SA	WA	TAS
7781	G. FEE	\$	11.20	10.40	9.90	9.90	9.90	10.40
7785	S. FEE	\$	16.00	15.20	15.20	15.20	15.20	13.40

SPINE (excluding sacrum), transverse process or bone OTHER THAN VERTEBRAL BODY requiring immobilisation in plaster or traction by skull calipers

7789	ALL STATES: FEE \$81.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							

SPINE (excluding sacrum), VERTEBRAL BODY, without involvement of cord, requiring immobilisation in plaster or traction by skull calipers

7793	ALL STATES: FEE \$140.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							

SPINE (excluding sacrum), VERTEBRAL BODY, with involvement of cord

7798	ALL STATES: FEE \$355.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							

SIMPLE AND UNCOMPLICATED FRACTURES REQUIRING OPEN OPERATION

TREATMENT OF A SIMPLE AND UNCOMPLICATED FRACTURE REQUIRING OPEN OPERATION, being a fracture referred to in item — 7505, 7508, 7516, 7533, 7601, 7605, 7681, 7683, 7687, 7691, 7694, 7697, 7701, 7706, 7774, 7777, 7781 or 7785

7802	ALL STATES: FEE \$48.00							
	Anaesthetic — Item Nos 483G / 554S							

TREATMENT OF A SIMPLE AND UNCOMPLICATED FRACTURE REQUIRING OPEN OPERATION, being a fracture referred to in an item under the last preceding heading other than those items referred to in Item 7802

7803	DERIVED FEE — The fee for the treatment of the fracture, had such fracture not required open operation, plus one-third of that fee.							
	Anaesthetic — Item Nos 483G / 554S							

TREATMENT OF A SIMPLE AND UNCOMPLICATED FRACTURE REQUIRING INTERNAL FIXATION, being a fracture referred to in item — 7505, 7516, 7533, 7601, 7605, 7681, 7683, 7694, 7697, 7701, 7706, 7774, 7777, 7781 or 7785

7808	ALL STATES: FEE \$48.00							
	Anaesthetic — Item Nos 484G / 556S							

TREATMENT OF A SIMPLE AND UNCOMPLICATED FRACTURE REQUIRING INTERNAL FIXATION, being a fracture referred to in an item under the last preceding heading other than those items referred to in Item 7808

7809 **DERIVED FEE** — The fee for the treatment of the fracture, had such fracture not required open operation plus one-half of that fee.

Anaesthetic — Item Nos 484G / 556S

COMPOUND FRACTURES REQUIRING OPEN OPERATION

TREATMENT OF A COMPOUND FRACTURE REQUIRING OPEN OPERATION, being a fracture referred to in item — 7505, 7516, 7533, 7601, 7605, 7681, 7683, 7694, 7697, 7701, 7706, 7774, 7777, 7781 or 7785

7815 ALL STATES: FEE \$48.00

Anaesthetic — Item Nos 484G / 556S

TREATMENT OF A COMPOUND FRACTURE REQUIRING OPEN OPERATION, being a fracture referred to in an item under the first heading in this Division other than those items referred to in Item 7815

7817 **DERIVED FEE** — The fee for the treatment of the fracture, had such fracture not required open operation, plus one-half of that fee.

Anaesthetic — Item Nos 484G / 556S

COMPLICATED FRACTURES REQUIRING OPEN OPERATION

TREATMENT OF A COMPLICATED FRACTURE INVOLVING VISCERA, BLOOD VESSELS OR NERVES AND REQUIRING OPEN OPERATION, being a fracture referred to in item — 7505, 7516, 7601, 7605, 7681, 7683, 7694, 7697, 7701, 7706, 7774, 7777, 7781 or 7785

7821 ALL STATES: FEE \$48.00

Anaesthetic — Item Nos 485G / 557S

TREATMENT OF A COMPLICATED FRACTURE INVOLVING VISCERA, BLOOD VESSELS OR NERVES AND REQUIRING OPEN OPERATION, being a fracture referred to in an item under the first heading in this Division other than those items referred to in Item 7821

7823 **DERIVED FEE** — The fee for the treatment of the fracture, had such fracture not required open operation, plus three-quarters of that fee.

Anaesthetic — Item Nos 485G / 557S

GENERAL

INITIAL REDUCTION (without full post-operative treatment) in a series of two or more reductions of a fracture, being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division

7828

DERIVED FEE — One-half of the amount of the fee specified for the reduction of the fracture.

Administration of anaesthetic in connection with the treatment of the initial reduction in a series of two or more reductions of a fracture, being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division

DERIVED FEE — The fee specified for the administration of the anaesthetic for the reduction of the fracture.

EACH SUBSEQUENT REDUCTION (without full post-operative treatment) in the series (other than the final reduction), being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division

7834

DERIVED FEE — One-half of the amount of the fee specified for the reduction of the fracture.

Administration of anaesthetic in connection with the treatment of each subsequent reduction in the series (other than the final reduction) being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division

DERIVED FEE — The fee specified for the administration of the anaesthetic for the reduction of the fracture.

FINAL REDUCTION (including full post-operative treatment) in the series being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division

7839

DERIVED FEE — The fee specified for the reduction of the fracture.

Administration of anaesthetic in connection with the treatment of the final reduction in the series, being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division

DERIVED FEE — The fee specified for the administration of the anaesthetic for the reduction of this fracture

7844	<p>TREATMENT OF AVULSION OF EPIPHYSIS of any part referred to in this Division for the treatment of a simple and uncomplicated fracture of that part not requiring open operation</p> <p>DERIVED FEE — The fee specified in this Division for the treatment of a simple and uncomplicated fracture of that part not requiring open operation.</p> <p>Administration of an anaesthetic in connection with the treatment of avulsion of epiphysis of any part</p> <p>DERIVED FEE — The fee specified in this Division for the administration of an anaesthetic for the treatment of a simple and uncomplicated fracture of that part not requiring open operation.</p>									
7847	<p>TREATMENT OF A CLOSED FRACTURE INVOLVING A JOINT SURFACE referred to in an item under the first heading in this Division</p> <p>DERIVED FEE — The fee specified for the treatment of the fracture plus one-third of that fee.</p>									
7853	<p style="text-align: center;">DIVISION 11 — ORTHOPAEDIC</p> <p>ACCESSORY OR SESAMOID BONE, removal of</p> <p style="text-align: center;">ALL STATES: FEE \$112.00</p> <p style="text-align: center;">Anaesthetic 6 units — Item Nos 407G / 513S</p>									
7857	<p>EPICONDYLITIS, open operation for</p> <p style="text-align: center;">ALL STATES: FEE \$112.00</p> <p style="text-align: center;">Anaesthetic 6 units — Item Nos 407G / 513S</p>									
7861	<p>DIGITAL NAIL, removal of</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">FEE</td> <td style="width: 5%; text-align: center;">\$</td> <td style="width: 15%; text-align: center;">NSW 14.00</td> <td style="width: 15%; text-align: center;">VIC 14.00</td> <td style="width: 15%; text-align: center;">QLD 11.20</td> <td style="width: 15%; text-align: center;">SA 11.20</td> <td style="width: 15%; text-align: center;">WA 11.20</td> <td style="width: 10%; text-align: center;">TAS 11.20</td> </tr> </table> <p style="text-align: center;">Anaesthetic 5 units — Item Nos 406G / 510S</p>		FEE	\$	NSW 14.00	VIC 14.00	QLD 11.20	SA 11.20	WA 11.20	TAS 11.20
	FEE	\$	NSW 14.00	VIC 14.00	QLD 11.20	SA 11.20	WA 11.20	TAS 11.20		

7864	‡	INCISION FOR PULP SPACE INFECTION, PARONYCHIA OR OTHER ACUTE INFECTION OF HANDS OR FEET, not covered by a specific item in this Part (excluding after-care)						
		ALL STATES: FEE \$12.00						
		Anaesthetic 5 units — Item Nos 406G / 510S						
7868		MIDDLE PALMAR, THENAR OR HYPOTHENAR SPACES, drainage of						
		ALL STATES: FEE \$28.50						
		Anaesthetic 6 units — Item Nos 407G / 513S						
7872		INGROWING TOENAIL, excision of nail bed						
	G. FEE	\$	NSW 66.00	VIC 49.50	QLD 49.50	SA 49.50	WA 49.50	TAS 49.50
7878	S. FEE	\$	87.00	64.00	64.00	62.00	64.00	62.00
		Anaesthetic 6 units — Item Nos 407G / 513S						
7883	‡	INSERTION OF ORTHOPAEDIC PIN OR WIRE, as a separate unrelated procedure						
		ALL STATES: FEE \$49.50						
		Anaesthetic 5 units — Item Nos 406G / 510S						
7886		REMOVAL OF BURIED WIRE, PIN, SCREW, ROD, NAIL OR PLATE requiring incision under regional or general anaesthesia						
		ALL STATES: FEE \$73.00						
		Anaesthetic 8 units — Item Nos 409G / 517S						
7898		OSTEOSYNTHESIS by Smith-Petersen nail						
		ALL STATES: FEE \$390.00						
		Anaesthetic 11 units — Item Nos 453G / 522S						
7902		TEMPORO-MANDIBULAR MENISCECTOMY						
		ALL STATES: FEE \$144.00						
		Anaesthetic 9 units — Item Nos 443G / 518S						

PART 10 - OPERATIONS

DIVISION 11 - ORTHOPAEDIC

	JOINT (OTHER THAN SPINE), MANIPULATION OF, under general anaesthesia							
7911	G.		ALL STATES: FEE \$45.00					
7915	S.		ALL STATES: FEE \$56.00					
			Anaesthetic 4 units - Item Nos 405G / 509S					
	SPINE, MANIPULATION OF, under general anaesthesia							
7919	G. FEE	\$	NSW 57.00	VIC 49.50	QLD 49.50	SA 49.50	WA 49.50	TAS 49.50
7923	S. FEE	\$	73.00	60.00	60.00	60.00	60.00	60.00
			Anaesthetic 4 units - Item Nos 405G / 509S					
	SPINE, APPLICATION OF PLASTER JACKET							
7926			ALL STATES: FEE \$72.00					
			Anaesthetic 6 units - Item Nos 407G / 513S					
	RISSER JACKET, localiser or turn-buckle jacket, application of, body only							
7928			ALL STATES: FEE \$120.00					
	RISSER JACKET, localiser or turn-buckle jacket, application of, body and head							
7932			ALL STATES: FEE \$120.00					
	SCOLIOSIS, spinal fusion for							
7934			ALL STATES: FEE \$610.00					
			Anaesthetic 23 units - Item Nos 467G / 538S					
	SCOLIOSIS, re-exploration for adjustment or removal of Harrington rods or similar devices							
7937			ALL STATES: FEE \$200.00					
			Anaesthetic 12 units - Item Nos 454G / 523S					
	SCOLIOSIS, anterior correction of (Dwyer procedure), not more than four spaces; OR SPINAL FUSION FOR SCOLIOSIS OR KYPHOSIS with use of Harrington distraction rod							
7938			ALL STATES: FEE \$760.00					
			Anaesthetic 23 units - Item Nos 467G / 538S					

7939	<p>SCOLIOSIS, anterior correction of (Dwyer procedure), more than four spaces; OR SPINAL FUSION FOR SCOLIOSIS OR KYPHOSIS with the use of Harrington distraction and compression rods</p> <p>ALL STATES: FEE \$960.00</p> <p>Anaesthetic 29 units — Item Nos 473G / 544S</p>
7940	<p>APPLICATION OF HALO for spinal fusion in the treatment of scoliosis, not covered by Item 7934</p> <p>ALL STATES: FEE \$134.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
7942	<p>BONE GRAFT TO SPINE, POSTERIOR, not covered by Item 7945, 7967 or 7969 in this Schedule</p> <p>ALL STATES: FEE \$285.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
7945	<p>BONE GRAFT TO SPINE, POSTERO-LATERAL fusion</p> <p>ALL STATES: FEE \$505.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
7947	<p>ANTERIOR INTERBODY SPINAL FUSION TO CERVICAL SPINE — ONE LEVEL</p> <p>ALL STATES: FEE \$440.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
7951	<p>ANTERIOR INTERBODY SPINAL FUSION TO CERVICAL SPINE — MORE THAN ONE LEVEL</p> <p>ALL STATES: FEE \$560.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
7957	<p>ANTERIOR INTERBODY SPINAL FUSION TO LUMBAR OR THORACIC SPINE — ONE LEVEL</p> <p>ALL STATES: FEE \$505.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
7961	<p>ANTERIOR INTERBODY SPINAL FUSION TO LUMBAR OR THORACIC SPINE — MORE THAN ONE LEVEL</p> <p>ALL STATES: FEE \$675.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>

PART 10 — OPERATIONS

DIVISION 11 — ORTHOPAEDIC

7967	BONE GRAFT TO SPINE WITH LAMINECTOMY AND POSTERIOR INTERBODY FUSION — ONE LEVEL ALL STATES: FEE \$495.00 Anaesthetic 15 units — Item Nos 459G / 526S
7969	BONE GRAFT TO SPINE WITH LAMINECTOMY AND POSTERIOR INTERBODY FUSION — MORE THAN ONE LEVEL ALL STATES: FEE \$675.00 Anaesthetic 18 units — Item Nos 462G / 529S
7975	BONE GRAFT TO FEMUR ALL STATES: FEE \$345.00 Anaesthetic 11 units — Item Nos 453G / 522S
7977	BONE GRAFT TO TIBIA ALL STATES: FEE \$270.00 Anaesthetic 10 units — Item Nos 450G / 521S
7983	BONE GRAFT TO HUMERUS, OR TO RADIUS AND ULNA ALL STATES: FEE \$345.00 Anaesthetic 10 units — Item Nos 450G / 521S
7993	BONE GRAFT TO RADIUS OR ULNA ALL STATES: FEE \$245.00 Anaesthetic 8 units — Item Nos 409G / 517S
7999	BONE GRAFT TO SCAPHOID ALL STATES: FEE \$225.00 Anaesthetic 9 units — Item Nos 443G / 518S
‡ 8001	BONE GRAFT TO OTHER BONES, not covered by a specific item in this Part ALL STATES: FEE \$200.00 Anaesthetic 8 units — Item Nos 409G / 517S

8003	CARPAL BONE, replacement of, by silicone or other implant including any necessary tendon transfers ALL STATES: FEE \$305.00 Anaesthetic 9 units — Item Nos 443G / 518S
8009	SHOULDER — removal of calcium deposit from cuff ALL STATES: FEE \$112.00 Anaesthetic 8 units — Item Nos 409G / 517S
8014	SHOULDER — arthrotomy ALL STATES: FEE \$120.00 Anaesthetic 7 units — Item Nos 408G / 514S
8017	SHOULDER — arthroplasty or plastic reconstruction ALL STATES: FEE \$310.00 Anaesthetic 11 units — Item Nos 453G / 522S
8019	SHOULDER — arthrodesis or arthrectomy ALL STATES: FEE \$360.00 Anaesthetic 11 units — Item Nos 453G / 522S
8022	FINGER OR OTHER SMALL JOINT — arthrodesis, arthrectomy, or arthroplasty FEE \$ NSW VIC QLD SA WA TAS 130.00 130.00 108.00 99.00 99.00 99.00 Anaesthetic 5 units — Item Nos 406G / 510S
8026	SMALL JOINT — arthrotomy of ALL STATES: FEE \$36.00 Anaesthetic 5 units — Item Nos 406G / 510S
8028	ZYGAPOPHYSEAL JOINTS, arthrectomy of ALL STATES: FEE \$188.00 Anaesthetic 8 units — Item Nos 409G / 517S

PART 10 — OPERATIONS

DIVISION 11 — ORTHOPAEDIC

8032	SACRO-ILIAC JOINT — arthrodesis ALL STATES: FEE \$210.00 Anaesthetic 12 units — Item Nos 454G / 523S
8036	OTHER LARGE JOINT — arthrodesis, arthrectomy, arthroplasty or total synovectomy of ALL STATES: FEE \$188.00 Anaesthetic 10 units — Item Nos 450G / 521S
8040	OTHER LARGE JOINT — arthrotomy ALL STATES: FEE \$134.00 Anaesthetic 8 units — Item Nos 409G / 517S
8044	HIP — ARTHRODESIS ALL STATES: FEE \$475.00 Anaesthetic 15 units — Item Nos 459G / 526S
8048	HIP — ARTHRECTOMY ALL STATES: FEE \$330.00 Anaesthetic 15 units — Item Nos 459G / 526S
8053	HIP — ARTHROPLASTY (Austin Moore, Girdlestone etc.) ALL STATES: FEE \$330.00 Anaesthetic 10 units — Item Nos 450G / 521S
8061	HIP — ARTHROPLASTY, cup or mould (Smith-Petersen) ALL STATES: FEE \$405.00 Anaesthetic 10 units — Item Nos 450G / 521S
8069	JOINT — ARTHROPLASTY, total replacement hip (McKee-Farrer, Charnley), knee, elbow, shoulder or ankle ALL STATES: FEE \$610.00 Anaesthetic 17 units — Item Nos 461G / 528S
8074	HIP — ARTHROTOMY (including removal of prosthesis) ALL STATES: FEE \$245.00 Anaesthetic 9 units — Item Nos 443G / 518S

8079	KNEE — arthrodesis, arthrectomy, arthroplasty or total synovectomy of ALL STATES: FEE \$330.00 Anaesthetic 9 units — Item Nos 443G / 518S
8081	KNEE — arthrotomy ALL STATES: FEE \$162.00 Anaesthetic 6 units — Item Nos 407G / 513S
8084	KNEE — diagnostic arthroscopy of, not associated with a procedure performed through the arthroscope ALL STATES: FEE \$88.00 Anaesthetic 5 units — Item Nos 406G / 510S
8087	KNEE — operation for internal derangement or reconstruction of capsular ligaments ALL STATES: FEE \$192.00 Anaesthetic 7 units — Item Nos 408G / 514S
8089	KNEE — reconstruction of cruciate ligaments ALL STATES: FEE \$245.00 Anaesthetic 9 units — Item Nos 443G / 518S
8095	KNEE — excision of patella G. ALL STATES: FEE \$180.00
8097	S. ALL STATES: FEE \$225.00 Anaesthetic 7 units — Item Nos 408G / 514S
8100	KNEE — operation for recurrent dislocation of patella ALL STATES: FEE \$270.00 Anaesthetic 9 units — Item Nos 443G / 518S
8105	JOINT, or other SYNOVIAL CAVITY — aspiration, or injection into, or both of these services ALL STATES: FEE \$12.80 Anaesthetic 5 units — Item Nos 406G / 510S

PART 10 — OPERATIONS

DIVISION 11 — ORTHOPAEDIC

8113		JOINT, repair of capsule or ligament of; or INTERNAL FIXATION of, to stabilize joint							
		ALL STATES: FEE \$162.00							
		Anaesthetic 7 units — Item Nos 408G / 514S							
8116		FOOT OR ANKLE REGION — triple arthrodesis							
	FEE	\$	NSW 245.00	VIC 270.00	QLD 245.00	SA 245.00	WA 245.00	TAS 245.00	
			Anaesthetic 9 units — Item Nos 443G / 518S						
8120		CALCANEAN SPUR, removal of							
		ALL STATES: FEE \$144.00							
		Anaesthetic 6 units — Item Nos 407G / 513S							
† 8131		HALLUX VALGUS OR RIGIDUS, correction of with osteotomy or osteectomy of phalanx or metatarsal (Keller's arthroplasty); OR TOTAL REPLACEMENT OF FIRST METATARSOPHALANGEAL JOINT							
	FEE	\$	NSW 205.00	VIC 205.00	QLD 184.00	SA 184.00	WA 190.00	TAS 184.00	
			Anaesthetic 7 units — Item Nos 408G / 514S						
8135		HALLUX VALGUS, correction of, with osteotomy or osteectomy of phalanx or metatarsal and transplantation of adductor hallucis tendon							
	FEE	\$	NSW 270.00	VIC 250.00	QLD 235.00	SA 235.00	WA 235.00	TAS 235.00	
			Anaesthetic 8 units — Item Nos 409G / 517S						
8151	G.	HAMMER TOE, correction of							
		ALL STATES: FEE \$88.00							
8153	S.	ALL STATES: FEE \$108.00							
		Anaesthetic 6 units — Item Nos 407G / 513S							
8158		CERVICAL RIB, removal of							
		ALL STATES: FEE \$245.00							
		Anaesthetic 11 units — Item Nos 453G / 522S							

	SCALENOTOMY							
8161		ALL STATES: FEE \$190.00						
		Anaesthetic 8 units — Item Nos 409G / 517S						
	ACROMION OR CORACO-ACROMION LIGAMENT, removal of							
8166		ALL STATES: FEE \$144.00						
		Anaesthetic 7 units — Item Nos 408G / 514S						
	‡ EXCISION OF EXOSTOSIS OF SMALL BONE including simple removal of bunion							
8169	G.	ALL STATES: FEE \$88.00						
8173	S.	ALL STATES: FEE \$108.00						
		Anaesthetic 6 units — Item Nos 407G / 513S						
	EXCISION OF EXOSTOSIS OF LARGE BONE							
8179	G.	ALL STATES: FEE \$106.00						
8182	S.	ALL STATES: FEE \$134.00						
		Anaesthetic 6 units — Item Nos 407G / 513S						
	OSTEOTOMY OR OSTEECTOMY OF PHALANX, METACARPAL OR METATARSAL							
8185	FEE	\$	NSW 112.00	VIC 112.00	QLD 102.00	SA 102.00	WA 112.00	TAS 102.00
			Anaesthetic 6 units — Item Nos 407G / 513S					
	OSTEOTOMY OF PHALANX, METACARPAL OR METATARSAL, with internal fixation							
8187		ALL STATES: FEE \$120.00						
		Anaesthetic 6 units — Item Nos 407G / 513S						
	OSTEOTOMY OR OSTEECTOMY OF FIBULA, RADIUS, ULNA, CLAVICLE, SCAPULA (OTHER THAN ACROMION), RIB, TARSUS OR CARPUS							
8190		ALL STATES: FEE \$120.00						
		Anaesthetic 7 units — Item Nos 408G / 514S						

PART 10 — OPERATIONS

DIVISION 11 — ORTHOPAEDIC

8193	<p>OSTEOTOMY OF FIBULA, RADIUS, ULNA, CLAVICLE, SCAPULA (OTHER THAN ACROMION), RIB, TARSUS OR CARPUS, with internal fixation</p> <p>ALL STATES: FEE \$144.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8195	<p>OSTEOTOMY OR OSTEECTOMY OF TIBIA OR HUMERUS</p> <p>ALL STATES: FEE \$162.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8198	<p>OSTEOTOMY OR OSTEECTOMY OF FEMUR OR PELVIC BONE</p> <p>ALL STATES: FEE \$270.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8201	<p>OSTEOTOMY OF TIBIA, HUMERUS, FEMUR OR PELVIC BONE, with internal fixation</p> <p>ALL STATES: FEE \$390.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8206	<p>OSTEOTOMY OF FEMUR — sub-trochanteric</p> <p>ALL STATES: FEE \$270.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8209	<p>OSTEECTOMY OF VERTEBRAL BODIES</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8211	<p>OSTEOTOMY AND DISTRACTION FOR LENGTHENING OF LIMB</p> <p>ALL STATES: FEE \$270.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8214	<p>REMOVAL OF DISTRACTING APPARATUS FROM LIMB, without internal fixation</p> <p>ALL STATES: FEE \$66.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
8217	<p>REMOVAL OF DISTRACTING APPARATUS FROM LIMB, with internal fixation</p> <p>ALL STATES: FEE \$134.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>

	FLEXOR TENDON OF HAND, primary suture of	
8219	G.	ALL STATES: FEE \$114.00
8222	S.	ALL STATES: FEE \$144.00
		Anaesthetic 8 units — Item Nos 409G / 517S
	FLEXOR TENDON OF HAND, secondary suture of	
8225		ALL STATES: FEE \$162.00
		Anaesthetic 9 units — Item Nos 443G / 518S
	EXTENSOR TENDON OF HAND, primary suture of	
8227	G.	ALL STATES: FEE \$60.00
8230	S.	ALL STATES: FEE \$72.00
		Anaesthetic 8 units — Item Nos 409G / 517S
	EXTENSOR TENDON OF HAND, secondary suture of	
8233		ALL STATES: FEE \$112.00
		Anaesthetic 9 units — Item Nos 443G / 518S
	ACHILLES TENDON or other large tendon, suture of	
8235	G.	ALL STATES: FEE \$142.00
8238	S.	ALL STATES: FEE \$180.00
		Anaesthetic 9 units — Item Nos 443G / 518S
	TENDON OF FOOT, primary suture of	
8241		ALL STATES: FEE \$49.50
		Anaesthetic 8 units — Item Nos 409G / 517S
	TENDON OF FOOT, secondary suture of	
8243		ALL STATES: FEE \$72.00
		Anaesthetic 8 units — Item Nos 409G / 517S
	TENOTOMY, SUBCUTANEOUS, one or more tendons	
8246		ALL STATES: FEE \$45.00
		Anaesthetic 4 units — Item Nos 405G / 509S

8249	<p>TENOTOMY, OPEN, with or without tenoplasty</p> <p>ALL STATES: FEE \$108.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8251	<p>‡ TENDON OR LIGAMENT TRANSPLANTATION, not covered by a specific item in this Part</p> <p>ALL STATES: FEE \$200.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8257	<p>TENDON GRAFT</p> <p>ALL STATES: FEE \$270.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8259	<p>INSERTION OF ARTIFICIAL TENDON PROSTHESIS in preparation for tendon grafting</p> <p>ALL STATES: FEE \$205.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8262	<p>ACHILLES TENDON or other large tendon — operation for lengthening</p> <p>ALL STATES: FEE \$120.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
8267	<p>TENDON SHEATH, incision of, or open operation for STENOSING TENOVAGINITIS</p> <p>ALL STATES: FEE \$88.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
8275	<p>TENOLYSIS OF FLEXOR TENDON following tendon injury, repair or graft — not covered by Item 8267</p> <p>ALL STATES: FEE \$128.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8279	<p>TENOLYSIS OF EXTENSOR TENDON following tendon injury, repair or graft — not covered by Item 8267</p> <p>ALL STATES: FEE \$73.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>

8282	<p>TENDON SHEATH OF FINGER OR THUMB, synovectomy of</p> <p>ALL STATES: FEE \$99.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8283	<p>SYNOVECTOMY of metacarpophalangeal joint</p> <p>ALL STATES: FEE \$128.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8287	<p>SYNOVECTOMY of interphalangeal joint</p> <p>ALL STATES: FEE \$90.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8290	<p>SYNOVECTOMY of wrist, extensor or flexor tendons of wrist, carpometacarpal joint or inferior radio ulnar joint</p> <p>ALL STATES: FEE \$215.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8294	<p>CICATRICAL FLEXION CONTRACTURE OF JOINT, correction of, involving tissues deeper than skin and subcutaneous tissue</p> <p>ALL STATES: FEE \$144.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
8296	<p>DUPUYTREN'S CONTRACTURE, subcutaneous fasciotomy</p> <p>ALL STATES: FEE \$72.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8298	<p>DUPUYTREN'S CONTRACTURE, radical operation for</p> <p>ALL STATES: FEE \$180.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
8302	<p>FRAGMENTATION AND RODDING IN FRAGILITAS OSSIIUM — HUMERUS, RADIUS OR ULNA</p> <p>ALL STATES: FEE \$270.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>

8304	FRAGMENTATION AND RODDING IN FRAGILITAS OSSIUM – TIBIA ALL STATES: FEE \$330.00 Anaesthetic 10 units – Item Nos 450G / 521S
8306	FRAGMENTATION AND RODDING IN FRAGILITAS OSSIUM – FEMUR ALL STATES: FEE \$440.00 Anaesthetic 12 units – Item Nos 454G / 523S
8310	EPIPHYSEODESIS – FEMUR ALL STATES: FEE \$162.00 Anaesthetic 7 units – Item Nos 408G / 514S
8312	EPIPHYSEODESIS – TIBIA AND FIBULA ALL STATES: FEE \$162.00 Anaesthetic 7 units – Item Nos 408G / 514S
8314	EPIPHYSEODESIS – COMBINED ALL STATES: FEE \$225.00 Anaesthetic 10 units – Item Nos 450G / 521S
8316	STAPLE ARREST OF HEMI-EPIPHYSIS ALL STATES: FEE \$225.00 Anaesthetic 7 units – Item Nos 408G / 514S
† 8318	Operation for the prevention of closure of epiphysial plate ALL STATES: FEE \$450.00 Anaesthetic 8 units – Item Nos 409G / 517S
8320	RADICAL PLANTAR FASCIOTOMY (STEINDLER'S OPERATION) ALL STATES: FEE \$210.00 Anaesthetic 7 units – Item Nos 408G / 514S
8322	TALIPES EQUINOVARUS – POSTERIOR RELEASE PROCEDURE ALL STATES: FEE \$198.00 Anaesthetic 7 units – Item Nos 408G / 514S
8324	TALIPES EQUINOVARUS – MEDIAL RELEASE PROCEDURE ALL STATES: FEE \$225.00 Anaesthetic 7 units – Item Nos 408G / 514S

8282	<p>TENDON SHEATH OF FINGER OR THUMB, synovectomy of</p> <p>ALL STATES: FEE \$99.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8283	<p>SYNOVECTOMY of metacarpophalangeal joint</p> <p>ALL STATES: FEE \$128.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8287	<p>SYNOVECTOMY of interphalangeal joint</p> <p>ALL STATES: FEE \$90.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8290	<p>SYNOVECTOMY of wrist, extensor or flexor tendons of wrist, carpometacarpal joint or inferior radio ulnar joint</p> <p>ALL STATES: FEE \$215.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8294	<p>CICATRICAL FLEXION CONTRACTURE OF JOINT, correction of, involving tissues deeper than skin and subcutaneous tissue</p> <p>ALL STATES: FEE \$144.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
8296	<p>DUPUYTREN'S CONTRACTURE, subcutaneous fasciotomy</p> <p>ALL STATES: FEE \$72.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8298	<p>DUPUYTREN'S CONTRACTURE, radical operation for</p> <p>ALL STATES: FEE \$180.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
8302	<p>FRAGMENTATION AND RODDING IN FRAGILITAS OSSIUM — HUMERUS, RADIUS OR ULNA</p> <p>ALL STATES: FEE \$270.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>

8304	FRAGMENTATION AND RODDING IN FRAGILITAS OSSIUM — TIBIA ALL STATES: FEE \$330.00 Anaesthetic 10 units — Item Nos 450G / 521S
8306	FRAGMENTATION AND RODDING IN FRAGILITAS OSSIUM — FEMUR ALL STATES: FEE \$440.00 Anaesthetic 12 units — Item Nos 454G / 523S
8310	EPIPHYSEODESIS — FEMUR ALL STATES: FEE \$162.00 Anaesthetic 7 units — Item Nos 408G / 514S
8312	EPIPHYSEODESIS — TIBIA AND FIBULA ALL STATES: FEE \$162.00 Anaesthetic 7 units — Item Nos 408G / 514S
8314	EPIPHYSEODESIS — COMBINED ALL STATES: FEE \$225.00 Anaesthetic 10 units — Item Nos 450G / 521S
8316	STAPLE ARREST OF HEMI-EPIPHYSIS ALL STATES: FEE \$225.00 Anaesthetic 7 units — Item Nos 408G / 514S
8320	RADICAL PLANTAR FASCIOTOMY (STEINDLER'S OPERATION) ALL STATES: FEE \$210.00 Anaesthetic 7 units — Item Nos 408G / 514S
8322	TALIPES EQUINOVARUS — POSTERIOR RELEASE PROCEDURE ALL STATES: FEE \$198.00 Anaesthetic 7 units — Item Nos 408G / 514S
8324	TALIPES EQUINOVARUS — MEDIAL RELEASE PROCEDURE ALL STATES: FEE \$225.00 Anaesthetic 7 units — Item Nos 408G / 514S

8326	SUBTALAR ARTHRODESIS (EXTRA-ARTICULAR)							
	ALL STATES: FEE \$225.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							
8328	CALCANEAL OSTEOTOMY							
	ALL STATES: FEE \$162.00							
	Anaesthetic 8 units — Item Nos 409G / 517S							
8330	CALCANEAL OSTEOTOMY WITH BONE GRAFT							
	ALL STATES: FEE \$225.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							
8332	CONGENITAL DISLOCATION OF HIP — manipulation and plaster (one hip)							
	FEE	\$	NSW 78.00	VIC 57.00	QLD 57.00	SA 57.00	WA 57.00	TAS 57.00
	Anaesthetic 6 units — Item Nos 407G / 513S							
8334	TALIPES EQUINOVARUS, CALCANEUS VALGUS, PES PLANUS, METATARSUS VARUS, GENU VARUM OR GENU VALGUM — manipulation under general anaesthesia							
	ALL STATES: FEE \$19.20							
	Anaesthetic 5 units — Item Nos 406G / 510S							
8336	TALIPES EQUINOVARUS, CALCANEUS VALGUS, PES PLANUS, METATARSUS VARUS, GENU VARUM OR GENU VALGUM — manipulation and plaster under general anaesthesia							
	ALL STATES: FEE \$24.50							
	Anaesthetic 6 units — Item Nos 407G / 513S							
8349	EPIPHYSTITIS (Perthes', Galve's or Scheuermann's) plaster for							
	ALL STATES: FEE \$39.00							
	Anaesthetic 5 units — Item Nos 406G / 510S							
8351	EPIPHYSTITIS (Sever's, Kohler's, Kienboch's or Schlatte's), plaster for							
	ALL STATES: FEE \$24.50							
	Anaesthetic 5 units — Item Nos 406G / 510S							

‡ 8352	CONTRACTURES, manipulation under general anaesthesia, not covered by a specific item in this Part ALL STATES: FEE \$19.20 Anaesthetic 5 units — Item Nos 406G / 510S
‡ 8354	CONTRACTURES, manipulation and plaster under general anaesthesia, not covered by a specific item in this Part ALL STATES: FEE \$29.50 Anaesthetic 5 units — Item Nos 406G / 510S
8356	SPASTIC PARALYSIS — manipulation and plaster (one limb) ALL STATES: FEE \$29.50 Anaesthetic 5 units — Item Nos 406G / 510S
8378	DIVISION 12 — PAEDIATRIC HYPERTELORISM, correction of ALL STATES: FEE \$360.00 Anaesthetic 14 units — Item Nos 458G / 525S
8380	CHOANAL ATRESIA, plastic repair of ALL STATES: FEE \$355.00 Anaesthetic 16 units — Item Nos 460G / 527S
8382	CHOANAL ATRESIA, repair of by puncture and dilatation ALL STATES: FEE \$88.00 Anaesthetic 11 units — Item Nos 453G / 522S
8384	MACROCHEILIA, MACROGLOSSIA OR MACROSTOMIA, operation for ALL STATES: FEE \$190.00 Anaesthetic 13 units — Item Nos 457G / 524S

8386	<p>TORTICOLLIS, operation for</p> <p>ALL STATES: FEE \$144.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8388	<p>OESOPHAGUS, correction of congenital stenosis by oesophagectomy and anastomosis</p> <p>ALL STATES: FEE \$440.00</p> <p>Anaesthetic 21 units — Item Nos 465G / 535S</p>
8390	<p>TRACHEO-OESOPHAGEAL FISTULA, with or without atresia, ligation and division of</p> <p>ALL STATES: FEE \$440.00</p> <p>Anaesthetic 20 units — Item Nos 464G / 533S</p>
8392	<p>OESOPHAGEAL ATRESIA, with or without fistula, radical correction of</p> <p>ALL STATES: FEE \$540.00</p> <p>Anaesthetic 23 units — Item Nos 467G / 538S</p>
8394	<p>NEONATAL ALIMENTARY OBSTRUCTION, laparotomy for, with or without resection, including reduction of volvulus</p> <p>ALL STATES: FEE \$380.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
8398	<p>HIRSCHSPRUNG'S DISEASE, rectosigmoidectomy for</p> <p>ALL STATES: FEE \$495.00</p> <p>Anaesthetic 22 units — Item Nos 466G / 537S</p>
8400	<p>EXOMPHALOS OR GASTROSCHISIS, operation for</p> <p>ALL STATES: FEE \$435.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
8402	<p>EXOMPHALOS OR GASTROSCHISIS, operation for, by plastic flap</p> <p>ALL STATES: FEE \$480.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>

