

1982 - 1983

**Commonwealth of Australia
Department of Health**

**MEDICAL BENEFITS
SCHEDULE BOOK**

Medicare Benefits Schedule

Amendments

1 November 1982

1 January 1983

1 May 1983

**COMMONWEALTH OF AUSTRALIA
DEPARTMENT OF HEALTH**

**Medical Benefits Schedule Book
REPLACEMENT PAGES
1 MAY, 1983 — AMENDMENTS**

1. The Medical Benefits Schedule is being amended as from 1 May, 1983. 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 pink paper and are further identified by the date 1/5/83 appearing at the bottom left hand corner of each page.
3. The amended services are identified in Section 2 by the following symbols in the margin —
 - (a) Description of service amended (Item number unchanged) ‡
 - (b) Fees amended +
4. All the fees and benefits shown in the replacement pages incorporating 1 May, 1983 amendments to the Schedule are expressed at 16 November 1981 values in order to keep the fees shown in Section 2 of the Book uniform. The accompanying amended pages 5/6, 21/22 and 35/36 of "Schedule Fees for Medical Benefit Purposes as from 1 November 1982" should be inserted in place of the existing pages. This will enable the existing level of benefits to be readily ascertained by referring to the Ready Reckoner dated 1 November 1982.

Item 6415

5. It should be noted that colposcopic examination (screening) of women during the course of a consultation does not attract medical benefits under Item 6415 except in the following circumstances:—
 - (i) where the patient has had an abnormal cervical smear;
 - (ii) where there is a history of ingestion of oestrogen by the patient's mother during her pregnancy; or
 - (iii) where the patient has been referred by another medical practitioner because of suspicious signs of genital cancer.

Section 1 Part C — Replacement Page

6. Paragraph 97 on page 1C-3 of Section 1 Part C — "Compilation and Information of Interpretation of Medical Benefits Schedule" has been amended. The existing blue pages 1C-3 and 1C-4 should be removed and replaced with the accompanying revised page.

Department of Health
Canberra A.C.T.
1 May, 1983

COMMONWEALTH OF AUSTRALIA
DEPARTMENT OF HEALTH

Medical Benefits Schedule Book
REPLACEMENT PAGES
1 JANUARY 1983 - AMENDMENTS

1. As a result of recommendations made by the Schedule Revision Committee and following consultation with the Australian Medical Association, the Medical Benefits Schedule is being amended as from 1 January 1983. 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 yellow paper and are further identified by the date 1/1/83 appearing at the bottom left hand corner of each page.

3. New and amended services are identified in Section 2 by the following symbols in the margin -

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

4. All the fees and benefits shown in the replacement pages incorporating 1 January 1983 amendments to the Schedule are expressed at 16 November 1981 values in order to keep the fees shown in Section 2 of the Book uniform. The accompanying amended "page 5" of "Schedule Fees for Medical Benefit Purposes as from 1 November 1982" should be inserted in place of the existing "page 5". This will enable the existing level of benefits to be readily ascertained by referring to the Ready Reckoner dated 1 November 1982.

5. Former items 792 and 797 relating to cross-sectional bidimensional echography have been replaced in the Schedule by two new items 791 and 793 each of which refer to both real-time and static B-mode scanning.

Items 791 and 793 - Ultrasonic cross-sectional echography

6. Item 791 covers ultrasonic cross-sectional echography where the examination is rendered by a practitioner on his own or partner's patient. Item 793 covers the examination where the patient has been referred to a medical practitioner outside the referring practitioner's practice especially for ultrasound scanning. Doctors itemising Item 793 should indicate the name of the referring practitioner on their accounts.

7. The above amendments to the ultrasound cross-sectional echography items are interim amendments pending final consideration of ultrasound items.

Department of Health
Canberra A.C.T.
1 January 1983

CORRIGENDUM

Medical Benefits Schedule Amendments - 1 January 1983

The replacement "page 5" of "Schedule Fees for Medical Benefit Purposes as from 1 November 1982" referred to in paragraph 4 of the Explanatory Page has not been printed at this stage.

Please make the following amendments to the existing page 5:-

Delete Item Nos 792 and 797 and insert -

"791	22.50	22.50	22.50	22.50	22.50	22.50"
"793	86.00	86.00	86.00	86.00	86.00	86.00"

**MEDICAL BENEFITS
SCHEDULE BOOK**

AMENDMENTS

**SCHEDULE FEES
AT 1 NOVEMBER 1982**

COMMONWEALTH DEPARTMENT OF HEALTH

Amendments to Medical Benefits Schedule Book 1 November 1982

1. The Government has accepted the determination of Mr W. J. Locke, a partner in the firm of chartered accountants of Deloitte Haskins and Sells, made following an independent public enquiry 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 1 November 1982 so as to increase the Schedule fees as follows:

	Schedule Item Numbers	Percentage Increase
Group A —	952, 956, 958, 963 and 1006 — 2392	12.3%
Group B —	2505 — 2941 and 2960 — 2971	10.3%
Group C —	1— 68, 82, 160 — 164, 190, 192, 242, 246, 273, 955, 980, 996 — 998, 3006, 6816, 7601, 7694, 7701, 7774 and 7781	10.0%
Group D —	110 — 152, 803 — 839, 886 — 921, 932 — 938, 966 — 977, 987, 989 and 8700 — 8829	9.7%
Group E —	85 — 103, 194 — 241, 250 — 267, 274 — 383, 770 — 797, 841 — 884, 940 — 951, 957, 960, 3012 — 6810, 6818 — 7597, 7605 — 7691, 7697, 7706 — 7766, 7777 and 7785 — 8656	9.8%
Group F —	401 — 575, 748 — 764, 767 and 922 — 929	8.9%

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

4. The increased fees and benefits will apply to all services rendered on and after 1 November 1982.

5. In the time available it is not possible to print and distribute a new Medical Benefits Schedule book prior to 1 November 1982. 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 health benefits organisations and other interested parties.

6. A 'Ready Reckoner' showing 1 November 1982 Schedule fees and medical benefit levels is also enclosed.

7. The determination increasing fees generally also 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 \$108.00 or more' should be amended to read 'for which the established fee is \$118.00 or more'.

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

Page 83	Item 2732 — substitute '\$14.60' for '\$13.20'
Page 86	Item 2782 — substitute '\$15.60' for '\$14.20'
Page 87	Item 2798 — substitute '\$ 9.20' for '\$ 8.30'
Page 91	Item 2863 — substitute '\$ 3.60' for '\$ 3.30'
	Item 2867 — substitute '\$ 4.40' for '\$ 4.00'
	Item 2871 — substitute '\$ 8.70' for '\$ 7.90'
Page 92	Item 2877 — substitute '\$ 4.40' for '\$ 4.00'
	Item 2881 — substitute '\$ 5.20' for '\$ 4.70'
	Item 2885 — substitute '\$11.20' for '\$10.20'
	Item 2889 — substitute '\$ 6.70' for '\$ 6.10'
Page 93	Item 2893 — substitute '\$ 9.20' for '\$ 8.30'
	Item 2897 — substitute '\$15.60' for '\$14.20'

Special Arrangements — Transitional Period

9. 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 1982 and continues beyond that date, the general rule is that the 16 November 1981 level of fees and benefits would apply.

10. However, in the case of the 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 1 November 1982, fees and medical benefits at the 16 November 1981 level will apply. If the confinement takes place on or after 1 November 1982 fees and

Time Limits Applicable to Lodgement of Claims for Commonwealth Medical Benefit

11. As from 9 September 1982, a time limit of six months applies to the lodgement of claims with the Department of Health under the bulk billing (assignment of benefits) arrangements. This means that Commonwealth medical benefits are not payable for any service where the service was rendered more than six months earlier than the date the claim was lodged with the Department. It should be noted that these arrangements are quite different from those relating to claims lodged with registered medical benefits organisations (see paragraph 12 below).

12. For claims lodged by patients with registered medical benefit organisations a time limit of two years (from the date of service to the date of lodgement of claim) will apply as from 9 September 1982. However, this time limit applies only to services rendered prior to 1 September 1981, i.e. there is no time limit on the lodgement of claims (in this category) in respect of services rendered subsequent to 1 September 1981.

13. A provision exists under both arrangements whereby in certain circumstances (e.g. hardship cases, third party workers' compensation cases), the Minister may waive the time limits. Special forms for this purpose will be available, if required, from the processing centre to which you direct your assigned claims (different forms for claims on registered medical benefits organisations will be available to patients from their organisation).

**Department of Health,
Canberra**

1 November 1982

**Medical Benefits Schedule — Parts 1-11
Ready Reckoner Showing 1 November 1982
Schedule Fees and Medical Benefit Levels.**

**SCHEDULE
FEE**

MEDICAL BENEFIT LEVELS

	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
\$	\$	\$	\$	\$	\$
1.50	0.45	0.85	1.30	1.30	1.30
2.90	0.90	1.60	2.50	2.50	2.50
2.95	0.90	1.65	2.55	2.55	2.55
3.70	1.15	2.00	3.15	3.15	3.15
3.90	1.20	2.15	3.35	3.35	3.35
4.45	1.35	2.45	3.80	3.80	3.80
4.90	1.50	2.70	4.20	4.20	4.20
4.95	1.50	2.75	4.25	4.25	4.25
5.60	1.70	3.10	4.80	4.80	4.80
5.85	1.80	3.20	5.00	5.00	5.00
5.90	1.80	3.25	5.05	5.05	5.05
6.30	1.90	3.50	5.40	5.40	5.40
6.40	1.95	3.50	5.45	5.45	5.45
6.60	2.00	3.65	5.65	5.65	5.65
6.90	2.10	3.80	5.90	5.90	5.90
7.35	2.25	4.00	6.25	6.25	6.25
7.40	2.25	4.05	6.30	6.30	6.30
7.70	2.35	4.20	6.55	6.55	6.55
7.80	2.35	4.30	6.65	6.65	6.65
7.90	2.40	4.35	6.75	6.75	6.75
8.50	2.55	4.70	7.25	7.25	7.25
8.60	2.60	4.75	7.35	7.35	7.35
8.85	2.70	4.85	7.55	7.55	7.55
9.10	2.75	5.00	7.75	7.75	7.75
9.20	2.80	5.05	7.85	7.85	7.85
9.50	2.85	5.25	8.10	8.10	8.10
9.60	2.90	5.30	8.20	8.20	8.20
9.80	2.95	5.40	8.35	8.35	8.35
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
10.80	3.25	5.95	9.20	9.20	9.20
11.00	3.30	6.05	9.35	9.35	9.35
11.10	3.35	6.10	9.45	9.45	9.45
11.20	3.40	6.15	9.55	9.55	9.55

1 NOVEMBER 1982

\$1.50 to \$11.20

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 1982
Schedule Fees and Medical Benefit Levels.**

**SCHEDULE
FEE**

MEDICAL BENEFIT LEVELS

	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
\$	\$	\$	\$	\$	\$
11.40	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
12.00	3.60	6.60	10.20	10.20	10.20
12.25	3.70	6.75	10.45	10.45	10.45
12.35	3.75	6.75	10.50	10.50	10.50
12.40	3.75	6.80	10.55	10.55	10.55
12.60	3.80	6.95	10.75	10.75	10.75
12.80	3.85	7.05	10.90	10.90	10.90
13.20	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
13.75	4.15	7.55	11.70	11.70	11.70
13.80	4.15	7.60	11.75	11.75	11.75
14.00	4.20	7.70	11.90	11.90	11.90
14.60	4.40	8.05	12.45	12.45	12.45
14.70	4.45	8.05	12.50	12.50	12.50
14.75	4.45	8.10	12.55	12.55	12.55
14.80	4.45	8.15	12.60	12.60	12.60
15.20	4.60	8.35	12.95	12.95	12.95
15.40	4.65	8.45	13.10	13.10	13.10
15.60	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
16.80	5.05	9.25	14.30	14.30	14.30
17.00	5.10	9.35	14.45	14.45	14.45
17.20	5.20	9.45	14.65	14.65	14.65
17.25	5.20	9.50	14.70	14.70	14.70
17.40	5.25	9.55	14.80	14.80	14.80
17.60	5.30	9.70	15.00	15.00	15.00
17.80	5.35	9.80	15.15	15.15	15.15

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 1982
Schedule Fees and Medical Benefit Levels.**

**SCHEDULE
FEE**

MEDICAL BENEFIT LEVELS

	Commonwealth Medical Benefit @ 30% flat	Basic Fund Medical Benefit*	Combined Medical Benefit @ 85%/\$10 maximum gap	Commonwealth Medical Benefit @ 85%/\$5 maximum gap	Commonwea Medical Benefit @ 85% flat
\$	\$	\$	\$	\$	\$
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
18.75	5.65	10.30	15.95	15.95	15.95
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
20.25	6.10	11.15	17.25	17.25	17.25
20.50	6.15	11.30	17.45	17.45	17.45
20.65	6.20	11.40	17.60	17.60	17.60
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
22.15	6.65	12.20	18.85	18.85	18.85
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
25.90	7.80	14.25	22.05	22.05	22.05
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
28.15	8.45	15.50	23.95	23.95	23.95
28.50	8.55	15.70	24.25	24.25	24.25

1 NOVEMBER 1982

\$18.00 to \$28.50

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 1 November 1982
Schedule Fees and Medical Benefit Levels.**

**SCHEDULE
FEE**

MEDICAL BENEFIT LEVELS

	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
\$	\$	\$	\$	\$	\$
29.25	8.80	16.10	24.90	24.90	24.90
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
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
36.75	11.05	20.20	31.25	31.75	31.25
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
38.25	11.50	21.05	32.55	33.25	32.55
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
44.25	13.30	24.35	37.65	39.25	37.65
44.50	13.35	24.50	37.85	39.50	37.85
45.00	13.50	24.75	38.25	40.00	38.25

1 NOVEMBER 1982

\$29.25 to \$45.00

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 1 November 1982
Schedule Fees and Medical Benefit Levels.**

**SCHEDULE
FEE**

MEDICAL BENEFIT LEVELS

	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
\$	\$	\$	\$	\$	\$
45.50	13.65	25.05	38.70	40.50	38.70
46.00	13.80	25.30	39.10	41.00	39.10
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
51.75	15.55	28.45	44.00	46.75	44.00
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
58.00	17.40	31.90	49.30	53.00	49.30
58.50	17.55	32.20	49.75	53.50	49.75
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
73.50	22.05	41.45	63.50	68.50	62.50

1 NOVEMBER 1982

\$45.50 to \$73.50

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 1 November 1982
Schedule Fees and Medical Benefit Levels.**

**SCHEDULE
FEE**

MEDICAL BENEFIT LEVELS

	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
\$	\$	\$	\$	\$	\$
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
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
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
88.50	26.55	51.95	78.50	83.50	75.25
89.00	26.70	52.30	79.00	84.00	75.65
90.00	27.00	53.00	80.00	85.00	76.50
92.00	27.60	54.40	82.00	87.00	78.20
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
111.00	33.30	67.70	101.00	106.00	94.35
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

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\$76.00 to \$122.00

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* 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 1982
Schedule Fees and Medical Benefit Levels.**

**SCHEDULE
FEE**

MEDICAL BENEFIT LEVELS

	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
\$	\$	\$	\$	\$	\$
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
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
180.00	54.00	116.00	170.00	175.00	153.00
182.00	54.60	117.40	172.00	177.00	154.70
183.50	55.05	118.45	173.50	178.50	156.00
184.00	55.20	118.80	174.00	179.00	156.40
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

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\$124.00 to \$190.00

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* 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 1982
Schedule Fees and Medical Benefit Levels.**

**SCHEDULE
FEE**

MEDICAL BENEFIT LEVELS

	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
\$	\$	\$	\$	\$	\$
192.00	57.60	124.40	182.00	187.00	163.20
194.00	58.20	125.80	184.00	189.00	164.90
195.50	58.65	126.85	185.50	190.50	166.20
196.00	58.80	127.20	186.00	191.00	166.60
198.00	59.40	128.60	188.00	193.00	168.30
200.00	60.00	130.00	190.00	195.00	170.00
203.50	61.05	132.45	193.50	198.50	173.00
205.00	61.50	133.50	195.00	200.00	174.25
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
221.50	66.45	145.05	211.50	216.50	188.30
225.00	67.50	147.50	215.00	220.00	191.25
226.50	67.95	148.55	216.50	221.50	192.55
230.00	69.00	151.00	220.00	225.00	195.50
235.00	70.50	154.50	225.00	230.00	199.75
238.50	71.55	156.95	228.50	233.50	202.75
240.00	72.00	158.00	230.00	235.00	204.00
244.50	73.35	161.15	234.50	239.50	207.85
245.00	73.50	161.50	235.00	240.00	208.25
246.50	73.95	162.55	236.50	241.50	209.55
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
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
284.50	85.35	189.15	274.50	279.50	241.85
285.00	85.50	189.50	275.00	280.00	242.25
287.50	86.25	191.25	277.50	282.50	244.40
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

* 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 1982
Schedule Fees and Medical Benefit Levels.**

**SCHEDULE
FEE**

MEDICAL BENEFIT LEVELS

	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
\$	\$	\$	\$	\$	\$
310.00	93.00	207.00	300.00	305.00	263.50
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
327.50	98.25	219.25	317.50	322.50	278.40
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
385.00	115.50	259.50	375.00	380.00	327.25
390.00	117.00	263.00	380.00	385.00	331.50
395.00	118.50	266.50	385.00	390.00	335.75
405.00	121.50	273.50	395.00	400.00	344.25
410.00	123.00	277.00	400.00	405.00	348.50
415.00	124.50	280.50	405.00	410.00	352.75
425.00	127.50	287.50	415.00	420.00	361.25
430.00	129.00	291.00	420.00	425.00	365.50
445.00	133.50	301.50	435.00	440.00	378.25
460.00	138.00	312.00	450.00	455.00	391.00
470.00	141.00	319.00	460.00	465.00	399.50
480.00	144.00	326.00	470.00	475.00	408.00
510.00	153.00	347.00	500.00	505.00	433.50
515.00	154.50	350.50	505.00	510.00	437.75
525.00	157.50	357.50	515.00	520.00	446.25
535.00	160.50	364.50	525.00	530.00	454.75
550.00	165.00	375.00	540.00	545.00	467.50
555.00	166.50	378.50	545.00	550.00	471.75
560.00	168.00	382.00	550.00	555.00	476.00
565.00	169.50	385.50	555.00	560.00	480.25
572.50	171.75	390.75	562.50	567.50	486.65
580.00	174.00	396.00	570.00	575.00	493.00
595.00	178.50	406.50	585.00	590.00	505.75
600.00	180.00	410.00	590.00	595.00	510.00

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\$310.00 to \$600.00

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* 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 1982
Schedule Fees and Medical Benefit Levels.**

**SCHEDULE
FEE**

MEDICAL BENEFIT LEVELS

	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
635.00	190.50	434.50	625.00	630.00	539.75
660.00	198.00	452.00	650.00	655.00	561.00
665.00	199.50	455.50	655.00	660.00	565.25
685.00	205.50	469.50	675.00	680.00	582.25
695.00	208.50	476.50	685.00	690.00	590.75
697.50	209.25	478.25	687.50	692.50	592.90
710.00	213.00	487.00	700.00	705.00	603.50
720.00	216.00	494.00	710.00	715.00	612.00
790.00	237.00	543.00	780.00	785.00	671.50
795.00	238.50	546.50	785.00	790.00	675.75
820.00	246.00	564.00	810.00	815.00	697.00
825.00	247.50	567.50	815.00	820.00	701.25
895.00	268.50	616.50	885.00	890.00	760.75
945.00	283.50	651.50	935.00	940.00	803.25
1020.00	306.00	704.00	1010.00	1015.00	867.00
1130.00	339.00	781.00	1120.00	1125.00	960.50
1290.00	387.00	893.00	1280.00	1285.00	1096.50

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\$625.00 to \$1290.00

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* 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 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1	9.60	9.10	9.10	9.10	9.10	9.10
2	16.80	16.00	16.00	16.00	16.00	16.00
5	13.20	12.40	11.60	11.60	11.60	12.40
6	20.00	19.00	18.60	18.60	18.60	19.00
7	24.50	23.50	22.50	22.50	22.50	23.50
8	32.00	30.00	29.50	29.50	29.50	30.00
9	38.00	35.50	34.00	34.00	34.00	35.50
10	45.50	42.50	42.00	42.00	42.00	42.50
11	14.80	13.40	13.40	13.40	13.40	13.40
12	22.00	21.00	21.00	21.00	21.00	21.00
15	19.20	18.20	18.00	18.00	18.00	18.20
16	27.00	24.50	24.50	24.50	24.50	24.50
17	32.00	31.50	30.00	30.00	30.00	31.50
18	39.00	38.00	37.00	37.00	37.00	38.00
21	45.50	42.50	42.50	42.50	42.50	42.50
22	52.00	50.00	48.00	48.00	48.00	50.00
27	19.20	18.20	18.00	18.00	18.00	18.20
28	27.00	24.50	24.50	24.50	24.50	24.50
29	13.20	12.40	11.60	11.60	11.60	12.40
30	18.60	17.60	17.00	17.00	17.00	17.60
31	13.20	12.40	11.60	11.60	11.60	12.40
32	11.40	10.60	10.40	10.40	10.40	10.60
34	9.60	9.10	9.10	9.10	9.10	9.10
41	19.20	18.20	18.00	18.00	18.00	18.20
42	27.00	24.50	24.50	24.50	24.50	24.50
45	11.40	10.60	10.40	10.40	10.40	10.60
46	9.60	9.10	9.10	9.10	9.10	9.10
55	9.60	9.10	9.10	9.10	9.10	9.10
56	16.80	16.00	16.00	16.00	16.00	16.00
61	13.20	12.40	11.60	11.60	11.60	12.40
62	20.00	19.00	18.60	18.60	18.60	19.00
63	24.50	23.50	22.50	22.50	22.50	23.50
64	32.00	30.00	29.50	29.50	29.50	30.00
67	38.00	35.50	34.00	34.00	34.00	35.50
68	45.50	42.50	42.00	42.00	42.00	42.50
82	13.20	12.40	11.60	11.60	11.60	12.40
85	18.80	17.80	17.80	17.80	17.80	15.80
88	38.00	35.00	35.00	35.00	35.00	31.50
94	18.80	17.80	17.80	17.80	17.80	15.80
100	55.00	52.00	52.00	52.00	52.00	47.00
103	35.00	34.50	34.50	34.50	34.50	32.00
110	66.00	60.00	60.00	60.00	60.00	60.00
116	33.00	33.00	33.00	33.00	33.00	33.00
122	81.00	77.00	77.00	77.00	77.00	77.00
128	49.00	49.00	49.00	49.00	49.00	49.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
134	18.80	17.80	17.80	17.80	17.80	17.80
136	38.00	35.00	35.00	35.00	35.00	35.00
138	56.00	53.00	53.00	53.00	53.00	53.00
140	77.00	70.00	70.00	70.00	70.00	70.00
142	94.00	89.00	89.00	89.00	89.00	89.00
144	35.00	34.50	34.50	34.50	34.50	34.50
146	55.00	52.00	52.00	52.00	52.00	52.00
148	76.00	69.00	69.00	69.00	69.00	69.00
150	92.00	87.00	87.00	87.00	87.00	87.00
152	110.00	106.00	106.00	106.00	106.00	106.00
160	53.00	53.00	53.00	53.00	53.00	53.00
161	86.00	86.00	86.00	86.00	86.00	86.00
162	120.00	120.00	120.00	120.00	120.00	120.00
163	154.00	154.00	154.00	154.00	154.00	154.00
164	184.00	184.00	184.00	184.00	184.00	184.00
190	13.20	12.40	11.60	11.60	11.60	12.40
192	132.00	124.00	116.00	116.00	116.00	124.00
194	112.00	102.00	102.00	87.00	87.00	87.00
196	166.00	128.00	128.00	128.00	128.00	128.00
198	112.00	102.00	102.00	102.00	102.00	102.00
200	192.00	174.00	166.00	154.00	154.00	154.00
207	255.00	215.00	192.00	215.00	192.00	192.00
208	270.00	240.00	225.00	220.00	205.00	205.00
209	330.00	275.00	245.00	275.00	245.00	245.00
211	221.50	203.50	195.50	183.50	183.50	183.50
213	284.50	244.50	221.50	244.50	221.50	221.50
216	264.50	246.50	238.50	226.50	226.50	226.50
217	327.50	287.50	264.50	287.50	264.50	264.50
234	240.00	240.00	225.00	225.00	225.00	215.00
241	320.00	280.00	280.00	280.00	280.00	255.00
242	9.60	9.10	9.10	9.10	9.10	9.10
246	9.60	9.10	9.10	9.10	9.10	9.10
250	77.00	77.00	77.00	77.00	77.00	77.00
258	102.00	102.00	102.00	102.00	102.00	102.00
267	29.50	29.50	29.50	29.50	29.50	29.50
273	9.60	9.10	9.10	9.10	9.10	9.10
274	112.00	112.00	112.00	112.00	112.00	112.00
275	138.00	138.00	138.00	138.00	138.00	138.00
278	29.50	29.50	29.50	29.50	29.50	29.50
284	41.00	41.00	41.00	41.00	41.00	41.00
295	29.50	29.50	29.50	29.50	29.50	29.50
298	53.00	53.00	53.00	53.00	53.00	53.00
354	29.50	29.50	29.50	29.50	29.50	29.50
360	112.00	112.00	112.00	112.00	112.00	112.00
362	35.50	35.50	35.50	35.50	35.50	35.50

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
365	128.00	128.00	128.00	128.00	128.00	128.00
368	192.00	192.00	192.00	192.00	192.00	192.00
383	59.00	59.00	59.00	59.00	59.00	59.00
401	6.60	6.40	6.40	6.30	6.30	5.60
403	13.20	12.80	12.80	12.60	12.60	11.20
404	19.60	19.40	19.40	19.00	19.00	16.60
405	26.00	25.50	25.50	25.50	25.50	22.00
406	33.00	32.00	32.00	31.50	31.50	28.00
407	39.50	38.50	38.50	38.00	38.00	33.50
408	46.00	45.00	45.00	44.00	44.00	39.00
409	52.00	51.00	51.00	51.00	51.00	44.50
443	59.00	58.00	58.00	57.00	57.00	50.00
450	66.00	64.00	64.00	63.00	63.00	56.00
453	72.00	71.00	71.00	69.00	69.00	61.00
454	79.00	77.00	77.00	76.00	76.00	67.00
457	85.00	84.00	84.00	82.00	82.00	72.00
458	92.00	90.00	90.00	88.00	88.00	78.00
459	98.00	97.00	97.00	95.00	95.00	83.00
460	104.00	102.00	102.00	102.00	102.00	89.00
461	112.00	110.00	110.00	108.00	108.00	94.00
462	118.00	116.00	116.00	114.00	114.00	100.00
463	124.00	122.00	122.00	120.00	120.00	106.00
464	132.00	128.00	128.00	126.00	126.00	112.00
465	138.00	136.00	136.00	132.00	132.00	116.00
466	144.00	142.00	142.00	138.00	138.00	122.00
467	150.00	148.00	148.00	146.00	146.00	128.00
468	158.00	154.00	154.00	152.00	152.00	134.00
469	164.00	160.00	160.00	158.00	158.00	138.00
470	170.00	168.00	168.00	164.00	164.00	144.00
471	178.00	174.00	174.00	170.00	170.00	150.00
472	184.00	180.00	180.00	176.00	176.00	156.00
473	190.00	186.00	186.00	184.00	184.00	162.00
474	196.00	194.00	194.00	190.00	190.00	166.00
475	210.00	205.00	205.00	200.00	200.00	178.00
476	235.00	230.00	230.00	225.00	225.00	200.00
477	250.00	245.00	245.00	240.00	240.00	210.00
478	255.00	250.00	250.00	245.00	245.00	215.00
479	16.40	16.00	16.00	15.80	15.80	13.80
480	39.50	38.50	38.50	38.00	38.00	33.50
481	46.00	45.00	45.00	44.00	44.00	39.00
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	66.00	64.00	64.00	63.00	63.00	56.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
489	52.00	51.00	51.00	51.00	51.00	44.50
490	52.00	51.00	51.00	51.00	51.00	44.50
500	7.90	7.80	7.80	7.70	7.70	6.90
505	15.80	15.60	15.60	15.40	15.40	13.80
506	24.00	23.50	23.50	23.00	23.00	21.00
509	32.00	31.50	31.50	31.00	31.00	27.50
510	39.50	39.00	39.00	38.50	38.50	34.50
513	47.50	47.00	47.00	46.00	46.00	41.50
514	56.00	55.00	55.00	54.00	54.00	48.50
517	64.00	63.00	63.00	62.00	62.00	55.00
518	72.00	70.00	70.00	69.00	69.00	62.00
521	79.00	78.00	78.00	77.00	77.00	69.00
522	87.00	86.00	86.00	85.00	85.00	76.00
523	95.00	94.00	94.00	92.00	92.00	83.00
524	104.00	102.00	102.00	100.00	100.00	90.00
525	112.00	110.00	110.00	108.00	108.00	97.00
526	120.00	118.00	118.00	116.00	116.00	104.00
527	128.00	126.00	126.00	124.00	124.00	110.00
528	136.00	134.00	134.00	130.00	130.00	118.00
529	144.00	140.00	140.00	138.00	138.00	124.00
531	152.00	148.00	148.00	146.00	146.00	132.00
533	158.00	156.00	156.00	154.00	154.00	138.00
535	166.00	164.00	164.00	162.00	162.00	146.00
537	174.00	172.00	172.00	170.00	170.00	152.00
538	182.00	180.00	180.00	178.00	178.00	160.00
539	190.00	188.00	188.00	184.00	184.00	166.00
540	198.00	196.00	196.00	192.00	192.00	174.00
541	205.00	205.00	205.00	200.00	200.00	180.00
542	215.00	210.00	210.00	210.00	210.00	188.00
543	225.00	220.00	220.00	215.00	215.00	194.00
544	230.00	225.00	225.00	225.00	225.00	200.00
545	240.00	235.00	235.00	230.00	230.00	210.00
546	255.00	250.00	250.00	245.00	245.00	220.00
547	285.00	280.00	280.00	275.00	275.00	250.00
548	300.00	300.00	300.00	295.00	295.00	265.00
549	310.00	305.00	305.00	300.00	300.00	270.00
550	19.80	19.60	19.60	19.20	19.20	17.40
551	47.50	47.00	47.00	46.00	46.00	41.50
552	56.00	55.00	55.00	54.00	54.00	48.50
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	79.00	78.00	78.00	77.00	77.00	69.00
561	64.00	63.00	63.00	62.00	62.00	55.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
562	64.00	63.00	63.00	62.00	62.00	55.00
566	26.00	25.50	25.50	25.50	25.50	22.00
567	32.00	31.50	31.50	31.00	31.00	27.50
568	39.50	38.50	38.50	38.00	38.00	33.50
569	47.50	47.00	47.00	46.00	46.00	41.50
570	52.00	51.00	51.00	51.00	51.00	44.50
571	64.00	63.00	63.00	62.00	62.00	55.00
572	39.50	38.50	38.50	38.00	38.00	33.50
573	47.50	47.00	47.00	46.00	46.00	41.50
574	66.00	64.00	64.00	63.00	63.00	56.00
575	79.00	78.00	78.00	77.00	77.00	69.00
748	43.00	43.00	43.00	43.00	43.00	43.00
752	31.50	31.50	31.50	31.50	31.50	31.50
753	23.50	23.50	23.50	23.50	23.50	23.50
755	64.00	63.00	63.00	62.00	62.00	56.00
756	71.00	70.00	70.00	69.00	69.00	63.00
760	32.00	32.00	32.00	32.00	32.00	32.00
764	41.00	41.00	41.00	41.00	41.00	41.00
767	63.00	63.00	63.00	63.00	63.00	63.00
770	32.00	32.00	32.00	30.00	30.00	28.00
774	64.00	64.00	64.00	64.00	64.00	64.00
777	104.00	104.00	104.00	104.00	104.00	104.00
787	87.00	87.00	87.00	87.00	87.00	87.00
790	128.00	128.00	128.00	128.00	128.00	128.00
791	22.50	22.50	22.50	22.50	22.50	22.50
793	86.00	86.00	86.00	86.00	86.00	86.00
794	39.50	39.50	39.50	39.50	39.50	39.50
803	63.00	63.00	63.00	63.00	63.00	63.00
806	78.00	78.00	78.00	78.00	78.00	78.00
809	106.00	106.00	106.00	106.00	106.00	106.00
810	52.00	52.00	52.00	52.00	52.00	52.00
811	70.00	70.00	70.00	70.00	70.00	70.00
813	104.00	104.00	104.00	104.00	104.00	104.00
814	70.00	70.00	70.00	70.00	70.00	70.00
816	53.00	53.00	53.00	53.00	53.00	53.00
817	79.00	79.00	79.00	79.00	79.00	79.00
821	63.00	63.00	63.00	63.00	63.00	63.00
824	33.00	33.00	33.00	33.00	33.00	33.00
831	57.00	57.00	57.00	57.00	57.00	57.00
833	106.00	106.00	106.00	106.00	106.00	106.00
836	63.00	63.00	63.00	63.00	63.00	63.00
839	35.00	35.00	35.00	35.00	35.00	35.00
841	13.20	13.20	13.20	13.20	13.20	13.20
843	35.00	35.00	35.00	35.00	35.00	35.00
844	32.00	26.50	32.00	32.00	26.50	26.50

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
849	18.80	18.80	18.80	18.80	18.80	18.80
851	57.00	57.00	57.00	57.00	57.00	57.00
853	51.00	51.00	51.00	51.00	51.00	51.00
856	32.50	32.50	32.50	32.50	32.50	32.50
859	63.00	63.00	63.00	63.00	63.00	63.00
860	79.00	79.00	79.00	79.00	79.00	79.00
863	12.00	12.00	12.00	12.00	12.00	12.00
865	17.20	17.20	17.20	17.20	17.20	17.20
870	23.00	23.00	23.00	23.00	23.00	23.00
874	28.50	28.50	28.50	28.50	28.50	28.50
877	17.20	17.20	17.20	17.20	17.20	17.20
878	11.00	11.00	11.00	11.00	11.00	11.00
882	20.50	20.50	20.50	20.50	20.50	20.50
884	20.50	20.50	20.50	20.50	20.50	20.50
886	26.50	26.50	26.50	26.50	26.50	26.50
887	23.00	23.00	23.00	23.00	23.00	23.00
888	30.00	30.00	30.00	30.00	30.00	30.00
889	45.00	45.00	45.00	45.00	45.00	45.00
890	24.50	23.00	23.00	23.00	23.00	23.00
893	55.00	49.50	49.50	49.50	49.50	49.50
895	26.50	26.50	26.50	26.50	26.50	26.50
897	39.50	39.50	39.50	39.50	39.50	39.50
902	156.00	156.00	156.00	156.00	156.00	156.00
904	132.00	132.00	132.00	132.00	132.00	132.00
907	13.20	13.20	13.20	13.20	13.20	13.20
908	22.50	22.50	22.50	22.50	22.50	22.50
909	11.20	11.20	11.20	11.20	11.20	11.20
912	33.50	33.50	33.50	33.50	33.50	33.50
913	56.00	56.00	56.00	56.00	56.00	56.00
914	56.00	56.00	56.00	56.00	56.00	56.00
915	86.00	86.00	86.00	86.00	86.00	86.00
916	79.00	79.00	79.00	79.00	79.00	79.00
917	45.00	45.00	45.00	45.00	45.00	45.00
918	78.00	78.00	78.00	78.00	78.00	78.00
920	64.00	64.00	64.00	64.00	64.00	64.00
921	9.50	9.50	9.50	9.50	9.50	9.50
922	205.00	205.00	205.00	205.00	205.00	205.00
923	295.00	295.00	295.00	295.00	295.00	295.00
925	51.00	51.00	51.00	51.00	51.00	51.00
927	16.60	16.60	16.60	16.60	16.60	16.60
929	28.00	28.00	28.00	28.00	28.00	28.00
932	28.00	28.00	28.00	28.00	28.00	28.00
934	39.50	39.50	39.50	39.50	39.50	39.50
936	60.00	60.00	60.00	60.00	60.00	60.00
938	60.00	60.00	60.00	60.00	60.00	60.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
562	64.00	63.00	63.00	62.00	62.00	55.00
566	26.00	25.50	25.50	25.50	25.50	22.00
567	32.00	31.50	31.50	31.00	31.00	27.50
568	39.50	38.50	38.50	38.00	38.00	33.50
569	47.50	47.00	47.00	46.00	46.00	41.50
570	52.00	51.00	51.00	51.00	51.00	44.50
571	64.00	63.00	63.00	62.00	62.00	55.00
572	39.50	38.50	38.50	38.00	38.00	33.50
573	47.50	47.00	47.00	46.00	46.00	41.50
574	66.00	64.00	64.00	63.00	63.00	56.00
575	79.00	78.00	78.00	77.00	77.00	69.00
748	43.00	43.00	43.00	43.00	43.00	43.00
752	31.50	31.50	31.50	31.50	31.50	31.50
753	23.50	23.50	23.50	23.50	23.50	23.50
755	64.00	63.00	63.00	62.00	62.00	56.00
756	71.00	70.00	70.00	69.00	69.00	63.00
760	32.00	32.00	32.00	32.00	32.00	32.00
764	41.00	41.00	41.00	41.00	41.00	41.00
767	63.00	63.00	63.00	63.00	63.00	63.00
770	32.00	32.00	32.00	30.00	30.00	28.00
774	64.00	64.00	64.00	64.00	64.00	64.00
777	104.00	104.00	104.00	104.00	104.00	104.00
787	87.00	87.00	87.00	87.00	87.00	87.00
790	128.00	128.00	128.00	128.00	128.00	128.00
792	22.50	22.50	22.50	22.50	22.50	22.50
794	39.50	39.50	39.50	39.50	39.50	39.50
797	86.00	86.00	86.00	86.00	86.00	86.00
803	63.00	63.00	63.00	63.00	63.00	63.00
806	78.00	78.00	78.00	78.00	78.00	78.00
809	106.00	106.00	106.00	106.00	106.00	106.00
810	52.00	52.00	52.00	52.00	52.00	52.00
811	70.00	70.00	70.00	70.00	70.00	70.00
813	104.00	104.00	104.00	104.00	104.00	104.00
814	70.00	70.00	70.00	70.00	70.00	70.00
816	53.00	53.00	53.00	53.00	53.00	53.00
817	79.00	79.00	79.00	79.00	79.00	79.00
821	63.00	63.00	63.00	63.00	63.00	63.00
824	33.00	33.00	33.00	33.00	33.00	33.00
831	57.00	57.00	57.00	57.00	57.00	57.00
833	106.00	106.00	106.00	106.00	106.00	106.00
836	63.00	63.00	63.00	63.00	63.00	63.00
839	35.00	35.00	35.00	35.00	35.00	35.00
841	13.20	13.20	13.20	13.20	13.20	13.20
843	35.00	35.00	35.00	35.00	35.00	35.00
844	32.00	26.50	32.00	32.00	26.50	26.50

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
849	18.80	18.80	18.80	18.80	18.80	18.80
851	57.00	57.00	57.00	57.00	57.00	57.00
853	51.00	51.00	51.00	51.00	51.00	51.00
856	32.50	32.50	32.50	32.50	32.50	32.50
859	63.00	63.00	63.00	63.00	63.00	63.00
860	79.00	79.00	79.00	79.00	79.00	79.00
863	12.00	12.00	12.00	12.00	12.00	12.00
865	17.20	17.20	17.20	17.20	17.20	17.20
870	23.00	23.00	23.00	23.00	23.00	23.00
874	28.50	28.50	28.50	28.50	28.50	28.50
877	17.20	17.20	17.20	17.20	17.20	17.20
878	11.00	11.00	11.00	11.00	11.00	11.00
882	20.50	20.50	20.50	20.50	20.50	20.50
884	20.50	20.50	20.50	20.50	20.50	20.50
886	26.50	26.50	26.50	26.50	26.50	26.50
887	23.00	23.00	23.00	23.00	23.00	23.00
888	30.00	30.00	30.00	30.00	30.00	30.00
889	45.00	45.00	45.00	45.00	45.00	45.00
890	24.50	23.00	23.00	23.00	23.00	23.00
893	55.00	49.50	49.50	49.50	49.50	49.50
895	26.50	26.50	26.50	26.50	26.50	26.50
897	39.50	39.50	39.50	39.50	39.50	39.50
902	156.00	156.00	156.00	156.00	156.00	156.00
904	132.00	132.00	132.00	132.00	132.00	132.00
907	13.20	13.20	13.20	13.20	13.20	13.20
908	22.50	22.50	22.50	22.50	22.50	22.50
909	11.20	11.20	11.20	11.20	11.20	11.20
912	33.50	33.50	33.50	33.50	33.50	33.50
913	56.00	56.00	56.00	56.00	56.00	56.00
914	56.00	56.00	56.00	56.00	56.00	56.00
915	86.00	86.00	86.00	86.00	86.00	86.00
916	79.00	79.00	79.00	79.00	79.00	79.00
917	45.00	45.00	45.00	45.00	45.00	45.00
918	78.00	78.00	78.00	78.00	78.00	78.00
920	64.00	64.00	64.00	64.00	64.00	64.00
921	9.50	9.50	9.50	9.50	9.50	9.50
922	205.00	205.00	205.00	205.00	205.00	205.00
923	295.00	295.00	295.00	295.00	295.00	295.00
925	51.00	51.00	51.00	51.00	51.00	51.00
927	16.60	16.60	16.60	16.60	16.60	16.60
929	28.00	28.00	28.00	28.00	28.00	28.00
932	28.00	28.00	28.00	28.00	28.00	28.00
934	39.50	39.50	39.50	39.50	39.50	39.50
936	60.00	60.00	60.00	60.00	60.00	60.00
938	60.00	60.00	60.00	60.00	60.00	60.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
940	56.00	56.00	56.00	56.00	56.00	56.00
944	39.00	39.00	39.00	39.00	39.00	39.00
947	106.00	106.00	106.00	106.00	106.00	106.00
949	22.50	22.50	22.50	22.50	22.50	22.50
950	106.00	106.00	106.00	106.00	106.00	106.00
951	40.00	40.00	40.00	40.00	40.00	40.00
952	56.00	56.00	56.00	56.00	56.00	56.00
955	2.90	2.90	2.90	2.90	2.90	2.90
956	10.80	10.80	10.80	10.80	10.80	10.80
957	32.00	32.00	32.00	32.00	32.00	32.00
958	17.20	17.20	17.20	17.20	17.20	17.20
960	24.00	24.00	24.00	24.00	24.00	24.00
963	16.40	16.40	16.40	16.40	16.40	16.40
966	43.50	43.50	43.50	43.50	43.50	43.50
968	83.00	83.00	83.00	83.00	83.00	83.00
970	166.00	166.00	166.00	166.00	166.00	166.00
974	28.00	28.00	28.00	28.00	28.00	28.00
976	250.00	250.00	250.00	250.00	250.00	250.00
977	60.00	60.00	60.00	60.00	60.00	60.00
980	13.20	12.40	11.60	11.60	11.60	12.40
987	18.00	18.00	18.00	18.00	18.00	18.00
989	27.50	27.50	27.50	27.50	27.50	27.50
994	130.00	130.00	130.00	130.00	130.00	130.00
996	30.00	30.00	30.00	30.00	30.00	30.00
997	21.00	21.00	21.00	21.00	21.00	21.00
998	15.60	15.60	15.60	15.60	15.60	15.60
1006	4.90	4.90	4.90	4.90	4.90	4.90
1007	3.70	3.70	3.70	3.70	3.70	3.70
1008	7.80	7.80	7.80	7.80	7.80	7.80
1009	5.85	5.85	5.85	5.85	5.85	5.85
1010	4.95	4.95	4.95	4.95	4.95	4.95
1011	11.80	11.80	11.80	11.80	11.80	11.80
1012	8.85	8.85	8.85	8.85	8.85	8.85
1013	5.90	5.90	5.90	5.90	5.90	5.90
1014	9.80	9.80	9.80	9.80	9.80	9.80
1015	7.35	7.35	7.35	7.35	7.35	7.35
1016	4.90	4.90	4.90	4.90	4.90	4.90
1019	3.90	3.90	3.90	3.90	3.90	3.90
1020	2.95	2.95	2.95	2.95	2.95	2.95
1021	5.90	5.90	5.90	5.90	5.90	5.90
1022	4.45	4.45	4.45	4.45	4.45	4.45
1028	5.90	5.90	5.90	5.90	5.90	5.90
1029	4.45	4.45	4.45	4.45	4.45	4.45
1030	9.80	9.80	9.80	9.80	9.80	9.80
1032	7.35	7.35	7.35	7.35	7.35	7.35

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1036	9.80	9.80	9.80	9.80	9.80	9.80
1037	7.35	7.35	7.35	7.35	7.35	7.35
1038	19.60	19.60	19.60	19.60	19.60	19.60
1040	14.70	14.70	14.70	14.70	14.70	14.70
1044	19.60	19.60	19.60	19.60	19.60	19.60
1045	14.70	14.70	14.70	14.70	14.70	14.70
1048	39.00	39.00	39.00	39.00	39.00	39.00
1049	29.25	29.25	29.25	29.25	29.25	29.25
1062	59.00	59.00	59.00	59.00	59.00	59.00
1063	44.25	44.25	44.25	44.25	44.25	44.25
1064	98.00	98.00	98.00	98.00	98.00	98.00
1065	73.50	73.50	73.50	73.50	73.50	73.50
1080	9.80	9.80	9.80	9.80	9.80	9.80
1081	7.35	7.35	7.35	7.35	7.35	7.35
1089	17.60	17.60	17.60	17.60	17.60	17.60
1090	13.20	13.20	13.20	13.20	13.20	13.20
1101	19.60	19.60	19.60	19.60	19.60	19.60
1102	14.70	14.70	14.70	14.70	14.70	14.70
1104	39.00	39.00	39.00	39.00	39.00	39.00
1105	29.25	29.25	29.25	29.25	29.25	29.25
1106	9.80	9.80	9.80	9.80	9.80	9.80
1108	7.35	7.35	7.35	7.35	7.35	7.35
1111	39.00	39.00	39.00	39.00	39.00	39.00
1112	29.25	29.25	29.25	29.25	29.25	29.25
1113	19.50	19.50	19.50	19.50	19.50	19.50
1114	14.80	14.80	14.80	14.80	14.80	14.80
1116	11.10	11.10	11.10	11.10	11.10	11.10
1117	7.40	7.40	7.40	7.40	7.40	7.40
1121	14.80	14.80	14.80	14.80	14.80	14.80
1122	11.10	11.10	11.10	11.10	11.10	11.10
1124	39.00	39.00	39.00	39.00	39.00	39.00
1125	29.25	29.25	29.25	29.25	29.25	29.25
1126	29.50	29.50	29.50	29.50	29.50	29.50
1128	22.15	22.15	22.15	22.15	22.15	22.15
1129	19.60	19.60	19.60	19.60	19.60	19.60
1130	14.70	14.70	14.70	14.70	14.70	14.70
1136	9.80	9.80	9.80	9.80	9.80	9.80
1137	7.35	7.35	7.35	7.35	7.35	7.35
1144	14.80	14.80	14.80	14.80	14.80	14.80
1145	11.10	11.10	11.10	11.10	11.10	11.10
1152	19.60	19.60	19.60	19.60	19.60	19.60
1153	14.70	14.70	14.70	14.70	14.70	14.70
1159	19.60	19.60	19.60	19.60	19.60	19.60
1160	14.70	14.70	14.70	14.70	14.70	14.70
1166	19.60	19.60	19.60	19.60	19.60	19.60

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1167	14.70	14.70	14.70	14.70	14.70	14.70
1190	7.80	7.80	7.80	7.80	7.80	7.80
1191	5.85	5.85	5.85	5.85	5.85	5.85
1194	19.60	19.60	19.60	19.60	19.60	19.60
1195	14.70	14.70	14.70	14.70	14.70	14.70
1202	7.80	7.80	7.80	7.80	7.80	7.80
1203	5.85	5.85	5.85	5.85	5.85	5.85
1206	19.60	19.60	19.60	19.60	19.60	19.60
1207	14.70	14.70	14.70	14.70	14.70	14.70
1211	9.80	9.80	9.80	9.80	9.80	9.80
1212	7.35	7.35	7.35	7.35	7.35	7.35
1215	9.80	9.80	9.80	9.80	9.80	9.80
1216	7.35	7.35	7.35	7.35	7.35	7.35
1234	9.80	9.80	9.80	9.80	9.80	9.80
1235	7.35	7.35	7.35	7.35	7.35	7.35
1236	14.80	14.80	14.80	14.80	14.80	14.80
1237	11.10	11.10	11.10	11.10	11.10	11.10
1238	19.60	19.60	19.60	19.60	19.60	19.60
1239	14.70	14.70	14.70	14.70	14.70	14.70
1242	9.80	9.80	9.80	9.80	9.80	9.80
1243	7.35	7.35	7.35	7.35	7.35	7.35
1244	9.80	9.80	9.80	9.80	9.80	9.80
1246	7.35	7.35	7.35	7.35	7.35	7.35
1247	9.80	9.80	9.80	9.80	9.80	9.80
1248	7.35	7.35	7.35	7.35	7.35	7.35
1251	14.80	14.80	14.80	14.80	14.80	14.80
1252	11.10	11.10	11.10	11.10	11.10	11.10
1255	14.80	14.80	14.80	14.80	14.80	14.80
1256	11.10	11.10	11.10	11.10	11.10	11.10
1259	14.80	14.80	14.80	14.80	14.80	14.80
1260	11.10	11.10	11.10	11.10	11.10	11.10
1261	11.80	11.80	11.80	11.80	11.80	11.80
1262	8.85	8.85	8.85	8.85	8.85	8.85
1263	14.80	14.80	14.80	14.80	14.80	14.80
1264	11.10	11.10	11.10	11.10	11.10	11.10
1267	29.50	29.50	29.50	29.50	29.50	29.50
1268	22.15	22.15	22.15	22.15	22.15	22.15
1271	29.50	29.50	29.50	29.50	29.50	29.50
1272	22.15	22.15	22.15	22.15	22.15	22.15
1277	29.50	29.50	29.50	29.50	29.50	29.50
1278	22.15	22.15	22.15	22.15	22.15	22.15
1279	59.00	59.00	59.00	59.00	59.00	59.00
1280	44.25	44.25	44.25	44.25	44.25	44.25
1301	14.80	14.80	14.80	14.80	14.80	14.80
1302	11.10	11.10	11.10	11.10	11.10	11.10

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1303	7.40	7.40	7.40	7.40	7.40	7.40
1304	19.60	19.60	19.60	19.60	19.60	19.60
1305	14.70	14.70	14.70	14.70	14.70	14.70
1306	9.80	9.80	9.80	9.80	9.80	9.80
1307	24.50	24.50	24.50	24.50	24.50	24.50
1308	18.40	18.40	18.40	18.40	18.40	18.40
1309	12.25	12.25	12.25	12.25	12.25	12.25
1310	27.00	27.00	27.00	27.00	27.00	27.00
1311	20.25	20.25	20.25	20.25	20.25	20.25
1312	13.50	13.50	13.50	13.50	13.50	13.50
1313	17.60	17.60	17.60	17.60	17.60	17.60
1314	13.20	13.20	13.20	13.20	13.20	13.20
1319	4.90	4.90	4.90	4.90	4.90	4.90
1320	3.70	3.70	3.70	3.70	3.70	3.70
1322	9.80	9.80	9.80	9.80	9.80	9.80
1323	7.35	7.35	7.35	7.35	7.35	7.35
1324	39.00	39.00	39.00	39.00	39.00	39.00
1325	29.25	29.25	29.25	29.25	29.25	29.25
1326	19.50	19.50	19.50	19.50	19.50	19.50
1327	19.60	19.60	19.60	19.60	19.60	19.60
1328	14.70	14.70	14.70	14.70	14.70	14.70
1330	19.60	19.60	19.60	19.60	19.60	19.60
1331	14.70	14.70	14.70	14.70	14.70	14.70
1333	19.60	19.60	19.60	19.60	19.60	19.60
1334	14.70	14.70	14.70	14.70	14.70	14.70
1336	19.60	19.60	19.60	19.60	19.60	19.60
1337	14.70	14.70	14.70	14.70	14.70	14.70
1339	19.60	19.60	19.60	19.60	19.60	19.60
1340	14.70	14.70	14.70	14.70	14.70	14.70
1342	19.60	19.60	19.60	19.60	19.60	19.60
1343	14.70	14.70	14.70	14.70	14.70	14.70
1345	29.50	29.50	29.50	29.50	29.50	29.50
1346	22.15	22.15	22.15	22.15	22.15	22.15
1348	29.50	29.50	29.50	29.50	29.50	29.50
1349	22.15	22.15	22.15	22.15	22.15	22.15
1351	29.50	29.50	29.50	29.50	29.50	29.50
1352	22.15	22.15	22.15	22.15	22.15	22.15
1354	29.50	29.50	29.50	29.50	29.50	29.50
1355	22.15	22.15	22.15	22.15	22.15	22.15
1357	29.50	29.50	29.50	29.50	29.50	29.50
1358	22.15	22.15	22.15	22.15	22.15	22.15
1360	29.50	29.50	29.50	29.50	29.50	29.50
1362	22.15	22.15	22.15	22.15	22.15	22.15
1364	39.00	39.00	39.00	39.00	39.00	39.00
1366	29.25	29.25	29.25	29.25	29.25	29.25