PART 10 — OPERATIONS

DIVISION 12 — PAEDIATRIC

8406	<p>ANO-RECTAL MALFORMATION, perineal anoplasty; primary or secondary repair</p> <p>ALL STATES: FEE \$160.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8408	<p>ANO-RECTAL MALFORMATION, rectoplasty; primary or secondary repair, not covered by Item 8406</p> <p>ALL STATES: FEE \$465.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>
8410	<p>CONTRACTED BLADDER NECK (congenital), wedge excision or perurethral resection of</p> <p>ALL STATES: FEE \$245.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8412	<p>URACHAL FISTULA, operation for</p> <p>ALL STATES: FEE \$210.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8414	<p>SPHINCTER RECONSTRUCTION for ectopia vesicae, ectopia cloacae or congenital incontinence</p> <p>ALL STATES: FEE \$475.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
8418	<p>URETHRAL VALVES OR URETHRAL MEMBRANE, open removal of</p> <p>ALL STATES: FEE \$285.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
8422	<p>LYMPHANGIECTASIS OF LIMB (Milroy's disease) — limited excision of</p> <p>ALL STATES: FEE \$146.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
8424	<p>LYMPHANGIECTASIS OF LIMB (Milroy's disease) — radical excision of</p> <p>ALL STATES: FEE \$325.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>

8428	EXTRA DIGIT, ligation of pedicle	ALL STATES: FEE \$19.00	Anaesthetic 4 units — Item Nos 405G / 509S
8430	EXTRA DIGIT, amputation of	ALL STATES: FEE \$49.50	Anaesthetic 6 units — Item Nos 407G / 513S
8432	DERMOID, periorbital or superficial nasal, excision of	ALL STATES: FEE \$70.00	
8434	G.	ALL STATES: FEE \$70.00	
	S.	ALL STATES: FEE \$90.00	Anaesthetic 8 units — Item Nos 409G / 517S
8438	DERMOID, ORBITAL, excision of	ALL STATES: FEE \$190.00	Anaesthetic 8 units — Item Nos 409G / 517S
8440	DERMOID OF NOSE, excision of, with intranasal extension	ALL STATES: FEE \$225.00	Anaesthetic 8 units — Item Nos 409G / 517S
8442	MYELOMENINGOCELE — excision of sac	ALL STATES: FEE \$270.00	Anaesthetic 13 units — Item Nos 457G / 524S
8444	MYELOMENINGOCELE EXTENSIVE requiring formal repair with skin flaps or Z plasty	ALL STATES: FEE \$400.00	Anaesthetic 15 units — Item Nos 459G / 526S

DIVISION 13 — PLASTIC AND RECONSTRUCTIVE

METICULOUS PLASTIC REPAIR DESIGNED TO OBTAIN MAXIMUM FUNCTIONAL OR COSMETIC RESULTS INCLUDING THE PREPARATION OF THE DEFECT REQUIRING REPAIR

DERMO-FAT OR FASCIA GRAFT (including transplant or muscle flap)

8450

ALL STATES: FEE \$186.00

Anaesthetic 12 units — Item Nos 454G / 523S

8452

ABRASIVE THERAPY, limited area

ALL STATES: FEE \$70.00

Anaesthetic 6 units — Item Nos 407G / 513S

8454

ABRASIVE THERAPY, extensive area

ALL STATES: FEE \$156.00

Anaesthetic 7 units — Item Nos 408G / 514S

8458

ANGIOMA, cauterisation of or injection into, under general anaesthesia

ALL STATES: FEE \$36.50

Anaesthetic 7 units — Item Nos 408G / 514S

8462

ANGIOMA OF SKIN, and subcutaneous tissue or mucous surface, small, excision and repair of

FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		53.00	53.00	43.50	43.50	43.50	36.50

Anaesthetic 7 units — Item Nos 408G / 514S

8466

ANGIOMA OF SKIN and subcutaneous tissue or mucous surface, large, excision and repair of

ALL STATES: FEE \$64.00

Anaesthetic 9 units — Item Nos 443G / 518S

8470

ANGIOMA, INVOLVING DEEPER TISSUE, small, excision and repair of

ALL STATES: FEE \$87.00

Anaesthetic 9 units — Item Nos 443G / 518S

8472	<p>ANGIOMA, INVOLVING DEEPER TISSUE, large, excision and repair of</p> <p>ALL STATES: FEE \$128.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8474	<p>HAEMANGIOMA OF NECK, deep-seated, excision of</p> <p>ALL STATES: FEE \$225.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8476	<p>MAJOR EXCISION AND GRAFTING FOR LYMPHOEDEMA</p> <p>ALL STATES: FEE \$310.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
8478	<p>FOREIGN IMPLANTS FOR CONTOUR RECONSTRUCTION</p> <p>ALL STATES: FEE \$186.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
<p>SKIN FLAP SURGERY</p>	
8480	<p>SINGLE STAGE LOCAL FLAP REPAIR, simple, small</p> <p>ALL STATES: FEE \$112.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8484	<p>SINGLE STAGE LOCAL FLAP REPAIR, complicated or large</p> <p>ALL STATES: FEE \$162.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8485	<p>DIRECT FLAP REPAIR (cross arm, abdominal or similar), first stage</p> <p>ALL STATES: FEE \$186.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8486	<p>DIRECT FLAP REPAIR (cross arm, abdominal or similar), second stage</p> <p>ALL STATES: FEE \$93.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>

8487	DIRECT FLAP REPAIR, cross leg, first stage ALL STATES: FEE \$400.00 Anaesthetic 13 units — Item Nos 457G / 524S
8488	DIRECT FLAP REPAIR, cross leg, second stage ALL STATES: FEE \$180.00 Anaesthetic 10 units — Item Nos 450G / 521S
8490	DIRECT FLAP REPAIR, small (cross finger or similar), first stage ALL STATES: FEE \$102.00 Anaesthetic 7 units — Item Nos 408G / 514S
8492	DIRECT FLAP REPAIR, small (cross finger or similar), second stage ALL STATES: FEE \$47.00 Anaesthetic 7 units — Item Nos 408G / 514S
8494	INDIRECT FLAP OR TUBED PEDICLE, formation of ALL STATES: FEE \$176.00 Anaesthetic 10 units — Item Nos 450G / 521S
8496	INDIRECT FLAP OR TUBED PEDICLE, delay of ALL STATES: FEE \$93.00 Anaesthetic 8 units — Item Nos 409G / 517S
8498	INDIRECT FLAP OR TUBED PEDICLE, preparation of and attachment to intermediate or final site ALL STATES: FEE \$186.00 Anaesthetic 10 units — Item Nos 450G / 521S
8500	INDIRECT FLAP OR TUBED PEDICLE, spreading of pedicle, as a separate procedure ALL STATES: FEE \$146.00 Anaesthetic 8 units — Item Nos 409G / 517S
8502	DIRECT, INDIRECT OR LOCAL FLAP REPAIR, revision of graft ALL STATES: FEE \$102.00 Anaesthetic 7 units — Item Nos 408G / 514S

FREE GRAFTS

8504	<p>FREE GRAFTS (split skin or pinch grafts) on granulating areas, small</p> <p>ALL STATES: FEE \$81.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8508	<p>FREE GRAFTS (split skin) on granulating areas, extensive</p> <p>ALL STATES: FEE \$162.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8509	<p>FREE GRAFTS (split skin) to burns including excision of burned tissue — involving not more than 2-1/2% of total body surface</p> <p>ALL STATES: FEE \$120.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8510	<p>FREE GRAFTS (split skin) to burns including excision of burned tissue — involving more than 2-1/2% of total body surface</p> <p>ALL STATES: FEE \$275.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
8511	<p>FREE GRAFTS (homograft split skin) to burns including excision of burned tissue — involving more than 2-1/2% of total body surface</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
8512	<p>FREE GRAFTS (split skin) including elective dissection, small</p> <p>ALL STATES: FEE \$112.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8516	<p>FREE GRAFTS (split skin) including elective dissection, extensive; or inlay graft using a mould, insertion of, and removal of mould</p> <p>ALL STATES: FEE \$235.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8518	<p>‡ FREE FULL THICKNESS GRAFTS, excluding punch grafts for hair transplant</p> <p>ALL STATES: FEE \$186.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>

OTHER GRAFTS AND MISCELLANEOUS PROCEDURES

REVISION under general anaesthesia of facial or neck scar NOT MORE THAN 3 CM IN LENGTH

8522

ALL STATES: FEE \$87.00

Anaesthetic 8 units — Item Nos 409G / 517S

REVISION under general anaesthesia of facial or neck scar MORE THAN 3 CM IN LENGTH

8524

ALL STATES: FEE \$118.00

Anaesthetic 9 units — Item Nos 443G / 518S

‡ MAMMAPLASTY, reduction including repositioning of nipple (unilateral)

8528

ALL STATES: FEE \$355.00

Anaesthetic 10 units — Item Nos 450G / 521S

‡ MAMMAPLASTY, augmentation, prosthetic, for correction of agenesis or following mastectomy (unilateral)

8530

ALL STATES: FEE \$295.00

Anaesthetic 10 units — Item Nos 450G / 521S

‡ MAMMAPLASTY, augmentation, dermo-fat, for correction of agenesis or following mastectomy

8532

ALL STATES: FEE \$355.00

Anaesthetic 11 units — Item Nos 453G / 522S

DIGIT, transplantation of — complete procedure

8540

ALL STATES: FEE \$510.00

Anaesthetic 16 units — Item Nos 460G / 527S

NEUROVASCULAR ISLAND FLAP, including repair of secondary defect

8542

ALL STATES: FEE \$440.00

Anaesthetic 15 units — Item Nos 459G / 526S

FREE GRAFTS

8504	<p>FREE GRAFTS (split skin or pinch grafts) on granulating areas, small</p> <p>ALL STATES: FEE \$81.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8508	<p>FREE GRAFTS (split skin) on granulating areas, extensive</p> <p>ALL STATES: FEE \$162.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8509	<p>FREE GRAFTS (split skin) to burns including excision of burned tissue — involving not more than 2-1/2% of total body surface</p> <p>ALL STATES: FEE \$120.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8510	<p>FREE GRAFTS (split skin) to burns including excision of burned tissue — involving more than 2-1/2% of total body surface</p> <p>ALL STATES: FEE \$275.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
8511	<p>FREE GRAFTS (homograft split skin) to burns including excision of burned tissue — involving more than 2-1/2% of total body surface</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
8512	<p>FREE GRAFTS (split skin) including elective dissection, small</p> <p>ALL STATES: FEE \$112.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8516	<p>FREE GRAFTS (split skin) including elective dissection, extensive; or inlay graft using a mould, insertion of, and removal of mould</p> <p>ALL STATES: FEE \$235.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8518	<p>FREE FULL THICKNESS GRAFTS</p> <p>ALL STATES: FEE \$186.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>

OTHER GRAFTS AND MISCELLANEOUS PROCEDURES

REVISION under general anaesthesia of facial or neck scar NOT MORE THAN 3 CM IN LENGTH

8522

ALL STATES: FEE \$87.00

Anaesthetic 8 units — Item Nos 409G / 517S

REVISION under general anaesthesia of facial or neck scar MORE THAN 3 CM IN LENGTH

8524

ALL STATES: FEE \$118.00

Anaesthetic 9 units — Item Nos 443G / 518S

MAMMAPLASTY, reduction or repositioning (unilateral)

8528

ALL STATES: FEE \$355.00

Anaesthetic 10 units — Item Nos 450G / 521S

MAMMAPLASTY, augmentation, prosthetic (unilateral)

8530

ALL STATES: FEE \$295.00

Anaesthetic 10 units — Item Nos 450G / 521S

MAMMAPLASTY, dermo-fat (unilateral)

8532

ALL STATES: FEE \$355.00

Anaesthetic 11 units — Item Nos 453G / 522S

HAIR TRANSPLANTS, multiple punch or similar technique, involving NOT MORE THAN 40 PUNCH GRAFTS

8534

ALL STATES: FEE \$43.50

Anaesthetic 7 units — Item Nos 408G / 514S

HAIR TRANSPLANTS, multiple punch or similar technique, involving MORE THAN 40 BUT NOT MORE THAN 100 PUNCH GRAFTS

8536

ALL STATES: FEE \$87.00

Anaesthetic 8 units — Item Nos 409G / 517S

8544	MACRODACTYLY, plastic reduction of, each finger ALL STATES: FEE \$130.00 Anaesthetic 8 units — Item Nos 409G / 517S
8546	FACIAL NERVE PARALYSIS, free fascia graft for ALL STATES: FEE \$285.00 Anaesthetic 12 units — Item Nos 454G / 523S
8548	FACIAL NERVE PARALYSIS, muscle transfer or graft for ALL STATES: FEE \$330.00 Anaesthetic 13 units — Item Nos 457G / 524S
8552	ORBITAL CAVITY, reconstruction of floor or roof of ALL STATES: FEE \$190.00 Anaesthetic 12 units — Item Nos 454G / 523S
8554	MAXILLA, resection of ALL STATES: FEE \$355.00 Anaesthetic 17 units — Item Nos 461G / 528S
8556	MANDIBLE, resection of ALL STATES: FEE \$275.00 Anaesthetic 15 units — Item Nos 459G / 526S
8560	MANDIBLE, segmental resection of, for tumours ALL STATES: FEE \$235.00 Anaesthetic 13 units — Item Nos 457G / 524S
8564	MANDIBLE, section-fixation for prognathism or retrognathism ALL STATES: FEE \$235.00 Anaesthetic 14 units — Item Nos 458G / 525S
8568	MANDIBLE, hemi-mandibular reconstruction with bone graft, not associated with Item 8556 ALL STATES: FEE \$325.00 Anaesthetic 15 units — Item Nos 459G / 526S

PART 10 — OPERATIONS

DIVISION 13 — PLASTIC

8570	MANDIBLE, condylectomy ALL STATES: FEE \$186.00 Anaesthetic 11 units — Item Nos 453G / 522S
8574	OSTEOTOMY OR OSTEECTOMY OF MANDIBLE (other than alveolar margins) for congenital or post-traumatic malformation, not covered by a specific item in this Part ALL STATES: FEE \$205.00 Anaesthetic 11 units — Item Nos 453G / 522S
8578	OSTEOTOMY OR OSTEECTOMY OF MAXILLA (other than alveolar margins) and/or zygoma for congenital or post-traumatic malformation, not covered by a specific item in this Part ALL STATES: FEE \$235.00 Anaesthetic 11 units — Item Nos 453G / 522S
8582	WHOLE THICKNESS RECONSTRUCTION OF EYELID other than by direct suture ALL STATES: FEE \$235.00 Anaesthetic 10 units — Item Nos 450G / 521S
8586	CORRECTION OF PTOSIS (unilateral) FEE \$ NSW VIC QLD SA WA TAS 310.00 270.00 270.00 270.00 270.00 270.00 Anaesthetic 12 units — Item Nos 454G / 523S
8588	ECTROPION OR ENTROPION, correction of (unilateral) ALL STATES: FEE \$128.00 Anaesthetic 9 units — Item Nos 443G / 518S
8592	SYMBLEPHARON, grafting for ALL STATES: FEE \$186.00 Anaesthetic 8 units — Item Nos 409G / 517S
8594	RHINOPLASTY, correction of lateral and/or alar cartilages ALL STATES: FEE \$205.00 Anaesthetic 10 units — Item Nos 450G / 521S

8538	<p>HAIR TRANSPLANTS, multiple punch or similar technique, involving MORE THAN 100 PUNCH GRAFTS</p> <p>ALL STATES: FEE \$190.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8540	<p>DIGIT, transplantation of — complete procedure</p> <p>ALL STATES: FEE \$510.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
8542	<p>NEUROVASCULAR ISLAND FLAP, including repair of secondary defect</p> <p>ALL STATES: FEE \$440.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
8544	<p>MACRODACTYLY, plastic reduction of, each finger</p> <p>ALL STATES: FEE \$130.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8546	<p>FACIAL NERVE PARALYSIS, free fascia graft for</p> <p>ALL STATES: FEE \$285.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
8548	<p>FACIAL NERVE PARALYSIS, muscle transfer or graft for</p> <p>ALL STATES: FEE \$330.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
8550	<p>MELONOPLASTY</p> <p>ALL STATES: FEE \$530.00</p> <p>Anaesthetic 17 units — Item Nos 461G / 528S</p>
8552	<p>ORBITAL CAVITY, reconstruction of floor or roof of</p> <p>ALL STATES: FEE \$190.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
8554	<p>MAXILLA, resection of</p> <p>ALL STATES: FEE \$365.00</p> <p>Anaesthetic 17 units — Item Nos 461G / 528S</p>

8556	MANDIBLE, resection of ALL STATES: FEE \$275.00 Anaesthetic 15 units — Item Nos 459G / 526S
8560	MANDIBLE, segmental resection of, for tumours ALL STATES: FEE \$235.00 Anaesthetic 13 units — Item Nos 457G / 524S
8564	MANDIBLE, section-fixation for prognathism or retrognathism ALL STATES: FEE \$235.00 Anaesthetic 14 units — Item Nos 458G / 525S
8568	MANDIBLE, hemi-mandibular reconstruction with bone graft, not associated with Item 8556 ALL STATES: FEE \$325.00 Anaesthetic 15 units — Item Nos 459G / 526S
8570	MANDIBLE, condylectomy ALL STATES: FEE \$186.00 Anaesthetic 11 units — Item Nos 453G / 522S
8574	‡ OSTEOTOMY OR OSTEECTOMY OF MANDIBLE (other than alveolar margins) for congenital or post-traumatic malformation, not covered by a specific item in this Part ALL STATES: FEE \$205.00 Anaesthetic 11 units — Item Nos 453G / 522S
8578	‡ OSTEOTOMY OR OSTEECTOMY OF MAXILLA (other than alveolar margins) and/or zygoma for congenital or post-traumatic malformation, not covered by a specific item in this Part ALL STATES: FEE \$235.00 Anaesthetic 11 units — Item Nos 453G / 522S
8582	WHOLE THICKNESS RECONSTRUCTION OF EYELID other than by direct suture ALL STATES: FEE \$235.00 Anaesthetic 10 units — Item Nos 450G / 521S

8596	RHINOPLASTY; correction of bony vault only ALL STATES: FEE \$235.00 Anaesthetic 10 units — Item Nos 450G / 521S
8598	RHINOPLASTY – TOTAL, including correction of all bony and cartilaginous elements of the external nose ALL STATES: FEE \$400.00 Anaesthetic 12 units — Item Nos 454G / 523S

8600	<p>RHINOPLASTY OR SIMILAR CONTOUR RESTORATION OF THE FACE, autogenous bone or costal cartilage graft</p> <p>ALL STATES: FEE \$505.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
8602	<p>RHINOPLASTY, secondary revision of</p> <p>ALL STATES: FEE \$59.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8604	<p>RHINOPHYMA, correction of</p> <p>ALL STATES: FEE \$140.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
8606	<p>COMPOSITE GRAFT (Chondro-cutaneous or chondro-mucosal) to nose, ear or eyelid</p> <p>ALL STATES: FEE \$200.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8608	<p>LOP EAR, BAT EAR OR SIMILAR DEFORMITY, correction of</p> <p>ALL STATES: FEE \$210.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8612	<p>CONGENITAL ATRESIA, reconstruction of external auditory canal</p> <p>ALL STATES: FEE \$275.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8614	<p>‡ FULL THICKNESS WEDGE EXCISION OF LIP OR EYELID with repair by direct sutures</p> <p>ALL STATES: FEE \$128.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8616	<p>VERMILIONECTOMY</p> <p>ALL STATES: FEE \$128.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>

8596	RHINOPLASTY, correction of bony vault only ALL STATES: FEE \$235.00 Anaesthetic 10 units — Item Nos 450G / 521S
8598	RHINOPLASTY — TOTAL, including correction of all bony and cartilaginous elements of the external nose ALL STATES: FEE \$400.00 Anaesthetic 12 units — Item Nos 454G / 523S

8600	<p>RHINOPLASTY OR SIMILAR CONTOUR RESTORATION OF THE FACE, autogenous bone or costal cartilage graft</p> <p>ALL STATES: FEE \$505.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
8602	<p>RHINOPLASTY, secondary revision of</p> <p>ALL STATES: FEE \$59.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8604	<p>RHINOPHYMA, correction of</p> <p>ALL STATES: FEE \$140.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
8606	<p>COMPOSITE GRAFT (Chondro-cutaneous or chondro-mucosal) to nose, ear or eyelid</p> <p>ALL STATES: FEE \$200.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8608	<p>LOP EAR, BAT EAR OR SIMILAR DEFORMITY, correction of</p> <p>ALL STATES: FEE \$210.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8612	<p>CONGENITAL ATRESIA, reconstruction of external auditory canal</p> <p>ALL STATES: FEE \$275.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8614	<p>FULL THICKNESS WEDGE EXCISION OF LIP with repair by direct sutures</p> <p>ALL STATES: FEE \$128.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8616	<p>VERMILIONECTOMY</p> <p>ALL STATES: FEE \$128.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>

CORRECTION OF PTOSIS (unilateral)

			NSW	VIC	QLD	SA	WA	TAS
8586	FEE	\$	310.00	270.00	270.00	270.00	270.00	270.00

Anaesthetic 12 units — Item Nos 454G / 523S

ECTROPION OR ENTROPION, correction of (unilateral)

8588 ALL STATES: FEE \$128.00

Anaesthetic 9 units — Item Nos 443G / 518S

REDUCTION OF LOWER EYELID of one eye

8589 ALL STATES: FEE \$128.00

Anaesthetic 8 units — Item Nos 409G / 517S

REDUCTION OF UPPER EYELID of one eye

8591 ALL STATES: FEE \$94.00

Anaesthetic 7 units — Item Nos 408G / 514S

SYMBLEPHARON, grafting for

8592 ALL STATES: FEE \$186.00

Anaesthetic 8 units — Item Nos 409G / 517S

RHINOPLASTY, correction of lateral and/or alar cartilages

8594 ALL STATES: FEE \$205.00

Anaesthetic 10 units — Item Nos 450G / 521S

RHINOPLASTY, correction of bony vault only

8596 ALL STATES: FEE \$235.00

Anaesthetic 10 units — Item Nos 450G / 521S

RHINOPLASTY — TOTAL, including correction of all bony and cartilaginous elements of the external nose

8598 ALL STATES: FEE \$400.00

Anaesthetic 12 units — Item Nos 454G / 523S

8600	<p>RHINOPLASTY OR SIMILAR CONTOUR RESTORATION OF THE FACE, autogenous bone or costal cartilage graft</p> <p>ALL STATES: FEE \$505.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
8602	<p>RHINOPLASTY, secondary revision of</p> <p>ALL STATES: FEE \$59.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8604	<p>RHINOPHYMA, correction of</p> <p>ALL STATES: FEE \$140.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
8606	<p>COMPOSITE GRAFT (Chondro-cutaneous or chondro-mucosal) to nose, ear or eyelid</p> <p>ALL STATES: FEE \$200.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8608	<p>LOP EAR, BAT EAR OR SIMILAR DEFORMITY, correction of</p> <p>ALL STATES: FEE \$210.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8612	<p>CONGENITAL ATRESIA, reconstruction of external auditory canal</p> <p>ALL STATES: FEE \$275.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8614	<p>FULL THICKNESS WEDGE EXCISION OF LIP with repair by direct sutures</p> <p>ALL STATES: FEE \$128.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8616	<p>VERMILIONECTOMY</p> <p>ALL STATES: FEE \$128.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>

8618	<p>LIP OR EYELID RECONSTRUCTION using full thickness flap (Abbe or similar), first stage</p> <p>ALL STATES: FEE \$330.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8620	<p>LIP OR EYELID RECONSTRUCTION using full thickness flap (Abbe or similar), second stage</p> <p>ALL STATES: FEE \$97.00</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
8622	<p>CLEFT LIP, unilateral — primary repair</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
8624	<p>CLEFT LIP, complete primary repair, one stage, bilateral</p> <p>ALL STATES: FEE \$345.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
8628	<p>CLEFT LIP, secondary correction, partial or incomplete</p> <p>ALL STATES: FEE \$106.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8630	<p>CLEFT LIP, secondary correction, complete revision</p> <p>ALL STATES: FEE \$205.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
8632	<p>CLEFT LIP, secondary correction, Abbe flap</p> <p>ALL STATES: FEE \$470.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
8634	<p>CLEFT LIP, secondary correction of nostril or nasal tip</p> <p>ALL STATES: FEE \$140.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>

8636	CLEFT PALATE, primary repair, partial cleft ALL STATES: FEE \$250.00 Anaesthetic 13 units — Item Nos 457G / 524S
8640	CLEFT PALATE, primary repair, complete cleft or cleft requiring major repair ALL STATES: FEE \$325.00 Anaesthetic 14 units — Item Nos 458G / 525S
8644	CLEFT PALATE, secondary repair, closure of fistula ALL STATES: FEE \$162.00 Anaesthetic 13 units — Item Nos 457G / 524S
8648	CLEFT PALATE, secondary repair, lengthening procedure ALL STATES: FEE \$235.00 Anaesthetic 12 units — Item Nos 454G / 523S
8652	CLEFT PALATE, partial repair, complex cleft ALL STATES: FEE \$235.00 Anaesthetic 13 units — Item Nos 457G / 524S
8656	PHARYNGEAL FLAP OR PHARYNGOPLASTY ALL STATES: FEE \$295.00 Anaesthetic 15 units — Item Nos 459G / 526S

Item No.	Medical Service
----------	-----------------

PART 11 — NUCLEAR MEDICINE

NOTE

(This note should be read in conjunction with paragraphs 211 to 216 of Section 1 of this Book — Notes for General Guidance of Medical Practitioners)

(1) Benefits for a nuclear scanning service cover the preliminary examination of the patient, estimation of dosage, supervision of the administration of the dose and the performance of the scan, and compilation of the final report. Additional benefits will only be attracted for a specialist physician or consultant physician attendance under Part 1 of the Schedule where there is a request for a full medical examination accompanied by a Notice of Referral.

(2) The 'C' Schedule fee in this Part applies only where the service covered by the item is performed in a nuclear medicine installation with computerised processing facilities.

(3) The 'NC' Schedule fee in this Part applies where the service covered by the item is performed in a nuclear medicine installation without computerised processing facilities.

ERYTHROCYTE RADIOACTIVE UPTAKE SURVIVAL TIME

8700	ALL STATES: FEE \$52.00
------	-------------------------

BLOOD VOLUME Cr51

8702	FEE	\$	NSW 21.00	VIC 21.00	QLD 21.00	SA 21.00	WA 18.40	TAS 21.00
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

GASTROINTESTINAL BLOOD LOSS ESTIMATION with radioactive chromium involving serial examination of stool specimens

8704	ALL STATES: FEE \$41.50
------	-------------------------

RADIOIODINE, URINARY ESTIMATION

8706	ALL STATES: FEE \$14.20
------	-------------------------

PROTEIN BOUND RADIOACTIVE IODINE TEST

8708	ALL STATES: FEE \$21.00
------	-------------------------

‡	RADIOACTIVE B12 ABSORPTION TEST (Schilling test) — One isotope
---	--

8710	ALL STATES: FEE \$23.00
------	-------------------------

†	RADIOACTIVE B12 ABSORPTION TEST (Schilling test) — Two isotopes
---	---

8711	ALL STATES: FEE \$34.50
------	-------------------------

	THALLIUM MYOCARDIAL STUDY or THALLIUM MYOCARDIAL REDISTRIBUTION STUDY	
8712	C.	ALL STATES: FEE \$94.00
8713	NC.	ALL STATES: FEE \$82.00
	MYOCARDIAL INFARCT AVID IMAGING, CARDIAC BLOOD POOL STUDY or CARDIAC OUTPUT ESTIMATION	
8716	C.	ALL STATES: FEE \$72.00
8717	NC.	ALL STATES: FEE \$63.00
	GATED CARDIAC BLOOD POOL (equilibrium) STUDY	
8720	C.	ALL STATES: FEE \$118.00
8721	NC.	ALL STATES: FEE \$63.00
	GATED CARDIAC BLOOD POOL STUDY WITH INTERVENTION	
8723	C.	ALL STATES: FEE \$142.00
	CARDIAC SHUNT STUDY or CARDIAC FIRST PASS BLOOD FLOW STUDY (gated or ungated)	
8724	C.	ALL STATES: FEE \$72.00
	LUNG PERFUSION STUDY, LUNG VENTILATION STUDY or LUNG AEROSOL STUDY	
8730	C.	ALL STATES: FEE \$72.00
8731	NC.	ALL STATES: FEE \$63.00
	LIVER AND SPLEEN STUDY, HEPATO BILIARY STUDY or MECKEL'S DIVERTICULUM STUDY	
8736	C.	ALL STATES: FEE \$96.00
8737	NC.	ALL STATES: FEE \$85.00
	SPLEEN STUDY, RED BLOOD CELL SPLEEN STUDY, PANCREAS STUDY, GASTRO-OESOPHAGEAL REFLUX STUDY, SALIVARY STUDY, or BOWEL HAEMORRHAGE STUDY	
8738	C.	ALL STATES: FEE \$73.00
8739	NC.	ALL STATES: FEE \$64.00

Item No.	Medical Service
----------	-----------------

PART 11 — NUCLEAR MEDICINE

NOTE

(This note should be read in conjunction with paragraphs 211 to 216 of Section 1 of this Book — Notes for General Guidance of Medical Practitioners)

(1) Benefits for a nuclear scanning service cover the preliminary examination of the patient, estimation of dosage, supervision of the administration of the dose and the performance of the scan, and compilation of the final report. Additional benefits will only be attracted for a specialist physician or consultant physician attendance under Part 1 of the Schedule where there is a request for a full medical examination accompanied by a Notice of Referral.

(2) The 'C' Schedule fee in this Part applies only where the service covered by the item is performed in a nuclear medicine installation with computerised processing facilities.

(3) The 'NC' Schedule fee in this Part applies where the service covered by the item is performed in a nuclear medicine installation without computerised processing facilities.

ERYTHROCYTE RADIOACTIVE UPTAKE SURVIVAL TIME

8700	ALL STATES: FEE \$52.00
------	-------------------------

BLOOD VOLUME Cr51

8702	FEE	\$	NSW 21.00	VIC 21.00	QLD 21.00	SA 21.00	WA 18.40	TAS 21.00
------	-----	----	--------------	--------------	--------------	-------------	-------------	--------------

GASTROINTESTINAL BLOOD LOSS ESTIMATION with radioactive chromium involving serial examination of stool specimens

8704	ALL STATES: FEE \$41.50
------	-------------------------

RADIOIODINE, URINARY ESTIMATION

8706	ALL STATES: FEE \$14.20
------	-------------------------

PROTEIN BOUND RADIOACTIVE IODINE TEST

8708	ALL STATES: FEE \$21.00
------	-------------------------

RADIOACTIVE B12 ABSORPTION TEST (Schilling test)

8710	ALL STATES: FEE \$23.00
------	-------------------------

	THALLIUM MYOCARDIAL STUDY or THALLIUM MYOCARDIAL REDISTRIBUTION STUDY	
8712	C.	ALL STATES: FEE \$94.00
8713	NC.	ALL STATES: FEE \$82.00
	MYOCARDIAL INFARCT AVID IMAGING, CARDIAC BLOOD POOL STUDY or CARDIAC OUTPUT ESTIMATION	
8716	C.	ALL STATES: FEE \$72.00
8717	NC.	ALL STATES: FEE \$63.00
	GATED CARDIAC BLOOD POOL (equilibrium) STUDY	
8720	C.	ALL STATES: FEE \$118.00
8721	NC.	ALL STATES: FEE \$63.00
	GATED CARDIAC BLOOD POOL STUDY WITH INTERVENTION	
8723	C.	ALL STATES: FEE \$142.00
	CARDIAC SHUNT STUDY or CARDIAC FIRST PASS BLOOD FLOW STUDY (gated or ungated)	
8724	C.	ALL STATES: FEE \$72.00
	LUNG PERFUSION STUDY, LUNG VENTILATION STUDY or LUNG AEROSOL STUDY	
8730	C.	ALL STATES: FEE \$72.00
8731	NC.	ALL STATES: FEE \$63.00
	LIVER AND SPLEEN STUDY, HEPATO BILIARY STUDY or MECKEL'S DIVERTICULUM STUDY	
8736	C.	ALL STATES: FEE \$96.00
8737	NC.	ALL STATES: FEE \$85.00
	SPLEEN STUDY, RED BLOOD CELL SPLEEN STUDY, PANCREAS STUDY, GASTRO-OESOPHAGEAL REFLUX STUDY, SALIVARY STUDY, or BOWEL HAEMORRHAGE STUDY	
8738	C.	ALL STATES: FEE \$73.00
8739	NC.	ALL STATES: FEE \$84.00

PART 11

NUCLEAR MEDICINE

LIVER AND LUNG STUDY

8742 C. ALL STATES: FEE \$142.00

8743 NC. ALL STATES: FEE \$124.00

LE VEEN SHUNT STUDY

8746 C. ALL STATES: FEE \$49.50

8747 NC. ALL STATES: FEE \$43.50

GASTRIC EMPTYING STUDY

8750 C. ALL STATES: FEE \$73.00

RENAL STUDY (static) or PLACENTAL STUDY

8755 C. ALL STATES: FEE \$73.00

8756 NC. ALL STATES: FEE \$64.00

QUANTITATIVE RENOGRAM or CYSTOURETEROGRAM

8759 C. ALL STATES: FEE \$96.00

8760 NC. ALL STATES: FEE \$84.00

TESTICULAR STUDY

8763 C. ALL STATES: FEE \$50.00

8764 NC. ALL STATES: FEE \$44.50

BRAIN STUDY (static) or CEREBRO SPINAL FLUID STUDY (static)

8769 C. ALL STATES: FEE \$97.00

8770 NC. ALL STATES: FEE \$86.00

SHUNT PATENCY STUDY

8773 C. ALL STATES: FEE \$73.00

8774 NC. ALL STATES: FEE \$65.00

DYNAMIC FLOW STUDY or REGIONAL BLOOD VOLUME QUANTITATION STUDY

8779 C. ALL STATES: FEE \$28.00

8780 NC. ALL STATES: FEE \$25.00

PART 11

NUCLEAR MEDICINE

VENOGRAPHY, LYMPHOSCINTIGRAPHY, LABELLED PLATELETS THROMBUS STUDY or LABELLED WHITE CELL STUDY

8783 C. ALL STATES: FEE \$96.00

8784 NC. ALL STATES: FEE \$84.00

PERIPHERAL PERFUSION STUDY

8787 C. ALL STATES: FEE \$72.00

8788 NC. ALL STATES: FEE \$63.00

BONE STUDY — four or more areas

8793 C. ALL STATES: FEE \$190.00

8794 NC. ALL STATES: FEE \$166.00

BONE STUDY — less than four areas

8797 C. ALL STATES: FEE \$98.00

8798 NC. ALL STATES: FEE \$86.00

JOINT STUDY of two or more joints

8799 C. ALL STATES: FEE \$98.00

8800 NC. ALL STATES: FEE \$86.00

TUMOUR SEEKING STUDY — three or more areas

8803 C. ALL STATES: FEE \$190.00

8804 NC. ALL STATES: FEE \$166.00

TUMOUR SEEKING STUDY — less than three areas

8807 C. ALL STATES: FEE \$98.00

8808 NC. ALL STATES: FEE \$86.00

THYROID STUDY (Tc, I, Cs) or PERCHLORATE DISCHARGE STUDY

8813 C. ALL STATES: FEE \$49.00

8814 NC. ALL STATES: FEE \$43.00

THYROID UPTAKE

8817 C. ALL STATES: FEE \$25.00

8818 NC. ALL STATES: FEE \$22.00

PART 11**NUCLEAR MEDICINE**

PARATHYROID STUDY

8821 C. ALL STATES: FEE \$72.00

ADRENAL STUDY

8824 C. ALL STATES: FEE \$75.00

8825 NC. ALL STATES: FEE \$66.00

STUDY OF REGION OR ORGAN NOT COVERED by any other item in this Part

8828 C. ALL STATES: FEE \$72.00

8829 NC. ALL STATES: FEE \$63.00

LIVER AND LUNG STUDY

8742 C. ALL STATES: FEE \$142.00

8743 NC. ALL STATES: FEE \$124.00

LE VEEN SHUNT STUDY

8746 C. ALL STATES: FEE \$49.50

8747 NC. ALL STATES: FEE \$43.50

GASTRIC EMPTYING STUDY

8750 C. ALL STATES: FEE \$73.00

RENAL STUDY (static) or PLACENTAL STUDY

8755 C. ALL STATES: FEE \$73.00

8756 NC. ALL STATES: FEE \$64.00

QUANTITATIVE RENOGRAM or CYSTOURETEROGRAM

8759 C. ALL STATES: FEE \$96.00

8760 NC. ALL STATES: FEE \$64.00

TESTICULAR STUDY

8763 C. ALL STATES: FEE \$50.00

8764 NC. ALL STATES: FEE \$44.50

BRAIN STUDY (static) or CEREBRO SPINAL FLUID STUDY (static)

8769 C. ALL STATES: FEE \$97.00

8770 NC. ALL STATES: FEE \$86.00

SHUNT PATENCY STUDY

8773 C. ALL STATES: FEE \$73.00

8774 NC. ALL STATES: FEE \$65.00

DYNAMIC FLOW STUDY or REGIONAL BLOOD VOLUME QUANTITATION STUDY

8779 C. ALL STATES: FEE \$28.00

8780 NC. ALL STATES: FEE \$25.00

VENOGRAPHY, LYMPHOSCINTIGRAPHY, LABELLED PLATELETS THROMBUS
STUDY or LABELLED WHITE CELL STUDY

8783 C. ALL STATES: FEE \$98.00

8784 NC. ALL STATES: FEE \$84.00

PERIPHERAL PERFUSION STUDY

8787 C. ALL STATES: FEE \$72.00

8788 NC. ALL STATES: FEE \$63.00

TOTAL BODY BONE STUDY

8793 C. ALL STATES: FEE \$190.00

8794 NC. ALL STATES: FEE \$166.00

RESTRICTED BONE STUDY or JOINT STUDY OF TWO OR MORE JOINTS

8797 C. ALL STATES: FEE \$98.00

8798 NC. ALL STATES: FEE \$86.00

WHOLE BODY TUMOUR SEEKING STUDY

8803 C. ALL STATES: FEE \$190.00

8804 NC. ALL STATES: FEE \$166.00

RESTRICTED TUMOUR SEEKING STUDY

8807 C. ALL STATES: FEE \$98.00

8808 NC. ALL STATES: FEE \$86.00

THYROID STUDY (Tc, I, Cs) or PERCHLORATE DISCHARGE STUDY

8813 C. ALL STATES: FEE \$49.00

8814 NC. ALL STATES: FEE \$43.00

THYROID UPTAKE

8817 C. ALL STATES: FEE \$25.00

8818 NC. ALL STATES: FEE \$22.00

PARATHYROID STUDY

8821 C. ALL STATES: FEE \$72.00

ADRENAL STUDY

8824	C.	ALL STATES: FEE \$75.00
8825	NC.	ALL STATES: FEE \$66.00

STUDY OF REGION OR ORGAN NOT COVERED by any other item in this Part

8828	C.	ALL STATES: FEE \$72.00
8829	NC.	ALL STATES: FEE \$63.00

SECTION 3A

INDEX TO MEDICAL BENEFITS SCHEDULE

- PART 1 – PROFESSIONAL ATTENDANCES
- PART 2 – OBSTETRICS
- PART 3 – ANAESTHETICS
- PART 4 – REGIONAL NERVE OR FIELD BLOCK
- PART 5 – ASSISTANCE IN ADMINISTRATION OF ANAESTHETIC
- PART 6 – MISCELLANEOUS PROCEDURES
- PART 9 – ASSISTANCE AT OPERATIONS
- PART 10 – OPERATIONS

Service	Item
A	
Abbe flap, full thickness, for reconstruction of lip or eyelid	8618,8620
transplant or flap, secondary correction of, for cleft lip	8632
Abdomen, burst, repair of, with extrusion of abdominal viscera	4258/4262
Abdominal approach for repair of enterocele and/or suspension	
of vaginal vault	6396
apron or similar condition, transverse wedge excision	3309
lipectomy for	3309
block, initial	748
subsequent	752
cervicectomy	3739/3745
drainage of liver abscess	3764
excision of Mullerian or Wolffian duct structures,	
and/or gonadectomy	pay under 3739/3745
hydatid cyst, excision of	3783
hysterectomy, with enucleation of ovarian cyst, one or	
both sides	6532/6533
viscera — operations involving	3739/3745
Abdominis, paracentesis	4197
Abdomino-perineal excision of Mullerian or Wolffian duct	
structures, and/or gonadectomy	pay under 3739/3745
resection	4202-4214
-vaginal operation for stress incontinence	6407,6408
Aberrant renal artery, operation for	5683
Abortion, induced, vacuum aspiration	6469
induced curettage	6469
threatened, treatment of	246
Abrasive therapy	8452,8454
Abscess, appendiceal, drainage of	4087/4093
Bartholin's, incision of	6284
Brodie's, operation for	4864
cerebral, operation for	7283,7287
intracranial, operation for	7283,7287
intra-orbital, drainage of	6752
ischio-rectal, incision of	4578/4585
large, incision with drainage of, requiring a general	
anaesthetic	3379/3384
liver, abdominal drainage of	3764
or inflammation of middle ear, operation on	5162
pelvic, drainage of through rectum	3379/3384
suprapubic drainage of	6677/6681
perianal, incision of	4578/4585
perinephric, drainage of	5732
peritonsillar, incision of	5445
prostatic, retropubic drainage of	6033
retroperitoneal, drainage of	4185
retropharyngeal, incision with drainage of	3379/3384
scrotum, drainage of	6216
small, incision with drainage of, not requiring a general	
anaesthetic	3371
subperiosteal	(see osteomyelitis)
subphrenic, drainage of	3750
urethral, drainage of	6170
Accessory bone, removal of	7853
nipple, removal of	3219-3237

Service	Item
Accessory scaphoid, removal of	7853
Achilles tendon or other large tendon	
— operation for lengthening	8262
— plastic repair of	8235/8238
— suture of	8235/8238
— torn, repair of	8235/8238
Acoustic neuroma	5108,5112,7203
Acromial bursitis, manipulation for	7911,7915
Acromion, removal of	8166
Acromionectomy	8166
Acrylic head, fitting of, to femur	8053
prosthesis operation on hip	8053-8069
Acute osteomyelitis operation on sternum, clavicle, rib, ulna, radius, carpus, tibia, fibula, tarsus, mandible or maxilla	4838
Adductor hallucis tendon, transplantation of with osteotomy or osteectomy of phalanx or metatarsal with correction of hallux valgus	8135
Adenoids and tonsils, removal of	5363-5392
removal of	5407/5411
Adenomyoma of uterus, excision of	6508
Adhesions, division of, via laparoscope	6607
labial, separation of	*
peritoneal, separation of, and laparotomy	3726
pharyngeal, division of	5345
preputial, breakdown of	*
Administration of an anaesthetic	
— as a therapeutic procedure	487/559
— assistance in	767
— by a medical practitioner other than a specialist anaesthetist	401-478
— by a specialist anaesthetist	500-549
— in connection with a dental operation (not being a prescribed medical service)	566-575
— in connection with E.C.T.	479,550
computerised axial tomography	489/490,561/562
forceps delivery	481,552
radiotherapy	480,551
— in connection with the treatment of a	
— complicated fracture involving viscera, blood vessels or nerves and requiring open operation	485,557
— dislocation requiring open operation	482,553
— simple and uncomplicated fracture requiring open operation	483,554
— simple and uncomplicated fracture requiring internal fixation or with the treatment of a compound fracture requiring open operation	484,556
— separate pre-operative examination for	82/85
Adrenal gland, biopsy of	5636
removal of	5636
Alcohol, injection of trigeminal ganglion or primary branch of trigeminal nerve with	7079
intrathecal injection	7081
local infiltration around nerve or in muscle with	*
nerve blocking with, following localisation by electrical stimulator	756
retrobulbar injection of	6918
Allergens, skin sensitivity for	987,989
Alimentary continuity, primary restoration	5508
obstruction, neonatal, laparotomy for	8394

* Payable on attendance basis.

Service	Item
Amniocentesis	278
Amniofusion	278
Amnion, puncture of	278
Amnioscopy	278
with surgical induction of labour	284
Amputation, breast, radical	3702
simple	3647/3652
cervix, or repair of	6436/6441
clitoris	6299
extra digit, congenital	8430
finger or thumb	4927-4969
foot at ankle (Syme, Pirogoff types)	5034
midtarsal or transmetatarsal	5038
hand	4972-4979
hindquarter	5055
hip	5051
interscapulothoracic	4987
penis, complete or radical	6184
partial	6179
shoulder	4983
stump, trimming of	*
Amputation, through leg or at knee	5045
thigh	5048
toe or great toe	4990-5029
including metatarsal or through metatarsal	5024/5029
Anaesthesia, general (including oxygen administration)	
during hyperbaric therapy	787,790
regional, intravenous, of limb, by retrograde perfusion	760/764
nerve or field block	
— initial	748
— subsequent	752
Anaesthetic, administration of	
— by a medical practitioner other than a specialist anaesthetist	401-478
— by a specialist anaesthetist	500-549
— in connection with a dental operation (not being a prescribed medical service)	566-575
— in connection with E.C.T.	479,550
episiotomy repair	407,513
forceps delivery	481,552
radiotherapy	480,551
— in connection with the treatment of a	
— complicated fracture involving viscera, blood vessels or nerves and requiring open operation	485,557
— dislocation requiring open operation	482,553
— simple and uncomplicated fracture requiring open operation	483,554
— simple and uncomplicated fracture requiring internal fixation or with the treatment of a compound fracture requiring open operation	484,556
assistance in administration	767
separate pre-operative examination for	82/85
Anal prolapse, circum-anal suture for	4467
injection into without anaesthesia	4427
submucosal injection for	4473

Payable on attendance basis

Service	Item
Anal sphincterotomy, as an independent procedure (Hirschsprung's disease) subcutaneous, internal (unilateral or bilateral) as an independent procedure	4490
stricture, repair of	4482
tags or external haemorrhoids, removal of	4534
Anastomosis, arterial	4762
arteriovenous, direct, of upper or lower limb	4817
bowel	4133
hepatic duct with gallbladder or intestine	3834
ileo-rectal, with total colectomy	4048
nerve	7139
portal, hypertension, vascular	4766
spino-ureteral, spino-peritoneal or spino-pleural of, for hydrocephalus, congenital	7320
Anderson-Hynes operation	5734
Aneurysm, abdominal aortic, excision of and insertion of graft	4791,4794
intracranial, operation for	7265-7274
ligation of great vessels for	4690,7265-7274
major artery, excision of	4798
Angioma, cauterisation or injection of, under general anaesthesia involving deep tissue, excision and repair of of skin and subcutaneous tissue or mucous surface, excision and repair of	8458 8470,8472 8462,8466
excision of, and direct repair	8462,8472
Ankle, arthroplasty, total replacement	8069
dislocation of	7461
fracture of	7647/7652
region, triple arthrodesis of	8116
Anophthalmic orbit, insertion of cartilage or artificial implant	6701
removal of implant from socket	6701
Ano-rectal malformation	
— perineal anoplasty	8406
— rectoplasty	8408
Antenatal care	190,192,200-217
confinement and postnatal care for nine days	
— with mid-cavity forceps or vacuum extraction, breech delivery or management of multiple delivery	208/209
— with surgical induction of labour	211/213
— with surgical induction of labour requiring major regional or field block	216/217
Antepartum haemorrhage	273
Anterior chamber, irrigation of blood from	6871
colporrhaphy	6347/6352
— and perineorrhaphy	6358/6363
— with posterior colpoperineorrhaphy and amputation of cervix	6367/6373
synechiae, cutting of	6885
Antrobuccal fistula operation	5288
Antrostomy (radical)	5270
with transantral ethmoidectomy	5277
Antrum, drainage of, through tooth socket	5284
intranasal operation on, or removal of foreign body from	5280
maxillary, lavage of	5264

Service	Item
Antrum, maxillary, proof puncture and lavage of	5245,5254
removal of foreign body from	5280
Anus, circum-anal suture for prolapse of	4467
dilatation of	4455
(Lord's procedure)	4461
Anus, repair of stricture of	4482
sphincterotomy of	4490
submucosal injection for prolapse of	4473
Aorta, endarterectomy of	4705
Aortic aneurysm, ruptured	4791-4794
Aorto-femoral or aorto-iliac bifurcate graft	4744
Apparatus, distracting, with internal fixation, removal of	8217
without internal fixation, removal of	8214
Appendiceal abscess, drainage of	4087/4093
Appendectomy (Appendectomy)	4074-4093
— (Incidental)	4084
Appendicostomy	3722
Appendix, operations on	4074-4093
ruptured, drainage of	4087/4093
Apron, abdominal, lipectomy for	3309
Arachnoidal cyst, congenital, operation for	7328
Arm, amputation through or disarticulation of	4979
direct arteriovenous anastomosis of	4817
Arterial anastomosis	4762
graft or by-pass	4754
patch graft	4738
Arteriography, selective coronary, preparation for	7011,7013
Arteriovenous anastomosis of upper or lower limb	4817
fistula, artificial, repair of	4676
cervical carotid ligation for	7274
dissection and ligation of	4702
repair of	4699
excision of, from major blood vessels	4690
malformation, intracranial, operation for	7265,7270
shunt, declotting of	831
external, insertion of	4808
removal of	4812
Artery, abdominal, endarterectomy of	4705
anastomosis of by micro-surgical techniques for the	
reimplantation of limb or digit or free transfer of tissue	4764
internal carotid, repositioning of	4733
intra-thoracic, endarterectomy of	4705
ligation of, by elective operation	4676,4678
major, of neck or extremity, repair of wound of with restoration	
of continuity	4693
of trunk, repair of wound of, with restoration of continuity	4696
maxillary, transantral ligation of	5268
of extremities, endarterectomy of	4709
neck, endarterectomy of	4709
removal of embolus from	4778
trunk, removal of embolus from	4784
or arteries, coronary, direct surgery to	7066
umbilical, catheterisation	897
Arthrectomy, finger	8022
hip	8048
knee	8079

Service	Item
Arthrectomy	8019
shoulder	8019
zygapophyseal joints	8028
other large joint	8036
small joint	8022
Arthrodesis, finger	8022
hip	8044
knee	8079
sacro-iliac joint	8032
shoulder	8019
subtalar	8326
triple, of foot or ankle region	8116
other large joint	8036
small joint	8022
Arthroplasty, ankle	8069
elbow	8069
finger	8022
hip	8053-8069
knee	8069,8079
shoulder	8017
other large joint	8036
small joint	8022
Arthroscopy, knee	8084
Arthrotomy, hip	8074
knee	8081
shoulder	8014
small joint	8026
other large joint	8040
Artificial insemination	*
lens, removal of	6857
insertion of	6852
rupture of membranes	354
Aspiration biopsy of bone marrow	3160
of lymph gland, deep tissue or organ	3148
haematoma	3366
joint	8105
of bladder	5964
breast cyst	*
or intra-synovial injection of synovial cavity or both	
of these services	8108
paracentesis, or both, of thoracic cavity	6940
vacuum induced abortion	6469
non gravid uterus	6460/6464
Assistance at operations	2950,2955
in administration of an anaesthetic	767
Atresia, choanal, repair of	8380-8382
congenital, biliary, dissection of bile ducts	3831
laparotomy	3739/3745
reconstruction of external auditory canal for	8612
oesophagus, dilatation for	5470, 5474, 5490
operation for	8392
tracheal, dilatation of, with bronchoscopy	5619,5624
Attendance, professional, by general practitioner	
— at hospital or nursing home	69-78

*Payable on attendance basis.

Service	Item
Attendance, professional, by general practitioner, surgery	
consultation or home visit	
— brief	3,4,43,44
— standard	14,19,51,53
— long	25,26,57,59
— prolonged	33,35,65,66
by specialist	
— initial referred	88,100
— subsequent	94,103
by consultant physician (other than in psychiatry)	
— nursing home, hospital or surgery	110,116
— home visit	122,128
by consultant physician (in psychiatry)	
— surgery, hospital or nursing home	134-142
— home visit	144-152
— interview of a person other than the patient	890,893
— group psychotherapy	888
pre-operative by anaesthetist	82/85
Audiogram, air and bone conduction	865
— and speech	870
— and speech with other Cochlear tests	874
conduction	863
impedance	877
with either air conduction or air and bone conduction	879
Auditory canal, external, reconstruction of for congenital atresia	8612
removal of foreign body from	5062
meatus, external, removal of exostoses in	5072
internal, exploration of	5122
Augmentation mammoplasty, prosthetic	8530
Aural polyp, removal of	5066
Austin Moore arthroplasty of hip	8053
Avulsion, epiphysis	7844
penis, repair of	6194
Axilla, lymph glands of, excision of	3634,3638
Axillary artery, ligation of	4690
hyperhidrosis, wedge excision for	3314
vessel, ligation of	4690
involving gradual occlusion by mechanical device	4715

Service	Item
B	
Back, manipulation of, under general anaesthesia	7919/7923
Baker's cyst, excision of	3217
Ballistocardiography	913
Band, encircling silicone, removal of from detached retina	6906
rubber, ligation of haemorrhoids	4509
Bands, lateral pharyngeal, removal of	5431
Bankhart operation (arthroplasty of shoulder joint)	8017
Bartholin's abscess, incision of	6284
cyst, excision of	6274/6277
or gland, marsupialisation or cautery destruction of	6278/6280
Basal cell carcinoma, uncomplicated, removal of	3219-3237
Bassini's operation	4222/4227
Bat ear or similar deformity, correction of	8608
Bennett's fracture	7527/7530
Bicornuate uterus, plastic reconstruction for	6570
Bifurcate graft	4744
Bilateral iliac, osteotomy of	8203
Bile duct, common, operations on	3815-3834
radical excision and reconstruction for carcinoma pay under	3834
reconstruction of	3834
Biliary atresia, congenital, dissection of bile duct with reconstruction	3831
exploratory laparotomy	3739/3745
reconstruction of bile duct	3834
system, operations on	3789-3834
Biopsy, adrenal gland	5636
aspiration of bone marrow	3160
of lymph gland, deep tissue or organ	3148
bladder tumour, by cystoscopy	5868
bone marrow, by aspiration	3160
open approach	3157
percutaneous approach	3158
bronchus	5611
(burr-hole) of sternum	3157
cervix	3135/3142
cone, of cervix	6418/6424
intracranial tumour via burr-hole	7192
via osteoplastic flap	7194
larynx	5524
liver, percutaneous	3752
lymph gland, muscle or other deep tissue or organ	3135/3142
needle, of prostate	6030
oesophagus	5480
ovarian by laparoscopy	6607
prostate, endoscopic, with or without cystoscopy	6027
perineal	6022
punch, of synovial membrane or pleura	3160
puncture, sternum	3157
rectum, full thickness	4380
renal	5726
scalene node	3168
skin or mucous membrane	3130
sternum, puncture	3157
suction	3130
testis	6218

Service	Item
Biopsy via laparoscope	6607
with cervical exploration of mediastinum	6992
direct examination of larynx	5524
gastroscope or duodenoscopy	3855
intubation of small bowel	4099
Birth mark, congenital, removal of, other than by radiotherapy	8458-8472
Bladder, aspiration of, by needle	5964
catheterisation of — where no other procedure is performed	5840
(closed), operations on	5840-5888
cystostomy or cystotomy	5897/5901
diverticulum of, excision or obliteration of	5929
ectopic — 'turning-in' operation	8414
enlargement of, using intestine	5981
evacuation of clot from, by cystoscopy	5845
excision of	5891/5894,5905
neck closure, including repair of epispadias	6135
contracted, congenital, wedge excision or perurethral	
resection of	8410
contracture, operation for	5916
resection, endoscopic, with cystoscopy	5881
(open), operations on	5891-5935
prolapse of (gynaecological), repair of	6347-6373
Bladder, repair of rupture of	5891/5894
with complete or partial uterectomy	5747
suprapubic stab cystotomy	5903
tumour of, biopsy of, with cystoscopy	5868
diathermy or resection of, with cystoscopy	5871,5875
suprapubic diathermy of	5919
washout test of	839
Blepharoplasty	8588
Block, field or major regional, required with surgical induction of labour and antenatal care confinement and postnatal care for nine days	216/217
regional nerve or field, initial	748
subsequent	752
Blocking, nerve, with alcohol or other agent following localisation by electrical stimulator	756
Blood, administration of	940,944
cell separation	940
collection of, for pathology test	907,956
transfusion	949
dye — dilution indicator test	952
pressure recording by intravascular cannula	770
transfusion	902,904,940-947
intrauterine foetal, including necessary	
amniocentesis	947
vessels in nose, cautery to during episode of epistaxis	5230
Bone, accessory, removal of	7853
carpal, replacement of by silicone or other implant including any necessary tendon transfers	8003
graft to femur	7975
humerus	7983
radius and ulna	7983
radius or ulna	7993
scaphoid	7999
spine	7934-7969

Service	Item
Bone, graft to spine	
postero-lateral fusion	7945
with laminectomy and posterior interbody fusion	7967-7969
tibia	7977
(not covered by any other item)	8001
with calcaneal osteotomy	8330
lunate, excision of	8190
marrow, aspiration biopsy of	3160
nasal, fracture of	7701-7715
sesamoid, removal of	7853
tumour, innocent, excision of	3425
Bowel, anastomosis of	4039/4043
mobilisation of	3739/3745
resection of	4039/4043
ruptured, repair or removal of	3722,4165
small, intubation	4104
with biopsy	4099
or large, interposition of with oesophagectomy	6988
Brachial endarterectomy	4709
plexus block, initial	748
subsequent	752
exploration of	7175
Brain, abscess of, excision of	7283
Branchial cyst, removal of	3526
fistula, removal of	3530
Breast, amputation of	3647-3702
cyst aspiration of	*
excision of cyst, fibro adenoma, local lesion or segmental resection	3654/3664
— where frozen section is performed	3668/3673
mammoplasty of	8528-8532
operations on	3647-3702
partial mastectomy involving more than one quarter of breast tissue	3678/3683
manipulation of fibrous tissue surrounding prosthesis,	3106
removal of	pay under 3120/3124
section of, for biopsy	3135/3142
tumour, removal of	3219/3265
Breathing apparatus, mechanical efficiency of, estimation of	920
oxygen cost of, estimation of	920
Breech delivery, with antenatal care, confinement and postnatal care for nine days	208/209
Broad ligament cyst, excision of	6643/6644, 6648/6649
removal of fatty tumour of	3739/3745
Brodie's abscess, operation for	4864
Bronchial tree, intrathoracic operation on	6999
Bronchoscopy, as an independent procedure	5605
with biopsy or other diagnostic or therapeutic procedure	5611
dilatation of tracheal stricture	5619
Bronchspirometry	918
Bronchus, operations on	5605,5613
removal of foreign body in	5613
Bubonocele operation	4222/4227

* Payable on attendance basis.

Service	Item
Buckling operation for detached retina	6902
Bunion, excision of	8169/8173
Burns, dressing of (not involving grafting)	3006-3039
Burns, excision of under G.A. (not involving grafting)	
— more than 10% of body surface	3039
— not more than 10% of body surface	3038
extensive free graft to	8510
free graft to	8509-8511
Burr-hole biopsy of sternum	3157
craniotomy	7186,7192,7212,7287
for intracranial haemorrhage	7212
Bursa, incision of	*
large, excision of	3208/3213
including olecranon, calcaneum or patella, excision of	3208/3213
semimembranosus, excision of	3217
small, excision of	3194/3199
Bursitis, acromial, manipulation	7911/7915
Burst abdomen, repair of with extrusion of abdominal viscera	4258/4262
By-pass, arterial or venous	4754
crossed, of saphenous vein	4665

*Payable on attendance basis

Service	Item
C	
Cable shunt, ventricular, for hydrocephalus, congenital	8320
Cadaver, donor nephrectomy	5647
Caecostomy	3722
extra-peritoneal closure of	3976/3981
Caesarean section	234/241
Calcaneal osteotomy	8328
with bone graft	8330
Calcanean bursa, excision of	3208/3213
spur, removal of	8120
Calcaneus, fracture of	7674/7652
valgus, manipulation and plaster under general anaesthesia	8336
under general anaesthesia	8334
Calcium, deposit, removal of, from cuff of shoulder	8009
Calculus, removal of, from bladder	5888
kidney	5691
parotid or salivary gland duct	3468/3472
Skene's duct	6286
sublingual gland duct	3468/3472
with cystotomy	5968
staghorn, nephro or pyelolithotomy for	5699
ureteric, endoscopic removal or manipulation of, with cystoscopy	5885
Caldwell-Luc operation	5270
Caloric test of labyrinth or labyrinths	882
Calve's epiphysitis, plaster for	8349
Canal, external auditory, reconstruction of, for congenital atresia	8612
Canaliculus system lacrimal, reconstruction of	6792
immediate repair of	6796
Cancer of skin, removal by serial curettage excision	3350,3351,3352
Cannula, intralymphatic insertion of, for introduction of radio-active material	938
intravascular, blood pressure recording by	770
Canthoplasty	6768
Capacity, diffusing, estimation of	920
Capsular ligaments of knee, reconstruction of	8087
Capsule, joint, repair of	8113
Capsulectomy	6861
Capsulotomy	6865
Carbolisation of eye	"
Carbon dioxide output, estimation of	920
Carbuncle, incision with drainage of, requiring a general anaesthetic	3379/3384
Carcinoma	(see tumour)
Cardiac by-pass, whole body perfusion	923
catheterisation	7001-7013
operation	6999
pacemaker, insertion or replacement of	7021,7033
rhythm, restoration of, by electrical stimulation	917
Cardiopulmonary by-pass, for direct surgery to coronary artery or arteries	7066
Cardiospasm, Heller's operation for	6999
Carinatum, pectus, radical correction of	6972
Carotid artery, endarterectomy of	4705,4709

*Payable on attendance basis

Service	Item
Carotid artery, internal, repositioning of	4733
ligation of, for aneurysm or arteriovenous fistula	7274
involving gradual occlusion by mechanical device	4715
body or carotid body tumour, removal of without anastomosis	3295
with anastomosis	4762
Carpal bone, dislocation of	7426
fracture of, excluding navicular	7533
replacement of, by silicone or other implant including any necessary tendon transfers	8003
scaphoid, fracture of	7535/7538
tunnel syndrome, radical operation for	7178/7182
Carpometacarpal joint, synovectomy of	8290
Carpus on radius and ulna, dislocation of	7430/7432
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy or osteotomy of	8190
of with internal fixation	8193
Cartilage, knee, displaced, reduction of	7911/7915
removal of	8087
tarsal, excision of	6758
Caruncle, urethral, cauterisation of	6290
excision of	6292/6296
Cataract, juvenile, removal of, including subsequent needlings	6859
Catheter, peritoneal insertion and fixation of	833
Catheterisation, bladder — where no other procedure is performed	5840
cardiac	7001-7013
central vein	950,951
eustachian tube	5343
frontal sinus	5305
scalp vein	895
umbilical artery	897
vein	895
ureteric, with cystoscopy	5851
Caudal block, initial	748
subsequent	752
Cauterisation, angioma, congenital, under general anaesthesia	8458
cervix	6411
haemangioma, congenital, under general anaesthesia	8458
haemorrhoids	4523/4527
keratoses or hyperkeratoses	3330-3346
of tarsus for ectropion	6762
perforation of tympanum	5176
pyogenic granulation	3330-3346
septum or turbinates or pharynx	5229
urethra or urethral caruncle	6290
Cautery, conjunctiva, including treatment of pannus	6835
destruction of Bartholin's cyst or gland	6278/6280
to blood vessels in nose during an episode of epistaxis	5230
Cavity, nasal, and/or post-nasal space, examination of, under	
general anaesthesia as an independent procedure	5192
orbital, reconstruction of roof or floor of	8552
synovial, aspiration and/or intrasynovial injection of	8108
thoracic, aspiration or paracentesis of, or both	6940
Cellulitis, incision with drainage of, requiring a general anaesthetic	3379/3384
Central vein catheterisation	950,951

Service	Item
Cerebello-pontine angle tumour	
— suboccipital removal of	7203
— transmastoid, translabyrinthine removal of	5108,5112
Cerebral ventricle, puncture of	7099
Cervical biopsy, colposcopy and radical diathermy, with curettage of uterus	6483
with curettage of uterus	6483
exploration of mediastinum with or without biopsy	6992
oesophagectomy	3616
oesophagostomy	3597
closure or plastic repair of	3597
plexus block, initial (not including the uterine cervix)	748
subsequent (not including the uterine cervix)	752
rib, removal of	8158
spine, anterior interbody spinal fusion to	7947,7951
dislocation of, without fracture	7472
sympathectomy	7376
Cervicectomy, abdominal	3739/3745
Cervix, amputation or repair of	6436/6441
biopsy of	3135/3142
cauterisation of	6411
cone biopsy of	6418/6424
diathermy of	6411
dilatation of	6446
examination of, with Hinselmann colposcope or similar instrument	6415
ionisation of	6411
purse string ligation of for threatened miscarriage	250/258
removal of polyp from	6411
purse string ligature of under general anaesthesia	267
repair of	6367/6373,6436/6441
uterine, examination of, with a magnifying colposcope of the Hinselmann type or similar instrument	6415
Chalazion, extirpation of	6754
Charnley arthroplasty of hip	8069
Chemopallidectomy, including burr-hole	7312
or other stereotactic procedure	7312
Chemotherapy for keratoses, warts or similar lesions	3330-3346
Chest, funnel, elevation of	6972
pigeon, correction of	6972
wall, closure of after drainage for empyema	3247/3253
Choanal atresia, repair of	8380,8382
Cholangiography pre-operative	3789
Cholecystectomy	3793/3798
with choledochotomy	3820
Cholecystoenterostomy	3831
Cholecystoduodenostomy	3831
Cholecystogastrostomy	3831
Cholecystostomy	3802/3809
Choledochooduodenostomy	3834
Choledochoenterostomy	3834
Choledochogastrostomy	3834
Choledochotomy after previous cholecystectomy	3815
with or without cholecystectomy	3820
Cholera, inoculation against	*
Chondroma, removal of	3219-3253

* Payable on attendance basis.

Service	Item
Chondro-cutaneous or chondro-mucosal graft	8606
Chordee, correction of — hypospadias	6105,6107
Chronic osteomyelitis, operation on scapula, sternum, clavicle, rib, ulna, radius, metacarpus, carpus, phalanx, tibia, fibula, metatarsus, tarsus, mandible or maxilla	4860
Cicatricial flexion contracture of joint, correction of	8294
Ciliary body and/or iris, excision of tumour	6894
Cingulotomy	7298
Cingulotractotomy	7298
Circum-anal suture for anal prolapse	4467
Circumcision	4319-4345
Cisternal puncture	7089
Clavicle, dislocation of	7410
fracture of	7588/7593
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
Cleft lip, Abbe transplant or flap, secondary correction	8632
complete primary repair	8622,8624
revision, secondary correction	8630
partial or incomplete, secondary correction	8628
secondary correction of nostril or nasal tip	8634
palate, complex cleft, partial repair	8652
complete cleft, primary repair	8640
incomplete, secondary repair	8644
lengthening procedure, secondary repair	8648
partial cleft, primary repair	8636
Cleidotomy of foetus	360
Clitoris, amputation of	6299
Closure, extra peritoneal, of colostomy, enterostomy, ileostomy or caecostomy	3976/3981
intra-peritoneal of colostomy or enterostomy	3986
of bladder neck including repair of epispadias	6135
cervical oesophagostomy	3597
cutaneous ureterostomy	5837
urethral fistula	6044
Clot, evacuation of, from bladder by cystoscopy	5845
surgical removal from large vein	4789
small or medium vein	4676
Coccyx, excision of	4606
Cochlear tests	874
Cockett's operation	4662
Coeliac plexus block with alcohol	7079
Colectomy right or left hemicolectomy	4046
total, with ileo-rectal anastomosis	4048
synchronous operation	4054,4059
transverse or sigmoid	4018
with excision of rectum	4054,4059
Collection of blood for transfusion	949
specimen for pathology test	907,956
of sweat by iontophoresis	958
Colles' fracture of wrist	7540/7544
Colonic fibreoscopy	4383-4394
Colonoscopy, fibreoptic (short)	4383
with biopsy	4385

Service	Item
Colonoscopy fiberoptic (long)	4388
with biopsy	4389
with removal of one or more polyps	4394
Colostomy	3722
entero-	3894/3898
extra-peritoneal closure of	3976/3981
following exploratory laparotomy	3722
for Hirschsprung's disease	3722
intraperitoneal closure of	3986
lavage of	*
Colotomy	3722
Colour discrimination test, Farnsworth Munsell 100 hue	†
Colpoperineorrhaphy	6347/6363
Colpopexy	6396
Colpoplasty	6367/6373
Colporrhaphy	6342
Colposcopy, cervical biopsy and radical diathermy, with curettage	
of uterus	6483
using Hinselmann or similar type of instrument	6415
with curettage of uterus	6483
Colpotomy	6342
Comminuted fracture of skull, operation for	7231
Common bile duct, operations on	3820-3831
Complete cleft palate, primary repair	8640
or partial urethrectomy for removal of tumour	6077
revision of secondary correction of cleft lip	8630
urethrectomy, complete or partial, with bladder repair	5747
Complex cleft palate, partial repair	8652
Compliance, lung, estimation of	920
Complicated fracture requiring open operation	7821,7823
Composite graft to nose, ear or eyelid	8606
Compound fracture requiring open operation	7815,7817
skull or complicated with dural penetration	
and brain damage	7244
skull without dural penetration	7240
Compression techniques, continuous, multiple simultaneous injections	
by, for varicose veins	4633
Conception, products of, evacuation of, by intrauterine manual	
removal	362
Conduction times, nerve, estimation of (electromyography)	810,811,813,814
Condylectomy	8185-8190
of mandible	8195,8198,8570
Cone biopsy of cervix	8570
Confinement	6418/6424
antenatal care and postnatal care for nine days	194-217
— with mid-cavity forceps of vacuum extraction,	200/207
breech delivery or management of multiple	
delivery	208/209
— with surgical induction of labour	211/213
— and requiring major regional or field block	216/217
attendance by specialist at	198
Congenital abnormalities, manipulations and plaster work, for	
correction of	8332-8356

*Payable on attendance basis

Service	Item
Congenital abnormalities, operations for correction of	8428-8444
absence of vagina, reconstruction for	6327
atresia, biliary, dissection of bile ducts with reconstruction	3831
exploratory laparotomy	3739/3745
reconstruction of bile duct	3834
reconstruction of external auditory canal	8612
dislocation of hip, manipulation and plaster for	8332
heart disease, open heart, surgery for	7046
incontinence, reconstruction of sphincter for	8414
Conjunctiva, cautery of, including treatment of pannus	6835
removal of tumour from	3219-3253
Conjunctival, graft over cornea	6810
peritomy	6807
Conjunctivorhinostomy	6782,6786
Consultation by consultant physician in psychiatry	
— surgery, hospital or nursing home	134-142
— home visit	144-152
— interview of a person other than the patient	890,893
— group psychotherapy	887-889
by a consultant physician other than in psychiatry	
— surgery, hospital or nursing home	110,116
— home visit	122,128
by general practitioner	
— at hospital or nursing home	69-78
— surgery consultation or home visit	
— brief	3,4,43,44
— standard	14,19,51,53
— long	25,26,57,59
— prolonged	33,35,65,66
by specialist	
— initial referred	88,100
— subsequent	94,103
preoperative, by anaesthetist	82/85
Contaminated wound of soft tissue, debridement of under general anaesthesia	3041
Continuous compression techniques, by multiple simultaneous injections, for varicose veins	4633
Contour reconstruction, foreign implants for	8478
of the face by autogenous bone or cartilage graft	8600
Contraceptive device, intra-uterine, introduction or removal of	6262
Contracted bladder neck, congenital, wedge excision or perurethral resection of	8410
operation for	5916
socket, reconstruction	6705
Contracture cicatricial flexion, correction of	8294
Dupuytren's, radical operation for	8298
subcutaneous fasciotomy	8296
manipulation under general anaesthesia	8352
Contractures, manipulation and plaster for, under general anaesthesia	8354
Cooling, gastric (by lavage with ice-cold water)	*
Coraco-acromion ligament, removal of	8166
Cordotomy, laminectomy for	7346
percutaneous	7381
Corn, radical treatment of	3219-3253

*Payable on attendance basis

Service	Item
Cornea, conjunctival, graft over	6810
epithelial debridement for dendritic ulcer	6824
removal of foreign body from, involving deeper layers	6818
superficial foreign body from	6816
transplantation of, including collection of implant	6828,6832
Corneal scars, excision of	6820
ulcer, ionisation of	*
Coronary, artery or arteries, direct surgery to	7066
— placement of catheters and injection of opaque material	7011,7013
Correction of atresia of oesophagus	6984
hallux valgus with osteotomy or osteectomy of phalanx or metatarsal	8131
and transplantation of adductor hallucis tendon	8135
pectus excavatum or pectus carinatum, radical	6972
Cortical evoked responses	816,817
mastoidectomy	5087
Cost, oxygen, of breathing, estimation of	920
Counterpulsation by intra-aortic balloon	
— insertion by arteriotomy, or removal and arterioplasty	4806
— management of	976,977
Cranial nerve, infiltration of	755
Craniectomy and removal of haematoma	7216
extensive and removal of haematoma for osteomyelitis of skull	7216
	7291
Cranioplasty, reconstructive	7248,7251
Craniostenosis, operation for	7324,7326
Craniotomy and tumour removal	7198,7203
burr-hole	7186
for intracranial haemorrhage	7212
foetus	360
involving osteoplastic flap	7279
Cross leg, direct flap repair	8487,8488
Cruciate ligaments of knee, reconstruction of	8089
Cryocautery for superficial lesions	3330-3346
Cryotherapy for detached retina	6900
pre-detachment of retina	6908
superficial lesions	3330-3346
to eyelids for distichiasis	6767
nose in the treatment of nasal haemorrhage	5233
retina	6908
Culdoscopy	6451
Curettage, or suction curettage for evacuation of the contents of the gravid uterus	6469
uterus (D. and C.)	6460/6464
including curettage for incomplete miscarriage	6460/6464
suction of non gravid uterus (menstrual aspiration)	6460/6464
with colposcopy, cervical biopsy and radical diathermy	6483
Cutaneous or digital nerve, primary suture of	7106/7111
nerve primary suture of by microsurgical technique	7112
neoplastic lesions, treatment of	3349
ureterostomy, closure of, unilateral	5837
vesical fistula, operation for	5935
Cyclocryotherapy	6898
Cyclodiathermy	6898