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1368	39.00	39.00	39.00	39.00	39.00	39.00
1370	29.25	29.25	29.25	29.25	29.25	29.25
1372	39.00	39.00	39.00	39.00	39.00	39.00
1374	29.25	29.25	29.25	29.25	29.25	29.25
1376	9.80	9.80	9.80	9.80	9.80	9.80
1378	7.35	7.35	7.35	7.35	7.35	7.35
1380	24.50	24.50	24.50	24.50	24.50	24.50
1381	18.40	18.40	18.40	18.40	18.40	18.40
1382	39.00	39.00	39.00	39.00	39.00	39.00
1384	29.25	29.25	29.25	29.25	29.25	29.25
1385	49.00	49.00	49.00	49.00	49.00	49.00
1387	36.75	36.75	36.75	36.75	36.75	36.75
1392	29.50	29.50	29.50	29.50	29.50	29.50
1393	22.15	22.15	22.15	22.15	22.15	22.15
1394	49.00	49.00	49.00	49.00	49.00	49.00
1395	36.75	36.75	36.75	36.75	36.75	36.75
1397	59.00	59.00	59.00	59.00	59.00	59.00
1398	44.25	44.25	44.25	44.25	44.25	44.25
1401	19.60	19.60	19.60	19.60	19.60	19.60
1402	14.70	14.70	14.70	14.70	14.70	14.70
1421	14.80	14.80	14.80	14.80	14.80	14.80
1422	11.10	11.10	11.10	11.10	11.10	11.10
1424	24.50	24.50	24.50	24.50	24.50	24.50
1425	18.40	18.40	18.40	18.40	18.40	18.40
1452	29.50	29.50	29.50	29.50	29.50	29.50
1453	22.15	22.15	22.15	22.15	22.15	22.15
1455	44.00	44.00	44.00	44.00	44.00	44.00
1456	33.00	33.00	33.00	33.00	33.00	33.00
1458	59.00	59.00	59.00	59.00	59.00	59.00
1459	44.25	44.25	44.25	44.25	44.25	44.25
1461	5.90	5.90	5.90	5.90	5.90	5.90
1462	4.45	4.45	4.45	4.45	4.45	4.45
1475	49.00	49.00	49.00	49.00	49.00	49.00
1476	36.75	36.75	36.75	36.75	36.75	36.75
1478	78.00	78.00	78.00	78.00	78.00	78.00
1479	58.50	58.50	58.50	58.50	58.50	58.50
1481	98.00	98.00	98.00	98.00	98.00	98.00
1482	73.50	73.50	73.50	73.50	73.50	73.50
1484	9.80	9.80	9.80	9.80	9.80	9.80
1485	7.35	7.35	7.35	7.35	7.35	7.35
1504	9.80	9.80	9.80	9.80	9.80	9.80
1505	7.35	7.35	7.35	7.35	7.35	7.35
1511	29.50	29.50	29.50	29.50	29.50	29.50
1512	22.15	22.15	22.15	22.15	22.15	22.15
1516	24.50	24.50	24.50	24.50	24.50	24.50

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1517	18.40	18.40	18.40	18.40	18.40	18.40
1529	5.90	5.90	5.90	5.90	5.90	5.90
1530	4.45	4.45	4.45	4.45	4.45	4.45
1536	7.80	7.80	7.80	7.80	7.80	7.80
1537	5.85	5.85	5.85	5.85	5.85	5.85
1545	7.80	7.80	7.80	7.80	7.80	7.80
1546	5.85	5.85	5.85	5.85	5.85	5.85
1548	9.80	9.80	9.80	9.80	9.80	9.80
1549	7.35	7.35	7.35	7.35	7.35	7.35
1556	9.80	9.80	9.80	9.80	9.80	9.80
1557	7.35	7.35	7.35	7.35	7.35	7.35
1566	14.80	14.80	14.80	14.80	14.80	14.80
1567	11.10	11.10	11.10	11.10	11.10	11.10
1586	9.80	9.80	9.80	9.80	9.80	9.80
1587	7.35	7.35	7.35	7.35	7.35	7.35
1588	19.60	19.60	19.60	19.60	19.60	19.60
1589	14.70	14.70	14.70	14.70	14.70	14.70
1604	24.50	24.50	24.50	24.50	24.50	24.50
1606	18.40	18.40	18.40	18.40	18.40	18.40
1609	19.60	19.60	19.60	19.60	19.60	19.60
1610	14.70	14.70	14.70	14.70	14.70	14.70
1611	12.35	12.35	12.35	12.35	12.35	12.35
1612	34.50	34.50	34.50	34.50	34.50	34.50
1613	25.90	25.90	25.90	25.90	25.90	25.90
1614	17.25	17.25	17.25	17.25	17.25	17.25
1615	29.50	29.50	29.50	29.50	29.50	29.50
1616	22.15	22.15	22.15	22.15	22.15	22.15
1618	18.60	18.60	18.60	18.60	18.60	18.60
1619	51.00	51.00	51.00	51.00	51.00	51.00
1620	38.25	38.25	38.25	38.25	38.25	38.25
1621	25.50	25.50	25.50	25.50	25.50	25.50
1622	19.60	19.60	19.60	19.60	19.60	19.60
1623	14.70	14.70	14.70	14.70	14.70	14.70
1633	29.50	29.50	29.50	29.50	29.50	29.50
1634	22.15	22.15	22.15	22.15	22.15	22.15
1636	14.75	14.75	14.75	14.75	14.75	14.75
1637	4.90	4.90	4.90	4.90	4.90	4.90
1638	3.70	3.70	3.70	3.70	3.70	3.70
1640	4.90	4.90	4.90	4.90	4.90	4.90
1641	3.70	3.70	3.70	3.70	3.70	3.70
1644	9.80	9.80	9.80	9.80	9.80	9.80
1645	7.35	7.35	7.35	7.35	7.35	7.35
1647	19.60	19.60	19.60	19.60	19.60	19.60
1648	14.70	14.70	14.70	14.70	14.70	14.70
1661	9.80	9.80	9.80	9.80	9.80	9.80

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1662	7.35	7.35	7.35	7.35	7.35	7.35
1664	14.80	14.80	14.80	14.80	14.80	14.80
1665	11.10	11.10	11.10	11.10	11.10	11.10
1668	37.50	37.50	37.50	37.50	37.50	37.50
1669	28.15	28.15	28.15	28.15	28.15	28.15
1670	18.75	18.75	18.75	18.75	18.75	18.75
1673	27.50	27.50	27.50	27.50	27.50	27.50
1674	20.65	20.65	20.65	20.65	20.65	20.65
1676	13.75	13.75	13.75	13.75	13.75	13.75
1682	9.80	9.80	9.80	9.80	9.80	9.80
1683	7.35	7.35	7.35	7.35	7.35	7.35
1687	14.80	14.80	14.80	14.80	14.80	14.80
1688	11.10	11.10	11.10	11.10	11.10	11.10
1693	9.80	9.80	9.80	9.80	9.80	9.80
1694	7.35	7.35	7.35	7.35	7.35	7.35
1702	19.60	19.60	19.60	19.60	19.60	19.60
1703	14.70	14.70	14.70	14.70	14.70	14.70
1705	34.50	34.50	34.50	34.50	34.50	34.50
1706	25.90	25.90	25.90	25.90	25.90	25.90
1721	19.60	19.60	19.60	19.60	19.60	19.60
1722	14.70	14.70	14.70	14.70	14.70	14.70
1724	24.50	24.50	24.50	24.50	24.50	24.50
1725	18.40	18.40	18.40	18.40	18.40	18.40
1732	4.90	4.90	4.90	4.90	4.90	4.90
1733	3.70	3.70	3.70	3.70	3.70	3.70
1743	19.60	19.60	19.60	19.60	19.60	19.60
1744	14.70	14.70	14.70	14.70	14.70	14.70
1756	4.90	4.90	4.90	4.90	4.90	4.90
1757	3.70	3.70	3.70	3.70	3.70	3.70
1758	5.90	5.90	5.90	5.90	5.90	5.90
1759	4.45	4.45	4.45	4.45	4.45	4.45
1760	14.80	14.80	14.80	14.80	14.80	14.80
1761	11.10	11.10	11.10	11.10	11.10	11.10
1763	7.80	7.80	7.80	7.80	7.80	7.80
1764	5.85	5.85	5.85	5.85	5.85	5.85
1766	3.90	3.90	3.90	3.90	3.90	3.90
1767	2.95	2.95	2.95	2.95	2.95	2.95
1772	4.90	4.90	4.90	4.90	4.90	4.90
1773	3.70	3.70	3.70	3.70	3.70	3.70
1775	5.90	5.90	5.90	5.90	5.90	5.90
1776	4.45	4.45	4.45	4.45	4.45	4.45
1781	19.60	19.60	19.60	19.60	19.60	19.60
1782	14.70	14.70	14.70	14.70	14.70	14.70
1784	4.90	4.90	4.90	4.90	4.90	4.90
1785	3.70	3.70	3.70	3.70	3.70	3.70

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1793	14.80	14.80	14.80	14.80	14.80	14.80
1794	11.10	11.10	11.10	11.10	11.10	11.10
1796	7.80	7.80	7.80	7.80	7.80	7.80
1797	5.85	5.85	5.85	5.85	5.85	5.85
1805	9.80	9.80	9.80	9.80	9.80	9.80
1806	7.35	7.35	7.35	7.35	7.35	7.35
1808	4.90	4.90	4.90	4.90	4.90	4.90
1809	3.70	3.70	3.70	3.70	3.70	3.70
1823	9.80	9.80	9.80	9.80	9.80	9.80
1824	7.35	7.35	7.35	7.35	7.35	7.35
1826	4.90	4.90	4.90	4.90	4.90	4.90
1827	3.70	3.70	3.70	3.70	3.70	3.70
1839	4.90	4.90	4.90	4.90	4.90	4.90
1840	3.70	3.70	3.70	3.70	3.70	3.70
1843	14.80	14.80	14.80	14.80	14.80	14.80
1844	11.10	11.10	11.10	11.10	11.10	11.10
1846	22.00	22.00	22.00	22.00	22.00	22.00
1847	16.50	16.50	16.50	16.50	16.50	16.50
1851	9.80	9.80	9.80	9.80	9.80	9.80
1852	7.35	7.35	7.35	7.35	7.35	7.35
1858	39.00	39.00	39.00	39.00	39.00	39.00
1859	29.25	29.25	29.25	29.25	29.25	29.25
1877	29.50	29.50	29.50	29.50	29.50	29.50
1878	22.15	22.15	22.15	22.15	22.15	22.15
1884	4.90	4.90	4.90	4.90	4.90	4.90
1885	3.70	3.70	3.70	3.70	3.70	3.70
1888	19.60	19.60	19.60	19.60	19.60	19.60
1889	14.70	14.70	14.70	14.70	14.70	14.70
1891	9.80	9.80	9.80	9.80	9.80	9.80
1892	7.35	7.35	7.35	7.35	7.35	7.35
1897	29.50	29.50	29.50	29.50	29.50	29.50
1898	22.15	22.15	22.15	22.15	22.15	22.15
1903	9.80	9.80	9.80	9.80	9.80	9.80
1904	7.35	7.35	7.35	7.35	7.35	7.35
1905	4.90	4.90	4.90	4.90	4.90	4.90
1906	3.70	3.70	3.70	3.70	3.70	3.70
1911	19.60	19.60	19.60	19.60	19.60	19.60
1912	14.70	14.70	14.70	14.70	14.70	14.70
1913	9.80	9.80	9.80	9.80	9.80	9.80
1914	7.35	7.35	7.35	7.35	7.35	7.35
1918	24.50	24.50	24.50	24.50	24.50	24.50
1919	18.40	18.40	18.40	18.40	18.40	18.40
1924	19.60	19.60	19.60	19.60	19.60	19.60
1925	14.70	14.70	14.70	14.70	14.70	14.70
1926	9.80	9.80	9.80	9.80	9.80	9.80

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1927	7.35	7.35	7.35	7.35	7.35	7.35
1935	9.80	9.80	9.80	9.80	9.80	9.80
1936	7.35	7.35	7.35	7.35	7.35	7.35
1941	19.60	19.60	19.60	19.60	19.60	19.60
1942	14.70	14.70	14.70	14.70	14.70	14.70
1943	9.80	9.80	9.80	9.80	9.80	9.80
1944	7.35	7.35	7.35	7.35	7.35	7.35
1948	14.80	14.80	14.80	14.80	14.80	14.80
1949	11.10	11.10	11.10	11.10	11.10	11.10
1955	19.60	19.60	19.60	19.60	19.60	19.60
1956	14.70	14.70	14.70	14.70	14.70	14.70
1957	9.80	9.80	9.80	9.80	9.80	9.80
1958	7.35	7.35	7.35	7.35	7.35	7.35
1965	29.50	29.50	29.50	29.50	29.50	29.50
1966	22.15	22.15	22.15	22.15	22.15	22.15
1971	29.50	29.50	29.50	29.50	29.50	29.50
1972	22.15	22.15	22.15	22.15	22.15	22.15
1973	49.00	49.00	49.00	49.00	49.00	49.00
1974	36.75	36.75	36.75	36.75	36.75	36.75
1981	39.00	39.00	39.00	39.00	39.00	39.00
1982	29.25	29.25	29.25	29.25	29.25	29.25
1987	39.00	39.00	39.00	39.00	39.00	39.00
1988	29.25	29.25	29.25	29.25	29.25	29.25
1995	39.00	39.00	39.00	39.00	39.00	39.00
1996	29.25	29.25	29.25	29.25	29.25	29.25
1997	59.00	59.00	59.00	59.00	59.00	59.00
1998	44.25	44.25	44.25	44.25	44.25	44.25
2006	49.00	49.00	49.00	49.00	49.00	49.00
2007	36.75	36.75	36.75	36.75	36.75	36.75
2013	9.80	9.80	9.80	9.80	9.80	9.80
2014	7.35	7.35	7.35	7.35	7.35	7.35
2022	19.60	19.60	19.60	19.60	19.60	19.60
2023	14.70	14.70	14.70	14.70	14.70	14.70
2041	69.00	69.00	69.00	69.00	69.00	69.00
2042	51.75	51.75	51.75	51.75	51.75	51.75
2048	88.00	88.00	88.00	88.00	88.00	88.00
2049	66.00	66.00	66.00	66.00	66.00	66.00
2056	128.00	128.00	128.00	128.00	128.00	128.00
2057	96.00	96.00	96.00	96.00	96.00	96.00
2060	88.00	88.00	88.00	88.00	88.00	88.00
2061	66.00	66.00	66.00	66.00	66.00	66.00
2081	14.80	14.80	14.80	14.80	14.80	14.80
2082	11.10	11.10	11.10	11.10	11.10	11.10
2091	29.50	29.50	29.50	29.50	29.50	29.50
2092	22.15	22.15	22.15	22.15	22.15	22.15

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2096	39.00	39.00	39.00	39.00	39.00	39.00
2097	29.25	29.25	29.25	29.25	29.25	29.25
2104	14.80	14.80	14.80	14.80	14.80	14.80
2105	11.10	11.10	11.10	11.10	11.10	11.10
2111	24.50	24.50	24.50	24.50	24.50	24.50
2112	18.40	18.40	18.40	18.40	18.40	18.40
2131	9.80	9.80	9.80	9.80	9.80	9.80
2132	7.35	7.35	7.35	7.35	7.35	7.35
2141	9.80	9.80	9.80	9.80	9.80	9.80
2142	7.35	7.35	7.35	7.35	7.35	7.35
2148	148.00	148.00	148.00	148.00	148.00	148.00
2149	111.00	111.00	111.00	111.00	111.00	111.00
2155	98.00	98.00	98.00	98.00	98.00	98.00
2156	73.50	73.50	73.50	73.50	73.50	73.50
2161	118.00	118.00	118.00	118.00	118.00	118.00
2162	88.50	88.50	88.50	88.50	88.50	88.50
2170	98.00	98.00	98.00	98.00	98.00	98.00
2171	73.50	73.50	73.50	73.50	73.50	73.50
2173	148.00	148.00	148.00	148.00	148.00	148.00
2174	111.00	111.00	111.00	111.00	111.00	111.00
2201	5.90	5.90	5.90	5.90	5.90	5.90
2202	4.45	4.45	4.45	4.45	4.45	4.45
2211	19.60	19.60	19.60	19.60	19.60	19.60
2212	14.70	14.70	14.70	14.70	14.70	14.70
2215	29.50	29.50	29.50	29.50	29.50	29.50
2216	22.15	22.15	22.15	22.15	22.15	22.15
2225	14.80	14.80	14.80	14.80	14.80	14.80
2226	11.10	11.10	11.10	11.10	11.10	11.10
2227	24.50	24.50	24.50	24.50	24.50	24.50
2228	18.40	18.40	18.40	18.40	18.40	18.40
2247	14.80	14.80	14.80	14.80	14.80	14.80
2248	11.10	11.10	11.10	11.10	11.10	11.10
2249	19.60	19.60	19.60	19.60	19.60	19.60
2250	14.70	14.70	14.70	14.70	14.70	14.70
2264	19.60	19.60	19.60	19.60	19.60	19.60
2265	14.70	14.70	14.70	14.70	14.70	14.70
2272	9.80	9.80	9.80	9.80	9.80	9.80
2273	7.35	7.35	7.35	7.35	7.35	7.35
2285	29.50	29.50	29.50	29.50	29.50	29.50
2286	22.15	22.15	22.15	22.15	22.15	22.15
2334	2.95	2.95	2.95	2.95	2.95	2.95
2335	4.45	4.45	4.45	4.45	4.45	4.45
2336	5.85	5.85	5.85	5.85	5.85	5.85
2342	2.95	2.95	2.95	2.95	2.95	2.95
2346	7.35	7.35	7.35	7.35	7.35	7.35

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2352	4.45	4.45	4.45	4.45	4.45	4.45
2357	5.85	5.85	5.85	5.85	5.85	5.85
2362	1.50	1.50	1.50	1.50	1.50	1.50
2369	4.45	4.45	4.45	4.45	4.45	4.45
2374	7.35	7.35	7.35	7.35	7.35	7.35
2382	7.35	7.35	7.35	7.35	7.35	7.35
2388	7.35	7.35	7.35	7.35	7.35	7.35
2392	4.45	4.45	4.45	4.45	4.45	4.45
2502	25.00	25.00	19.40	19.40	19.40	19.40
2505	28.50	28.50	23.50	23.50	23.50	23.50
2508	25.00	25.00	19.40	19.40	19.40	19.40
2512	28.50	28.50	23.50	23.50	23.50	23.50
2516	33.50	33.50	28.50	28.50	28.50	28.50
2520	38.50	38.50	33.00	33.00	33.00	33.00
2524	25.00	25.00	22.00	22.00	22.00	22.00
2528	30.50	30.50	26.00	26.00	26.00	26.00
2532	35.50	35.50	30.50	30.50	30.50	30.50
2537	47.00	47.00	35.50	35.50	35.50	35.50
2539	33.50	33.50	28.50	28.50	28.50	28.50
2541	38.50	38.50	33.00	33.00	33.00	33.00
2543	27.00	27.00	22.00	22.00	22.00	22.00
2545	30.50	30.50	26.00	26.00	26.00	26.00
2548	33.50	33.50	28.50	28.50	28.50	28.50
2551	43.00	43.00	30.00	30.00	30.00	30.00
2554	43.00	43.00	30.00	30.00	30.00	30.00
2557	71.00	71.00	71.00	71.00	71.00	71.00
2560	43.00	46.00	35.50	35.50	35.50	35.50
2563	33.50	33.50	30.00	30.00	30.00	30.00
2566	43.00	46.00	35.50	35.50	35.50	35.50
2569	43.00	46.00	35.50	35.50	35.50	35.50
2573	33.50	33.50	30.00	30.00	30.00	30.00
2576	33.50	33.50	30.00	33.50	30.00	30.00
2579	33.50	33.50	30.00	33.50	30.00	30.00
2581	28.50	33.50	26.00	26.00	26.00	26.00
2583	28.50	33.50	26.00	26.00	26.00	26.00
2585	35.50	35.50	33.00	35.50	33.00	33.00
2587	23.50	23.50	21.00	23.50	21.00	21.00
2589	56.00	56.00	54.00	56.00	54.00	54.00
2591	46.00	46.00	46.00	46.00	46.00	46.00
2593	35.50	35.50	35.50	35.50	35.50	35.50
2595	30.50	30.50	26.00	26.00	27.00	26.00
2597	46.00	46.00	38.50	38.50	38.50	38.50
2599	39.50	39.50	33.00	33.00	33.00	33.00
2601	54.00	54.00	43.50	43.50	43.50	43.50
2604	33.00	33.00	27.00	27.00	27.00	27.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2607	68.00	68.00	60.00	60.00	60.00	60.00
2609	94.00	94.00	77.00	77.00	77.00	77.00
2611	14.60	14.60	14.60	14.60	14.60	14.60
2614	33.50	33.50	33.50	33.50	33.50	33.50
2617	28.50	28.50	23.50	23.50	23.50	23.50
2621	63.00	63.00	63.00	63.00	63.00	63.00
2625	27.00	30.00	25.00	25.00	25.00	25.00
2627	30.50	33.50	28.50	28.50	28.50	28.50
2630	43.00	43.00	34.50	34.50	34.50	34.50
2634	28.50	28.50	26.00	28.50	28.50	27.00
2638	15.60	15.60	14.60	14.60	14.60	14.60
2642	35.50	35.50	30.50	30.50	30.50	30.50
2646	43.00	43.00	38.50	38.50	38.50	38.50
2650	27.00	30.00	25.00	25.00	25.00	25.00
2654	30.50	33.50	28.50	28.50	28.50	28.50
2659	33.50	35.50	30.50	30.50	30.50	30.50
2662	40.50	43.00	38.50	38.50	38.50	38.50
2665	30.50	33.50	28.50	28.50	28.50	28.50
2672	94.00	94.00	94.00	94.00	94.00	94.00
2676	84.00	84.00	81.00	81.00	81.00	81.00
2678	106.00	106.00	102.00	102.00	102.00	102.00
2681	108.00	108.00	99.00	99.00	99.00	99.00
2687	71.00	71.00	67.00	67.00	67.00	67.00
2690	47.00	47.00	46.00	46.00	46.00	46.00
2694	56.00	56.00	56.00	56.00	56.00	56.00
2697	33.50	35.50	30.50	30.50	30.50	30.00
2699	27.00	30.00	25.00	25.00	25.00	25.00
2703	30.50	33.50	28.50	28.50	28.50	28.50
2706	48.00	48.00	43.00	43.00	43.00	43.00
2709	63.00	65.00	56.00	56.00	56.00	56.00
2711	77.00	78.00	67.00	67.00	67.00	67.00
2714	56.00	56.00	56.00	56.00	56.00	56.00
2716	63.00	65.00	56.00	56.00	56.00	56.00
2718	77.00	78.00	71.00	71.00	71.00	71.00
2720	48.50	56.00	47.00	47.00	47.00	47.00
2722	49.50	54.00	48.00	48.00	46.00	46.00
2724	77.00	78.00	71.00	71.00	71.00	71.00
2726	54.00	63.00	49.50	49.50	49.50	49.50
2728	92.00	106.00	84.00	84.00	84.00	84.00
2730	47.00	47.00	47.00	47.00	47.00	47.00
2732	0.00	0.00	0.00	0.00	0.00	0.00
2734	56.00	56.00	56.00	56.00	56.00	56.00
2736	33.50	33.50	33.50	33.50	33.50	33.50
2738	30.50	34.50	28.50	28.50	28.50	28.50
2740	63.00	63.00	47.00	47.00	47.00	47.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2742	47.00	47.00	47.00	47.00	47.00	47.00
2744	56.00	56.00	56.00	56.00	56.00	56.00
2746	78.00	78.00	78.00	78.00	78.00	78.00
2748	78.00	78.00	78.00	78.00	78.00	78.00
2750	78.00	78.00	78.00	78.00	78.00	78.00
2751	210.00	210.00	210.00	210.00	210.00	210.00
2752	47.00	49.50	43.00	43.00	49.50	47.00
2754	33.50	33.50	33.50	33.50	33.50	33.50
2756	73.00	73.00	73.00	73.00	73.00	73.00
2758	56.00	56.00	56.00	56.00	56.00	56.00
2760	63.00	63.00	63.00	63.00	63.00	63.00
2762	48.00	48.00	38.50	43.00	38.50	38.50
2764	71.00	71.00	56.00	56.00	56.00	56.00
2766	71.00	71.00	56.00	56.00	56.00	56.00
2768	71.00	71.00	56.00	56.00	56.00	56.00
2770	71.00	71.00	56.00	56.00	56.00	56.00
2772	71.00	71.00	56.00	56.00	56.00	56.00
2773	84.00	84.00	84.00	84.00	84.00	84.00
2774	142.00	142.00	142.00	142.00	142.00	142.00
2775	194.00	194.00	194.00	194.00	194.00	194.00
2776	71.00	71.00	56.00	56.00	56.00	56.00
2778	48.00	48.00	48.00	48.00	48.00	48.00
2780	48.00	48.00	48.00	48.00	48.00	48.00
2782	0.00	0.00	0.00	0.00	0.00	0.00
2784	35.50	35.50	35.50	35.50	35.50	35.50
2786	30.00	30.00	30.00	30.00	30.00	30.00
2788	35.50	35.50	35.50	35.50	35.50	35.50
2790	61.00	61.00	61.00	61.00	61.00	61.00
2792	47.00	47.00	47.00	47.00	47.00	47.00
2794	43.00	43.00	39.50	39.50	39.50	38.50
2796	43.00	43.00	43.00	43.00	43.00	43.00
2798	0.00	0.00	0.00	0.00	0.00	0.00
2800	30.50	30.50	30.50	30.50	30.50	30.50
2802	21.00	21.00	21.00	21.00	21.00	21.00
2805	99.00	128.00	99.00	99.00	99.00	99.00
2807	84.00	84.00	84.00	84.00	84.00	84.00
2811	120.00	106.00	106.00	106.00	106.00	106.00
2813	28.50	28.50	28.50	28.50	28.50	28.50
2815	43.00	43.00	43.00	43.00	43.00	43.00
2817	43.00	43.00	43.00	43.00	43.00	43.00
2819	33.50	33.50	33.50	33.50	33.50	33.50
2823	27.00	27.00	27.00	27.00	27.00	27.00
2825	33.50	33.50	33.50	33.50	33.50	33.50
2827	27.00	27.00	27.00	27.00	27.00	27.00
2831	43.00	43.00	43.00	43.00	43.00	43.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2833	34.50	34.50	34.50	34.50	34.50	34.50
2837	22.00	22.00	22.00	22.00	22.00	22.00
2839	48.50	48.50	48.50	48.50	48.50	48.50
2841	43.00	43.00	43.00	43.00	43.00	43.00
2843	28.50	28.50	28.50	28.50	28.50	28.50
2845	28.50	28.50	28.50	28.50	28.50	28.50
2847	84.00	84.00	84.00	84.00	84.00	84.00
2849	56.00	56.00	56.00	56.00	56.00	56.00
2851	14.60	14.60	14.60	14.60	14.60	14.60
2853	84.00	84.00	84.00	84.00	84.00	84.00
2855	43.00	43.00	43.00	43.00	43.00	43.00
2857	56.00	56.00	56.00	56.00	56.00	56.00
2859	84.00	84.00	84.00	84.00	84.00	84.00
2861	18.40	18.40	18.40	18.40	18.40	18.40
2863	0.00	0.00	0.00	0.00	0.00	0.00
2865	22.00	22.00	22.00	22.00	22.00	22.00
2867	0.00	0.00	0.00	0.00	0.00	0.00
2869	43.50	43.50	43.50	43.50	43.50	43.50
2871	0.00	0.00	0.00	0.00	0.00	0.00
2873	25.00	25.00	25.00	25.00	25.00	25.00
2875	22.00	22.00	22.00	22.00	22.00	22.00
2877	0.00	0.00	0.00	0.00	0.00	0.00
2879	26.00	26.00	26.00	26.00	26.00	26.00
2881	0.00	0.00	0.00	0.00	0.00	0.00
2883	56.00	56.00	56.00	56.00	56.00	56.00
2885	0.00	0.00	0.00	0.00	0.00	0.00
2887	33.50	33.50	33.50	33.50	33.50	33.50
2889	0.00	0.00	0.00	0.00	0.00	0.00
2891	46.00	46.00	46.00	46.00	46.00	46.00
2893	0.00	0.00	0.00	0.00	0.00	0.00
2895	78.00	78.00	78.00	78.00	78.00	78.00
2897	0.00	0.00	0.00	0.00	0.00	0.00
2899	130.00	130.00	130.00	130.00	130.00	130.00
2901	92.00	92.00	92.00	92.00	92.00	92.00
2904	184.00	184.00	184.00	184.00	184.00	184.00
2907	270.00	270.00	270.00	270.00	270.00	270.00
2910	210.00	210.00	210.00	210.00	210.00	210.00
2913	130.00	130.00	130.00	130.00	130.00	130.00
2915	54.00	54.00	54.00	54.00	54.00	54.00
2917	83.00	83.00	83.00	83.00	83.00	83.00
2919	35.50	35.50	35.50	35.50	35.50	35.50
2922	27.00	27.00	27.00	27.00	27.00	27.00
2924	87.00	87.00	87.00	87.00	87.00	87.00
2926	27.00	27.00	27.00	27.00	27.00	27.00
2928	54.00	54.00	54.00	54.00	54.00	54.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2931	65.00	65.00	65.00	65.00	65.00	65.00
2933	18.40	18.40	18.40	18.40	18.40	18.40
2935	19.40	19.40	19.40	19.40	19.40	19.40
2937	78.00	78.00	78.00	78.00	78.00	78.00
2939	33.00	33.00	33.00	33.00	33.00	33.00
2941	33.00	33.00	33.00	33.00	33.00	33.00
2953	0.00	0.00	0.00	0.00	0.00	0.00
2960	78.00	78.00	78.00	78.00	78.00	78.00
2961	78.00	78.00	78.00	78.00	78.00	78.00
2962	134.00	134.00	134.00	134.00	134.00	134.00
2963	134.00	134.00	134.00	134.00	134.00	134.00
2964	112.00	112.00	112.00	112.00	112.00	112.00
2965	112.00	112.00	112.00	112.00	112.00	112.00
2966	215.00	215.00	215.00	215.00	215.00	215.00
2967	215.00	215.00	215.00	215.00	215.00	215.00
2968	215.00	215.00	215.00	215.00	215.00	215.00
2969	215.00	215.00	215.00	215.00	215.00	215.00
2970	275.00	275.00	275.00	275.00	275.00	275.00
2971	275.00	275.00	275.00	275.00	275.00	275.00
3006	13.20	12.40	11.60	11.60	11.60	12.40
3012	21.50	21.50	21.50	21.50	21.50	21.50
3016	28.50	28.50	28.50	28.50	28.50	28.50
3022	34.50	34.50	34.50	34.50	34.50	34.50
3027	60.00	60.00	60.00	60.00	60.00	60.00
3033	72.00	72.00	72.00	72.00	72.00	72.00
3038	152.00	152.00	152.00	152.00	152.00	152.00
3039	295.00	295.00	295.00	295.00	295.00	295.00
3041	152.00	152.00	152.00	152.00	152.00	152.00
3046	24.50	24.50	24.50	24.50	24.50	24.50
3050	41.50	34.50	36.00	34.50	34.50	33.50
3058	38.50	29.50	29.50	29.50	29.50	29.50
3063	55.00	55.00	55.00	55.00	55.00	55.00
3073	41.50	38.50	34.50	34.50	34.50	34.50
3082	67.00	67.00	67.00	67.00	67.00	67.00
3087	85.00	85.00	85.00	85.00	85.00	85.00
3092	55.00	55.00	55.00	55.00	55.00	55.00
3098	70.00	70.00	70.00	70.00	70.00	70.00
3101	86.00	86.00	86.00	86.00	86.00	86.00
3104	118.00	118.00	118.00	118.00	118.00	118.00
3106	34.50	34.50	34.50	34.50	34.50	34.50
3110	67.00	67.00	67.00	67.00	67.00	67.00
3113	11.00	10.20	9.20	9.20	9.20	9.20
3116	51.00	51.00	51.00	51.00	51.00	51.00
3120	104.00	104.00	104.00	92.00	92.00	92.00
3124	128.00	128.00	128.00	118.00	118.00	118.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
3130	24.50	23.50	24.50	23.50	23.50	23.50
3135	55.00	53.00	53.00	53.00	53.00	53.00
3142	70.00	66.00	66.00	66.00	66.00	66.00
3148	22.50	22.50	22.50	22.50	22.50	22.50
3157	51.00	51.00	51.00	51.00	51.00	51.00
3158	27.50	27.50	27.50	27.50	27.50	27.50
3160	13.80	13.80	13.80	13.80	13.80	13.80
3168	85.00	85.00	85.00	85.00	85.00	85.00
3173	41.50	41.50	41.50	41.50	41.50	41.50
3178	70.00	70.00	70.00	70.00	70.00	70.00
3183	85.00	85.00	85.00	85.00	85.00	85.00
3194	72.00	72.00	72.00	72.00	58.00	58.00
3199	102.00	102.00	85.00	85.00	76.00	76.00
3208	132.00	104.00	104.00	104.00	104.00	104.00
3213	172.00	128.00	128.00	128.00	128.00	128.00
3217	172.00	172.00	172.00	172.00	172.00	172.00
3219	44.50	44.50	44.50	44.50	44.50	44.50
3220	59.00	59.00	59.00	59.00	59.00	59.00
3221	118.00	118.00	118.00	118.00	118.00	118.00
3222	152.00	152.00	152.00	152.00	152.00	152.00
3223	158.00	158.00	158.00	158.00	158.00	158.00
3224	188.00	188.00	188.00	188.00	188.00	188.00
3225	235.00	235.00	235.00	235.00	235.00	235.00
3226	320.00	320.00	320.00	320.00	320.00	320.00
3233	66.00	66.00	60.00	60.00	60.00	60.00
3237	81.00	81.00	72.00	72.00	72.00	72.00
3247	92.00	92.00	82.00	82.00	82.00	82.00
3253	116.00	116.00	106.00	106.00	106.00	106.00
3261	126.00	152.00	126.00	126.00	126.00	110.00
3265	152.00	172.00	152.00	152.00	152.00	138.00
3271	184.00	184.00	184.00	184.00	184.00	184.00
3276	390.00	390.00	390.00	390.00	390.00	390.00
3281	235.00	235.00	235.00	235.00	235.00	235.00
3289	275.00	275.00	275.00	275.00	275.00	275.00
3295	390.00	390.00	390.00	390.00	390.00	390.00
3301	184.00	184.00	184.00	184.00	184.00	184.00
3306	210.00	210.00	210.00	210.00	210.00	210.00
3307	210.00	210.00	210.00	210.00	210.00	210.00
3308	320.00	320.00	320.00	320.00	320.00	320.00
3310	320.00	320.00	320.00	320.00	320.00	320.00
3311	460.00	460.00	460.00	460.00	460.00	460.00
3314	63.00	63.00	63.00	63.00	63.00	63.00
3320	22.00	20.50	20.50	20.50	20.50	20.50
3330	24.50	29.50	22.50	22.50	22.50	22.50
3332	32.50	32.50	24.50	24.50	24.50	24.50

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2931	65.00	65.00	65.00	65.00	65.00	65.00
2933	18.40	18.40	18.40	18.40	18.40	18.40
2935	19.40	19.40	19.40	19.40	19.40	19.40
2937	78.00	78.00	78.00	78.00	78.00	78.00
2939	33.00	33.00	33.00	33.00	33.00	33.00
2941	33.00	33.00	33.00	33.00	33.00	33.00
2953	0.00	0.00	0.00	0.00	0.00	0.00
2960	78.00	78.00	78.00	78.00	78.00	78.00
2961	31.50	78.00	78.00	78.00	78.00	78.00
2962	134.00	134.00	134.00	134.00	134.00	134.00
2963	54.00	134.00	134.00	134.00	134.00	134.00
2964	112.00	112.00	112.00	112.00	112.00	112.00
2965	46.00	112.00	112.00	112.00	112.00	112.00
2966	215.00	215.00	215.00	215.00	215.00	215.00
2967	86.00	215.00	215.00	215.00	215.00	215.00
2968	215.00	215.00	215.00	215.00	215.00	215.00
2969	86.00	215.00	215.00	215.00	215.00	215.00
2970	275.00	275.00	275.00	275.00	275.00	275.00
2971	110.00	275.00	275.00	275.00	275.00	275.00
3006	13.20	12.40	11.60	11.60	11.60	12.40
3012	21.50	21.50	21.50	21.50	21.50	21.50
3016	28.50	28.50	28.50	28.50	28.50	28.50
3022	34.50	34.50	34.50	34.50	34.50	34.50
3027	60.00	60.00	60.00	60.00	60.00	60.00
3033	72.00	72.00	72.00	72.00	72.00	72.00
3038	152.00	152.00	152.00	152.00	152.00	152.00
3039	295.00	295.00	295.00	295.00	295.00	295.00
3041	152.00	152.00	152.00	152.00	152.00	152.00
3046	24.50	24.50	24.50	24.50	24.50	24.50
3050	41.50	34.50	36.00	34.50	34.50	33.50
3058	38.50	29.50	29.50	29.50	29.50	29.50
3063	55.00	55.00	55.00	55.00	55.00	55.00
3073	41.50	38.50	34.50	34.50	34.50	34.50
3082	67.00	67.00	67.00	67.00	67.00	67.00
3087	85.00	85.00	85.00	85.00	85.00	85.00
3092	55.00	55.00	55.00	55.00	55.00	55.00
3098	70.00	70.00	70.00	70.00	70.00	70.00
3101	86.00	86.00	86.00	86.00	86.00	86.00
3104	118.00	118.00	118.00	118.00	118.00	118.00
3106	34.50	34.50	34.50	34.50	34.50	34.50
3110	67.00	67.00	67.00	67.00	67.00	67.00
3113	11.00	10.20	9.20	9.20	9.20	9.20
3116	51.00	51.00	51.00	51.00	51.00	51.00
3120	104.00	104.00	104.00	92.00	92.00	92.00
3124	128.00	128.00	128.00	118.00	118.00	118.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
3130	24.50	23.50	24.50	23.50	23.50	23.50
3135	55.00	53.00	53.00	53.00	53.00	53.00
3142	70.00	66.00	66.00	66.00	66.00	66.00
3148	22.50	22.50	22.50	22.50	22.50	22.50
3157	51.00	51.00	51.00	51.00	51.00	51.00
3158	27.50	27.50	27.50	27.50	27.50	27.50
3160	13.80	13.80	13.80	13.80	13.80	13.80
3168	85.00	85.00	85.00	85.00	85.00	85.00
3173	41.50	41.50	41.50	41.50	41.50	41.50
3178	70.00	70.00	70.00	70.00	70.00	70.00
3183	85.00	85.00	85.00	85.00	85.00	85.00
3194	72.00	72.00	72.00	72.00	58.00	58.00
3199	102.00	102.00	85.00	85.00	76.00	76.00
3208	132.00	104.00	104.00	104.00	104.00	104.00
3213	172.00	128.00	128.00	128.00	128.00	128.00
3217	172.00	172.00	172.00	172.00	172.00	172.00
3219	44.50	44.50	44.50	44.50	44.50	44.50
3220	59.00	59.00	59.00	59.00	59.00	59.00
3221	118.00	118.00	118.00	118.00	118.00	118.00
3222	152.00	152.00	152.00	152.00	152.00	152.00
3223	158.00	158.00	158.00	158.00	158.00	158.00
3224	188.00	188.00	188.00	188.00	188.00	188.00
3225	235.00	235.00	235.00	235.00	235.00	235.00
3226	320.00	320.00	320.00	320.00	320.00	320.00
3233	66.00	66.00	60.00	60.00	60.00	60.00
3237	81.00	81.00	72.00	72.00	72.00	72.00
3247	92.00	92.00	82.00	82.00	82.00	82.00
3253	116.00	116.00	106.00	106.00	106.00	106.00
3261	126.00	152.00	126.00	126.00	126.00	110.00
3265	152.00	172.00	152.00	152.00	152.00	138.00
3271	184.00	184.00	184.00	184.00	184.00	184.00
3276	390.00	390.00	390.00	390.00	390.00	390.00
3281	235.00	235.00	235.00	235.00	235.00	235.00
3289	275.00	275.00	275.00	275.00	275.00	275.00
3295	390.00	390.00	390.00	390.00	390.00	390.00
3301	184.00	184.00	184.00	184.00	184.00	184.00
3306	210.00	210.00	210.00	210.00	210.00	210.00
3307	210.00	210.00	210.00	210.00	210.00	210.00
3308	320.00	320.00	320.00	320.00	320.00	320.00
3310	320.00	320.00	320.00	320.00	320.00	320.00
3311	460.00	460.00	460.00	460.00	460.00	460.00
3314	63.00	63.00	63.00	63.00	63.00	63.00
3320	22.00	20.50	20.50	20.50	20.50	20.50
3330	24.50	29.50	22.50	22.50	22.50	22.50
3332	32.50	32.50	24.50	24.50	24.50	24.50

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
3338	40.50	38.50	38.50	38.50	38.50	38.50
3342	43.00	40.50	40.50	40.50	40.50	40.50
3346	51.00	44.50	44.50	44.50	44.50	44.50
3349	24.50	29.50	22.50	22.50	22.50	22.50
3350	59.00	59.00	59.00	59.00	59.00	59.00
3351	148.00	148.00	148.00	148.00	148.00	148.00
3352	188.00	188.00	188.00	188.00	188.00	188.00
3356	20.50	20.50	20.50	20.50	20.50	20.50
3363	76.00	76.00	76.00	76.00	76.00	76.00
3366	11.00	12.60	8.60	8.60	8.50	8.60
3371	11.00	12.60	11.00	11.00	11.00	11.00
3379	55.00	55.00	46.00	46.00	46.00	46.00
3384	76.00	76.00	63.00	58.00	58.00	58.00
3391	70.00	70.00	70.00	70.00	70.00	70.00
3399	126.00	126.00	126.00	126.00	126.00	126.00
3404	104.00	104.00	104.00	104.00	104.00	104.00
3407	138.00	138.00	138.00	138.00	138.00	138.00
3417	70.00	70.00	70.00	70.00	70.00	70.00
3425	164.00	164.00	164.00	164.00	164.00	164.00
3431	164.00	164.00	164.00	164.00	164.00	164.00
3437	345.00	345.00	345.00	345.00	345.00	345.00
3444	580.00	580.00	580.00	580.00	580.00	580.00
3450	390.00	390.00	390.00	390.00	390.00	390.00
3455	164.00	205.00	164.00	164.00	164.00	164.00
3459	92.00	92.00	92.00	92.00	92.00	92.00
3465	27.50	27.50	27.50	27.50	27.50	27.50
3468	55.00	55.00	55.00	55.00	55.00	55.00
3472	70.00	70.00	70.00	70.00	70.00	70.00
3477	70.00	70.00	70.00	70.00	70.00	70.00
3480	138.00	138.00	138.00	138.00	138.00	138.00
3495	820.00	820.00	820.00	820.00	820.00	820.00
3496	21.50	21.50	21.50	21.50	21.50	21.50
3505	56.00	56.00	56.00	56.00	56.00	56.00
3509	72.00	72.00	72.00	72.00	72.00	72.00
3516	96.00	96.00	96.00	96.00	96.00	96.00
3526	184.00	184.00	184.00	184.00	184.00	184.00
3530	235.00	235.00	235.00	235.00	235.00	235.00
3532	445.00	445.00	445.00	445.00	445.00	445.00
3542	460.00	460.00	460.00	460.00	460.00	460.00
3547	515.00	515.00	515.00	515.00	515.00	515.00
3555	580.00	580.00	580.00	580.00	580.00	580.00
3563	335.00	335.00	335.00	335.00	335.00	335.00
3576	235.00	245.00	235.00	235.00	235.00	235.00
3581	180.00	180.00	180.00	180.00	180.00	180.00
3591	270.00	270.00	270.00	270.00	270.00	270.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
3597	205.00	205.00	205.00	205.00	205.00	205.00
3616	820.00	820.00	820.00	820.00	820.00	820.00
3618	172.00	172.00	172.00	172.00	172.00	172.00
3622	460.00	460.00	460.00	460.00	460.00	460.00
3634	116.00	116.00	116.00	116.00	116.00	116.00
3638	335.00	335.00	335.00	335.00	335.00	335.00
3647	152.00	152.00	152.00	152.00	152.00	152.00
3652	205.00	205.00	205.00	205.00	205.00	205.00
3654	92.00	102.00	81.00	78.00	78.00	78.00
3664	126.00	126.00	112.00	94.00	94.00	94.00
3668	120.00	120.00	120.00	120.00	120.00	120.00
3673	152.00	152.00	152.00	152.00	152.00	152.00
3678	120.00	120.00	120.00	120.00	120.00	120.00
3683	152.00	152.00	152.00	152.00	152.00	152.00
3698	275.00	275.00	275.00	275.00	275.00	275.00
3700	255.00	255.00	255.00	255.00	255.00	255.00
3702	405.00	405.00	405.00	405.00	405.00	405.00
3707	70.00	70.00	70.00	70.00	70.00	70.00
3713	178.00	178.00	178.00	178.00	178.00	178.00
3718	225.00	225.00	225.00	225.00	225.00	225.00
3722	245.00	245.00	245.00	245.00	245.00	245.00
3726	245.00	245.00	245.00	245.00	245.00	245.00
3730	515.00	515.00	515.00	515.00	515.00	515.00
3734	156.00	156.00	156.00	156.00	156.00	156.00
3739	240.00	240.00	240.00	240.00	240.00	240.00
3745	295.00	295.00	295.00	295.00	295.00	295.00
3750	245.00	245.00	245.00	245.00	245.00	245.00
3752	81.00	81.00	81.00	81.00	81.00	81.00
3754	275.00	275.00	275.00	275.00	275.00	275.00
3759	695.00	695.00	695.00	695.00	695.00	695.00
3764	245.00	245.00	245.00	245.00	245.00	245.00
3783	275.00	275.00	275.00	275.00	275.00	275.00
3789	86.00	86.00	86.00	86.00	86.00	86.00
3793	275.00	265.00	265.00	245.00	240.00	240.00
3798	345.00	345.00	345.00	295.00	320.00	295.00
3820	405.00	405.00	405.00	405.00	405.00	405.00
3822	470.00	470.00	470.00	470.00	470.00	470.00
3825	470.00	470.00	470.00	470.00	470.00	470.00
3831	405.00	405.00	405.00	405.00	405.00	405.00
3834	685.00	685.00	685.00	685.00	685.00	685.00
3847	106.00	106.00	106.00	106.00	106.00	106.00
3849	130.00	130.00	130.00	130.00	130.00	130.00
3851	164.00	164.00	164.00	164.00	164.00	164.00
3860	172.00	172.00	172.00	172.00	172.00	172.00
3862	235.00	235.00	235.00	235.00	235.00	235.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
3875	275.00	275.00	275.00	275.00	275.00	275.00
3882	325.00	325.00	325.00	325.00	325.00	325.00
3889	390.00	390.00	390.00	390.00	390.00	390.00
3891	460.00	460.00	460.00	460.00	460.00	460.00
3892	405.00	405.00	405.00	405.00	405.00	405.00
3893	565.00	565.00	565.00	565.00	565.00	565.00
3894	245.00	245.00	245.00	245.00	245.00	245.00
3898	325.00	325.00	325.00	325.00	325.00	325.00
3900	410.00	410.00	410.00	410.00	410.00	410.00
3902	325.00	325.00	325.00	325.00	325.00	325.00
3922	460.00	460.00	460.00	460.00	460.00	460.00
3930	580.00	580.00	580.00	580.00	580.00	580.00
3938	685.00	685.00	685.00	685.00	685.00	685.00
3952	205.00	205.00	205.00	205.00	205.00	205.00
3976	140.00	140.00	140.00	140.00	140.00	140.00
3981	178.00	178.00	178.00	178.00	178.00	178.00
3986	245.00	245.00	245.00	245.00	245.00	245.00
4003	110.00	110.00	110.00	110.00	110.00	110.00
4012	405.00	445.00	405.00	405.00	405.00	405.00
4018	415.00	415.00	415.00	415.00	415.00	415.00
4039	320.00	335.00	320.00	320.00	320.00	320.00
4043	405.00	445.00	405.00	405.00	405.00	405.00
4046	460.00	460.00	460.00	460.00	460.00	460.00
4048	580.00	580.00	580.00	580.00	580.00	580.00
4052	697.50	697.50	697.50	697.50	697.50	697.50
4054	595.00	595.00	595.00	595.00	595.00	595.00
4059	205.00	205.00	205.00	205.00	205.00	205.00
4068	580.00	580.00	580.00	580.00	580.00	580.00
4074	164.00	152.00	152.00	152.00	152.00	138.00
4080	188.00	205.00	205.00	172.00	188.00	164.00
4084	58.00	58.00	58.00	58.00	58.00	58.00
4087	184.00	184.00	184.00	184.00	184.00	184.00
4093	230.00	230.00	230.00	230.00	230.00	230.00
4099	82.00	82.00	82.00	82.00	82.00	82.00
4104	41.50	41.50	41.50	41.50	41.50	41.50
4109	555.00	555.00	555.00	555.00	555.00	555.00
4115	820.00	820.00	820.00	820.00	820.00	820.00
4130	240.00	240.00	240.00	240.00	240.00	240.00
4133	580.00	580.00	580.00	580.00	580.00	580.00
4141	325.00	335.00	325.00	325.00	325.00	325.00
4144	345.00	345.00	345.00	345.00	345.00	345.00
4165	515.00	515.00	515.00	515.00	515.00	515.00
4173	405.00	405.00	405.00	405.00	405.00	405.00
4179	405.00	405.00	405.00	405.00	405.00	405.00
4185	215.00	215.00	215.00	215.00	215.00	215.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
4191	86.00	86.00	86.00	86.00	86.00	86.00
4197	24.50	24.50	24.50	24.50	24.50	24.50
4202	572.50	572.50	572.50	572.50	572.50	572.50
4209	470.00	470.00	470.00	470.00	470.00	470.00
4214	205.00	205.00	205.00	205.00	205.00	205.00
4217	710.00	710.00	710.00	710.00	710.00	710.00
4222	164.00	164.00	158.00	158.00	158.00	140.00
4227	205.00	205.00	205.00	192.00	215.00	172.00
4233	245.00	245.00	245.00	245.00	245.00	245.00
4238	360.00	360.00	360.00	360.00	360.00	360.00
4241	445.00	415.00	415.00	415.00	415.00	415.00
4246	122.00	122.00	122.00	122.00	122.00	122.00
4249	164.00	164.00	164.00	164.00	164.00	164.00
4251	140.00	140.00	140.00	140.00	140.00	140.00
4254	188.00	188.00	188.00	188.00	188.00	188.00
4258	205.00	205.00	205.00	205.00	205.00	205.00
4262	245.00	245.00	245.00	245.00	245.00	245.00
4265	16.40	16.40	16.40	16.40	16.40	16.40
4269	110.00	110.00	110.00	110.00	110.00	110.00
4273	136.00	136.00	136.00	136.00	136.00	136.00
4288	140.00	140.00	140.00	140.00	140.00	140.00
4293	188.00	188.00	188.00	188.00	188.00	188.00
4296	245.00	245.00	245.00	245.00	245.00	245.00
4307	245.00	245.00	235.00	235.00	235.00	235.00
4313	53.00	53.00	53.00	53.00	53.00	53.00
4319	21.50	21.50	21.50	21.50	21.50	21.50
4327	51.00	51.00	46.00	46.00	46.00	46.00
4338	70.00	70.00	70.00	70.00	70.00	70.00
4345	86.00	86.00	86.00	86.00	86.00	86.00
4351	22.00	22.00	22.00	22.00	22.00	22.00
4354	25.50	25.50	25.50	25.50	25.50	25.50
4363	39.00	39.00	39.00	39.00	39.00	39.00
4366	66.00	66.00	66.00	66.00	66.00	66.00
4367	86.00	86.00	86.00	86.00	86.00	86.00
4380	76.00	76.00	76.00	76.00	76.00	76.00
4383	41.00	41.00	41.00	41.00	41.00	41.00
4385	59.00	59.00	59.00	59.00	59.00	59.00
4386	106.00	106.00	106.00	106.00	106.00	106.00
4388	172.00	172.00	172.00	172.00	172.00	172.00
4389	205.00	205.00	205.00	205.00	205.00	205.00
4394	245.00	245.00	245.00	245.00	245.00	245.00
4397	184.00	184.00	184.00	184.00	184.00	184.00
4399	295.00	295.00	295.00	295.00	295.00	295.00
4413	385.00	385.00	385.00	385.00	385.00	385.00
4455	32.50	32.50	32.50	32.50	32.50	32.50