* Payable on attendance basis

Service	Item
Cyst, arachnoidal, congenital, operation for	7328
Baker's, excision of	3217
Bartholin's, excision of	6274/6277
marsupialisation or cautery destruction of	6278/6280
brain, operations for	7192
branchial, removal of	3526
breast, aspiration of	*
excision of	3654-3673
broad ligament, excision of	6643/6644, 6648/6649
dentigerous	3247-3265
epididymal, removal of	6221/6224
fimbrial, excision of	6643/6644, 6648/6649
hydatid, abdominal, removal of	3783
liver, removal from	3783
lungs, enucleation of	6964
peritoneum, removal from	3783
intracranial, needling and drainage of	7192
kidney, removal from	5724
Meibomian, incision of	6754
mucous, of mouth, removal	3509/3516
ovarian, excision of	6643/6644, 6648/6649
pancreatic, anastomosis to stomach or duodenum	3902
parovarian, excision of	6643/6644, 6648/6649
pharyngeal, removal of	5456
pilonidal, excision of	4611/4617
in a child under 10 years	4552/4557
renal, excision of	5724
tarsal, extirpation of	6754
thyroglossal, removal of	3581
vaginal, excision of	6267, 6321
vallecular, removal of	5456
viscus (abdominal), removal of	3783
not otherwise covered, removal of	3219-3265
Cystic hygroma, removal of	3532
Cystocele, repair of	6347-6373
Cystography, preparation for	5840
Cystometrography	5857
Cystoscopic examination	5845
removal of foreign body from bladder	5864
Cystoscopy, with biopsy of bladder tumours	5868
or resection of bladder tumours	5871, 5875
endoscopic bladder neck resection	5881
removal or manipulation of ureteric calculus	5885
hydrodilatation of the bladder	5853
litholapaxy	5888
or without urethral dilatation	5845
ureteric catheterisation	5851
meatotomy	5878
urethroscopy	6061
Cystometrography	843
Cystostomy, suprapubic	5897/5901
change of tube	*
Cystotomy, suprapubic	5897/5901
stab	5903
with removal of calculus	5968

* Payable on attendance basis

Service	Item
Cystourethrography, ascending	5861
preparation for	5840
Cytotoxic agent, infusion of	932-936
intra-arterial infusion of, preparation for	934
intralymphatic infusion of fluid containing	936

Service	Item
D	
D. and C.	6460/6464
Dacryocystectomy	6774
Dacryocystorhinostomy	6778
Dead space, estimation of	920
Debridement, epithelial, of cornea for dendritic ulcer	6824
under G.A. of contaminated wound of soft tissue	3041
Decapitation of foetus	360
Decompression of facial nerve, mastoid portion	5102
intracranial portion	5104
intracranial tumour via osteoplastic flap	7194
peripheral vessel	3391
operation for priapism under general anaesthesia	6162
suboccipital for hydrocephalus, congenital	7314
Decortication, pulmonary, with thoracotomy	6962
Deep fascia, repair of for herniated muscle	3417
seated haemangioma of neck, excision of	8474
tissue or organ, aspiration biopsy of	3148
biopsy of	3135/3142
Dendritic ulcer, epithelial debridement of cornea for	6824
Dental anaesthetic	566-575
Depressed fracture of skull, operation for	7231
Derangement, internal, operation on knee for	8087
Dermabrasion	8452,8454
Dermatome grafts	8504-8516
Dermo-fat fascia graft, including transplant or muscle flap	8450
mammoplasty	8532
Dermoid, excision of	3219-3265
of nose, congenital, excision of with intranasal extension	8440
superficial, excision of	8432/8434
orbital, congenital, excision of	8436
periorbital, congenital, excision of	8432/8434
Desiccation of mole by diathermy	3330-3346
Detached retina, diathermy or cryotherapy for	6900
light coagulation for	6904
removal of encircling silicone band from	6906
resection or buckling operation for	6902
Detachment of indirect flap or tubed pedicle, delay	8496
testis from thigh, secondary	4313
Dextrose, intravenous infusion of	927,929
Dialysis, peritoneal	836
renal, in hospital	818-824
Diaphragmatic hernia congenital, repair of	4241
other than traumatic, abdominal repair of	4241
transthoracic repair of	6997
traumatic, repair of	4238
Diathermy, and laparoscopy of Fallopian tubes	6611/6612
any one or more of septum turbinates or pharynx	5229
Diathermy, bladder tumours	5871,5875
suprapubic	5919
cervix	6411
and curettage of uterus	6483
cysts, tumours, warts, etc.	3330-3346

Service	Item
Diathermy	3330-3346
desiccation of mole by	
detached retina	6900
or resection of rectal tumour with sigmoidoscopy	4365
perforation of tympanum for	5176
pharynx	5229
plantar wart	3320
salivary gland duct	3465
septum	5229
turbinates	5229
urethra	6140
Diffusing capacity, estimation of	920
Digit, extra, amputation of	8430
ligation of pedicle	8428
transplantation of, plastic — complete procedure	8540
Digital nail, removal of	7861
nerve, repair of, divided, to thumb or finger	7116/7117
— by microsurgical techniques	7120,7121
primary suture of	7106/7111
Dilatation, and puncture, for repair of choanal atresia	8382
anus (Lord's procedure)	4461
as an independent procedure	4455
of cervix	6446
oesophagus	5470,5474,5490
punctum, with punctum snip	6805
tracheal stricture with bronchoscopy	5619
or probing of lacrimal passages for obstruction	6799
salivary gland duct	3465
urethral stricture	6039
uterus and curettage of	6460/6464
vagina, as an independent procedure	6313
Dilution indicator test — blood dye	952
Direct arteriovenous anastomosis of upper or lower limb	4817
flap repair, cross arm, abdominal or similar	8485,8486
finger or similar	8490,8492
leg	8487,8488
revision of graft	8502
Disarticulation, finger or thumb	4927-4969
foot at ankle (Syme, Pirogoff types)	5034
midtarsal or transmetatarsal	5038
hand, forearm or through arm	4979
transmetacarpal	4972/4976
interscapulothoracic	4987
leg at hindquarter	5055
hip	5051
shoulder	4983
through leg or at knee	5045
toe or great toe	4990-5029
Disc, intervertebral, manipulation of spine for abnormality of, under	
general anaesthesia	7919/7923
laminectomy for removal of	7331
lesion, recurrent, laminectomy for	7336
slipped, manipulation of spine for, under general anaesthesia	7919/7923
Discrimination test, colour, Farnsworth Munsell 100 hue	*
Disimpaction of faeces under anaesthesia	4602
Dislocation, hip, congenital, manipulation and plaster for	8332

* Payable on attendance basis

Service	Item
Dislocation, not requiring open operation	7397-7476
recurrent, patella, operation for	8100
requiring open operation and internal fixation	8113
shoulder	7412-7419
treatment of	7397-7483, 8100, 8332
turbinate	5237
Displaced patella, fixation of	8100
Dissection and repair of arteriovenous fistula	4699
Distichiasis, cryotherapy to eyelids for	pay under 6767
Distracting apparatus with internal fixation, removal of	8217
without internal fixation, removal of	8214
Distraction and osteotomy for lengthening of limb	8211
Diverticulum, bladder, excision or obliteration of	5929
duodenum, removal of	3739/3745
Meckel's, removal of	3722
urethra, excision of	6152
Divided digital nerve to thumb or finger, repair of	7116/7117
ureter, repair of	5741
Division fibrinous bands in vitreous body	6885
of peritoneal adhesions and laparotomy	3726
Dohleman's operation	5357
Donald-Fothergill operation	6367/6373
Donor nephrectomy (cadaver)	5647
Double vagina, excision of vaginal septum for correction of	6332
Drainage and needling of intracranial cyst	7192
intercostal of empyema, not involving resection of rib	6953
of intracranial infection	7287
Dressing and removal of sutures under general anaesthesia	3106
of burns (not involving grafting)	3006-3033
Drip, oxytocin (Pitocin)	927,929
Duct, bile, anastomosis of	4133
reconstruction of	3834
common bile, operations on	3815-3834
hepatic, reconstruction of	3834
naso-lacrimal, probing of	6799
parotid, repair of	pay under 6796
using micro-surgical techniques	pay under 6796 x 1½
salivary gland, diathermy or dilatation of	3465
removal of calculus from	3468/3472
Skene's, incision of, or removal of calculus from	6286
sublingual gland, removal of calculus from	3468/3472
tear, probing of	6742
Duodenal intubation	4104
ulcer, perforated, suture of	3722
Duodenoscopy	3846
with biopsy	3855
Duodenum, removal of diverticulum	3739/3745
Dupuytren's contracture, radical operation for	8298
subcutaneous fasciotomy	8296
Dwyer operation, anterior correction of scoliosis	7938,7939
Dye, blood — dilution indicator test	952
Dysmenorrhoea, treatment of, by dilatation of cervix	6446

Service	Item
E	
E.C.G.	908,909,914,916
E.C.T.	886
E.E.G.	794-809
Eagle's operation (removal of styloid process of temporal bone)	3431
Ear, composite graft to	8606
lop or bat, or similar deformity, correction of	8608
middle, exploration of	5166
insertion of tube for drainage of	5172
operation for abscess or inflammation of	5162
removal of foreign body from	5059,5062
syringe of	*
toilet, requiring use of operating microscope and micro-inspection of tympanic membrane with or without general anaesthesia	5182
Echocardiography	913
Echoencephalography	794
Echography	794,797
Eclampsia, treatment of	273
Ectopia, vesicae or ectopia cloacae	8414
Ectopic bladder, congenital, 'turning-in' operation	8414
gestation, removal of	6553/6557
Ectropion, correction of	8588
tarsal cauterisation for	6762
Efficiency, mechanical, of breathing apparatus, estimation of	920
Elbow, arthroplasty, total replacement	8069
dislocation of	7423
removal of foreign or loose bodies from	8040
Elective dissection with split skin, free grafts	8512,8516
Electrical stimulation, maximal perineal	*
restoration of cardiac rhythm by	917
stimulator, localisation by, with nerve blocking by alcohol or other agent	756
Electrocardiographic monitoring, during exercise	
— (bicycle, ergometer or treadmill)	916
— (continuous) of ambulatory patients	915
Electrocardiography, after exercise (Master's)	914
report only	909
tracing and report	908
tracing only	909
Electrocauterisation of cysts, tumours, warts, etc.	3330-3346
Electroconvulsive therapy	886
Electrocorticography	809
Electrodiagnosis, neuromuscular	810,811,813,814
Electrode, permanent transvenous, insertion or replacement of	7028
temporary transvenous pacemaking insertion of	7042
Electrodes, myocardial, and permanent pacemaker, insertion or replacement of, by thoracotomy	7021
Electroencephalography (E.E.G.)	803
temporosphenoidal	806
Electrolysis epilation, for trichiasis	6767
Electromyography (E.M.G.)	810,811,813,814
Electronystagmography (E.N.G.)	884
Electroplexy	886
Electroretinography	853

*Payable on attendance basis

Service	Item
Electrosurgery of keratoses, warts or similar lesions	3330-3346
Elevation of funnel chest	6972
Embolus, removal of, from artery of neck	4778
extremities	4778
trunk	4784
Empyema, intercostal drainage of, not involving resection of rib	6953
radical operation for, involving resection of rib	6955
Encircling silicone band, removal from detached retina	6906
Endarterectomy of aorta or innominate artery	4705
artery of neck or extremities	4709
intra-thoracic artery	4705
Endolymphatic sac, transmastoid decompression	5116
Endometriosis, diathermy via laparoscope	6607
Endoscopic biopsy of prostate with or without cystoscopy	6027
bladder neck resection with cystoscopy	5881
external sphincterotomy	5883
pancreatocholangiography	3860
pharyngeal pouch (Dohlman's operation)	5357
prostatectomy with or without cystoscopy	6005
removal or manipulation of ureteric calculus with cystoscopy	5885
resection of median bar, with or without cystoscopy	6010
Endotracheal anaesthetic in connexion with dental operation	568-575
Enterocoele, repair of by abdominal approach	6396
vaginal approach	6347/6352
Entero-colostomy	3894/3898
Entero-enterostomy	3894/3898
Enterolysis with intestinal plication, Noble type	3722
Enterostomy	3722
entero-	3894/3898
extra-peritoneal closure of	3976/3981
following exploratory laparotomy	3722
gastro-	3894/3898
or pyloroplasty with vagotomy	3889
Enterotomy	3722
Entropion, correction of	8588
Enucleation of eye with or without sphere implant	6688
and insertion of integrated implant	6692
hydatid cysts of lung	6964
Epicondylitis, open operation for	7857
Epididymal cyst, removal of	6221/6224
Epididymectomy	6236
Epidural block, initial	748
subsequent	752
injection for neurological diagnosis or for therapeutic reasons	7085
Epigastric hernia, repair of, person under 10 years	4246/4249
over 10 years	4251/4254
Epilation electrolysis, for trichiasis	6767
Epiphyseal arrest	8310-8316
Epiphyseodesis	8310-8314
Epiphysis, avulsion of, treatment of	7844
Epiphysitis, Perthes', Calve's or Scheuermann's, plaster for	8349
Sever's, Kohler's, Keinboch's or Schlatter's, plaster for	8351
Episiotomy — anaesthetic for repair of	407,513
Epispadias, repair of, including bladder neck closure	6135
not involving sphincter	6130

Service	Item
Epistaxis, cautery for	5230
cryotherapy for	5233
Epithelial debridement of cornea for dendritic ulcer	6824
Equinovarus, talipes, manipulation under general anaesthesia	8334
medial release procedure	8324
posterior release procedure	8322
— and plaster	8336
Ergometry, in connection with electrocardiographic monitoring	916
Ethmoidal sinuses, external operation on	5320
Ethmoidectomy,	5301
fronto-nasal	5295
fronto-radical	5298
transantral, plus radical antrostomy	5277
Eustachian tube, catheterisation of	5343
Evacuation by intrauterine manual removal of the products of conception	362
of clot from bladder	5845
Eversion, surgical, of inverted nipple	3707
Evisceration of foetus	360
globe of eye,	6697
and insertion of intrascleral ball or cartilage	6699
Examination, gynaecological, under anaesthesia	6258
nasal cavity and/or post nasal space, under general anaesthesia, as an independent procedure	5192
ophthalmological, under general anaesthesia	6686
pre-operative for anaesthesia (separate attendance)	82/85
uterine cervix with Hinselmann colposcope or similar instrument	6415
Excavatum, pectus, correction of	
— radical	6972
Excision, deep-seated haemangioma of neck	8474
intracranial abscess	7283
of bladder	
— total	5905
— partial	5891/5894
bunion	8169/8173
burns under G.A. (not associated with grafting)	
— not more than 10% of body surface	3038
— more than 10% of body surface	3039
exostosis of small bone	8169/8173
lip, full thickness wedge	8614
total, of prostate	6017
transtympanic of glomus tumour	5152
vaginal septum for correction of double vagina	6332
wedge, for axillary hyperidrosis	3314
Exenteration of orbit of eye	6715
Exercise tests in association with electrocardiography	914,916
Exomphalos, congenital, operation for	8400
by plastic flap	8402
secondary stage repair of	4262
pay under	
Exostoses in external auditory meatus, removal of	5072
Exostosis, excision of, large bone	8179/8182
small bone	8169/8173
Exploration, cervical, of mediastinum with or without biopsy	6992
of kidney with any procedure	5683

Service	Item
Exploration, of middle ear	5166
orbit	6707,6709,6722,6724
testis	6228
Exploratory laparotomy	3713/3718
and biopsy of gonads for intersex states	pay under 3739/3745
thoracotomy	6958
Extensor tendon of hand, primary suture of	8227/8230
secondary suture of	8233
tenolysis of	8279
synovectomy of	8290
External arteriovenous shunt, insertion of	4808
removal of	4812
auditory canal, reconstruction of, for congenital atresia	8612
meatus, removal of exostoses in	5072
haemorrhoids or anal tags, removal of	4534
sphincterotomy, endoscopic	5883
urethral meatotomy	6066
Extirpation of tarsal cyst	6754
Extra digit, amputation of	8430
ligation of pedicle	8428
Extremities, artery of, endarterectomy of	4709
Extremity, or neck, major artery of, repair of wound of, with restoration of continuity	4693
Eye, artificial lens, insertion of	6852
removal of	6857
ball, repair of perforating wound of	6728, 6730,6736
carbolicisation of	*
dermoid, excision of	8432/ 8434,8436
enucleation of with or without sphere implant	6688
insertion of integrated implant	6692
extraction of lens	6848
foreign body in, removal of	6740,6742,6744,6747,6816,6818
globe of, evisceration of	6697
paracentesis, in relation to	6865
trephining of	6873
Eyelashes, ingrowing, operation for	8588
Eyelid, correction of ectropion or entropion	8588
ptosis (unilateral)	8586
cryotherapy to for distichiasis	pay under 6767
grafting for symblepharon	8592
plastic operations on	8582
reduction of	8589,8591
removal of cyst from	6754
repair of, whole thickness	8582,8618,8620
tarsorrhaphy	6766

Payable on attendance basis

Service	Item
F	
Facetectomy, lumbar	8028
Facial nerve, decompression of	5102,5104
palsy, excision of tissue for	pay under 3247/3253
paralysis, plastic operation for	8546,8548
or neck scar, revision under general anaesthesia	8522,8524
Faecal fistula, repair of	4590
Faeces, disimpaction of, under anaesthesia	4602
Fallopian tubes, hydrotubation of	6636,6641
implantation of, into uterus	6631
sterilisation, diathermy by laparoscopy	6611/6612
transection or resection by laparoscopy,	
laparotomy or vaginal route	6611/6612
Family group, psychotherapy	887,888,889
Farnsworth Munsell 100 hue colour discrimination test	*
Fascia, deep, repair of, for herniated muscle	3417
dermo-fat, graft, including transplant or muscle flap	8450
mammoplasty	8532
Fasciotomy of limb	3391
plantar (radical)	8320
subcutaneous, Dupuytren's contracture	8296
Fatty tissue, subcutaneous, removal of excess	3219-3253
Feet, incision of pulp space for paronychia or other acute infection of	7864
Femoral endarterectomy	4709
hernia, repair of	4222/4227
vein, removal of thrombus from	4789
vessel, ligation of	4690
involving gradual occlusion by mechanical	
device	4715
Femur, bone graft to	7975
epiphyseodesis	8310
fitting of acrylic head to	8053
fracture of	7624/7627
fragmentation and rodding in fragilitas ossium	8306
operation on, for acute osteomyelitis	4844
chronic osteomyelitis	4864
osteectomy of, with internal fixation	8201
or osteotomy of	8191
sub-trochanteric, osteotomy of	8206
Fenestration cavity, venous graft to	5131
operation	5127
Fibreoptic colonoscopy (short)	4383
with biopsy	4385
(long)	4388
with biopsy	4389
with removal of one or more polyps	4394
Fibreoscopy, colonic	4383-4394
Fibrinous bands in vitreous body, division of	6885
Fibro-adenoma, excision of from breast	3654-3673
Fibroma, removal of	3219-3253
Fibula, epiphyseodesis	8312
fracture of	7632/7637
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860

* Payable on attendance basis

Service	Item
Fibula osteectomy of, with internal fixation	8193
or osteotomy of	8190
Field block, initial	748
required with surgical induction of labour; and antenatal care, confinement and postnatal care for nine days	216/217
subsequent	752
Fifth cranial nerve, avulsion of branch of	7170
Filleting of toe	8185
Filtering and allied operations for glaucoma	6873
Fimbrial cyst, excision of	6643/6644, 6648/6649
Finger, amputation or disarticulation of	4927-4969
of, including metacarpal or part of metacarpal	4965/4969
dislocation of	7435
fracture of	7505-7516
joint, orthopaedic operation on	8022
nail, removal of	7861
plastic reduction for macrodactyly in	8544
repair of divided digital nerve to	7116/7117
tendon sheath of, synovectomy of	8282
terminal phalanx of, operation for acute osteomyelitis	4828
trigger, correction of	8267
Fissure in ano, excision of	4537/4544
Fistula antrobuccal, operation for	5288
arteriovenous, cervical carotid ligation for	7274
dissection and repair of	4699
and ligation of	4702
excision of, from major blood vessels	4690
artificial, arterio-venous, repair of	4676
between genital and urinary or alimentary tracts, repair of	6401
branchial, removal of	3530
cutaneous, salivary gland, repair of	3477
Eck's, operation for	4766
faecal, repair of	4590
in ano, excision of (involving incision of external sphincter)	4568/4573
subcutaneous, excision of	4552/4557
oro-antral, plastic closure of	5288
parotid gland, repair of	3477
sacrococcygeal, excision of	4611/4617
thyroglossal, removal of	3591
tracheo-oesophageal, ligation and division of	8390
urachal, congenital, correction of	8412
urethral, closure of	6044
urethro-rectal	6083
urethro-vaginal	6079
vaginal, excision of	6401
vesical, cutaneous, operation for	5935
vesico-colic	5947
vesico-rectal	5956
vesico-vaginal	5941
Fixation, of testis	6228
mandible for prognathism or retrognathism	8564
uterus	6585/6594
Flap, Abbe, secondary correction for cleft lip	8632
direct, small plastic repair	8490, 8492
indirect, or tubed pedicle,	
— delay, intermediate transfer or detachment of	8496

Service	Item
Flap, indirect or tubed pedicle,	
— formation of	8494
— preparation of site and attachment to site	8498
— spreading of pedicle	8500
neurovascular island, repair of	8542
pharyngeal	8656
plastic repair, direct, indirect or local, revision of graft	8502
local, single stage	8480,8484
repair, direct, cross arm, abdominal or similar	8485,8486
finger or similar	8490,8492
leg	8487,8488
Flexion, contracture, cicatricial, correction of	8294
Flexor tendon of hand, primary suture of	8219/8222
secondary suture of	8225
synovectomy of	8290
tenolysis of, repair or graft	8275
Floor or roof of orbital cavity, reconstruction of	8552
Fluid, balance, supervision of	*
intravenous or subcutaneous infusion of	927,929
Foetal intrauterine blood transfusion, including amniocentesis	947
Foetus, cleidotomy, craniotomy, decapitation, evisceration	360
intrauterine blood transfusion to	947
retained, manual removal of	362
Foot, amputation or disarticulation,	
— at ankle	5034
— mid tarsal or transmetatarsal	5038
incision of pulp space for paronychia or other acute infection of	7864
tendon of, primary suture of	8241
secondary suture of	8243
triple arthrodesis of	8116
Forceps delivery, administration of anaesthetic in connection with	481,552
Forearm, amputation or disarticulation of	4979
fracture of both shafts	7567/7572
Foreign body, antrum, removal of	5280
bladder, cystoscopic removal of	5864
bronchus, removal of	5613
ear, removal of	5059,5062
intra-ocular, removal of	6740-6747
joint, removal of	(see arthrotomy)
maxillary sinus, removal of	5280
muscle or other deep tissue, removal of	3120/3124
nose, removal of other than by simple probing	5201
oesophagus, removal of	5486
pharynx, removal of	3116
plates, etc., used in treating fractures, removal of	3120/3124
removal of, by urethroscopy	6056
from cornea or sclera, involving deeper	
layers	6818
subcutaneous, removal of, not otherwise covered	3116
superficial, removal of from cornea or sclera	6816
not otherwise covered	3113
tendon, removal of	3120/3124
trachea, removal of	5601
urethra, removal of	6056
implants for contour reconstruction	8478

*Payable on attendance basis

Service	Item
Fothergill operation	6367/6373
Fracture, Colles' of wrist	7540/7544
complicated, requiring open operation	7821,7823
compound, requiring open operation	7815,7817
of skull, depressed or comminuted, operation for	7231
or fractures of skull, compound or complicated, operation for	7240-7248
reduction of	7505-7839
simple, not requiring open operation	7505-7798
— involving joint surfaces	7847
requiring open operation	7802,7803,7808,7809
uncomplicated, not requiring open operation	7505-7798
requiring open operation	7802,7803,7808,7809
Fractured larynx, operation for	5545
Fractures, reduction in excess of one reduction	7828-7839
Free grafts, full thickness	8518
split skin, on granulating areas, extensive	8508
including elective dissection	8512,8516
or pinch grafts, on granulating areas, small	8504
to burns	8509-8511
transfer of tissue, anastomosis of artery or vein for, by	
micro-surgical techniques	4764
Freezing, intragastric	968,970
Frenulum, maxillary or tongue tie, repair of in a person not less	
than 2 years of age	3505
Frenum of lip, excision of	3219/3226,3233/3237
Frontal sinus, catheterisation of	5305
intranasal operation on	5301
operations on	5295-5318
radical obliteration of	5318
trephine of	5308
Fronto-ethmoidectomy, radical	5298
Fronto-nasal ethmoidectomy	5295
Frozen section, and biopsy of breast	3647/3652,3668-3702
with excision of cyst, fibro adenoma or other local	
lesion from breast	3668/3673
with segmental resection of breast	3668/3673
Full thickness grafts, free	8518
wedge excision of lip with repair by direct sutures	8614
Fundi, optic, examination after I.V. injection	856
Funnel chest, elevation of	6972
Furuncle, incision with drainage of	3371,3379/3384
Fused kidney, symphysiotomy for	5679
Fusion, posterior interbody and laminectomy with bone graft to spine	7967,7969
spinal, application of halo for, in the treatment of scoliosis,	
as an independent procedure	7940
for scoliosis or kyphosis	
— with use of Harrington distraction rod	7938
— with use of Harrington distraction and	
compression rods	7939

Service	Item
G	
Gallbladder, and/or bile ducts radical excision and reconstruction	
for carcinoma	pay under 3834
drainage of	3802/3809
excision of	3793/3798
other operations on	3820-3831
Gallstones, percutaneous extraction of	3855
Ganglion, block, lumbar	7755
excision of	3194/3199
trigeminal, injection of, with alcohol or similar substance	7079
Ganglionectomy and splanchnicectomy	7376
stellate	7376
Gastrectomy, partial, and gastro-jejunostomy	3922
total	3930
radical	3938
Gastric by-pass in the treatment of obesity	pay under 3894/3898 x 1 3/4
cooling (by lavage with ice-cold water)	"
hypothermia	968,970
lavage in the treatment of ingested poison	974
transection and ligation of oesophageal varices	pay under 3922
ulcer, perforated, suture of	3722
Gastro-camera investigation	3846
-duodenostomy	3894/3898
reconstruction of	3900
-enterostomy	3894/3898
reconstruction of	3900
with vagotomy	3889
-jejunostomy and partial gastrectomy	3922
Gastropexy for hiatus hernia	3739/3745
Gastroschisis or exomphalos, operation for	8400
by plastic flap	8402
secondary stage repair of	pay under 4262
Gastroscopy	3846
with biopsy or polypectomy or removal of foreign body	3855
Gastrostomy	3722
for fixation of indwelling oesophageal tube	3722
Genital prolapse, operations for	6347-6373
Genu valgum, manipulation and plaster	
- under general anaesthesia	8348
- with osteoclasia	8350
manipulation under general anaesthesia	8346
Genu varum, manipulation and plaster under general anaesthesia	8336
manipulation under general anaesthesia	8334
Gestation, ectopic, removal of	6553/6557
Gilliam's operation	6585/6594
Girdlestone arthroplasty of hip	8053
Gland, adrenal, biopsy of	5636
removal of	5636
Bartholin's, marsupialisation or cautery destruction of	6278/6280
groin, dissection of	3261/3265
lacrimal, excision of palpebral lobe	6772
lymph, aspiration biopsy of	3148
biopsy of	3135/3142

°Payable on attendance basis

Service	Item
Gland parathyroid, removal of	3555
parotid, superficial lobectomy or removal of tumour from, with exposure of facial nerve	3450
total extirpation of	3437,3444
pelvic, dissection of, with hysterectomy	6536
lymph, excision of (radical)	6308
salivary, duct, dilatation or diathermy of	3465
removal of calculus from	3468/3472
operations on	3437-3477
repair of cutaneous fistula of	3477
sublingual, extirpation of	3459
submandibular, extirpation of	3455
submaxillary, extirpation of	3455
Glaucoma, filtering and allied operations for	6873
iridectomy for	6885
and sclerectomy for	6873
Lagrange's operation for	6873
provocative test for, including water drinking	849
tonography for	844
Globe of eye, evisceration of	6697
and insertion of intrascleral ball or cartilage	6699
Glomus tumour, transmastoid removal of, including mastoidectomy	5158
transtympanic, removal of	5152
Glucose, intravenous infusion of	
— open exposure	929
— percutaneous	927
Goniotomy	6879
Gradual occlusion of vessel by mechanical device for ligation of great vessel	4715
Grafenberg's (or Graf) ring, introduction or removal of	6262
Graft, aorta-femoral or aorta-iliac bifurcate	4744
arterial or venous	4738-4754
axillary/subclavian to femoral by-pass	4749
bone, to femur	7975
humerus	7983
radius or ulna	7993
radius and ulna	7983
scaphoid	7999
spine	7934-7969
tibia	7977
other bones	8001
postero-lateral, fusion	7945
with calcaneal osteotomy	8330
laminectomy and posterior interbody fusion	7967,7969
chondro-cutaneous or chondro-mucosal	8606
composite, to nose, ear or eyelid	8606
conjunctival over cornea	6810
corneal	6828,6832
dermo-fat fascia, including transplant or muscle flap	8450
free, split skin, on granulating areas, extensive	8508
free to burns	8509-8511
inlay, insertion and removal of mould	8516
nerve or anastomosis	7139
plastic and reconstructive	(Div 13, Part 10)
revision of, direct, indirect or local flap repair	8502

Service	Item
Graft skin, to orbit	6703
tendon	8257
venous, to fenestration cavity	5131
Grafting and major excision for lymph-oedema	8476
for symblepharon	8592
tendon, artificial prosthesis for	8259
Grafts, free full thickness	8518
split skin, including elective dissection	8512,8516
or pinch grafts on granulating areas, small	8504
supportive, plastic operations on face	8546-8550
Granulations, pyogenic, cauterisation of	3330-3346
Granuloma, removal of, from eye, surgical excision	6842
cautery of	6835
Gravid uterus, evacuation of the contents of, by curettage or suction	
curettage	6469
Great vessel, intrathoracic operation on	6999
ligation of	4690
involving gradual occlusion of vessel by	
mechanical device	4715
Greater trochanter, transplantation of iliopsoas tendon to pay under	8201
Groin, lymph glands of, excision of	3634,3638
Group psychotherapy	887
— family	887,888,889
Growth, premalignant, in mouth, removal of	3219-3265
Gunderson flap operation	6810
Gynaecological examination under anaesthesia	6258
Gynatresia, vaginal reconstruction for	6327

Service	Item
H	
Habitual miscarriage, treatment of	242
Haemangioma, congenital, cauterisation of, under general anaesthesia	8458
of neck, deep-seated, excision of	8474
Haematoma, aspiration of	3366
incision with drainage of, not requiring a general anaesthetic	3371
large, incision with drainage of, requiring a general anaesthetic	3379/3384
pelvic, drainage of	3739/3745
Haemodialysis, in hospital	818-824
Haemorrhage, antepartum, treatment of	273
arrest of, requiring general anaesthesia, following removal of tonsils or tonsils and adenoids	5396/5401
intracranial, burr-hole craniotomy for	7212
nasal, cryotherapy to nose in treatment of	5233
posterior, arrest of	5196
postpartum, treatment of	362
subdural, congenital, tap for	7184
Haemorrhoidectomy, radical	4523/4527
Haemorrhoids, cauterisation of	4523/4527
external, or anal tags, removal of	4534
incision of	4509
injection into	*
ligation of	4523/4527
removal of	4523/4527
rubber band ligation of	4509
Hair, transplants, multiple punch or similar technique	8534-8538
Hallucis tendon, adductor, transplantation of with correction of hallux valgus and osteotomy or osteectomy of phalanx or metatarsal	8135
Hallux rigidus, correction of	8131
valgus, correction of	8131
— with osteotomy or osteectomy of phalanx or metatarsal	8131
— and transplantation of adductor hallucis tendon	8135
Halo, application of, for spinal fusion in the treatment of scoliosis	7940
— pelvic (femoral) traction, application and management	
— for a period up to six weeks	7937 + (1/2)7940
— for a period beyond six weeks	7942 + (1/2)7940
removal of	8214
Hammer toe, correction of	8151/8153
Hand, amputation or disarticulation of	4979
through metacarpals	4972/4976
extensor tendon of, primary suture of	8227/8230
secondary suture of	8233
flexor tendon of, primary suture of	8219/8222
secondary suture of	8225
incision of pulp space for paronychia or other acute infection of	7864
Hare lip	(see cleft lip)

*Payable on attendance basis

Service	Item
Harrington rods or similar devices, re-exploration for adjustment or removal of	7937
used in treatment of scoliosis or kyphosis	7938,7939
Heart, catheterisation of	7001-7006, 7013
electrical stimulation of	917
intrathoracic operation on	6999
surgery, open	7046-7057
Heller's operation for cardiospasm	6999
Hemi-circumcision, hypospadias, and meatotomy	6098
Hemicolectomy	4046
Hemi-epiphysis, staple arrest of	8316
Hemispherectomy	7203
Hemithyroidectomy	3563
Hepatic duct, reconstruction of	3834
Hernia, diaphragmatic, congenital, repair of	pay under 4241
other than traumatic, abdominal repair of	4241
transthoracic repair of	6997
traumatic, repair of	4238
(double) direct and indirect	4222 / 4227
epigastric	4246 / 4254
femoral or inguinal, repair of	4222 / 4227
femoral plus inguinal (on the same side)	4241
repair of	pay under 4222 / 4227 x 1½
hiatus, transthoracic repair of	6997
incisional	4258 / 4262
linea alba	4246-4254
lumbar	4258 / 4262
strangulated, incarcerated or obstructed	4233
umbilical, repair of	4246-4254
ventral	4258 / 4262
Hiatus hernia, gastropexy for	3739 / 3745
repair of	4241
transthoracic repair of	6997
Hindquarter, amputation or disarticulation of	5055
Hinselmann colposcope, examination of uterine cervix with	6415
Hip, amputation or disarticulation at	5051
arthrectomy	8048
arthrodesis	8044
arthroplasty	8053-8069
arthrotomy	8074
congenital dislocation of, manipulation and plaster for	8332
dislocation of	7440 / 7443
prosthesis, operation on	8053-8069
synovectomy	8048
Hirschsprung's disease, anal sphincterotomy for	4490
colostomy or enterostomy for	3722
congenital, rectosigmoidectomy for	8398
Home visit by a general practitioner	43-66
Hormone implantation — by cannula	963
incision	960
Humerus, bone graft to	7983
fracture of	7567 / 7572
fragmentation and rodding in fragilitas ossium	8302
operation on, for acute osteomyelitis	4844
chronic osteomyelitis	4864
osteectomy or osteotomy of	8195,8198