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
4467	55.00	55.00	55.00	55.00	55.00	55.00
4482	130.00	130.00	130.00	130.00	130.00	130.00
4490	122.00	122.00	122.00	122.00	122.00	122.00
4492	265.00	265.00	265.00	265.00	265.00	265.00
4509	25.50	25.50	25.50	25.50	25.50	25.50
4523	134.00	134.00	134.00	134.00	134.00	134.00
4527	170.00	170.00	170.00	170.00	170.00	170.00
4534	47.00	47.00	47.00	47.00	47.00	47.00
4537	94.00	94.00	94.00	94.00	94.00	94.00
4544	118.00	118.00	118.00	118.00	118.00	118.00
4552	106.00	106.00	106.00	106.00	106.00	106.00
4557	138.00	138.00	138.00	138.00	138.00	138.00
4568	152.00	152.00	152.00	152.00	152.00	152.00
4573	184.00	184.00	184.00	184.00	184.00	184.00
4590	325.00	325.00	325.00	325.00	325.00	325.00
4606	164.00	205.00	164.00	164.00	164.00	164.00
4611	140.00	140.00	132.00	132.00	132.00	132.00
4617	178.00	178.00	164.00	164.00	164.00	164.00
4622	44.50	42.50	42.50	42.50	42.50	42.50
4629	16.40	16.40	16.40	16.40	16.40	16.40
4633	47.00	47.00	47.00	47.00	47.00	47.00
4637	92.00	92.00	92.00	92.00	92.00	92.00
4640	230.00	230.00	230.00	230.00	230.00	230.00
4643	170.00	170.00	170.00	170.00	170.00	170.00
4649	315.00	315.00	315.00	315.00	315.00	315.00
4651	152.00	152.00	152.00	152.00	152.00	152.00
4655	118.00	118.00	118.00	118.00	118.00	118.00
4658	94.00	94.00	94.00	94.00	94.00	94.00
4662	235.00	235.00	235.00	235.00	235.00	235.00
4665	385.00	385.00	385.00	385.00	385.00	385.00
4670	23.50	23.50	23.50	23.50	23.50	23.50
4676	118.00	118.00	118.00	118.00	118.00	118.00
4678	162.00	162.00	162.00	162.00	162.00	162.00
4690	235.00	235.00	235.00	235.00	235.00	235.00
4693	335.00	335.00	335.00	335.00	335.00	335.00
4695	510.00	510.00	510.00	510.00	510.00	510.00
4696	460.00	460.00	460.00	460.00	460.00	460.00
4699	555.00	555.00	555.00	555.00	555.00	555.00
4702	335.00	335.00	335.00	335.00	335.00	335.00
4705	555.00	555.00	555.00	555.00	555.00	555.00
4709	510.00	510.00	510.00	510.00	510.00	510.00
4715	245.00	245.00	245.00	245.00	245.00	245.00
4721	325.00	325.00	325.00	325.00	325.00	325.00
4733	275.00	275.00	275.00	275.00	275.00	275.00
4738	335.00	335.00	335.00	335.00	335.00	335.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
4744	625.00	625.00	625.00	625.00	625.00	625.00
4749	600.00	600.00	600.00	600.00	600.00	600.00
4754	625.00	625.00	625.00	625.00	625.00	625.00
4756	945.00	945.00	945.00	945.00	945.00	945.00
4762	555.00	555.00	555.00	555.00	555.00	555.00
4764	825.00	825.00	825.00	825.00	825.00	825.00
4766	555.00	555.00	555.00	555.00	555.00	555.00
4778	325.00	325.00	325.00	325.00	325.00	325.00
4784	415.00	415.00	415.00	415.00	415.00	415.00
4789	295.00	295.00	295.00	295.00	295.00	295.00
4791	685.00	685.00	685.00	685.00	685.00	685.00
4794	820.00	820.00	820.00	820.00	820.00	820.00
4798	580.00	580.00	580.00	580.00	580.00	580.00
4800	235.00	235.00	235.00	235.00	235.00	235.00
4806	235.00	235.00	235.00	235.00	235.00	235.00
4808	112.00	112.00	112.00	112.00	112.00	112.00
4812	86.00	86.00	86.00	86.00	86.00	86.00
4817	460.00	460.00	460.00	460.00	460.00	460.00
4822	245.00	245.00	245.00	245.00	245.00	245.00
4832	58.00	58.00	58.00	58.00	58.00	58.00
4838	96.00	96.00	96.00	96.00	96.00	96.00
4844	164.00	164.00	164.00	164.00	164.00	164.00
4853	164.00	164.00	164.00	164.00	164.00	164.00
4860	164.00	164.00	164.00	164.00	164.00	164.00
4864	164.00	164.00	164.00	164.00	164.00	164.00
4867	275.00	275.00	275.00	275.00	275.00	275.00
4870	215.00	215.00	215.00	215.00	215.00	215.00
4877	275.00	275.00	275.00	275.00	275.00	275.00
4927	72.00	72.00	72.00	72.00	72.00	72.00
4930	89.00	89.00	89.00	89.00	89.00	89.00
4934	110.00	110.00	110.00	110.00	110.00	110.00
4940	134.00	134.00	134.00	134.00	134.00	134.00
4943	128.00	128.00	128.00	128.00	128.00	128.00
4948	158.00	158.00	158.00	158.00	158.00	158.00
4950	144.00	144.00	144.00	144.00	144.00	144.00
4954	178.00	178.00	178.00	178.00	178.00	178.00
4957	164.00	164.00	164.00	164.00	164.00	164.00
4961	205.00	205.00	205.00	205.00	205.00	205.00
4965	85.00	85.00	85.00	85.00	85.00	85.00
4969	106.00	106.00	106.00	106.00	106.00	106.00
4972	106.00	106.00	106.00	106.00	106.00	106.00
4976	138.00	138.00	138.00	138.00	138.00	138.00
4979	164.00	164.00	164.00	164.00	164.00	164.00
4983	275.00	275.00	275.00	275.00	275.00	275.00
4987	555.00	555.00	555.00	555.00	555.00	555.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
4990	55.00	55.00	55.00	55.00	55.00	55.00
4993	67.00	67.00	67.00	67.00	67.00	67.00
4995	82.00	82.00	82.00	82.00	82.00	82.00
4997	102.00	102.00	102.00	102.00	102.00	102.00
4999	96.00	96.00	96.00	96.00	96.00	96.00
5002	118.00	118.00	118.00	118.00	118.00	118.00
5006	110.00	110.00	110.00	110.00	110.00	110.00
5009	134.00	134.00	134.00	134.00	134.00	134.00
5015	122.00	122.00	122.00	122.00	122.00	122.00
5018	154.00	154.00	154.00	154.00	154.00	154.00
5024	67.00	67.00	67.00	67.00	67.00	67.00
5029	85.00	85.00	85.00	85.00	85.00	85.00
5034	164.00	164.00	164.00	164.00	164.00	164.00
5038	138.00	138.00	138.00	138.00	138.00	138.00
5045	215.00	215.00	215.00	215.00	215.00	215.00
5048	295.00	295.00	295.00	295.00	295.00	295.00
5051	335.00	335.00	335.00	335.00	335.00	335.00
5055	685.00	685.00	685.00	685.00	685.00	685.00
5059	38.50	38.50	38.50	38.50	38.50	38.50
5062	112.00	112.00	112.00	112.00	112.00	112.00
5066	67.00	67.00	67.00	67.00	67.00	67.00
5068	76.00	76.00	76.00	76.00	76.00	76.00
5072	430.00	430.00	430.00	430.00	430.00	430.00
5075	275.00	275.00	275.00	275.00	275.00	275.00
5078	445.00	445.00	445.00	445.00	445.00	445.00
5081	510.00	510.00	510.00	510.00	510.00	510.00
5085	555.00	555.00	555.00	555.00	555.00	555.00
5087	245.00	245.00	245.00	245.00	245.00	245.00
5091	320.00	320.00	320.00	320.00	320.00	320.00
5095	510.00	510.00	510.00	510.00	510.00	510.00
5098	555.00	555.00	555.00	555.00	555.00	555.00
5100	685.00	685.00	685.00	685.00	685.00	685.00
5102	555.00	555.00	555.00	555.00	555.00	555.00
5104	625.00	625.00	625.00	625.00	625.00	625.00
5106	480.00	480.00	480.00	480.00	480.00	480.00
5108	1130.00	1130.00	1130.00	1130.00	1130.00	1130.00
5112	1130.00	1130.00	1130.00	1130.00	1130.00	1130.00
5116	555.00	555.00	555.00	555.00	555.00	555.00
5122	685.00	685.00	685.00	685.00	685.00	685.00
5127	555.00	555.00	555.00	555.00	555.00	555.00
5131	275.00	275.00	275.00	275.00	275.00	275.00
5138	510.00	510.00	510.00	510.00	510.00	510.00
5143	325.00	325.00	325.00	325.00	325.00	325.00
5147	510.00	510.00	510.00	510.00	510.00	510.00
5152	385.00	385.00	385.00	385.00	385.00	385.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
5158	555.00	555.00	555.00	555.00	555.00	555.00
5162	46.00	67.00	46.00	46.00	46.00	46.00
5166	205.00	245.00	205.00	205.00	205.00	205.00
5172	112.00	102.00	81.00	81.00	81.00	81.00
5176	22.00	22.00	22.00	22.00	22.00	22.00
5182	51.00	51.00	51.00	51.00	51.00	51.00
5186	51.00	51.00	51.00	51.00	51.00	51.00
5192	33.50	33.50	33.50	33.50	33.50	33.50
5196	58.00	58.00	58.00	58.00	58.00	58.00
5201	36.00	36.00	36.00	36.00	36.00	36.00
5205	38.50	38.50	38.50	38.50	38.50	38.50
5210	81.00	81.00	66.00	66.00	81.00	66.00
5214	102.00	102.00	81.00	81.00	102.00	81.00
5217	205.00	225.00	152.00	152.00	205.00	152.00
5229	47.00	47.00	47.00	47.00	47.00	47.00
5230	41.50	41.50	41.50	41.50	41.50	41.50
5233	76.00	76.00	76.00	76.00	76.00	76.00
5237	63.00	63.00	63.00	63.00	63.00	63.00
5241	82.00	82.00	82.00	82.00	82.00	82.00
5245	15.20	15.20	15.20	15.20	15.20	15.20
5254	42.50	42.50	42.50	42.50	42.50	42.50
5264	12.60	12.60	12.60	12.60	12.60	12.60
5268	205.00	205.00	205.00	205.00	205.00	205.00
5270	205.00	245.00	205.00	205.00	205.00	205.00
5277	285.00	285.00	285.00	285.00	285.00	285.00
5280	126.00	126.00	138.00	102.00	102.00	102.00
5284	55.00	55.00	55.00	55.00	55.00	55.00
5288	275.00	275.00	275.00	275.00	275.00	275.00
5295	360.00	360.00	360.00	360.00	360.00	360.00
5298	470.00	470.00	470.00	470.00	470.00	470.00
5301	172.00	225.00	172.00	172.00	172.00	172.00
5305	27.50	27.50	27.50	27.50	27.50	27.50
5308	158.00	158.00	158.00	158.00	158.00	158.00
5318	360.00	360.00	360.00	360.00	360.00	360.00
5320	285.00	285.00	285.00	285.00	285.00	285.00
5330	138.00	138.00	138.00	138.00	138.00	138.00
5337	385.00	385.00	385.00	385.00	385.00	385.00
5339	510.00	510.00	510.00	510.00	510.00	510.00
5343	18.80	21.50	17.20	16.40	16.40	16.40
5345	55.00	55.00	55.00	55.00	55.00	55.00
5348	58.00	58.00	58.00	58.00	58.00	58.00
5354	325.00	325.00	325.00	325.00	325.00	325.00
5357	275.00	275.00	275.00	275.00	275.00	275.00
5360	325.00	325.00	325.00	325.00	325.00	325.00
5363	102.00	102.00	86.00	86.00	86.00	86.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
5366	138.00	126.00	110.00	110.00	110.00	110.00
5389	128.00	128.00	110.00	110.00	110.00	110.00
5392	172.00	172.00	132.00	132.00	132.00	132.00
5396	53.00	53.00	53.00	53.00	53.00	53.00
5401	67.00	67.00	67.00	67.00	67.00	67.00
5407	55.00	44.50	44.50	44.50	44.50	44.50
5411	76.00	63.00	63.00	63.00	63.00	58.00
5431	41.50	41.50	41.50	41.50	41.50	41.50
5445	32.50	32.50	32.50	32.50	32.50	32.50
5449	16.40	16.40	16.40	16.40	16.40	16.40
5456	164.00	164.00	164.00	164.00	164.00	164.00
5464	86.00	86.00	86.00	86.00	86.00	86.00
5470	166.00	166.00	166.00	166.00	166.00	166.00
5480	112.00	112.00	112.00	112.00	112.00	112.00
5486	164.00	164.00	164.00	164.00	164.00	164.00
5490	24.50	24.50	24.50	24.50	24.50	24.50
5492	106.00	106.00	106.00	106.00	106.00	106.00
5498	600.00	600.00	600.00	600.00	600.00	600.00
5508	625.00	625.00	625.00	625.00	625.00	625.00
5520	86.00	86.00	86.00	86.00	86.00	86.00
5524	102.00	126.00	102.00	102.00	102.00	102.00
5530	112.00	138.00	112.00	112.00	112.00	112.00
5534	134.00	134.00	134.00	134.00	134.00	134.00
5540	188.00	188.00	188.00	188.00	188.00	188.00
5545	275.00	275.00	275.00	275.00	275.00	275.00
5556	275.00	275.00	275.00	275.00	275.00	275.00
5572	85.00	85.00	85.00	85.00	85.00	85.00
5598	112.00	112.00	112.00	112.00	112.00	112.00
5601	82.00	82.00	82.00	82.00	82.00	82.00
5605	82.00	82.00	82.00	82.00	82.00	82.00
5611	110.00	110.00	110.00	110.00	110.00	110.00
5613	170.00	170.00	170.00	170.00	170.00	170.00
5619	116.00	116.00	116.00	116.00	116.00	116.00
5636	405.00	405.00	405.00	405.00	405.00	405.00
5642	685.00	685.00	685.00	685.00	685.00	685.00
5644	470.00	470.00	470.00	470.00	470.00	470.00
5645	395.00	395.00	395.00	395.00	395.00	395.00
5647	385.00	385.00	385.00	385.00	385.00	385.00
5654	360.00	360.00	360.00	360.00	360.00	360.00
5661	445.00	445.00	445.00	445.00	445.00	445.00
5665	510.00	510.00	510.00	510.00	510.00	510.00
5675	560.00	560.00	560.00	560.00	560.00	560.00
5679	510.00	510.00	510.00	510.00	510.00	510.00
5683	345.00	345.00	345.00	345.00	345.00	345.00
5691	445.00	445.00	445.00	445.00	445.00	445.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
5699	515.00	515.00	515.00	515.00	515.00	515.00
5705	405.00	405.00	405.00	405.00	405.00	405.00
5715	360.00	360.00	360.00	360.00	360.00	360.00
5721	275.00	275.00	275.00	275.00	275.00	275.00
5724	320.00	320.00	320.00	320.00	320.00	320.00
5726	81.00	81.00	81.00	81.00	81.00	81.00
5729	164.00	164.00	164.00	164.00	164.00	164.00
5732	225.00	225.00	225.00	225.00	225.00	225.00
5734	445.00	445.00	445.00	445.00	445.00	445.00
5737	510.00	510.00	510.00	510.00	510.00	510.00
5741	445.00	445.00	445.00	445.00	445.00	445.00
5744	445.00	445.00	445.00	445.00	445.00	445.00
5747	360.00	360.00	360.00	360.00	360.00	360.00
5753	625.00	625.00	625.00	625.00	625.00	625.00
5757	820.00	820.00	820.00	820.00	820.00	820.00
5763	360.00	360.00	360.00	360.00	360.00	360.00
5769	445.00	445.00	445.00	445.00	445.00	445.00
5773	405.00	405.00	405.00	405.00	405.00	405.00
5777	510.00	510.00	510.00	510.00	510.00	510.00
5780	445.00	445.00	445.00	445.00	445.00	445.00
5785	445.00	445.00	445.00	445.00	445.00	445.00
5792	550.00	550.00	550.00	550.00	550.00	550.00
5799	445.00	445.00	445.00	445.00	445.00	445.00
5804	550.00	550.00	550.00	550.00	550.00	550.00
5807	625.00	625.00	625.00	625.00	625.00	625.00
5812	320.00	320.00	320.00	320.00	320.00	320.00
5816	360.00	360.00	360.00	360.00	360.00	360.00
5821	360.00	360.00	360.00	360.00	360.00	360.00
5827	445.00	445.00	445.00	445.00	445.00	445.00
5831	345.00	345.00	345.00	345.00	345.00	345.00
5836	445.00	445.00	445.00	445.00	445.00	445.00
5837	215.00	215.00	215.00	215.00	215.00	215.00
5840	13.80	15.20	13.80	13.80	15.20	13.40
5845	69.00	67.00	67.00	67.00	67.00	67.00
5851	89.00	102.00	89.00	89.00	89.00	89.00
5853	112.00	112.00	112.00	112.00	112.00	112.00
5861	44.50	44.50	44.50	44.50	44.50	44.50
5864	134.00	134.00	134.00	134.00	134.00	134.00
5868	112.00	112.00	112.00	112.00	112.00	112.00
5871	158.00	158.00	158.00	158.00	158.00	158.00
5875	335.00	335.00	335.00	335.00	335.00	335.00
5878	126.00	126.00	126.00	126.00	126.00	126.00
5881	225.00	225.00	225.00	225.00	225.00	225.00
5883	225.00	225.00	225.00	225.00	225.00	225.00
5885	164.00	205.00	164.00	164.00	164.00	164.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
5888	225.00	225.00	225.00	225.00	225.00	225.00
5891	275.00	275.00	275.00	275.00	275.00	275.00
5894	335.00	335.00	335.00	335.00	335.00	335.00
5897	164.00	164.00	164.00	164.00	164.00	164.00
5901	205.00	205.00	205.00	205.00	205.00	205.00
5903	38.50	38.50	38.50	38.50	38.50	38.50
5905	510.00	510.00	510.00	510.00	510.00	510.00
5916	335.00	335.00	335.00	335.00	335.00	335.00
5919	335.00	335.00	335.00	335.00	335.00	335.00
5929	360.00	360.00	360.00	360.00	360.00	360.00
5935	205.00	205.00	205.00	205.00	205.00	205.00
5941	405.00	405.00	405.00	405.00	405.00	405.00
5947	320.00	320.00	320.00	320.00	320.00	320.00
5956	360.00	360.00	360.00	360.00	360.00	360.00
5964	22.50	22.50	22.50	22.50	22.50	22.50
5968	225.00	225.00	225.00	225.00	225.00	225.00
5977	320.00	320.00	320.00	320.00	320.00	320.00
5981	820.00	820.00	820.00	820.00	820.00	820.00
5984	445.00	445.00	445.00	445.00	445.00	445.00
5993	550.00	550.00	550.00	550.00	550.00	550.00
6001	510.00	510.00	470.00	470.00	470.00	470.00
6005	470.00	525.00	470.00	470.00	470.00	470.00
6010	225.00	225.00	225.00	225.00	225.00	225.00
6017	555.00	555.00	555.00	555.00	555.00	555.00
6022	138.00	138.00	138.00	138.00	138.00	138.00
6027	205.00	205.00	205.00	205.00	205.00	205.00
6030	67.00	67.00	67.00	67.00	67.00	67.00
6033	225.00	225.00	225.00	225.00	225.00	225.00
6036	22.50	22.50	22.50	22.50	22.50	22.50
6039	38.50	36.00	38.50	38.50	38.50	38.50
6041	445.00	445.00	445.00	445.00	445.00	445.00
6044	134.00	134.00	134.00	134.00	134.00	134.00
6047	69.00	69.00	69.00	69.00	69.00	69.00
6053	158.00	158.00	158.00	158.00	158.00	158.00
6056	112.00	112.00	112.00	112.00	112.00	112.00
6061	82.00	82.00	82.00	82.00	82.00	82.00
6066	44.50	44.50	44.50	44.50	44.50	44.50
6069	112.00	112.00	112.00	112.00	112.00	112.00
6077	320.00	320.00	320.00	320.00	320.00	320.00
6079	275.00	275.00	275.00	275.00	275.00	275.00
6083	360.00	360.00	360.00	360.00	360.00	360.00
6086	360.00	360.00	360.00	360.00	360.00	360.00
6089	335.00	335.00	335.00	335.00	335.00	335.00
6092	335.00	335.00	335.00	335.00	335.00	335.00
6095	134.00	134.00	134.00	134.00	134.00	134.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6098	85.00	85.00	85.00	85.00	85.00	85.00
6105	178.00	178.00	178.00	178.00	178.00	178.00
6107	225.00	225.00	225.00	225.00	225.00	225.00
6110	345.00	345.00	345.00	345.00	345.00	345.00
6118	405.00	405.00	405.00	405.00	405.00	405.00
6122	134.00	134.00	134.00	134.00	134.00	134.00
6130	275.00	275.00	275.00	275.00	275.00	275.00
6135	445.00	445.00	445.00	445.00	445.00	445.00
6140	89.00	89.00	89.00	89.00	89.00	89.00
6146	89.00	89.00	89.00	89.00	89.00	89.00
6152	225.00	225.00	225.00	225.00	225.00	225.00
6157	360.00	360.00	360.00	360.00	360.00	360.00
6162	38.50	38.50	38.50	38.50	38.50	38.50
6166	360.00	360.00	360.00	360.00	360.00	360.00
6175	178.00	178.00	178.00	178.00	178.00	178.00
6179	225.00	225.00	225.00	225.00	225.00	225.00
6184	445.00	445.00	445.00	445.00	445.00	445.00
6189	225.00	225.00	225.00	225.00	225.00	225.00
6194	445.00	445.00	445.00	445.00	445.00	445.00
6199	22.50	22.50	22.50	22.50	22.50	22.50
6204	225.00	225.00	225.00	225.00	225.00	225.00
6208	320.00	320.00	320.00	320.00	320.00	320.00
6210	360.00	360.00	360.00	360.00	360.00	360.00
6212	138.00	138.00	138.00	138.00	138.00	138.00
6218	89.00	89.00	89.00	89.00	89.00	89.00
6221	110.00	110.00	110.00	110.00	110.00	110.00
6224	134.00	134.00	134.00	134.00	134.00	134.00
6228	134.00	134.00	134.00	134.00	134.00	134.00
6231	410.00	410.00	410.00	410.00	410.00	410.00
6232	315.00	315.00	315.00	315.00	315.00	315.00
6233	164.00	164.00	164.00	164.00	164.00	164.00
6236	152.00	152.00	152.00	152.00	152.00	152.00
6238	275.00	275.00	275.00	275.00	275.00	275.00
6241	320.00	320.00	320.00	320.00	320.00	320.00
6244	245.00	245.00	245.00	245.00	245.00	245.00
6245	350.00	350.00	350.00	350.00	350.00	350.00
6246	89.00	89.00	89.00	89.00	89.00	89.00
6249	89.00	89.00	89.00	89.00	89.00	89.00
6253	112.00	112.00	112.00	112.00	112.00	112.00
6258	39.00	39.00	39.00	39.00	39.00	39.00
6262	25.50	25.50	25.50	25.50	25.50	25.50
6271	42.50	42.50	42.50	42.50	42.50	42.50
6274	85.00	85.00	85.00	85.00	85.00	85.00
6277	106.00	106.00	106.00	106.00	106.00	106.00
6278	56.00	56.00	56.00	56.00	56.00	56.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6280	70.00	70.00	70.00	70.00	70.00	70.00
6284	28.00	28.00	28.00	28.00	28.00	28.00
6290	28.00	28.00	28.00	28.00	28.00	28.00
6292	56.00	56.00	56.00	56.00	56.00	56.00
6296	70.00	70.00	70.00	70.00	70.00	70.00
6299	128.00	128.00	128.00	128.00	128.00	128.00
6302	166.00	166.00	166.00	166.00	166.00	166.00
6306	565.00	565.00	565.00	565.00	565.00	565.00
6308	325.00	325.00	325.00	325.00	325.00	325.00
6313	20.50	20.50	20.50	20.50	20.50	20.50
6321	102.00	102.00	102.00	102.00	102.00	102.00
6325	325.00	325.00	325.00	325.00	325.00	325.00
6327	325.00	325.00	325.00	325.00	325.00	325.00
6332	192.00	192.00	192.00	192.00	192.00	192.00
6336	77.00	77.00	77.00	77.00	77.00	77.00
6342	59.00	59.00	59.00	59.00	59.00	59.00
6347	164.00	140.00	140.00	140.00	140.00	140.00
6352	200.00	174.00	174.00	174.00	174.00	174.00
6358	200.00	200.00	200.00	200.00	200.00	200.00
6363	255.00	255.00	255.00	255.00	255.00	255.00
6367	245.00	245.00	245.00	245.00	245.00	245.00
6373	300.00	300.00	300.00	300.00	320.00	300.00
6389	83.00	83.00	83.00	83.00	83.00	83.00
6396	255.00	255.00	255.00	255.00	255.00	255.00
6401	325.00	325.00	325.00	325.00	325.00	325.00
6406	320.00	320.00	320.00	320.00	320.00	320.00
6407	320.00	320.00	320.00	320.00	320.00	320.00
6408	174.00	174.00	174.00	174.00	174.00	174.00
6411	30.00	30.00	30.00	30.00	30.00	30.00
6415	30.00	30.00	30.00	30.00	30.00	30.00
6430	82.00	82.00	82.00	82.00	82.00	82.00
6431	102.00	102.00	102.00	102.00	102.00	102.00
6446	39.00	39.00	39.00	39.00	39.00	39.00
6451	51.00	51.00	51.00	51.00	51.00	51.00
6460	64.00	64.00	64.00	64.00	64.00	64.00
6464	82.00	87.00	82.00	82.00	82.00	82.00
6469	104.00	104.00	104.00	104.00	104.00	104.00
6483	140.00	140.00	140.00	140.00	140.00	140.00
6508	255.00	255.00	255.00	255.00	255.00	255.00
6513	255.00	255.00	255.00	255.00	255.00	255.00
6517	320.00	320.00	320.00	320.00	320.00	320.00
6532	335.00	335.00	335.00	335.00	335.00	335.00
6533	425.00	425.00	425.00	425.00	425.00	425.00
6536	535.00	535.00	535.00	535.00	535.00	535.00
6542	390.00	390.00	390.00	390.00	390.00	390.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6544	360.00	360.00	360.00	360.00	360.00	360.00
6553	200.00	200.00	200.00	200.00	200.00	200.00
6557	255.00	255.00	255.00	255.00	255.00	255.00
6570	280.00	280.00	280.00	280.00	280.00	280.00
6585	166.00	166.00	154.00	166.00	154.00	154.00
6594	205.00	225.00	205.00	205.00	205.00	205.00
6604	102.00	102.00	102.00	102.00	102.00	102.00
6607	192.00	192.00	192.00	192.00	192.00	192.00
6611	156.00	156.00	156.00	156.00	156.00	156.00
6612	192.00	192.00	192.00	192.00	192.00	192.00
6631	300.00	300.00	300.00	300.00	300.00	300.00
6633	350.00	350.00	350.00	350.00	350.00	350.00
6638	32.00	32.00	32.00	32.00	32.00	32.00
6641	20.50	20.50	20.50	20.50	20.50	20.50
6643	172.00	172.00	172.00	172.00	172.00	172.00
6644	215.00	215.00	215.00	215.00	215.00	215.00
6648	205.00	205.00	205.00	205.00	205.00	205.00
6649	260.00	260.00	260.00	260.00	260.00	260.00
6655	320.00	320.00	320.00	320.00	320.00	320.00
6677	172.00	172.00	172.00	172.00	172.00	172.00
6681	215.00	215.00	215.00	215.00	215.00	215.00
6686	48.00	48.00	48.00	48.00	48.00	48.00
6688	225.00	225.00	225.00	225.00	225.00	225.00
6692	285.00	285.00	285.00	285.00	285.00	285.00
6697	225.00	225.00	225.00	225.00	225.00	225.00
6699	285.00	285.00	285.00	285.00	285.00	285.00
6701	164.00	164.00	164.00	164.00	164.00	164.00
6703	96.00	96.00	96.00	96.00	96.00	96.00
6705	192.00	192.00	192.00	192.00	192.00	192.00
6707	295.00	295.00	295.00	295.00	295.00	295.00
6709	188.00	188.00	188.00	188.00	188.00	188.00
6715	390.00	390.00	390.00	390.00	390.00	390.00
6722	480.00	480.00	480.00	480.00	480.00	480.00
6724	235.00	235.00	235.00	235.00	235.00	235.00
6728	295.00	295.00	295.00	295.00	295.00	295.00
6730	345.00	345.00	345.00	345.00	345.00	345.00
6736	480.00	480.00	480.00	480.00	480.00	480.00
6740	192.00	192.00	192.00	192.00	192.00	192.00
6742	245.00	245.00	245.00	245.00	245.00	245.00
6744	345.00	345.00	345.00	345.00	345.00	345.00
6747	480.00	480.00	480.00	480.00	480.00	480.00
6752	55.00	55.00	55.00	55.00	55.00	55.00
6754	39.00	39.00	39.00	39.00	39.00	39.00
6758	215.00	215.00	215.00	215.00	215.00	215.00
6762	55.00	55.00	55.00	55.00	55.00	55.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6280	70.00	70.00	70.00	70.00	70.00	70.00
6284	28.00	28.00	28.00	28.00	28.00	28.00
6290	28.00	28.00	28.00	28.00	28.00	28.00
6292	56.00	56.00	56.00	56.00	56.00	56.00
6296	70.00	70.00	70.00	70.00	70.00	70.00
6299	128.00	128.00	128.00	128.00	128.00	128.00
6302	166.00	166.00	166.00	166.00	166.00	166.00
6306	565.00	565.00	565.00	565.00	565.00	565.00
6308	325.00	325.00	325.00	325.00	325.00	325.00
6313	20.50	20.50	20.50	20.50	20.50	20.50
6321	102.00	102.00	102.00	102.00	102.00	102.00
6325	325.00	325.00	325.00	325.00	325.00	325.00
6327	325.00	325.00	325.00	325.00	325.00	325.00
6332	192.00	192.00	192.00	192.00	192.00	192.00
6336	77.00	77.00	77.00	77.00	77.00	77.00
6342	59.00	59.00	59.00	59.00	59.00	59.00
6347	164.00	140.00	140.00	140.00	140.00	140.00
6352	200.00	174.00	174.00	174.00	174.00	174.00
6358	200.00	200.00	200.00	200.00	200.00	200.00
6363	255.00	255.00	255.00	255.00	255.00	255.00
6367	245.00	245.00	245.00	245.00	245.00	245.00
6373	300.00	300.00	300.00	300.00	320.00	300.00
6389	83.00	83.00	83.00	83.00	83.00	83.00
6396	255.00	255.00	255.00	255.00	255.00	255.00
6401	325.00	325.00	325.00	325.00	325.00	325.00
6406	320.00	320.00	320.00	320.00	320.00	320.00
6407	320.00	320.00	320.00	320.00	320.00	320.00
6408	174.00	174.00	174.00	174.00	174.00	174.00
6411	30.00	30.00	30.00	30.00	30.00	30.00
6415	16.20	16.20	16.20	16.20	16.20	16.20
6430	82.00	82.00	82.00	82.00	82.00	82.00
6431	102.00	102.00	102.00	102.00	102.00	102.00
6446	39.00	39.00	39.00	39.00	39.00	39.00
6451	51.00	51.00	51.00	51.00	51.00	51.00
6460	64.00	64.00	64.00	64.00	64.00	64.00
6464	82.00	87.00	82.00	82.00	82.00	82.00
6469	104.00	104.00	104.00	104.00	104.00	104.00
6483	140.00	140.00	140.00	140.00	140.00	140.00
6508	255.00	255.00	255.00	255.00	255.00	255.00
6513	255.00	255.00	255.00	255.00	255.00	255.00
6517	320.00	320.00	320.00	320.00	320.00	320.00
6532	335.00	335.00	335.00	335.00	335.00	335.00
6533	425.00	425.00	425.00	425.00	425.00	425.00
6536	535.00	535.00	535.00	535.00	535.00	535.00
6542	390.00	390.00	390.00	390.00	390.00	390.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6544	360.00	360.00	360.00	360.00	360.00	360.00
6553	200.00	200.00	200.00	200.00	200.00	200.00
6557	255.00	255.00	255.00	255.00	255.00	255.00
6570	280.00	280.00	280.00	280.00	280.00	280.00
6585	166.00	166.00	154.00	166.00	154.00	154.00
6594	205.00	225.00	205.00	205.00	205.00	205.00
6604	102.00	102.00	102.00	102.00	102.00	102.00
6607	192.00	192.00	192.00	192.00	192.00	192.00
6611	156.00	156.00	156.00	156.00	156.00	156.00
6612	192.00	192.00	192.00	192.00	192.00	192.00
6631	300.00	300.00	300.00	300.00	300.00	300.00
6633	350.00	350.00	350.00	350.00	350.00	350.00
6638	32.00	32.00	32.00	32.00	32.00	32.00
6641	20.50	20.50	20.50	20.50	20.50	20.50
6643	172.00	172.00	172.00	172.00	172.00	172.00
6644	215.00	215.00	215.00	215.00	215.00	215.00
6648	205.00	205.00	205.00	205.00	205.00	205.00
6649	260.00	260.00	260.00	260.00	260.00	260.00
6655	320.00	320.00	320.00	320.00	320.00	320.00
6677	172.00	172.00	172.00	172.00	172.00	172.00
6681	215.00	215.00	215.00	215.00	215.00	215.00
6686	48.00	48.00	48.00	48.00	48.00	48.00
6688	225.00	225.00	225.00	225.00	225.00	225.00
6692	285.00	285.00	285.00	285.00	285.00	285.00
6697	225.00	225.00	225.00	225.00	225.00	225.00
6699	285.00	285.00	285.00	285.00	285.00	285.00
6701	164.00	164.00	164.00	164.00	164.00	164.00
6703	96.00	96.00	96.00	96.00	96.00	96.00
6705	192.00	192.00	192.00	192.00	192.00	192.00
6707	295.00	295.00	295.00	295.00	295.00	295.00
6709	188.00	188.00	188.00	188.00	188.00	188.00
6715	390.00	390.00	390.00	390.00	390.00	390.00
6722	480.00	480.00	480.00	480.00	480.00	480.00
6724	235.00	235.00	235.00	235.00	235.00	235.00
6728	295.00	295.00	295.00	295.00	295.00	295.00
6730	345.00	345.00	345.00	345.00	345.00	345.00
6736	480.00	480.00	480.00	480.00	480.00	480.00
6740	192.00	192.00	192.00	192.00	192.00	192.00
6742	245.00	245.00	245.00	245.00	245.00	245.00
6744	345.00	345.00	345.00	345.00	345.00	345.00
6747	480.00	480.00	480.00	480.00	480.00	480.00
6752	55.00	55.00	55.00	55.00	55.00	55.00
6754	39.00	39.00	39.00	39.00	39.00	39.00
6758	215.00	215.00	215.00	215.00	215.00	215.00
6762	55.00	55.00	55.00	55.00	55.00	55.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6766	128.00	128.00	128.00	128.00	128.00	128.00
6767	24.50	22.00	22.00	22.00	22.00	22.00
6768	158.00	158.00	158.00	158.00	158.00	158.00
6772	96.00	96.00	96.00	96.00	96.00	96.00
6774	235.00	235.00	235.00	235.00	235.00	235.00
6778	325.00	325.00	325.00	325.00	325.00	325.00
6786	345.00	345.00	345.00	345.00	345.00	345.00
6792	295.00	295.00	295.00	295.00	295.00	295.00
6796	215.00	215.00	215.00	215.00	215.00	215.00
6799	67.00	67.00	46.00	46.00	46.00	46.00
6802	22.50	22.50	22.50	22.50	22.50	22.50
6805	63.00	53.00	38.50	38.50	38.50	38.50
6807	55.00	55.00	55.00	55.00	55.00	55.00
6810	178.00	178.00	178.00	178.00	178.00	178.00
6816	13.20	12.40	11.60	11.60	11.60	12.40
6818	33.50	33.50	33.50	33.50	33.50	33.50
6820	96.00	96.00	96.00	96.00	96.00	96.00
6824	33.50	33.50	33.50	33.50	33.50	33.50
6828	625.00	625.00	625.00	625.00	625.00	625.00
6832	415.00	415.00	415.00	415.00	415.00	415.00
6835	28.50	28.50	28.50	28.50	28.50	28.50
6837	118.00	126.00	110.00	110.00	110.00	110.00
6842	55.00	55.00	55.00	55.00	55.00	55.00
6846	128.00	128.00	128.00	128.00	128.00	128.00
6848	555.00	510.00	460.00	445.00	445.00	445.00
6852	295.00	295.00	295.00	295.00	295.00	295.00
6857	215.00	215.00	215.00	215.00	215.00	215.00
6859	555.00	555.00	555.00	555.00	555.00	555.00
6861	245.00	245.00	245.00	245.00	245.00	245.00
6863	625.00	625.00	625.00	625.00	625.00	625.00
6865	142.00	142.00	142.00	142.00	142.00	142.00
6871	295.00	295.00	295.00	295.00	295.00	295.00
6873	445.00	415.00	415.00	415.00	415.00	415.00
6879	325.00	325.00	325.00	325.00	325.00	325.00
6881	245.00	245.00	245.00	245.00	245.00	245.00
6885	245.00	245.00	245.00	245.00	245.00	245.00
6889	164.00	164.00	164.00	164.00	164.00	164.00
6894	510.00	510.00	510.00	510.00	510.00	510.00
6898	138.00	138.00	138.00	138.00	138.00	138.00
6900	415.00	415.00	415.00	415.00	415.00	415.00
6902	555.00	625.00	555.00	555.00	555.00	555.00
6904	164.00	164.00	164.00	164.00	164.00	164.00
6906	78.00	78.00	78.00	78.00	78.00	78.00
6908	275.00	275.00	275.00	275.00	275.00	275.00
6914	41.50	41.50	41.50	41.50	41.50	41.50

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6918	32.50	32.50	32.50	32.50	32.50	32.50
6922	275.00	275.00	245.00	245.00	245.00	245.00
6924	325.00	325.00	285.00	285.00	285.00	285.00
6928	345.00	345.00	325.00	325.00	325.00	325.00
6930	325.00	325.00	275.00	245.00	285.00	245.00
6932	188.00	188.00	188.00	188.00	188.00	188.00
6938	188.00	188.00	188.00	188.00	188.00	188.00
6940	32.00	32.00	32.00	32.00	32.00	32.00
6942	52.00	52.00	52.00	52.00	52.00	52.00
6953	52.00	52.00	52.00	52.00	52.00	52.00
6955	220.00	220.00	220.00	220.00	220.00	220.00
6958	425.00	425.00	425.00	425.00	425.00	425.00
6962	635.00	635.00	635.00	635.00	635.00	635.00
6964	460.00	460.00	460.00	460.00	460.00	460.00
6966	635.00	635.00	635.00	635.00	635.00	635.00
6968	330.00	330.00	330.00	330.00	330.00	330.00
6972	560.00	560.00	560.00	560.00	560.00	560.00
6974	132.00	132.00	132.00	132.00	132.00	132.00
6980	635.00	635.00	635.00	635.00	635.00	635.00
6986	635.00	635.00	635.00	635.00	635.00	635.00
6988	790.00	790.00	790.00	790.00	790.00	790.00
6992	192.00	192.00	192.00	192.00	192.00	192.00
6995	460.00	460.00	460.00	460.00	460.00	460.00
6997	460.00	460.00	460.00	460.00	460.00	460.00
6999	635.00	635.00	635.00	635.00	635.00	635.00
7001	205.00	205.00	205.00	205.00	205.00	205.00
7003	245.00	245.00	245.00	245.00	245.00	245.00
7006	295.00	295.00	295.00	295.00	295.00	295.00
7011	205.00	205.00	205.00	205.00	205.00	205.00
7013	345.00	345.00	345.00	345.00	345.00	345.00
7021	560.00	560.00	560.00	560.00	560.00	560.00
7028	280.00	280.00	280.00	280.00	280.00	280.00
7033	178.00	178.00	178.00	178.00	178.00	178.00
7042	140.00	140.00	140.00	140.00	140.00	140.00
7044	895.00	895.00	895.00	895.00	895.00	895.00
7046	895.00	895.00	895.00	895.00	895.00	895.00
7057	1290.00	1290.00	1290.00	1290.00	1290.00	1290.00
7066	1020.00	1020.00	1020.00	1020.00	1020.00	1020.00
7079	126.00	126.00	126.00	126.00	126.00	126.00
7081	132.00	132.00	132.00	132.00	132.00	132.00
7085	35.50	35.50	35.50	35.50	35.50	35.50
7089	40.50	40.50	40.50	40.50	40.50	40.50
7099	89.00	89.00	89.00	89.00	89.00	89.00
7106	59.00	59.00	59.00	59.00	59.00	59.00
7111	72.00	72.00	72.00	72.00	72.00	72.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7112	102.00	102.00	102.00	102.00	102.00	102.00
7116	94.00	94.00	94.00	94.00	94.00	94.00
7117	120.00	120.00	120.00	120.00	120.00	120.00
7120	164.00	164.00	164.00	164.00	164.00	164.00
7121	215.00	215.00	215.00	215.00	215.00	215.00
7124	205.00	205.00	205.00	205.00	205.00	205.00
7129	330.00	330.00	330.00	330.00	330.00	330.00
7132	225.00	225.00	225.00	225.00	225.00	225.00
7138	360.00	360.00	360.00	360.00	360.00	360.00
7139	405.00	405.00	405.00	405.00	405.00	405.00
7143	205.00	205.00	205.00	205.00	205.00	205.00
7148	86.00	86.00	86.00	86.00	86.00	86.00
7152	110.00	110.00	110.00	110.00	110.00	110.00
7156	205.00	205.00	205.00	205.00	205.00	205.00
7157	205.00	205.00	205.00	205.00	205.00	205.00
7170	550.00	550.00	550.00	550.00	550.00	550.00
7171	720.00	720.00	720.00	720.00	720.00	720.00
7175	172.00	172.00	172.00	172.00	172.00	172.00
7178	120.00	120.00	102.00	102.00	102.00	102.00
7182	152.00	152.00	126.00	126.00	126.00	126.00
7184	38.50	38.50	38.50	38.50	38.50	38.50
7186	110.00	110.00	110.00	110.00	110.00	110.00
7192	220.00	220.00	220.00	220.00	220.00	220.00
7194	460.00	460.00	460.00	460.00	460.00	460.00
7198	665.00	665.00	665.00	665.00	665.00	665.00
7203	1130.00	1130.00	1130.00	1130.00	1130.00	1130.00
7212	220.00	220.00	220.00	220.00	220.00	220.00
7216	510.00	510.00	510.00	510.00	510.00	510.00
7231	335.00	335.00	335.00	335.00	335.00	335.00
7240	430.00	430.00	430.00	430.00	430.00	430.00
7244	510.00	510.00	510.00	510.00	510.00	510.00
7248	510.00	510.00	510.00	510.00	510.00	510.00
7251	415.00	415.00	415.00	415.00	415.00	415.00
7265	1130.00	1130.00	1130.00	1130.00	1130.00	1130.00
7270	600.00	600.00	600.00	600.00	600.00	600.00
7274	295.00	295.00	295.00	295.00	295.00	295.00
7279	335.00	335.00	335.00	335.00	335.00	335.00
7283	665.00	665.00	665.00	665.00	665.00	665.00
7287	220.00	220.00	220.00	220.00	220.00	220.00
7291	335.00	335.00	335.00	335.00	335.00	335.00
7298	415.00	415.00	415.00	415.00	415.00	415.00
7312	510.00	510.00	510.00	510.00	510.00	510.00
7314	425.00	425.00	425.00	425.00	425.00	425.00
7316	425.00	425.00	425.00	425.00	425.00	425.00
7318	225.00	225.00	225.00	225.00	225.00	225.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7320	335.00	335.00	335.00	335.00	335.00	335.00
7324	335.00	335.00	335.00	335.00	335.00	335.00
7326	470.00	470.00	470.00	470.00	470.00	470.00
7328	425.00	425.00	425.00	425.00	425.00	425.00
7331	445.00	445.00	445.00	445.00	445.00	445.00
7336	445.00	445.00	445.00	445.00	445.00	445.00
7341	445.00	445.00	445.00	445.00	445.00	445.00
7346	460.00	460.00	460.00	460.00	460.00	460.00
7353	560.00	560.00	560.00	560.00	560.00	560.00
7355	510.00	510.00	510.00	510.00	510.00	510.00
7361	265.00	265.00	265.00	265.00	265.00	265.00
7365	265.00	265.00	265.00	265.00	265.00	265.00
7370	445.00	445.00	445.00	445.00	445.00	445.00
7376	330.00	330.00	330.00	330.00	330.00	330.00
7381	295.00	295.00	295.00	295.00	295.00	295.00
7397	22.00	22.00	22.00	22.00	22.00	22.00
7410	34.50	34.50	34.50	34.50	34.50	34.50
7412	41.50	41.50	41.50	41.50	41.50	41.50
7416	34.50	34.50	34.50	34.50	34.50	34.50
7419	27.50	27.50	27.50	27.50	27.50	27.50
7423	51.00	51.00	51.00	51.00	51.00	51.00
7426	32.50	32.50	32.50	32.50	32.50	32.50
7430	66.00	66.00	66.00	66.00	66.00	66.00
7432	82.00	82.00	82.00	82.00	82.00	82.00
7435	14.00	14.00	14.00	14.00	14.00	14.00
7436	41.50	41.50	41.50	41.50	41.50	41.50
7440	106.00	106.00	106.00	106.00	106.00	106.00
7443	138.00	138.00	138.00	138.00	138.00	138.00
7446	78.00	78.00	78.00	78.00	78.00	78.00
7451	96.00	96.00	96.00	96.00	96.00	96.00
7457	32.50	32.50	32.50	32.50	32.50	32.50
7461	55.00	55.00	55.00	55.00	55.00	55.00
7464	16.40	16.40	16.40	16.40	16.40	16.40
7468	41.50	41.50	41.50	41.50	41.50	41.50
7472	126.00	126.00	126.00	126.00	126.00	126.00
7480	56.00	56.00	56.00	56.00	56.00	56.00
7483	0.00	0.00	0.00	0.00	0.00	0.00
7505	20.50	20.50	20.50	20.50	20.50	20.50
7508	42.50	42.50	42.50	42.50	42.50	42.50
7512	63.00	63.00	63.00	63.00	63.00	63.00
7516	28.50	28.50	28.50	28.50	28.50	28.50
7520	63.00	63.00	63.00	63.00	63.00	63.00
7524	86.00	86.00	86.00	86.00	86.00	78.00
7527	72.00	72.00	72.00	72.00	72.00	72.00
7530	102.00	102.00	102.00	102.00	102.00	102.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7533	32.50	32.50	32.50	32.50	32.50	32.50
7535	63.00	63.00	63.00	63.00	63.00	63.00
7538	76.00	76.00	76.00	76.00	76.00	76.00
7540	81.00	81.00	85.00	81.00	81.00	81.00
7544	112.00	102.00	126.00	112.00	112.00	102.00
7547	63.00	63.00	63.00	63.00	63.00	63.00
7550	67.00	72.00	67.00	67.00	72.00	67.00
7552	86.00	102.00	81.00	81.00	102.00	81.00
7559	66.00	66.00	66.00	66.00	66.00	66.00
7563	81.00	81.00	81.00	81.00	81.00	81.00
7567	96.00	96.00	96.00	96.00	96.00	96.00
7572	140.00	140.00	140.00	140.00	140.00	140.00
7588	44.50	44.50	44.50	44.50	44.50	44.50
7593	63.00	60.00	63.00	55.00	55.00	55.00
7597	55.00	55.00	55.00	55.00	55.00	55.00
7601	13.20	12.40	11.60	11.60	11.60	12.40
7605	18.80	17.80	17.80	17.80	17.80	15.80
7608	82.00	82.00	82.00	82.00	82.00	82.00
7610	110.00	110.00	110.00	110.00	110.00	110.00
7615	63.00	63.00	63.00	63.00	63.00	63.00
7619	82.00	82.00	82.00	82.00	82.00	82.00
7624	188.00	188.00	188.00	188.00	188.00	188.00
7627	245.00	245.00	245.00	245.00	245.00	245.00
7632	48.00	48.00	48.00	48.00	48.00	48.00
7637	66.00	69.00	60.00	63.00	63.00	63.00
7641	72.00	76.00	66.00	63.00	70.00	63.00
7643	102.00	102.00	86.00	86.00	86.00	86.00
7647	122.00	122.00	122.00	122.00	122.00	122.00
7652	164.00	164.00	164.00	164.00	164.00	164.00
7673	43.00	43.00	43.00	43.00	43.00	43.00
7677	63.00	63.00	63.00	63.00	63.00	63.00
7681	17.20	17.20	17.20	17.20	17.20	17.20
7683	27.50	27.50	27.50	27.50	27.50	27.50
7687	42.50	42.50	42.50	42.50	42.50	42.50
7691	42.50	42.50	42.50	42.50	42.50	42.50
7694	13.20	12.40	11.60	11.60	11.60	12.40
7697	18.80	17.80	17.80	17.80	17.80	15.80
7701	13.20	12.40	11.60	11.60	11.60	12.40
7706	18.80	17.80	17.80	17.80	17.80	15.80
7709	81.00	81.00	81.00	63.00	63.00	63.00
7712	112.00	112.00	102.00	81.00	81.00	81.00
7715	225.00	225.00	225.00	225.00	225.00	225.00
7718	52.00	52.00	52.00	52.00	52.00	52.00
7721	69.00	69.00	69.00	69.00	69.00	69.00
7727	152.00	152.00	152.00	152.00	152.00	152.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7739	63.00	63.00	63.00	63.00	63.00	63.00
7743	82.00	82.00	82.00	82.00	82.00	82.00
7749	205.00	205.00	205.00	205.00	205.00	205.00
7764	56.00	56.00	56.00	56.00	56.00	56.00
7766	76.00	76.00	76.00	76.00	76.00	76.00
7774	13.20	12.40	11.60	11.60	11.60	12.40
7777	18.80	17.80	17.80	17.80	17.80	15.80
7781	13.20	12.40	11.60	11.60	11.60	12.40
7785	18.80	17.80	17.80	17.80	17.80	15.80
7789	96.00	96.00	96.00	96.00	96.00	96.00
7793	164.00	164.00	164.00	164.00	164.00	164.00
7798	415.00	415.00	415.00	415.00	415.00	415.00
7802	56.00	56.00	56.00	56.00	56.00	56.00
7803	0.00	0.00	0.00	0.00	0.00	0.00
7808	56.00	56.00	56.00	56.00	56.00	56.00
7809	0.00	0.00	0.00	0.00	0.00	0.00
7815	56.00	56.00	56.00	56.00	56.00	56.00
7817	0.00	0.00	0.00	0.00	0.00	0.00
7821	56.00	56.00	56.00	56.00	56.00	56.00
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	132.00	132.00	132.00	132.00	132.00	132.00
7857	132.00	132.00	132.00	132.00	132.00	132.00
7861	16.40	16.40	13.20	13.20	13.20	13.20
7864	14.00	14.00	14.00	14.00	14.00	14.00
7868	33.50	33.50	33.50	33.50	33.50	33.50
7872	78.00	58.00	58.00	58.00	58.00	58.00
7878	102.00	76.00	76.00	72.00	76.00	72.00
7883	58.00	58.00	58.00	58.00	58.00	58.00
7886	86.00	86.00	86.00	86.00	86.00	86.00
7898	460.00	460.00	460.00	460.00	460.00	460.00
7902	170.00	170.00	170.00	170.00	170.00	170.00
7911	53.00	53.00	53.00	53.00	53.00	53.00
7915	66.00	66.00	66.00	66.00	66.00	66.00
7926	85.00	85.00	85.00	85.00	85.00	85.00
7928	140.00	140.00	140.00	140.00	140.00	140.00
7932	140.00	140.00	140.00	140.00	140.00	140.00
7934	720.00	720.00	720.00	720.00	720.00	720.00
7937	235.00	235.00	235.00	235.00	235.00	235.00
7938	895.00	895.00	895.00	895.00	895.00	895.00
7939	1130.00	1130.00	1130.00	1130.00	1130.00	1130.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7940	158.00	158.00	158.00	158.00	158.00	158.00
7942	335.00	335.00	335.00	335.00	335.00	335.00
7945	595.00	595.00	595.00	595.00	595.00	595.00
7947	515.00	515.00	515.00	515.00	515.00	515.00
7951	660.00	660.00	660.00	660.00	660.00	660.00
7957	595.00	595.00	595.00	595.00	595.00	595.00
7961	795.00	795.00	795.00	795.00	795.00	795.00
7967	580.00	580.00	580.00	580.00	580.00	580.00
7969	795.00	795.00	795.00	795.00	795.00	795.00
7975	405.00	405.00	405.00	405.00	405.00	405.00
7977	320.00	320.00	320.00	320.00	320.00	320.00
7983	405.00	405.00	405.00	405.00	405.00	405.00
7993	285.00	285.00	285.00	285.00	285.00	285.00
7999	265.00	265.00	265.00	265.00	265.00	265.00
8001	235.00	235.00	235.00	235.00	235.00	235.00
8003	355.00	355.00	355.00	355.00	355.00	355.00
8009	132.00	132.00	132.00	132.00	132.00	132.00
8014	140.00	140.00	140.00	140.00	140.00	140.00
8017	360.00	360.00	360.00	360.00	360.00	360.00
8019	425.00	425.00	425.00	425.00	425.00	425.00
8022	154.00	154.00	128.00	116.00	116.00	116.00
8026	42.50	42.50	42.50	42.50	42.50	42.50
8028	220.00	220.00	220.00	220.00	220.00	220.00
8032	245.00	245.00	245.00	245.00	245.00	245.00
8036	220.00	220.00	220.00	220.00	220.00	220.00
8040	158.00	158.00	158.00	158.00	158.00	158.00
8044	560.00	560.00	560.00	560.00	560.00	560.00
8048	390.00	390.00	390.00	390.00	390.00	390.00
8053	390.00	390.00	390.00	390.00	390.00	390.00
8069	550.00	550.00	550.00	550.00	550.00	550.00
8070	720.00	720.00	720.00	720.00	720.00	720.00
8074	285.00	285.00	285.00	285.00	285.00	285.00
8080	104.00	104.00	104.00	104.00	104.00	104.00
8082	188.00	188.00	188.00	188.00	188.00	188.00
8085	225.00	225.00	225.00	225.00	225.00	225.00
8088	350.00	350.00	350.00	350.00	350.00	350.00
8090	350.00	350.00	350.00	350.00	350.00	350.00
8092	445.00	445.00	445.00	445.00	445.00	445.00
8105	15.20	15.20	15.20	15.20	15.20	15.20
8113	192.00	192.00	192.00	192.00	192.00	192.00
8116	285.00	320.00	285.00	285.00	285.00	285.00
8120	170.00	170.00	170.00	170.00	170.00	170.00
8131	240.00	240.00	215.00	215.00	225.00	215.00
8135	320.00	295.00	275.00	275.00	275.00	275.00
8151	104.00	104.00	104.00	104.00	104.00	104.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8153	128.00	128.00	128.00	128.00	128.00	128.00
8158	285.00	285.00	285.00	285.00	285.00	285.00
8161	225.00	225.00	225.00	225.00	225.00	225.00
8166	170.00	170.00	170.00	170.00	170.00	170.00
8169	104.00	104.00	104.00	104.00	104.00	104.00
8173	128.00	128.00	128.00	128.00	128.00	128.00
8179	126.00	126.00	126.00	126.00	126.00	126.00
8182	158.00	158.00	158.00	158.00	158.00	158.00
8185	132.00	132.00	120.00	120.00	132.00	120.00
8187	140.00	140.00	140.00	140.00	140.00	140.00
8190	140.00	140.00	140.00	140.00	140.00	140.00
8193	170.00	170.00	170.00	170.00	170.00	170.00
8195	192.00	192.00	192.00	192.00	192.00	192.00
8198	320.00	320.00	320.00	320.00	320.00	320.00
8201	460.00	460.00	460.00	460.00	460.00	460.00
8206	320.00	320.00	320.00	320.00	320.00	320.00
8209	295.00	295.00	295.00	295.00	295.00	295.00
8211	320.00	320.00	320.00	320.00	320.00	320.00
8214	78.00	78.00	78.00	78.00	78.00	78.00
8217	158.00	158.00	158.00	158.00	158.00	158.00
8219	134.00	134.00	134.00	134.00	134.00	134.00
8222	170.00	170.00	170.00	170.00	170.00	170.00
8225	192.00	192.00	192.00	192.00	192.00	192.00
8227	70.00	70.00	70.00	70.00	70.00	70.00
8230	85.00	85.00	85.00	85.00	85.00	85.00
8233	132.00	132.00	132.00	132.00	132.00	132.00
8235	166.00	166.00	166.00	166.00	166.00	166.00
8238	210.00	210.00	210.00	210.00	210.00	210.00
8241	58.00	58.00	58.00	58.00	58.00	58.00
8243	85.00	85.00	85.00	85.00	85.00	85.00
8246	53.00	53.00	53.00	53.00	53.00	53.00
8249	128.00	128.00	128.00	128.00	128.00	128.00
8251	235.00	235.00	235.00	235.00	235.00	235.00
8257	320.00	320.00	320.00	320.00	320.00	320.00
8259	240.00	240.00	240.00	240.00	240.00	240.00
8262	140.00	140.00	140.00	140.00	140.00	140.00
8267	104.00	104.00	104.00	104.00	104.00	104.00
8275	152.00	152.00	152.00	152.00	152.00	152.00
8279	86.00	86.00	86.00	86.00	86.00	86.00
8282	116.00	116.00	116.00	116.00	116.00	116.00
8283	152.00	152.00	152.00	152.00	152.00	152.00
8287	106.00	106.00	106.00	106.00	106.00	106.00
8290	255.00	255.00	255.00	255.00	255.00	255.00
8294	170.00	170.00	170.00	170.00	170.00	170.00
8296	85.00	85.00	85.00	85.00	85.00	85.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8298	210.00	210.00	210.00	210.00	210.00	210.00
8302	320.00	320.00	320.00	320.00	320.00	320.00
8304	390.00	390.00	390.00	390.00	390.00	390.00
8306	515.00	515.00	515.00	515.00	515.00	515.00
8310	192.00	192.00	192.00	192.00	192.00	192.00
8312	192.00	192.00	192.00	192.00	192.00	192.00
8314	265.00	265.00	265.00	265.00	265.00	265.00
8316	265.00	265.00	265.00	265.00	265.00	265.00
8318	525.00	525.00	525.00	525.00	525.00	525.00
8320	245.00	245.00	245.00	245.00	245.00	245.00
8322	230.00	230.00	230.00	230.00	230.00	230.00
8324	265.00	265.00	265.00	265.00	265.00	265.00
8326	265.00	265.00	265.00	265.00	265.00	265.00
8328	192.00	192.00	192.00	192.00	192.00	192.00
8330	265.00	265.00	265.00	265.00	265.00	265.00
8332	92.00	67.00	67.00	67.00	67.00	67.00
8334	22.50	22.50	22.50	22.50	22.50	22.50
8336	28.50	28.50	28.50	28.50	28.50	28.50
8349	46.00	46.00	46.00	46.00	46.00	46.00
8351	28.50	28.50	28.50	28.50	28.50	28.50
8352	22.50	22.50	22.50	22.50	22.50	22.50
8354	34.50	34.50	34.50	34.50	34.50	34.50
8356	34.50	34.50	34.50	34.50	34.50	34.50
8378	425.00	425.00	425.00	425.00	425.00	425.00
8380	415.00	415.00	415.00	415.00	415.00	415.00
8382	104.00	104.00	104.00	104.00	104.00	104.00
8384	225.00	225.00	225.00	225.00	225.00	225.00
8386	170.00	170.00	170.00	170.00	170.00	170.00
8388	515.00	515.00	515.00	515.00	515.00	515.00
8390	515.00	515.00	515.00	515.00	515.00	515.00
8392	635.00	635.00	635.00	635.00	635.00	635.00
8394	445.00	445.00	445.00	445.00	445.00	445.00
8398	580.00	580.00	580.00	580.00	580.00	580.00
8400	510.00	510.00	510.00	510.00	510.00	510.00
8402	565.00	565.00	565.00	565.00	565.00	565.00
8406	188.00	188.00	188.00	188.00	188.00	188.00
8408	550.00	550.00	550.00	550.00	550.00	550.00
8410	285.00	285.00	285.00	285.00	285.00	285.00
8412	245.00	245.00	245.00	245.00	245.00	245.00
8414	560.00	560.00	560.00	560.00	560.00	560.00
8418	335.00	335.00	335.00	335.00	335.00	335.00
8422	172.00	172.00	172.00	172.00	172.00	172.00
8424	385.00	385.00	385.00	385.00	385.00	385.00
8428	22.50	22.50	22.50	22.50	22.50	22.50
8430	58.00	58.00	58.00	58.00	58.00	58.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8432	82.00	82.00	82.00	82.00	82.00	82.00
8434	106.00	106.00	106.00	106.00	106.00	106.00
8436	225.00	225.00	225.00	225.00	225.00	225.00
8440	265.00	265.00	265.00	265.00	265.00	265.00
8442	320.00	320.00	320.00	320.00	320.00	320.00
8444	470.00	470.00	470.00	470.00	470.00	470.00
8450	220.00	220.00	220.00	220.00	220.00	220.00
8452	82.00	82.00	82.00	82.00	82.00	82.00
8454	184.00	184.00	184.00	184.00	184.00	184.00
8458	43.00	43.00	43.00	43.00	43.00	43.00
8462	63.00	63.00	51.00	51.00	51.00	43.00
8466	76.00	76.00	76.00	76.00	76.00	76.00
8470	102.00	102.00	102.00	102.00	102.00	102.00
8472	152.00	152.00	152.00	152.00	152.00	152.00
8474	265.00	265.00	265.00	265.00	265.00	265.00
8476	360.00	360.00	360.00	360.00	360.00	360.00
8478	220.00	220.00	220.00	220.00	220.00	220.00
8480	132.00	132.00	132.00	132.00	132.00	132.00
8484	192.00	192.00	192.00	192.00	192.00	192.00
8485	220.00	220.00	220.00	220.00	220.00	220.00
8486	110.00	110.00	110.00	110.00	110.00	110.00
8487	470.00	470.00	470.00	470.00	470.00	470.00
8488	210.00	210.00	210.00	210.00	210.00	210.00
8490	120.00	120.00	120.00	120.00	120.00	120.00
8492	55.00	55.00	55.00	55.00	55.00	55.00
8494	205.00	205.00	205.00	205.00	205.00	205.00
8496	110.00	110.00	110.00	110.00	110.00	110.00
8498	220.00	220.00	220.00	220.00	220.00	220.00
8500	172.00	172.00	172.00	172.00	172.00	172.00
8502	120.00	120.00	120.00	120.00	120.00	120.00
8504	96.00	96.00	96.00	96.00	96.00	96.00
8508	192.00	192.00	192.00	192.00	192.00	192.00
8509	140.00	140.00	140.00	140.00	140.00	140.00
8510	325.00	325.00	325.00	325.00	325.00	325.00
8511	295.00	295.00	295.00	295.00	295.00	295.00
8512	132.00	132.00	132.00	132.00	132.00	132.00
8516	275.00	275.00	275.00	275.00	275.00	275.00
8518	220.00	220.00	220.00	220.00	220.00	220.00
8522	102.00	102.00	102.00	102.00	102.00	102.00
8524	138.00	138.00	138.00	138.00	138.00	138.00
8528	415.00	415.00	415.00	415.00	415.00	415.00
8530	345.00	345.00	345.00	345.00	345.00	345.00
8535	220.00	220.00	220.00	220.00	220.00	220.00
8540	600.00	600.00	600.00	600.00	600.00	600.00
8542	515.00	515.00	515.00	515.00	515.00	515.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8544	154.00	154.00	154.00	154.00	154.00	154.00
8546	335.00	335.00	335.00	335.00	335.00	335.00
8548	390.00	390.00	390.00	390.00	390.00	390.00
8551	410.00	410.00	410.00	410.00	410.00	410.00
8552	225.00	225.00	225.00	225.00	225.00	225.00
8554	415.00	415.00	415.00	415.00	415.00	415.00
8556	325.00	325.00	325.00	325.00	325.00	325.00
8560	275.00	275.00	275.00	275.00	275.00	275.00
8564	275.00	275.00	275.00	275.00	275.00	275.00
8568	385.00	385.00	385.00	385.00	385.00	385.00
8570	220.00	220.00	220.00	220.00	220.00	220.00
8574	240.00	240.00	240.00	240.00	240.00	240.00
8578	275.00	275.00	275.00	275.00	275.00	275.00
8582	275.00	275.00	275.00	275.00	275.00	275.00
8584	110.00	110.00	110.00	110.00	110.00	110.00
8585	152.00	152.00	152.00	152.00	152.00	152.00
8586	360.00	320.00	320.00	320.00	320.00	320.00
8588	152.00	152.00	152.00	152.00	152.00	152.00
8592	220.00	220.00	220.00	220.00	220.00	220.00
8594	240.00	240.00	240.00	240.00	240.00	240.00
8596	275.00	275.00	275.00	275.00	275.00	275.00
8598	470.00	470.00	470.00	470.00	470.00	470.00
8600	595.00	595.00	595.00	595.00	595.00	595.00
8602	69.00	69.00	69.00	69.00	69.00	69.00
8604	164.00	164.00	164.00	164.00	164.00	164.00
8606	235.00	235.00	235.00	235.00	235.00	235.00
8608	245.00	245.00	245.00	245.00	245.00	245.00
8612	325.00	325.00	325.00	325.00	325.00	325.00
8614	152.00	152.00	152.00	152.00	152.00	152.00
8616	152.00	152.00	152.00	152.00	152.00	152.00
8618	390.00	390.00	390.00	390.00	390.00	390.00
8620	114.00	114.00	114.00	114.00	114.00	114.00
8622	295.00	295.00	295.00	295.00	295.00	295.00
8624	405.00	405.00	405.00	405.00	405.00	405.00
8628	126.00	126.00	126.00	126.00	126.00	126.00
8630	240.00	240.00	240.00	240.00	240.00	240.00
8632	555.00	555.00	555.00	555.00	555.00	555.00
8634	164.00	164.00	164.00	164.00	164.00	164.00
8636	295.00	295.00	295.00	295.00	295.00	295.00
8640	385.00	385.00	385.00	385.00	385.00	385.00
8644	192.00	192.00	192.00	192.00	192.00	192.00
8648	275.00	275.00	275.00	275.00	275.00	275.00
8652	275.00	275.00	275.00	275.00	275.00	275.00
8656	345.00	345.00	345.00	345.00	345.00	345.00
8700	61.00	61.00	61.00	61.00	61.00	61.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8702	24.50	24.50	24.50	24.50	21.50	24.50
8704	49.00	49.00	49.00	49.00	49.00	49.00
8706	16.60	16.60	16.60	16.60	16.60	16.60
8708	24.50	24.50	24.50	24.50	24.50	24.50
8710	27.00	27.00	27.00	27.00	27.00	27.00
8711	40.50	40.50	40.50	40.50	40.50	40.50
8712	110.00	110.00	110.00	110.00	110.00	110.00
8713	97.00	97.00	97.00	97.00	97.00	97.00
8716	84.00	84.00	84.00	84.00	84.00	84.00
8717	73.00	73.00	73.00	73.00	73.00	73.00
8720	138.00	138.00	138.00	138.00	138.00	138.00
8721	73.00	73.00	73.00	73.00	73.00	73.00
8723	166.00	166.00	166.00	166.00	166.00	166.00
8724	84.00	84.00	84.00	84.00	84.00	84.00
8730	84.00	84.00	84.00	84.00	84.00	84.00
8731	73.00	73.00	73.00	73.00	73.00	73.00
8736	112.00	112.00	112.00	112.00	112.00	112.00
8737	100.00	100.00	100.00	100.00	100.00	100.00
8738	86.00	86.00	86.00	86.00	86.00	86.00
8739	76.00	76.00	76.00	76.00	76.00	76.00
8742	166.00	166.00	166.00	166.00	166.00	166.00
8743	144.00	144.00	144.00	144.00	144.00	144.00
8746	58.00	58.00	58.00	58.00	58.00	58.00
8747	51.00	51.00	51.00	51.00	51.00	51.00
8750	86.00	86.00	86.00	86.00	86.00	86.00
8755	86.00	86.00	86.00	86.00	86.00	86.00
8756	76.00	76.00	76.00	76.00	76.00	76.00
8759	112.00	112.00	112.00	112.00	112.00	112.00
8760	99.00	99.00	99.00	99.00	99.00	99.00
8763	59.00	59.00	59.00	59.00	59.00	59.00
8764	52.00	52.00	52.00	52.00	52.00	52.00
8769	114.00	114.00	114.00	114.00	114.00	114.00
8770	100.00	100.00	100.00	100.00	100.00	100.00
8773	86.00	86.00	86.00	86.00	86.00	86.00
8774	77.00	77.00	77.00	77.00	77.00	77.00
8779	33.00	33.00	33.00	33.00	33.00	33.00
8780	29.50	29.50	29.50	29.50	29.50	29.50
8783	112.00	112.00	112.00	112.00	112.00	112.00
8784	99.00	99.00	99.00	99.00	99.00	99.00
8787	84.00	84.00	84.00	84.00	84.00	84.00
8788	73.00	73.00	73.00	73.00	73.00	73.00
8793	225.00	225.00	225.00	225.00	225.00	225.00
8794	196.00	196.00	196.00	196.00	196.00	196.00
8797	114.00	114.00	114.00	114.00	114.00	114.00
8798	100.00	100.00	100.00	100.00	100.00	100.00

**Schedule Fees for Medical Benefits Purposes
as from 1 November 1982**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8799	114.00	114.00	114.00	114.00	114.00	114.00
8800	100.00	100.00	100.00	100.00	100.00	100.00
8803	225.00	225.00	225.00	225.00	225.00	225.00
8804	196.00	196.00	196.00	196.00	196.00	196.00
8807	114.00	114.00	114.00	114.00	114.00	114.00
8808	100.00	100.00	100.00	100.00	100.00	100.00
8813	57.00	57.00	57.00	57.00	57.00	57.00
8814	50.00	50.00	50.00	50.00	50.00	50.00
8817	29.50	29.50	29.50	29.50	29.50	29.50
8818	26.00	26.00	26.00	26.00	26.00	26.00
8821	84.00	84.00	84.00	84.00	84.00	84.00
8824	88.00	88.00	88.00	88.00	88.00	88.00
8825	78.00	78.00	78.00	78.00	78.00	78.00
8828	84.00	84.00	84.00	84.00	84.00	84.00
8829	73.00	73.00	73.00	73.00	73.00	73.00

IMPORTANT

PLEASE NOTE

Although this book indicates that it is effective from 1 June 1982 **the implementation date has been deferred until 1 JULY 1982.**

Accordingly all references in this book to 1 June 1982 **should be read as 1 JULY 1982.**

Department of Health
CANBERRA A.C.T.



MEDICAL BENEFITS SCHEDULE BOOK

**SCHEDULE FEES
AT 1 JUNE 1982**

AUSTRALIAN GOVERNMENT PUBLISHING SERVICE
CANBERRA 1982

COMMONWEALTH DEPARTMENT OF HEALTH

Preface

This Book provides information on the arrangements under which the Medical Benefits Scheme currently operates.

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 16 November 1981 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.

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 16 November 1981 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

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Items 3219-3230 — Tumour, cyst, ulcer or scar removal of

20. The reference to cryosurgery using liquid nitrogen has been deleted from these items. Cryosurgery for the treatment of skin lesions is now covered by Items 3330-3346 and 3350-3352.

Item 3308 — Lipectomy, wedge excision — two or more excisions

21. Multiple lipectomies, e.g., both buttocks and both thighs attract benefits under Item 3308 once only, i.e. the multiple operation rule does not apply.

Items 3330-3346 — Treatment of keratoses, warts etc.

22. Chemotherapy has been deleted from these items so that the application of topical agents such as podophyllin or silver nitrate does not attract benefits under these items.

Item 3700 — Subcutaneous mastectomy

23. This operation has been designed as a less radical and disfiguring alternative to conventional forms of mastectomy. When, after completing the mastectomy a prosthesis is inserted, benefits are payable for the latter procedure under Item 8478 (Foreign implant for contour reconstruction), the multiple operation formula applying.

Items 3789-3834 — Biliary tract surgery

24. Attention is drawn to the reconstruction of items relating to biliary tract operations.

Item 6411 — Biopsy of cervix

25. The description of this item has been amended to include cervical biopsy with other minor procedures in this item.

Item 6446 — Dilatation of cervix under general anaesthesia**Item 6460/6464 — Curettage of uterus under general anaesthesia**

26. Items 6446 and 6460/6464 have been qualified so that benefits are payable only when the procedures are performed under general anaesthesia. Uterine scraping or biopsy using small curettes (e.g., Sharman's or Zeppelin's) and requiring minimal dilatation of the cervix, not necessitating a general anaesthesia, does not attract benefits under these items but would be paid on an attendance basis.

Item 6655 — Radical or debulking operation for ovarian tumour including omentectomy

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

Item 7044 — Open heart surgery for congenital heart disease

28. The operation for patent ductus arteriosus is covered by Item 6999 (Intrathoracic operation on heart, lungs etc.).

Item 8070 — Joint replacement, revision operation

29. The new Item 8070 covers the total joint replacement revision operation with removal of the old prosthesis and replacement with a new one. This procedure previously attracted benefits under Item 8069 plus Item 8074 x ½ for removal of the old prosthesis.

Items 8080-8092 — Operations on knee joint

30. Items relating to operation on the knee joint have been revised to cater for the various combinations of procedures met with in practice.

Item 8530 — Augmentation mammoplasty

31. Conditions under which unilateral breast augmentation attracts medical benefits have been relaxed. It was not desired to define "significant" asymmetry more positively in the item, however, it is expected that generally the asymmetry in breast size would be greater than 10%. Augmentation of a second breast some time after an initial augmentation of one side would not attract benefits.

32. Benefits are not payable for augmentation mammoplasty in association with reduction mammoplasty (Item 8528) for correction of breast ptosis.

Item 8535 — Hair transplantation

33. Provision is made for hair transplantation in treatment of alopecia due to trauma, disease or congenital defect, by any means including split skin, free full thickness or multiple punch grafts. Items 8480, 8484, 8518 and 8542 have been reworded to preclude their use in male pattern baldness.

Item 8551 — Meloplasty for correction of facial asymmetry

34. Benefits are payable for unilateral face-lift operations performed to correct soft tissue abnormalities of the face due to causes other than the aging process.

35. Occasionally bilateral face-lift might be indicated for conditions such as drooping from the angles of the mouth and deep pitting of the skin due to acne scars. Details of such cases should be submitted to the local Commonwealth Director of Health for forwarding to the Medical Benefits Advisory Committee for consideration.

Items 8584, 8585 — Reduction of eyelids

36. Conditions for which benefits are payable for eyelid reduction are enumerated in the items.

37. It is recognised that where reduction is performed for a medical condition of one eyelid, it may be necessary to undertake a similar compensating procedure on the other eyelid to restore symmetry. The latter operation would also attract benefits. Where there is doubt as to whether benefits would be payable, advice should be sought from the local Commonwealth Director of Health.

New Items

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

32	63	1313	3306	6245	8085
34	64	1314	3307	6655	8088
41	67	1401	3308	7044	8090
42	68	1402	3700	7157	8092
55	753	1421	3822	7171	8535
56	996	1422	4366	8070	8551
61	997	1424	4367	8080	8584
62	998	1425	4386	8082	8585

**SECTION 1
PART A
EXPLANATORY NOTES**

AMENDMENTS TO THE MEDICAL BENEFITS SCHEDULE – 1 JUNE 1982

1. Several additions, deletions and amendments have been made in this edition of the Medical Benefits Schedule Book. These adjustments become effective from 1 June 1982 and apply to services rendered on and after that date.
2. 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	+
(d) Item number changed	•
3. While the majority of the amendments are self explanatory some items require clarification. Accordingly the following notes have been prepared for guidance.

General Practitioner Attendances

4. It is to be noted that because of substantial amendments to existing items and the introduction of several new items relating to professional attendances by general practitioners it has been necessary to renumber all items covering general practitioner attendances in Part 1 of the Schedule.

Items 27, 28, 29, 30, 31 – Professional Attendance at a Hospital

5. These items have been amended to emphasise that they apply to attendances on hospital IN-PATIENTS. Where doctors have an arrangement with a hospital to use the out-patient facilities of the hospital to see their private patients, such attendances are regarded as surgery consultations and should be itemised accordingly.

Items 32-34 – Professional Attendance on a Nursing-Home Type Patient at a Hospital

6. Under the Health Insurance Act provisions exist that after 60 day hospitalisation in-patients of public and private hospitals may be classified as "nursing-home type" patients. Attendance on in-patients so classified is covered by Item 32 or 34 if more than one in-patient (hospital-type or nursing-home type) is seen. (Where the only in-patient seen at the hospital is a nursing-home type patient Item 27 or 28 applies.)

Items 55, 56, 61, 62, 63, 64, 67, 68 – Professional Attendances at an Institution

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

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

8. Practitioners often visit such "institutions" on a more or less regular basis seeing several patients at the one attendance. These items apply where two or more patients are attended in the one institution on the one occasion.

1 JUNE 1982

9. Where only one patient is attended in an institution the appropriate "home visit" attendance item applies.

Item 753 – Epidural Injection for control of post-operative pain

10. This item provides benefit for the epidural injection in the lumbar or thoracic region administered at the end of an operation for the purpose of controlling pain in the post-operative period. Where a sacral epidural injection is given in such circumstances Item 753 should not be itemised as additional benefits are not attracted for the sacral procedure.

Items 821, 824 – Haemodialysis

11. Item 821 has been reworded and replaces the two previous items, 818 and 821. It covers the management of dialysis in the patient who is not stabilised where the total attendance time during the period of the dialysis exceeds 45 minutes.

12. Item 824 relates to the dialysis in the stabilised patient or, in the case of the unstabilised patient, where the total attendance time during the dialysis does not exceed 45 minutes.

Item 921 – Estimation of respiratory function

13. The amendment to the wording of this item provides that medical benefit is attracted under this item only where a directly recorded tracing is produced while the patient is exhaling into the spirometer. Where a machine produces only a visual numerical display or a digital printout, benefits are not payable.

Item 980 – Acupuncture

14. For the purposes of payment of medical benefits acupuncture is interpreted as including treatment by means other than the use of acupuncture needles. Where the same effect is achieved without puncture, e.g., by application of ultrasound, laser beams, pressure and moxibustion, benefits are attracted under Item 980.

Items 996, 997, 998 – Family group therapy

15. Family group therapy conducted by a consultant physician is covered by Items 887, 888 or 889. These new items refer to family group therapy supervised by other practitioners. Other types of group attendances do not attract benefits. It should be noted that there is a limitation of a maximum of 6 patients in Item 998.

Items 1313/1314 – Estimation of glycosylated haemoglobin

16. Glycosylated haemoglobin estimation (HbA1 or HbA1c) has a role in the management of problem diabetes. It is not intended that the items should be used in the diagnosis of diabetes or in the routine assessment of the controlled diabetic.

Items 1401/1402 – Estimation of HDL cholesterol

17. This test is a coronary risk evaluation. Repeated determinations do not serve a useful purpose and benefits are payable for this service only once in any twelve months period.

Items 1612/1621 – Cultural examination

18. The words "where processed independently" mean that the material from each site must be treated separately for culture then individually identified and reported on.

Items 2081/2082 – Cytological Examination of Smears

19. The description of these items has been amended to exclude payment of benefit under these items for cytological examination of nasal smears which is covered by Items 1545/1546.

Item Numbers Changed

39. Some items in Part 1 have had the item numbers changed. These items are listed below showing the old and new item numbers.

Old Item No.	Item No. as from 1/6/82	Old Item No.	Item No. as from 1/6/82	Old Item No.	Item No. as from 1/6/82
3	1	43	11	69	27
4	2	44	12	71	28
14	5	51	15	72	29
19	6	53	16	74	30
25	7	57	17	75	31
26	8	59	18	76	45
33	9	65	21	78	46
35	10	66	22		

Amended Items

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

11	821	2082	3332	3831	6446
12	824	3219	3338	3834	6460
15	921	3220	3342	4354	6464
16	980	3221	3346	4363	7046
17	1452	3222	3350	4383	7911
18	1453	3223	3351	4385	7915
21	1612	3224	3352	4394	8480
22	1613	3225	3379	4509	8484
27	1614	3226	3384	4534	8518
28	1619	3229	3722	4537	8530
29	1620	3230	3789	4544	8542
30	1621	3330	3820	5237	
31	2081	3331	3825	6411	

Amended Fees

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

196	213	561	3820	4383	4482	4537
207	217	821	3825	4385	4523	4544
209	489	921	3831	4413	4527	8069

Items Deleted

42. The following items have been deleted:

818	1435	3815	4473	8079	8097
1419	1441	4365	4578	8081	8100
1420	1442	4407	4585	8084	8532
1427	3309	4427	7919	8087	
1428	3802	4434	7923	8089	
1434	3809	4442	8061	8095	

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

1 JUNE 1982

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 in accordance with the Health Insurance Act 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 Card-

holders 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. 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).

23. 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

24. 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. Pro-

essional 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 Dependants, Partner, or Partner's Dependants

25. 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 case has to be examined, having regard to the particular circumstances which apply.

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

26. 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.

27. Where the medical expenses for a service to a person 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.

28. 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.

29. 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.

30. 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

31. In no circumstances will the benefit payable for a professional service exceed the fee charged for the service.

32. 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

33. 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.

34. 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

35. 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.

36. 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

37. 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.

38. 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.

39. 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.

40. 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.

41. 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.

42. 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.

43. 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

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

45. 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

46. Commonwealth medical benefits are generally payable for medical expenses incurred for medical services rendered outside Australia to permanent residents of Australia 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. The amount of medical benefit payable in such cases, will be the amount which would be payable if the medical service had been rendered in New South Wales.

Penalties

47. 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

48. 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.

49. 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.

50. 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.

51. 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.

52. 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.

53. 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

54. 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 55 to 59.

Paid Accounts

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

Unpaid Accounts

56. 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.

57. 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.

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

59. 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

60. 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 and their dependants covered by a Health Care Card.

61. 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.

62. 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.

63. 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

64. 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 48 and 49. 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.

65. Detailed instructions regarding the requirements for completion and submission of assignment claims are included with the Assignment stationery provided by the De-

partment of Health. In addition procedures for completion and submission of assignment claims are included in Section 1D of this book.

66. 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 . . ."

67. 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.

68. 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

69. 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.

70. 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

71. 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

72. 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).

73. 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 60 to 63.

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

75. 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.

76. 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.

77. 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.

78. 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 60 to 70.

79. 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.

80. 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

81. 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 \$172 per week, including pension or benefit if any, plus \$20 for each child.

Sole parent with one child — income of less than \$172 per week, including pension or benefit if any, plus \$20 for each additional child.

Single person — income less than \$103 per week, including pension or benefit if any.

NOTE: References to 'income' are to gross income. The income limits are adjusted every six months and limits listed above were current at May 1982.

82. 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.

83. 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 at least 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 C
COMPILATION AND INFORMATION ON INTERPRETATION OF MEDICAL
BENEFITS SCHEDULE**

COMPILATION OF THE MEDICAL BENEFITS SCHEDULE

84. 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.

85. 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.

86. 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

87. 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.

88. In some cases two levels of fees (special arrangements apply in respect of Pathology services — see paragraph 177, Computerised Axial Tomography — see paragraphs 203 and 205 and Nuclear Medicine — see paragraphs 238 and 239) 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 253).

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

90. Conditions of referral for medical benefits purposes are set out in paragraphs 249 to 258.

MEDICAL SERVICES NOT LISTED IN THE SCHEDULE

91. 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. Practitioners must not use existing item numbers on their accounts in respect of procedures that are not listed in the Schedule.

INTERPRETATION OF THE SCHEDULE

Principles of Interpretation

92. 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.

93. 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.

94. 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.

95. 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

96. 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, 7601, 7605, 7694, 7697, 7701, 7706, 7774, 7777, 7781, 7785 — * see para. 97 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, 980, 996, 997, 998, 3006, 3012, 3016, 3022, 3027, 3033, 4629, 5229, 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 821, 824; and
 - (v) all items in Parts 3, 5 and 9 of the Schedule.
97. Where a service listed in paragraph 96 sub-paragraph (i)(a) is performed in conjunction with a consultation, benefit is payable for either the consultation or the service but not for both. For those services covered by sub-paragraphs (i)(b), (i)(c), (ii), (iii), (iv) and (v) above, benefits are payable only for the procedure specified in the item, that is, benefits are not payable under any item in Part 1 of the Schedule. However, in the case of radiotherapy treatment, benefits are payable for both the radiotherapy and an initial referred consultation.

98. 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.

99. 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

100. 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.

101. 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.

102. 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.

103. 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.

104. 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

105. 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.

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

107. 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.

108. In some circumstances a subsequent attendance on the same day does in fact constitute a continuation of an earlier attendance. For example, a preliminary eye examination may be concluded with the instillation of 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.

Professional attendance at a Hospital (Items 27, 28, 29, 30, 31)

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

Professional attendance on a nursing-home type patient in a hospital (Items 32, 34)

110. Under the Health Insurance Act provisions exist that after 60 days hospitalisation in-patients of public and private hospitals may be reclassified as "nursing-home type" patients. Attendances on in-patients so classified is covered by Item 32 or 34 if more than one in-patient (hospital-type or nursing-home type) is seen. Where the only in-patient seen at the hospital is a nursing-home type patient Item 27 or 28 applies.

Nursing home attendances (Items 41, 42, 45, 46)

111. These items referring to attendances on patients in nursing homes include attendances on patients in aged persons' accommodation such as hostels attached to or in the grounds of a nursing home.

Professional attendances at an institution (Items 55, 56, 61, 62, 63, 64, 67, 68)

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

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

113. These items apply where two or more patients are attended in one institution on the one occasion.

114. Where only one patient is attended in an institution the appropriate "home visit" attendance item is payable.

Prolonged Attendance in Treatment of a Critical Condition

115. 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.

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111. These items referring to attendances on patients in nursing homes include attendances on patients in aged persons' accommodation such as hostels attached to or in the grounds of a nursing home. However, attendances on patients in self-contained units within the nursing home complex attract benefits under the appropriate home visit item.

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COMMONWEALTH OF AUSTRALIA
DEPARTMENT OF HEALTH
HEALTH INSURANCE ACT 1973

Nursing Home Attendances - Medical Benefits
Schedule Items 41, 42, 45, 46

Paragraph 111 of the "Notes for the Guidance of Medical Practitioners" to the 1 July 1982 edition of the Medical Benefits Schedule Book states:

"Nursing home attendances (Items 41, 42, 45, 46)

111. These items referring to attendances on patients in nursing homes include attendances on patients in aged persons' accommodation such as hostels attached to or in the grounds of a nursing home. However, attendances on patients in self-contained units within the nursing home complex attract benefits under the appropriate home visit item."

2. Please note that the advice contained in the second sentence is incorrect. Although the question of the appropriate benefits for general practitioner attendances on patients in self-contained units within a nursing home complex is under consideration, such attendances currently do attract benefits under Items 41, 42, 45 and 46 and not under the home visit items.

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

June 1982

PART 2 – OBSTETRICS

General

116. 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

117. 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

118. 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.

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

120. 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.

121. 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.

122. 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

123. 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

124. 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

125. 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.

126. 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.

127. 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.

128. 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.

129. 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.

130. 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.

131. 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.

132. 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.

133. 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 126. 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.

134. 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.

135. 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.

136. 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.

137. 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.

138. 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.

139. 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.

140. 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

141. 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.

142. 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

143. The Medical Benefits Advisory Committee has formulated principles for the determination of increased Schedule fees in respect of individual anaesthetic services which are of unusual length.

144. These principles are based solely on the unusual length of time involved in the administration of the anaesthetic, rather than considerations of unusual complexity. Applications for increased fees for anaesthetic services of unusual length will, as a general rule, be finalised by registered medical benefit organisations. However, applications relating to anaesthetic services involving unusual complexity or multiple anaesthetic services of less than 6 hours duration should be forwarded, in the usual manner, to the Department of Health for consideration.

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

A. Single Anaesthetic Services

- (i) if the time involved in the administration of the anaesthetic in the particular case does not exceed the usual time allowed in the 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)).

B. Multiple Anaesthetic Services

- (i) in relation to prolonged multiple anaesthetic services, where the time involved is six (6) hours or more, all such services are assessed on a time basis;
- (ii) claims for prolonged multiple anaesthetic services where the time involved is less than six (6) hours should be referred to the local Commonwealth Director of Health for advice on assessment.

Explanatory Notes

- (a) The usual time allowed in the Schedule item may be determined by deducting 4 anaesthetic units from the total provided under the Item, and multiplying the resultant number of units by 15 to arrive at the time expressed in minutes.
- (b) "Total time involved" is defined as the time in which the anaesthetist is in continuous attendance on the patient and incorporates the supervised period of recovery.
- (c) Where the total anaesthetic units derived from the application of the statement of principles produces an anaesthetic unit value which is not currently covered by an item in the Schedule, the procedure to be followed is to take the Schedule item covering the number of anaesthetic units nearest to but **below**, the anaesthetic unit value derived and then to add the Schedule item covering the number of anaesthetic units necessary to make up the balance. For example, the fee for an anaesthetic unit value of 35 units (N.S.W. specialist rate) would be calculated as follows:—

Item 546 (32 units) —	\$235.00
Item 506 (3 units) —	\$ 22.00
	\$257.00 (Total fee)

146. 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 141 applies.

147. 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

148. 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 4 — REGIONAL NERVE OR FIELD BLOCK

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

150. Digital ring analgesia, local infiltration into tissue surrounding a lesion or paracervical (uterine) analgesia are not regarded as major nerve or field blocks and therefore are not eligible for payment of medical benefits under Items 748 or 752.

151. Where an anaesthetic combines a regional nerve block with a general anaesthetic for an operative procedure, benefit will be paid under the anaesthetic item relevant to the operation. Additional benefits are not payable under Part 4. However, benefits would be payable for Item 753 — Epidural injection in Lumbar or Thoracic Region (but not sacral region) for control of post-operative pain — in addition to the appropriate anaesthetic benefit.

PART 6 — MISCELLANEOUS PROCEDURES

Routine Ultrasonic Scanning

152. Medical benefits are not attracted for routine ultrasonic screening associated with the termination of pregnancy.

Contact lenses (Item 851)

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

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

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

156. 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 paragraphs 37-43).

Estimation of Respiratory Function (Item 921)

157. Medical benefit is attracted under this item only where a directly recorded tracing is produced while the patient is exhaling into the spirometer. Where a machine produces only a visual numerical display or a digital printout, benefits are not payable.

Venepuncture (Item 955)

158. 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.

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

- (a) the collection is done for forwarding to an approved pathology practitioner outside the requesting practitioner's partnership or group practice; and
- (b) 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.

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

- (a) 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;
- (b) when the service is in respect of in-patients or out-patients of private or recognised hospitals;
- (c) 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);
- (d) when the collection is done by Governmental or non-profit instrumentalities or institutions (including university departments).

Acupuncture (Item 980)

161. The service of "acupuncture" should be itemised under Item 980 which covers not only the performance of the acupuncture but includes any associated consultation on the same day. Items in Part 1 of the Schedule should not be itemised for professional attendances when the service "acupuncture" is provided.

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

Multiphasic Health Screening (Item 994)

163. 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

164. 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

165. Recognised specialist pathologists (see paragraph 166) must become approved pathology practitioners for services in Divisions 1-8 performed and billed in their own right to be eligible for medical benefits.

166. 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 243 to 248). 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

167. 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 171) and the other conditions specified in the undertaking.
- (ii) Pay a fee, currently \$10.

168. 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.

169. 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.

170. 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.

171. 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.

172. 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.

173. 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

174. 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.

175. 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.

Prohibited Practices

176. The Health Insurance Act prohibits certain practices whereby an approved

pathology practitioner might induce a medical practitioner to request excessive pathology services. The legislation specifically prohibits:

- (a) The making of any payment to the requesting practitioner, either directly or indirectly, or the making of such payment in respect of any use of the staff of the requesting practitioner for the purpose of taking pathology specimens.
- (b) The performance of a pathology service at the request of a practitioner with whom he has an arrangement for the sharing of the costs of staff or equipment.
- (c) The provision of nursing or other staff at the premises of a practitioner for the taking of pathology specimens.
- (d) The performance of a pathology service at the request of a practitioner with whom he has an arrangement where space in a building is shared or is provided by one to the other, and the charges payable under that arrangement are not fixed at normal commercial rates.

Conditions relating to medical benefits

177. 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 183 to 186) 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 182 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);
- [*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.]
- (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.

(NOTE: The legislation also provides that the request may be other than in writing (e.g. using magnetic media to take advantage of modern technology). However, prior approval must be obtained from the Commonwealth Department of Health before such alternative medium may be used. References to "written requests" in respect of Pathology Services appearing in these "Explanatory Notes" should also be read in the same context as indicated in the previous paragraph.)

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).

178. 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 177 (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 177 (6) (b)). These services attract benefit at the "OP" rate.

179. 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.

180. 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.

181. 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.

182. The following laboratories have been prescribed for the purposes of payment of medical benefits as outlined in paragraphs 177(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
 - University of Tasmania
 - Australian National University

Requests in writing

183. Approved pathology practitioners must hold a request in writing for all services requested by any other practitioner before billing patients [but see "Note" following paragraph 177 (6) (a) (iii)]. 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.

184. 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 183 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 186 below for referrals as between approved pathology practitioners.

185. 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. If the requests were made other than in writing (e.g. using magnetic media) the records of such requests must remain retrievable for a period of 18 months.

186. 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 183 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.

Medical Benefits not payable for certain tests

187. Certain tests of public health significance do not qualify for payment of medical benefits. Example of services in this category are: —

- culture of viruses;
- estimation of chlorinated hydrocarbons (Dieldrin);
- examination by animal inoculation;
- Guthrie test for phenylketonuria;

- neonatal screening for hypothyroidism (T4 estimation);
- identification of M tuberculosis by bio-chemical tests or sub-culture; or
- treponema pallidum immobilisation test (TPIT or TIT).

188. In addition to the above, certain other tests do not qualify for payment of medical benefits. These include: —

- cytotoxic food testing;
- pathology services performed for the purposes of tissue audit;
- pathology services performed for the purposes of control estimation, repeat tests or duplication of tests (e.g., for confirmation of earlier tests, etc.);
- pathology services which are performed routinely in association with the termination of pregnancy without there being any indication for the necessity of the services. However, benefits would be payable for the following pathology tests in all instances: —
Item 1006/1007 — haemoglobin estimation,
Item 1080/1081 — blood grouping, ABO and Rh (D antigen);
Item 1121/1122 — examination of serum for Rh and/or other blood group antibodies.

HAEMATOLOGY

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

189. 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)

190. 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.

Cultural examination (Items 1612-1621)

191. In these items the words "where processed independently" indicate that material from each site must be treated separately for culture then individually identified and reported on.

Blood Culture (Items 1633/1634)

192. 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.

Estimation of beta-HCG (Items 2272/2273)

193. 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.

PART 8 — RADIOLOGY

194. 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.

Plain Abdominal Film (Items 2699/2703)

195. 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.

Radiography of the Breast (Items 2734 and 2736)

196. 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.

197. 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

198. 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.

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

PART 9 — ASSISTANCE AT OPERATIONS

200. For an operation (or combination of operations) for which the Schedule fee is \$108.00 or more, an assistance fee of one-fifth of the Schedule fee has been determined for benefit purposes.

201. 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.

202. 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

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

204. 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.

205. 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.

206. 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

207. 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.

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

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

Not Associated with any Other Item in this Part

210. 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

211. 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.

Multiple Operation Formula

212. The fees for two or more operations, other than amputations, performed on a patient on the one occasion (except as provided in paragraph 214) 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.

213. 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.

214. 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.

215. Where two medical practitioners operate independently and either performs more than one operation, the method of assessment outlined in paragraph 212 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.

216. 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

217. 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.

218. 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.

219. 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.

220. 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".

221. 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.

222. 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, 4633, 5162, 5196, 6802, 6816, 6818, 6824, 6940, 6942, 6953 and 7864.

223. 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 "
7516	Middle phalanx of finger	6 "
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 "

Item No.	Treatment of fracture of	After-care Period
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 "

Serial Curettage Excision (Items 3350, 3351, 3352)

224. 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.

Laparotomy and other procedures (Item 3722)

225. 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.

Laparotomy involving division of Peritoneal Adhesions (Item 3726)

226. 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 3726 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

227. 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.

228. 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.

229. 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.

230. 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.

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

3046-3101	3223-3226	8530	8608
3104	3306-3311	8542	8612
3173-3183	3597	8551	8622-8652
3194-3217	8528	8594-8600	

Augmentation mammoplasty (Item 8530)

232. Medical benefit is generally not attracted under this item unless the asymmetry in breast size is greater than 10%. Augmentation of a second breast some time after an initial augmentation of one side would not attract benefits.

233. Benefits are not payable for augmentation mammoplasty in association with reduction mammoplasty (Item 8528) for correction of breast ptosis.

Meloplasty for correction of facial asymmetry (Item 8551)

234. Benefits are payable for unilateral face-lift operations performed to correct soft tissue abnormalities of the face due to causes other than the aging process.

235. Occasionally bilateral face-lift might be indicated for conditions such as drooping from the angles of the mouth and deep pitting of the skin due to acne scars. Details of such cases should be submitted to the local Director of Health for forwarding to the Medical Benefits Advisory Committee for consideration.

Reduction of eyelids (Items 8548, 8585)

236. Where a reduction is performed for a medical condition of one eyelid, it may be

necessary to undertake a similar compensating procedure on the other eyelid to restore symmetry. The latter operation would also attract benefits.

PART 11 – NUCLEAR MEDICINE

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

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

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

240. 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.

241. 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.

242. 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

243. 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 specialty, for the purposes of the Health Insurance Act.

244. 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.

245. 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.

246. 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.

247. 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 specialty in which he is so recognised, provided (other than in the case of services by specialist anaesthetists or radiologists — see paragraph 257) the patient has been referred in accordance with paragraphs 249 to 258.

248. 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

249. 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.

250. 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.

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

252. 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 54 to 59).

253. 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.

254. 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").

255. 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.

256. Except as described in paragraph 257, 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.

257. A Notice of Referral is not required in the case of specialist radiologist (except in the case of items 2734 and 2736 — see paragraphs 196 and 197) 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 136.)

258. 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 164 et seq.)

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 (BLUE) 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.

Pathology Services. Form HO500 should also be used to claim all "self-determined" pathology services. Where a provider is requesting a pathologist to undertake pathology services referred to in Part 7, Division 1-8 of the Medical Benefits Schedule a separate Form HO500 must be completed and signed by the patient as an "offer to assign". The top (GREEN) copy and the third (BLUE) copy should be forwarded with the pathology request form to the approved pathology practitioner. If tests are requested to be provided by more than one pathology practitioner a separate "offer to assign" must be completed for each request.

(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.

(c) **Assignment Continuation Form HO1028**

This form must be used by Approved Pathology Practitioners when claiming for pathology tests which were requested by another doctor or a mixture of both "requested" and "self-determined" tests. Each form may contain one to twelve service items and should relate only to one patient. Each patient must have authorised payment of medical benefits to the Approved Pathology Practitioner for services rendered by signing an "offer to assign" Form HO500. An "offer to assign" form for a given patient is to be attached to each Assignment Continuation Form contained within a claim.

(d) **Assignment Continuation Form HO826**

These are available in continuous stationery designed for use in a typewriter or computer printer. The Department of Health requirements for Form HO826 and HO1028 are 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 48 and 49 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-4.

- 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 Address** — Patient's residential address must be shown.
- SECTION 3.** **Patient's Sex** — Indicate the patient's sex by placing 'M' or 'F' in the square.

- SECTION 4.** **Patient's Health Insurance Number** should be shown if known. Where the number is unknown the patient's date of birth should be shown.
- SECTION 5.** **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 6.** **Health Benefits Card No. or Pensioner Health Benefit Card No.** to be shown where the patient is the holder or dependant of a card holder and the 85 per cent/\$5 level of benefit is being claimed.
- SECTION 7.** **Health Care Card No.** to be shown where the patient is the holder or dependant of a card holder and the 85 per cent (flat) level of benefit is being claimed.
- SECTION 8.** **Date of Service** is necessary for correct levels of benefit.
- SECTION 9.** **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 48 and 49 of the Notes for Guidance of Medical Practitioners.
- SECTION 10.** **An M.B.S. Item Number** is necessary to identify the correct service provided.
- SECTION 11.** **The amount of benefit claimed** must be entered against each service. Benefit should equal 85 per cent (flat) of the Schedule fee for persons in special need or 85 per cent of the Schedule fee (or the Schedule fee less \$5.00) for P.H.B. card holders.
- SECTION 12.** **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 persons in special need.
- SECTION 13.** **The "OFFICE USE ONLY" area should be left blank.**
- SECTION 14.** **The "Referral No."** printed on the Notice of Referral should be shown in this space.
- SECTION 15.** The name of the referring doctor should be provided if applicable.
- SECTION 16.** Date any self determined pathology tests deemed necessary is required when claiming benefit for a pathology service.
- SECTION 17.** Description of Requested Pathology Services is required when voucher is being used as an "offer to assign".
- SECTION 18.** **If compensation or damages** may or have been claimed a tick must be placed in this box.
- SECTION 19.** **I assign to the practitioner who rendered the** — The patient must enter the number of services performed by the practitioner.
- SECTION 20.** **A signature must be obtained from the patient** — If the patient is unable to sign personally, an explanation should be made in the "Practitioner's Use" space on the form.
- SECTION 21.** **Date of patient's signature** — must be completed by the patient. The date on which the patient signs must be the date of service or date on which the pathology tests were requested.
- SECTION 22.** **Name of practitioner who actually rendered the professional services being claimed** is to be completed on each voucher. In the case of an "offer to assign" this must be completed by the Approved Pathology Practitioner.

How to complete Assignment Continuation Forms (HO826) (HO1028)

The following information should be completed in the appropriate sections of the Assignment Continuation Forms. An illustrated copy of an Assignment Continuation Form (HO1028) is shown at page 1D-5.

- SECTION 1.** **Serial number** of "offer to assign" voucher must be shown.

- SECTION 2.** **Patient's Name** — Complete one patient name per voucher. Print the patient's surname including any second Christian or given name.
- SECTION 3.** **Patient's Sex** — Indicate the patient's sex by placing a tick in the appropriate square.
- SECTION 4.** **Patient's Health Insurance Number** should be shown if known. Where the number is unknown the patient's date of birth should be shown.
- SECTION 5.** **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 6.** **Health Care Card No.** to be shown where the patient is the holder or dependant of a card holder and the 85 per cent (flat) level of benefit is being claimed.
- SECTION 7.** **Health Benefits Card No. or Pensioner Health Benefit Card No.** to be shown where the patient is the holder or dependant of a card holder and the 85 per cent/\$5 level of benefit is being claimed.
- SECTION 8.** **Date of Service** is necessary for correct levels of benefit.
- SECTION 9.** **An M.B.S. Item Number** is necessary to identify the correct service provided.
- SECTION 10.** **The amount of benefit claimed** must be entered against each service. Benefit should equal 85 per cent (flat) of the Schedule fee for persons in special need or 85 per cent of the Schedule fee (or the Schedule fee less \$5.00) for P.H.B. card holders.
- SECTION 11.** **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 persons in special need.
- SECTION 12.** **The initiating Practitioner's Provider Number** must be shown.
- SECTION 13.** **Date service deemed necessary** may be left blank when pathology is requested by another practitioner.
- SECTION 14.** **The "OFFICE USE ONLY" area should be left blank.**
- SECTION 15.** This section must be completed if the initiating Practitioner's Provider Number is not available.

Commonwealth Medical Benefits
Section 20A Health Insurance Act 1973

ASSIGNMENT FORM

H0500
3/82

PATIENT'S SURNAME ①	CHRISTIAN OR GIVEN NAMES	SEX M/F ③
--	--------------------------	--

PATIENT'S ADDRESS ②	Health Benefits Card No. OR Pensioner Health Benefits Card No. ⑥
--	---

HEALTH INSURANCE NUMBER ④	DATE OF BIRTH ⑤ DAY MONTH YEAR	Health Care Card No. ⑦
--	--	---

A	Date of Service	Description of Service	Item No.	Amount of Benefit	Amount Payable by Assignor	OFFICE USE ONLY					
						Amount	MP	R	N	C	OR
	Day Mth Year ⑧		⑩	⑪	⑫		⑬				

REFERRAL NUMBER ⑭	NAME OF REFERRING DOCTOR ⑮	Date any self determined pathology tests deemed necessary ⑯
--	---	--

B DESCRIPTION OF REQUESTED PATHOLOGY SERVICES *(Standard abbreviations appearing in the Medical Benefits Schedule Book may be used)*

⑰

C ASSIGNOR *(Person Eligible for Benefit)* TO COMPLETE THIS SECTION AND RETAIN A COMPLETED COPY

Has the patient received, or established a right to receive payment by way of compensation or damages? If 'YES' tick box ⑱

I declare that I have not received nor will I make application to receive Commonwealth Medical Benefits from a registered health insurance fund or any other source in respect of the professional services described above.

I assign to the practitioner who rendered the ⑲ (number) professional services described in **A** above, or offer to assign to the approved pathology practitioner who will render the pathology services described in **A** or **B** above, my right to the payment of Commonwealth Medical Benefits.

_____ ⑳ Date ㉑

NAME OF PRACTITIONER WHO ACTUALLY RENDERED THE PROFESSIONAL SERVICES BEING CLAIMED (PLEASE PRINT)	SIGNATURE PRACTITIONERS USE
㉒	

Department of Health Copy

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-7.

- 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 total benefit claimed on attached Assignment Forms.
- SECTION E.** 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.
- SECTION F.** The date on which the claim is signed.
- SECTION G.** The signature and identification of a witness must be completed.

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.

1 JUNE 1982

COMMONWEALTH MEDICAL BENEFITS CLAIM FOR ASSIGNED MEDICAL BENEFITS

(Section 20B Health Insurance Act 1973)

HO502
3/82

DETAILS OF PRACTITIONER OR OPTOMETRIST MAKING CLAIM	
(Affix address label or stamp here or provide required details below)	
NAME	(A)
ADDRESS	
PROVIDER NUMBER	

FIRST ASSIGNMENT FORM NUMBER	<input type="text"/>
LAST NUMBER	(B) <input type="text"/>
NUMBER OF ASSIGNMENT FORMS	(C) <input type="text"/>
TOTAL BENEFIT AMOUNT CLAIMED \$	(D) <input type="text"/>

I hereby claim Commonwealth medical benefits in respect of all the professional services specified in the attached assignment forms (and assignment continuation forms where applicable) the amounts specified in those forms in the column headed "Amount of Benefit". I certify that the services were rendered by me or on my behalf and to the best of my knowledge and belief all information contained in this claim is true.

I accept the assignments in this claim as shown in the range of assignment form numbers above and declare that to the best of my knowledge and belief the assignor(s) 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 form was retained by the assignor(s) at the time right to benefit was assigned.

I declare that none of the amounts claimed is in respect of a professional service —

- (a) that was rendered to a hospital patient (in a recognised or public hospital);
- (b) that was rendered in carrying out a mass immunization;
- (c) that was rendered in connection with the patient's employment;
- (d) that was rendered in carrying out Health Screening (other than by providers approved by the Minister for Health);
- (e) 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
- (f) for which Commonwealth Medical Benefits are not payable (such as the services listed inside the front cover of this book)

I further declare that no payments have been sought from disadvantaged persons (or their dependants).

SIGNATURE OF PRACTITIONER OR OPTOMETRIST MAKING CLAIM

(E)

DATE _____ (F) _____

SIGNATURE OF WITNESS TO ABOVE SIGNATURE

WITNESS DETAILS (PLEASE PRINT)

NAME

(G)

RESIDENTIAL ADDRESS

SECTION 2
**MEDICAL BENEFITS
SCHEDULE FEES**

ALL STATES

1 JUNE 1982

THE SCHEDULE

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**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

1 JUNE 1982

\$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

1 JUNE 1982

\$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

1 JUNE 1982

\$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

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\$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

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\$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

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\$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

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\$120.00 to \$184.00

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* 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

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\$185.00 to \$295.00

Page VIII

* 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

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\$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

* 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.