Service	Item
Humerus, osteectomy of, with internal fixation	8201
Hummelshheim type of muscle transplant for squint	6930
Hydatid cyst, liver, operation for	3783
lungs, enucleation of	6964
peritoneum, operation for	3783
viscus, operation for	3783
Hydrocele, infantile	4222/4227
removal of	4269/4273
tapping of	4265
Hydrocephalus, congenital	
— spino-ureteral, spino-peritoneal or spino-pleural anastomosis of, or ventricular cable shunt for	7320
— suboccipital decompression, third ventriculostomy or Torkildsen's operation	7314
— ventriculo-atrial or ventriculo-peritoneal shunt for	7316
revision or removal of	7318
Hydrocortisone, multiple injections into extensive keloid under general anaesthesia	3363
Hydrodilatation of the bladder with cystoscopy	5853
Hydrotubation of Fallopian tubes	6636,6641
Hygroma, cystic, removal of	3532
Hymenal redundant tissue, removal of	3219-3253
Hymenectomy	6271
Hyperbaric oxygen therapy	774,777
— in conjunction with anaesthesia	787,790
Hyperemesis gravidarum, treatment of	246
Hyperidrosis, axillary, wedge excision for	3314
Hyperkeratoses, cauterisation of	3330-3346
Hypertelorism, correction of	8378
Hypertension, portal, vascular anastomosis for	4766
Hypertrophied tissue, removal of	3219-3253
Hypnotherapy	(see Psychotherapy)
Hypodermic injections	*
Hypophysectomy, trans-sphenoidal	5337,5339
Hypospadias, correction of chordee	6105,6107
meatotomy and hemi-circumcision	6098
secondary correction of	6122
urethral reconstruction for	6110,6118
Hypothenar spaces, drainage of	7868
Hypothermia, gastric	968,970
total body	925
Hysterectomy, abdominal with enucleation of ovarian cyst, one or both sides	6532/6533
and dissection of pelvic glands	6536
other than vaginal, subtotal	6513/6517
radical, without gland dissection	6542
vaginal, with removal of uterine adnexae	6544
Hysteroscopy	6451
Hysterotomy	6508

* Payable on attendance basis

Service	Item
Ileo-rectal anastomosis with total colectomy	4048
Ileostomy, extra peritoneal closure of	3976/3981
with proctocolectomy	4052
Iliac, vein, removal of thrombus from	4789
vessel, ligation of	4690
involving gradual occlusion of vessel by	
mechanical device	4715
Iliopsoas tendon, transplantation of, to greater trochanter	pay under 8201
Immunisation against diphtheria, etc.	
Implant, insertion or removal from eye socket	6701
of progesterone	960,963
Implants, foreign, for contour reconstruction	8478
Implantation, Fallopian tubes into uterus	6631
hormone, by cannula	963
incision	960
living tissue, by cannula	963
incision	960
plastic, of penis	6208
Incidental appendicectomy	4084
Incision of peritonsillar abscess (quinsy)	5445
Incisional hernia, repair of	4258/4262
Incontinence, congenital, reconstruction of sphincter for	8414
male urinary, correction of	6157
of urine, urethropexy for (Marshall-Marchetti	
operation)	5977
stress, sling operation for	6406
Indicator test, blood dye — dilution	952
Indirect flap or tubed pedicle,	
— delay, intermediate transfer or detachment of	8496
— formation of	8494
— preparation of site and attachment to site	8498
— spreading of pedicle	8500
repair, revision of graft	8502
Induction and management of second trimester labour	274/275
of labour, surgical	354
with amnioscopy	284
requiring major regional or field block, and	
antenatal care, confinement and postnatal	
care for nine days	216/217
with antenatal care, confinement and postnatal	
care for nine days	211/213
Indwelling oesophageal tube, gastrostomy for fixation of	3722
Infantile, hydrocele	4222/4227
Infection, intracranial, drainage of	7287
Inferior radio ulna joint, synovectomy of	8290
vena cava, plication of	4721
Infiltration, local, around nerve or in muscle	*
of cranial nerve	755
sympathetic plexus	755
Inflammation of middle ear, operation for	5162

*Payable on attendance basis

Service	Item
Infusion, intra-arterial, of substance incorporating a cytotoxic agent, preparation for	934
arteries of neck, thorax or abdomen	4822
intralymphatic, of fluid containing a cytotoxic agent	936
intravenous, of substance incorporating a cytotoxic agent	932
saline, glucose and similar substances	927,929
Ingrowing eyelashes, operation for	8588
toenail, excision of nail bed	7872/7878
wedge resection for	7872/7878
Inguinal abscess, incision of	3379/3384
hernia, repair of	4222/4227
Initial major regional or field block	748
Injection, alcohol, procaine, etc., around nerve or in muscle	⊙
retrobulbar	6918
angioma, congenital, under general anaesthesia	8458
habitual miscarriage	242
hypodermic	*
into joint, intra-articular	8105
prostate	6030
intra-arterial oxygen	4670
-articular, into joint	8105
intrathecal, of alcohol or phenol	7081
of sclerosant fluid into pilonidal sinus under anaesthesia	4622
prolapsed rectum	4427
spinal or epidural, for neurological diagnosis or for therapeutic reasons	7085
with alcohol, into trigeminal ganglion or primary branch of trigeminal nerve	7079
Injections, multiple, for skin lesions	3356
simultaneous by compression techniques	4633
varicose veins	4629
Inlay graft, insertion and removal of mould	8516
Innocent bone tumour, excision of	3425
Innominate artery, endarterectomy of	4705
Inoculation against cholera, etc.	*
Insertion, intralymphatic, of needle or cannula for introduction of radioactive material	938
Insufflation, Fallopian tubes as test for patency (Rubin test)	6599
Integumentectomy of limb for malignant melanoma	8476
Interbody fusion, posterior and laminectomy with bone graft to spine	7967,7969
spinal fusion, cervical spine	7947,7951
lumbar or thoracic spine	7957,7961
Internal auditory meatus, exploration of	5122
derangement of knee, orthopaedic operation for	8087
drainage of empyema, not involving resection of rib	6953
Interphalangeal joint, synovectomy of	8283
Interposition of small or large bowel with oesophagectomy	6988
Interscapulothoracic — amputation or disarticulation	4987
Intersex	pay under 3739/3745
Intervertebral disc, laminectomy for removal of	7331
lesion, laminectomy for	7336
Intestinal loop, isolated, transplantation of ureter into	5804,5807
obstruction, surgical relief of	3739/3745
plication, Noble type, with enterolysis	3722
Intra-aortic balloon for counterpulsation	
— insertion by arteriotomy, or removal and arterioplasty	4806

*Payable on attendance basis

Service	Item
Intra-aortic balloon for counterpulsation	
— management of	976,977
-arterial infusion, of arteries, neck, throat or abdomen	4822
a substance incorporating a cytotoxic agent,	
preparation for	934
oxygen injection	4670
-articular injection into joint	8105
-cerebral tumour, craniotomy and removal of	7198
-cranial abscess, excision of	7283
aneurysm, operation for	7265-7274
cyst, drainage of via burr-hole	7192
burr-hole biopsy for	7186
drainage	7287
haemorrhage	7212,7216
infection, drainage of	7287
neurectomy or radical neurectomy	7170
tumour, biopsy or decompression via osteoplastic flap	7194
burr-hole biopsy for	7186
craniotomy and removal of	7198,7203
-lymphatic infusion of a fluid containing a cytotoxic agent	936
insertion of needle or cannula for introduction of	
radio-active material	938
-muscular injections	*
-nasal operation on antrum or removal of foreign body from	5280
frontal sinus or ethmoid sinuses	5301
sphenoidal sinus	5330
-ocular excision of dermoid of eye	8436
foreign body, removal of	6740-6747
procedures, resuturing of wound after	6938
-oral, tumour, radical excision of	3495
-orbital abscess, drainage of	6752
-scleral ball or cartilage, insertion of and evisceration of globe	6699
-synovial and/or aspiration of synovial cavity	8108
-thecal, injection of alcohol or phenol	7081
-thoracic artery, endarterectomy of	4705
operation on heart, lungs, great vessels, bronchial	
tree, oesophagus or mediastinum, or on more than	
one of these organs not otherwise covered	6999
-uterine contraceptive device, introduction or removal of	6262
foetal blood transfusion	
— including amniocentesis	947
-vascular cannula, blood pressure recording by	770
-venous infusion of fluids	927-929
substance incorporating a cytotoxic agent	932
injections	*
regional anaesthesia of limb by retrograde perfusion	760/764
Introduction or removal of intra-uterine contraceptive device	6262
Intubation, small bowel	4104
with biopsy	4099
Intussusception, laparotomy and reduction of	3722
resection of	4012
reduction of, by fluid	4003
Inversion of uterus, acute, manipulative correction of	365,368
Inverted nipple, surgical eversion of	3707
Ionisation, cervix	6411

* Payable on attendance basis

Service	Item
Ionisation corneal ulcer	*
zinc of nostrils in the treatment of hay fever	*
Iontophoresis, collection of specimen of sweat by	958
Iridectomy	6885
and sclerectomy, for glaucoma (Lagrange's operation)	6873
following intraocular procedures	6938
Iridencleisis	6873
Iridocyclectomy	6894
Iridotomy	6885
Iris and ciliary body, excision of tumour of	6894
excision of tumour of	6885
light coagulation of	6889
Ischio-rectal abscess, incision of	4578/4585

* Payable on attendance basis.

Service	Item
J	
Jacket, plaster, application of, to spine	7926
rissler, localiser or turn-buckle, application of	
— body and head	7932
— body only	7928
Jaw, dislocation of	7397
fracture of	7718-7749
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
reconstructive operations on	8554-8578
Jejuno-ileal by-pass	pay under 3894/3898 x 1%
Joint, aspiration of	8105
cicatrical flexion contracture of, correction of	8294
dislocation of	7397
congenital	8332
epiphysitis, plaster for	8349,8351
first metatarso-phalangeal, total replacement of	8131
internal fixation	8113
intra-articular injection into	8105
large, arthroectomy	8036
arthrodesis	8036
arthroplasty	8036
arthrotomy	8040
operations on	8009-8113
other than spine, manipulation of, under general anaesthesia	7911/7915
repair of capsule	8113
ligament	8113
sacro-iliac, arthrodesis	8032
small, arthroectomy	8022
arthrodesis	8022
arthroplasty	8022
arthrotomy	8026
spinal, dislocation involving fracture	7774-7798
zygapophyseal, arthroectomy of	8028
Jugular vessel, ligation of	4690
involving gradual occlusion by mechanical device	4715
Juvenile cataract, removal of, including subsequent needlings	6859

Service	Item
K	
Keller's operation to toe	8131
Kelly type operation, repair of stress incontinence	6347/6352 + (1/2)6389
Keloid, excision of	3219/3253
extensive, multiple injections of hydrocortisone under general anaesthesia	3363
Keratectomy, partial — corneal scars	6820
Keratoplasty	6828,6832
Keratoses, treatment of by electrosurgical destruction, chemotherapy or surgical removal	3330-3346
obturans, surgical removal of, from external auditory meatus	5068
warts or similar lesions, surgical removal	3330-3346
Kidney, dialysis, in hospital	818,824
donor, continuous perfusion of	922
exploration of, with any procedure not covered by any other item	5683
fused, symphysiotomy for	5679
operations on	5642-5737
ruptured, repair or partial repair of	5744
solitary, pyeloplasty for	5737
Kienboch's epiphysitis, plaster for	8351
Kirschner wire, insertion of	7883
Knee, amputation or disarticulation at	5045
arthrectomy	8079
arthrodesis	8079
arthroplasty	8069,8079
arthroscopy	8084
arthrotomy	8081
cartilage, displaced, reduction of	7911/7915
removal of	8087
dislocation of	7446/7451
excision of patella	8095/8097
foreign body, removal from	8081
meniscectomy of	8087
operation for internal derangement	8087
recurrent dislocation of patella	8100
reconstruction of capsular ligaments	8087
cruciate ligaments	8089
total synovectomy of	8079
Kohler's epiphysitis plaster for	8351
Kondoleon operation	3261/3265
Kuntscher nail, insertion for fractured femur	7624/7627(+ 7809)
Kyphosis, spinal fusion with the use of Harrington rods	7938,7939

Service	Item
L	
Labial adhesions, separation of	*
Labioplasty	6302
Labour, second trimester, induction and management of	274/275
surgical induction of	354
— with amnioscopy	284
— with antenatal care, confinement, and postnatal care for nine days	211/213
— requiring major regional or field block	216/217
Labyrinth, caloric test of	882
destruction of	5106
Labyrinthotomy	5106
Laceration, full thickness, of nose, ear or eyelid, repair of	3104
Lacerations, repair and suturing of	3046-3101
Lacrimal canaliculus, immediate repair of	6796
reconstruction of	6792
gland, excision of	3261/3265
palpebral lobe	6772
passages, lavage of	6802
obstruction, probing for	6799
sac, excision of, or operation on	6774
Lagrange's operation (indecotomy and sclerectomy)	6873
Laminectomy, followed by posterior fusion	7355,7361,7365
for exploration	7331
extradural tumour or abscess	7341
intradural lesion	7346
intra-medullary tumour or arteriovenous malformation	7353
open cordotomy	7346
recurrent disc lesion	7336
removal of discs	7331
multi-level decompression for the treatment of spinal canal stenosis	pay under 7331 x 1½
with bone graft to spine and posterior interbody fusion	7967,7969
Laparoscopy and ovarian biopsy	6607
diagnostic (gynaecological)	6604
sterilisation via	6611/6612
with transection or resection of Fallopian tubes	6611/6612
Laparotomy and division of peritoneal adhesions	3726
reduction of intussusception	3722
resection of intussusception	4012
exploratory	3713/3718
followed by enterostomy or colostomy	3722
with biopsy of gonads for intersex states	pay under 3739/3745
for neonatal alimentary obstruction	8394
involving oophorectomy, salpingectomy, salpingo-oophorectomy, removal of ovarian, parovarian, fimbrial or broad ligament cyst, not associated with hysterectomy	6643/6644,6648/6649
operation on abdominal viscera	3739/3745
with reduction of volvulus	3722
Large bone, exostosis of, excision of	8179/8182
joint, arthroectomy	8036
arthrodesis	8036

*Payable on attendance basis

Service	Item
Large joint arthroplasty	8036
arthrotomy	8040
tendon, suture of	8235/8238
Laryngectomy	5498
Laryngofissure, external operation on	5556
Laryngopharyngectomy	5508
— primary restoration of alimentary continuity after	5508
— with tracheostomy and plastic reconstruction	3616
Laryngoplasty	5556
Laryngoscopy	5520-5530
Larynx, direct examination of	5520
with biopsy	5524
removal of tumour	5530
external operation on	5556
fractured, operation for	5545
Laser beam, coagulation	6904
Lateral malleolus, fracture of	7632/7637
pharyngeal bands, or lingual tonsils, removal of	5431
pharyngotomy	5360
Lavage and proof puncture of maxillary antrum	5245,5254
colostomy	*
gastric, in the treatment of ingested poison	974
lacrimal	6802
maxillary antrum	5264
stomach	*
uterine-saline flushing	*
Leg, amputation or disarticulation through	5045
direct arteriovenous, anastomosis of	4817
fracture of	7624-7662
Lengthening of limb, osteotomy and distraction for	8211
Lens, artificial, insertion of	6852
removal of	6857
extraction	6848
Lesion (haematoma, furuncle, small abscess, etc.) incision with	
drainage of, not requiring a general anaesthetic	3371
Lesions, neoplastic	3349
skin, multiple injections for	3356
Leucotomy for psychiatric causes	7298
Leukoplakia, tongue, diathermy for	3330-3346
vocal cord, biopsy of	5524
Lid, ophthalmic, suturing of	6766
Ligament, capsular, of knee, reconstruction of	8087
coraco-acromion, removal of	8166
cruciate, of knee, reconstruction of	8089
cyst, broad, excision or incision of	6643/6644, 6648/6649
ruptured medial palpebral, re-attachment of	6932
transplantation	8251
Ligaments of finger joint, secondary repair of by	
fascial graft	pay under 8113 x 1½
Ligation, great vessel	4690
haemorrhoids	4523/4527
of great vessel involving gradual occlusion by mechanical	
device	4715
purse string, of cervix, for threatened miscarriage	250/258
rubber band, of haemorrhoids	4509

*Payable on attendance basis

Service	Item
Ligation, transantral, of maxillary artery	5268
Ligature of cervix, purse string, removal of, under general anaesthesia	267
Light coagulation for detached retina	6904
of iris	6889
Limb, fasciotomy of	3391
intravenous regional anaesthesia of, by retrograde perfusion	760-764
osteotomy and distraction for lengthening of	8211
perfusion of	922
upper or lower, direct arteriovenous anastomosis	4817
Limbic tumour, removal of	6846
Lindholm, plastic repair, tendon Achilles	8235/8238
Linea alba hernia, repair of, under 10 years	4246/4249
over 10 years	4251/4254
Lingual tonsil or lateral pharyngeal bands, removal of	5431
Lip, cleft, complete primary repair	8622,8624
secondary correction, Abbe transplant or flap	8632
complete revision	8630
of nostril or nasal tip	8634
partial or incomplete	8628
full thickness, reconstruction of	8618,8620
wedge excision	8614
radium necrosis of, excision of	3219-3253
reconstruction of, using full thickness flap second stage	8620
Lipectomy, radical and abdominoplasty	3311
subumbilical	3310
transverse wedge	
excision for abdominal apron or similar condition	3309
Lipoma, removal of	3219-3265
Lippe's loop — introduction or removal of	6262
Lisfranc's amputation at tarsometatarsal joint	5038
Litholapaxy, with or without cystoscopy	5888
Little's Area, cautery of	5229
Liver abscess, abdominal drainage of	3764
biopsy, percutaneous	3752
hydatid cyst of, operation for	3783
massive resection of, or lobectomy	3759
ruptured, repair	3722,4165
tumour, removal of other than by biopsy	3754
Living tissue, implantation of	960,963
Lobectomy, liver	3759
or pneumonectomy	6980
superficial, of parotid gland with exposure of facial nerve	3450
temporal	7198
Lobotomy for psychiatric causes	7298
Local flap repair, plastic, revision of graft	8502
single stage	8480,8484
Local infiltration around nerve or in muscle with alcohol, novocaine or similar preparation	*
Localisation by electrical stimulator with nerve blocking by alcohol or other agent	756
Localiser, application of, body and head	7932
body only	7928
Loose bodies in joint	(see arthrotomy)
Lop ear or similar deformity, correction of	8608
Lord's procedure — massive dilatation of anus	4461

*Payable on attendance basis

Service	Item
Lumbar facetectomy	8028
hernia, repair of	4258/4262
or thoracic spine, anterior interbody spinal fusion to	7957,7961
paravertebral block, initial	748
subsequent	752
puncture	7085
spine, dislocation of, without fracture	7472
sympathectomy	7376
Lunate bone, osteectomy or osteotomy of	8190
Lung compliance, estimation of	920
hydatid cysts of, enucleation of	6964
intrathoracic operation on, not otherwise covered	6999
Lymph glands, of groin, excision of	
— radical	3638
— limited	3634
of neck, excision of	
— radical	3622
— limited	3618
or node, biopsy of	3135/3142
deep tissue or organ, aspiration biopsy of	3148
or nodes, pelvic excision of (radical)	6308
node dissection, retroperitoneal,	
following nephrectomy for tumour	6232
following orchidectomy	6231
vessels and glands or nodes, infusion of, with cytotoxic agent	936
Lymphadenectomy, pelvic	6308
Lymphangiectasis of limb (Milroy's disease)	
— limited excision of	8422
— radical excision of	8424
Lymphangioma, congenital, removal of, from eye	8458-8472
Lymphoedema, major excision and grafting for	8476
Lymphoid patches, removal of	3219-3253

Service	Item
M	
Macrocheilia, congenital, plastic operation for	8384
Macroductyly, plastic reduction for, each finger	8544
Macroglossia, congenital, plastic operation for	8384
Macrostomia, congenital, plastic operation for	8384
Macules, electrosurgical destruction or chemotherapy of	3330-3346
Magnetic removal of intraocular foreign body	6740,6744
Major artery or vein of neck or extremity, repair of wound of, with restoration of continuity	4693
of trunk, repair of wound, with restoration of continuity	4696
regional or field block with surgical induction of labour and antenatal care, confinement and postnatal care for nine days	216/217
Malignant tumours	(see under tumours)
Malleolus, lateral, fracture of	7632/7637
Mammaplasty, augmentation, prosthetic	8530
combined one stage augmentation/reposition	
— unilateral	pay under 8528 + 8530 x ½
— bilateral	pay under 8528 x 1½ + 8530 x ½
dermo-fat fascia	8532
reduction for repositioning	8528
Mammary prosthesis, removal	3120/3124
Manchester operation (operation for genital prolapse)	6367/6373
Mandible, condylectomy	8570
dislocations of	7397
fractures of	7739-7749
hemi-mandibular reconstruction with bone graft	8568
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy or osteotomy of, for congenital malformation	8574
resection of	8556
segmental, for tumours	8560
section — fixation for prognathism or retrognathism, plastic	8564
Mandibular, temporo-, meniscectomy	7902
Manipulation and plaster for congenital dislocation of hip	8332
joint (other than spine), under general anaesthesia	7911/7915
of fibrous tissue surrounding breast prosthesis	3106
paediatric	8332-8356
spine under general anaesthesia	7919/7923
ureteric calculus — endoscopic	5885
without anaesthesia	*
Manipulative correction of acute inversion of uterus	365,368
Manometric oesophageal motility test	966
Marrow, bone, aspiration biopsy of	3160
Marshall-Marchetti operation for urethropexy	5977
Marsupialisation of Bartholin's cyst or gland	6278/6280
Mastectomy, partial, involving more than one-quarter of breast tissue	3678/3683
radical	3702
simple	3647/3652
extended	3698
Master's test	914
Mastoid cavity, obliteration of	5091
portion, decompression of facial nerve	5102
Mastoidectomy, cortical	5087
myringoplasty and ossicular chain reconstruction	5100

*Payable on attendance basis

Service	Item
Mastoidectomy, radical or modified radical	5095
— and myringoplasty	5098
with transmastoid removal of glomus tumour	5158
Maxilla, fractures of	7718-7727
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy or osteotomy for congenital malformation	8578
resection of	8554
Maxillary antrum, lavage of	5264
proof puncture and lavage of	5245-5254
(sinuses), operations on	5270-5288
artery, transantral ligation of	5268
frenulum or tongue tie, repair of, in a person aged not less than two years	3505
sinus, drainage of, through tooth socket	5284
McBride's operation for hallux valgus	8131
McKee-Farrer arthroplasty of hip	8069
Meatotomy and hemi-circumcision, hypospadias	6098
ureteric, with cystoscopy	5878
urinary	6066
Meatus, external auditory, removal of exostoses in	5072
internal auditory, exploration of	5122
surgical removal of keratosis obturans from	5068
pinhole urinary, dilatation of	6036
urinary, meatotomy of	6066
Mechanical efficiency of breathing apparatus, estimation of	920
Meckel's diverticulum, removal of	3722
Medial meniscus, removal of	8087
palpebral ligament, ruptured, re-attachment of	6932
Median bar, endoscopic resection of, with or without cystoscopy	6010
Mediastinum, cervical exploration of, with or without biopsy	6992
intrathoracic operation on	6999
Meibomian cyst, extirpation of	6754
Melanoma, excision of	3219-3289
Meloneoplasty	8550
Membrane, tympanic, micro-inspection of	5186
Membranes, artificial rupture of	354
evacuation of (products of conception)	362
manual removal of	362
mucous, biopsy of	3130
excision of fold of	3219-3237
synovial, or pleura punch biopsy of	3160
Meningeal haemorrhage, middle, operations for	7212,7216
Meniscectomy of knee	8087
temporo-mandibular	7902
Meniscus, medial, removal of	8087
Mesenteric cysts, removal of, as an independent procedure	3783
Metacarpo-phalangeal joint of thumb, dislocation	7436
synovectomy of	8283
Metacarpus, amputation through	4972/4976
fractures of	7520-7530
operation on, for acute osteomyelitis	4832
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8187
or osteotomy of	8185
Metatarsal, osteotomy or osteectomy of with correction of hallux valgus	8131
Metatarso-phalangeal joint, total replacement of	8131

Service	Item
Metatarsus, amputation or disarticulation of	5024/5029
fracture of	7673/7677
operation on, for acute osteomyelitis	4832
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8187
or osteotomy of	8185
varus, manipulation	8334
and plaster	8336
Microlaryngoscopy	5534
with removal of tumour	5540
Micro-surgical techniques	
— anastomosis of artery or vein for reimplantation of limb or digit or free transfer of tissue	4764
— distal extremity or digit, repair of	4695
— graft to artery or vein	4756
— nerve, cutaneous, primary suture of	7112
divided digital to thumb or finger	
—primary repair	7120
—secondary repair	7121
—nerve trunk, primary suture	7129
secondary suture	7138
Mid-cavity forceps delivery, with antenatal care, confinement and postnatal care for nine days	208/209
Middle ear, exploration of	5166
insertion of tube for drainage of	5172
operation for abscess or inflammation of	5162
Midtarsal amputation of foot	5038
Miles' operation	4202
Milroy's disease	8422,8424
Miscarriage, habitual, treatment of	242
incomplete, curettage for	6460/6464
threatened, purse string ligation of cervix for	250/258
treatment of	246
Mitral stenosis, valvectomy for	6999
Mobilisation, bowel	3739/3745
stapes	5143
Mole, desiccation by diathermy	3330-3346
evacuation by manual removal	362
Moschowitz operation	6396
Motility test, manometric, of oesophagus	966
Mucous membrane, biopsy of	3130
removal by serial curettage excision	3350,3351,3352
repair of recent wound of	3046-3101
Multiple delivery, management of, with antenatal care, confinement and postnatal care for nine days	208/209
punch hair transplants, or similar technique	8534-8538
simultaneous injections by continuous compression	
techniques for varicose veins	4633
Muscle, activity sampling (electromyography)	810,811,813,814
biopsy of	3135/3142
excision of, extensive	3399
limited	3391
extra-ocular, torn repair of	6932
eye, myotomy of	6922-6928
local infiltration in	*

* Payable on attendance basis.

Service	Item
Muscle or other deep tissue, removal of foreign body from ruptured, repair of, not associated with external wound transplant (Hummelsheim type, etc.) for squint	3120/3124 3404,3407 6930
Myelomeningocele, congenital — excision of sac extensive, requiring formal repair with skin flaps or Z plasty	8442 8444
Myocardial electrodes and permanent pacemaker, insertion or replacement of, by thoracotomy	7021
Myomectomy	6508
Myotomy of ocular muscles	6922-6928
Myringoplasty and ossicular chain reconstruction mastoidectomy	5075,5078 5085 5098
mastoidectomy and ossicular chain reconstruction	5100
Myringotomy	5162

Service	Item
N	
Naevus, excision of	3219-3237
Nail bed, excision of, ingrowing toenail	7872/7878
digital, removal of	7861
orthopaedic, removal of, requiring incision under regional or general anaesthesia	7886
Smith-Petersen, osteosynthesis by	7898
Narcotherapy	*
Nasal bones, fracture of	7701-7715
cavity and/or post nasal space, examination of under general anaesthesia as an independent procedure	5192
fronto-, ethmoidectomy	5295
haemorrhage, cryotherapy to nose in the treatment of posterior, arrest of	5233
polyp or polypi (requiring admission to hospital), removal of (simple), removal of	5196
septum, septoplasty or submucous resection of	5210/5214
space, post, direct examination of, with biopsy	5205
tip, secondary correction of, for cleft lip	5217
Naso-lacrimal duct, probing for obstruction of	5348
Nasopharyngeal tumour, operation for removal of, involving hard palate	8634
pay under	6799
Navicular bone, fracture of	3295
Neck, artery of, endarterectomy of	7535/7538
deep-seated haemangioma of, excision of	4709
or extremity, major artery of, repair of wound of with restoration of continuity	8474
facial scar, revision under general anaesthesia	4693
lymph glands of, excision of	8522,8524
Needle biopsy of prostate	3618,3622
intralymphatic insertion of, for introduction of radio-active material	6030
Needling of cataract	938
Neonatal alimentary obstruction, laparotomy for	6865
Neoplasms, bladder, diathermy of	8394
Neoplastic lesions, cutaneous, treatment of	5919
Nephrectomy	3349
donor (cadaver)	5654/5661,5665
Nephrolithotomy	5647
Nephropexy, as an independent procedure	5691,5699
Nephrostomy	5721
Nephro-ureterectomy	5715
complete, with bladder repair	5669
Nerve block, regional, initial	5675
subsequent	748
blocking with alcohol or other agent following localisation by electrical stimulator	752
conduction times, estimation of (electromyography)	756
cutaneous or digital, primary suture of	810,811
(other than digital nerve) primary suture of, by micro surgical techniques	7106/7111
decompression of, facial	7112
divided digital, to thumb or finger, repair of	5104
	7116-7121

* Payable on attendance basis

Service	Item
Nerve exploration of	7178/7182
facial, excision of tissue for palsy	pay under 3247/3253
fifth cranial, avulsion of branch of	7170
graft or anastomosis of	7139
local infiltration around, with alcohol, novocaine or similar preparation	*
peripheral, removal of tumour from	7148/7152,7156
transposition of	7143
trigeminal, primary branch of, injection with alcohol	7079
trunk, primary suture of, by micro surgical techniques	7124,7129
secondary suture of, by micro surgical techniques	7132,7138
Neurectomy, intracranial or radical	7170
peripheral nerve	7148/7152,7156
transantral Vidian	5277
Neurolysis by open operation	7178/7182
Neuroma, acoustic, removal of	5108/5112
Neuromuscular electrodiagnosis	810,811,813,814
Neurotomy of deep peripheral nerve	7156
superficial peripheral nerve, including multiple percutaneous neurotomy of posterior division of spinal nerves	7148/7152
Neurovascular island flap	8542
Nipple, inverted, surgical eversion of	3707
removal of accessory	3219-3253
Noble type intestinal plication with enterolysis	3722
Node, lymph, biopsy of	3135/3142
scalene, biopsy	3168
Nodes, lymph, infusion of with cytotoxic agent	936
pelvic, excision of	6308
Nodule, electrosurgical destruction or chemotherapy of	3330-3346
vocal cord, removal of, not covered by Item 5721	5530
Non-magnetic intraocular foreign body, removal of	6742,6747
Non-gravid uterus, suction curettage of	6460/6464
Nose, composite graft to	8606
cryotherapy to, in the treatment of nasal haemorrhage	5233
dermoid of, congenital, excision of, intranasal extension	8440
foreign body in, removal of, other than by simple probing	5201
fractures of	7701-7715
operations on	5201-5241
plastic operations on	8594-8606
superficial dermoid of, congenital, excision of	8432/8434
Nostril, secondary correction of, for cleft lip	8634

*Payable on attendance basis

Service	Item
O	
Obstruction, lacrimal passages, probing or dilatation	6799
Obturans, keratosis, surgical removal of, from external auditory meatus	5068
Ocular muscle, torn, repair of	6932
Oesophageal motility test, manometric	966
tube, indwelling, gastrostomy for fixation of	3722
Oesophagectomy	
— cervical, with tracheostomy and oesophagostomy, with or without plastic reconstruction	3616
— with direct anastomosis	6986
interposition of small or large bowel	6988
stomach transposition	6986
Oesophagoscopy	5464
— with biopsy	5480
— with insertion of prosthesis	5474
Oesophagostomy, cervical	3597
closure or plastic repair of	3597
Oesophagus, correction of atresia of	8392
congenital stenosis of	8388
dilatation of	5470, 5474, 5490
intrathoracic operation on	6999
removal of foreign body in	5486
Olecranon, excision of bursa of	3208/3213
fracture of	7559/7563
Oophorectomy, not associated with hysterectomy	6643/6644, 6648/6649
Opaque medium, introduction of, into bladder by cystoscopy	5851
Operations, assistance at	2950, 2955
for excision of congenital abnormalities	8428-8444
Operative cholangiography, pancreatogram or choledochoscopy	3789
Ophthalmological examination under general anaesthesia	6686
Optic fundi examination of, following intravenous dye injection	856
nerve meninges, incision of	pay under 6715
Orbit, anophthalmic insertion of cartilage or artificial implant	6701
of eye, exenteration of	6715
exploration of	6707, 6709, 6722, 6724
skin graft to	6703
Orbital cavity, reconstruction of floor or roof of	8552
dermoid, congenital, excision of	8436
implant, enucleation of eye	6688
evisceration of eye and insertion of intrascleral ball or cartilage	6699
integrated, with enucleation of eye	6692
Orbitotomy, anterior	6709
lateral	6707
Orchidectomy, and complete excision of spermatic cord	4296
radical dissection of iliac lymph glands	pay under 3295
simple	4288/4293
Orchidopexy	4307, 4313
Orchidoplasty	6233
Oro-antral fistula, plastic closure of	5288
Orthopaedic operations	7853-8356
pin or wire, insertion of	7883
removal of	3113-3124
pin or wire, removal of under regional or general anaesthesia, requiring incision	7886

Service	Item
Orthopaedic plates, removal of	3120/3124
Os calcis, fracture of	7647/7652
talus, fracture of	7647/7652
Ossicular chain reconstruction	5081
— and myringoplasty	5085
— myringoplasty and mastoidectomy	5100
Osteectomy of carpus	8190
clavicle	8190
femur	8198
fibula	8190
humerus	8195
mandible, plastic, for congenital malformation	8574
maxilla, plastic, for congenital malformation	8578
metacarpal	8185
metatarsal	8185
pelvic bone	8198
phalanx	8185
or metatarsal with correction of hallux valgus	8131
radius	8190
rib	8190
scapula (other than acromion)	8190
tarsus	8190
tibia	8195
ulna	8190
vertebral bodies	8209
or osteotomy of phalanx or metatarsal and transplantation of adductor hallucis tendon for correction of hallux valgus	8135
Osteomyelitis, acute, operation	
— for, metacarpus, metatarsus or phalanx other than terminal	4832
— on humerus or femur	4844
skull	4848
spine or pelvic bone	4853
sternum, clavicle, rib, ulna, radius, carpus, tibia, fibula, tarsus, mandible or maxilla	4838
terminal phalanx of finger or toe	4828
chronic operation	
— on combination of bones	4860,4877
humerus or femur	4864
scapula, sternum, clavicle, rib, ulna, radius, metacarpus, carpus, phalanx, tibia, fibula, metatarsus, tarsus, mandible or maxilla	4860
skull	4870
spine or pelvic bone	4867
skull, craniectomy for	7291
Osteosynthesis by Smith-Petersen nail	7898
Osteotomy and distraction for lengthening of limb	8211
calcaneal	8328
with bone graft	8330
carpus	8190
with internal fixation	8193
clavicle	8190
with internal fixation	8193
femur	8198
with internal fixation	8201

Service	Item
Osteotomy fibula	8190
with internal fixation	8193
humerus	8195
with internal fixation	8201
mandible, plastic, for congenital malformation	8574
maxilla, plastic, for congenital malformation	8578
metacarpal	8185
with internal fixation	8187
metatarsal	8185
with internal fixation	8187
or osteectomy of phalanx or metatarsal and transplantation of adductor hallucis tendon for correction of hallux valgus	8135
pelvic bone	8198
with internal fixation	8201
phalanx	8185
or metatarsal with correction of hallux valgus	8131
phalanx, with internal fixation	8187
radius	8190
with internal fixation	8193
rib	8190
with internal fixation	8193
scapula (other than acromion)	8190
with internal fixation	8193
sub-trochanteric, of femur	8206
tarsus	8190
with internal fixation	8193
tibia	8195
with internal fixation	8201
ulna	8190
with internal fixation	8193
Otitis media, acute, operation for	5162
Ovarian biopsy by laparoscopy	6607
cyst, enucleation of, with abdominal hysterectomy	6532/6533
excision of	6643/6644, 6648/6649
puncture of, via laparoscope	6607
Ovaries, prolapse, operation for	3739/3745
Ovary, repositioning	3739/3745
Oxygen consumption, estimation of	920
cost of breathing, estimation of	920
injection, intra-arterial	4670
therapy, hyperbaric	774,777
— in conjunction with anaesthesia	787,790
Oxytocin drip	927,929

Service	Item
P	
Pacemaker, permanent insertion or replacement of	7033
— and myocardial electrodes by thoracotomy	7021
Pacemaking electrode, temporary insertion	7042
Packing for postpartum haemorrhage	362
Paediatric operations and procedures	8332-8448
Palate, cleft, complete, primary repair	8640
lengthening procedure, secondary repair	8648
partial, primary repair	8636
secondary repair	8644
complex cleft, partial repair	8652
Palmar middle spaces, drainage of	7868
Palpebral ligament, medial, ruptured, re-attachment of	6932
lobe of lacrimal gland, excision of	6772
Pancreas, drainage of	4130
partial excision of	4109
Pancreatic cyst, anastomosis to stomach or duodenum	8578
juice, collection of	4104
Pancreatico-duodenectomy (Whipple's operation)	4115
Pancreatocholangiography, endoscopic	3860
Panendoscopy, upper gastrointestinal tract	3857
with biopsy	3858
urogenital tract	6061
Panhysterectomy	6536
Pannus, treatment of, by cautery of conjunctiva	6835
Papilloma, bladder, transurethral resection of, with cystoscopy	5871,5875
larynx, removal of	5530
removal of	3219-3265
Papules, electrosurgical destruction or chemotherapy of	3330-3346
Paracentesis abdominis	4197
in relation to eye	6865
of pericardium	6942
tympanum	5162
or aspiration, or both, of thoracic cavity	6940
Paralysis, facial, plastic operation for	8546,8548
spastic — manipulation and plaster	8356
Paraphimosis, reduction of	4351
Parathyroid glands, removal of	3555
tumour, removal of	3547
Paratyphoid, inoculation against	*
Paravertebral block, initial	748
subsequent	752
Paronychia, incision for	7864
Parotid duct, diathermy of	3465
dilatation of	3465
removal of calculus from	3468/3472
repair of	pay under 6796
using micro-surgical techniques	pay under 6796 x 1½
fistula, repair of	3477
gland, superficial lobectomy or removal of tumour from	3450
total extirpation of	3437,3444
Parovarian cyst, excision of	6643/6644,6648/6649
Partial amputation of penis	6179
cleft palate, primary repair	8636