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**

1	FEE	\$	NSW 8.70	VIC 8.30	QLD 8.30	SA 8.30	WA 8.30	TAS 8.30
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* – **AFTER HOURS**

2	FEE	\$	NSW 15.20	VIC 14.60	QLD 14.60	SA 14.60	WA 14.60	TAS 14.60
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* **STANDARD CONSULTATION** of more than 5 minutes duration but not more than 25 minutes duration

– **IN HOURS**

5	FEE	\$	NSW 12.00	VIC 11.20	QLD 10.60	SA 10.60	WA 10.60	TAS 11.20
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* – **AFTER HOURS**

6	FEE	\$	NSW 18.20	VIC 17.20	QLD 17.00	SA 17.00	WA 17.00	TAS 17.20
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* **LONG CONSULTATION** of more than 25 minutes duration but not more than 45 minutes duration

– **IN HOURS**

7	FEE	\$	NSW 22.50	VIC 21.50	QLD 20.50	SA 20.50	WA 20.50	TAS 21.50
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*	— AFTER HOURS								
8	FEE	\$	NSW 29.00	VIC 27.50	QLD 27.00	SA 27.00	WA 27.00	TAS 27.50	
*	PROLONGED CONSULTATION of more than 45 minutes duration								
	— IN HOURS								
9	FEE	\$	NSW 34.50	VIC 32.50	QLD 31.00	SA 31.00	WA 31.00	TAS 32.50	
*	— AFTER HOURS								
10	FEE	\$	NSW 41.50	VIC 38.50	QLD 38.00	SA 38.00	WA 38.00	TAS 38.50	
	GENERAL PRACTITIONER — HOME VISITS								
* ‡	Professional attendance at a place other than consulting rooms, hospital, nursing home or institution (where there is an attendance on two or more patients at the institution on the one occasion) —								
	BRIEF HOME VISIT of not more than 5 minutes duration								
	— IN HOURS								
11	FEE	\$	NSW 13.40	VIC 12.20	QLD 12.20	SA 12.20	WA 12.20	TAS 12.20	
*	— AFTER HOURS								
12	FEE	\$	NSW 19.80	VIC 19.00	QLD 19.00	SA 19.00	WA 19.00	TAS 19.00	
*	STANDARD HOME VISIT of more than 5 minutes duration but not more than 25 minutes duration								
	— IN HOURS								
15	FEE	\$	NSW 17.40	VIC 16.60	QLD 16.40	SA 16.40	WA 16.40	TAS 16.60	
*	— AFTER HOURS								
16	FEE	\$	NSW 24.50	VIC 22.50	QLD 22.50	SA 22.50	WA 22.50	TAS 22.50	

*	LONG HOME VISIT of more than 25 minutes duration but not more than 45 minutes duration							
	— IN HOURS							
17	FEE	\$	NSW 29.00	VIC 28.50	QLD 27.50	SA 27.50	WA 27.50	TAS 28.50
*	— AFTER HOURS							
18	FEE	\$	NSW 35.50	VIC 34.50	QLD 33.50	SA 33.50	WA 33.50	TAS 34.50
*	PROLONGED HOME VISIT of more than 45 minutes duration							
	— IN HOURS							
21	FEE	\$	NSW 41.50	VIC 38.50	QLD 38.50	SA 38.50	WA 38.50	TAS 38.50
*	— AFTER HOURS							
22	FEE	\$	NSW 47.50	VIC 45.50	QLD 43.50	SA 43.50	WA 43.50	TAS 45.50
	GENERAL PRACTITIONER — CONSULTATION AT HOSPITAL (one in-patient)							
* ‡	Professional attendance at a HOSPITAL where only one in-patient is seen							
	— EACH ATTENDANCE — IN HOURS							
27	FEE	\$	NSW 17.40	VIC 16.60	QLD 16.40	SA 16.40	WA 16.40	TAS 16.60
*	— AFTER HOURS							
28	FEE	\$	NSW 24.50	VIC 22.50	QLD 22.50	SA 22.50	WA 22.50	TAS 22.50
	GENERAL PRACTITIONER — CONSULTATION AT HOSPITAL (two in-patients)							
* ‡	Professional attendance on two in-patients in the one HOSPITAL on the one occasion — EACH PATIENT who is not a nursing-home type patient							
	— IN HOURS							
29	FEE	\$	NSW 12.00	VIC 11.20	QLD 10.60	SA 10.60	WA 10.60	TAS 11.20

*	— AFTER HOURS							
30	FEE	\$	NSW 17.00	VIC 16.00	QLD 15.40	SA 15.40	WA 15.40	TAS 16.00
GENERAL PRACTITIONER — CONSULTATION AT HOSPITAL (three or more in-patients)								
* ‡	Professional attendance on three or more in-patients in the one HOSPITAL on the one occasion — EACH PATIENT who is not a nursing-home type patient							
31	FEE	\$	NSW 12.00	VIC 11.20	QLD 10.60	SA 10.60	WA 10.60	TAS 11.20
GENERAL PRACTITIONER — CONSULTATION AT HOSPITAL (two in-patients where at least one is a nursing-home type patient)								
†	Professional attendance on two in-patients in the one HOSPITAL on the one occasion where at least one of those in-patients is a nursing-home type patient —							
EACH NURSING-HOME TYPE PATIENT								
32	FEE	\$	NSW 10.40	VIC 9.70	QLD 9.50	SA 9.50	WA 9.50	TAS 9.70
GENERAL PRACTITIONER — CONSULTATION AT HOSPITAL (three or more in-patients where at least one is a nursing-home type patient)								
†	Professional attendance on three or more in-patients in the one HOSPITAL on the one occasion where at least one of those in-patients is a nursing-home type patient —							
EACH NURSING-HOME TYPE PATIENT								
34	FEE	\$	NSW 8.70	VIC 8.30	QLD 8.30	SA 8.30	WA 8.30	TAS 8.30

**GENERAL PRACTITIONER – CONSULTATION AT NURSING HOME
(one patient)**

† Professional attendance at a **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

			NSW	VIC	QLD	SA	WA	TAS
41	FEE	\$	17.40	16.60	16.40	16.40	16.40	16.60

† – AFTER HOURS

			NSW	VIC	QLD	SA	WA	TAS
42	FEE	\$	24.50	22.50	22.50	22.50	22.50	22.50

**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

			NSW	VIC	QLD	SA	WA	TAS
45	FEE	\$	10.40	9.70	9.50	9.50	9.50	9.70

**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

			NSW	VIC	QLD	SA	WA	TAS
46	FEE	\$	8.70	8.30	8.30	8.30	8.30	8.30

**GENERAL PRACTITIONER — CONSULTATION AT AN INSTITUTION
(two or more patients)**

† Professional attendance on two or more patients in the one **INSTITUTION** on the one occasion — **EACH PATIENT**

BRIEF CONSULTATION of not more than 5 minutes duration

— IN HOURS

55	FEE	\$	NSW 8.70	VIC 8.30	QLD 8.30	SA 8.30	WA 8.30	TAS 8.30
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† — AFTER HOURS

56	FEE	\$	NSW 15.20	VIC 14.60	QLD 14.60	SA 14.60	WA 14.60	TAS 14.60
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† **STANDARD CONSULTATION** of more than 5 minutes duration but not more than 25 minutes duration

— IN HOURS

61	FEE	\$	NSW 12.00	VIC 11.20	QLD 10.60	SA 10.60	WA 10.60	TAS 11.20
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† — AFTER HOURS

62	FEE	\$	NSW 18.20	VIC 17.20	QLD 17.00	SA 17.00	WA 17.00	TAS 17.20
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† **LONG CONSULTATION** of more than 25 minutes duration but not more than 45 minutes duration

— IN HOURS

63	FEE	\$	NSW 22.50	VIC 21.50	QLD 20.50	SA 20.50	WA 20.50	TAS 21.50
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† — AFTER HOURS

64	FEE	\$	NSW 29.00	VIC 27.50	QLD 27.00	SA 27.00	WA 27.00	TAS 27.50
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† **PROLONGED CONSULTATION** of more than 45 minutes duration

— IN HOURS

67	FEE	\$	NSW 34.50	VIC 32.50	QLD 31.00	SA 31.00	WA 31.00	TAS 32.50
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† — AFTER HOURS			NSW	VIC	QLD	SA	WA	TAS
68	FEE	\$	41.50	38.50	38.00	38.00	38.00	38.50
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								
82	G. FEE	\$	12.00	11.20	10.60	10.60	10.60	11.20
85	S. FEE	\$	17.20	16.20	16.20	16.20	16.20	14.40
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 specialty where the patient is referred to him								
— INITIAL attendance in a single course of treatment								
88	FEE	\$	34.50	32.00	32.00	32.00	32.00	28.50
— Each attendance SUBSEQUENT to the first in a single course of treatment								
94	FEE	\$	17.20	16.20	16.20	16.20	16.20	14.40
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 specialty where the patient is referred to him								
— INITIAL attendance in a single course of treatment								
100	FEE	\$	50.00	47.00	47.00	47.00	47.00	43.00
— Each attendance SUBSEQUENT to the first in a single course of treatment								
103	FEE	\$	32.00	31.50	31.50	31.50	31.50	29.00

**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 speciality (other than in psychiatry) where the patient is referred to him by a medical practitioner

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

110	FEE	\$	NSW 60.00	VIC 55.00	QLD 55.00	SA 55.00	WA 55.00	TAS 55.00
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– Each attendance **SUBSEQUENT** to the first in a single course of treatment

116	ALL STATES: FEE \$30.00							
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**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 speciality (other than in psychiatry) where the patient is referred to him by a medical practitioner

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

122	FEE	\$	NSW 74.00	VIC 70.00	QLD 70.00	SA 70.00	WA 70.00	TAS 70.00
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– Each attendance **SUBSEQUENT** to the first in a single course of treatment

128	ALL STATES: FEE \$44.50							
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**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 speciality of PSYCHIATRY where the patient is referred to him by a medical practitioner

– An attendance of not more than 15 minutes duration

134	FEE	\$	NSW 17.20	VIC 16.20	QLD 16.20	SA 16.20	WA 16.20	TAS 16.20
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– An attendance of more than 15 minutes duration but not more than 30 minutes duration

136	FEE	\$	NSW 34.50	VIC 32.00	QLD 32.00	SA 32.00	WA 32.00	TAS 32.00
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	— An attendance of more than 30 minutes duration but not more than 45 minutes duration							
138	FEE	\$	NSW 51.00	VIC 48.00	QLD 48.00	SA 48.00	WA 48.00	TAS 48.00
	— An attendance of more than 45 minutes duration but not more than 75 minutes duration							
140	FEE	\$	NSW 70.00	VIC 64.00	QLD 64.00	SA 64.00	WA 64.00	TAS 64.00
	— An attendance of more than 75 minutes duration							
142	FEE	\$	NSW 86.00	VIC 81.00	QLD 81.00	SA 81.00	WA 81.00	TAS 81.00
	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 32.00	VIC 31.50	QLD 31.50	SA 31.50	WA 31.50	TAS 31.50
	— An attendance of more than 15 minutes duration but not more than 30 minutes duration							
146	FEE	\$	NSW 50.00	VIC 47.00	QLD 47.00	SA 47.00	WA 47.00	TAS 47.00
	— An attendance of more than 30 minutes duration but not more than 45 minutes duration							
148	FEE	\$	NSW 69.00	VIC 63.00	QLD 63.00	SA 63.00	WA 63.00	TAS 63.00
	— An attendance of more than 45 minutes duration but not more than 75 minutes duration							
150	FEE	\$	NSW 84.00	VIC 79.00	QLD 79.00	SA 79.00	WA 79.00	TAS 79.00
	— An attendance of more than 75 minutes duration							
152	FEE	\$	NSW 100.00	VIC 96.00	QLD 96.00	SA 96.00	WA 96.00	TAS 96.00

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 \$48.00

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

161

ALL STATES: FEE \$78.00

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

162

ALL STATES: FEE \$110.00

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

163

ALL STATES: FEE \$140.00

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

164

ALL STATES: FEE \$168.00

Item No.	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								
190	FEE	\$	NSW 12.00	VIC 11.20	QLD 10.60	SA 10.60	WA 10.60	TAS 11.20
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								
192	FEE	\$	NSW 120.00	VIC 112.00	QLD 106.00	SA 106.00	WA 106.00	TAS 112.00
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								
194	G. FEE	\$	NSW 102.00	VIC 93.00	QLD 93.00	SA 79.00	WA 79.00	TAS 79.00
+196	S. FEE	\$	152.00	116.00	116.00	116.00	116.00	116.00
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								
198	FEE	\$	NSW 102.00	VIC 93.00	QLD 93.00	SA 93.00	WA 93.00	TAS 93.00
ANTENATAL CARE, CONFINEMENT AND POSTNATAL CARE for nine days (not including any service or services covered by Division 2 of this Part)								
200	G. FEE	\$	NSW 174.00	VIC 158.00	QLD 152.00	SA 140.00	WA 140.00	TAS 140.00
+207	S. FEE	\$	230.00	198.00	174.00	198.00	174.00	174.00

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	\$	245.00	220.00	205.00	200.00	188.00	186.00
+209	S. FEE	\$	300.00	250.00	225.00	250.00	225.00	225.00

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	\$	201.00	185.00	179.00	167.00	167.00	167.00
+213	S. FEE	\$	257.00	225.00	201.00	225.00	201.00	201.00

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	\$	240.50	224.50	218.50	206.50	206.50	206.50
+217	S. FEE	\$	296.50	264.50	240.50	264.50	240.50	240.50

CAESAREAN SECTION and postnatal care for nine days

			NSW	VIC	QLD	SA	WA	TAS
234	G. FEE	\$	220.00	220.00	205.00	205.00	205.00	198.00
241	S. FEE	\$	290.00	255.00	255.00	255.00	255.00	230.00

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	\$	8.70	8.30	8.30	8.30	8.30	8.30

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							
246	FEE	\$	NSW 8.70	VIC 8.30	QLD 8.30	SA 8.30	WA 8.30	TAS 8.30
250	G.	CERVIX, purse string ligation of, for threatened miscarriage ALL STATES: FEE \$70.00						
258	S.	ALL STATES: FEE \$93.00 Anaesthetic 6 units — Item Nos 407G / 513S						
267	CERVIX, removal of purse string ligature of, under general anaesthesia ALL STATES: FEE \$27.00 Anaesthetic 5 units — Item Nos 406G / 510S							
273	FEE	\$	NSW 8.70	VIC 8.30	QLD 8.30	SA 8.30	WA 8.30	TAS 8.30
274	G.	INDUCTION and MANAGEMENT of SECOND TRIMESTER LABOUR ALL STATES: FEE \$102.00						
275	S.	ALL STATES: FEE \$126.00						
278	AMNIOSCOPY or AMNIOCENTESIS ALL STATES: FEE \$27.00							
284	AMNIOSCOPY with surgical induction of labour ALL STATES: FEE \$37.50 Anaesthetic 6 units — Item Nos 407G / 513S							
295	VERSION, EXTERNAL, under general anaesthesia, not covered by Items 208/209 ALL STATES: FEE \$27.00 Anaesthetic 6 units — Item Nos 407G / 513S							
298	VERSION, INTERNAL, under general anaesthesia, not covered by Items 208/209 ALL STATES: FEE \$48.50 Anaesthetic 6 units — Item Nos 407G / 513S							

354	<p>SURGICAL INDUCTION of labour</p> <p>ALL STATES: FEE \$27.00</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 \$102.00</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 \$32.50</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 \$116.00</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 \$174.00</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 \$54.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>

Item No.	Medical Service
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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	\$	12.00	11.20	10.60	10.60	10.60	11.20
85	S. FEE	\$	17.20	16.20	16.20	16.20	16.20	14.40

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	\$	6.00	5.90	5.90	5.80	5.80	5.10

- TWO UNITS

			NSW	VIC	QLD	SA	WA	TAS
403	FEE	\$	12.00	11.80	11.80	11.60	11.60	10.20

- THREE UNITS

			NSW	VIC	QLD	SA	WA	TAS
404	FEE	\$	18.00	17.80	17.80	17.40	17.40	15.20

PART 3 DIVISION 1

ANAESTHETICS — G

	— FOUR UNITS							
405	FEE	\$	NSW 24.00	VIC 23.50	QLD 23.50	SA 23.00	WA 23.00	TAS 20.50
	— FIVE UNITS							
406	FEE	\$	NSW 30.00	VIC 29.50	QLD 29.50	SA 29.00	WA 29.00	TAS 25.50
	— SIX UNITS							
407	FEE	\$	NSW 36.00	VIC 35.50	QLD 35.50	SA 35.00	WA 35.00	TAS 30.50
	— SEVEN UNITS							
408	FEE	\$	NSW 42.00	VIC 41.50	QLD 41.50	SA 40.50	WA 40.50	TAS 35.50
	— EIGHT UNITS							
409	FEE	\$	NSW 48.00	VIC 47.50	QLD 47.50	SA 46.50	WA 46.50	TAS 41.00
	— NINE UNITS							
443	FEE	\$	NSW 54.00	VIC 53.00	QLD 53.00	SA 52.00	WA 52.00	TAS 46.00
	— TEN UNITS							
450	FEE	\$	NSW 60.00	VIC 59.00	QLD 59.00	SA 58.00	WA 58.00	TAS 51.00
	— ELEVEN UNITS							
453	FEE	\$	NSW 66.00	VIC 65.00	QLD 65.00	SA 64.00	WA 64.00	TAS 56.00
	— TWELVE UNITS							
454	FEE	\$	NSW 72.00	VIC 71.00	QLD 71.00	SA 70.00	WA 70.00	TAS 61.00
	— THIRTEEN UNITS							
457	FEE	\$	NSW 78.00	VIC 77.00	QLD 77.00	SA 75.00	WA 75.00	TAS 66.00
	— FOURTEEN UNITS							
458	FEE	\$	NSW 84.00	VIC 83.00	QLD 83.00	SA 81.00	WA 81.00	TAS 71.00

PART 3 DIVISION 1

ANAESTHETICS - G

	- FIFTEEN UNITS							
459	FEE	\$	NSW 90.00	VIC 89.00	QLD 89.00	SA 87.00	WA 87.00	TAS 76.00
	- SIXTEEN UNITS							
460	FEE	\$	NSW 96.00	VIC 95.00	QLD 95.00	SA 93.00	WA 93.00	TAS 82.00
	- SEVENTEEN UNITS							
461	FEE	\$	NSW 102.00	VIC 100.00	QLD 100.00	SA 99.00	WA 99.00	TAS 87.00
	- EIGHTEEN UNITS							
462	FEE	\$	NSW 108.00	VIC 106.00	QLD 106.00	SA 104.00	WA 104.00	TAS 92.00
	- NINETEEN UNITS							
463	FEE	\$	NSW 114.00	VIC 112.00	QLD 112.00	SA 110.00	WA 110.00	TAS 97.00
	- TWENTY UNITS							
464	FEE	\$	NSW 120.00	VIC 118.00	QLD 118.00	SA 116.00	WA 116.00	TAS 102.00
	- TWENTY-ONE UNITS							
465	FEE	\$	NSW 126.00	VIC 124.00	QLD 124.00	SA 122.00	WA 122.00	TAS 108.00
	- TWENTY-TWO UNITS							
466	FEE	\$	NSW 132.00	VIC 130.00	QLD 130.00	SA 128.00	WA 128.00	TAS 112.00
	- TWENTY-THREE UNITS							
467	FEE	\$	NSW 138.00	VIC 136.00	QLD 136.00	SA 134.00	WA 134.00	TAS 118.00
	- TWENTY-FOUR UNITS							
468	FEE	\$	NSW 144.00	VIC 142.00	QLD 142.00	SA 140.00	WA 140.00	TAS 122.00
	- TWENTY-FIVE UNITS							
469	FEE	\$	NSW 150.00	VIC 148.00	QLD 148.00	SA 146.00	WA 146.00	TAS 128.00

	— TWENTY-SIX UNITS							
470	FEE	\$	NSW 156.00	VIC 154.00	QLD 154.00	SA 150.00	WA 150.00	TAS 132.00
	— TWENTY-SEVEN UNITS							
471	FEE	\$	NSW 162.00	VIC 160.00	QLD 160.00	SA 156.00	WA 156.00	TAS 138.00
	— TWENTY-EIGHT UNITS							
472	FEE	\$	NSW 168.00	VIC 166.00	QLD 166.00	SA 162.00	WA 162.00	TAS 142.00
	— TWENTY-NINE UNITS							
473	FEE	\$	NSW 174.00	VIC 172.00	QLD 172.00	SA 168.00	WA 168.00	TAS 148.00
	— THIRTY UNITS							
474	FEE	\$	NSW 180.00	VIC 178.00	QLD 178.00	SA 174.00	WA 174.00	TAS 152.00
	— THIRTY-TWO UNITS							
475	FEE	\$	NSW 192.00	VIC 190.00	QLD 190.00	SA 186.00	WA 186.00	TAS 164.00
	— THIRTY-SIX UNITS							
476	FEE	\$	NSW 215.00	VIC 215.00	QLD 215.00	SA 210.00	WA 210.00	TAS 184.00
	— THIRTY-EIGHT UNITS							
477	FEE	\$	NSW 230.00	VIC 225.00	QLD 225.00	SA 220.00	WA 220.00	TAS 194.00
	— THIRTY-NINE UNITS							
478	FEE	\$	NSW 235.00	VIC 230.00	QLD 230.00	SA 225.00	WA 225.00	TAS 198.00
	— In connection with electroconvulsive therapy (based on 2.5 units)							
479	FEE	\$	NSW 15.00	VIC 14.80	QLD 14.80	SA 14.60	WA 14.60	TAS 12.80

	— In connection with radio-therapy (based on 6 units)							
480	FEE	\$	NSW 36.00	VIC 35.50	QLD 35.50	SA 35.00	WA 35.00	TAS 30.50
	— In connection with forceps delivery (based on 7 units)							
481	FEE	\$	NSW 42.00	VIC 41.50	QLD 41.50	SA 40.50	WA 40.50	TAS 35.50
482	— 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.							
483	— 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.							
484	— 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.							
485	— 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							
487	FEE	\$	NSW 60.00	VIC 59.00	QLD 59.00	SA 58.00	WA 58.00	TAS 51.00
+	— In connection with computerised axial tomography — brain scan, plain study with or without contrast medium study							
489	FEE	\$	NSW 48.00	VIC 47.50	QLD 47.50	SA 46.50	WA 46.50	TAS 41.00

— In connection with computerised axial tomography — body scan, plain study with or without contrast medium study

			NSW	VIC	QLD	SA	WA	TAS
490	FEE	\$	48.00	47.50	47.50	46.50	46.50	41.00

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

			NSW	VIC	QLD	SA	WA	TAS
500	FEE	\$	7.30	7.20	7.20	7.10	7.10	6.40

— TWO UNITS

			NSW	VIC	QLD	SA	WA	TAS
505	FEE	\$	14.60	14.40	14.40	14.20	14.20	12.80

— THREE UNITS

			NSW	VIC	QLD	SA	WA	TAS
506	FEE	\$	22.00	21.50	21.50	21.00	21.00	19.00

— FOUR UNITS

			NSW	VIC	QLD	SA	WA	TAS
509	FEE	\$	29.00	28.50	28.50	28.50	28.50	25.50

— FIVE UNITS

			NSW	VIC	QLD	SA	WA	TAS
510	FEE	\$	36.50	36.00	36.00	35.50	35.50	32.00

— SIX UNITS

			NSW	VIC	QLD	SA	WA	TAS
513	FEE	\$	44.00	43.00	43.00	42.50	42.50	38.00

— SEVEN UNITS

			NSW	VIC	QLD	SA	WA	TAS
514	FEE	\$	51.00	50.00	50.00	49.50	49.50	44.50

— EIGHT UNITS

			NSW	VIC	QLD	SA	WA	TAS
517	FEE	\$	58.00	57.00	57.00	57.00	57.00	51.00

	- NINE UNITS								
518	FEE	\$	NSW 66.00	VIC 65.00	QLD 65.00	SA 64.00	WA 64.00	TAS 57.00	
	- TEN UNITS								
521	FEE	\$	NSW 73.00	VIC 72.00	QLD 72.00	SA 71.00	WA 71.00	TAS 64.00	
	- ELEVEN UNITS								
522	FEE	\$	NSW 80.00	VIC 79.00	QLD 79.00	SA 78.00	WA 78.00	TAS 70.00	
	- TWELVE UNITS								
523	FEE	\$	NSW 88.00	VIC 86.00	QLD 86.00	SA 85.00	WA 85.00	TAS 76.00	
	- THIRTEEN UNITS								
524	FEE	\$	NSW 95.00	VIC 93.00	QLD 93.00	SA 92.00	WA 92.00	TAS 83.00	
	- FOURTEEN UNITS								
525	FEE	\$	NSW 102.00	VIC 100.00	QLD 100.00	SA 99.00	WA 99.00	TAS 89.00	
	- FIFTEEN UNITS								
526	FEE	\$	NSW 110.00	VIC 108.00	QLD 108.00	SA 106.00	WA 106.00	TAS 95.00	
	- SIXTEEN UNITS								
527	FEE	\$	NSW 116.00	VIC 114.00	QLD 114.00	SA 114.00	WA 114.00	TAS 102.00	
	- SEVENTEEN UNITS								
528	FEE	\$	NSW 124.00	VIC 122.00	QLD 122.00	SA 120.00	WA 120.00	TAS 108.00	
	- EIGHTEEN UNITS								
529	FEE	\$	NSW 132.00	VIC 130.00	QLD 130.00	SA 128.00	WA 128.00	TAS 114.00	

	— NINETEEN UNITS							
531	FEE	\$	NSW 138.00	VIC 136.00	QLD 136.00	SA 134.00	WA 134.00	TAS 120.00
	— TWENTY UNITS							
533	FEE	\$	NSW 146.00	VIC 144.00	QLD 144.00	SA 142.00	WA 142.00	TAS 128.00
	— TWENTY-ONE UNITS							
535	FEE	\$	NSW 154.00	VIC 150.00	QLD 150.00	SA 148.00	WA 148.00	TAS 134.00
	— TWENTY-TWO UNITS							
537	FEE	\$	NSW 160.00	VIC 158.00	QLD 158.00	SA 156.00	WA 156.00	TAS 140.00
	— TWENTY-THREE UNITS							
538	FEE	\$	NSW 168.00	VIC 166.00	QLD 166.00	SA 162.00	WA 162.00	TAS 146.00
	— TWENTY-FOUR UNITS							
539	FEE	\$	NSW 176.00	VIC 172.00	QLD 172.00	SA 170.00	WA 170.00	TAS 152.00
	— TWENTY-FIVE UNITS							
540	FEE	\$	NSW 182.00	VIC 180.00	QLD 180.00	SA 176.00	WA 176.00	TAS 160.00
	— TWENTY-SIX UNITS							
541	FEE	\$	NSW 190.00	VIC 186.00	QLD 186.00	SA 184.00	WA 184.00	TAS 166.00
	— TWENTY-SEVEN UNITS							
542	FEE	\$	NSW 198.00	VIC 194.00	QLD 194.00	SA 190.00	WA 190.00	TAS 172.00
	— TWENTY-EIGHT UNITS							
543	FEE	\$	NSW 205.00	VIC 200.00	QLD 200.00	SA 198.00	WA 198.00	TAS 178.00
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	— TWENTY-NINE UNITS							
544	FEE	\$	NSW 210.00	VIC 210.00	QLD 210.00	SA 205.00	WA 205.00	TAS 184.00
	— THIRTY UNITS							
545	FEE	\$	NSW 220.00	VIC 215.00	QLD 215.00	SA 210.00	WA 210.00	TAS 190.00
	— THIRTY-TWO UNITS							
546	FEE	\$	NSW 235.00	VIC 230.00	QLD 230.00	SA 225.00	WA 225.00	TAS 205.00
	— THIRTY-SIX UNITS							
547	FEE	\$	NSW 265.00	VIC 260.00	QLD 260.00	SA 255.00	WA 255.00	TAS 230.00
	— THIRTY-EIGHT UNITS							
548	FEE	\$	NSW 280.00	VIC 275.00	QLD 275.00	SA 270.00	WA 270.00	TAS 240.00
	— THIRTY-NINE UNITS							
549	FEE	\$	NSW 285.00	VIC 280.00	QLD 280.00	SA 275.00	WA 275.00	TAS 250.00
	— In connection with electroconvulsive therapy (based on 2.5 units)							
550	FEE	\$	NSW 18.20	VIC 18.00	QLD 18.00	SA 17.60	WA 17.60	TAS 16.00
	— In connection with radio-therapy (based on 6 units)							
551	FEE	\$	NSW 44.00	VIC 43.00	QLD 43.00	SA 42.50	WA 42.50	TAS 38.00
	— In connection with forceps delivery (based on 7 units)							
552	FEE	\$	NSW 51.00	VIC 50.00	QLD 50.00	SA 49.50	WA 49.50	TAS 44.50
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 73.00	VIC 72.00	QLD 72.00	SA 71.00	WA 71.00	TAS 64.00
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+ — In connection with computerised axial tomography — brain scan, plain study with or without contrast medium study

561	FEE	\$	NSW 58.00	VIC 57.00	QLD 57.00	SA 57.00	WA 57.00	TAS 51.00
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— In connection with computerised axial tomography — body scan, plain study with or without contrast medium study

562	FEE	\$	NSW 58.00	VIC 57.00	QLD 57.00	SA 57.00	WA 57.00	TAS 51.00
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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

Anaesthetic 4 units

			NSW	VIC	QLD	SA	WA	TAS
566	G. FEE	\$	24.00	23.50	23.50	23.00	23.00	20.50
567	S. FEE	\$	29.00	28.50	28.50	28.50	28.50	25.50

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL
ANAESTHETIC FOR EXTRACTION OF TEETH NOT COVERED BY ITEMS 570 AND
571 BELOW

Anaesthetic 6 units

			NSW	VIC	QLD	SA	WA	TAS
568	G. FEE	\$	36.00	35.50	35.50	35.00	35.00	30.50
569	S. FEE	\$	44.00	43.00	43.00	42.50	42.50	38.00

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL
ANAESTHETIC FOR REMOVAL OF TEETH REQUIRING INCISION OF SOFT TISSUE
AND REMOVAL OF BONE

Anaesthetic 8 units

			NSW	VIC	QLD	SA	WA	TAS
570	G. FEE	\$	48.00	47.50	47.50	46.50	46.50	41.00
571	S. FEE	\$	58.00	57.00	57.00	57.00	57.00	51.00

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL
ANAESTHETIC FOR RESTORATIVE DENTAL WORK OF NOT MORE THAN 30
MINUTES DURATION

Anaesthetic 6 units

			NSW	VIC	QLD	SA	WA	TAS
572	G. FEE	\$	36.00	35.50	35.50	35.00	35.00	30.50
573	S. FEE	\$	44.00	43.00	43.00	42.50	42.50	38.00

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC FOR RESTORATIVE DENTAL WORK OF MORE THAN 30 MINUTES DURATION

Anaesthetic 10 units

			NSW	VIC	QLD	SA	WA	TAS
574	G. FEE	\$	60.00	59.00	59.00	58.00	58.00	51.00
575	S. FEE	\$	73.00	72.00	72.00	71.00	71.00	64.00

Item No.	Medical Service																										
PART 4 REGIONAL NERVE OR FIELD BLOCK																											
748	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 ALL STATES: FEE \$39.50																										
752	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 ALL STATES: FEE \$29.00																										
753	† EPIDURAL INJECTION in lumbar or thoracic region for the control of post-operative pain, in association with general anaesthesia ALL STATES: FEE \$21.50																										
755	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 <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 10%;">NSW</th> <th style="width: 10%;">VIC</th> <th style="width: 10%;">QLD</th> <th style="width: 10%;">SA</th> <th style="width: 10%;">WA</th> <th style="width: 10%;">TAS</th> </tr> </thead> <tbody> <tr> <td>FEE</td> <td>\$</td> <td></td> <td>59.00</td> <td>58.00</td> <td>58.00</td> <td>57.00</td> <td>57.00</td> <td>51.00</td> </tr> </tbody> </table>												NSW	VIC	QLD	SA	WA	TAS	FEE	\$		59.00	58.00	58.00	57.00	57.00	51.00
			NSW	VIC	QLD	SA	WA	TAS																			
FEE	\$		59.00	58.00	58.00	57.00	57.00	51.00																			
756	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 <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 10%;">NSW</th> <th style="width: 10%;">VIC</th> <th style="width: 10%;">QLD</th> <th style="width: 10%;">SA</th> <th style="width: 10%;">WA</th> <th style="width: 10%;">TAS</th> </tr> </thead> <tbody> <tr> <td>FEE</td> <td>\$</td> <td></td> <td>65.00</td> <td>64.00</td> <td>64.00</td> <td>63.00</td> <td>63.00</td> <td>58.00</td> </tr> </tbody> </table>												NSW	VIC	QLD	SA	WA	TAS	FEE	\$		65.00	64.00	64.00	63.00	63.00	58.00
			NSW	VIC	QLD	SA	WA	TAS																			
FEE	\$		65.00	64.00	64.00	63.00	63.00	58.00																			
INTRAVENOUS REGIONAL ANAESTHESIA OF LIMB BY RETROGRADE PERFUSION																											
760	G.	ALL STATES: FEE \$29.50																									
764	S.	ALL STATES: FEE \$37.50																									

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 \$58.00

Item No.	Medical Service																																	
PART 6 MISCELLANEOUS PROCEDURES DIVISION 1 BLOOD PRESSURE RECORDING by intravascular cannula <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 15%;"></td> <td style="width: 5%;"></td> <td style="width: 10%; text-align: center;">NSW</td> <td style="width: 10%; text-align: center;">VIC</td> <td style="width: 10%; text-align: center;">QLD</td> <td style="width: 10%; text-align: center;">SA</td> <td style="width: 10%; text-align: center;">WA</td> <td style="width: 10%; text-align: center;">TAS</td> </tr> <tr> <td style="vertical-align: top;">770</td> <td style="vertical-align: top;">FEE</td> <td style="vertical-align: top;">\$</td> <td style="text-align: center;">29.00</td> <td style="text-align: center;">29.00</td> <td style="text-align: center;">29.00</td> <td style="text-align: center;">27.50</td> <td style="text-align: center;">27.50</td> <td style="text-align: center;">25.50</td> </tr> <tr> <td colspan="9" style="text-align: center;">Anaesthetic 4 units — Item Nos 405G / 509S</td> </tr> </table>											NSW	VIC	QLD	SA	WA	TAS	770	FEE	\$	29.00	29.00	29.00	27.50	27.50	25.50	Anaesthetic 4 units — Item Nos 405G / 509S								
			NSW	VIC	QLD	SA	WA	TAS																										
770	FEE	\$	29.00	29.00	29.00	27.50	27.50	25.50																										
Anaesthetic 4 units — Item Nos 405G / 509S																																		
774	HYPERBARIC OXYGEN THERAPY where the medical practitioner is NOT in the chamber ALL STATES: FEE \$58.00																																	
777	HYPERBARIC OXYGEN THERAPY where the medical practitioner is confined to the chamber ALL STATES: FEE \$94.00																																	
787	GENERAL ANAESTHESIA (including oxygen administration) during HYPERBARIC THERAPY where the medical practitioner is NOT confined to the chamber ALL STATES: FEE \$79.00																																	
790	GENERAL ANAESTHESIA (including oxygen administration) during HYPERBARIC THERAPY where the medical practitioner is confined to the chamber ALL STATES: FEE \$116.00																																	
DIVISION 2																																		
791	† ULTRASONIC CROSS-SECTIONAL ECHOGRAPHY, not associated with Item 793, 794 or 913, where the patient is not referred by a medical practitioner for ultrasonic examination — each ultrasonic examination not exceeding two examinations in any one pregnancy ALL STATES: FEE \$20.50																																	
793	† ULTRASONIC CROSS-SECTIONAL ECHOGRAPHY performed by, or on behalf of, a medical practitioner where the patient is referred by a medical practitioner for ultrasonic examination not associated with Item 791, 794 or 913 and where the referring medical practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member ALL STATES: FEE \$78.00																																	

PART 6 DIVISION 2**MISCELLANEOUS**

‡ 794	ULTRASONIC ECHOGRAPHY, UNIDIMENSIONAL, not associated with Item 791, 793 or 913 ALL STATES: FEE \$36.00
‡ 803	ELECTROENCEPHALOGRAPHY not covered by Item 793, 794, 806 or 809 in this Schedule ALL STATES: FEE \$57.00 Anaesthetic 6 units — Item Nos 407G / 513S
806	ELECTROENCEPHALOGRAPHY, temporosphenoidal ALL STATES: FEE \$71.00
809	ELECTROCORTICOGRAPHY ALL STATES: FEE \$97.00
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 \$47.00
811	NEUROMUSCULAR ELECTRODIAGNOSIS — conduction studies on two or three nerves with or without electromyography (not associated with Item 810 or 813) ALL STATES: FEE \$64.00
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 \$94.00
814	NEUROMUSCULAR ELECTRODIAGNOSIS — repetitive stimulation for study of neuromuscular conduction OR electromyography with quantitative computerised analysis OR both of these examinations ALL STATES: FEE \$64.00
816	CORTICAL EVOKED RESPONSES — one or two studies ALL STATES: FEE \$48.50
817	CORTICAL EVOKED RESPONSES — three or more studies ALL STATES: FEE \$72.00

DIVISION 3

‡+ HAEMODIALYSIS in hospital, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist exceeds 45 minutes in the one day

821 ALL STATES: FEE \$57.00

‡ HAEMODIALYSIS in hospital, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist does not exceed 45 minutes in the one day

824 ALL STATES: FEE \$30.00

DECLOTTING OF AN ARTERIOVENOUS SHUNT

831 ALL STATES: FEE \$52.00

INDWELLING PERITONEAL CATHETER (Tenckhoff or similar) FOR DIALYSIS — INSERTION AND FIXATION OF

833 ALL STATES: FEE \$97.00

PERITONEAL DIALYSIS, establishment of by abdominal puncture and insertion of temporary catheter including associated consultation

836 ALL STATES: FEE \$57.00

BLADDER WASHOUT TEST for localisation of urinary infection — not including bacterial counts for organisms in specimens

839 ALL STATES: FEE \$32.00

URINARY FLOW STUDY

841 ALL STATES: FEE \$12.00

CYSTOMETROGRAPHY

843 ALL STATES: FEE \$32.00

DIVISION 4

TONOGRAPHY — in the investigation or management of glaucoma

		NSW	VIC	QLD	SA	WA	TAS
844	FEE \$	29.00	24.00	29.00	29.00	24.00	24.00

849	PROVOCATIVE TEST OR TESTS FOR GLAUCOMA, including water drinking ALL STATES: FEE \$17.20
851	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 ALL STATES: FEE \$52.00
853	ELECTRORETINOGRAPHY ALL STATES: FEE \$46.50
856	OPTIC FUNDI, examination of, following intravenous dye injection ALL STATES: FEE \$29.50
859	RETINAL PHOTOGRAPHY, multiple exposures of one eye with intravenous dye injection ALL STATES: FEE \$57.00
860	RETINAL PHOTOGRAPHY, multiple exposures of both eyes with intravenous dye injection ALL STATES: FEE \$72.00
DIVISION 5	
863	AUDIOGRAM, air conduction ALL STATES: FEE \$11.00
865	AUDIOGRAM, air conduction and bone conduction ALL STATES: FEE \$15.60
870	AUDIOGRAM, air conduction, bone conduction and speech ALL STATES: FEE \$21.00
874	AUDIOGRAM, air conduction, bone conduction and speech, with other Cochlear tests ALL STATES: FEE \$26.00
877	IMPEDANCE AUDIOGRAM not associated with a service covered by item 863, 865, 870 or 874 ALL STATES: FEE \$15.60

878	IMPEDANCE AUDIOGRAM in association with a service covered by item 863, 865, 870 or 874 ALL STATES: FEE \$10.00																
882	CALORIC TEST OF LABYRINTH OR LABYRINTHS ALL STATES: FEE \$18.60																
884	ELECTRONYSTAGMOGRAPHY ALL STATES: FEE \$18.60																
DIVISION 6																	
886	ELECTROCONVULSIVE THERAPY, including associated consultation ALL STATES: FEE \$24.00																
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 \$21.00																
888	CONSULTANT PSYCHIATRIST – FAMILY GROUP PSYCHOTHERAPY on a group of three patients, EACH PATIENT ALL STATES: FEE \$27.50																
889	CONSULTANT PSYCHIATRIST – FAMILY GROUP PSYCHOTHERAPY on a group of two patients, EACH PATIENT ALL STATES: FEE \$41.00																
890	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 specialty 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 <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;">FEE</th> <th style="text-align: left;">\$</th> <th style="text-align: center;">NSW</th> <th style="text-align: center;">VIC</th> <th style="text-align: center;">QLD</th> <th style="text-align: center;">SA</th> <th style="text-align: center;">WA</th> <th style="text-align: center;">TAS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: center;">22.50</td> <td style="text-align: center;">21.00</td> <td style="text-align: center;">21.00</td> <td style="text-align: center;">21.00</td> <td style="text-align: center;">21.00</td> <td style="text-align: center;">21.00</td> </tr> </tbody> </table>	FEE	\$	NSW	VIC	QLD	SA	WA	TAS			22.50	21.00	21.00	21.00	21.00	21.00
FEE	\$	NSW	VIC	QLD	SA	WA	TAS										
		22.50	21.00	21.00	21.00	21.00	21.00										

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 specialty 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

			NSW	VIC	QLD	SA	WA	TAS
893	FEE	\$	50.00	45.00	45.00	45.00	45.00	45.00

DIVISION 7

UMBILICAL OR SCALP VEIN CATHETERISATION with or without infusion

895 ALL STATES: FEE \$24.00

UMBILICAL ARTERY CATHETERISATION with or without infusion

897 ALL STATES: FEE \$36.00

BLOOD TRANSFUSION with venesection and complete replacement of blood, including collection from donor

902 ALL STATES: FEE \$142.00

BLOOD TRANSFUSION with venesection and complete replacement of blood, using blood already collected

904 ALL STATES: FEE \$120.00

BLOOD for pathology test, collection of, BY FEMORAL OR EXTERNAL JUGULAR VEIN PUNCTURE IN INFANTS

907 ALL STATES: FEE \$12.00

DIVISION 8

ELECTROCARDIOGRAPHY, tracing and report, with or without implanted pacemaker testing

908 ALL STATES: FEE \$20.50

ELECTROCARDIOGRAPHY, tracing or report only

909 ALL STATES: FEE \$10.20

PHONOCARDIOGRAPHY

912 ALL STATES: FEE \$30.50

PART 6 DIVISION 8**MISCELLANEOUS**

‡ 913	ECHOCARDIOGRAPHY — not covered by Item 791 or 793 ALL STATES: FEE \$51.00
914	EXERCISE ELECTROCARDIOGRAPHY, without monitoring (Master's test) — INCLUDING RESTING ELECTROCARDIOGRAPHY ALL STATES: FEE \$51.00
915	ELECTROCARDIOGRAPHIC MONITORING (continuous) of ambulatory patient INCLUDING RESTING ELECTROCARDIOGRAPHY and the recording of other parameters ALL STATES: FEE \$78.00
916	ELECTROCARDIOGRAPHIC MONITORING during exercise (bicycle ergometer or treadmill) INCLUDING RESTING ELECTROCARDIOGRAPHY and the recording of other parameters ALL STATES: FEE \$72.00
917	RESTORATION OF CARDIAC RHYTHM by electrical stimulation (cardioversion), other than in the course of cardiac surgery ALL STATES: FEE \$41.00 Anaesthetic 4 units — Item Nos 405G / 509S
918	BRONCHOSPIROMETRY, including gas analysis ALL STATES: FEE \$71.00
920	ESTIMATION OF RESPIRATORY FUNCTION requiring complicated techniques — each attendance at which one or more tests are performed ALL STATES: FEE \$58.00
921	ESTIMATION OF RESPIRATORY FUNCTION, involving a directly recorded tracing, 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 \$8.70
922	PERFUSION OF LIMB OR ORGAN using heart-lung machine or equivalent ALL STATES: FEE \$188.00
923	WHOLE BODY PERFUSION, CARDIAC BY-PASS, using heart-lung machine or equivalent ALL STATES: FEE \$270.00

925	INDUCED CONTROLLED HYPOTHERMIA — total body ALL STATES: FEE \$47.00
927	FLUIDS, intravenous infusion of — PERCUTANEOUS ALL STATES: FEE \$15.20
929	FLUIDS, intravenous infusion of — BY OPEN EXPOSURE ALL STATES: FEE \$25.50
932	INTRAVENOUS INFUSION or INJECTION of a substance incorporating a CYTOTOXIC AGENT ALL STATES: FEE \$25.50
934	INTRA-ARTERIAL INFUSION or INJECTION of a substance incorporating a CYTOTOXIC AGENT, PREPARATION FOR ALL STATES: FEE \$36.00
936	INTRALYMPHATIC INFUSION or INJECTION of a fluid containing a CYTOTOXIC AGENT, with or without the incorporation of an opaque medium ALL STATES: FEE \$55.00
938	INTRALYMPHATIC INSERTION OF NEEDLE OR CANNULA for the purpose of introduction of radio-active material ALL STATES: FEE \$55.00
940	ADMINISTRATION OF BLOOD, including collection from donor ALL STATES: FEE \$51.00
944	ADMINISTRATION OF BLOOD already collected ALL STATES: FEE \$35.50
947	INTRA-UTERINE FOETAL BLOOD TRANSFUSION using blood already collected, INCLUDING NECESSARY AMNIOCENTESIS ALL STATES: FEE \$97.00
949	COLLECTION OF BLOOD for purposes of transfusion ALL STATES: FEE \$20.50

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 \$97.00 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 \$36.50 Anaesthetic 6 units — Item Nos 407G / 513S
952	BLOOD DYE — DILUTION INDICATOR TEST ALL STATES: FEE \$50.00
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 \$2.60
956	ARTERIAL PUNCTURE for collection of blood ALL STATES: FEE \$9.70
957	INTRA-ARTERIAL CANNULISATION for purpose of taking multiple arterial blood samples for blood gas analysis ALL STATES: FEE \$29.00
958	COLLECTION OF SPECIMEN OF SWEAT by iontophoresis ALL STATES: FEE \$15.40
960	HORMONE OR LIVING TISSUE IMPLANTATION — by incision ALL STATES: FEE \$22.00
963	HORMONE OR LIVING TISSUE IMPLANTATION — by cannula ALL STATES: FEE \$14.60
966	OESOPHAGEAL MOTILITY TEST, manometric ALL STATES: FEE \$39.50
968	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant IN THE ABSENCE OF GASTROINTESTINAL HAEMORRHAGE ALL STATES: FEE \$76.00

970	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant FOR UPPER GASTROINTESTINAL HAEMORRHAGE ALL STATES: FEE \$152.00							
974	GASTRIC LAVAGE in the treatment of ingested poison ALL STATES: FEE \$25.50							
976	COUNTERPULSATION BY INTRA-AORTIC BALLOON: management on the first day, including initial and subsequent consultations and monitoring of various parameters ALL STATES: FEE \$230.00							
977	COUNTERPULSATION BY INTRA-AORTIC BALLOON: management on each subsequent day, including associated consultations and monitoring of various parameters ALL STATES: FEE \$55.00							
980	‡	Attendance by a medical practitioner at which acupuncture is performed by application of stimuli on or through the surface of the skin by any means, including any associated consultation on the same day						
	FEE	\$	NSW 12.00	VIC 11.20	QLD 10.60	SA 10.60	WA 10.60	TAS 11.20
DIVISION 9								
987	SKIN SENSITIVITY TESTING for allergens, USING ONE TO TWENTY ALLERGENS ALL STATES: FEE \$16.40							
989	SKIN SENSITIVITY TESTING for allergens, USING MORE THAN TWENTY ALLERGENS ALL STATES: FEE \$25.00							
DIVISION 10								
994	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) ALL STATES: FEE \$110.00							

DIVISION 11

†

FAMILY GROUP THERAPY (including associated consultation) of not less than one hour's duration given under the direct continuous supervision of a medical practitioner, other than a consultant physician in the practice of his specialty of psychiatry, involving members of a family and persons with close personal relationships with that family, WHERE THE GROUP CONSISTS OF TWO PATIENTS – each patient

996

ALL STATES: FEE \$27.50

†

FAMILY GROUP THERAPY (including associated consultation) of not less than one hour's duration given under the direct continuous supervision of a medical practitioner, other than a consultant physician in the practice of his specialty of psychiatry, involving members of a family and persons with close personal relationships with that family, WHERE THE GROUP CONSISTS OF THREE PATIENTS – each patient

997

ALL STATES: FEE \$19.00

†

FAMILY GROUP THERAPY (including associated consultation) of not less than one hour's duration given under the direct continuous supervision of a medical practitioner, other than a consultant physician in the practice of his specialty of psychiatry, involving members of a family and persons with close personal relationships with that family, WHERE THE GROUP CONSISTS OF FOUR TO SIX PATIENTS – each patient

998

ALL STATES: FEE \$14.20

PART 7 – PATHOLOGY SERVICES

NOTE (This note should be read in conjunction with paragraphs 164 to 186 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 183 to 186) 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. 182 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);

(* 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).

- (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.

(NOTE: The legislation also provides that the request may be other than in writing (e.g. using magnetic media to take advantage of modern technology). However, prior approval must be obtained from the Commonwealth Department of Health before such alternative medium may be used.

References to "written requests" in respect of Pathology Services appearing in these "Explanatory Notes" should also be read in the same context as indicated in the previous paragraph.)