*Payable on attendance basis

Service	Item
Partial excision of scrotum	6212
keratectomy — corneal scars	6820
mastectomy involving more than one quarter of the breast tissue	3678/3683
or complete ureterectomy, with bladder repair	5747
urethrectomy for removal of tumour	6077
Passage of urethral sounds as an independent procedure	6036
Patella, dislocation of	7457
displaced, fixation of	8100
excision of	8095/8097
fracture of	7641/7643
recurrent dislocation of, operation for	8100
Patellar bursa, excision of	3208/3213
Patency of Fallopian tubes, Rubin test for	6599
Patent ductus arteriosus, operation for, congenital	7046
Pectus carinatum, correction of	6972
excavatum, correction of	6972
Pedicle, tubed, or indirect flap,	
— delay, intermediate transfer or detachment of	8496
— formation of	8494
— preparation of site and attachment to site	8498
— spreading of pedicle	8500
Pelvic abscess, drainage of, via rectum or vagina	3379/3384
suprapubic drainage of	6677/6681
bone, operation on, for osteomyelitis	
— acute	4853
— chronic	4867
osteectomy of, with internal fixation	8201
osteectomy or osteotomy of	8195,8198
glands, dissection of, with hysterectomy	6536
haematoma, drainage of	3739/3745
lymph glands, excision of (radical)	6308
Pelvis, fracture of	7608/7610
Pelvi-ureteric junction, plastic procedures to	5734
Penicillin, injection of	*
Penis, complete or radical amputation of	6184
operations on	4319-4351,6179-6210
partial amputation of	6179
Peptic ulcer, perforated, suture of	3910/3916
Percutaneous cordotomy	7381
liver biopsy	3752
Perforated duodenal ulcer, suture of	3722
gastric ulcer, suture of	3722
peptic ulcer, suture of	3722
Perforating wound of eyeball, repair of	6728,6730,6736
Perfusion of donor kidney, continuous	922
limb or organ	922
retrograde, intravenous regional anaesthesia of limb by	760/764
whole body	923
Perianal abscess, incision of	4578/4585
tag, removal of	
— under general anaesthesia	4534
— without general anaesthesia	*
Pericardial tapping	6940
Pericardium, drainage of, transthoracic	6995

* Payable on attendance basis

Service	Item
Pericardium, paracentesis of	6942
Peridural block, initial	748
subsequent	752
Perimetry, quantitative	*
Perineal-abdomino resection	4202-4214
anoplasty, ano-rectal malformation	8406
biopsy of prostate	6022
prostatectomy	6001
stimulation maximal, electrical	*
for treatment of stress incontinence	*
urethrotomy (external), as an independent procedure	6069
warts, diathermy of	3330-3346
Perineorrhaphy	6347/6352
and anterior colporrhaphy	6358/6363
Perinephric abscess, drainage of	5732
Periorbital dermoid, congenital, excision of	8432/8434
Peripheral nerve, deep avulsion, neurectomy or neurotomy of, or removal of tumour from	7156
superficial avulsion, neurectomy or neurotomy of, or removal of tumour from, including multiple percutaneous neurotomy or posterior division of spinal nerves	7148/7152
vessel, decompression of	3391
Peritomy, conjunctival	6807
Peritoneal adhesions, separation of	3726
catheter, insertion and fixation of	833
dialysis	836
Peritoneoscopy	4191
Peritoneum, hydatid cyst of, operation for	3783
Peritonsillar abscess, incision of	5445
Perthes' epiphysitis, plaster for	8349
Perurethral resection of contracted bladder neck, congenital	8410
Pes planus-manipulation and plaster under general anaesthesia	8336
under general anaesthesia	8334
Peyronie's disease injection for	6199
operation for	6204
Phalanx, finger or thumb, fractures of	7505-7516
operation on, for chronic osteomyelitis	4860
osteectomy or osteotomy of	8185
— with internal fixation	8187
other than terminal, operation on, for acute osteomyelitis	4832
terminal, of finger or toe, operation on, for acute osteomyelitis	4828
toe, fracture of	7681-7691
Pharyngeal adhesions, division of	5345
bands or lingual tonsils, removal of	5431
cysts, removal of	5456
flap, repair of	8656
pouch, endoscopic resection of, (Dohman's operation)	5357
removal of	5354
Pharyngoplasty	8656
Pharyngotomy (lateral)	5360
Pharynx, cauterisation or diathermy of	5229
operations on	5345-5360,8656
removal of foreign body	3116
Phenol, intrathecal injection of	7081

*Payable on attendance basis

Service	Item
Phlebotomy	*
Phonocardiography	912
Photocoagulation of iris	6889
xenon arc	6904
Physician, consultant, attendance by (other than in psychiatry)	
— home visit	122,128
— surgery, hospital or nursing home	110,116
Physician, consultant (in psychiatry) attendance by	
— group psychotherapy	888
— home visit	144-152
— interview of a person other than the patient	890,893
— surgery, hospital or nursing home	134-142
Pigeon chest, correction of	6972
Pilonidal cyst or sinus, excision of	4611/4617
in a child under 10 years	4552/4557
sinus, injection of sclerosant fluid under anaesthesia	4622
Pin, orthopaedic, insertion of	7883
removal of	3113-3124
requiring incision under regional or general anaesthesia	7886
Pinch grafts, free, on granulating areas, small	8504
Pinguecula, removal of	6842
Pinhole urinary meatus, dilatation of	6036
Pirogoff's amputation of foot	5034
Pitocin drip	927,929
Placenta, evacuation of, by intrauterine manual removal	362
ultrasonic localisation of, by Doppler technique	*
Placentography, preparation for	5840
Plague, inoculation against	*
Plantar fasciotomy, radical	8320
wart, diathermy of	3330-3346
removal of	3320
Plaster and manipulation for talipes equinovarus under general anaesthesia	8336
for epiphysitis, Perthes', Calve's or Scheuermann's	8349
Sever's, Kohler's, Kienboch's or Schlatter's	8351
jacket, application of, to spine	7926
Plastic and reconstructive operations	8450-8656
flap operation for exomphalus, congenital	8402
implantation of penis	6208
procedures to pelvi-ureteric junction	5734
reconstruction for bicornuate uterus	6570
of lacrimal canaliculus	6792
shoulder (orthopaedic)	8017
reduction for macrodactyly, each finger	8544
repair, direct flap across leg or similar	8487,8488
small	8490,8492
of cervical oesophagostomy	3597
choanal atresia	8380
single stage, local flap	8480,8484
to enlarge vaginal orifice	6336
Plate, removal of, requiring incision under regional or general anaesthesia	7886
Plates, etc., used in treating fractures, removal of	3120/3124
Pleura, punch biopsy of	3160

* Payable on attendance basis

Service	Item
Pleurectomy or pleurodesis with thoracotomy	6964
Pleurodesis or pleurectomy with thoracotomy	6964
Plexus block, brachial, initial	748
subsequent	752
cervical, initial	748
subsequent	752
brachial, exploration of	7175
sympathetic, infiltration	755
Plication, intestinal, with enterolysis, Noble type	3965
of inferior vena cava	4721
Pneumonectomy or lobectomy	6980
Poison, ingested, gastric-lavage in the treatment of	974
Polyp, aural, removal of	5066
ear, removal of	5068
larynx, removal of	5530
or polypi, nasal (requiring admission to hospital), removal of	5210/5214
(simple), removal of	5205
rectal, removal of	4434/4442
removal of from cervix	6411
uterus, removal of	6460/6464
Portal hypertension, vascular anastomosis for	4766
Posterior sclerotomy	6865
Postero-lateral bone graft to spine	7945
Post-nasal space and/or nasal cavity, examination of, under	
general anaesthesia	5192
direct examination of, with biopsy	5348
Post-natal care	194/196,234/241
for nine days, confinement, antenatal care	200/207
— and requiring major regional or field block	216/217
— and surgical induction of labour	211/213
— with mid-cavity forceps or vacuum extraction,	
breach delivery or management of multiple	
delivery	208/209
Post-operational haemorrhage — tonsils or tonsils and	
adenoids, requiring general anaesthesia, arrest of	5396/5401
Postpartum haemorrhage, treatment of	362
Pott's fracture	7647/7652
Pouch, pharyngeal, removal of	5354
Preauricular sinus operations	3173,3178/3183
Pre-eclampsia, treatment of	273
Pre-operative examination for anaesthesia at a separate attendance	
(N.B. Where the examination is not made at a separate	
attendance it is covered by the benefit for the	
anaesthetic)	82/85
Prepuce, breakdown of adhesions of	*
operations on	4319-4351
Presacral and sacrococcygeal tumour, excision of	4179
neurectomy	7376
sympathectomy	7376
Pressure recording, blood, by intravascular cannula	770
Priapism, decompression operation for, under general anaesthesia	6162
vein graft for	6166
Primary branch of trigeminal nerve, injection of with alcohol	7079
repair, complete, of cleft lip	8622,8624
restoration of alimentary continuity after laryngopharyngectomy	5508

* Payable on attendance basis

Service	Item
Primary suture of cutaneous nerve	7106/7111,7112
extensor tendon of hand	8227/8230
flexor tendon of hand	8219/8222
nerve trunk	7124
tendon of foot	8241
Process, styloid, of temporal bone, removal of	3431
Proctocolectomy with ileostomy	4052-4059
Proctoscopy	*
Products of conception, evacuation by intrauterine manual removal	362
Professional attendance, by consultant physician (other than in psychiatry)	
— home visit	122,128
— surgery, hospital, or nursing home	110,116
Professional attendance, by consultant physician in psychiatry	
— group psychotherapy	888
— home visit	144-152
— interview of a person other than the patient	890,893
— surgery, hospital or nursing home	134-142
Professional attendance, by general practitioner	
— at hospital or nursing home	69,71,73,78
— home visit	
— brief	43,44
— standard	51,53
— long	57,59
— prolonged	65,66
— surgery consultation	
— brief	3,4
— standard	14,19
— long	25,26
— prolonged	33,35
Professional attendance, by specialist	
— initial referred	88,100
— subsequent	94,103
Professional attendance, pre-operative by anaesthetist	82/85
Progesterone implant	960,963
Prognathism, correction of	8564
Prolapse, anal — circum-anal suture for	4467
submucosal injection of	4473
bladder, repair of	6347-6373
genital, operations for	6347-6373
ovaries, operation for	3739/3745
rectum, paediatric, injection into	4427
radical operations for	4407,4413
reduction of	*
urethra, excision of	6146
operation for	6389
Prolonged professional attendance	160-164
Proof puncture of maxillary antrum	5245,5254
sphenoidal sinus	pay under 5305
Prostate, biopsy of, perineal	6022
endoscopic biopsy of, with or without cystoscopy	6027
needle biopsy of, or injection into	6030
total excision of	6017
Prostatectomy, endoscopic, with or without cystoscopy	6005
suprapubic, perineal or retropubic	6001

* Payable on attendance basis

Service	Item
Prostatic abscess, retropubic drainage of	6033
Prosthesis, breast, removal of	pay under 3120/3124
insertion of, with oesophagoscopy	5470
manipulation of fibrous tissue surrounding	3106
Prosthetic mammoplasty augmentation	8530
Provocative test for glaucoma including water drinking	849
Psychiatry, consultation by consultant physician in psychiatry	
— home visit	144-152
— interview of person other than the patient	890,893
— surgery, nursing home or hospital	134-142
Psychotherapy, family group	887,888,889
group	887
Pterygium, removal of	6837
Ptosis, correction of	8586
Pubis, symphysis, fracture of	7615/7619
Pudendal block, initial	748
subsequent	752
Pulmonary decortication with thoracotomy	6962
stenosis, valvulotomy	7046
Pulp space infection, incision for	7864
Punch, biopsy of synovial membrane or pleura	3160
multiple, hair transplants	8534-8538
Punctum snip, with dilatation of punctum	6805
Puncture, and dilatation for repair of choanal atresia	8382
cisternal	7089
lumbar	7085
proof, of maxillary antrum	5245,5254
sphenoidal sinus	pay under 5305
ventricular — cerebral	7099
Purse string ligation of cervix for threatened miscarriage	250/258
ligature of cervix, removal of, under general anaesthesia	267
Putti-Platt operation for recurrent dislocation of shoulder	8017
Pyelography, including cystoscopy with ureteric catheterisation,	
preparation for	5851
Pyelolithotomy	5691,5699
Pyeloplasty	5734,5737
Pyloromyotomy	3952
Pyloroplasty	3722,3952
with vagotomy	3889
Pyogenic granulation, cauterisation of	3330-3346
Pyonephrosis, drainage of	5729

Service	Item
Q	
Quantitative perimetry test	*
Quinsy, incision of	5445

*Payable on attendance basis

Service	Item
R	
Radical amputation of penis	6184
antrostomy	5270
correction of congenital stenosis of oesophagus	8388
diathermy, colposcopy and cervical biopsy, with curettage of uterus	6483
with curettage of uterus	6483
fronto-ethmoidectomy	5298
hysterectomy without gland dissection	6542
obliteration of frontal sinus	5318
operation for Dupuytren's contracture	8298
empyema involving resection of rib	6955
or intracranial neurectomy	7170
modified radical mastoidectomy	5095
Radium, necrosis of lip, excision of	3219-3253
preparation for treatment with	(see Part 8, Division 16)
Radius, bone graft to	7983,7993
dislocation of	7430/7432
fracture of	7550/7552
distal end of	7547
fragmentation and rodding in fragilitas ossium	8302
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
Ramstedt's pyloromyotomy	3952
Ranula, removal of	3509/3516
Re-attachment of ruptured medial palpebral ligament	6932
Reconstruction, of floor or roof of orbital cavity	8552
socket, eye, contracted	6705
vaginal, in congenital absence or gynatresia	6327
Reconstructive cranioplasty	7251
Recording, blood pressure, by intravascular cannula	770
Rectal biopsy, full thickness	4380
fistula	5956,6083
ischio-, abscess, incision of	4578/4585
polyp, removal of	4434/4442
prolapse, reduction of	*
submucosal, injection for, under general anaesthesia	4473
tumour, resection or diathermy of, with sigmoidoscopy	4365
Rectocele, repair of	6347-6373
Rectoplasty, ano-rectal malformation	8408
Rectosigmoidectomy for Hirschsprung's disease, congenital	8398
Recto-vaginal fistula	6401
Rectum, anterior resection of	4068
prolapsed, paediatric, injection into	4427
radical operation for prolapse of	4407,4413
stricture of, plastic operation for	3739/3745
suction biopsy of	3130
villous tumour of	4397
Recurrent dislocation of patella of knee, operation for	8100
hernia, repair of	4258/4262
Reduction, dislocation	7397-7483
fracture	7505-7839

*Payable on attendance basis

Service	Item
Reduction, fracture in excess of one reduction	7828-7839
intussusception by fluid	4003
with laparotomy	3722
mammoplasty	8528
of volvulus, with laparotomy	3722
paraphimosis under anaesthesia	4351
plastic, for macrodactyly, each finger	8544
ureterplasty bilateral	5836
unilateral	5831
Redundant tissue, removal of	3219-3253
Re-exploration for adjustment or removal of Harrington rods or similar devices	7937
Reflux, vesico-ureteric	5984,5993
Refrigerant, closed circuit circulation of for gastric hypothermia	968,970
Regional anaesthesia, intravenous, of limb by retrograde perfusion	760/764
major, or field block with surgical induction of labour and antenatal care, confinement and postnatal care for a period of nine days	216/217
nerve block, initial	748
subsequent	752
Regitine phentolamine test — for phaeochromocytoma	*
Renal artery, aberrant, operation for	5683
biopsy	5726
cyst, excision of	5724
denervation	5683
dialysis in hospital	818-824
transplant	5642-5645
Resection, mandible	8556
maxilla	8554
nasal septum	5217
of bladder tumours	5871,5875
or diathermy of rectal tumour with sigmoidoscopy	4365
rib with radical operation for empyema	6955
segmental, of breast where frozen section is performed	3668/3673
submucous, of nasal septum	5217
of turbinates	5241
Respiratory function, estimation of	920,921
Response recording (electromyography)	810,811,813,814
Restoration of cardiac rhythm by electrical stimulation	917
Resuturing of surgical wounds (excluding repair of burst abdomen)	*
wound following intraocular procedures	6938
Retina, cryotherapy to	6908
detached, diathermy or cryotherapy for	6900
light coagulation for	6904
removal of encircling silicone band from	6906
resection or buckling operation for	6902
pre-detachment of, cryotherapy for	6908
Retinal photography	859
Retrobulbar abscess, operation for	6752
injection of alcohol	6918
transillumination	6914
Retrognathism, correction of	8564
Retrograde pyelography including cystoscopy with ureteric catheterisation, preparation for	5851
Retroperitoneal abscess, drainage of	4185

* Payable on attendance basis.

Service	Item
S	
Sac, endolymphatic, transmastoid decompression	5116
lacrimal, excision of, or operation on	6774
Sacral block, initial	748
subsequent	752
sinus, excision of	4611/4617
sympathectomy	7376
Sacrococcygeal and presacral tumour, excision of	4179
Sacro-iliac joint, arthrodesis of	8032
Sacrum, fracture of	7608/7610
Saline, intravenous infusion of	927,929
Salivary gland duct, diathermy of	3465
dilatation of	3465
removal of calculus from	3468/3472
operations on	3437-3477
repair of cutaneous fistula of	3477
Salpingectomy not associated with hysterectomy	6643/6644, 6648/6649
Salpingolysis and/or salpingostomy	6631
Salpingo-oophorectomy not associated with hysterectomy	6643/6644, 6648/6649
Salpingostomy and/or salpingolysis	6631
Scalene node biopsy	3168
Scalenotomy	8161
Scalp, suturing of to anchor hairpieces	*
vein catheterisation	895
Scaphoid, accessory, removal of	7853
bone graft to	7999
carpal, fracture of	7535/7538
Scapula, fracture of	7597
operation on, for chronic osteomyelitis	4860
other than acromion, osteectomy of, with internal fixation	8193
or osteotomy of	8190
Scar, abrasive therapy to	8452,8454
removal of, not otherwise covered	3219-3253
tissue, removal of	3219-3253
Scars, corneal, excision of, or partial keratectomy	6820
Scheuermann's epiphysitis, plaster for	8349
Schlatter's epiphysitis, plaster for	8351
Sclera, removal of foreign body from, involving deep layers	6818
superficial foreign body from	6816
Sclerectomy and iridectomy, for glaucoma (Lagrange's operation)	6873
Sclerosant fluid, injection of into pilonidal sinus, under anaesthesia	4622
Scoliosis, anterior correction of (Dwyer procedure)	7938,7939
application of halo for spinal fusion in the treatment of	7940
posterior mobilisation, operation for	7331 x 1½
spinal fusion for	7934
with use of Harrington rods	7938,7939
Screw, removal of, requiring incision under regional or general anaesthesia	7886
Scrotum, excision of abscess of	6216
partial excision of	6212
Sebaceous cyst, removal of	3219-3253
Second trimester labour, induction and management of	274/275
Secondary correction, hypospadias	6122
partial or incomplete, of cleft lip	8628

* Payable on attendance basis

Service	Item
Secondary detachment of testis from thigh	4313
repair of ligaments of finger joint by fascial graft	pay under 8113 x 1½
revision of rhinoplasty	8602
suture, extensor tendon of hand	8233
flexor tendon of hand	8225
nerve trunk	7132
tendon of foot	8243
Section of peripheral nerve including multiple percutaneous neurotomy of posterior division of spinal nerves	7148/7152,7156
Segmental resection of mandible for tumours	8560
Selective coronary arteriography, preparation for	7011,7013
Semimembranosus bursa, coronary excision of	3217
Separation of labial adhesions	*
peritoneal adhesions and laparotomy, operation for	3722
Septoplasty of nasal septum	5217
Septum, cauterisation or diathermy of	5229
nasal, septoplasty or submucous resection of	5217
vaginal, excision of, for correction of double vagina	6332
Sequestrectomy	4860-4877
Sesamoid bone, removal of	7853
Sever's epiphysitis, plaster for	8351
Shafts, forearm, fracture of	7567/7572
leg, fracture of	7647/7652
Sheath, tendon, incision of	8267
of finger, synovectomy of	8282
thumb, synovectomy of	8282
Shirodkar suture	250/258
Shock, post-anaphylactic treatment of	*
Shortwave therapy	*
Shoulder, amputation or disarticulation at	4983
arthrectomy	8019
arthrodesis	8019
arthroplasty	8017,8069
arthrotomy	8014
dislocation of	7412-7419
plastic reconstruction	8017
removal of calcium deposit from cuff	8009
Shunt, arteriovenous, external, insertion of	4808
removal of	4812
ventricular cable, for hydrocephalus, congenital	7320
ventriculo-atrial, for hydrocephalus, congenital	7316
revision of	7318
Sigmoidoscopic examination	4354
under general anaesthesia	4363
with biopsy	4363
with biopsy	4354
Sigmoidoscopy with diathermy or resection of rectal tumour	4365
Silicone band, encircling, removal of from detached retina	6906
Simple fracture, closed involving joint surfaces	7847
requiring open operation	7802,7803,7809
Simultaneous injections, multiple, by continuous compression techniques for varicose veins	4633
Single stage local flap repair, plastic	8480,8484

Payable on attendance basis

Service	Item
Sinus, curettage of	3173
diathermy of	3330-3346
excision of	3173-3183
frontal, catheterisation of	5305
radical obliteration of	5318
trephine of	5308
intranasal operation on	5301
maxillary, drainage of, through tooth socket	5284
pilonidal, excision of	4611 / 4617
in a child under 10 years	4552 / 4557
injection of sclerosant fluid under anaesthesia	4622
sphenoidal, intranasal operation on	5330
proof puncture of	pay under 5305
urogenital, vaginal reconstruction for	6327
Sinuses, ethmoidal, external operation on	5320
Skene's duct, incision of, or removal of calculus from	6286
Skin, biopsy of	3130
graft to orbit	6703
grafts	(See Div. 13, Part 10)
lesions, multiple injections for	3356
malignant tumour of	3271, 3276
repair of recent wound of	3046-3101
sensitivity testing for allergens	987, 989
Skull, compound fractures of, operation for	7240 / 7248
craniectomy for osteomyelitis of	7291
depressed or comminuted fracture, operation for	7231
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4870
treatment of fracture, not requiring operation	7694 / 7697
Sling operation for stress incontinence	6406
Slipped disc, manipulation of spine for, under general anaesthesia	7919-7926
Small bone, exostosis of, excision of	8169 / 8173
bowel, intubation	4104
with biopsy	4099
joint arthrodesis, arthrectomy or arthroplasty	8022
arthrotomy	8026
Smallpox, vaccination against	*
Smith-Petersen cup arthroplasty of hip	8061
nail, osteosynthesis by	7898
removal of	3120 / 3124
Socket, eye, contracted reconstruction of	6705
Sounds, urethral, passage of, as an independent procedure	6036
Souttar's tubes, insertion of	5474
with oesophagoscopy	5470
Space, dead, estimation of	920
Spastic paralysis — manipulation and plaster	8356
Specialist, anaesthetist, separate pre-operative examination by	85
attendance	88-103
Specimen of sweat, collection of, by iontophoresis	958
Spermatic chord, complete excision of with orchidectomy	4296
Spermatocele, excision of	6221 / 6224
Sphenoidal sinus, intranasal operation on	5330
proof puncture of	pay under 5305
Sphincter, anal, stretching of	4455
of oddi, direct operation on	3825

* Payable on attendance basis

Service	Item
Sphincterotomy, anal, as an independent procedure (Hirschsprung's disease)	4490
subcutaneous, internal (unilateral or bilateral) as an independent procedure	pay under 4537/4544
endoscopic, external	5883
with extraction of stones from common bile duct	3860
Spinal block, initial	748
subsequent	752
canal stenosis, multi-level decompression laminectomy for the treatment of	pay under 7331 x 1½
fusion, application of halo for, in the treatment of scoliosis as an independent procedure	7940
for scoliosis	7934
interbody	7947-7969
with laminectomy	7355-7365
injection for neurological diagnosis or for therapeutic reasons	7085
rhizolysis with or without laminectomy	7370
Spine, application of plaster jacket to	7926
bone graft to	7934-7969
postero-lateral fusion	7945
with laminectomy and posterior interbody fusion	7967,7969
cervical, anterior interbody spinal fusion to	7947-7951
dislocation without fracture	7472
fracture of	7774-7798
lumbar, dislocation of, without fracture	7472
lumbar or thoracic interbody spinal fusion to	7957,7961
manipulation of, under general anaesthesia	7919/7923
operation on, for acute osteomyelitis	4853
chronic osteomyelitis	4867
Spino-peritoneal anastomosis for hydrocephalus, congenital	8320
pleural anastomosis for hydrocephalus, congenital	8320
ureteral anastomosis for hydrocephalus, congenital	8320
Spirometer, estimation of respiratory function by	921
Splanchnicectomy and ganglionectomy	7376
Spleen, ruptured, repair or removal of	3722,4165
Splenectomy	4141,4144,4165
Split skin free grafts, including elective dissection on granulating areas,	8512,8516
— extensive	8508
— small	8504
to extensive burns	8510
Spreading of pedicle, tubed or indirect flap	8500
Spur, calcanean, removal of	8120
Squint, muscle transplant (Hummelsheim type, etc.) for	6930
operation for	6922-6928
Stapedectomy	5138
Stapes mobilisation	5143
Staple arrest of hemi-epiphysis	8316
Stellate ganglionectomy	7376
Stenosing tendovaginitis, open operation for	8267
Stenosis, congenital, of oesophagus, radical correction of	8388
pulmonary — valvulotomy	6999,7046
tracheal, dilatation of, with bronchoscopy	5619
Stereotactic procedure	7312
Stereotaxis	7312

Service	Item
Sterilisation (female)	6611/6612
Sternum, biopsy (burr-hole) of	3157
of by aspiration	3160
fracture of	7588/7593
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
Stethography	908
Stimulating response recording (electromyography)	810,811,813,814
Stimulation, electrical, for restoration of cardiac rhythm	917
maximal perineal	*
Stimulator, electrical, localisation by, with nerve blocking by alcohol or other agent	756
Stomach lavage	*
in the treatment of ingested poison	974
transposition with oesophagectomy	6986
washout	*
in the treatment of ingested poison	974
Stone, removal of, by urethroscopy	5691
Strabismus, operation for	6922-6928
Stress incontinence, abdomino-vaginal operation for	6407,6408
Marshall-Marchetti, urethropexy for	5977
repair of, Kelly type operation	6347/6352 + (1/2)6389
sling operation for	6406
treatment by maximal perineal stimulation	*
Stricture, anal, repair of	4482
oesophagus or bronchii, cicatricial and malignant,	
dilatation of, and similar procedures	5470,5474,5490
rectum, plastic operation to	3739/3745
tracheal, dilatation of, with bronchoscopy	5619
urethral, dilatation of	6039
Stump, amputation, trimming of	*
Styloid process of temporal bone, removal of	3431
Subclavian artery, endarterectomy of	4705
vessel, ligation of	4690
involving gradual occlusion by	
mechanical device	4715
Subcutaneous fatty tissue, removal of excess	3219-3237
fasciotomy, Dupuytren's contracture	8296
fistula in ano, excision of	4552/4557
foreign body, removal of, not otherwise covered	3116
tenotomy	8246
tissue, repair of recent wound of	3046-3101
Subdural haemorrhage, tap for	7184
Sublingual dermoid cyst, removal of	3219-3253
gland duct, removal of calculus from	3468/3472
extirpation of	3459
Submandibular abscess, incision of	3379/3384
gland, extirpation of	3455
Submaxillary gland, repair of cutaneous fistula	3477
Submucous resection of nasal septum	5217
turbinates	5241
Suboccipital decompression, for congenital hydrocephalus	7314
Subperiosteal abscess	(see osteomyelitis)
Subphrenic abscess, drainage of	3750

*Payable on attendance basis

Service	Item
Subsequent major regional or field block	752
Subtalar arthrodesis	8326
Subtotal hysterectomy (other than vaginal)	6513/6517
Subungual haematoma, incision of	3371
Suction biopsy of rectum	3130
curettage of uterus (non gravid menstrual aspiration)	6460/6464
for evacuation of the contents of the gravid uterus	6469
Superficial dermoid of nose, congenital, excision of	8432/8434
foreign body in cornea or sclera, removal of	6816
removal of	3113
wound, repair of	3046,3058,3073,3092
Supportive graft, skeletal, with rhinoplasty, with or without septal resection	8544
Suprapubic cystostomy or cystotomy	5897/5901
tube, change of	*
drainage of pelvic abscess	6677/6681
prostatectomy	6001
stab, cystotomy	5903
Supracondylar fracture of humerus	7567/7572
Supraspinatus tendon, curettage of	8009
Surgery, direct, to coronary artery or arteries	7066
Surgical eversion of inverted nipple	3707
induction of labour	354
— involving major regional or field block, with antenatal care, confinement and postnatal care for nine days	216/217
— with antenatal care, confinement and postnatal care for nine days	211/213
wounds, resuturing of (excluding repair of burst abdomen)	*
Suspension of uterus	6585/6594
vaginal vault, abdominal approach for	6396
Suture, primary, of cutaneous or digital nerve	7106/7111
nerve trunk	7124
secondary, of nerve trunk	7132
Shirodkar	250/258
traumatic wounds	3046-3101
Sutures, dressing and removal of (requiring a general anaesthetic)	3106
Suturing of scalp to anchor hairpieces	*
Sweat, collection of specimen of, by iontophoresis	958
Symblepharon, grafting for	8592
Syme's amputation of foot	5034
Sympathectomy (cervical, lumbar, thoracic, sacral or presacral)	7376
Sympathetic trunk, injection into	755
Symphysiotomy for fused kidney	5679
Symphysis pubis, fracture of	7615/7619
Synechiae, division of anterior, or posterior as an independent procedure	6881
Synovectomy, extensor or flexor tendons in wrist	8290
finger or other small joint	8022
hip	8048
interphalangeal joint	8287
metacarpophalangeal joint	8283
tendon sheath of finger	8282
thumb	8282
total, of knee	8079
wrist, carpometacarpal joint or inferior radio ulnar joint	8290

* Payable on attendance basis

Service	Item
Synovial cavity, aspiration and/or intra-synovial injection of membrane or pleura punch biopsy of	8108 3160
Synovioma, removal of, from ankle joint	8040
Syringe of ear	*

*Payable on attendance basis

Service	Item
T	
T's and A's	5363/5366, 5389/5392
T.A.B. inoculation	*
Tags, anal or perianal, or external haemorrhoids, removal of	
— under general anaesthesia	4534
— without general anaesthesia	*
Talipes equinovarus, manipulation	
— and plaster under general anaesthesia	8336
— under general anaesthesia	8334
medial release procedure	8324
posterior release procedure	8322
radical operation for	8116
Tapping, pericardial	6940
Tarsal bone, dislocation of	7468
excepting os calcis or os talus, fracture of	7632/7637
cartilage, excision of	6758
cauterisation of, for ectropion	6762
cyst, extirpation of	6754
tunnel syndrome, radical operation for	7178/7182
Tarsometatarsal joint, dislocation of	7468
Lisfranc's amputation of	5038
Tarsorrhaphy	6766
Tarsus, dislocation of	7468
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
Tear duct, probing of	6799
Tear, third degree, repair of	383
Temporal bone, removal of styloid process of	3431
lobectomy	7198
Temporomandibular meniscectomy	7902
Temporosphenoidal electroencephalography	806
Tendon, Achilles, or other large tendon	
— operation for lengthening	8262
— suture of	8235/8238
plastic repair of	8235/8238
adductor hallucis, transplantation of with osteotomy or	
osteectomy of phalanx or metatarsal for correction of	
hallux valgus	8135
artificial prosthesis for tendon grafting	8259
excision of thickened	8246, 8249
exploration of	8267
and freeing of	8267
foot, primary suture of	8241
secondary suture of	8243
foreign body in, removal of	3120/3124
graft	8257
hand, extensor, primary suture of	8227/8230
secondary suture of	8233
flexor, primary suture of	8219/8222
secondary suture of	8225
suture of	8219-8233

*Payable on attendance basis

Service	Item
Tendon, iliopsoas, transplantation of, to greater trochanter	pay under 8201
large, suture of	8235/8238
lengthening of	8246/8249
or other deep tissue, removal of foreign body from	3120/3124
sheath, incision of	8267
of finger, synovectomy of	8282
thumb, synovectomy of	8282
splitting	8262
supraspinatus, curettage of	8009
transplantation	8251
Tendovaginitis, stenosing, open operation for	8267
Tenolysis of extensor tendon, following tendon injury repair or graft	8279
flexor tendon, following tendon injury repair or graft	8275
Tenoplasty	8249
Tenosynovitis, acute, operation for	8265/8267
Tenotomy, open	8249
subcutaneous	8246
Tensilon test	*
Test, for glaucoma, provocative, including water drinking	849
oesophageal motility, manometric	966
Testicular biopsy	6218
Testis, exploration of, with or without fixation	6228
secondary detachment of, from thigh	4313
transplantation of	4307-4313
undescended, transplantation of	4307
Testopexy	4307-4313
Tetanus immunisation	*
Tetralogy of Fallot, congenital, operation for	6999,7046
Thenar spaces, drainage of	7868
Therapy, abrasive	8452,8454
Thickened tendon, excision of	8249
Thiersh operation for rectal prolapse	4467
Thigh, amputation through	5048
Third degree tear, repair of	383
Thompson arthroplasty of hip	8053
Thoracic block, initial	748
subsequent	752
cavity, aspiration or paracentesis of, or both	6940
or lumbar spine, anterior interbody spinal fusion to	7957,7961
paravertebral block, initial	748
subsequent	752
sympathectomy	7376
Thoracoplasty (complete)	6966
(in stages) — each stage	6968
Thoracoscopy with or without division of pleural adhesions	6974
Thoracotomy, exploratory	6958
with pleurectomy or pleurodesis	6964
pulmonary decortication	6962
Threatened abortion, treatment of	246
miscarriage, purse string ligation of cervix for	250/258
treatment of	246
Three snip operation	6805
Thrombectomy of femoral, iliac or other similar large vein	4789
Thromboendarterectomy of artery of neck or extremities	4709
Thrombus, removal of, from femoral, iliac or other similar large vein	4789

* Payable on attendance basis

Service	Item
Thumb, amputation of including metacarpal or part of metacarpal or disarticulation of	4965/4969 4927-4969
fractures of	7505-7512
metacarpo-phalangeal joint, dislocation of	7436
nodule, removal of	3219-3253
repair of divided digital nerve	7116/7117
tendon sheath of, synovectomy of	8282
Thymectomy	6999
Thymoma, malignant, removal of, from mediastinum	6999
Thyroglossal cyst or fistula, removal of	3581,3591
Thyroid, excision of localised tumour of	3576
Thyroidectomy, sub-total	3563
total	3542
Tibia, bone graft to	7977
epiphyseodesis	8312
fracture of	7641/7643
fragmentation and rodding in fragilitas ossium	8304
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8201
or osteotomy of	8195
Tic douloureux, injection for	7079
neurectomy for	7170
Tie, tongue, repair of	3496,3505
Tissue, living, implantation of, by cannula	963
incision	960
scar, removal of	3219-3253
subcutaneous fatty, removal of excess	3219-3253
repair of recent wound of	3046-3101
Toe, dislocation of	7464
filleting of	8185
fractures of	7681-7691
great, fracture of	7687,7691
hammer, correction of	8151/8153
Keller's operation to	8124/8127
or great toe, amputation or disarticulation of	4990-5029
terminal phalanx of, operation for acute osteomyelitis of	4828
Toenail, ingrowing, excision of nail bed	7872/7878
wedge resection for	7872/7878
removal of	7861
Toilet, ear, requiring use of operating microscope and micro-inspection of tympanic membrane with or without general anaesthesia	5182
Tongue, diathermy of	3330-3346
partial or complete excision of	3480,5360
tie, repair of	3496,3505
Tonography	844
Tonsils, lingual, or lateral pharyngeal bands, removal of	5431
or tonsils and adenoids,	
— arrest of haemorrhage, requiring general anaesthesia, following removal of	5396/5401
— removal of in a person twelve years of age or over	5389/5392
— removal of in a person aged less than twelve years	5363/5366
Total replacement of first metatarso-phalangeal joint	8131
Trabeculectomy in conjunction with cataract extraction pay under	6848 + (1/2)6873
Torek (testis) operations	4307-4313
Torkildsen's operation	8362