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
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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 \$4.40
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1007	HP.	ALL STATES: FEE \$3.30
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Two procedures to which Item 1006 or 1007 applies

1008	SP.	ALL STATES: FEE \$7.00
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1009	OP.	ALL STATES: FEE \$5.25
------	-----	------------------------

1010	HP.	ALL STATES: FEE \$4.45
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Three or more procedures to which Item 1006 or 1007 applies including calculation of erythrocyte indices

1011	SP.	ALL STATES: FEE \$10.40
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1012	OP.	ALL STATES: FEE \$7.80
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1013	HP.	ALL STATES: FEE \$5.20
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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 \$8.70
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1015	OP.	ALL STATES: FEE \$6.55
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1016	HP.	ALL STATES: FEE \$4.35
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	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 \$3.50
1020	OP.	ALL STATES: FEE \$2.65
	Two or more procedures to which Item 1019 or 1020 applies	
1021	SP.	ALL STATES: FEE \$5.20
1022	OP.	ALL STATES: FEE \$3.90
	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; Sickle cells; or similar cells, substances or parasites	
	One procedure	
1028	SP.	ALL STATES: FEE \$5.20
1029	OP.	ALL STATES: FEE \$3.90
	Two or more procedures to which Item 1028 or 1029 applies	
1030	SP.	ALL STATES: FEE \$8.70
1032	OP.	ALL STATES: FEE \$6.55
	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 \$8.70
1037	OP.	ALL STATES: FEE \$6.55
	Two or more procedures to which Item 1036 or 1037 applies	
1038	SP.	ALL STATES: FEE \$17.40
1040	OP.	ALL STATES: FEE \$13.05

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 \$17.40

1045 OP. ALL STATES: FEE \$13.05

Two or more procedures to which Item 1044 or 1045 applies

1048 SP. ALL STATES: FEE \$35.00

1049 OP. ALL STATES: FEE \$26.25

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 \$52.00

1063 OP. ALL STATES: FEE \$39.00

Two or more procedures to which Item 1062 or 1063 applies

1064 SP. ALL STATES: FEE \$87.00

1065 OP. ALL STATES: FEE \$65.25

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 \$8.70

1081 OP. ALL STATES: FEE \$6.55

	<p>NOTE: Benefit for these items is payable once only during any one period of hospitalisation</p> <p>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</p>	
1089	SP.	ALL STATES: FEE \$15.80
1090	OP.	ALL STATES: FEE \$11.85
	<p>NOTE: Benefit for items 1101, 1102, 1104, 1105, 1106 and 1108 is payable once only during any one period of hospitalisation</p> <p>Blood grouping — Rh phenotypes; Kell system; Duffy system; M and N factors; or any other blood group system</p> <p>One system</p>	
1101	SP.	ALL STATES: FEE \$17.40
1102	OP.	ALL STATES: FEE \$13.05
	Two systems to which Item 1101 or 1102 applies	
1104	SP.	ALL STATES: FEE \$35.00
1105	OP.	ALL STATES: FEE \$26.25
	Each system to which Item 1101 or 1102 applies in excess of two	
1106	SP.	ALL STATES: FEE \$8.70
1108	OP.	ALL STATES: FEE \$6.55
	<p>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 —</p> <p>Testing involving one or two units of blood</p>	
1111	SP.	ALL STATES: FEE \$35.00
1112	OP.	ALL STATES: FEE \$26.25
1113	HP.	ALL STATES: FEE \$17.50

	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 \$13.00
1116	OP.	ALL STATES: FEE \$9.75
1117	HP.	ALL STATES: FEE \$6.50
	Examination of serum for Rh and/or other blood group antibodies —	
	Screening test (by any or all techniques)	
1121	SP.	ALL STATES: FEE \$13.00
1122	OP.	ALL STATES: FEE \$9.75
	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 \$35.00
1125	OP.	ALL STATES: FEE \$26.25
	Examination of serum for Rh and/or other blood group antibodies —	
	Quantitative estimation — one antibody	
1126	SP.	ALL STATES: FEE \$26.00
1128	OP.	ALL STATES: FEE \$19.50
	Examination of serum for Rh and/or other blood group antibodies —	
	Quantitative estimation — each antibody in excess of one	
1129	SP.	ALL STATES: FEE \$17.40
1130	OP.	ALL STATES: FEE \$13.05
	Coombs test, direct	
1136	SP.	ALL STATES: FEE \$8.70
1137	OP.	ALL STATES: FEE \$6.55

	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 \$13.00
1145	OP.	ALL STATES: FEE \$9.75
	Examination of serum for blood group haemolysins	
1152	SP.	ALL STATES: FEE \$17.40
1153	OP.	ALL STATES: FEE \$13.05
	Leucocyte agglutinins, detection of	
1159	SP.	ALL STATES: FEE \$17.40
1160	OP.	ALL STATES: FEE \$13.05
	Platelet agglutinins, detection of	
1166	SP.	ALL STATES: FEE \$17.40
1167	OP.	ALL STATES: FEE \$13.05
	MISCELLANEOUS	
	Heterophile antibodies, qualitative estimation of (test for infectious mononucleosis)	
1190	SP.	ALL STATES: FEE \$7.00
1191	OP.	ALL STATES: FEE \$5.25
	Heterophile antibodies quantitative estimation by serial dilutions with specific absorption (including qualitative estimation covered by Item 1190 or 1191)	
1194	SP.	ALL STATES: FEE \$17.40
1195	OP.	ALL STATES: FEE \$13.05
	Cold agglutinins, qualitative estimation of	
1202	SP.	ALL STATES: FEE \$7.00
1203	OP.	ALL STATES: FEE \$5.25
	Cold agglutinins quantitative estimation by serial dilutions (including qualitative estimation covered by Item 1202 or 1203 where performed)	
1206	SP.	ALL STATES: FEE \$17.40
1207	OP.	ALL STATES: FEE \$13.05

	Blood volume, estimation of by dye method	
1211	SP.	ALL STATES: FEE \$8.70
1212	OP.	ALL STATES: FEE \$6.55
	Blood, spectroscopic examination of	
1215	SP.	ALL STATES: FEE \$8.70
1216	OP.	ALL STATES: FEE \$6.55
	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 \$8.70
1235	OP.	ALL STATES: FEE \$6.55
	Two procedures to which Item 1234 or 1235 applies	
1236	SP.	ALL STATES: FEE \$13.00
1237	OP.	ALL STATES: FEE \$9.75
	Three or more procedures to which Item 1234 or 1235 applies	
1238	SP.	ALL STATES: FEE \$17.40
1239	OP.	ALL STATES: FEE \$13.05
	Platelet aggregation, qualitative test for	
1242	SP.	ALL STATES: FEE \$8.70
1243	OP.	ALL STATES: FEE \$6.55
	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 \$8.70
1246	OP.	ALL STATES: FEE \$6.55

	Fibrinogen titre, determination of	
1247	SP.	ALL STATES: FEE \$8.70
1248	OP.	ALL STATES: FEE \$6.55
	Factor 13, test for presence of	
1251	SP.	ALL STATES: FEE \$13.00
1252	OP.	ALL STATES: FEE \$9.75
	Thromboplastin generation screening test	
1255	SP.	ALL STATES: FEE \$13.00
1256	OP.	ALL STATES: FEE \$9.75
	Prothrombin time, estimation of (two stage)	
1259	SP.	ALL STATES: FEE \$13.00
1260	OP.	ALL STATES: FEE \$9.75
	Qualitative, quantitative OR qualitative and quantitative estimation of Fibrin degeneration products	
1261	SP.	ALL STATES: FEE \$10.40
1262	OP.	ALL STATES: FEE \$7.80
	Quantitative estimation of — Platelet adhesion; Prothrombin consumption; or Protamine sulphate — each procedure	
1263	SP.	ALL STATES: FEE \$13.00
1264	OP.	ALL STATES: FEE \$9.75
	Euglobulin lysis time, estimation of	
1267	SP.	ALL STATES: FEE \$26.00
1268	OP.	ALL STATES: FEE \$19.50
	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 \$26.00
1272	OP.	ALL STATES: FEE \$19.50

Platelet aggregation test using — ADP; Collagen; 5HT; Ristocetin; or similar substance

One procedure

1277 SP. ALL STATES: FEE \$26.00

1278 OP. ALL STATES: FEE \$19.50

Two or more procedures to which Item 1277 or 1278 applies

1279 SP. ALL STATES: FEE \$52.00

1280 OP. ALL STATES: FEE \$39.00

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 \$13.00

1302 OP. ALL STATES: FEE \$9.75

1303 HP. ALL STATES: FEE \$6.50

Two estimations — of a kind specified in Item 1301, 1302 or 1303 —

1304 SP. ALL STATES: FEE \$17.40

1305 OP. ALL STATES: FEE \$13.05

1306 HP. ALL STATES: FEE \$8.70

	Three to five estimations – of a kind specified in Item 1301, 1302 or 1303 –	
1307	SP.	ALL STATES: FEE \$22.00
1308	OP.	ALL STATES: FEE \$16.50
1309	HP.	ALL STATES: FEE \$11.00
	Six or more estimations – of a kind specified in Item 1301, 1302 or 1303 –	
1310	SP.	ALL STATES: FEE \$24.00
1311	OP.	ALL STATES: FEE \$18.00
1312	HP.	ALL STATES: FEE \$12.00
†	Glycosylated haemoglobin, estimation of, in the management of established diabetes, with a maximum of three estimations in any twelve month period	
1313	SP.	ALL STATES: FEE \$15.80
1314	OP.	ALL STATES: FEE \$11.85
	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 \$4.40
1320	OP.	ALL STATES: FEE \$3.30
	Two or more estimations to which Item 1319 or 1320 applies	
1322	SP.	ALL STATES: FEE \$8.70
1323	OP.	ALL STATES: FEE \$6.55
	Quantitative estimation of blood gases (including pO ₂ , oxygen saturation, pCO ₂ and estimation of bicarbonate and pH)	
1324	SP.	ALL STATES: FEE \$35.00
1325	OP.	ALL STATES: FEE \$26.25
1326	HP.	ALL STATES: FEE \$17.50

PART 7 — PATHOLOGY

DIVISION 2 — CHEMISTRY

Qualitative estimation of — Foetoprotein; Gastric acidity (by dye method); or Porphyrins

Each estimation

1327 SP. ALL STATES: FEE \$17.40

1328 OP. ALL STATES: FEE \$13.05

Chromatography, qualitative estimation of a substance not specified in any other item in this Division

1330 SP. ALL STATES: FEE \$17.40

1331 OP. ALL STATES: FEE \$13.05

Electrophoresis, qualitative

1333 SP. ALL STATES: FEE \$17.40

1334 OP. ALL STATES: FEE \$13.05

Australia antigen or similar antigen, detection of by any method including radioimmunoassay

1336 SP. ALL STATES: FEE \$17.40

1337 OP. ALL STATES: FEE \$13.05

Osmolality, estimation of, in serum or urine

1339 SP. ALL STATES: FEE \$17.40

1340 OP. ALL STATES: FEE \$13.05

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 \$17.40

1343 OP. ALL STATES: FEE \$13.05

	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 \$26.00
1346	OP.	ALL STATES: FEE \$19.50
	Dibucaine number or similar, determination of	
1348	SP.	ALL STATES: FEE \$26.00
1349	OP.	ALL STATES: FEE \$19.50
	Indican, qualitative test for	
1351	SP.	ALL STATES: FEE \$26.00
1352	OP.	ALL STATES: FEE \$19.50
	Calculus, analysis of	
1354	SP.	ALL STATES: FEE \$26.00
1355	OP.	ALL STATES: FEE \$19.50
	Amniotic fluid, spectrophotometric analysis of	
1357	SP.	ALL STATES: FEE \$26.00
1358	OP.	ALL STATES: FEE \$19.50
	Electrophoresis, quantitative (including qualitative test)	
1360	SP.	ALL STATES: FEE \$26.00
1362	OP.	ALL STATES: FEE \$19.50
	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 \$35.00
1366	OP.	ALL STATES: FEE \$26.25

PART 7 – PATHOLOGY**DIVISION 2 – CHEMISTRY**

	Chromatography, quantitative estimation (including qualitative test) of any substance not specified in any other item in this Division	
1368	SP.	ALL STATES: FEE \$35.00
1370	OP.	ALL STATES: FEE \$26.25
	Lecithin/sphingomyelin ratio of amniotic fluid, determination of	
1372	SP.	ALL STATES: FEE \$35.00
1374	OP.	ALL STATES: FEE \$26.25
	Drug assays – qualitative estimations or screening procedures, by colorimetric methods – One or more estimations or procedures on each specimen	
1376	SP.	ALL STATES: FEE \$8.70
1378	OP.	ALL STATES: FEE \$6.55
	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 \$22.00
1381	OP.	ALL STATES: FEE \$16.50
	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 \$35.00
1384	OP.	ALL STATES: FEE \$26.25
	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 \$43.50
1387	OP.	ALL STATES: FEE \$32.65
	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 \$26.00
1393	OP.	ALL STATES: FEE \$19.50

	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 \$43.50
1395	OP.	ALL STATES: FEE \$32.65
	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 \$52.00
1398	OP.	ALL STATES: FEE \$39.00
†	HDL cholesterol, estimation of, in proven cases of hyperlipidaemia – one estimation in any twelve month period	
1401	SP.	ALL STATES: FEE \$17.40
1402	OP.	ALL STATES: FEE \$13.05
	HORMONE ASSAYS (not covered by any other item in this Division)	
†	Assay of T3 resin uptake, thyroxine (T4) OR normalised thyroxine (effective thyroxine ratio) – using any technique – one estimation	
1421	SP.	ALL STATES: FEE \$13.00
1422	OP.	ALL STATES: FEE \$9.75
†	Assay of T3 resin uptake, thyroxine (T4) OR normalised thyroxine (effective thyroxine ratio) – using any technique – two or more estimations	
1424	SP.	ALL STATES: FEE \$22.00
1425	OP.	ALL STATES: FEE \$16.50
‡	HORMONE ASSAYS (including assay of insulin, growth hormone, TSH, LH, FSH, T3, prolactin, renin, gastrin, cortisol [selenium labelled], ACTH or HPL but not including assay of a thyroid hormone covered by Item 1421, 1422, 1424 or 1425) using gamma emitting labels or any other unspecified technique – one estimation of any one hormone	
1452	SP.	ALL STATES: FEE \$26.00
1453	OP.	ALL STATES: FEE \$19.50

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DIVISION 2 – CHEMISTRY

	Two estimations of any one hormone using any technique referred to in Item 1452 or 1453	
1455	SP.	ALL STATES: FEE \$39.50
1456	OP.	ALL STATES: FEE \$29.65
	Three estimations of any one hormone using any technique referred to in Item 1452 or 1453	
1458	SP.	ALL STATES: FEE \$52.00
1459	OP.	ALL STATES: FEE \$39.00
	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 \$5.20
1462	OP.	ALL STATES: FEE \$3.90
	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 \$43.50
1476	OP.	ALL STATES: FEE \$32.65
	Two estimations of any one hormone using a technique referred to in Item 1475 or 1476	
1478	SP.	ALL STATES: FEE \$70.00
1479	OP.	ALL STATES: FEE \$52.50
	Three estimations of any one hormone using a technique referred to in Item 1475 or 1476	
1481	SP.	ALL STATES: FEE \$87.00
1482	OP.	ALL STATES: FEE \$65.25
	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 \$8.70
1485	OP.	ALL STATES: FEE \$6.55

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; Phenolsulphthalein 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 \$8.70

1505 OP. ALL STATES: FEE \$6.55

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 \$26.00

1512 OP. ALL STATES: FEE \$19.50

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 \$22.00

1517 OP. ALL STATES: FEE \$16.50

DIVISION 3 — MICROBIOLOGY

Microscopical examination — wet film, other than urine

1529 SP. ALL STATES: FEE \$5.20

1530 OP. ALL STATES: FEE \$3.90

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 \$7.00

1537 OP. ALL STATES: FEE \$5.25

Microscopical examination using Gram stain or similar stain (e.g. Loeffler, methylene blue, Giemsa)

One stain

1545 SP. ALL STATES: FEE \$7.00

1546 OP. ALL STATES: FEE \$5.25

Microscopical examination using stains referred to in Item 1545 or 1546 —

Two or more stains

1548 SP. ALL STATES: FEE \$8.70

1549 OP. ALL STATES: FEE \$6.55

Microscopical examination using special stain (e.g. Ziehl-Neelsen or similar stain) —

One stain

1556 SP. ALL STATES: FEE \$8.70

1557 OP. ALL STATES: FEE \$6.55

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 \$13.00

1567 OP. ALL STATES: FEE \$9.75

	Microscopical examination for dermatophytes	
	Examination of material from one site	
1586	SP.	ALL STATES: FEE \$8.70
1587	OP.	ALL STATES: FEE \$6.55
	Microscopical examination referred to in Item 1586 or 1587 —	
	Examination of material from two or more sites	
1588	SP.	ALL STATES: FEE \$17.40
1589	OP.	ALL STATES: FEE \$13.05
	Microscopical examination of exudate by dark ground illumination for <i>Treponema pallidum</i>	
1604	SP.	ALL STATES: FEE \$22.00
1606	OP.	ALL STATES: FEE \$16.50
	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 \$17.40
1610	OP.	ALL STATES: FEE \$13.05
1611	HP.	ALL STATES: FEE \$11.00
‡	Cultural examination referred to in Items 1609, 1610 or 1611 — Examination of material from two or more sites where processed independently	
1612	SP.	ALL STATES: FEE \$30.50
1613	OP.	ALL STATES: FEE \$22.90
1614	HP.	ALL STATES: FEE \$15.25
	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 \$26.00
1616	OP.	ALL STATES: FEE \$19.50
1618	HP.	ALL STATES: FEE \$16.40

‡	Cultural examination referred to in Items 1615, 1616 or 1618 – Examination of material from two or more sites where processed independently	
1619	SP.	ALL STATES: FEE \$46.00
1620	OP.	ALL STATES: FEE \$34.50
1621	HP.	ALL STATES: FEE \$23.00
Cultural examination for mycobacteria – each specimen		
1622	SP.	ALL STATES: FEE \$17.40
1623	OP.	ALL STATES: FEE \$13.05
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 \$26.00
1634	OP.	ALL STATES: FEE \$19.50
1636	HP.	ALL STATES: FEE \$13.00
Screening test for mycoplasma and/or ureaplasma		
1637	SP.	ALL STATES: FEE \$4.40
1638	OP.	ALL STATES: FEE \$3.30
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 \$4.40
1641	OP.	ALL STATES: FEE \$3.30
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 \$8.70
1645	OP.	ALL STATES: FEE \$6.55

	Identification of two or more organisms, excluding M tuberculosis, by the method referred to in Item 1644 or 1645	
1647	SP.	ALL STATES: FEE \$17.40
1648	OP.	ALL STATES: FEE \$13.05
	Identification of pathogenic micro-organisms using specific serological techniques, (including immunofluorescent and immunoenzymic methods)	
	One procedure	
1661	SP.	ALL STATES: FEE \$8.70
1662	OP.	ALL STATES: FEE \$6.55
	Two or more of any procedures of a kind referred to in Item 1661 or 1662	
1664	SP.	ALL STATES: FEE \$13.00
1665	OP.	ALL STATES: FEE \$9.75
	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 \$33.00
1669	OP.	ALL STATES: FEE \$24.75
1670	HP.	ALL STATES: FEE \$16.50
	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 \$24.50
1674	OP.	ALL STATES: FEE \$18.40
1676	HP.	ALL STATES: FEE \$12.25

	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 \$8.70
1683	OP.	ALL STATES: FEE \$6.55
	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 \$13.00
1688	OP.	ALL STATES: FEE \$9.75
	Identification of helminths	
1693	SP.	ALL STATES: FEE \$8.70
1694	OP.	ALL STATES: FEE \$6.55
	Cultural examination for parasites other than trichomonas	
	Culture of one parasite	
1702	SP.	ALL STATES: FEE \$17.40
1703	OP.	ALL STATES: FEE \$13.05
	Cultural examination for parasites referred to in Item 1702 or 1703 —	
	Culture of two or more parasites	
1705	SP.	ALL STATES: FEE \$30.50
1706	OP.	ALL STATES: FEE \$22.90
	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 \$17.40
1722	OP.	ALL STATES: FEE \$13.05
	Determination referred to in Item 1721 or 1722 —	
	Two or more organisms	
1724	SP.	ALL STATES: FEE \$22.00
1725	OP.	ALL STATES: FEE \$16.50

	Detection of substances inhibitory to micro-organisms in a body fluid (including urine)	
1732	SP.	ALL STATES: FEE \$4.40
1733	OP.	ALL STATES: FEE \$3.30
	Quantitative assay of an antibiotic or chemotherapeutic agent in a body fluid (including urine)	
1743	SP.	ALL STATES: FEE \$17.40
1744	OP.	ALL STATES: FEE \$13.05
	Agglutination tests (screening)	
	One test	
1756	SP.	ALL STATES: FEE \$4.40
1757	OP.	ALL STATES: FEE \$3.30
	Agglutination tests (screening)	
	Two or more tests	
1758	SP.	ALL STATES: FEE \$5.20
1759	OP.	ALL STATES: FEE \$3.90
	Agglutination tests (quantitative), including those for enteric fever and brucellosis	
	One antigen	
1760	SP.	ALL STATES: FEE \$13.00
1761	OP.	ALL STATES: FEE \$9.75
	Agglutination tests (quantitative) referred to in Item 1760 or 1761 —	
	Second to sixth antigen — each antigen	
1763	SP.	ALL STATES: FEE \$7.00
1764	OP.	ALL STATES: FEE \$5.25
	Agglutination tests (quantitative) referred to in Item 1760 or 1761 —	
	Each antigen in excess of six	
1766	SP.	ALL STATES: FEE \$3.50
1767	OP.	ALL STATES: FEE \$2.65

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 \$4.40
1773	OP.	ALL STATES: FEE \$3.30
	Flocculation tests referred to in Item 1772 or 1773 —	
	Two or more tests	
1775	SP.	ALL STATES: FEE \$5.20
1776	OP.	ALL STATES: FEE \$3.90
	Complement fixation tests	
	One test	
1781	SP.	ALL STATES: FEE \$17.40
1782	OP.	ALL STATES: FEE \$13.05
	Each test referred to in Item 1781 or 1782 in excess of one	
1784	SP.	ALL STATES: FEE \$4.40
1785	OP.	ALL STATES: FEE \$3.30
	Fluorescent serum antibody test (FTA test, FTA-absorbed test or similar)	
	One test	
1793	SP.	ALL STATES: FEE \$13.00
1794	OP.	ALL STATES: FEE \$9.75
	Each test referred to in Item 1793 or 1794 in excess of one	
1796	SP.	ALL STATES: FEE \$7.00
1797	OP.	ALL STATES: FEE \$5.25
	Haemagglutination tests —	
	One test	
1805	SP.	ALL STATES: FEE \$8.70
1806	OP.	ALL STATES: FEE \$6.55

	Each test referred to in Item 1805 or 1806 in excess of one	
1808	SP.	ALL STATES: FEE \$4.40
1809	OP.	ALL STATES: FEE \$3.30
	Haemagglutination inhibition tests –	
	One test	
1823	SP.	ALL STATES: FEE \$8.70
1824	OP.	ALL STATES: FEE \$6.55
	Each test referred to in Item 1823 or 1824 in excess of one	
1826	SP.	ALL STATES: FEE \$4.40
1827	OP.	ALL STATES: FEE \$3.30
	Antistreptolysin O titre or similar test (qualitative) not associated with Item 1843, 1844, 1846 or 1847	
1839	SP.	ALL STATES: FEE \$4.40
1840	OP.	ALL STATES: FEE \$3.30
	Antistreptolysin O titre test, anti-desoxyribonuclease B titre test or similar test (quantitative) – One test	
1843	SP.	ALL STATES: FEE \$13.00
1844	OP.	ALL STATES: FEE \$9.75
	Antistreptolysin O titre test, anti-desoxyribonuclease B titre test or similar test (quantitative) – Two or more tests	
1846	SP.	ALL STATES: FEE \$19.60
1847	OP.	ALL STATES: FEE \$14.70
	Total and differential cell count on any body fluid	
1851	SP.	ALL STATES: FEE \$8.70
1852	OP.	ALL STATES: FEE \$6.55

Autogenous vaccine, preparation of — each organism

1858 SP. ALL STATES: FEE \$35.00

1859 OP. ALL STATES: FEE \$26.25

DIVISION 4 — IMMUNOLOGY

Immuno-electrophoresis using polyvalent antisera

1877 SP. ALL STATES: FEE \$26.00

1878 OP. ALL STATES: FEE \$19.50

Immuno-electrophoresis using monovalent antiserum — each antiserum

1884 SP. ALL STATES: FEE \$4.40

1885 OP. ALL STATES: FEE \$3.30

Immunoglobulins G, A, M or D, quantitative estimation of, by immunodiffusion or any other method

Estimation of one immunoglobulin

1888 SP. ALL STATES: FEE \$17.40

1889 OP. ALL STATES: FEE \$13.05

Estimation of each immunoglobulin referred to in Item 1888 or 1889 in excess of one

1891 SP. ALL STATES: FEE \$8.70

1892 OP. ALL STATES: FEE \$6.55

Immunoglobulin E, quantitative estimation of

1897 SP. ALL STATES: FEE \$26.00

1898 OP. ALL STATES: FEE \$19.50

Radioallergosorbent tests for allergen identification

Identification of one to four allergens — each allergen

1903 SP. ALL STATES: FEE \$8.70

1904 OP. ALL STATES: FEE \$6.55

	Identification of each allergen referred to in Item 1903 or 1904 in excess of four	
1905	SP.	ALL STATES: FEE \$4.40
1906	OP.	ALL STATES: FEE \$3.30
	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 \$17.40
1912	OP.	ALL STATES: FEE \$13.05
	Detection of each antibody referred to in Item 1911 or 1912 in excess of one — each antibody	
1913	SP.	ALL STATES: FEE \$8.70
1914	OP.	ALL STATES: FEE \$6.55
	Immunofluorescent detection of tissue antibodies — qualitative and quantitative —	
	Detection and estimation of each antibody	
1918	SP.	ALL STATES: FEE \$22.00
1919	OP.	ALL STATES: FEE \$16.50
	Complement fixation tests on human tissue antibody —	
	One antibody	
1924	SP.	ALL STATES: FEE \$17.40
1925	OP.	ALL STATES: FEE \$13.05
	Each antibody referred to in Item 1924 or 1925 in excess of one	
1926	SP.	ALL STATES: FEE \$8.70
1927	OP.	ALL STATES: FEE \$6.55
	Latex flocculation test — qualitative and/or quantitative	
1935	SP.	ALL STATES: FEE \$8.70
1936	OP.	ALL STATES: FEE \$6.55
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DIVISION 4 — IMMUNOLOGY

	Rose Waaler test, quantitative, using sheep cells	
1941	SP.	ALL STATES: FEE \$17.40
1942	OP.	ALL STATES: FEE \$13.05
	Modified Rose Waaler test using stabilised sheep cells, not associated with Item 1941 or 1942	
1943	SP.	ALL STATES: FEE \$8.70
1944	OP.	ALL STATES: FEE \$6.55
	Lupus erythematosus cells, preparation and examination of film for	
1948	SP.	ALL STATES: FEE \$13.00
1949	OP.	ALL STATES: FEE \$9.75
	Tanned erythrocyte haemagglutination test for tissue antibodies — One antibody	
1955	SP.	ALL STATES: FEE \$17.40
1956	OP.	ALL STATES: FEE \$13.05
	Each antibody referred to in Item 1955 or 1956 in excess of one	
1957	SP.	ALL STATES: FEE \$8.70
1958	OP.	ALL STATES: FEE \$6.55
	Leucocyte fractionation as preliminary test to specific tests of leucocyte function (by density gradient centrifugation or other method) —	
1965	SP.	ALL STATES: FEE \$26.00
1966	OP.	ALL STATES: FEE \$19.50
	Neutrophil or monocyte tests for phagocytic activity — Visual techniques	
1971	SP.	ALL STATES: FEE \$26.00
1972	OP.	ALL STATES: FEE \$19.50
	Neutrophil or monocyte function tests for phagocytic activity — Radioactive techniques	
1973	SP.	ALL STATES: FEE \$43.50
1974	OP.	ALL STATES: FEE \$32.65

	Lymphocyte cell count — E. rosette technique or similar	
1981	SP.	ALL STATES: FEE \$35.00
1982	OP.	ALL STATES: FEE \$26.25
	B lymphocyte cell count — by immunofluorescence or immunoperoxidase	
1987	SP.	ALL STATES: FEE \$35.00
1988	OP.	ALL STATES: FEE \$26.25
	Lymphocyte function tests — Visual transformation	
1995	SP.	ALL STATES: FEE \$35.00
1996	OP.	ALL STATES: FEE \$26.25
	Radioactive techniques	
1997	SP.	ALL STATES: FEE \$52.00
1998	OP.	ALL STATES: FEE \$39.00
	Tissue group typing (HLA phenotypes)	
2006	SP.	ALL STATES: FEE \$43.50
2007	OP.	ALL STATES: FEE \$32.65
	Mantoux, Schick, Casoni or similar test, not including skin sensitivity testing for allergens covered by Item 987 or 989	
2013	SP.	ALL STATES: FEE \$8.70
2014	OP.	ALL STATES: FEE \$6.55
	Skin sensitivity — induction and detection of sensitivity to chemical antigens	
2022	SP.	ALL STATES: FEE \$17.40
2023	OP.	ALL STATES: FEE \$13.05

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 \$61.00

2042 OP. ALL STATES: FEE \$45.75

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 \$79.00

2049 OP. ALL STATES: FEE \$59.25

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 \$114.00

2057 OP. ALL STATES: FEE \$85.50

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 \$79.00

2061 OP. ALL STATES: FEE \$59.25

DIVISION 6 – CYTOLOGY

‡ Cytological examination for pathological change of smears from Cervix and vagina, Skin or Mucous membrane, excluding nasal smears for cell count covered by Item 1545, 1546, 1548 or 1549 –

Each examination

2081 SP. ALL STATES: FEE \$13.00

2082 OP. ALL STATES: FEE \$9.75

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 \$26.00

2092 OP. ALL STATES: FEE \$19.50

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 \$35.00

2097 OP. ALL STATES: FEE \$26.25

Hormonal assessment by cytological examination of vaginal epithelium involving cell count and/or index

2104 SP. ALL STATES: FEE \$13.00

2105 OP. ALL STATES: FEE \$9.75

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 \$22.00

2112 OP. ALL STATES: FEE \$16.50

DIVISION 7 – CYTOGENETICS

Cytological sex determination from blood film

2131 SP. ALL STATES: FEE \$8.70

2132 OP. ALL STATES: FEE \$6.55

Cytological sex chromatin studies (Barr or Y bodies) – other than from blood film –

Each tissue examined

2141 SP. ALL STATES: FEE \$8.70

2142 OP. ALL STATES: FEE \$6.55

PART 7 – PATHOLOGY**DIVISION 7 – CYTOGENETICS**

Chromosome studies, including preparation, count and karyotyping of amniotic fluid		
2148	SP.	ALL STATES: FEE \$130.00
2149	OP.	ALL STATES: FEE \$97.50

Chromosome studies, including preparation, count and karyotyping of bone marrow		
2155	SP.	ALL STATES: FEE \$87.00
2156	OP.	ALL STATES: FEE \$65.25

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 \$104.00
2162	OP.	ALL STATES: FEE \$78.00

Chromosome identification by banding techniques (using fluorescein, Giemsa or centromeres staining) –		
One method		
2170	SP.	ALL STATES: FEE \$87.00
2171	OP.	ALL STATES: FEE \$65.25

Two or more methods referred to in Item 2170 or 2171		
2173	SP.	ALL STATES: FEE \$130.00
2174	OP.	ALL STATES: FEE \$97.50

DIVISION 8 – INFERTILITY AND PREGNANCY TESTS

Semen examination for presence of spermatozoa		
2201	SP.	ALL STATES: FEE \$5.20
2202	OP.	ALL STATES: FEE \$3.90

Huhner's Test (Post-coital test) – collection of sample and examination of wet preparation		
2211	SP.	ALL STATES: FEE \$17.40
2212	OP.	ALL STATES: FEE \$13.05

	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 \$26.00
2216	OP.	ALL STATES: FEE \$19.50
	Semen analysis, chemical – Analysis of one substance	
2225	SP.	ALL STATES: FEE \$13.00
2226	OP.	ALL STATES: FEE \$9.75
	Analysis of two or more substances referred to in Item 2225 or 2226	
2227	SP.	ALL STATES: FEE \$22.00
2228	OP.	ALL STATES: FEE \$16.50
	Spermagglutinating and immobilising antibodies, tests for – One test	
2247	SP.	ALL STATES: FEE \$13.00
2248	OP.	ALL STATES: FEE \$9.75
	Two or more tests referred to in Item 2247 or 2248	
2249	SP.	ALL STATES: FEE \$17.40
2250	OP.	ALL STATES: FEE \$13.05
	Sperm penetrability, one or more tests for – not associated with Item 2211 or 2212	
2264	SP.	ALL STATES: FEE \$17.40
2265	OP.	ALL STATES: FEE \$13.05
	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 \$8.70
2273	OP.	ALL STATES: FEE \$6.55

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 \$26.00

2286 OP. ALL STATES: FEE \$19.50

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 \$2.65

Two procedures to which Item 2334 applies

2335 ALL STATES: FEE \$3.90

Three or more procedures to which Item 2334 applies

2336 ALL STATES: FEE \$5.25

Microscopical examination of urine

2342 ALL STATES: FEE \$2.65

Pregnancy test by one or more immunochemical methods

2346 ALL STATES: FEE \$6.55

Microscopical examination of wet film other than urine

2352 ALL STATES: FEE \$3.90

2357	Microscopical examination of Gram stained film ALL STATES: FEE \$5.25
2362	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar ALL STATES: FEE \$1.30
2369	Microscopical examination screening for fungi in skin, hair, nails — one or more sites ALL STATES: FEE \$3.90
2374	Mantoux test ALL STATES: FEE \$6.55
2382	Casoni test for hydatid disease ALL STATES: FEE \$6.55
2388	Schick test ALL STATES: FEE \$6.55
2392	Seminal examination for presence of spermatozoa ALL STATES: FEE \$3.90

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								
2502	G. FEE	\$	NSW 22.50	VIC 22.50	QLD 17.60	SA 17.60	WA 17.60	TAS 17.60
2505	S. FEE	\$	26.00	26.00	21.50	21.50	21.50	21.50
HAND, WRIST, FOREARM, ELBOW OR ARM (elbow to shoulder)								
2508	G. FEE	\$	NSW 22.50	VIC 22.50	QLD 17.60	SA 17.60	WA 17.60	TAS 17.60
2512	S. FEE	\$	26.00	26.00	21.50	21.50	21.50	21.50
HAND WRIST AND LOWER FOREARM; UPPER FOREARM AND ELBOW; OR ELBOW AND ARM (elbow to shoulder)								
2516	G. FEE	\$	NSW 30.50	VIC 30.50	QLD 26.00	SA 26.00	WA 26.00	TAS 26.00
2520	S. FEE	\$	35.00	35.00	30.00	30.00	30.00	30.00
FOOT, ANKLE, LOWER LEG, UPPER LEG, KNEE OR THIGH (femur)								
2524	G. FEE	\$	NSW 22.50	VIC 22.50	QLD 19.80	SA 19.80	WA 19.80	TAS 19.80
2528	S. FEE	\$	27.50	27.50	23.50	23.50	23.50	23.50
FOOT, ANKLE AND LOWER LEG; OR UPPER LEG AND KNEE								
2532	G. FEE	\$	NSW 32.00	VIC 32.00	QLD 27.50	SA 27.50	WA 27.50	TAS 27.50
2537	S. FEE	\$	42.50	42.50	32.00	32.00	32.00	32.00

DIVISION 2 — RADIOGRAPHIC EXAMINATION OF SHOULDER OR HIP JOINT AND REPORT								
SHOULDER OR SCAPULA								
2539	G. FEE	\$	NSW 30.50	VIC 30.50	QLD 26.00	SA 26.00	WA 26.00	TAS 26.00
2541	S. FEE	\$	35.00	35.00	30.00	30.00	30.00	30.00
CLAVICLE								
2543	G. FEE	\$	NSW 24.50	VIC 24.50	QLD 19.80	SA 19.80	WA 19.80	TAS 19.80
2545	S. FEE	\$	27.50	27.50	23.50	23.50	23.50	23.50
HIP JOINT								
2548	FEE	\$	NSW 30.50	VIC 30.50	QLD 26.00	SA 26.00	WA 26.00	TAS 26.00
PELVIC GIRDLE								
2551	FEE	\$	NSW 39.00	VIC 39.00	QLD 27.00	SA 27.00	WA 27.00	TAS 27.00
SACRO-ILIAC JOINTS								
2554	FEE	\$	NSW 39.00	VIC 39.00	QLD 27.00	SA 27.00	WA 27.00	TAS 27.00
2557	SMITH-PETERSEN NAIL — insertion or similar procedure ALL STATES: FEE \$64.00							
DIVISION 3 — RADIOGRAPHIC EXAMINATION OF HEAD AND REPORT								
SKULL (calvarium)								
2560	FEE	\$	NSW 39.00	VIC 41.50	QLD 32.00	SA 32.00	WA 32.00	TAS 32.00
SINUSES								
2563	FEE	\$	NSW 30.50	VIC 30.50	QLD 27.00	SA 27.00	WA 27.00	TAS 27.00
MASTOIDS								
2566	FEE	\$	NSW 39.00	VIC 41.50	QLD 32.00	SA 32.00	WA 32.00	TAS 32.00

PART 8 – RADIOLOGY

DIVISION 3 – HEAD

	PETROUS TEMPORAL BONES							
2569	FEE	\$	NSW 39.00	VIC 41.50	QLD 32.00	SA 32.00	WA 32.00	TAS 32.00
	FACIAL BONES – orbit, maxilla or malar, any or all							
2573	FEE	\$	NSW 30.50	VIC 30.50	QLD 27.00	SA 27.00	WA 27.00	TAS 27.00
	MANDIBLE							
2576	FEE	\$	NSW 30.50	VIC 30.50	QLD 27.00	SA 30.50	WA 27.00	TAS 27.00
	SALIVARY CALCULUS							
2579	FEE	\$	NSW 30.50	VIC 30.50	QLD 27.00	SA 30.50	WA 27.00	TAS 27.00
	NOSE							
2581	FEE	\$	NSW 26.00	VIC 30.50	QLD 23.50	SA 23.50	WA 23.50	TAS 23.50
	EYE							
2583	FEE	\$	NSW 26.00	VIC 30.50	QLD 23.50	SA 23.50	WA 23.50	TAS 23.50
	TEMPORO-MANDIBULAR JOINTS							
2585	FEE	\$	NSW 32.00	VIC 32.00	QLD 30.00	SA 32.00	WA 30.00	TAS 30.00
	TEETH – SINGLE AREA							
2587	FEE	\$	NSW 21.50	VIC 21.50	QLD 19.20	SA 21.50	WA 19.20	TAS 19.20
	TEETH – FULL MOUTH							
2589	FEE	\$	NSW 51.00	VIC 51.00	QLD 49.00	SA 51.00	WA 49.00	TAS 49.00
	PALATO-PHARYNGEAL STUDIES with fluoroscopic screening							
2591	ALL STATES: FEE \$41.50							
	PALATO-PHARYNGEAL STUDIES without fluoroscopic screening							
2593	ALL STATES: FEE \$32.00							

	LARYNX							
2595	FEE	\$	NSW 27.50	VIC 27.50	QLD 23.50	SA 23.50	WA 24.50	TAS 23.50
DIVISION 4 — RADIOGRAPHIC EXAMINATION OF SPINE AND REPORT								
SPINE — CERVICAL								
2597	FEE	\$	NSW 41.50	VIC 41.50	QLD 35.00	SA 35.00	WA 35.00	TAS 35.00
SPINE — THORACIC								
2599	FEE	\$	NSW 36.00	VIC 36.00	QLD 30.00	SA 30.00	WA 30.00	TAS 30.00
SPINE — LUMBO-SACRAL								
2601	FEE	\$	NSW 49.00	VIC 49.00	QLD 39.50	SA 39.50	WA 39.50	TAS 39.50
SPINE — SACRO-COCCYGEAL								
2604	FEE	\$	NSW 30.00	VIC 30.00	QLD 24.50	SA 24.50	WA 24.50	TAS 24.50
SPINE — TWO REGIONS								
2607	FEE	\$	NSW 62.00	VIC 62.00	QLD 54.00	SA 54.00	WA 54.00	TAS 54.00
SPINE — THREE OR MORE REGIONS								
2609	FEE	\$	NSW 85.00	VIC 85.00	QLD 70.00	SA 70.00	WA 70.00	TAS 70.00
SPINE — FUNCTIONAL VIEWS OF ONE AREA								
2611	ALL STATES: FEE \$13.20							
DIVISION 5 — BONE AGE STUDY AND SKELETAL SURVEYS								
BONE AGE STUDY, WRIST AND KNEE								
2614	ALL STATES: FEE \$30.50							
BONE AGE STUDY, WRIST								
2617	FEE	\$	NSW 26.00	VIC 26.00	QLD 21.50	SA 21.50	WA 21.50	TAS 21.50

2621	SKELETAL SURVEY INVOLVING FOUR OR MORE REGIONS							
	ALL STATES: FEE \$57.00							
DIVISION 6 — RADIOGRAPHIC EXAMINATION OF THORACIC REGION AND REPORT								
CHEST (lung fields) by direct radiography								
2625	G. FEE	\$	NSW 24.50	VIC 27.00	QLD 22.50	SA 22.50	WA 22.50	TAS 22.50
2627	S. FEE	\$	27.50	30.50	26.00	26.00	26.00	26.00
CHEST (lung fields) by direct radiography WITH FLUOROSCOPIC SCREENING								
2630	FEE	\$	NSW 39.00	VIC 39.00	QLD 31.50	SA 31.50	WA 31.50	TAS 31.50
THORACIC INLET OR TRACHEA								
2634	FEE	\$	NSW 26.00	VIC 26.00	QLD 23.50	SA 26.00	WA 26.00	TAS 24.50
CHEST, BY MINIATURE RADIOGRAPHY								
2638	FEE	\$	NSW 14.20	VIC 14.20	QLD 13.20	SA 13.20	WA 13.20	TAS 13.20
CARDIAC EXAMINATION (including barium swallow)								
2642	G. FEE	\$	NSW 32.00	VIC 32.00	QLD 27.50	SA 27.50	WA 27.50	TAS 27.50
2646	S. FEE	\$	39.00	39.00	35.00	35.00	35.00	35.00
STERNUM OR ONE OR MORE RIBS OF ANY ONE SIDE								
2650	G. FEE	\$	NSW 24.50	VIC 27.00	QLD 22.50	SA 22.50	WA 22.50	TAS 22.50
2654	S. FEE	\$	27.50	30.50	26.00	26.00	26.00	26.00
ONE OR MORE RIBS OF BOTH SIDES								
2659	G. FEE	\$	NSW 30.50	VIC 32.00	QLD 27.50	SA 27.50	WA 27.50	TAS 27.50
2662	S. FEE	\$	36.50	39.00	35.00	35.00	35.00	35.00

DIVISION 7 — RADIOGRAPHIC EXAMINATION OF URINARY TRACT AND REPORT

PLAIN RENAL ONLY

2665	FEE	\$	NSW 27.50	VIC 30.50	QLD 26.00	SA 26.00	WA 26.00	TAS 26.00
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DRIP-INFUSION PYELOGRAPHY

2672	ALL STATES: FEE \$85.00							
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INTRAVENOUS PYELOGRAPHY, including preliminary plain film

2676	FEE	\$	NSW 76.00	VIC 76.00	QLD 73.00	SA 73.00	WA 73.00	TAS 73.00
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INTRAVENOUS PYELOGRAPHY, including preliminary plain film and limited tomography involving up to three tomographic cuts

2678	FEE	\$	NSW 97.00	VIC 97.00	QLD 92.00	SA 92.00	WA 92.00	TAS 92.00
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INTRAVENOUS PYELOGRAPHY, including preliminary plain film with delayed examination for the CYSTO-URETERIC REFLEX

2681	FEE	\$	NSW 98.00	VIC 98.00	QLD 90.00	SA 90.00	WA 90.00	TAS 90.00
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ANTEGRADE OR RETROGRADE PYELOGRAPHY — including preliminary plain film

2687	FEE	\$	NSW 64.00	VIC 64.00	QLD 61.00	SA 61.00	WA 61.00	TAS 61.00
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RETROGRADE CYSTOGRAPHY OR RETROGRADE URETHROGRAPHY

2690	FEE	\$	NSW 42.50	VIC 42.50	QLD 41.50	SA 41.50	WA 41.50	TAS 41.50
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RETROGRADE MICTURATING CYSTO-URETHROGRAPHY

2694	ALL STATES: FEE \$51.00							
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RETRO-PERITONEAL PNEUMOGRAM

2697	FEE	\$	NSW 30.50	VIC 32.00	QLD 27.50	SA 27.50	WA 27.50	TAS 27.00
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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	\$	24.50	27.00	22.50	22.50	22.50	22.50
2703	S. FEE	\$	27.50	30.50	26.00	26.00	26.00	26.00

OESOPHAGUS, with or without examination for foreign body or barium swallow

			NSW	VIC	QLD	SA	WA	TAS
2706	FEE	\$	43.50	43.50	39.00	39.00	39.00	39.00

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	\$	57.00	59.00	51.00	51.00	51.00	51.00

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	\$	70.00	71.00	61.00	61.00	61.00	61.00

BARIUM or other opaque meal, SMALL BOWEL SERIES ONLY, with or without preliminary plain film

2714 ALL STATES: FEE \$51.00

OPAQUE ENEMA

			NSW	VIC	QLD	SA	WA	TAS
2716	FEE	\$	57.00	59.00	51.00	51.00	51.00	51.00

OPAQUE ENEMA, including air contrast study

			NSW	VIC	QLD	SA	WA	TAS
2718	FEE	\$	70.00	71.00	64.00	64.00	64.00	64.00

GRAHAM'S TEST (cholecystography), including preliminary abdominal radiograph

			NSW	VIC	QLD	SA	WA	TAS
2720	FEE	\$	44.00	51.00	42.50	42.50	42.50	42.50

CHOLEGRAPHY DIRECT — operative or post operative

			NSW	VIC	QLD	SA	WA	TAS
2722	FEE	\$	45.00	49.00	43.50	43.50	41.50	41.50

2724	CHOLEGRAPHY — intravenous								
	FEE	\$	NSW 70.00	VIC 71.00	QLD 64.00	SA 64.00	WA 64.00	TAS 64.00	
2726	CHOLEGRAPHY — percutaneous transhepatic								
	FEE	\$	NSW 49.00	VIC 57.00	QLD 45.00	SA 45.00	WA 45.00	TAS 45.00	
2728	CHOLEGRAPHY — drip infusion								
	FEE	\$	NSW 83.00	VIC 96.00	QLD 76.00	SA 76.00	WA 76.00	TAS 76.00	
	DIVISION 9 — RADIOGRAPHIC EXAMINATION FOR LOCALISATION OF FOREIGN BODIES AND REPORT								
2730	FOREIGN BODY IN EYE (special method, Sweet's or other)								
	ALL STATES: FEE \$42.50								
2732	FOREIGN BODY, LOCALISATION OF AND REPORT, not covered by any other item in this Part								
	DERIVED FEE — The fee for the radiographic examination of the area and report plus an amount of \$13.20.								
	DIVISION 10 — RADIOGRAPHIC EXAMINATION OF BREASTS AND REPORT								
2734	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								
	S.	ALL STATES: FEE \$51.00							
2736	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								
	S.	ALL STATES: FEE \$30.50							

DIVISION 11 – RADIOGRAPHIC EXAMINATION IN CONNECTION WITH PREGNANCY AND REPORT

PREGNANT UTERUS

2738	FEE	\$	NSW 27.50	VIC 31.50	QLD 26.00	SA 26.00	WA 26.00	TAS 26.00
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PELVIMETRY OR PLACENTOGRAPHY

2740	FEE	\$	NSW 57.00	VIC 57.00	QLD 42.50	SA 42.50	WA 42.50	TAS 42.50
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CONTROL X-RAYS ASSOCIATED WITH INTRAUTERINE FOETAL BLOOD TRANSFUSION

2742 ALL STATES: FEE \$42.50

DIVISION 12 – RADIOGRAPHIC EXAMINATION WITH OPAQUE OR CONTRAST MEDIA, AND REPORT

SERIAL ANGIOCARDIOGRAPHY (rapid cassette changing) – each series

2744 ALL STATES: FEE \$51.00

Anaesthetic 8 units – Item Nos 409G / 517S

SERIAL ANGIOCARDIOGRAPHY (SINGLE PLAIN – direct roll-film method) – each series

2746 ALL STATES: FEE \$71.00

Anaesthetic 8 units – Item Nos 409G / 517S

SERIAL ANGIOCARDIOGRAPHY (BI-PLANE – direct roll-film method) – each series

2748 ALL STATES: FEE \$71.00

Anaesthetic 8 units – Item Nos 409G / 517S

SERIAL ANGIOCARDIOGRAPHY (indirect roll-film method) – each series

2750 ALL STATES: FEE \$71.00

Anaesthetic 8 units – Item Nos 409G / 517S

SELECTIVE CORONARY ARTERIOGRAPHY

2751 ALL STATES: FEE \$192.00

PART 8 — RADIOLOGY

DIVISION 12 — CONTRAST MEDIA

	DISCOGRAPHY — one disc							
2752	FEE	\$	NSW 42.50	VIC 45.00	QLD 39.00	SA 39.00	WA 45.00	TAS 42.50
2754	DACRYOCYSTOGRAPHY — one side ALL STATES: FEE \$30.50							
2756	ENCEPHALOGRAPHY ALL STATES: FEE \$66.00							
2758	CEREBRAL ANGIOGRAPHY — one side ALL STATES: FEE \$51.00							
2760	CEREBRAL VENTRICULOGRAPHY ALL STATES: FEE \$57.00							
2762	HYSTEROSALPINGOGRAPHY							
	FEE	\$	NSW 43.50	VIC 43.50	QLD 35.00	SA 39.00	WA 35.00	TAS 35.00
2764	BRONCHOGRAPHY — one side							
	FEE	\$	NSW 64.00	VIC 64.00	QLD 51.00	SA 51.00	WA 51.00	TAS 51.00
2766	ARTERIOGRAPHY, PERIPHERAL — one side							
	FEE	\$	NSW 64.00	VIC 64.00	QLD 51.00	SA 51.00	WA 51.00	TAS 51.00
2768	PHLEBOGRAPHY — one side							
	FEE	\$	NSW 64.00	VIC 64.00	QLD 51.00	SA 51.00	WA 51.00	TAS 51.00
2770	AORTOGRAPHY							
	FEE	\$	NSW 64.00	VIC 64.00	QLD 51.00	SA 51.00	WA 51.00	TAS 51.00
2772	SPLENOGRAPHY							
	FEE	\$	NSW 64.00	VIC 64.00	QLD 51.00	SA 51.00	WA 51.00	TAS 51.00

PART 8 – RADIOLOGY

DIVISION 12 – CONTRAST MEDIA

2773	MYELOGRAPHY, one region ALL STATES: FEE \$76.00
2774	MYELOGRAPHY, two regions ALL STATES: FEE \$128.00
2775	MYELOGRAPHY, three regions ALL STATES: FEE \$176.00
2776	SELECTIVE ARTERIOGRAPHY – per injection and film run FEE \$ NSW VIC QLD SA WA TAS 64.00 64.00 51.00 51.00 51.00 51.00
2778	SIALOGRAPHY – one gland ALL STATES: FEE \$43.50
2780	VASOEPIDIDYMOGRAPHY – one side ALL STATES: FEE \$43.50
2782	SINUSES AND FISTULAE DERIVED FEE – The fee for the radiographic examination of the area and report plus an amount of \$14.20.
2784	LARYNGOGRAPHY with contrast media ALL STATES: FEE \$32.00
2786	PNEUMOARTHROGRAPHY ALL STATES: FEE \$27.00
2788	ARTHROGRAPHY – contrast ALL STATES: FEE \$32.00
2790	ARTHROGRAPHY – double contrast ALL STATES: FEE \$55.00
2792	LYMPHANGIOGRAPHY, including follow up radiography ALL STATES: FEE \$42.50

	PNEUMOMEDIASTINUM							
2794	FEE	\$	NSW 39.00	VIC 39.00	QLD 36.00	SA 36.00	WA 36.00	TAS 35.00
	DIVISION 13 — TOMOGRAPHY AND REPORT							
2796	TOMOGRAPHY OF ANY PART AND REPORT ALL STATES: FEE \$39.00							
	DIVISION 14 — STEREOSCOPIC EXAMINATION AND REPORT							
2798	STEREOSCOPIC EXAMINATION AND REPORT DERIVED FEE — The fee for the radiographic examination of the area and report plus an amount of \$8.30.							
	DIVISION 15 — FLUOROSCOPIC EXAMINATION AND REPORT							
2800	<i>(Fluoroscopic examination and report not covered by any other item in this Part — where radiograph is not taken)</i> EXAMINATION WITH GENERAL ANAESTHESIA ALL STATES: FEE \$27.50 Anaesthetic 7 units — Item Nos 408G / 514S							
2802	EXAMINATION WITHOUT GENERAL ANAESTHESIA ALL STATES: FEE \$19.20							
	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	ENCEPHALOGRAPHY FEE \$ NSW 90.00 VIC 116.00 QLD 90.00 SA 90.00 WA 90.00 TAS 90.00 Anaesthetic 10 units — Item Nos 450G / 521S							
2807	CEREBRAL ANGIOGRAPHY (one side) — percutaneous, catheter or open exposure ALL STATES: FEE \$76.00 Anaesthetic 10 units — Item Nos 450G / 521S							

CEREBRAL VENTRICULOGRAPHY		NSW	VIC	QLD	SA	WA	TAS
2811	FEE	\$ 108.00	96.00	96.00	96.00	96.00	96.00
Anaesthetic 10 units — Item Nos 450G / 521S							
DACRYOCYSTOGRAPHY — one side							
2813	ALL STATES: FEE \$26.00						
BRONCHOGRAPHY — one or both sides							
2815	ALL STATES: FEE \$39.00						
Anaesthetic 8 units — Item Nos 409G / 517S							
AORTOGRAPHY							
2817	ALL STATES: FEE \$39.00						
Anaesthetic 8 units — Item Nos 409G / 517S							
ARTERIOGRAPHY (peripheral) or PHLEBOGRAPHY — one vessel							
2819	ALL STATES: FEE \$30.50						
Anaesthetic 6 units — Item Nos 407G / 513S							
SPLENOGRAPHY							
2823	ALL STATES: FEE \$24.50						
Anaesthetic 6 units — Item Nos 407G / 513S							
RETROPERITONEAL PNEUMOGRAM							
2825	ALL STATES: FEE \$30.50						
SELECTIVE ARTERIOGRAM or PHLEBOGRAM							
2827	ALL STATES: FEE \$24.50						
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 \$39.00						

2833	PNEUMOARTHROGRAPHY or PNEUMOPERITONEUM ALL STATES: FEE \$31.50
2837	DRIP-INFUSION PYELOGRAPHY OR CHOLEGRAPHY ALL STATES: FEE \$19.80
2839	RETROGRADE MICTURATING CYSTOURETHROGRAPHY ALL STATES: FEE \$44.00
2841	HYSTEOSALPINGOGRAPHY ALL STATES: FEE \$39.00 Anaesthetic 6 units — Item Nos 407G / 513S
2843	DISCOGRAPHY — one disc ALL STATES: FEE \$26.00 Anaesthetic 5 units — Item Nos 406G / 510S
2845	INTRA-OSSEOUS VENOGRAPHY ALL STATES: FEE \$26.00
2847	MYELOGRAPHY ALL STATES: FEE \$76.00 Anaesthetic 11 units — Item Nos 453G / 522S
2849	CISTERNAL PUNCTURE ALL STATES: FEE \$51.00
2851	SINUS OR FISTULA, INJECTION INTO ALL STATES: FEE \$13.20
2853	LYMPHANGIOGRAPHY — one side ALL STATES: FEE \$76.00
2855	LARYNGOGRAPHY ALL STATES: FEE \$39.00

2857	PNEUMOMEDIASTINUM ALL STATES: FEE \$51.00
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2859	CHOLEGRAM (CHOLANGIOGRAM) – percutaneous transhepatic ALL STATES: FEE \$76.00
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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 \$16.60

– 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 \$3.30.

RADIOTHERAPY, SUPERFICIAL, each attendance at which fractionated treatment is given at 2 treatments per week or less frequently

– one field

2865

ALL STATES: FEE \$19.80

– 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 \$4.00.

RADIOTHERAPY, SUPERFICIAL, attendance at which single dose technique is applied

– one field

2869

ALL STATES: FEE \$39.50

– 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 \$7.90.