Service	Item
Torn extra-ocular muscle, repair of	6934
Torticollis, congenital, operation for	8386
Total lung volume, estimation of	921
synovectomy of knee	8079
Trachea, removal of foreign body from	5601
Trachelorrhaphy	6436/6441
Tracheo-oesophageal fistula, with or without atresia, ligation and division of	8390
Tracheostomy	5572/5598
Transantral ethmoidectomy with radical antrostomy	5277
ligation of maxillary artery	5268
Vidian neurectomy	5277
Transfer, intermediate, for delayed indirect flap or tubed pedicle	8496
Transfusion, blood — with venesection and complete replacement of blood, using blood already collected	904
— with venesection and complete replacement of blood including collection from donor	902
collection of blood for	949
using blood already collected and related procedures	940-947
Transillumination, retrobulbar	6914
Translabyrinthine removal of cerebello-pontine angle tumour, transmastoid	5108,5112
Transmastoid decompression of endolymphatic sac	5116
removal of glomus tumour including mastoidectomy	5158
Transmetacarpal amputation of hand	4972/4976
Transmetatarsal amputation of foot	5038
Transplant, Abbe, secondary correction of, for cleft lip muscle, (Hummelsheim type, etc.) for squint	8632
renal	6930
renal	5642-5645
Transplantation, adductor hallucis tendon with osteotomy or osteectomy of phalanx or metatarsal for correction of hallux valgus	8135
cornea, including collection of implant	6828,6832
digit, plastic — complete procedure	8540
iliopsoas tendon to greater trochanter	8201
ligament	8251
tendon	8251
undescended testis	4307-4313
ureter	5763-5807
Transplants, hair, multiple punch or similar technique	8534-8538
Transposition of nerve	7143
stomach, with oesophagectomy	6986
Trans-sphenoidal hypophysectomy	5337,5339
Transthoracic drainage, of pericardium	6995
repair of hernia	6997
Transtympanic excision of glomus tumour	5152
Transvenous electrode, insertion or replacement of	7028
pacemaking electrode, temporary, insertion of	7042
Transverse process, spine, fracture of	7774/ 7777,7789
Traumatic diaphragmatic hernia, repair of	4238
wounds, repair of	3046-3101
Treadmill, exercise test during electrocardiographic monitoring	916
Trephine of frontal sinus	5308
Trephining of eye	6873
Trichiasis, electrolysis epilation for	6767
Trigeminal ganglion, injection into with alcohol	7079

Service	Item
Trigger finger, correction of	8267
Trimming of ileostomy	*
Triple arthrodesis of foot or ankle region	8116
Triquetrum, fracture of	7533
Trochanter, greater, transplantation of iliopsoas tendon to	pay under 8201
Trochanteric, sub-, osteotomy or femur	8206
Trunk, major artery of, repair of wound of, with restoration of continuity	4696
nerve, primary suture of	7124
secondary suture of	7132
Tube, Eustachian, catheterisation of	5343
Fallopian, hydrotubation of	6636,6641
implantation of, into uterus	6631
indwelling oesophageal, gastrostomy for fixation of	3722
insertion of, for drainage of middle ear	5172
Tubed pedicle or indirect flap	
— delay, intermediate transfer or detachment of	8496
— formation of	8494
— preparation of site and attachment to site	8494
— spreading of pedicle	8500
Tubes, Fallopian, transection or resection via laparoscopy	6611/6612
Souttar's, insertion of	5474
with oesophagoscopy	5470
Tumour, bladder, biopsy of, with cystoscopy	5868
diathermy or resection of, with cystoscopy	5871,5875
suprapubic, diathermy of	5919
bone, innocent, excision of	3425
broad ligament, removal of	6643/6644, 6648/6649
carotid body, removal of — without arterial anastomosis	3295
cerebello-pontine angle, transmastoid, translabyrinthine	
removal of	5108,5112
diathermy of, with urethroscopy	6053
glomus, transmastoid removal of including mastoidectomy	5153
transtympanic removal of	5152
intracerebral, craniotomy and removal	7198
intracranial, biopsy or decompression via osteoplastic flap	7194
burr-hole biopsy for	7192
craniotomy and removal	7198,7203
intra-oral, radical excision of	3495
involving ciliary body or iris and ciliary body, excision of	6894
iris, excision of	6885
laminectomy for	7341,7353
larynx, removal of	5530
limbic, removal of	6846
lip, excision of	3219-3237
liver, removal of, other than by biopsy	3754
malignant, operations for	3271,3276,3295,3301
mandible, segmental resection for	8560
microlaryngoscopy with removal of	5540
nasopharyngeal, operation for removal of, involving hard	
palate	pay under 3295
parathyroid, removal of	3547
parotid gland, removal of with exposure of facial nerve	3450
peripheral nerve, removal from	7148-7156

*Payable on attendance basis

Service	Item
Tumour, rectal, diathermy or resection of with sigmoidoscopy	4365
removal of by urethrectomy, partial or complete	6077
from peripheral nerve	7148/ 7152,7156
urethra by urethrectomy, partial or complete	6077
with direct examination of larynx	5530
laminectomy	7341,7353
retroperitoneal, removal of	4173
sacrococcygeal and presacral	4179
simple, vagina or vulva, removal of	6267,6321
soft tissue excision of	
— with skin graft	3289
— without skin graft	3281
spinal, operation for	7341,7353
thyroid, localised, excision of	3576
vagina or vulva, simple, removal of	6267,6321
villous of rectum	4397
vocal cord, removal from	5530
vulva, simple, removal of	6267,6321
not otherwise covered, removal of	3219-3265

(N.B. — There are other operations which may be undertaken for treatment of tumours but which are not described as such in the Schedule. Regard should be had to the part of the body in which the tumour occurs and reference made to the operation usually associated with that Part.)

Turbinate, dislocation of	5237
Turbinates, cauterisation or diathermy of	5229
submucous resection of	5241
Turbinectomy	5237
Turn-buckle jacket, application of, body and head	7932
body only	7928
'Turning-in' operation for ectopic bladder, congenital	8414
Tympani, paracentesis of	5162
Tympanic membrane, micro-inspection of one or both ears, as an	
independent procedure	
under general anaesthesia	5186
in association with ear	
toilet	5182
Tympanum, perforation of, cauterisation or diathermy of	5176
Typhoid, inoculation against	*
Typhus, inoculation against	*

* Payable on attendance basis

Service	Item
U	
Ulcer, corneal, ionisation of	*
dendritic, epithelial debridement of cornea for	6824
duodenal, perforated, suture of	3722
gastric, perforated, suture of	3722
peptic, perforated, suture of	3722
rodent, operation for	3219-3253
Ulna, bone graft to	7983,7993
dislocation of	7430/7432
fracture of	7559/7563
distal end of	7547
fragmentation and rodding in fragilitas ossium	8302
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
Ultrasonic echography	
— bidimensional	797
— unidimensional	794
localisation of placenta, by Doppler technique	*
Umbilical artery catheterisation	897
hernia, repair of	4246-4254
vein catheterisation	895
Uncomplicated fracture, closed, involving joint surfaces	7847
requiring open operation	7802,7803,7808,7809
Undescended testis, transplantation of	4307
Urachal fistula, congenital, operation for	8412
Ureter, divided, repair of	5741
retrocaval, correction of	5734
transplantation of, into another ureter	5799
bladder	5773-5780
bowel	5753,5757
intestine	5785,5792
isolated intestinal loop	5804,5807
skin	5763,5769
Ureterectomy, complete or partial with bladder repair	5747
nephro-, complete, with bladder repair	5675
Ureteric calculus, endoscopic removal or manipulation of, with	
cystoscopy	5885
catheterisation with cystoscopy	5851
meatotomy, with cystoscopy	5878
reflux	5984,5993
Ureterolithotomy	5705
Ureterolysis for retroperitoneal fibrosis or ovarian vein syndrome	5821,5827
Ureteroplasty, bilateral	5836
unilateral	5831
Ureterostomy, cutaneous closure	5837
Ureterotomy	5812,5816
Urethra, cauterisation of	6290
correction of male urinary incontinence	6157
diathermy of	6140
examination of, involving the use of an urethroscope, with	
cystoscopy	6061
excision of, diverticulum of	6152

Payable on attendance basis

Service	Item
Urethra prolapsed, excision of	6146,6389
ruptured, repair of	6041
Urethral abscess, drainage of	6170
caruncle, cauterisation of	6290
excision of	6292/6296
dilatation with cystoscopy	5845
fistula, closure of	6044, 6079,6083
reconstruction for hypospadias	6110-6118
sounds, passage of, as an independent procedure	6036
stricture, dilatation of	6039
plastic repair of	6086-6095
tumour, removal of by urethrectomy	6077
urethroscopy and diathermy	6053
valves, congenital, open removal of	8418
or urethral membrane, endoscopic transurethral or perineal resection	6175
Urethrectomy, partial or complete, for removal of tumour	6077
Urethrocele, operation for	6389
Urethrography preparation for	5840
Urethropexy (Marshall-Marchetti operation)	5977
Urethroplasty	6086-6095
Urethroscopy, as an independent procedure	6047
removal of stone or foreign body	6056
with cystoscopy	6061
diathermy of tumour	6053
Urethrotomy, external or internal	6069
perineal (external), as an independent procedure	6069
Urinary, flow study	841
infection — bladder washout test	839
meatotomy	6066
tract, X-ray of, preparation for	5851
Urogenital sinus, vaginal reconstruction for	6327
Uterine adenomyoma, excision of	6508
adnexae, removal of, with vaginal hysterectomy	6544
lavage — saline flushing	*
tubes, insufflation of, as test for patency (Rubin test)	6599
Uterus, bicornuate, plastic reconstruction for	6570
curettage of	6460/6464
by suction aspiration (menstrual aspiration)	6460/6464
— including curettage for incomplete miscarriage	6460/6464
— with colposcopy, cervical biopsy and radical diathermy	6483
gravid, evacuation of the contents of, by curettage or suction curettage	6469
implantation of Fallopian tube or tubes into	6631
manipulative correction of acute inversion of	365,368
suspension or fixation of	6585/6594
Uvula, excision of	5449
Uvulotomy	5449

* Payable on attendance basis

Service	Item
V	
Vaccinations	*
Vaccines injection of	*
Vacuum extraction with antenatal care, confinement and postnatal care for nine days	208/209
Vagina, artificial formation of	6327
dilatation of, as an independent procedure	6313
partial or complete removal of	6325
removal of simple tumour of	6321
Vaginal fistula, repair of, or closure of	5941, 6079, 6401
hysterectomy with removal of uterine adnexae	6544
orifice, plastic repair to enlarge	6336
reconstruction in congenital absence or gynatresia	6327
septum, excision of, for correction of double vagina	6332
vault, suspension of, abdominal approach	6396
Vagotomy, highly selective	3889
with pyloroplasty or gastro-enterostomy	3891
selective	3882
trunkal	3875
with pyloroplasty or gastro-enterostomy	3889
Valgus, calcaneus — manipulation and plaster under general anaesthesia	8336
under general anaesthesia	8334
hallux, correction of	8124/8127
— with osteotomy or osteectomy of phalanx, metacarpal or metatarsal	8131
— with osteotomy or osteectomy of phalanx or metatarsal and transplantation of adductor hallucis tendon	8135
Vallecular cysts, removal of	5456
Valvectomy for mitral stenosis	6999, 7046
Valves, heart, operations on	7046, 7057
urethral, operation for congenital abnormalities of	8418
Valvulotomy for pulmonary stenosis	6999, 7046
Varicocele, removal of	4269/4273
Varicose veins, excision of	4637-4649
injection of sclerosing fluid	4629
ligation of	4651-4662
multiple simultaneous injection by continuous compression techniques	4633
Vascular anastomosis for portal hypertension	4766
Vas deferens, operations on	6238-6253
Vasectomy (unilateral or bilateral)	6249/6253
Vasoepididymostomy	6238, 6241
Vasoepididymography and vasovesiculography as an independent operative procedure, preparation for by open operation	6246
Vasotomy (unilateral or bilateral)	6249/6253
Vein and/or artery, operations on	4629-4822
anastomosis of by micro-surgical techniques for the reimplantation of limb or digit or free transfer of tissue graft for priapism	4764
saphenous, crossed by-pass	6166
central, catheterisation	4665
	950, 951

* Payable on attendance basis

Service	Item
Vein scalp, catheterisation of	895
umbilical, catheterisation of	895
varicose, injection of sclerosing fluid	4629
varicose, multiple simultaneous injection by continuous compression techniques	4633
operations for	4637-4662
Vena cava, inferior, plication of	4721
Venepuncture	955
Venesection	*
Venography	(see Phlebography)
Venous arterio-, shunt, external, insertion of	4808
graft or by-pass	4754
to fenestration cavity	5131
Ventral hernia, repair of	4258/4262
Ventricle, cerebral, puncture of	7099
Ventricular cable shunt for hydrocephalus, congenital	8320
puncture, cerebral	7099
left	7003
Ventriculo-atrial shunt for hydrocephalus, congenital	7316
revision or removal of	7318
Ventriculostomy, third, for hydrocephalus, congenital	7314
Vermilionectomy	8616
Version, external	295
internal	298
Vertebral bodies, osteectomy of	8209
body, fracture of	7781/7785, 7793, 7798
Vesical fistula, cutaneous, operation for	5935
closure of	5941-5956
reflux, operation for	5984, 5993
Vessel, great, ligation of involving gradual occlusion of vessel by mechanical device	4715
Vidian neurectomy, transantral	5277
Villous tumour of rectum	4397
Viscera, abdominal, operation on, involving laparotomy	3739/3745
multiple ruptured, repair or removal of	4165
Viscus, hydatid cyst of, operation for	3783
ruptured, repair or removal of	3722
Vital capacity, estimation of	921
Vitamin products, injection of	*
Vitrectomy via posterior sclerotomy with removal of vitreous by cutting and suction and replacement by saline, Hartmann's or similar solution	6828
Vitreous body, division of fibrinous bands in	6885
Vocal cord, biopsy of	5524
removal of nodule from	5530
tumour from	5530
Volume, reserve (expiratory or inspiratory), residual, tidal or total lung, estimation of	921
Volvulus, reduction of, with laparotomy	3722
Vulva, simple tumour of, removal of	6267
Vulvectomy (radical)	6306
(simple)	6302
Vulvoplasty	6302

Payable on attendance basis

Service	Item
W	
Warts, treatment of by electrosurgical destruction, chemotherapy or surgical removal	3330-3346
perineal, diathermy of	3330-3346
plantar, removal of	3320
Washout, antrum	5245-5264
for ingested poison	974
stomach	*
Water, drinking test, for glaucoma, provocative	849
Wedge excision for axillary hyperidrosis	3314
of contracted bladder neck, congenital	8410
lip, full thickness	8614
resection for ingrowing toenail	7872/7878
Wertheim's operation	6536
Whipples operation, (pancreatico-duodenectomy)	4115
Whooping cough immunisation	*
Williams and Richardsons' operation for suspension of vaginal vault	6396
Window, round, repair of	5147
Wire, buried, removal of, requiring incision under regional or general anaesthesia	7886
orthopaedic, insertion of	7883
removal of	3113-3124
Wolfe graft	8518
Wound, deep or extensive contaminated, debridement of, under general anaesthesia	3041
recent, repair of by sticking plaster	*
resuturing of, following intraocular procedures	6938
surgical, resuturing of (excluding repair of burst abdomen)	*
traumatic suture of	3046-3101
Wrist, Colles' fracture	7540/7544
fracture of	7540-7547
synovectomy of	8290
Wry neck, operation for	8386

Service	Item
X	
Xanthelasma, treatment of Xenon arc photo-coagulation	3219-3253 6904

Service	Item
Z	
Zinc ionisation of nostrils in the treatment of hay fever	*
Zygapophyseal joints, arthroectomy of	8028
Zygoma, fracture of osteotomy or osteectomy for	7764 / 7766 8578

*Payable on attendance basis

SECTION 3B

INDEX TO MEDICAL BENEFITS SCHEDULE

- PART 7 — PATHOLOGY SERVICES**
- PART 8 — RADIOLOGICAL SERVICES**
- PART 8A — RADIOTHERAPY**
- PART 9A — COMPUTERISED AXIAL TOMOGRAPHY**
- PART 11 — NUCLEAR MEDICINE**

Service	Item
A	
Abdominal X-ray, plain	2699/2703
Acetone, examination of urine for	1536/1537, 1673/1676
Acid, haemolysis test for paroxysmal nocturnal haemoglobinuria	1044-1049
phosphatase, estimation of	1342/1343
Acidity, estimation by pH meter	1319-1323
gastric, by dye test	1327/1328
A.C.T.H. stimulation test (procedural service)	1504/1505
Adhesion test, platelet	1263/1264
Addis count (except when associated with items 1536/1537 and 1673/1674)	1851/1852
Adrenal insufflation and X-ray	2697
preparation for	2825
Adrenaline tolerance test (procedural service)	1504/1505
Agglutination tests (quantitative)	1760-1767
(screening)	1756-1759
Agglutinins, cold	1202/1203
leucocyte	1159/1160
platelet	1166/1167
Aggregation test, platelet	1242/1243, 1277-1280
Air contrast study with opaque enema	2718
encephalography	2756
preparation for	2805
Albumin, estimation of	1301-1312
examination of urine for	1536/1537, 1673/1674
Alcohol, estimation of	1345/1346
Aldolase, estimation of	1342/1343
Aldosterone, estimation of	Pay under 1475-1485
Alimentary tract, X-ray of	2699-2718
Alkaline phosphatase, estimation of	1301-1312
Alpha-foetoproteins, detection of, by latex test	1935/1936
estimation by radio-immunoassay	1336/1337
qualitative estimation of	1327/1328
quantitative estimation	1342/1343
(Note — benefits to be payable for one method only)	
A.L.T. (Alanine Aminotransferase)	1301-1312
Alveolus, application of moulds of radio-active substances	2924/2926
Amino acids, quantitative estimation by gas or paper chromatography	1368/1370
qualitative estimation by gas or paper chromatography	1330/1331
Ammonia, estimation of	1345/1346
Amniotic fluid, chromosome studies	2148/2149
Amniotic fluid, spectrophotometric analysis	1357/1358
Amylase, estimation of	1342/1343
Angiocardiography, serial, bi-plane direct roll-film method	2748
indirect roll-film method	2750
rapid cassette changing	2744
single plane — direct roll-film method	2746
Angiography, cerebral	2758
percutaneous, preparation for	2807
preparation for by catheter or open exposure	2807
vertebral	2758
Ankle, X-ray of	2524/2528, 2532/2537
Antibiotic agents, assay of	1743/1744
determination of minimum inhibitory concentration	1721-1725

Service	Item
Antibodies, examination of serum for	1121-1130
heterophile, estimation of	1190-1195
tissue, immunofluorescent detection of	1911-1919
Anti-desoxyribonuclease B titre test	1843/1847
Antihaemophilic globulin, assay of	1271/1272
Antinuclear factor, slide test	1910/1911
Antistreptolysin O titre test	1839-1847
Antithrombin 3, estimation of	1342/1343
Antitrypsin alpha-1, estimation of	1342/1343
Aortography	2770
preparation for	2817
Appendix, X-ray of	2714
Arginine infusion test (procedural service)	1504/1505
Arm (elbow to shoulder), X-ray of	2508/2512
Arsenic, estimation of	1345/1346
Arteriography, cerebral	2758
preparation for	2807
peripheral	2766,2776
preparation for	2819,2827
selective, coronary	2751
Arthrography contrast	2788
double contrast	2790
Aspiration, renal cyst with injection of radio-opaque material	2831
A.S.T. (Aspartate aminotransferase)	1301-1312
Australia antigen, detection of	1336/1337
Autogenous vaccines, preparation of	1858/1859
Axial tomography, computerised	2960-2971

Service	Item
B	
Barbiturates, assay of	1380-1387
Barium meal	2709-2714
oesophagus, stomach and duodenum	2709
— and follow through to colon	2711
— with small bowel series	2711
small bowel series only	2714
Basophilic stippling, examination of blood film by special stains for	1019-1022
Bicarbonate, estimation of	1301-1312
Bile pigments, examination of urine for	1536/1537, 1673-1676
Biliary atresia, X-ray of	2720-2728
Bilirubin, direct and indirect	1301-1312
neo-natal, direct or indirect	1345/1346
Bleeding time	1234-1239
Blood coagulation factor (quantitative)	1271/1272
time	1234-1239
count	1006/1007
culture	1633/1634
examination of urine for	1536/1537, 1673-1676
film examination	1014-1016
by special stains	1019-1032
(Division 9)	2334-2336
gases	1364/1366
grouping ABO and Rh (D antigen)	1080-1090
Duffy system	1101-1108
Kell system	1101-1108
M and N factors	1101-1108
Rh phenotypes	1101-1108
spectroscopic examination of	1215/1216
transfusion intrauterine foetal, control X-ray for	2742
procedures	1080-1167
volume by dye method	1211/1212
B lymphocyte cell count	1987/1988
Body fluids and tissues, chemistry of	1301-1517
assay of an antibiotic or chemotherapeutic agent,	
quantitative	1743/1744
microscopical examination for parasites, cysts or ova	1687/1688
Bone, age study	2614, 2617
marrow examinations	1062-1065
scan of	2499
Bowel, small, barium X-ray of (small bowel series only)	2714
with barium meal examination of stomach	2711
Brain, scan	8769/8770
Breast, X-ray of	2734, 2736
Bromide, estimation of	1342/1343
Bromsulphthalein, estimation of	1342/1343
test (procedural service)	1504/1505
Bronchial secretion, examination for malignant cells	2091/2092
Bronchography	2764
preparation for	2815
Brucellosis, agglutination tests for	1760-1767
BSP (Bromsulphthalein) estimation of	1330/1331
Bunnell, Paul, test	1194/1195

Service	Item
C	
Caeruloplasmin, estimation of	1342/1343
Calcium, estimation of	1301-1312
Calculus, analysis of	1354/1355
salivary, X-ray of	2579
Carbamazepine, assay of	1380-1387
Carbohydrate tolerance test (procedural service)	1504/1505
Carboxyhaemoglobin, quantitative estimation	Pay under 1339/1340
Cardiac examination, including barium swallow	2642/2646
measurements with kymography	2642/2646
Carotene, estimation of	1342/1343
Casoni test	2013/2014
(Division 9)	2382
Catecholamines, estimation of	1364/1366
Cell count, total and differential on body fluids, other than urine	1851/1852
Cerebral angiography, preparation for	
— percutaneous, catheter or open exposure	2807
scan	8769/8770
ventriculography	2760
preparation for	2811
Cerebrospinal fluid, examination for malignant cells	2091/2092
Cervical smear, examination for pathological change	2081/2082
Chemistry of body fluids and tissues	1301-1517
Chemopallidectomy, control X-ray for	2560
Chemotherapeutic agent, assay of	1743/1744
determination of	1721-1725
Chest, X-ray of	2625-2638
Chloride, estimation of	1301-1312
Cholangiogram, transhepatic, preparation for	2859
Cholangiography	2722-2728
Cholecystography, including preparation	2720
Choledochography	2722-2728
Cholegram, transhepatic, preparation for	2859
Cholegraphy	
— drip infusion	2728
preparation for	2837
— intravenous	2724
— operative, or post-operative	2722
— percutaneous transhepatic	2726
Cholesterol, estimation of	1301-1312
Cholinesterase, quantitative estimation of	1345/1346
Chorionic gonadotrophin, qualitative estimation of	2272/2273
quantitative estimation of	2285/2286
Chromatography, qualitative (of a substance not specified in any other item)	1330/1331
quantitative (of a substance not specified in any other item)	1368/1370
Chromosome studies	2148-2174
Cisternal puncture, preparation for radiological procedure	2849
Clavicle, X-ray of	2543/2545
Clot retraction	1234-1239
Coagulase test	1640/1641
Coagulation factors	1271/1272
time	1234-1239
Coccyx, X-ray of	2604

Service	Item
Cold agglutinins, qualitative estimation of	1202/1203
quantitative estimation of	1206/1207
Colloidal gold reaction	Pay under 1330/1331
Colon, X-ray of	2711,2716,2718
Colonic washings, examination for malignant cells	2096/2097
Compatibility testing	1112-1116
Complement fixation tests,	1781-1785
on human tissue antibody	1924-1927
fraction, estimation of	1342/1343
Computerised axial tomography	2960-2971
Contrast media injection for radiological procedures	2805-2859
X-ray	2744-2794
study, air with opaque enema	2718
Coombs test — direct	1136/1137
— indirect	1112/1117,1144/1145
Coproporphyrin, estimation of	1345/1346
Copper, estimation of	1345/1346
Coronary, selective arteriography	2751
Creatine, estimation of	1342/1343
kinase, estimation of	1301-1312
Creatinine, clearance test (procedural service)	1504/1505
estimation of	1301-1312
Cryofibrinogen, estimation of	1342/1343
Cryoglobulins, qualitative estimation	1319-1323
Cryoproteins, qualitative estimation	1319-1323
Cultural examination for mycobacteria	1622/1623
parasites	1702-1706
of a specimen other than urine	1609-1618
urine	1673-1683
Culture for mycoplasma	1615-1618
Cyst, renal, aspiration with injection of radio-opaque material	2831
Cystography	2690
Cystourethrography, retrograde	2690
micturating	2694
preparation for	2839
Cytogenetics	2131-2174
Cytological examination for malignancy	2081-2097
of vagina for assessment of hormones	2104-2112
sex determination	2131-2142
Cytology	2081-2112

Service	Item
D	
Dacryocystography	2754
preparation for	2813
Delta aminolaevulinic acid, estimation of	1345/1346
Dermatophytes, microscopical examination for	1586-1589
Diazepam, assay of	1392-1398
Dibucaine number, estimation of	1348/1349
Differential cell count	1014/1016
leucocyte count (Division 9)	2334-2336
Digit, X-ray of	2502/2505
Digoxin, assay of	1380-1387
Discography	2752
preparation for	2843
Donath-Landsteiner, cold haemolysin (screening test)	1036/1037
Drip-infusion pyelography	2672
preparation for	2837
Drug assays, qualitative estimations or screening procedures	1376/1378
Duodenal washings, examination for malignant cells	2096/2097
Duodenum, X-ray of	2709,2711

Service	Item
E	
Effective thyroxine ratio	1434-1442
Elbow and arm, X-ray of	2516/2520
X-ray of	2508/2512
Electrophoresis qualitative	1333/1334
quantitative	1360/1362
Elements, unspecified, estimation of	1345/1346
Encephalography	2756
preparation for	2805
Enema, opaque X-ray	2716,2718
Enteric fever, agglutination tests for	1760-1767
Eosinophils (wet preparation or film)	1019-1022
Erythrocyte, autohaemolysis test	1036-1040
count	1006-1013
(Division 9)	2334-2336
fragility test, mechanical	1036-1049
to hypotonic saline	1044-1049
glucose-6-phosphate dehydrogenase	
— qualitative estimation	1036-1040
— quantitative estimation	1044-1049
glutathione deficiencies test	1036-1040
stability test	1044-1049
morphology	1014-1016
paroxysmal nocturnal haemoglobinuria	
— acid haemolysis test	1044-1049
— sugar water test (or similar)	1036-1040
pyruvate kinase	
— qualitative estimation	1036-1040
— quantitative estimation	1044-1049
radio-active uptake survival time	8700
screening test, volume Cr51	8702
sedimentation rate	1006-1013
(Division 9)	2334-2336
Erythroporphyrin quantitative estimation of	1345/1346
Ethosuximide, assay of	1392-1398
Euglobulin lysis time	1267/1268
Euglobulins, qualitative estimation of	1319-1323
Exudate, dark ground illumination microscopical examination for	
trichomonas pallidum	1604/1606
Eye, foreign body in, X-ray for	2730
X-ray of	2583

Service	Item
F	
Facial bones, X-ray of	2573
Factor III availability, platelet	1271/1272
13, test	1251/1252
Faecal fat, estimation of	1364/1366
Faeces or body fluids, microscopical examination for parasites, cysts or ova	1687/1688
Fallopian tubes, X-ray of, using opaque media	2762
— preparation for	2841
Femur (thigh), X-ray of	2524/2528
Fibrin degeneration products, determination of	1263/1264
Fibrinogen titre, determination of	1247/1248
Fibrinogenolysis	1244/1246
Finger, X-ray of	2502/2505
Fistula, injection into, in preparation for radiological procedure	2851
Fistulae, X-ray of	2782
Flocculation tests, including V.D.R.L., Kahn, Kline or similar	1772-1776
Fluorescent serum antibody test	1793-1797
Fluoroscopic examination	2800,2802
screening of chest (lung fields) with X-ray	2630
palate and/or pharynx, with X-ray	2591
Fluoroscopy, alimentary tract and biliary system	2699-2728
Foetal blood transfusion, intrauterine, control X-ray for	2742
haemoglobin, examination of blood film for	1028-1032
Foetoprotein, detection of	1327/1328
Folic acid, estimation of	1345/1346
Foot, X-ray of	2524-2537
Forearm, X-ray of	2508-2512
Foreign body, localisation of and report	2732
X-ray for — eye	2730
oesophagus	2706
other than in eye or oesophagus	2732
Frozen section, immediate, diagnosis of	2048-2057
Fungi, precipitin test for	1661/1662
screening for in skin, hair, nails (Division 9)	2369

Service	Item
G	
Gallbladder, X-ray of	2720-2728
Gamma-glutamyl transpeptidase	1301-1312
Gastric acidity by dye test	1327/1328
function test (procedural service)	1504/1505
washings, examination for malignant cells	2096/2097
Giemsa stain	1545-1549
Globulin, antihæmophilic, assay of	1271/1272
estimation of	1301-1312
Glucagon tolerance test (procedural service)	1504/1505
Glucose, estimation of	1301-1312
Glucose-6-phosphate dehydrogenase estimation of	1036-1049
Glutathione deficiencies test	1036-1040
stability test	1044-1049
Gold, estimation of	1345/1346
Gonadotrophin releasing hormone, administration of (procedural	
service)	1516/1517
stimulation test (procedural	
service)	1511/1512
Graham's test	2720
Gram stain	1545-1549
(Division 9)	2357

Service	Item
H	
Haemagglutination, inhibition tests	1823-1827
tests	1805-1809
Haematocrit estimation	1006-1013
(Division 9)	2334-2336
Haematology	1006-1049
Haemoglobin A1c estimation, qualitative	1333/1334
quantitative including qualitative	1360/1362
estimation	1006-1013
(Division 9)	2334-2336
H, examination of blood film for	1019-1022
Haemolysin, examination of serum for blood group	1152-1153
Haemostasis	1234-1264
Hair, structural examination of	1586/1587
Hand, wrist and lower forearm, X-ray of	2516/2520
X-ray of	2508/2512
Heart, measurement (X-ray) and kymography	2642/2646
Heinz bodies, examination of blood film for	1028-1032
Helminths, identification of	1693/1694
Heterophile antibodies, qualitative estimation	1190/1191
quantitative estimation	1194/1195
Hexosamine, estimation of	1342/1343
Hip, X-ray of	2548
Histidine loaded figlu test (procedural service)	1504/1505
Histopathology	2041-2057
examination of frozen section	2048-2057
Hormonal assessment by cytological examination of vagina	2104-2112
Hormone assays	1419-1485
using beta emitting labels or by bioassay	1475-1485
gamma emitting labels or any other unspecified technique	1452-1462
Huhner's test	2211/2212
Hydroxybutyric dehydrogenase, estimation of	1301-1310
— methoxy mandelic acid (HMMA), estimation of	1364/1366
— proline, estimation of	1364/1366
5-Hydroxyindole acetic acid, quantitative estimation of	1345/1346
Hyperthyroidism or thyroid cancer, radio-iodine for	2937
Hysterosalpingography	2762
preparation for	2841

Service	Item
Immediate frozen section diagnosis	2048-2057
Immunoelectrophoresis	1877-1885
test for hydatid disease	Pay under 1878
Immunofluorescent detection of tissue antibodies	
— qualitative	1911-1914
— qualitative and quantitative	1918/1919
Immunofluorescent investigation of biopsy specimen	2060/2061
Immunoglobulins G, A, M or D quantitative estimation of	1888-1892
E quantitative estimation of	1897/1898
Immunology	1877-2023
Indican, test for	1351/1352
Infertility and pregnancy tests	2201-2286
Inhibitory substances to micro-organisms in body fluids, detection of	1732/1733
Injection, of radio-opaque material into renal cyst with aspiration	2931
opaque or contrast media for radiological procedures	2805-2859
Inlet, thoracic, X-ray of	2634
Insufflation, adrenal and X-ray	2697
with lipiodol	2762
perirenal for radiography, preparation for	2825
X-ray of	2697
Insulin hypoglycaemia stimulation test (procedural service)	1511/1512
Intra-osseous venography, preparation for	2843
— uterine foetal blood transfusion	
— control X-ray for	2742
— venous cholangiography including preparation	2724
Intra-venous pyelography	2678
Iron and iron-binding capacity, estimation of	1345/1346
examination of blood film for	1028-1032
Isotopes, radio-active, studies	8700-8829

Service

Item

J

Joint study

8797/8798

Service	Item
K	
Kahn, flocculation tests	1772-1776
Kaolin clotting time	1234-1239
Kline, flocculation tests	1772-1776
Knee, and wrist, bone age study of	2614
X-ray of	2524 / 2528, 2532 / 2537
Kymography with cardiac measurements (radiological)	2642 / 2646

Service	Item
L	
Lactate, estimation of	1342/1343
Lancefield precipitin test for streptococcal grouping	1661/1662
Laryngography	2784
preparation for	2855
Larynx, X-ray of	2595
Latex flocculation test	1935/1936
Lead, estimation of	1345/1346
Lecithin/sphingomyelin ratio of amniotic fluid	1372/1374
Leg, upper, or lower, X-ray of	2524-2537
Leucocyte agglutinins, detection of	1159/1160
count	1006-1013
excretion test	1851/1852
(Division 9)	2334-2336
fractionation test	1965/1966
L-dopa stimulation test (procedural service)	1504/1505
Lipase, estimation of	1342/1343
Lipids, total, estimation of	1301-1310
Lipiodol insufflation of Fallopian tubes	2762
Lipoprotein cholesterol estimation	1360/1362
Lithium, estimation of	1342/1343
Liver and lung, study	8742/8743
spleen, study	8736/8737
Loeffler stain	1545-1549
Lung fields, X-ray of	2625-2630
Lupus erythematosus cells, preparation and examination of film for	1948/1949
Luteinizing hormone	Pay under 1452-1462
Lymphangiography including follow-up radiography	2792
preparation	2853
Lymphocytes cell count	1981/1982
culture, mixed	1995/1996
function tests	1995-1998

Service	Item
M	
Macroglobulins, estimation of	1319-1323
by immunodiffusion	1342/1343
Magnesium, estimation of	1342/1343
Malar bones, X-ray of	2573
Malarial or other parasites, examination of blood film for	1028-1032
Mammography	2734,2736
Mandible, X-ray of	2576
Mantoux test	2013/2014
(Division 9)	2374
Mastoids, X-ray of	2560,2566
Maxilla, X-ray of	2573
Meal, opaque, X-ray	2709-2714
Mercury, estimation of	1345/1346
Methotrexate	1392-1398
Methylene blue dye test for toxoplasmosis	Pay under 1793/1794
stain	1545-1549
Microbiology	1529-1859
Micro-organisms in body fluids, detection of inhibitory substances	1732/1733
pathogenic, identification of	1644-1665
Micturating cysto-urethrography	2694
preparation for	2839
Miniature X-ray of chest	2638
Monocyte function test	1973/1974
Morphine, assay of	1392-1398
Mucous membrane, cytological examination of	2081/2082
Muramidase estimation	1345/1346
Mycoplasma, culture for	1615-1618
screening test for	1637/1638
Myelography one region	2773
two regions	2774
three regions	2775