RADIOTHERAPY, SUPERFICIAL – Each attendance at which treatment is given to the eye

2873

ALL STATES: FEE \$22.50

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 \$19.80

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 \$4.00.</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 \$23.50</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 \$4.70.</p>
2883	<p>RADIOTHERAPY, DEEP OR ORTHOVOLTAGE — attendance at which single dose technique is applied</p> <p>— one field</p> <p>ALL STATES: FEE \$51.00</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 \$10.20.</p>
2887	<p>RADIOTHERAPY, MEGAVOLTAGE OR TELETHERAPY — each attendance at which fractionated treatment is given at 3 or more treatments per week</p> <p>— one field</p> <p>ALL STATES: FEE \$30.50</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 \$6.10.</p>
2891	<p>RADIOTHERAPY, MEGAVOLTAGE OR TELETHERAPY — 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 \$41.50</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 \$8.30.</p>
2895	<p>RADIOTHERAPY, MEGAVOLTAGE OR TELETHERAPY — attendance at which single dose technique is applied</p> <p>— one field</p> <p>ALL STATES: FEE \$71.00</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 \$14.20.</p>
SEALED RADIOACTIVE SOURCES	
2899	<p>INTRAUTERINE INSERTION ALONE</p> <p>ALL STATES: FEE \$118.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
2901	<p>INTRAVAGINAL INSERTION ALONE</p> <p>ALL STATES: FEE \$83.00</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
2904	<p>COMBINED INTRAUTERINE AND INTRAVAGINAL INSERTION</p> <p>ALL STATES: FEE \$166.00</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 \$245.00</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 \$192.00</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 \$118.00</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 \$49.00</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 \$75.00</p>
2919	<p>REMOVAL OF SEALED RADIOACTIVE SOURCES under a major anaesthetic</p> <p>ALL STATES: FEE \$32.00</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 \$24.50</p>
2924	<p>CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD to intracavitary, intraoral or intranasal site</p> <p>ALL STATES: FEE \$79.00</p>
2926	<p>SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD referred to in Item 2924 — each attendance</p> <p>ALL STATES: FEE \$24.50</p>
2928	<p>CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD not exceeding 5 cm. diameter to an external surface</p> <p>ALL STATES: FEE \$49.00</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 \$59.00</p>
2933	<p>SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD referred to in Item 2928 or 2931 — each attendance</p> <p>ALL STATES: FEE \$16.60</p>

UNSEALED RADIOACTIVE SOURCES

ORAL ADMINISTRATION of a therapeutic dose of a radioisotope — not covered by Item 2937

2935

ALL STATES: FEE \$17.60

ORAL ADMINISTRATION of a therapeutic dose of radio-iodine for hyperthyroidism or thyroid cancer by single dose technique

2937

ALL STATES: FEE \$71.00

INTRAVENOUS ADMINISTRATION of a therapeutic dose of a radioisotope

2939

ALL STATES: FEE \$30.00

INTRA-CAVITARY ADMINISTRATION OF A THERAPEUTIC DOSE OF A RADIOISOTOPE (NOT INCLUDING PRELIMINARY PARACENTESIS)

2941

ALL STATES: FEE \$30.00

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.*

2953

Assistance at any operation or series or combination of operations for which the established fee is \$108.00 or more

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 \$71.00

2961 HR. ALL STATES: FEE \$71.00

COMPUTERISED AXIAL TOMOGRAPHY — brain scan on a brain scanner, plain study
and contrast medium study

2962 OR. ALL STATES: FEE \$122.00

2963 HR. ALL STATES: FEE \$122.00

COMPUTERISED AXIAL TOMOGRAPHY — brain scan on a body scanner, plain study

2964 OR. ALL STATES: FEE \$102.00

2965 HR. ALL STATES: FEE \$102.00

COMPUTERISED AXIAL TOMOGRAPHY — brain scan on a body scanner, plain study
and contrast medium study

2966 OR. ALL STATES: FEE \$194.00

2967 HR. ALL STATES: FEE \$194.00

COMPUTERISED AXIAL TOMOGRAPHY — body scan on a body scanner, plain study

2968 OR. ALL STATES: FEE \$194.00

2969 HR. ALL STATES: FEE \$194.00

COMPUTERISED AXIAL TOMOGRAPHY — body scan on a body scanner, plain study
and intravenous contrast medium study

2970 OR. ALL STATES: FEE \$250.00

2971 HR. ALL STATES: FEE \$250.00

Item No.	Medical Service																								
<p>PART 10 — OPERATIONS</p> <p>DIVISION 1 — GENERAL SURGICAL</p> <p>Note: 'Extensive' in relation to burns means more than 20% of the total body surface.</p> <p>DRESSING OF LOCALISED BURNS (not involving grafting) — each attendance at which the procedure is performed, including associated consultation</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">NSW</td> <td style="width: 10%; text-align: center;">VIC</td> <td style="width: 10%; text-align: center;">QLD</td> <td style="width: 10%; text-align: center;">SA</td> <td style="width: 10%; text-align: center;">WA</td> <td style="width: 10%; text-align: center;">TAS</td> </tr> <tr> <td style="vertical-align: top;">3006</td> <td style="vertical-align: top;">FEE</td> <td style="vertical-align: top;">\$</td> <td style="vertical-align: top; text-align: center;">12.00</td> <td style="vertical-align: top; text-align: center;">11.20</td> <td style="vertical-align: top; text-align: center;">10.60</td> <td style="vertical-align: top; text-align: center;">10.60</td> <td style="vertical-align: top; text-align: center;">10.60</td> <td style="vertical-align: top; text-align: center;">11.20</td> </tr> </table>											NSW	VIC	QLD	SA	WA	TAS	3006	FEE	\$	12.00	11.20	10.60	10.60	10.60	11.20
			NSW	VIC	QLD	SA	WA	TAS																	
3006	FEE	\$	12.00	11.20	10.60	10.60	10.60	11.20																	
3012	<p>DRESSING OF BURNS, EXTENSIVE, without anaesthesia (not involving grafting) — each attendance at which the procedure is performed, including associated consultation</p> <p style="text-align: center;">ALL STATES: FEE \$19.40</p>																								
3016	<p>DRESSING OF LOCALISED BURNS UNDER GENERAL ANAESTHESIA (not involving grafting) — each attendance at which the procedure is performed, including associated consultation</p> <p>G. ALL STATES: FEE \$26.00</p>																								
3022	<p>S. ALL STATES: FEE \$31.50</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>																								
3027	<p>DRESSING OF BURNS, EXTENSIVE, UNDER GENERAL ANAESTHESIA (not involving grafting) — each attendance at which the procedure is performed, including associated consultation</p> <p>G. ALL STATES: FEE \$55.00</p>																								
3033	<p>S. ALL STATES: FEE \$66.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>																								
3038	<p>EXCISION, under general anaesthesia, OF BURNS involving not more than 10% of body surface, not associated with grafting of the area</p> <p style="text-align: center;">ALL STATES: FEE \$138.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>																								

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3039	EXCISION, under general anaesthesia, OF BURNS involving more than 10% of body surface, not associated with grafting of the area								
		ALL STATES: FEE \$270.00							
		Anaesthetic 15 units — Item Nos 459G / 526S							
3041	DEBRIDEMENT, under general anaesthesia, of deep or extensive contaminated wound of soft tissue								
		ALL STATES: FEE \$138.00							
		Anaesthetic 10 units — Item Nos 450G / 521S							
3046	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								
		ALL STATES: FEE \$22.50							
		Anaesthetic 5 units — Item Nos 406G / 510S							
3050	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								
	FEE	\$	NSW 38.00	VIC 31.50	QLD 33.00	SA 31.50	WA 31.50	TAS 30.50	
			Anaesthetic 6 units — Item Nos 407G / 513S						
3058	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), superficial								
	FEE	\$	NSW 35.00	VIC 27.00	QLD 27.00	SA 27.00	WA 27.00	TAS 27.00	
			Anaesthetic 7 units — Item Nos 408G / 514S						
3063	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								
		ALL STATES: FEE \$50.00							
		Anaesthetic 7 units — Item Nos 408G / 514S							
3073	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								
	FEE	\$	NSW 38.00	VIC 35.00	QLD 31.50	SA 31.50	WA 31.50	TAS 31.50	
			Anaesthetic 6 units — Item Nos 407G / 513S						

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3082	G.	ALL STATES: FEE \$61.00
3087	S.	ALL STATES: FEE \$77.00 Anaesthetic 7 units — Item Nos 408G / 514S
3092		SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, large (MORE THAN 7 CENTIMETRES LONG), superficial ALL STATES: FEE \$50.00 Anaesthetic 7 units — Item Nos 408G / 514S
3098	G.	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, large (MORE THAN 7 CENTIMETRES LONG), involving deeper tissue ALL STATES: FEE \$64.00
3101	S.	ALL STATES: FEE \$78.00 Anaesthetic 8 units — Item Nos 409G / 517S
3104		REPAIR OF FULL THICKNESS LACERATION OF NOSE, EAR OR EYELID with accurate apposition of each layer ALL STATES: FEE \$108.00 Anaesthetic 10 units — Item Nos 450G / 521S
3106		DRESSING AND REMOVAL OF SUTURES requiring a general anaesthetic, not associated with any other item in this Part ALL STATES: FEE \$31.50 Anaesthetic 5 units — Item Nos 406G / 510S
3110		Post-operative haemorrhage following perineal or vaginal operations, control of, under general anaesthesia ALL STATES: FEE \$61.00 Anaesthetic 6 units — Item Nos 407G / 513S
3113	FEE	SUPERFICIAL FOREIGN BODY, REMOVAL OF, as a separate unrelated procedure NSW VIC QLD SA WA TAS \$ 10.00 9.30 8.40 8.40 8.40 8.40 Anaesthetic 5 units — Item Nos 406G / 510S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3116	SUBCUTANEOUS FOREIGN BODY, REMOVAL OF, requiring incision and suture, as a separate unrelated procedure ALL STATES: FEE \$46.50 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 VIC QLD SA WA TAS 3124 S. FEE \$ 116.00 116.00 116.00 108.00 108.00 108.00 Anaesthetic 7 units — Item Nos 408G / 514S						
3130		BIOPSY OF SKIN OR MUCOUS MEMBRANE, as a separate unrelated procedure FEE \$ NSW VIC QLD SA WA TAS 22.50 21.50 22.50 21.50 21.50 21.50 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 VIC QLD SA WA TAS 3142 S. FEE \$ 64.00 60.00 60.00 60.00 60.00 60.00 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 \$20.50 Anaesthetic 5 units — Item Nos 406G / 510S					
3157	BIOPSY OF BONE MARROW by trephine using open approach ALL STATES: FEE \$46.50 Anaesthetic 5 units — Item Nos 406G / 510S						
3158	BIOPSY OF BONE MARROW by trephine using percutaneous approach (e.g. Jamshidi needle) ALL STATES: FEE \$25.00						

PART 10 – OPERATIONS

DIVISION 1 – GENERAL SURGICAL

3160	BIOPSY OF BONE MARROW by aspiration or PUNCH BIOPSY OF SYNOVIAL MEMBRANE or PLEURA							
	ALL STATES: FEE \$12.60							
	Anaesthetic 5 units — Item Nos 406G / 510S							
3168	SCALENE NODE BIOPSY							
	ALL STATES: FEE \$77.00							
	Anaesthetic 5 units — Item Nos 406G / 510S							
3173	SINUS, excision of, involving superficial tissue only							
	ALL STATES: FEE \$38.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
3178	SINUS, excision of, involving muscle and deep tissue							
	G.	ALL STATES: FEE \$64.00						
3183		S.						
		ALL STATES: FEE \$77.00						
	Anaesthetic 7 units — Item Nos 408G / 514S							
	GANGLION OR SMALL BURSA, excision of							
3194	G. FEE	\$	NSW 66.00	VIC 66.00	QLD 66.00	SA 66.00	WA 53.00	TAS 53.00
3199	S. FEE	\$	93.00	93.00	77.00	77.00	69.00	69.00
	Anaesthetic 6 units — Item Nos 407G / 513S							
	BURSA (LARGE), INCLUDING OLECRANON, CALCANEUM OR PATELLA, excision of							
3208	G. FEE	\$	NSW 120.00	VIC 94.00	QLD 94.00	SA 94.00	WA 94.00	TAS 94.00
3213	S. FEE	\$	156.00	116.00	116.00	116.00	116.00	116.00
	Anaesthetic 6 units — Item Nos 407G / 513S							
3217	BURSA, SEMIMEMBRANOSUS (or Baker's cyst), excision of							
	ALL STATES: FEE \$156.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							

<p>‡</p> <p>3219</p> <p>3220</p>	<p>TUMOUR, CYST, ULCER OR SCAR, up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane by surgical excision and suture, not covered by Item 3221/3222, 3223/3224, 3225, 3226, 3330, 3332, 3338, 3342, 3346 or 3349</p> <p>G. ALL STATES: FEE \$40.50</p> <p>S. ALL STATES: FEE \$54.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
<p>‡</p> <p>3221</p> <p>3222</p>	<p>TUMOURS, CYSTS, ULCERS OR SCARS, up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane by surgical excision and suture — MORE THAN 3 BUT NOT MORE THAN 10 LESIONS, not covered by Item 3330, 3332, 3338, 3342, 3346 or 3349</p> <p>G. ALL STATES: FEE \$108.00</p> <p>S. ALL STATES: FEE \$138.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
<p>‡</p> <p>3223</p> <p>3224</p>	<p>TUMOURS, CYSTS, ULCERS OR SCARS, up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture — MORE THAN 10 BUT NOT MORE THAN 20 LESIONS, not covered by Item 3330, 3332, 3338, 3342, 3346 or 3349</p> <p>G. ALL STATES: FEE \$144.00</p> <p>S. ALL STATES: FEE \$172.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
<p>‡</p> <p>3225</p>	<p>TUMOURS, CYSTS, ULCERS OR SCARS, up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture — MORE THAN 20 BUT NOT MORE THAN 50 LESIONS, not covered by Item 3330, 3332, 3338, 3342, 3346 or 3349</p> <p>ALL STATES: FEE \$215.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
<p>‡</p> <p>3226</p>	<p>TUMOURS, CYSTS, ULCERS OR SCARS, up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture — MORE THAN 50 LESIONS, not covered by Item 3330, 3332, 3338, 3342, 3346 or 3349</p> <p>ALL STATES: FEE \$290.00</p> <p>Anaesthetic 17 units — Item Nos 461G / 528S</p>

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

	TUMOUR, CYST, ULCER OR SCAR, removal of cutaneous, subcutaneous or in mucous membrane, more than 3 centimetres in diameter							
3233	G. FEE	\$	NSW 60.00	VIC 60.00	QLD 55.00	SA 55.00	WA 55.00	TAS 55.00
3237	S. FEE	\$	74.00	74.00	66.00	66.00	66.00	66.00
	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							
3247	G. FEE	\$	NSW 84.00	VIC 84.00	QLD 75.00	SA 75.00	WA 75.00	TAS 75.00
3253	S. FEE	\$	106.00	106.00	96.00	96.00	96.00	96.00
	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							
3261	G. FEE	\$	NSW 114.00	VIC 138.00	QLD 114.00	SA 114.00	WA 114.00	TAS 100.00
3265	S. FEE	\$	138.00	156.00	138.00	138.00	138.00	126.00
	Anaesthetic 8 units — Item Nos 409G / 517S							
	SKIN, malignant tumours requiring wide deep excision							
3271	ALL STATES: FEE \$168.00							
	Anaesthetic 8 units — Item Nos 409G / 517S							
	SKIN, malignant tumours requiring wide deep excision with immediate block dissection of lymph glands							
3276	ALL STATES: FEE \$355.00							
	Anaesthetic 13 units — Item Nos 457G / 524S							
	SOFT TISSUE TUMOURS, INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE, EXTENSIVE EXCISION OF WITHOUT SKIN GRAFT							
3281	ALL STATES: FEE \$215.00							
	Anaesthetic 8 units — Item Nos 409G / 517S							
	SOFT TISSUE TUMOURS, INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE, EXTENSIVE EXCISION OF WITH SKIN GRAFT							
3289	ALL STATES: FEE \$250.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							

3295	MISCELLANEOUS MALIGNANT TUMOUR IN ANY REGION — RADICAL OPERATION ALL STATES: FEE \$355.00 Anaesthetic 13 units — Item Nos 457G / 524S
3301	MISCELLANEOUS MALIGNANT TUMOUR IN ANY REGION — LIMITED OPERATION ALL STATES: FEE \$168.00 Anaesthetic 8 units — Item Nos 409G / 517S
3306	† LIPECTOMY — transverse wedge excision of abdominal apron ALL STATES: FEE \$192.00 Anaesthetic 10 units — Item Nos 450G / 521S
3307	† LIPECTOMY — wedge excision of skin or fat not covered by Item 3306 — ONE EXCISION ALL STATES: FEE \$192.00 Anaesthetic 10 units — Item Nos 450G / 521S
3308	† LIPECTOMY — wedge excision of skin or fat not covered by Item 3306 — TWO OR MORE EXCISIONS ALL STATES: FEE \$290.00 Anaesthetic 10 units — Item Nos 450G / 521S
3310	LIPECTOMY — subumbilical excision with undermining of skin edges and strengthening of musculo-aponeurotic wall ALL STATES: FEE \$290.00 Anaesthetic 12 units — Item Nos 454G / 523S
3311	LIPECTOMY — radical abdominoplasty (Pitanguy type or similar) with excision of skin and subcutaneous tissue, repair of musculo-aponeurotic layer and transposition of umbilicus ALL STATES: FEE \$420.00 Anaesthetic 18 units — Item Nos 462G / 529S
3314	AXILLARY HYPERIDROSIS, wedge excision for ALL STATES: FEE \$57.00 Anaesthetic 7 units — Item Nos 408G / 514S

PART 10 – OPERATIONS

DIVISION 1 – GENERAL SURGICAL

	PLANTAR WART, removal of							
3320	FEE	\$	NSW 20.00	VIC 18.60	QLD 18.60	SA 18.60	WA 18.60	TAS 18.60
	Anaesthetic 5 units — Item Nos 406G / 510S							
‡	KERATOSES, WARTS OR SIMILAR LESIONS, treatment by electrosurgical destruction, cryosurgery or surgical removal — each attendance at which the procedure is performed ON NOT MORE THAN 5 LESIONS (including any associated consultation)							
3330	FEE	\$	NSW 22.50	VIC 27.00	QLD 20.50	SA 20.50	WA 20.50	TAS 20.50
	Anaesthetic 4 units — Item Nos 405G / 509S							
‡	KERATOSES, WARTS OR SIMILAR LESIONS, treatment by electrosurgical destruction, cryosurgery or surgical removal — each attendance at which the procedure is performed ON MORE THAN 5 BUT NOT MORE THAN 10 LESIONS (including any associated consultation)							
3332	FEE	\$	NSW 29.50	VIC 29.50	QLD 22.50	SA 22.50	WA 22.50	TAS 22.50
	Anaesthetic 5 units — Item Nos 406G / 510S							
‡	KERATOSES, WARTS OR SIMILAR LESIONS, treatment by electrosurgical destruction, cryosurgery or surgical removal — each attendance at which the procedure is performed ON MORE THAN 10 BUT NOT MORE THAN 15 LESIONS (including any associated consultation)							
3338	FEE	\$	NSW 37.00	VIC 35.00	QLD 35.00	SA 35.00	WA 35.00	TAS 35.00
	Anaesthetic 6 units — Item Nos 407G / 513S							
‡	KERATOSES, WARTS OR SIMILAR LESIONS, treatment by electrosurgical destruction, cryosurgery or surgical removal — each attendance at which the procedure is performed ON MORE THAN 15 BUT NOT MORE THAN 20 LESIONS (including any associated consultation)							
3342	FEE	\$	NSW 39.00	VIC 37.00	QLD 37.00	SA 37.00	WA 37.00	TAS 37.00
	Anaesthetic 7 units — Item Nos 408G / 514S							

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

‡	KERATOSES, WARTS OR SIMILAR LESIONS, treatment by electrosurgical destruction, cryosurgery or surgical removal — each attendance at which the procedure is performed ON MORE THAN 20 LESIONS (including any associated consultation)																		
3346	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;">NSW</th> <th style="width: 10%;">VIC</th> <th style="width: 10%;">QLD</th> <th style="width: 10%;">SA</th> <th style="width: 10%;">WA</th> <th style="width: 10%;">TAS</th> </tr> </thead> <tbody> <tr> <td>FEE</td> <td>\$</td> <td></td> <td>46.50</td> <td>40.50</td> <td>40.50</td> <td>40.50</td> <td>40.50</td> <td>40.50</td> </tr> </tbody> </table> <p style="text-align: center;">Anaesthetic 8 units — Item Nos 409G / 517S</p>				NSW	VIC	QLD	SA	WA	TAS	FEE	\$		46.50	40.50	40.50	40.50	40.50	40.50
			NSW	VIC	QLD	SA	WA	TAS											
FEE	\$		46.50	40.50	40.50	40.50	40.50	40.50											
‡	CUTANEOUS NEOPLASTIC LESIONS, treatment by electrosurgical destruction, chemotherapy, simple curettage or shaving, not covered by Item 3350, 3351 or 3352 — one or more lesions																		
3349	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;">NSW</th> <th style="width: 10%;">VIC</th> <th style="width: 10%;">QLD</th> <th style="width: 10%;">SA</th> <th style="width: 10%;">WA</th> <th style="width: 10%;">TAS</th> </tr> </thead> <tbody> <tr> <td>FEE</td> <td>\$</td> <td></td> <td>22.50</td> <td>27.00</td> <td>20.50</td> <td>20.50</td> <td>20.50</td> <td>20.50</td> </tr> </tbody> </table> <p style="text-align: center;">Anaesthetic 4 units — Item Nos 405G / 509S</p>				NSW	VIC	QLD	SA	WA	TAS	FEE	\$		22.50	27.00	20.50	20.50	20.50	20.50
			NSW	VIC	QLD	SA	WA	TAS											
FEE	\$		22.50	27.00	20.50	20.50	20.50	20.50											
‡	CANCER OF SKIN OR MUCOUS MEMBRANE, removal by serial curettage excision or cryosurgery using liquid nitrogen (not covered by Item 3349)																		
3350	<p style="text-align: center;">ALL STATES: FEE \$54.00</p> <p style="text-align: center;">Anaesthetic 6 units — Item Nos 407G / 513S</p>																		
‡	CANCER OF SKIN OR MUCOUS MEMBRANE, removal by serial curettage excision or cryosurgery using liquid nitrogen (not covered by Item 3349) — MORE THAN 3 BUT NOT MORE THAN 10 LESIONS																		
3351	<p style="text-align: center;">ALL STATES: FEE \$134.00</p> <p style="text-align: center;">Anaesthetic 9 units — Item Nos 443G / 518S</p>																		
‡	CANCER OF SKIN OR MUCOUS MEMBRANE, removal by serial curettage excision or cryosurgery using liquid nitrogen (not covered by Item 3349) — MORE THAN 10 LESIONS																		
3352	<p style="text-align: center;">ALL STATES: FEE \$172.00</p> <p style="text-align: center;">Anaesthetic 13 units — Item Nos 457G / 524S</p>																		
	SKIN LESIONS, multiple injections with hydrocortisone or similar preparations																		
3356	<p style="text-align: center;">ALL STATES: FEE \$18.60</p>																		
	KELOID, EXTENSIVE, MULTIPLE INJECTIONS OF HYDROCORTISONE or similar preparation under general anaesthesia																		
3363	<p style="text-align: center;">ALL STATES: FEE \$69.00</p> <p style="text-align: center;">Anaesthetic 5 units — Item Nos 406G / 510S</p>																		

3366	HAEMATOMA, aspiration of							
	FEE	\$	NSW 10.00	VIC 11.40	QLD 7.80	SA 7.80	WA 7.70	TAS 7.80
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 10.00	VIC 11.40	QLD 10.00	SA 10.00	WA 10.00	TAS 10.00
3379	G. FEE	\$	NSW	VIC	QLD	SA	WA	TAS
			50.00	50.00	42.00	42.00	42.00	42.00
3384	S. FEE	\$	69.00	69.00	57.00	53.00	53.00	53.00
Anaesthetic 5 units — Item Nos 406G / 510S								
3391	MUSCLE, excision of (LIMITED)							
	ALL STATES: FEE \$64.00							
Anaesthetic 6 units — Item Nos 407G / 513S								
3399	MUSCLE, excision of (EXTENSIVE)							
	ALL STATES: FEE \$114.00							
Anaesthetic 7 units — Item Nos 408G / 514S								
3404	MUSCLE, RUPTURED, repair of (limited), not associated with external wound							
	ALL STATES: FEE \$94.00							
Anaesthetic 7 units — Item Nos 408G / 514S								
3407	MUSCLE, RUPTURED, repair of (extensive), not associated with external wound							
	ALL STATES: FEE \$126.00							
Anaesthetic 7 units — Item Nos 408G / 514S								
3417	FASCIA, DEEP, repair of, FOR HERNIATED MUSCLE							
	ALL STATES: FEE \$64.00							
Anaesthetic 7 units — Item Nos 408G / 514S								

3425	<p>BONE TUMOUR, INNOCENT, excision of, not covered by a specific item in this Part</p> <p>ALL STATES: FEE \$150.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>														
3431	<p>STYLOID PROCESS OF TEMPORAL BONE, removal of</p> <p>ALL STATES: FEE \$150.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>														
3437	<p>PAROTID GLAND, total extirpation of</p> <p>ALL STATES: FEE \$315.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>														
3444	<p>PAROTID GLAND, total extirpation of, with preservation of facial nerve</p> <p>ALL STATES: FEE \$530.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>														
3450	<p>PAROTID GLAND, SUPERFICIAL LOBECTOMY OR REMOVAL OF TUMOUR FROM, with exposure of facial nerve</p> <p>ALL STATES: FEE \$355.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>														
3455	<p>SUBMANDIBULAR GLAND, extirpation of</p> <table data-bbox="176 1093 1117 1155"> <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>150.00</td> <td>186.00</td> <td>150.00</td> <td>150.00</td> <td>150.00</td> <td>150.00</td> </tr> </tbody> </table> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>		NSW	VIC	QLD	SA	WA	TAS	FEE \$	150.00	186.00	150.00	150.00	150.00	150.00
	NSW	VIC	QLD	SA	WA	TAS									
FEE \$	150.00	186.00	150.00	150.00	150.00	150.00									
3459	<p>SUBLINGUAL GLAND, extirpation of</p> <p>ALL STATES: FEE \$84.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>														
3465	<p>SALIVARY GLAND, DILATATION OR DIATHERMY of duct</p> <p>ALL STATES: FEE \$25.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>														

PART 10 – OPERATIONS

DIVISION 1 – GENERAL SURGICAL

3468	<p>SALIVARY GLAND, removal of CALCULUS from duct</p> <p>G. ALL STATES: FEE \$50.00</p>
3472	<p>S. ALL STATES: FEE \$64.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
3477	<p>SALIVARY GLAND, repair of CUTANEOUS FISTULA OF</p> <p>ALL STATES: FEE \$64.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
3480	<p>TONGUE, partial excision of</p> <p>ALL STATES: FEE \$126.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
3495	<p>RADICAL EXCISION OF INTRA-ORAL TUMOUR INVOLVING RESECTION OF MANDIBLE AND LYMPH GLANDS OF NECK (commando-type operation)</p> <p>ALL STATES: FEE \$745.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>
3496	<p>TONGUE TIE, repair of</p> <p>ALL STATES: FEE \$19.40</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
3505	<p>TONGUE TIE OR MAXILLARY FRENULUM, repair of, in a person aged not less than two years, under general anaesthesia</p> <p>ALL STATES: FEE \$51.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
3509	<p>RANULA OR MUCOUS CYST OF MOUTH, removal of</p> <p>G. ALL STATES: FEE \$66.00</p>
3516	<p>S. ALL STATES: FEE \$87.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
3526	<p>BRANCHIAL CYST, removal of</p> <p>ALL STATES: FEE \$168.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>

3530	BRANCHIAL FISTULA, removal of							
	ALL STATES: FEE \$215.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							
3532	CYSTIC HYGROMA, extensive excision of massive lesion with or without thoracotomy							
	ALL STATES: FEE \$405.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
3542	THYROIDECTOMY, total							
	ALL STATES: FEE \$420.00							
	Anaesthetic 14 units — Item Nos 458G / 525S							
3547	PARATHYROID TUMOUR, removal of							
	ALL STATES: FEE \$470.00							
	Anaesthetic 13 units — Item Nos 457G / 524S							
3555	PARATHYROID GLANDS, removal of, other than for tumour							
	ALL STATES: FEE \$530.00							
	Anaesthetic 16 units — Item Nos 460G / 527S							
3563	THYROIDECTOMY, HEMI or SUB-TOTAL, with or without exposure of recurrent laryngeal nerve							
	ALL STATES: FEE \$305.00							
	Anaesthetic 12 units — Item Nos 454G / 523S							
3576	THYROID, excision of localised tumour of							
	FEE	\$	NSW 215.00	VIC 225.00	QLD 215.00	SA 215.00	WA 215.00	TAS 215.00
	Anaesthetic 10 units — Item Nos 450G / 521S							
3581	THYROGLOSSAL CYST, removal of							
	ALL STATES: FEE \$164.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							
3591	THYROGLOSSAL CYST AND FISTULA, removal of							
	ALL STATES: FEE \$245.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							

PART 10 – OPERATIONS

DIVISION 1 – GENERAL SURGICAL

3597	CERVICAL OESOPHAGOSTOMY or CLOSURE OF CERVICAL OESOPHAGOSTOMY with or without plastic repair							
	ALL STATES: FEE \$188.00							
	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 \$745.00							
	Anaesthetic 22 units — Item Nos 466G / 537S							
3618	LYMPH GLANDS OF NECK, limited excision of							
	ALL STATES: FEE \$156.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							
3622	LYMPH GLANDS OF NECK, radical excision of							
	ALL STATES: FEE \$420.00							
	Anaesthetic 20 units — Item Nos 464G / 533S							
3634	LYMPH GLANDS OF GROIN OR AXILLA, limited excision of							
	ALL STATES: FEE \$106.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							
3638	LYMPH GLANDS OF GROIN OR AXILLA, radical excision of							
	ALL STATES: FEE \$305.00							
	Anaesthetic 13 units — Item Nos 457G / 524S							
3647	SIMPLE MASTECTOMY with or without frozen section biopsy							
	G.	ALL STATES: FEE \$138.00						
3652	S.	ALL STATES: FEE \$186.00						
		Anaesthetic 9 units — Item Nos 443G / 518S						
3654	BREAST, excision of CYST, fibro adenoma or other local lesion or segmental resection for any other reason							
	G. FEE	\$	NSW 84.00	VIC 93.00	QLD 74.00	SA 71.00	WA 71.00	TAS 71.00
3664	S. FEE	\$	114.00	114.00	102.00	86.00	86.00	86.00
		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 \$110.00
3673	S.	ALL STATES: FEE \$138.00 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 \$110.00
3683	S.	ALL STATES: FEE \$138.00 Anaesthetic 8 units — Item Nos 409G / 517S
	BREAST, extended simple mastectomy with or without frozen section biopsy	
3698		ALL STATES: FEE \$250.00 Anaesthetic 12 units — Item Nos 454G / 523S
†	SUBCUTANEOUS MASTECTOMY with or without frozen section biopsy	
3700		ALL STATES: FEE \$230.00 Anaesthetic 12 units — Item Nos 454G / 523S
	BREAST, radical or modified radical mastectomy with or without frozen section biopsy	
3702		ALL STATES: FEE \$370.00 Anaesthetic 16 units — Item Nos 460G / 527S
	NIPPLE, INVERTED, surgical eversion of	
3707		ALL STATES: FEE \$64.00 Anaesthetic 7 units — Item Nos 408G / 514S
	LAPAROTOMY (exploratory), including associated biopsies, as a separate unrelated procedure	
3713	G.	ALL STATES: FEE \$162.00
3718	S.	ALL STATES: FEE \$205.00 Anaesthetic 9 units — Item Nos 443G / 518S

PART 10 – OPERATIONS**DIVISION 1 – GENERAL SURGICAL**

‡ 3722	LAPAROTOMY involving Caecostomy, Enterostomy, Colostomy, Enterotomy, Colotomy, Cholecystostomy, Gastrostomy, Gastrotomy, Reduction of intussusception, Removal of Meckel's diverticulum, Suture of perforated peptic ulcer, Simple repair of ruptured viscus, Reduction of volvulus OR Pyloroplasty (adult) ALL STATES: FEE \$225.00 Anaesthetic 11 units — Item Nos 453G / 522S
3726	LAPAROTOMY INVOLVING DIVISION OF PERITONEAL ADHESIONS (where no other listed intra abdominal procedure is performed) (See Explanatory Notes covering this item) ALL STATES: FEE \$225.00 Anaesthetic 11 units — Item Nos 453G / 522S
3730	LAPAROTOMY FOR GRADING OF LYMPHOMA, including splenectomy, liver biopsies, lymph node biopsies and oophoropexy ALL STATES: FEE \$470.00 Anaesthetic 14 units — Item Nos 458G / 525S
3734	LAPAROTOMY FOR CONTROL OF POST-OPERATIVE HAEMORRHAGE, where no other procedure is performed ALL STATES: FEE \$142.00 Anaesthetic 11 units — Item Nos 453G / 522S
3739 3745	LAPAROTOMY INVOLVING OPERATION ON ABDOMINAL VISCERA, not covered by a specific item in this Part G. ALL STATES: FEE \$220.00 S. ALL STATES: FEE \$270.00 Anaesthetic 12 units — Item Nos 454G / 523S
3750	SUBPHRENIC ABSCESS, drainage of ALL STATES: FEE \$225.00 Anaesthetic 10 units — Item Nos 450G / 521S
3752	LIVER BIOPSY, percutaneous ALL STATES: FEE \$74.00 Anaesthetic 6 units — Item Nos 407G / 513S

3754	LIVER TUMOUR, removal of other than by biopsy ALL STATES: FEE \$250.00 Anaesthetic 13 units — Item Nos 457G / 524S							
3759	LIVER, MASSIVE RESECTION OF, or LOBECTOMY ALL STATES: FEE \$635.00 Anaesthetic 18 units — Item Nos 462G / 529S							
3764	LIVER ABSCESS, ABDOMINAL drainage of ALL STATES: FEE \$225.00 Anaesthetic 11 units — Item Nos 453G / 522S							
3783	HYDATID CYST OF LIVER, PERITONEUM OR VISCUS, drainage procedure for ALL STATES: FEE \$250.00 Anaesthetic 11 units — Item Nos 453G / 522S							
3789	‡ OPERATIVE CHOLANGIOGRAPHY (including one or more cholegrams performed during the one operation) OR OPERATIVE PANCREATOGRAPHY ALL STATES: FEE \$78.00 Anaesthetic 10 units — Item Nos 450G / 521S							
3793	CHOLECYSTECTOMY							
			NSW	VIC	QLD	SA	WA	TAS
3793	G. FEE	\$	250.00	240.00	240.00	225.00	220.00	220.00
3798	S. FEE	\$	315.00	315.00	315.00	270.00	290.00	270.00
			Anaesthetic 11 units — Item Nos 453G / 522S					
3820	‡+ CHOLEDOCHOTOMY (WITH OR WITHOUT CHOLECYSTECTOMY), including dilatation of sphincter of Oddi and removal of calculi ALL STATES: FEE \$370.00 Anaesthetic 13 units — Item Nos 457G / 524S							

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

† 3822	<p>CHOLEDOCHOTOMY (WITH OR WITHOUT CHOLECYSTECTOMY), including dilatation of sphincter of Oddi and removal of calculi WITH CHOLEDOCHODUODENOSTOMY, CHOLEDOCHOGASTROSTOMY OR CHOLEDOCHOENTEROSTOMY</p> <p>ALL STATES: FEE \$430.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>
‡+ 3825	<p>TRANSDUODENAL OPERATION ON SPHINCTER OF ODDI, including dilatation, removal of calculi, sphincterotomy and sphincteroplasty with or without choledochotomy, with or without cholecystectomy</p> <p>ALL STATES: FEE \$430.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
‡+ 3831	<p>CHOLECYSTODUODENOSTOMY, CHOLECYSTOGASTROSTOMY OR CHOLECYSTOENTEROSTOMY with or without enteroenterostomy</p> <p>ALL STATES: FEE \$370.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
‡ 3834	<p>OPERATION FOR RECONSTRUCTION OF HEPATIC DUCT OR COMMON BILE DUCT for correction of strictures or atresia including all necessary anastomoses, not associated with Item 3793, 3798, 3820, 3822, 3825 or 3831</p> <p>ALL STATES: FEE \$625.00</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 \$96.00</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 \$118.00</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 \$150.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
3860	<p>ENDOSCOPIC PANCREATOCOLANGIOGRAPHY</p> <p>ALL STATES: FEE \$156.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
3862	<p>ENDOSCOPIC SPHINCTEROTOMY with or without extraction of stones from common bile duct</p> <p>ALL STATES: FEE \$215.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
3875	<p>VAGOTOMY — TRUNKAL</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
3882	<p>VAGOTOMY — SELECTIVE</p> <p>ALL STATES: FEE \$295.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
3889	<p>VAGOTOMY — HIGHLY SELECTIVE; <u>or</u> VAGOTOMY — TRUNKAL OR SELECTIVE, with pyloroplasty or gastro-enterostomy</p> <p>ALL STATES: FEE \$355.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
3891	<p>VAGOTOMY — HIGHLY SELECTIVE with pyloroplasty or gastro-enterostomy</p> <p>ALL STATES: FEE \$420.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
3892	<p>GASTRIC REDUCTION OR GASTROPLASTY for obesity, by any method</p> <p>ALL STATES: FEE \$370.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>

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3893	<p>GASTRIC BY-PASS FOR OBESITY, including anastomosis, by any method</p> <p>ALL STATES: FEE \$515.00</p> <p>Anaesthetic 21 units — Item Nos 465G / 535S</p>
3894	<p>GASTRO-ENTEROSTOMY (GASTRO-DUODENOSTOMY) OR ENTERO-COLOSTOMY OR ENTERO-ENTEROSTOMY</p> <p>G. ALL STATES: FEE \$225.00</p>
3898	<p>S. ALL STATES: FEE \$295.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
3900	<p>GASTRO-ENTEROSTOMY or GASTRO-DUODENOSTOMY, reconstruction of</p> <p>ALL STATES: FEE \$375.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
3902	<p>PANCREATIC CYST — ANASTOMOSIS TO STOMACH OR DUODENUM</p> <p>ALL STATES: FEE \$295.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
3922	<p>PARTIAL GASTRECTOMY, with or without gastro-jejunostomy</p> <p>ALL STATES: FEE \$420.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
3930	<p>GASTRECTOMY, TOTAL, FOR BENIGN DISEASE</p> <p>ALL STATES: FEE \$530.00</p> <p>Anaesthetic 19 units — Item Nos 463G / 531S</p>
3938	<p>GASTRECTOMY, TOTAL RADICAL, for carcinoma</p> <p>ALL STATES: FEE \$625.00</p> <p>Anaesthetic 21 units — Item Nos 465G / 535S</p>
3952	<p>PYLOROPLASTY, INFANT, OR PYLOROMYOTOMY (RAMSTEDT'S)</p> <p>ALL STATES: FEE \$188.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>

3976	G.	ENTEROSTOMY or COLOSTOMY, extra-peritoneal closure of					
		ALL STATES: FEE \$128.00					
3981	S.	ENTEROSTOMY or COLOSTOMY, extra-peritoneal closure of					
		ALL STATES: FEE \$162.00					
		Anaesthetic 11 units — Item Nos 453G / 522S					
3986		ENTEROSTOMY OR COLOSTOMY, INTRA-PERITONEAL CLOSURE, not involving resection					
		ALL STATES: FEE \$225.00					
		Anaesthetic 11 units — Item Nos 453G / 522S					
4003		INTUSSUSCEPTION, reduction of, by fluid					
		ALL STATES: FEE \$100.00					
4012	FEE	NSW	VIC	QLD	SA	WA	TAS
		\$ 370.00	405.00	370.00	370.00	370.00	370.00
		Anaesthetic 14 units — Item Nos 458G / 525S					
4018		TRANSVERSE OR SIGMOID COLECTOMY WITH OR WITHOUT ANASTOMOSIS					
		ALL STATES: FEE \$380.00					
		Anaesthetic 15 units — Item Nos 459G / 526S					
4039	G. FEE	NSW	VIC	QLD	SA	WA	TAS
		\$ 290.00	305.00	290.00	290.00	290.00	290.00
4043	S. FEE	NSW	VIC	QLD	SA	WA	TAS
		\$ 370.00	405.00	370.00	370.00	370.00	370.00
		Anaesthetic 15 units — Item Nos 459G / 526S					
4046		HEMICOLECTOMY, right or left					
		ALL STATES: FEE \$420.00					
		Anaesthetic 15 units — Item Nos 459G / 526S					
4048		TOTAL COLECTOMY WITH ILEO-RECTAL ANASTOMOSIS OR ILEOSTOMY					
		ALL STATES: FEE \$530.00					
		Anaesthetic 20 units — Item Nos 464G / 533S					

4052	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY – one surgeon ALL STATES: FEE \$633.00 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 \$540.00							
4059	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, SYNCHRONOUS COMBINED: PERINEAL RESECTION ALL STATES: FEE \$186.00 Anaesthetic 17 units – Item Nos 461G / 528S							
4068	RECTUM, RESTORATIVE ANTERIOR RESECTION OF, WITH RECTOSIGMOIDECTOMY ALL STATES: FEE \$530.00 Anaesthetic 16 units – Item Nos 460G / 527S							
4074	APPENDICECTOMY, not covered by Item 4084 in this Part							
4074	G. FEE	\$	NSW 150.00	VIC 138.00	QLD 138.00	SA 138.00	WA 138.00	TAS 126.00
4080	S. FEE	\$	172.00	186.00	186.00	156.00	172.00	150.00
	Anaesthetic 8 units – Item Nos 409G / 517S							
4084	Note: Multiple Operation and Multiple Anaesthetic rules apply to this Item APPENDICECTOMY, when performed in conjunction with any other intra-abdominal procedure through the same incision ALL STATES: FEE \$53.00 Anaesthetic 5 units – Item Nos 406G / 510S							
4087	G.	ALL STATES: FEE \$168.00						
4093	S.	ALL STATES: FEE \$210.00 Anaesthetic 10 units – Item Nos 450G / 521S						
4099	SMALL BOWEL INTUBATION with biopsy ALL STATES: FEE \$75.00							

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4104	SMALL BOWEL INTUBATION — as a separate unrelated procedure							
	ALL STATES: FEE \$38.00							
4109	PANCREATECTOMY, PARTIAL							
	ALL STATES: FEE \$505.00							
	Anaesthetic 15 units — Item Nos 459G / 526S							
4115	PANCREATICO-DUODENECTOMY, WHIPPLE'S OPERATION							
	ALL STATES: FEE \$745.00							
	Anaesthetic 30 units — Item Nos 474G / 545S							
4130	PANCREAS, drainage of							
	ALL STATES: FEE \$220.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
4133	ANASTOMOSIS OF PANCREATIC DUCT TO BOWEL							
	ALL STATES: FEE \$530.00							
	Anaesthetic 18 units — Item Nos 462G / 529S							
4141	SPLENECTOMY FOR TRAUMA							
	FEE	\$	NSW 295.00	VIC 305.00	QLD 295.00	SA 295.00	WA 295.00	TAS 295.00
	Anaesthetic 13 units — Item Nos 457G / 524S							
4144	SPLENECTOMY, OTHER THAN FOR TRAUMA							
	ALL STATES: FEE \$315.00							
	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 \$470.00							
	Anaesthetic 18 units — Item Nos 462G / 529S							
4173	RETROPERITONEAL TUMOUR, removal of							
	ALL STATES: FEE \$370.00							
	Anaesthetic 15 units — Item Nos 459G / 526S							

4179	<p>SACROCOCCYGEAL AND PRESACRAL TUMOUR — excision of</p> <p>ALL STATES: FEE \$370.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
4185	<p>RETROPERITONEAL ABSCESS, drainage of, not involving laparotomy</p> <p>ALL STATES: FEE \$194.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
4191	<p>PERITONEOSCOPY</p> <p>ALL STATES: FEE \$78.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
4197	<p>PARACENTESIS ABDOMINIS</p> <p>ALL STATES: FEE \$22.50</p>
4202	<p>RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF — one surgeon</p> <p>ALL STATES: FEE \$523.00</p> <p>Anaesthetic 17 units — Item Nos 461G / 528S</p>
4209	<p>RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF, SYNCHRONOUS COMBINED — abdominal resection (including after-care)</p> <p>ALL STATES: FEE \$430.00</p>
4214	<p>RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF, SYNCHRONOUS COMBINED — perineal resection</p> <p>ALL STATES: FEE \$186.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
4217	<p>ABDOMINO-PERINEAL PULL THROUGH RESECTION with colo-anal anastomosis (one or two stages), including associated colostomy</p> <p>ALL STATES: FEE \$645.00</p> <p>Anaesthetic 30 units — Item Nos 474G / 545S</p>

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		FEMORAL OR INGUINAL HERNIA OR INFANTILE HYDROCELE, repair of not covered by Items 4233 or 4258/4262						
			NSW	VIC	QLD	SA	WA	TAS
4222	G. FEE	\$	150.00	150.00	144.00	144.00	144.00	128.00
4227	S. FEE	\$	186.00	186.00	186.00	174.00	194.00	156.00
Anaesthetic 8 units — Item Nos 409G / 517S								
4233	STRANGULATED, INCARCERATED OR OBSTRUCTED HERNIA, repair of, without bowel resection							
ALL STATES: FEE \$225.00								
Anaesthetic 10 units — Item Nos 450G / 521S								
4238	DIAPHRAGMATIC HERNIA, TRAUMATIC, repair of							
ALL STATES: FEE \$330.00								
Anaesthetic 17 units — Item Nos 461G / 528S								
4241	DIAPHRAGMATIC HERNIA, OTHER THAN TRAUMATIC, repair of (abdominal approach)							
	FEE	\$	NSW 405.00	VIC 380.00	QLD 380.00	SA 380.00	WA 380.00	TAS 380.00
Anaesthetic 14 units — Item Nos 458G / 525S								
4246	G.	UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, in a person under ten years of age						
ALL STATES: FEE \$112.00								
4249	S.	ALL STATES: FEE \$150.00						
Anaesthetic 8 units — Item Nos 409G / 517S								
4251	G.	UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, in a person ten years of age or over						
ALL STATES: FEE \$128.00								
4254	S.	ALL STATES: FEE \$172.00						
Anaesthetic 8 units — Item Nos 409G / 517S								

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	VENTRAL, INCISIONAL, LUMBAR OR RECURRENT HERNIA OR BURST ABDOMEN, repair of							
4258	G.	ALL STATES: FEE \$188.00						
4262	S.	ALL STATES: FEE \$225.00						
		Anaesthetic 10 units — Item Nos 450G / 521S						
4265	HYDROCELE, tapping of							
		ALL STATES: FEE \$15.00						
	HYDROCELE or VARIOCELE, removal of							
4269	G.	ALL STATES: FEE \$100.00						
4273	S.	ALL STATES: FEE \$124.00						
		Anaesthetic 7 units — Item Nos 408G / 514S						
	ORCHIDECTOMY (simple)							
4288	G.	ALL STATES: FEE \$128.00						
4293	S.	ALL STATES: FEE \$172.00						
		Anaesthetic 7 units — Item Nos 408G / 514S						
4296	ORCHIDECTOMY AND COMPLETE EXCISION OF SPERMATIC CORD							
		ALL STATES: FEE \$225.00						
		Anaesthetic 8 units — Item Nos 409G / 517S						
	UNDESCENDED TESTIS, orchidopexy or transplantation of, with or without associated hernial repair							
4307	FEE	\$	NSW 225.00	VIC 225.00	QLD 215.00	SA 215.00	WA 215.00	TAS 215.00
			Anaesthetic 8 units — Item Nos 409G / 517S					
4313	SECONDARY DETACHMENT OF TESTIS FROM THIGH							
		ALL STATES: FEE \$48.00						
		Anaesthetic 6 units — Item Nos 407G / 513S						
4319	CIRCUMCISION of person UNDER FOUR WEEKS of age							
		ALL STATES: FEE \$19.40						
		Anaesthetic 6 units — Item Nos 407G / 513S						

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	CIRCUMCISION of person UNDER TEN YEARS of age but not less than four weeks of age							
4327	FEE	\$	NSW 46.50	VIC 46.50	QLD 42.00	SA 42.00	WA 42.00	TAS 42.00
			Anaesthetic 6 units — Item Nos 407G / 513S					
	CIRCUMCISION of person TEN YEARS OF AGE OR OVER							
4338	G.		ALL STATES: FEE \$64.00					
4345	S.		ALL STATES: FEE \$78.00					
			Anaesthetic 6 units — Item Nos 407G / 513S					
	PARAPHIMOSIS, reduction of, under general anaesthesia, with or without dorsal incision, not associated with any other item in this Part							
4351			ALL STATES: FEE \$20.00					
			Anaesthetic 5 units — Item Nos 406G / 510S					
	‡ SIGMOIDOSCOPIC EXAMINATION (with rigid sigmoidoscope), with or without biopsy							
4354			ALL STATES: FEE \$23.00					
	‡ SIGMOIDOSCOPIC EXAMINATION (with rigid sigmoidoscope), UNDER GENERAL ANAESTHESIA, with or without biopsy, not associated with any other Item in this Part							
4363			ALL STATES: FEE \$35.50					
			Anaesthetic 5 units — Item Nos 406G / 510S					
	† SIGMOIDOSCOPIC EXAMINATION with diathermy OR resection of one or more rectal polyps or tumours							
4366	G.		ALL STATES: FEE \$60.00					
4367	S.		ALL STATES: FEE \$78.00					
			Anaesthetic 7 units — Item Nos 408G / 514S					
	FULL OR PARTIAL THICKNESS RECTAL BIOPSY under general anaesthesia							
4380			ALL STATES: FEE \$69.00					
			Anaesthetic 6 units — Item Nos 407G / 513S					

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‡+	<p>FLEXIBLE FIBROPTIC SIGMOIDOSCOPY with or without short fibreoptic colonoscopy up to splenic flexure</p> <p>4383</p> <p>ALL STATES: FEE \$37.50</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
‡+	<p>FLEXIBLE FIBROPTIC SIGMOIDOSCOPY with or without short fibreoptic colonoscopy up to splenic flexure, WITH BIOPSY</p> <p>4385</p> <p>ALL STATES: FEE \$54.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
†	<p>FLEXIBLE FIBROPTIC SIGMOIDOSCOPY with or without short fibreoptic colonoscopy up to splenic flexure, WITH REMOVAL OF ONE OR MORE COLONIC POLYPS, not covered by Item 4366 or 4367</p> <p>4386</p> <p>ALL STATES: FEE \$96.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
4388	<p>FIBROPTIC COLONOSCOPY — EXAMINATION OF COLON UP TO AND BEYOND SPLENIC FLEXURE (long colonoscopy)</p> <p>ALL STATES: FEE \$156.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
4389	<p>FIBROPTIC COLONOSCOPY — EXAMINATION OF COLON UP TO AND BEYOND SPLENIC FLEXURE (long colonoscopy) with biopsy</p> <p>ALL STATES: FEE \$186.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
‡	<p>FIBROPTIC COLONOSCOPY — examination of colon up to and beyond splenic flexure (long colonoscopy) with removal of one or more colonic polyps</p> <p>4394</p> <p>ALL STATES: FEE \$225.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
4397	<p>VILLOUS TUMOUR OF RECTUM, greater than 3 centimetres, local excision</p> <p>ALL STATES: FEE \$168.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>

4399	RECTAL TUMOUR, excision of, via trans-sphincteric approach ALL STATES: FEE \$270.00 Anaesthetic 12 units — Item Nos 454G / 523S
+ 4413	RECTUM, RADICAL OPERATION FOR PROLAPSE OF, involving laparotomy ALL STATES: FEE \$350.00 Anaesthetic 13 units — Item Nos 457G / 524S
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 \$29.50 Anaesthetic 4 units — Item Nos 405G / 509S
4467	ANAL PROLAPSE — CIRCUM-ANAL SUTURE ALL STATES: FEE \$50.00 Anaesthetic 6 units — Item Nos 407G / 513S
+ 4482	ANAL STRICTURE, repair of ALL STATES: FEE \$118.00 Anaesthetic 7 units — Item Nos 408G / 514S
4490	ANAL SPHINCTEROTOMY as an independent procedure for Hirschsprung's disease ALL STATES: FEE \$112.00 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 \$240.00 Anaesthetic 11 units — Item Nos 453G / 522S
‡ 4509	HAEMORRHOIDS, rubber band ligation of, or incision of thrombosed external haemorrhoids ALL STATES: FEE \$23.00 Anaesthetic 5 units — Item Nos 406G / 510S

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+	HAEMORRHOIDECTOMY, RADICAL							
4523	G.	ALL STATES: FEE \$122.00						
4527	S.	ALL STATES: FEE \$154.00						
		Anaesthetic 7 units — Item Nos 408G / 514S						
‡	REMOVAL OF EXTERNAL HAEMORRHOIDS, REMOVAL OF ANAL SKIN TAGS, INJECTION OF RECTAL PROLAPSE or INJECTION OF ANAL PROLAPSE — under general anaesthesia — one or more of these procedures							
4534		ALL STATES: FEE \$43.00						
		Anaesthetic 5 units — Item Nos 406G / 510S						
‡+	OPERATION FOR FISSURE-IN-ANO including excision, posterior sphincterotomy or lateral sphincterotomy but excluding dilatation only							
4537	G.	ALL STATES: FEE \$86.00						
4544	S.	ALL STATES: FEE \$108.00						
		Anaesthetic 6 units — Item Nos 407G / 513S						
	FISTULA IN ANO, SUBCUTANEOUS, excision of							
4552	G.	ALL STATES: FEE \$96.00						
4557	S.	ALL STATES: FEE \$126.00						
		Anaesthetic 7 units — Item Nos 408G / 514S						
	FISTULA IN ANO, excision of (involving incision of external sphincter)							
4568	G.	ALL STATES: FEE \$138.00						
4573	S.	ALL STATES: FEE \$168.00						
		Anaesthetic 7 units — Item Nos 408G / 514S						
	FAECAL FISTULA, repair of							
4590		ALL STATES: FEE \$295.00						
		Anaesthetic 12 units — Item Nos 454G / 523S						
	COCCYX, excision of							
4606	FEE	\$	NSW 150.00	VIC 186.00	QLD 150.00	SA 150.00	WA 150.00	TAS 150.00
			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						
			NSW	VIC	QLD	SA	WA	TAS
4611	G. FEE	\$	128.00	128.00	120.00	120.00	120.00	120.00
4617	S. FEE	\$	162.00	162.00	150.00	150.00	150.00	150.00
Anaesthetic 8 units — Item Nos 409G / 517S								
		PILONIDAL SINUS, injection of sclerosant fluid under anaesthesia						
			NSW	VIC	QLD	SA	WA	TAS
4622	FEE	\$	40.50	38.50	38.50	38.50	38.50	38.50
Anaesthetic 6 units — Item Nos 407G / 513S								
VASCULAR SURGERY								
		VARICOSE VEINS, injection into — one or more injections including associated consultation						
4629			ALL STATES: FEE \$15.00					
		VARICOSE VEINS, multiple simultaneous injections by continuous compression techniques (excluding after-care)						
4633			ALL STATES: FEE \$43.00					
		VARICOSE VEINS, multiple ligations, with or without local stripping or excision, not covered by a specific item in this Part						
4637			ALL STATES: FEE \$84.00					
Anaesthetic 8 units — Item Nos 409G / 517S								
		VARICOSE VEINS, high ligation and complete stripping or excision of long saphenous vein						
4640			ALL STATES: FEE \$210.00					
Anaesthetic 7 units — Item Nos 408G / 514S								
		VARICOSE VEINS, high ligation and complete stripping or excision of short saphenous vein						
4643			ALL STATES: FEE \$154.00					
Anaesthetic 7 units — Item Nos 408G / 514S								