Service	Item
N	
Neo-natal bilirubin, direct and indirect, estimation of	1345/1346
Nephrography	2665-2687
Neutrophil alkaline phosphatase, examination of blood film for function test	1028-1032 1971-1974
Non-pregnancy oestrogens, estimation of	1364/1366
Normalised thyroxine, assay of	1434-1442
Nose, X-ray of	2581
Nuclear medicine scanning --	
cardiovascular --	
cardiac blood pool study	8716/8717
first pass blood flow study (gated or ungated)	8724
output estimation	8716/8717
shunt study	8724
gated cardiac blood pool (equilibrium) study	8720/8721
study with intervention	8723
myocardial infarct avid imaging study	8716/8717
thallium myocardial redistribution study	8712/8713
study	8712/8713
central nervous --	
brain study (static)	8769/8770
cerebro spinal fluid study (static)	8769/8770
shunt patency study	8773/8774
endocrine --	
adrenal study	8824/8825
parathyroid study	8821
perchlorate discharge study	8813/8814
thyroid study (Tc, I, Cs)	8813/8814
uptake	8817/8818
gastrointestinal --	
bowel haemorrhage study	8738/8739
gastric emptying study	8750
gastro-oesophageal reflux study	8738/8739
hepato biliary study	8736/8737
Le Vein shunt study	8746/8747
liver and lung study	8742/8743
spleen study	8736/8737
Meckel's diverticulum study	8738/8737
pancreas study	8738/8739
red blood cell spleen study	8738/8739
salivary study	8738/8739
spleen study	8738/8739
genitourinary --	
cystoureterogram	8759/8760
placental study	8755/8756
quantitative renogram	8759/8760
renal study (static)	8755/8756
testicular study	8763/8764
miscellaneous --	
study of region or organ not covered by any other item	8828/8829
pulmonary	
lung aerosol study	8730/8731
perfusion study	8730/8731
ventilation study	8730/8731

Service	Item
Nuclear medicine scanning —	
skeletal —	
joint study (2 or more joints)	8797/8798
restricted bone study	8793/8794
total body bone study	8807/8808
tumour seeking —	
restricted study	8803/8804
whole body study	
vascular —	
dynamic flow study	8779/8780
labelled platelets thrombus study	8783/8784
white cell study	8783/8784
lymphoscintigraphy	8783/8784
peripheral Perfusion study	8787/8788
regional blood volume quantitative study	8779/8780
venography	8783/8784

Service	Item
O	
Occult blood, qualitative estimation of	1319-1323
(Division 9)	2362
Oesophageal washings, examination for malignant cells	2096/2097
Oesophagus, X-ray of	2706,2709,2711
Oestriol, urine, estimation of	1345/1346
Oestrogens, non-pregnancy, estimation of	1364/1366
Opaque enema X-ray	2716,2718
meal	2709-2714
media, preparation for radiological procedures using	2805-2859
Orbit, X-ray of	2573
Osmolality, estimation of	1339/1340
Oxalate, estimation of	1345/1346
Oxogenic steroids	1345/1346
Oxosteroids, estimation of	1345/1346
Oxygen saturation (blood gases) estimation of	1364/1366

Service	Item
P	
Palato-pharyngeal studies	2591-2593
Pancreas, study	8738/8739
Papanicolaou smear	2081/2082
Parasites, cultural examination for	1702-1706
Pathogenic micro-organisms, identification of	1644-1665
Paul Bunnell test	1194/1195
Pelvic girdle, X-ray of	2551
Pelvimetry	2740
Pelvis, X-ray of	2551
Percutaneous cerebral angiography, preparation for	2807
Periodic acid, Schiff reaction (P.A.S.) blood reaction only	1028-1032
Perirenal insufflation for radiography, preparation for	2825
X-ray	2697
Peritoneal fluid, examination for malignant cells	2091/2092
Petrous temporal bones X-ray of	2569
PH, examination of urine for	1536/1537, 1673-1676
Phalanges, X-ray of	2502/2505
Phalanx, X-ray of	2502/2505
Phenolsulphthalein excretion test (procedural service)	1504/1505
Phenytoln, assay of	1380-1387
Phlebography	2768
preparation for	2819
selective, preparation for	2827
Phosphate, estimation of	1301-1312
Phosphorus, estimation of	1301-1312
Pituitary gonadotrophins	Pay under 1475-1485
Placentography	2740
Plain abdominal X-ray	2699/2703
renal X-ray	2665
Plasma, recalcified clotting time	1244/1246
Platelet, adhesion test	1263/1264
agglutinins, detection of	1166/1167
aggregation test (qualitative)	1242/1243
— using adenine dinucleotide phosphate; collagen, 5 hydroxytryptamine, ristocetin	1277-1280
antibodies, detection of	1271/1272
count	1006-1013
factor III availability test	1271/1272
Platelets, qualitative estimation of	1014-1016
Pleura, X-ray of	2625/2627
Pneumoarthrography	2786
preparation for	2833
-encephalography	2756
preparation for	2805
-mediastinum	2794
preparation for, radiological	2857
-peritoneum, preparation for radiography of	2833
PO ₂ and pCO ₂ and pH and oxygen saturation and bicarbonate, estimation of	1364/1366
Porphobilinogen, qualitative estimation of	1319-1323
quantitative estimation of	1345/1346
Porphyrin factors	1345/1346
Porphyrins, qualitative test for	1327/1328
Potassium, estimation of	1301-1312

Service	Item
Precipitin (Lancefield) test for streptococcal grouping	1661/1662
Pregnancy test	2272/2273
(Division 9)	2346
X-ray	2738,2740
Pregnanediol, estimation of	1364/1366
Pregnanetriol, estimation of	1364/1366
Procainamide, estimation of	1392-1398
Procedural services	1504-1517
Protamine sulphate titration	1263/1264
Protein, specific, assay of	1342/1343
radio-active iodine test	8708
total, estimation of	1301-1312
Prothrombin consumption test	1263/1264
time, estimation of	1234-1239, 1259/1260
Pyelography, drip-infusion	2672
preparation for	2837
intravenous, including preparation for	2676, 2678, 2681
retrograde	2687
Pyruvate, estimation of	1342/1343
kinase deficiency in erythrocytes	
— qualitative estimation of	1036-1040
— quantitative estimation of	1044-1049

Service	Item
Q	
Qualitative estimation of a substance not specified in any other item	1319-1323
Quantitative estimation of a substance not specified in any other item	1345/1346
Quinidine, assay of	1392-1398

Service	Item
R	
Radio-active B12 absorption test	8710
chromium, for estimation of gastrointestinal blood loss	8704
iodine test, protein bound	8708
mould	2924-2933
sources	
— sealed	2899-2933
— unsealed	2935-2941
uptake survival time, erythrocyte	8700
-iodine, for hyperthyroidism or thyroid cancer, by single dose technique	2937
urinary, estimation	8706
-isotope studies	8700-8829
therapeutic dose, oral	2935
intracavitary	2941
intravenous	2939
Radiological procedures — examination and report	2502-2802
Radiotherapy, deep or orthovoltage	2875-2885
megavoltage or teletherapy	2887-2897
radio-active — sealed	2899-2933
superficial	2861-2873
Radioallergosorbent tests	1903-1906
Recalcified plasma clotting time	1244 / 1246
Red cell morphology	1014-1015
Reiter protein complement fixation test	1781-1785
Renal cyst, aspiration with injection of radio-opaque material	2831
study (static)	8755 / 8756
X-ray, plain	2665
Reticulocytes, examination of blood film for	1019-1022
Retrograde pyelography	2687
Retroperitoneal pneumogram	2697
Rib, X-ray of	2650-2662
Rose Waaler test, quantitative	1941 / 1942

Service	Item
S	
Sacral X-ray	2601-2611
Sacro-iliac joint, X-ray of	2554
Salicylate, estimation of	1342/1343
Salivary calculus, X-ray of	2579
Scans, computerised axial tomography	2960-2971
Scapula, X-ray of	2539/2541
Schick test	2013/2014
Schilling's test	8710
Screening test for mycoplasma ureaplasma	1637/1638 1637/1638
Semen, analysis examination	2225-2228 2201-2216
Seminal examination for presence of spermatozoa (Division 9)	2392
Sensitivity testing, organism body fluids, (other than urine) urine	1609-1618, 1633/1636 1673/1676
skin	2013-2023
Serial angiocardiology — bi-plane — direct roll-film method	2748
indirect roll-film method	2750
— rapid cassette changing	2744
single plane — direct roll-film method	2746
Serum, examination of, for blood group antibodies haemolysins	1121-1130 1152-1153
precipitin (agar-geldiffusion) test for detection of antibodies to various allergens such as fungi, feathers, etc. up to a maximum of 6 allergens	1763/1764
T3 estimation	1452/1453
Sex chromatin studies, cytological determination, cytological, from blood film	2141/2142 2131/2132
Shoulder, X-ray of	2539/2541
Sia test	1319-1323
Sialography	2778
Sickle cells, examination of blood film for	1028-1032
Sinus, injection into, in preparation for radiological procedure	2851
Sinuses, X-ray of using opaque or contrast media	2563 2782
Skeletal survey	2621
Skin cytological examination for malignant change sensitivity testing	2081/2082 2013-2023
Skull, X-ray of	2560
Small bowel, barium X-ray of (small bowel series only) with barium meal examination of stomach	2714 2711
Smith-Petersen nail, X-ray of	2557
Sodium, estimation of	1301/1312
Specific gravity, examination of urine for	1536/1537, 1673-1676
Spectrophotometric analysis of amniotic fluid	1339/1340
Spectroscopic examination of blood	1211/1212
Sperm penetrability, tests for	2264/2265
Spermagglutinating and immobilising antibodies, tests for	2247-2250
Spine, functional view of	2611
X-ray of cervical region	2597
lumbar-sacral region	2601
sacrococcygeal region	2604
thoracic region	2599
two regions	2607

Service	Item
Spine, X-ray of three or more regions	2609
Splenography	2772
preparation for	2823
Sputum, examination for malignant cells	2091/2092
Stain, Gram or similar	1545-1549
special, excluding histological examination	1556-1567
Stereoscopic examination (X-ray)	2798
Stereotactic procedure control X-ray for	2560
Sternum, X-ray of	2650/2654
Steroid fractions	1364/1366
Steroids, oxogenic, estimation of	1345/1346
Strontium, estimation of	1345/1346
Sudan black positive granules, examination of blood film for	1028-1032
Sugar, examination of urine for	1536/1537, 1673-1676
water tests for paroxysmal nocturnal haemoglobinuria	1036-1040
Sweet's method (localisation of foreign body in eye) — X-ray	2730

Service	Item
T	
Tanned erythrocyte haemagglutination test for tissue antibodies	1955-1958
Teeth, X-ray of	
— full mouth	2589
— single area	2587
Temporomandible joints, X-ray of	2585
Thermography of breasts	2736
Thigh (femur), X-ray of	2524/2528
Thoracic inlet, X-ray of	2634
region, X-ray of	2625-2638
Thoracography	2625/2627
Thorax, X-ray of	2625-2638
Thrombin time, determination of	1244/1246
Thromboplastin generation screening test	1255/1256
time (partial)	1234-1239
Thyroid cancer or hyperthyroidism, therapeutic dose of radio-iodine for,	
by single dose technique	2937
stimulation hormone administration of (procedural service)	1516/1517
stimulation test (procedural service)	1504/1505
uptake	8817/8818
Thyrotrophin releasing hormone administration of (procedural service)	1516/1517
stimulation test (procedural service)	1511/1512
Thyroxine, normalised	1434/1435
and (T4) and T3 resin uptake	1441/1442
(T4) or T3 resin uptake	1419/1420
(T4) and T3 resin uptake	1427/1428
Tissue antibodies immunofluorescent detection of	
— qualitative	1911-1914
— qualitative and quantitative	1918/1919
group typing (HLA phenotypes)	2006/2007
Toe, X-ray of	2502/2505
Tolbutamide test (procedural service)	1511/1512
Tomography	2796, 2960-2971
Total lipids, estimation of	1301-1312
Trachea, radiographic examination of	2634
Tract, alimentary, X-ray of	2699-2718
Transfusion, intrauterine foetal blood, control X-ray for	2742
Transketolase, estimation of	1345/1346
Trichomonas, culture for	1609/1610
Triglycerides, estimation of	1301-1312

Service	Item
U	
Upper forearm and elbow, X-ray of	2516/2520
leg and knee, X-ray of	2524-2537
Urate, estimation of	1301-1312
Urea, clearance test (procedural service)	1504/1505
concentration test (procedural service)	1504/1505
estimation of	1301-1312
Ureaplasma, screening test for	1637/1638
Urethrography	2690
cysto-micturating	2694
preparation for	2839
Uric acid, estimation of	1301-1312
Urinary, estimation, radio-iodine	8706
tract, X-ray of	2665-2697
preparation for	2825,5851
Urine, acidification test (procedural service)	1511/1512
assay of an antibiotic or chemotherapeutic agent, quantitative	1743/1744
examination for malignant cells	2091/2092
microscopical examination of	1536/1537, 1673-1683
(Division 9)	2342
oestriol	1345/1346
Urobilinogen, examination of urine for	1536/1537, 1673-1676
qualitative estimation of	1319-1323
Uroporphyrin, estimation of	1345/1346
Uterine lipiodol X-ray	2762
preparation for	2841
Uterus, pregnant, X-ray of	2738

Service	Item
V	
Vaginal epithelium, hormonal assessment by cytological examination of	2104/2105,2111/2112
smears, examination for pathological change	2081/2082, 2111/2112
Vasoepididymography	2780
Vasopressin, stimulation test (procedural service)	1504/1505
V.D.R.L. (Venereal Disease Research Laboratory) flocculation tests	1772-1776
Venography, intraosseous, preparation for	2845
Ventriculography, cerebral	2760
preparation for	2811
Vertebral angiography	2758
Vesiculography	2780
Vitamin B12, estimation of	1345/1346
Vitamins, unspecified, estimation of	1345/1346

Service	Item
W	
Wet film, microscopical examination	1529/1530
(Division 9)	2352
White cell count	1006-1013
Wrist, and knee, bone age study of	2614,2617
bone age study of	2617
X-ray of	2508/2512

Service	Item
X	
X-ray image intensification services	2800,2802 2502-2802
Xylose, absorption test (procedural service) estimation of	1504/1505 1342/1343

SECTION III

List of Acceptable

Terms & Abbreviations

in Psychology

Service	Item
Z	
Zinc, estimation of	1345/1346
Ziehl Neelsen stain of body fluids	1556/1557

SECTION 3C

List of Acceptable Terms & Abbreviations in Pathology

PART A – Groups of tests which are NOT acceptable.....	3C-1
PART B – Groups of tests which ARE acceptable.....	3C-1
PART C – Approved abbreviations for common procedural tests	3C-2
PART D – Approved abbreviations for other tests.....	3C-2–3C-6

A. Groups of tests which are NOT acceptable

Antenatal screen or profile.
 Atherogenic risk screen or profile.
 Basic screen or profile.
 Comprehensive screen or profile.
 Cardiovascular screen or profile.
 Dysproteinaemia screen or profile.
 Executive screen or profile.
 Fatigue screen or profile.
 General screen or profile.
 Hypertension screen or profile.
 Inner ear screen or profile.
 Metabolic screen or profile.
 Obesity screen or profile.
 Ophthalmic screen or profile.
 Renal calculus screen or profile.
 AND similar groupings.

B. Groups of tests which ARE acceptable

Blood Gases — *Items 1364 or 1366 only.*
 Calcium estimation — *deemed to include a request for estimation of albumin.*
 Cardiac Enzymes — *includes only tests chosen from Items 1301-1310.*
 Catecholamine estimation — *deemed to include a request for an estimation of creatinine.*
 Complete Blood Examination (CBE or CBP or FBE or FBC) — *includes only Items chosen from 1006-1015.*
 Cross matching — *deemed to include a request for a screening test for Rh and/or other antibodies (Items 1121/1122).*
 Electrolytes — *includes only tests chosen from Items 1301-1310.*
 Immunoglobulins — *includes only IgG, IgA and IgM.*
 Lipid Studies — *includes only Cholesterol, Triglyceride and Lipid Electrophoresis.*
 Liver Function Studies (LFT) — *includes only tests chosen from Items 1301-1310.*
 Multiple Biochemical Analysis — *includes only tests chosen from Items 1301-1310.*
 Muramidase estimation — *deemed to include a request for estimation for urea or creatinine.*
 Thyroid Hormones — *includes only FTI or ETR. When such test is ambiguous either T3 or TSH may be proceeded with as required.*

NOTE: Medically useful profiles and individual tests from various divisions of Pathology are commonly grouped as renal function studies and antenatal studies etc. When such studies are required the separate acceptable groups or tests need to be separately specified.

C. Approved abbreviations for common procedural tests

Adrenaline Tolerance Test	Adren. T.T.
Arginine Infusion Test	Arg. Inf.
Bromsulphthalein Test	B.S.P.
Carbohydrate Tolerance Test	C.T.T.
Creatinine Clearance Test	Creat. Cl.
Gastric Function Test	Gastric Stim.
Glucagon Stimulation Test	Gluc. Stim.
Glucose Tolerance Test	G.T.T.
Histidine Loaded Figlu Test	Figlu.
Phenosulphthalein Excretion Test	P.S.P. Ex.
T.S.H. Stimulation Test	T.S.H. Stim.
Urea Clearance Test	Urea Cl.
Urea Concentration Test	Urea Conc.
Vasopressin Stimulation Test	Vaso Stim.
Xylose Absorption Test	Xylose Abs.
Tolbutamide Test	Tol. T.T.
Insulin Hypoglycaemic Stimulation Test	Insulin Stim.
Urine Acidification Test	Urine Acid T.

D. Approved abbreviations for other tests

1. HAEMATOLOGY

<i>Name of Test in Schedule</i>	<i>Abbreviation</i>
Haemoglobin Estimation	Hb
Haematocrit, Packed Cell Volume	PCV
Erythrocyte Count	RBC
Leucocyte Count	WBC
Erythrocyte Sedimentation Rate	ESR
Complete Blood Examination	CBE or CBP or FBE or FBC
Neutrophil Alkaline Phosphatase	NAP
Foetal Haemoglobin	HbF
Glucose 6 Phosphate Dehydrogenase	G6PD
Pyruvate Kinase	PK

<i>Name of test in schedule</i>	<i>Abbreviation</i>	<i>Other alternatives abbreviations or names not recommended</i>
Coagulation		
Bleeding Time	BT	
Coagulation Time	CT	
Prothrombin Estimation	PT	
Partial Thromboplastin Time	PTTK	
Fibrin Degeneration Products	FDP	
Thromboplastin Generation Test	TGT	
Antihaemophilic Globulin	AHG	
Thrombin Clotting Time	TCT	
2. CHEMICAL PATHOLOGY		
Acidity	pH	
Acid Phosphatase	ACP	<i>Acid Phos, Acid P'ase</i>
Alanine Aminotransferase	ALT	<i>GPT</i>
Albumin	ALB	
Alcohol (Ethanol)	ETOH	
Alkaline Phosphatase	ALP	<i>Alk Phos, Alk P'ase</i>
Amylase	AMS	
Arsenic	As	
Aspartate Aminotransferase	AST	<i>GOT</i>
Bicarbonate	HCO₃	<i>Bicarb</i>
Bilirubins (Conjugated)	BILI.C.	<i>B'rubin direct</i>
Bilirubins (Total)	BILI.T.	<i>B'rubin total</i>
Bromsulphthalein	BSP	
Calcium	Ca	
Carbamazepine	TEGR	<i>Tegretol</i>
Catecholamines	CAT	<i>Adrenalin, nor adrenalin</i>
Chloride	Cl —	
Cholesterol	CHOL	<i>Cholest</i>
Copper	Cu	
Cortisol	CORT	<i>Hydrocortisone</i>
Creatine Kinase	CK	<i>CPK</i>
Creatinine	CREAT	
Delta ALA (δ -aminolevulinic acid)	ALA	
Digoxin	DIG	
Effective Thyroid Ratio	ETR	
Faecal Fat	FFAT	
Folic Acid	Folate	
Free Thyroxine Index	FTI	
γ -Glutamyltransferase	GGT	<i>GGTP</i>

<i>Name of test in schedule</i>	<i>Abbreviation</i>	<i>Other alternatives abbreviations or names not recommended</i>
CHEMICAL PATHOLOGY (Contd.)		
Globulin	GLOB	
Glucose	GLU	
Gold	Au	
Hydroxybutyrate Dehydrogenase	HBD	<i>α HBD</i>
5HIAA (5 Hydroxyindoleacetic acid)	5HIAA	<i>5 Hydroxyindoles</i>
HMMA (3 Methoxy, 4 Hydroxymandelic acid)	HMMA	<i>VMA, Vanillyl mandelic acid</i>
Iron	Fe	
Iron Binding Capacity	IBC	
Lactate Dehydrogenase	LD	<i>LDH</i>
Lead	Pb	
Lecithin/Sphingomyelin Ratio	L/S	
Lithium	Li	
Magnesium	Mg	
Mercury	Hg	
Multiple Biochemical Analysis	MBA	
Occult Blood	OB	
Oestriol	E3	
Non Pregnancy Oestrogens	OEST	<i>Oestrogens</i>
Oxogenic Steroids	170GS	<i>17-Ketogenic Steroids, 17KGS</i>
Oxosteroids	170S	<i>17-Ketosteroids, 17KS</i>
Oxygen Saturation	OSAT	
PBG (Porphobilinogen)	PBG	
PaCO ₂	PCO₂	<i>Arterial CO₂</i>
PaO ₂	PO₂	<i>Arterial Oxygen</i>
Phenytoin	DIL	<i>Dilantin, Diphenyl hydantoin</i>
Phosphate	PHOS	<i>PO₄, Pi</i>
Potassium	K	
Pregnanediol	P-DIOL	
Pregnanetriol	P-TRIOL	
Protein (Total)	PROT	<i>T Prot</i>
Sodium	Na	
Strontium	Sr	
T ₃ Resin Uptake	T₃RU	
Thyroxine	T4	<i>PBI</i>
Triglycerides	TRIG	<i>Triglyc</i>
Tri-iodothyronine	T₃	
UBG (urobilinogen)	UBG	

<i>Name of test in schedule</i>	<i>Abbreviation</i>	<i>Other alternatives abbreviations or names not recommended</i>
CHEMICAL PATHOLOGY (Contd.)		
Urate	Urate	<i>Uric ac, UA</i>
Urea	Urea	
Vitamin B12	B12	<i>Cyanocobalamin</i>
Zinc	Zn	
Follicular Stimulating Hormone	h — FSH	
Luteinizing Hormone	h — LH	
Growth Hormone	h — GH	
Human Placental Lactogen	h — PL	
Chorionic Gonadotrophin	h — CG	
3. MICROBIOLOGY		
(a) Specimen collection:		
i. Swabs—		
Nasal Swab	N/S	
Throat Swab	T/S	
Urethral Swab	Ur/S	
Vaginal Swab	Vg/S	
Cervical Swab	Cx/S	
ii. Urine—		
Catheter Specimen	CSU	
Early Morning Specimen	EMU	
Midstream Specimen	MSU	
Suprapubic Aspirate	SPAU	
(b) Organisms and stains:		
Acid Fast Bacilli	AFB	
Cytomegalovirus	CMV	
Herpes Simplex Virus	HSV	
Tuberculosis	TB	
Ziehl Neilsen Stain	ZN	
Pleuro-pneumonia Like Organism	PPLO	
(c) Investigations:		
Microscopy and Culture including organism identification when required	M & C	
Minimum Bacteriocidal Concentration	NBC	
Minimum Inhibitory Concentration	MIC	

<i>Name of test in schedule</i>	<i>Abbreviation</i>
MICROBIOLOGY (Contd.)	
Venereal Disease —	
Dark Ground Illumination	DGI
Fluorescent Treponemal Antibody	FTA
Fluorescent Treponemal Antibody (absorbed)	FTA — ABS
Gonococcal Complement Fixation Test	GCFT
Lymphogranuloma Venereum	LGV
Reiter Protein Complement Fixation Test	RPCFT
Treponema Pallidum Haemagglutination Test	TPHA
Treponema Pallidum Immobilisation Test	TPI
Venereal Disease Reference Laboratory Test	VDRL
Wasserman Reaction	WR
4. HISTOPATHOLOGY	
Frozen Section	F/S
Cervical Cytology	Pap. Smear
5. IMMUNOLOGY	
Antibody	Ab
Antigen	Ag
Antinuclear Factor	ANF
Antistreptolysin O Titre	ASOT
Australian Antigen (Hepatitis B)	HAb, HBAG and HA_g
C — Reactive Protein	CRP
Complement	C'
Complement Fixation Test	CFT
Haemagglutination	HA
Haemagglutination Inhibition	HAI
Hepatitis Associated Antigen	HAA
Hydatid Complement Fixation Test	HCFT
Immuno-electrophoresis	IEP
Immuno-fluorescent	IF
Immunoglobulin	Ig
Latex Flocculation Test	RA
Lupus Erythematosus	LE
Radio-allergosorbent Test	RAST

SECTION 4A

**ADDRESSES
of
DEPARTMENT OF HEALTH
STATE HEADQUARTERS,
HEALTH BENEFITS AND SERVICES
BRANCHES
and
PROCESSING CENTRES**

COMMONWEALTH DEPARTMENT OF HEALTH ADDRESSES

NEW SOUTH WALES

State Headquarters, Commonwealth Government Centre, Chifley Square, Sydney. 2000	Health Benefits & Services Branch, 220 George Street, Sydney. 2000
Tel. 232-8000	Tel. 20564

VICTORIA

State Headquarters, Commonwealth Government Centre, Cnr. Spring & Latrobe Streets, Melbourne. 3000	Health Benefits & Services Branch, Commonwealth Government Centre, Cnr. Spring & Latrobe Streets, Melbourne. 3000
Tel. 662-2999	Tel. 662-2999

QUEENSLAND

State Headquarters, Commonwealth Government Offices, 232 Adelaide Street, Brisbane. 4000	Health Benefits & Services Branch, Commonwealth Government Centre, 232 Adelaide Street, Brisbane. 4000
Tel. 225-0122	Tel. 225-0122

SOUTH AUSTRALIA

State Headquarters, A.M.P. Building, 1 King William Street, Adelaide. 5000	Health Benefits and Services Branch Commonwealth Department of Health 35-39 King William Road Unley SA 5061
Tel. 216-3911	Tel. 216-3911

WESTERN AUSTRALIA

State Headquarters, Victoria Centre, 2 St. George's Terrace, Perth. 6000	Health Benefits & Services Branch, Victoria Centre, 2 St. George's Terrace, Perth. 6000
Tel. 323-5711	Tel. 323-5711

TASMANIA

State Headquarters, Kirksway House, 2 Kirksway Place, Hobart. 7000	Health Benefits & Services Branch, Kirksway House, 2 Kirksway Place, Hobart. 7000
Tel. 205011	Tel 205011

AUSTRALIAN CAPITAL TERRITORY

Department of Health, Alexander Building, Furzer Street, Phillip. 2606	Tel. 891555
---	-------------

NORTHERN TERRITORY

Department of Health, The Esplanade, Darwin. 5790	Tel. 802911
---	-------------

DEPARTMENT OF HEALTH PROCESSING CENTRES

NEW SOUTH WALES

Liverpool

157-161 George Street,
Liverpool. 2170

Tel. 601-3311
602-3623

Orange

1st Floor,
Orange Arcade,
Summers Street,
Orange. 2800

Tel. 62-5555

Miranda

Lower Floor Level,
524 The Kingsway,
Miranda. 2228

Tel. 525-8000

VICTORIA

Moonee Ponds

641-649 Mt. Alexander Road,
Moonee Ponds. 3039

Tel. 370-1111

QUEENSLAND

Ipswich

24 East Street,
Ipswich. 4305

Tel. 281-7366

SOUTH AUSTRALIA

Unley

35-39 King William Road,
Unley. 5061

Tel. 272-5838

WESTERN AUSTRALIA

Perth

Victoria Centre,
2 St. George's Terrace,
Perth. 6000

Tel. 323-5711

1 NOVEMBER 1980

SECTION 4B

**NAMES AND ADDRESSES
of
REGISTERED PRIVATE
MEDICAL BENEFITS ORGANISATIONS**

REGISTERED MEDICAL BENEFITS ORGANISATIONS

The names and addresses of medical benefits organisations registered by the Commonwealth Government for the purposes of payment of medical benefits are listed below. Membership application forms and details of their benefits, rates of contribution and other conditions are obtainable from the organisations themselves.

NEW SOUTH WALES (including AUSTRALIAN CAPITAL TERRITORY)

- A.M.A. Health Fund Limited, 33-35 Atchison Street, St. Leonards, N.S.W. 2065
 Cessnock District Hospital Contribution Fund, View Street, Cessnock, N.S.W. 2325
 Commercial Banking Company Health Society, 343 George Street, Sydney, 2000
 Commonwealth Bank Health Society, Cnr. Pitt Street and Martin Place, Sydney, 2000
 Government Employees Medical and Hospital Club, Lynne House, 85-87 Smith Street, Wollongong, 2500
 Grand United Order of Oddfellows Friendly Society of New South Wales, 147-149 Castlereagh Street, Sydney, 2000
 Health Insurance Commission, 9th Floor, Centrepont, 100 Market Street, Sydney, 2000
 Hibernian Australasian Catholic Benefit Society of New South Wales, 53-55 York Street, Sydney, 2000
 Hospitals Contribution Fund of Australia, 403 George Street, Sydney, 2000
 Independent Order of Odd Fellows in the State of New South Wales, I.O.O.F. Building, 100 Clarence Street, Sydney, 2000
 Independent Order of Rechabites, Salford Unity, Friendly Society, New South Wales District, No. 85, Rechabite Hall, 85 Campbell Street, Surry Hills, 2010
 The Kurri Kurri Maitland Hospital Contribution Fund, P.O. Box 44, Kurri Kurri, N.S.W. 2327
 The Lysaght Hospital & Medical Club, P.O. Box 77, Port Kembla, N.S.W. 2505
 Manchester Unity Independent Order of Oddfellows Friendly Society in New South Wales, Manchester Unity Building, 160 Castlereagh Street, Sydney, 2000
 Medical Benefits Fund of Australia Ltd, 258-262 George Street, Sydney, 2000
 N.I.B. Health Funds Limited, 366 Hunter Street, Newcastle, 2300
 New South Wales Teachers' Federation Health Society, 300 Sussex Street, Sydney, 2000
 N.S.W. Railway and Transport Employees' Hospital Fund, P.O. Box 2, Petersham, 2049
 The Phoenix Welfare Association Limited, Industrial Drive, Mayfield, N.S.W. 2304
 Protestant Alliance Friendly Society of Australasia, Grand Council of New South Wales, 243 Elizabeth Street, Sydney, 2000
 Reserve Bank Health Society, c/- Reserve Bank of Australia, 65 Martin Place, Sydney, 2000
 Store Hospital and Medical Fund, Hunter Street, Newcastle West, 2302
 "The Sydney Morning Herald" Hospital Fund, Jones Street, Sydney, N.S.W. 2000
 United Ancient Order of Druids, Registered Friendly Society, Grand Lodge of New South Wales, Druids House, 302 Pitt Street, Sydney, 2000
 Western District Medical Benefits Fund, Railway Parade, Lithgow, 2790
 Wollongong Hospital and Medical Benefits Contribution Fund, Crown Street, Wollongong, 2500

VICTORIA

- Ancient Order of Foresters in Victoria, Friendly Society, 4th Floor, Friendly Societies House, 55-57 Elizabeth Street, Melbourne, 3000
 Army Health Benefits Society, Chancery House, 485 Bourke Street, Melbourne, 3000
 Australian Natives' Association, 28-32 Elizabeth Street, Melbourne, 3000
 Cheetham Hospital Benefits Fund, P.O. Box 272, Geelong, 3220
 Geelong Medical and Hospital Benefits Association Limited, 60-68 Moorabool Street, Geelong, 3220

- Grand United Hospital Benefit Society (Incorporating The Grand United Order of Oddfellows) in Victoria Friendly Society, 2nd Floor, 271 Bourke Street, Melbourne, 3000
- Health Insurance Commission, 29 Ellingworth Parade, Box Hill, 3128
- Hibernian Australasian Catholic Benefit Society Victoria District No. 1, Hibernian House, 289 Latrobe Street, Melbourne, 3000
- Hospital Benefits Association Ltd., H.B.A. House, 620 Bourke Street, Melbourne, 3000
- Independent Order of Odd Fellows of Victoria, 380 Russell Street, Melbourne, 3000
- Independent Order of Rechabites, Friendly Society, Victoria District, 2nd Floor, 47 Wellington Street, Windsor, Victoria, 3181
- Irish National Foresters' Benefit Society, 2nd Floor, Osborne House, 397-399 Little Collins Street, Melbourne, 3000
- Latrobe Valley Hospitals and Health Services Association, 32 McDonald Street, Morwell, 3840
- Manchester Unity Independent Order of Odd Fellows in Victoria, Manchester Unity Building, 105 Swanston Street, Melbourne, 3000
- Mildura District Hospital and Medical Fund, 79 Deakin Avenue, Mildura, 3500
- Naval Health Benefits Society, Room 303, Block 'N', Navy Office, Melbourne, 3000
- Order of the Sons of Temperance National Division, Friendly Society, 47-49 A'Beckett Street, Melbourne, 3000
- Protestant Alliance Friendly Society of Australasia, Grand Council of Victoria, 373 Lonsdale Street, Melbourne, 3000
- United Ancient Order of Druids, Druids House, 407-409 Swanston Street, Melbourne, 3000
- Yallourn Medical and Hospital Society, 34 Darlimurla Avenue, Newborough, 3828

QUEENSLAND

- Commonwealth Public Service (Old) Credit Union Health Benefits Society, C.P.S. Credit Union Centre, 371 Queen Street, Brisbane, 4000
- Grand United Order of Oddfellows Friendly Society, 274 Barry Parade, Fortitude Valley, 4006
- Health Insurance Commission, Floor 1, Lutwyche Shopping Village, Lutwyche Road, Lutwyche, 4030
- Independent Order of Rechabites, Queensland District No. 87, Friendly Society, Rechabite House, 57 Edward Street, Brisbane, 4000
- Medical Benefits Fund of Australia Limited, M.B.F. House, 187 Edward Street, Brisbane, 4000
- M.I.M. Employees' Health Society, c/- M.I.M. Holdings Ltd., G.P.O. Box 1433, Brisbane, Qld, 4001
- Professional and Technical Officers Health Society, 349 Queen Street, Brisbane, 4000
- Protestant Alliance Friendly Society of Australasia in Queensland (The Grand Council), 13 Railway Terrace, Milton, 4064
- Queensland Teachers Union Health Society, Queensland Teachers' Credit Union Building, 454 St Paul's Terrace, Fortitude Valley, 4006

SOUTH AUSTRALIA

- The Advertiser Provident Society, G.P.O. Box 339, Adelaide, S.A., 5001
- Health Insurance Commission, Sun Alliance House, 45 Grenfell Street, Adelaide, 5000
- Independent Order of Rechabites Friendly Society, South Australian District No. 81, Rechabite Hall, 12 Grote Street, Adelaide, 5000
- Independent Order of Rechabites, Salford Unity (Albert District) No. 83, Rechabite Chambers, 195 Victoria Square, Adelaide, 5000
- Mutual Health Association Ltd., 41 Rundle Street, Adelaide, 5000
- National Health Services Association of South Australia, 10 Dequetteville Terrace,

Kent Town, S.A., 5067
 South Australia Police Department Employees' Hospital Fund, c/- Police
 Headquarters, 1 Angas Street, Adelaide, S.A., 5000
 South Australia Public Service Association Health Benefits Fund, P.S.A. Building, 82
 Gilbert Street, Adelaide, S.A., 5000

WESTERN AUSTRALIA

Friendly Societies Health Services, Friendly Societies House, 98 William Street, Perth,
 6000
 Goldfields Medical Fund (Incorporated), Cnr. Hannan & Cassidy Streets, Kalgoorlie,
 W.A. 6430
 Health Insurance Commission, 7th Floor, City Mutual Building, 5 Mill Street, Perth,
 6000
 Health Insurance Fund of W.A., 60-62 Stirling Street, Perth, 6000
 Hospital Benefit Fund of Western Australia Inc., 125-129 Murray and Pier Streets,
 Perth, 6000

TASMANIA

Associated Pulp and Paper Makers' Council Medical Benefits Fund/Associated Pulp
 and Paper Makers' Council Hospital Benefits Fund, Marine Terrace, Burnie, 7320
 Coats Patons Employees' Mutual Benefit Society and Hospital and Medical Benefit
 Association, Thistle Street, Launceston, 7250
 Druids Friendly Society of Tasmania, Druid House, 71 St. John Street, Launceston,
 7250
 Health Insurance Commission, 77 Collins Street, Hobart, 7000
 Medical Benefits Fund of Australia Limited, 29 Elizabeth Street, Hobart, 7000
 Queenstown Medical Union Ancillary Medical Benefits Fund/Queenstown Medical
 Union Hospital Benefits Fund, Cutten Street, Queenstown, 7467
 Rosebery Hospital Medical and Medical Ancillary Benefits Society, Agnes Street,
 Rosebery, 7470
 St. Luke's Medical and Hospital Benefit Association, 3 The Quadrant, Launceston,
 7250