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4649	VARICOSE VEINS, high ligation and complete stripping or excision of both long and short saphenous systems ALL STATES: FEE \$287.00 Anaesthetic 10 units — Item Nos 450G / 521S
4651	VARICOSE VEINS, high ligation of long saphenous vein at sapheno-femoral junction ALL STATES: FEE \$138.00 Anaesthetic 6 units — Item Nos 407G / 513S
4655	VARICOSE VEINS, high ligation of short saphenous vein at sapheno-popliteal junction ALL STATES: FEE \$108.00 Anaesthetic 6 units — Item Nos 407G / 513S
4658	VARICOSE VEINS, sub-fascial ligation of single deep perforation ALL STATES: FEE \$86.00 Anaesthetic 6 units — Item Nos 407G / 513S
4662	VARICOSE VEINS, sub-fascial ligation of multiple deep perforating veins (Cockett's operation) ALL STATES: FEE \$215.00 Anaesthetic 7 units — Item Nos 408G / 514S
4665	CROSS LEG BY-PASS GRAFT — saphenous to femoral vein ALL STATES: FEE \$350.00 Anaesthetic 11 units — Item Nos 453G / 522S
4670	INTRA-ARTERIAL oxygen injection ALL STATES: FEE \$21.50
4676	MEDIUM ARTERY AND/OR VEIN, LIGATION OF, by elective operation; OR REPAIR OF ARTIFICIAL ARTERIO-VEINOUS FISTULA ALL STATES: FEE \$108.00 Anaesthetic 6 units — Item Nos 407G / 513S
4678	LARGE ARTERY AND/OR VEIN, LIGATION OF, by elective operation ALL STATES: FEE \$148.00 Anaesthetic 7 units — Item Nos 408G / 514S

4690	<p>GREAT VESSEL, ARTERY OR VEIN (including jugular, subclavian, axillary, iliac, femoral or popliteal) ligation of</p> <p>ALL STATES: FEE \$215.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
4693	<p>MAJOR ARTERY OR VEIN OF NECK OR EXTREMITY, repair of wound of, with restoration of continuity</p> <p>ALL STATES: FEE \$305.00</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 \$465.00</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 \$420.00</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 \$505.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
4702	<p>ARTERIO-VEINUS FISTULA, dissection and ligation of</p> <p>ALL STATES: FEE \$305.00</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 \$505.00</p> <p>Anaesthetic 19 units — Item Nos 463G / 531S</p>
4709	<p>ARTERY OF NECK OR EXTREMITIES, endarterectomy of</p> <p>ALL STATES: FEE \$465.00</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 \$225.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
4721	<p>INFERIOR VENA CAVA, plication or ligation of</p> <p>ALL STATES: FEE \$295.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
4733	<p>INTERNAL CAROTID ARTERY, repositioning of</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
4738	<p>ARTERIAL PATCH GRAFT</p> <p>ALL STATES: FEE \$305.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
4744	<p>AORTO-ILIAC OR AORTO-FEMORAL BIFURCATE GRAFT</p> <p>ALL STATES: FEE \$570.00</p> <p>Anaesthetic 19 units — Item Nos 463G / 531S</p>
4749	<p>AXILLARY OR SUBCLAVIAN TO FEMORAL BY-PASS GRAFT</p> <p>ALL STATES: FEE \$545.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
4754	<p>ARTERIAL OR VENOUS GRAFT OR BY-PASS</p> <p>ALL STATES: FEE \$570.00</p> <p>Anaesthetic 20 units — Item Nos 464G / 533S</p>
4756	<p>MICRO-ARTERIAL OR MICRO-VENOUS GRAFT using operating microscope</p> <p>ALL STATES: FEE \$860.00</p> <p>Anaesthetic 22 units — Item Nos 466G / 537S</p>
4762	<p>ARTERIAL ANASTOMOSIS</p> <p>ALL STATES: FEE \$505.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>

4764	<p>MICROVASCULAR ANASTOMOSIS OF ARTERY OR VEIN using operating microscope for reimplantation of limb or digit or free transfer of tissue</p> <p>ALL STATES: FEE \$750.00</p> <p>Anaesthetic 38 units — Item Nos 477G / 548S</p>
4766	<p>PORTAL HYPERTENSION, vascular anastomosis for</p> <p>ALL STATES: FEE \$505.00</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 \$295.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
4784	<p>EMBOLUS, removal of, FROM ARTERY OF TRUNK</p> <p>ALL STATES: FEE \$380.00</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 \$270.00</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 \$625.00</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 \$745.00</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 \$530.00</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 \$215.00</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 \$215.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
4808	<p>ARTERIOVENOUS SHUNT, EXTERNAL, insertion of</p> <p>ALL STATES: FEE \$102.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
4812	<p>ARTERIOVENOUS SHUNT, EXTERNAL, removal of</p> <p>ALL STATES: FEE \$78.00</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 \$420.00</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 \$225.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
4832	<p style="text-align: center;">OPERATIONS FOR ACUTE OSTEOMYELITIS</p> <p>OPERATION ON PHALANX</p> <p>ALL STATES: FEE \$53.00</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 \$87.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
4844	<p>OPERATION ON HUMERUS OR FEMUR — ONE BONE</p> <p>ALL STATES: FEE \$150.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>

4853 OPERATION ON SPINE OR PELVIC BONES – ONE BONE
 ALL STATES: FEE \$150.00
 Anaesthetic 13 units – Item Nos 457G / 524S

OPERATIONS FOR CHRONIC OSTEOMYELITIS
 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
 4860 ALL STATES: FEE \$150.00
 Anaesthetic 12 units – Item Nos 454G / 523S

4864 OPERATION ON HUMERUS OR FEMUR – ONE BONE
 ALL STATES: FEE \$150.00
 Anaesthetic 11 units – Item Nos 453G / 522S

4867 OPERATION ON SPINE OR PELVIC BONES – ONE BONE
 ALL STATES: FEE \$250.00
 Anaesthetic 12 units – Item Nos 454G / 523S

4870 OPERATION ON SKULL
 ALL STATES: FEE \$194.00
 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 \$250.00
 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 \$66.00

4930 S. ALL STATES: FEE \$81.00

Anaesthetic 6 units – Item Nos 407G / 513S

	TWO DIGITS of one hand	
4934	G.	ALL STATES: FEE \$100.00
4940	S.	ALL STATES: FEE \$122.00
		Anaesthetic 7 units — Item Nos 408G / 514S
	THREE DIGITS of one hand	
4943	G.	ALL STATES: FEE \$116.00
4948	S.	ALL STATES: FEE \$144.00
		Anaesthetic 8 units — Item Nos 409G / 517S
	FOUR DIGITS of one hand	
4950	G.	ALL STATES: FEE \$132.00
4954	S.	ALL STATES: FEE \$162.00
		Anaesthetic 9 units — Item Nos 443G / 518S
	FIVE DIGITS of one hand	
4957	G.	ALL STATES: FEE \$150.00
4961	S.	ALL STATES: FEE \$186.00
		Anaesthetic 10 units — Item Nos 450G / 521S
	FINGER OR THUMB, INCLUDING METACARPAL or part of metacarpal — each digit	
4965	G.	ALL STATES: FEE \$77.00
4969	S.	ALL STATES: FEE \$96.00
		Anaesthetic 6 units — Item Nos 407G / 513S
	HAND, MIDCARPAL OR TRANSMETACARPAL	
4972	G.	ALL STATES: FEE \$96.00
4976	S.	ALL STATES: FEE \$126.00
		Anaesthetic 7 units — Item Nos 408G / 514S
	HAND, FOREARM OR THROUGH ARM	
4979		ALL STATES: FEE \$150.00
		Anaesthetic 8 units — Item Nos 409G / 517S

	AT SHOULDER	
4983		ALL STATES: FEE \$250.00 Anaesthetic 12 units — Item Nos 454G / 523S
	INTERSCAPULOTHORACIC	
4987		ALL STATES: FEE \$505.00 Anaesthetic 15 units — Item Nos 459G / 526S
	ONE DIGIT of foot	
4990	G.	ALL STATES: FEE \$50.00
4993	S.	ALL STATES: FEE \$61.00 Anaesthetic 6 units — Item Nos 407G / 513S
	TWO DIGITS of one foot	
4995	G.	ALL STATES: FEE \$75.00
4997	S.	ALL STATES: FEE \$93.00 Anaesthetic 7 units — Item Nos 408G / 514S
	THREE DIGITS of one foot	
4999	G.	ALL STATES: FEE \$87.00
5002	S.	ALL STATES: FEE \$108.00 Anaesthetic 8 units — Item Nos 409G / 517S
	FOUR DIGITS of one foot	
5006	G.	ALL STATES: FEE \$100.00
5009	S.	ALL STATES: FEE \$122.00 Anaesthetic 9 units — Item Nos 443G / 518S
	FIVE DIGITS of one foot	
5015	G.	ALL STATES: FEE \$112.00
5018	S.	ALL STATES: FEE \$140.00 Anaesthetic 10 units — Item Nos 450G / 521S

5024 5029	<p>TOE, including metatarsal or part of metatarsal – each toe</p> <p>G. ALL STATES: FEE \$61.00</p> <p>S. ALL STATES: FEE \$77.00</p> <p>Anaesthetic 7 units – Item Nos 408G / 514S</p>
5034	<p>FOOT AT ANKLE (Syme, Pirogoff types)</p> <p>ALL STATES: FEE \$150.00</p> <p>Anaesthetic 8 units – Item Nos 409G / 517S</p>
5038	<p>FOOT, MIDTARSAL OR TRANSMETATARSAL</p> <p>ALL STATES: FEE \$126.00</p> <p>Anaesthetic 7 units – Item Nos 408G / 514S</p>
5045	<p>THROUGH LEG OR AT KNEE</p> <p>ALL STATES: FEE \$194.00</p> <p>Anaesthetic 8 units – Item Nos 409G / 517S</p>
5048	<p>THROUGH THIGH</p> <p>ALL STATES: FEE \$270.00</p> <p>Anaesthetic 10 units – Item Nos 450G / 521S</p>
5051	<p>AT HIP</p> <p>ALL STATES: FEE \$305.00</p> <p>Anaesthetic 14 units – Item Nos 458G / 525S</p>
5055	<p>HINDQUARTER</p> <p>ALL STATES: FEE \$625.00</p> <p>Anaesthetic 17 units – Item Nos 461G / 528S</p>
5059	<p style="text-align: center;">DIVISION 3 – EAR, NOSE AND THROAT</p> <p>EAR, removal of foreign body in, otherwise than by simple syringing</p> <p>ALL STATES: FEE \$35.00</p> <p>Anaesthetic 4 units – Item Nos 405G / 509S</p>

5062	<p>EAR, REMOVAL OF FOREIGN BODY IN, involving incision of external auditory canal</p> <p>ALL STATES: FEE \$102.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
5066	<p>AURAL POLYP, removal of</p> <p>ALL STATES: FEE \$61.00</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
5068	<p>EXTERNAL AUDITORY MEATUS, surgical removal of Keratosis obturans from, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$69.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
5072	<p>EXTERNAL AUDITORY MEATUS, removal of EXOSTOSES IN</p> <p>ALL STATES: FEE \$390.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
5075	<p>MYRINGOPLASTY, trans-canal approach (Rosen incision)</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
5078	<p>MYRINGOPLASTY, post-aural or endaural approach with or without mastoid inspection</p> <p>ALL STATES: FEE \$405.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
5081	<p>OSSICULAR CHAIN RECONSTRUCTION</p> <p>ALL STATES: FEE \$465.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
5085	<p>OSSICULAR CHAIN RECONSTRUCTION AND MYRINGOPLASTY</p> <p>ALL STATES: FEE \$505.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
5087	<p>MASTOIDECTOMY (CORTICAL)</p> <p>ALL STATES: FEE \$225.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>

5091	<p>OBLITERATION OF THE MASTOID CAVITY</p> <p>ALL STATES: FEE \$290.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
5095	<p>MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL)</p> <p>ALL STATES: FEE \$465.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
5098	<p>MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) AND MYRINGOPLASTY</p> <p>ALL STATES: FEE \$505.00</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 \$625.00</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 \$505.00</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 \$570.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>
5106	<p>LABYRINTHOTOMY OR DESTRUCTION OF LABYRINTH</p> <p>ALL STATES: FEE \$435.00</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 \$1030.00</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 \$1030.00</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 \$505.00</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 \$625.00</p> <p>Anaesthetic 21 units — Item Nos 465G / 535S</p>
5127	<p>FENESTRATION OPERATION — each ear</p> <p>ALL STATES: FEE \$505.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
5131	<p>VENOUS GRAFT TO FENESTRATION CAVITY</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
5138	<p>STAPEDECTOMY</p> <p>ALL STATES: FEE \$465.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
5143	<p>STAPES MOBILISATION</p> <p>ALL STATES: FEE \$295.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
5147	<p>REPAIR OF ROUND WINDOW</p> <p>ALL STATES: FEE \$465.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>

5152	GLOMUS TUMOUR, transtympanic removal of							
	ALL STATES: FEE \$350.00							
	Anaesthetic 12 units — Item Nos 454G / 523S							
5158	GLOMUS TUMOUR, transmastoid removal of, including mastoidectomy							
	ALL STATES: FEE \$505.00							
	Anaesthetic 13 units — Item Nos 457G / 524S							
5162	ABSCESS OR INFLAMMATION OF MIDDLE EAR, operation for (excluding after-care)							
	FEE	\$	NSW 42.00	VIC 61.00	QLD 42.00	SA 42.00	WA 42.00	TAS 42.00
	Anaesthetic 7 units — Item Nos 408G / 514S							
5166	MIDDLE EAR, EXPLORATION OF							
	FEE	\$	NSW 186.00	VIC 225.00	QLD 186.00	SA 186.00	WA 186.00	TAS 186.00
	Anaesthetic 9 units — Item Nos 443G / 518S							
5172	MIDDLE EAR, insertion of tube for DRAINAGE OF (including myringotomy)							
	FEE	\$	NSW 102.00	VIC 93.00	QLD 74.00	SA 74.00	WA 74.00	TAS 74.00
	Anaesthetic 7 units — Item Nos 408G / 514S							
5176	PERFORATION OF TYMPANUM, cauterisation or diathermy of							
	ALL STATES: FEE \$20.00							
	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 \$46.50							
	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 \$46.50							
	Anaesthetic 7 units — Item Nos 408G / 514S							

PART 10 – OPERATIONS

DIVISION 3 – EAR, NOSE AND THROAT

5192	<p>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</p> <p>ALL STATES: FEE \$30.50</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																
5196	<p>NASAL HAEMORRHAGE, POSTERIOR, ARREST OF, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding after-care)</p> <p>ALL STATES: FEE \$53.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>																
5201	<p>NOSE, removal of FOREIGN BODY IN, other than by simple probing</p> <p>ALL STATES: FEE \$33.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																
5205	<p>NASAL POLYP OR POLYPI (SIMPLE), removal of</p> <p>ALL STATES: FEE \$35.00</p>																
5210	<p>NASAL POLYP OR POLYPI (requiring admission to hospital), removal of</p> <table border="0"> <tr> <td></td> <td></td> <td>NSW</td> <td>VIC</td> <td>QLD</td> <td>SA</td> <td>WA</td> <td>TAS</td> </tr> <tr> <td>G. FEE</td> <td>\$</td> <td>74.00</td> <td>74.00</td> <td>60.00</td> <td>60.00</td> <td>74.00</td> <td>60.00</td> </tr> </table>			NSW	VIC	QLD	SA	WA	TAS	G. FEE	\$	74.00	74.00	60.00	60.00	74.00	60.00
		NSW	VIC	QLD	SA	WA	TAS										
G. FEE	\$	74.00	74.00	60.00	60.00	74.00	60.00										
5214	<table border="0"> <tr> <td>S. FEE</td> <td>\$</td> <td>93.00</td> <td>93.00</td> <td>74.00</td> <td>74.00</td> <td>93.00</td> <td>74.00</td> </tr> </table> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>	S. FEE	\$	93.00	93.00	74.00	74.00	93.00	74.00								
S. FEE	\$	93.00	93.00	74.00	74.00	93.00	74.00										
5217	<p>NASAL SEPTUM, SEPTOPLASTY OR SUBMUCOUS RESECTION OF</p> <table border="0"> <tr> <td></td> <td></td> <td>NSW</td> <td>VIC</td> <td>QLD</td> <td>SA</td> <td>WA</td> <td>TAS</td> </tr> <tr> <td>FEE</td> <td>\$</td> <td>186.00</td> <td>205.00</td> <td>138.00</td> <td>138.00</td> <td>186.00</td> <td>138.00</td> </tr> </table> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	186.00	205.00	138.00	138.00	186.00	138.00
		NSW	VIC	QLD	SA	WA	TAS										
FEE	\$	186.00	205.00	138.00	138.00	186.00	138.00										
5229	<p>CAUTERISATION OR DIATHERMY OF SEPTUM OR TURBINATES OR PHARYNX — any one or more — each attendance at which the procedure is performed, including associated consultation</p> <p>ALL STATES: FEE \$43.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																
5230	<p>CAUTERY TO BLOOD VESSELS IN NOSE during an episode of epistaxis</p> <p>ALL STATES: FEE \$38.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>																

5233	CRYOTHERAPY TO NOSE in the treatment of nasal haemorrhage ALL STATES: FEE \$69.00 Anaesthetic 7 units — Item Nos 408G / 514S														
‡ 5237	TURBINECTOMY ALL STATES: FEE \$57.00 Anaesthetic 6 units — Item Nos 407G / 513S														
5241	TURBINATES, submucous resection of ALL STATES: FEE \$75.00 Anaesthetic 8 units — Item Nos 409G / 517S														
5245	MAXILLARY ANTRUM, PROOF PUNCTURE AND LAVAGE OF ALL STATES: FEE \$13.80 Anaesthetic 6 units — Item Nos 407G / 513S														
5254	MAXILLARY ANTRUM, proof puncture and lavage of, under general anaesthesia (requiring admission to hospital) ALL STATES: FEE \$38.50 Anaesthetic 6 units — Item Nos 407G / 513S														
5264	MAXILLARY ANTRUM, LAVAGE OF — each attendance, including associated consultation ALL STATES: FEE \$11.40 Anaesthetic 6 units — Item Nos 407G / 513S														
5268	MAXILLARY ARTERY, transantral ligation of ALL STATES: FEE \$186.00 Anaesthetic 9 units — Item Nos 443G / 518S														
5270	ANTROSTOMY (RADICAL) <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;">FEE</th> <th style="text-align: right;">NSW</th> <th style="text-align: right;">VIC</th> <th style="text-align: right;">QLD</th> <th style="text-align: right;">SA</th> <th style="text-align: right;">WA</th> <th style="text-align: right;">TAS</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: right;">\$ 186.00</td> <td style="text-align: right;">225.00</td> <td style="text-align: right;">186.00</td> <td style="text-align: right;">186.00</td> <td style="text-align: right;">186.00</td> <td style="text-align: right;">186.00</td> </tr> </tbody> </table> Anaesthetic 9 units — Item Nos 443G / 518S	FEE	NSW	VIC	QLD	SA	WA	TAS		\$ 186.00	225.00	186.00	186.00	186.00	186.00
FEE	NSW	VIC	QLD	SA	WA	TAS									
	\$ 186.00	225.00	186.00	186.00	186.00	186.00									
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5233 — 5270															
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5277	ANTROSTOMY (RADICAL) with transantral ethmoidectomy or transantral vidian neurectomy ALL STATES: FEE \$260.00 Anaesthetic 10 units — Item Nos 450G / 521S
5280	ANTRUM, intranasal operation on, or removal of foreign body from FEE \$ NSW VIC QLD SA WA TAS 114.00 114.00 126.00 93.00 93.00 93.00 Anaesthetic 8 units — Item Nos 409G / 517S
5284	ANTRUM, drainage of, through tooth socket ALL STATES: FEE \$50.00 Anaesthetic 7 units — Item Nos 408G / 514S
5288	ORO-ANTRAL FISTULA, plastic closure of ALL STATES: FEE \$250.00 Anaesthetic 11 units — Item Nos 453G / 522S
5295	FRONTO-NASAL ETHMOIDECTOMY with or without sphenoidectomy ALL STATES: FEE \$330.00 Anaesthetic 9 units — Item Nos 443G / 518S
5298	RADICAL FRONTO-ETHMOIDECTOMY with osteoplastic flap ALL STATES: FEE \$430.00 Anaesthetic 13 units — Item Nos 457G / 524S
5301	FRONTAL SINUS OR ETHMOIDAL SINUSES, intranasal operation on FEE \$ NSW VIC QLD SA WA TAS 156.00 205.00 156.00 156.00 156.00 156.00 Anaesthetic 9 units — Item Nos 443G / 518S
5305	FRONTAL SINUS, catheterisation of ALL STATES: FEE \$25.00 Anaesthetic 6 units — Item Nos 407G / 513S

5308	FRONTAL SINUS, trephine of ALL STATES: FEE \$144.00 Anaesthetic 6 units — Item Nos 407G / 513S
5318	FRONTAL SINUS, radical obliteration of ALL STATES: FEE \$330.00 Anaesthetic 10 units — Item Nos 450G / 521S
5320	ETHMOIDAL SINUSES, external operation on ALL STATES: FEE \$260.00 Anaesthetic 10 units — Item Nos 450G / 521S
5330	SPHENOIDAL SINUS, intranasal operation on ALL STATES: FEE \$126.00 Anaesthetic 10 units — Item Nos 450G / 521S
5337	TRANS-SPHENOIDAL HYPOPHYSECTOMY ALL STATES: FEE \$350.00 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 \$465.00 Anaesthetic 15 units — Item Nos 459G / 526S
5343	EUSTACHIAN TUBE, catheterisation of FEE \$ NSW VIC QLD SA WA TAS 17.20 19.40 15.60 15.00 15.00 15.00 Anaesthetic 6 units — Item Nos 407G / 513S
5345	DIVISION OF PHARYNGEAL ADHESIONS ALL STATES: FEE \$50.00 Anaesthetic 7 units — Item Nos 408G / 514S

PART 10 – OPERATIONS

DIVISION 3 – EAR, NOSE AND THROAT

5348	POST-NASAL SPACES, direct examination of, with biopsy, masendoscopy or sinuscopy (unilateral)							
	ALL STATES: FEE \$53.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
5354	PHARYNGEAL POUCH, removal of							
	ALL STATES: FEE \$295.00							
	Anaesthetic 16 units — Item Nos 460G / 527S							
5357	PHARYNGEAL POUCH, ENDOSCOPIC RESECTION OF (Dohlman's operation)							
	ALL STATES: FEE \$250.00							
	Anaesthetic 14 units — Item Nos 458G / 525S							
5360	PHARYNGOTOMY (lateral) including total excision of tongue							
	ALL STATES: FEE \$295.00							
	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	\$	93.00	93.00	78.00	78.00	78.00	78.00
5366	S. FEE	\$	126.00	114.00	100.00	100.00	100.00	100.00
	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	\$	116.00	116.00	100.00	100.00	100.00	100.00
5392	S. FEE	\$	156.00	156.00	120.00	120.00	120.00	120.00
	Anaesthetic 8 units — Item Nos 409G / 517S							
5396	TONSILS OR TONSILS AND ADENOIDS, ARREST OF HAEMORRHAGE requiring general anaesthesia, following removal of							
	G.	ALL STATES: FEE \$48.00						
5401	S.	ALL STATES: FEE \$61.00						
	Anaesthetic 9 units — Item Nos 443G / 518S							

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

	ADENOIDS, removal of							
5407	G. FEE	\$	NSW 50.00	VIC 40.50	QLD 40.50	SA 40.50	WA 40.50	TAS 40.50
5411	S. FEE	\$	69.00	57.00	57.00	57.00	57.00	53.00
	Anaesthetic 6 units — Item Nos 407G / 513S							
5431	LINGUAL TONSIL OR LATERAL PHARYNGEAL BANDS, removal of							
	ALL STATES: FEE \$38.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
5445	PERITONSILLAR ABSCESS (quinsy), incision of							
	ALL STATES: FEE \$29.50							
	Anaesthetic 7 units — Item Nos 408G / 514S							
5449	UVULOTOMY							
	ALL STATES: FEE \$15.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
5456	VALLECULAR OR PHARYNGEAL CYSTS, removal of							
	ALL STATES: FEE \$150.00							
	Anaesthetic 8 units — Item Nos 409G / 517S							
5464	OESOPHAGOSCOPY (with rigid oesophagoscope)							
	ALL STATES: FEE \$78.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
5470	OESOPHAGOSCOPY, with dilatation or insertion of prosthesis							
	ALL STATES: FEE \$152.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
5480	OESOPHAGOSCOPY (with rigid oesophagoscope), with biopsy							
	ALL STATES: FEE \$102.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							

5486	OESOPHAGOSCOPY (with rigid oesophagoscope), with removal of foreign body						
	ALL STATES: FEE \$150.00						
	Anaesthetic 7 units — Item Nos 408G / 514S						
5490	OESOPHAGEAL STRICTURE, dilatation of, without oesophagoscopy						
	ALL STATES: FEE \$22.50						
	Anaesthetic 6 units — Item Nos 407G / 513S						
5492	OESOPHAGUS, pneumatic dilatation of						
	ALL STATES: FEE \$96.00						
	Anaesthetic 8 units — Item Nos 409G / 517S						
5498	LARYNGECTOMY (TOTAL)						
	ALL STATES: FEE \$545.00						
	Anaesthetic 20 units — Item Nos 464G / 533S						
5508	LARYNGOPHARYNGECTOMY or PRIMARY RESTORATION OF ALIMENTARY CONTINUITY after laryngopharyngectomy USING STOMACH OR BOWEL						
	ALL STATES: FEE \$570.00						
	Anaesthetic 20 units — Item Nos 464G / 533S						
5520	LARYNX, direct examination of, as a separate unrelated procedure						
	ALL STATES: FEE \$78.00						
	Anaesthetic 8 units — Item Nos 409G / 517S						
5524	LARYNX, direct examination of, with biopsy						
FEE	\$	NSW 93.00	VIC 114.00	QLD 93.00	SA 93.00	WA 93.00	TAS 93.00
	Anaesthetic 8 units — Item Nos 409G / 517S						
5530	LARYNX, direct examination of, WITH REMOVAL OF TUMOUR						
FEE	\$	NSW 102.00	VIC 126.00	QLD 102.00	SA 102.00	WA 102.00	TAS 102.00
	Anaesthetic 9 units — Item Nos 443G / 518S						

5534	<p>MICROLARYNGOSCOPY</p> <p>ALL STATES: FEE \$122.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
5540	<p>MICROLARYNGOSCOPY WITH REMOVAL OF TUMOUR</p> <p>ALL STATES: FEE \$172.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
5545	<p>LARYNX, FRACTURED, operation for</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
5556	<p>LARYNX, external operation on, OR LARYNGOFISSURE</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
5572	<p>TRACHEOSTOMY</p> <p>G. ALL STATES: FEE \$77.00</p>
5598	<p>S. ALL STATES: FEE \$102.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
5601	<p>TRACHEA, removal of foreign body in</p> <p>ALL STATES: FEE \$75.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
5605	<p>BRONCHOSCOPY, as a separate unrelated procedure</p> <p>ALL STATES: FEE \$75.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
5611	<p>BRONCHOSCOPY with biopsy or other diagnostic or therapeutic procedure</p> <p>ALL STATES: FEE \$100.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
5613	<p>BRONCHUS, removal of foreign body in</p> <p>ALL STATES: FEE \$154.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>

5619	<p>BRONCHOSCOPY with dilatation of tracheal stricture</p> <p>ALL STATES: FEE \$106.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
<p>DIVISION 4 – UROLOGICAL</p>	
5636	<p>ADRENAL GLAND, biopsy or removal of</p> <p>ALL STATES: FEE \$370.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
5642	<p>RENAL TRANSPLANT (not covered by Item 5644 or 5645)</p> <p>ALL STATES: FEE \$625.00</p> <p>Anaesthetic 24 units — Item Nos 468G / 539S</p>
5644	<p>RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together — vascular anastomosis including aftercare</p> <p>ALL STATES: FEE \$430.00</p>
5645	<p>RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together — ureterovesical anastomosis including aftercare</p> <p>ALL STATES: FEE \$360.00</p> <p>Anaesthetic 24 units — Item Nos 468G / 539S</p>
5647	<p>DONOR NEPHRECTOMY (cadaver)</p> <p>ALL STATES: FEE \$350.00</p>
5654	<p>NEPHRECTOMY complete</p> <p>G. ALL STATES: FEE \$330.00</p>
5661	<p>S. ALL STATES: FEE \$405.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
5665	<p>NEPHRECTOMY partial, NEPHRECTOMY complicated by previous surgery on the same kidney, or NEPHRO-URETERECTOMY</p> <p>ALL STATES: FEE \$465.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>

5675	<p>NEPHRO-URETERECTOMY, COMPLETE, with bladder repair</p> <p>ALL STATES: FEE \$510.00</p> <p>Anaesthetic 17 units — Item Nos 461G / 528S</p>
5679	<p>KIDNEY, FUSED, symphysiotomy for</p> <p>ALL STATES: FEE \$465.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
5683	<p>KIDNEY, EXPLORATION OF, WITH ANY PROCEDURE, not covered by a specific item in this Part</p> <p>ALL STATES: FEE \$315.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
5691	<p>NEPHROLITHOTOMY OR PYELOLITHOTOMY</p> <p>ALL STATES: FEE \$405.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
5699	<p>NEPHROLITHOTOMY OR PYELOLITHOTOMY — when complicated by previous surgery on the same kidney OR for large staghorn calculus filling renal pelvis and calyces</p> <p>ALL STATES: FEE \$470.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
5705	<p>URETEROLITHOTOMY</p> <p>ALL STATES: FEE \$370.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
5715	<p>NEPHROSTOMY, nephrotomy or pyelostomy with drainage</p> <p>ALL STATES: FEE \$330.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
5721	<p>NEPHROPEXY, as a separate unrelated procedure</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>

5724	RENAL CYST OR CYSTS, excision or unroofing of ALL STATES: FEE \$290.00 Anaesthetic 11 units — Item Nos 453G / 522S
5726	RENAL BIOPSY (closed) ALL STATES: FEE \$74.00 Anaesthetic 6 units — Item Nos 407G / 513S
5729	PYONEPHROSIS, drainage of ALL STATES: FEE \$150.00 Anaesthetic 11 units — Item Nos 453G / 522S
5732	PERINEPHRIC ABSCESS, drainage of ALL STATES: FEE \$205.00 Anaesthetic 9 units — Item Nos 443G / 518S
5734	PYELOPLASTY ALL STATES: FEE \$405.00 Anaesthetic 14 units — Item Nos 458G / 525S
5737	PYELOPLASTY, COMPLICATED by previous surgery on same kidney, or by congenital kidney abnormality or solitary kidney ALL STATES: FEE \$465.00 Anaesthetic 14 units — Item Nos 458G / 525S
5741	DIVIDED URETER, repair of ALL STATES: FEE \$405.00 Anaesthetic 13 units — Item Nos 457G / 524S
5744	REPAIR OF KIDNEY, WOUND OR INJURY ALL STATES: FEE \$405.00 Anaesthetic 13 units — Item Nos 457G / 524S
5747	URETERECTOMY, COMPLETE OR PARTIAL, with bladder repair ALL STATES: FEE \$330.00 Anaesthetic 12 units — Item Nos 454G / 523S

5675	<p>NEPHRO-URETERECTOMY, COMPLETE, with bladder repair</p> <p>ALL STATES: FEE \$510.00</p> <p>Anaesthetic 17 units — Item Nos 461G / 528S</p>
5679	<p>KIDNEY, FUSED, symphysiotomy for</p> <p>ALL STATES: FEE \$465.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
5683	<p>KIDNEY, EXPLORATION OF, WITH ANY PROCEDURE, not covered by a specific item in this Part</p> <p>ALL STATES: FEE \$315.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
5691	<p>NEPHROLITHOTOMY OR PYELOLITHOTOMY</p> <p>ALL STATES: FEE \$405.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
5699	<p>NEPHROLITHOTOMY OR PYELOLITHOTOMY — when complicated by previous surgery on the same kidney OR for large staghorn calculus filling renal pelvis and calyces</p> <p>ALL STATES: FEE \$470.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
5705	<p>URETEROLITHOTOMY</p> <p>ALL STATES: FEE \$370.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
5715	<p>NEPHROSTOMY, nephrotomy or pyelostomy with drainage</p> <p>ALL STATES: FEE \$330.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
5721	<p>NEPHROPEXY, as a separate unrelated procedure</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>

5724	RENAL CYST OR CYSTS, excision or unroofing of ALL STATES: FEE \$290.00 Anaesthetic 11 units — Item Nos 453G / 522S
5726	RENAL BIOPSY (closed) ALL STATES: FEE \$74.00 Anaesthetic 6 units — Item Nos 407G / 513S
5729	PYONEPHROSIS, drainage of ALL STATES: FEE \$150.00 Anaesthetic 11 units — Item Nos 453G / 522S
5732	PERINEPHRIC ABSCESS, drainage of ALL STATES: FEE \$205.00 Anaesthetic 9 units — Item Nos 443G / 518S
5734	PYELOPLASTY ALL STATES: FEE \$405.00 Anaesthetic 14 units — Item Nos 458G / 525S
5737	PYELOPLASTY, COMPLICATED by previous surgery on same kidney, or by congenital kidney abnormality or solitary kidney ALL STATES: FEE \$465.00 Anaesthetic 14 units — Item Nos 458G / 525S
5741	DIVIDED URETER, repair of ALL STATES: FEE \$405.00 Anaesthetic 13 units — Item Nos 457G / 524S
5744	REPAIR OF KIDNEY, WOUND OR INJURY ALL STATES: FEE \$405.00 Anaesthetic 13 units — Item Nos 457G / 524S
5747	URETERECTOMY, COMPLETE OR PARTIAL, with bladder repair ALL STATES: FEE \$330.00 Anaesthetic 12 units — Item Nos 454G / 523S

5753	REPLACEMENT OF URETER BY BOWEL — unilateral ALL STATES: FEE \$570.00 Anaesthetic 12 units — Item Nos 454G / 523S
5757	REPLACEMENT OF URETER BY BOWEL — bilateral ALL STATES: FEE \$745.00 Anaesthetic 17 units — Item Nos 461G / 528S
5763	URETER (UNILATERAL), transplantation of, into skin ALL STATES: FEE \$330.00 Anaesthetic 10 units — Item Nos 450G / 521S
5769	URETERS (BILATERAL), transplantation of, into skin ALL STATES: FEE \$405.00 Anaesthetic 12 units — Item Nos 454G / 523S
5773	URETER (UNILATERAL), transplantation of, into bladder ALL STATES: FEE \$370.00 Anaesthetic 12 units — Item Nos 454G / 523S
5777	URETERS (BILATERAL), transplantation of, into bladder ALL STATES: FEE \$465.00 Anaesthetic 14 units — Item Nos 458G / 525S
5780	URETER, transplantation of, into bladder with bladder plastic procedure (Boari flap) ALL STATES: FEE \$405.00 Anaesthetic 12 units — Item Nos 454G / 523S
5785	URETER (UNILATERAL), transplantation of, into intestine ALL STATES: FEE \$405.00 Anaesthetic 12 units — Item Nos 454G / 523S
5792	URETERS (BILATERAL), transplantation of, into intestine ALL STATES: FEE \$500.00 Anaesthetic 14 units — Item Nos 458G / 525S

5799	<p>URETER, transplantation of, into other ureter</p> <p>ALL STATES: FEE \$405.00</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 \$500.00</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 \$570.00</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 \$290.00</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 \$330.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
5821	<p>URETEROLYSIS, with or without repositioning of ureter, for retroperitoneal fibrosis, ovarian vein syndrome etc. — unilateral</p> <p>ALL STATES: FEE \$330.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
5827	<p>URETEROLYSIS, with or without repositioning of ureter, for retroperitoneal fibrosis, ovarian vein syndrome etc. — bilateral</p> <p>ALL STATES: FEE \$405.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
5831	<p>REDUCTION URETEROPLASTY, unilateral</p> <p>ALL STATES: FEE \$315.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>

5836	REDUCTION URETEROPLASTY, bilateral ALL STATES: FEE \$405.00 Anaesthetic 17 units — Item Nos 461G / 528S																
5837	CLOSURE OF CUTANEOUS URETEROSTOMY — unilateral ALL STATES: FEE \$194.00 Anaesthetic 9 units — Item Nos 443G / 518S																
5840	<p style="text-align: center;">OPERATIONS ON THE BLADDER (CLOSED)</p> <p>BLADDER, catheterisation of — where no other surgical procedure is performed</p> <table> <thead> <tr> <th>FEE</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></td> <td></td> <td>12.60</td> <td>13.80</td> <td>12.60</td> <td>12.60</td> <td>13.80</td> <td>12.20</td> </tr> </tbody> </table> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>	FEE	\$	NSW	VIC	QLD	SA	WA	TAS			12.60	13.80	12.60	12.60	13.80	12.20
FEE	\$	NSW	VIC	QLD	SA	WA	TAS										
		12.60	13.80	12.60	12.60	13.80	12.20										
5845	<p>CYSTOSCOPY, with or without urethral dilatation</p> <table> <thead> <tr> <th>FEE</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></td> <td></td> <td>63.00</td> <td>61.00</td> <td>61.00</td> <td>61.00</td> <td>61.00</td> <td>61.00</td> </tr> </tbody> </table> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>	FEE	\$	NSW	VIC	QLD	SA	WA	TAS			63.00	61.00	61.00	61.00	61.00	61.00
FEE	\$	NSW	VIC	QLD	SA	WA	TAS										
		63.00	61.00	61.00	61.00	61.00	61.00										
5851	<p>CYSTOSCOPY, with ureteric catheterisation, with or without introduction of opaque medium</p> <table> <thead> <tr> <th>FEE</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></td> <td></td> <td>81.00</td> <td>93.00</td> <td>81.00</td> <td>81.00</td> <td>81.00</td> <td>81.00</td> </tr> </tbody> </table> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>	FEE	\$	NSW	VIC	QLD	SA	WA	TAS			81.00	93.00	81.00	81.00	81.00	81.00
FEE	\$	NSW	VIC	QLD	SA	WA	TAS										
		81.00	93.00	81.00	81.00	81.00	81.00										
5853	<p>CYSTOSCOPY, with controlled hydro-dilatation of the bladder</p> <p>ALL STATES: FEE \$102.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>																
5861	<p>ASCENDING CYSTO-URETHROGRAPHY</p> <p>ALL STATES: FEE \$40.50</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>																
5864	<p>CYSTOSCOPIC REMOVAL OF FOREIGN BODY</p> <p>ALL STATES: FEE \$122.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																

5868	CYSTOSCOPY, with biopsy of bladder tumours							
	ALL STATES: FEE \$102.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
5871	CYSTOSCOPY, with diathermy or resection of superficial bladder tumours or with other diathermy of bladder or prostate							
	ALL STATES: FEE \$144.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
5875	CYSTOSCOPY, with diathermy or resection of invasive bladder tumours or solitary tumour over 2 cm in diameter							
	ALL STATES: FEE \$305.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
5878	CYSTOSCOPY, with ureteric meatotomy or with resection of ureterocele							
	ALL STATES: FEE \$114.00							
	Anaesthetic 5 units — Item Nos 406G / 510S							
5881	CYSTOSCOPY WITH ENDOSCOPIC RESECTION OF BLADDER NECK or CYSTOSCOPY WITH ENDOSCOPIC INCISION OF BLADDER NECK or BOTH OF THESE PROCEDURES							
	ALL STATES: FEE \$205.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
5883	ENDOSCOPIC EXTERNAL SPHINCTEROTOMY for neurogenic bladder neck obstruction not associated with Item 5881							
	ALL STATES: FEE \$205.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
5885	CYSTOSCOPY, with endoscopic removal or manipulation of ureteric calculus							
	FEE	\$	NSW 150.00	VIC 186.00	QLD 150.00	SA 150.00	WA 150.00	TAS 150.00
	Anaesthetic 6 units — Item Nos 407G / 513S							
5888	LITHOLAPAXY, with or without cystoscopy							
	ALL STATES: FEE \$205.00							
	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 \$250.00
5894	S.	ALL STATES: FEE \$305.00 Anaesthetic 13 units — Item Nos 457G / 524S

CYSTOSTOMY OR CYSTOTOMY, suprapubic

5897	G.	ALL STATES: FEE \$150.00
5901	S.	ALL STATES: FEE \$186.00 Anaesthetic 8 units — Item Nos 409G / 517S

SUPRAPUBIC STAB CYSTOTOMY

5903		ALL STATES: FEE \$35.00 Anaesthetic 6 units — Item Nos 407G / 513S
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BLADDER, total excision of

5905		ALL STATES: FEE \$465.00 Anaesthetic 29 units — Item Nos 473G / 544S
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BLADDER NECK CONTRACTURE, operation for

5916		ALL STATES: FEE \$305.00 Anaesthetic 9 units — Item Nos 443G / 518S
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BLADDER TUMOURS, suprapubic diathermy of

5919		ALL STATES: FEE \$305.00 Anaesthetic 10 units — Item Nos 450G / 521S
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DIVERTICULUM OF BLADDER, excision or obliteration of

5929		ALL STATES: FEE \$330.00 Anaesthetic 10 units — Item Nos 450G / 521S
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VESICAL FISTULA, cutaneous, operation for

5935		ALL STATES: FEE \$186.00 Anaesthetic 12 units — Item Nos 454G / 523S
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5941	VESICO-VAGINAL FISTULA, closure of, by abdominal approach ALL STATES: FEE \$370.00 Anaesthetic 12 units — Item Nos 454G / 523S
5947	VESICO-COLIC FISTULA, closure of, excluding bowel resection ALL STATES: FEE \$290.00 Anaesthetic 11 units — Item Nos 453G / 522S
5956	VESICO-RECTAL FISTULA, closure of ALL STATES: FEE \$330.00 Anaesthetic 13 units — Item Nos 457G / 524S
5964	BLADDER ASPIRATION by needle ALL STATES: FEE \$20.50
5968	CYSTOTOMY, with removal of calculus, as a separate unrelated procedure ALL STATES: FEE \$205.00 Anaesthetic 8 units — Item Nos 409G / 517S
5977	URETHROPEXY (Marshall-Marchetti) ALL STATES: FEE \$290.00 Anaesthetic 9 units — Item Nos 443G / 518S
5981	BLADDER ENLARGEMENT using intestine or segment of bowel ALL STATES: FEE \$745.00 Anaesthetic 23 units — Item Nos 467G / 538S
5984	CORRECTION OF VESICO-URETERIC REFLUX — operation for — unilateral ALL STATES: FEE \$405.00 Anaesthetic 12 units — Item Nos 454G / 523S
5993	CORRECTION OF VESICO-URETERIC REFLUX — operation for — bilateral ALL STATES: FEE \$500.00 Anaesthetic 14 units — Item Nos 458G / 525S

OPERATIONS ON THE PROSTATE

PROSTATECTOMY (suprapubic, perineal or retropubic)

6001	FEE	\$	NSW 465.00	VIC 465.00	QLD 430.00	SA 430.00	WA 430.00	TAS 430.00
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Anaesthetic 13 units — Item Nos 457G / 524S

PROSTATECTOMY (endoscopic), with or without cystoscopy

6005	FEE	\$	NSW 430.00	VIC 480.00	QLD 430.00	SA 430.00	WA 430.00	TAS 430.00
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Anaesthetic 10 units — Item Nos 450G / 521S

MEDIAN BAR, endoscopic resection of, with or without cystoscopy

6010 ALL STATES: FEE \$205.00

Anaesthetic 9 units — Item Nos 443G / 518S

PROSTATE, total excision of

6017 ALL STATES: FEE \$505.00

Anaesthetic 13 units — Item Nos 457G / 524S

PROSTATE, OPEN PERINEAL BIOPSY OF

6022 ALL STATES: FEE \$126.00

Anaesthetic 6 units — Item Nos 407G / 513S

PROSTATE, biopsy of, endoscopic, with or without cystoscopy

6027 ALL STATES: FEE \$186.00

Anaesthetic 6 units — Item Nos 407G / 513S

PROSTATE, needle biopsy of, or injection into

6030 ALL STATES: FEE \$61.00

Anaesthetic 5 units — Item Nos 406G / 510S

PROSTATIC ABSCESS, retropubic or endoscopic drainage of

6033 ALL STATES: FEE \$205.00

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 \$20.50 Anaesthetic 5 units — Item Nos 406G / 510S							
6039	URETHRAL STRICTURE, dilatation of FEE \$	NSW 35.00	VIC 33.00	QLD 35.00	SA 35.00	WA 35.00	TAS 35.00	Anaesthetic 5 units — Item Nos 406G / 510S
6041	URETHRA, repair of RUPTURE OF ALL STATES: FEE \$405.00 Anaesthetic 10 units — Item Nos 450G / 521S							
6044	URETHRAL FISTULA, closure of ALL STATES: FEE \$122.00 Anaesthetic 8 units — Item Nos 409G / 517S							
6047	URETHROSCOPY, as a separate unrelated procedure ALL STATES: FEE \$63.00 Anaesthetic 5 units — Item Nos 406G / 510S							
6053	URETHROSCOPY with diathermy of tumour ALL STATES: FEE \$144.00 Anaesthetic 7 units — Item Nos 408G / 514S							
6056	URETHROSCOPY with removal of stone or foreign body ALL STATES: FEE \$102.00 Anaesthetic 6 units — Item Nos 407G / 513S							
6061	URETHRA, examination of, involving the use of an urethroscope, with cystoscopy ALL STATES: FEE \$75.00 Anaesthetic 5 units — Item Nos 406G / 510S							

6066	<p>URETHRAL MEATOTOMY, EXTERNAL</p> <p>ALL STATES: FEE \$40.50</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
6069	<p>URETHROTOMY, external or internal</p> <p>ALL STATES: FEE \$102.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
6077	<p>URETHRECTOMY, partial or complete, for removal of tumour</p> <p>ALL STATES: FEE \$290.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
6079	<p>URETHRO-VAGINAL FISTULA, closure of</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
6083	<p>URETHRO-RECTAL FISTULA, closure of</p> <p>ALL STATES: FEE \$330.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
6086	<p>URETHROPLASTY — single stage operation</p> <p>ALL STATES: FEE \$330.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
6089	<p>URETHROPLASTY — two stage operation — first stage</p> <p>ALL STATES: FEE \$305.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
6092	<p>URETHROPLASTY — two stage operation — second stage</p> <p>ALL STATES: FEE \$305.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
6095	<p>URETHROPLASTY, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$122.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>

6098	<p>HYPOSPADIAS, meatotomy and hemi-circumcision</p> <p>ALL STATES: FEE \$77.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
6105	<p>HYPOSPADIAS, correction of chordee</p> <p>ALL STATES: FEE \$162.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
6107	<p>HYPOSPADIAS, correction of chordee with transplantation of prepuce</p> <p>ALL STATES: FEE \$205.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
6110	<p>HYPOSPADIAS, urethral reconstruction for, with or without urinary diversion</p> <p>ALL STATES: FEE \$315.00</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 \$370.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
6122	<p>HYPOSPADIAS, secondary correction of</p> <p>ALL STATES: FEE \$122.00</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 \$250.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
6135	<p>EPISPADIAS, repair of, INCLUDING BLADDER NECK CLOSURE</p> <p>ALL STATES: FEE \$405.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
6140	<p>URETHRA, diathermy of</p> <p>ALL STATES: FEE \$81.00</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>

6146	<p>URETHRA, excision of prolapse of</p> <p>ALL STATES: FEE \$81.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
6152	<p>URETHRA, excision of diverticulum of</p> <p>ALL STATES: FEE \$205.00</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 \$330.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
6162	<p>PRIAPISM, decompression operation for, under general anaesthesia</p> <p>ALL STATES: FEE \$35.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
6166	<p>PRIAPISM, decompression shunt, operation for</p> <p>ALL STATES: FEE \$330.00</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 \$162.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
6179	<p>PENIS, partial amputation of</p> <p>ALL STATES: FEE \$205.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
6184	<p>PENIS, complete or radical amputation of</p> <p>ALL STATES: FEE \$405.00</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 \$205.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>

6194	PENIS, repair of avulsion ALL STATES: FEE \$405.00 Anaesthetic 12 units — Item Nos 454G / 523S
6199	PENIS, Peyronie's disease, injection procedure for ALL STATES: FEE \$20.50
6204	PENIS, Peyronie's disease, operation for ALL STATES: FEE \$205.00 Anaesthetic 8 units — Item Nos 409G / 517S
6208	PENIS, plastic implantation of ALL STATES: FEE \$290.00 Anaesthetic 8 units — Item Nos 409G / 517S
6210	PENIS, lengthening of by translocation of corpora as an independent procedure ALL STATES: FEE \$330.00 Anaesthetic 8 units — Item Nos 409G / 517S
6212	SCROTUM, partial excision of ALL STATES: FEE \$126.00 Anaesthetic 7 units — Item Nos 408G / 514S
	OPERATIONS ON TESTES, VASA OR SEMINAL VESICLES TESTICULAR BIOPSY
6218	ALL STATES: FEE \$81.00 Anaesthetic 6 units — Item Nos 407G / 513S
6221	SPERMATOCELE OR EPIDIDYMAL CYSTS, excision of G. ALL STATES: FEE \$100.00
6224	S. ALL STATES: FEE \$122.00 Anaesthetic 6 units — Item Nos 407G / 513S

6228	<p>EXPLORATION OF THE TESTIS, with or without fixation for torsion</p> <p>ALL STATES: FEE \$122.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
6231	<p>RETROPERITONEAL LYMPH NODE DISSECTION following orchidectomy (unilateral)</p> <p>ALL STATES: FEE \$375.00</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 \$285.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
6233	<p>ORCHIDOPLASTY</p> <p>ALL STATES: FEE \$150.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
6236	<p>EPIDIDYMECTOMY</p> <p>ALL STATES: FEE \$138.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
6238	<p>VASOEPIDIDYMOSTOMY — unilateral</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
6241	<p>VASOEPIDIDYMOSTOMY — bilateral</p> <p>ALL STATES: FEE \$290.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
6244	<p>VAS DEFERENS, reanastomosis of</p> <p>ALL STATES: FEE \$225.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
6245	<p>† VASO-VASOSTOMY or VASO-EPIDIDYMOSTOMY, unilateral, using operating microscope</p> <p>ALL STATES: FEE \$320.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>

6246	<p>VASOEPIDIDYMOGRAPHY and VASOVESICULOGRAPHY, as a separate unrelated procedure, PREPARATION FOR, BY OPEN OPERATION</p> <p>ALL STATES: FEE \$81.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
6249	<p>VASOTOMY OR VASECTOMY (unilateral or bilateral)</p> <p>G. ALL STATES: FEE \$81.00</p>
6253	<p>S. ALL STATES: FEE \$102.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
<p>DIVISION 5 — GYNAECOLOGICAL</p>	
6258	<p>GYNAECOLOGICAL EXAMINATION UNDER ANAESTHESIA, not associated with any other item in this Part</p> <p>ALL STATES: FEE \$35.50</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
6262	<p>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</p> <p>ALL STATES: FEE \$23.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
6271	<p>HYMENECTOMY</p> <p>ALL STATES: FEE \$38.50</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
6274	<p>BARTHOLIN'S CYST, excision of</p> <p>G. ALL STATES: FEE \$77.00</p>
6277	<p>S. ALL STATES: FEE \$96.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
6278	<p>BARTHOLIN'S CYST OR GLAND, marsupialisation of</p> <p>G. ALL STATES: FEE \$51.00</p>
6280	<p>S. ALL STATES: FEE \$64.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>

6284	<p>BARTHOLIN'S ABSCESS, incision of</p> <p>ALL STATES: FEE \$25.50</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
6290	<p>URETHRA OR URETHRAL CARUNCLE, cauterisation of</p> <p>ALL STATES: FEE \$25.50</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
6292	<p>URETHRAL CARUNCLE, excision of</p> <p>G. ALL STATES: FEE \$51.00</p>
6296	<p>S. ALL STATES: FEE \$64.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
6299	<p>CLITORIS, amputation of</p> <p>ALL STATES: FEE \$116.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
6302	<p>VULVECTOMY (SIMPLE), VULVOPLASTY OR LABIOPLASTY</p> <p>ALL STATES: FEE \$152.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
6306	<p>VULVECTOMY (RADICAL)</p> <p>ALL STATES: FEE \$515.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
6308	<p>PELVIC LYMPH GLANDS, excision of (radical)</p> <p>ALL STATES: FEE \$295.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
6313	<p>VAGINA, DILATATION OF, as a separate unrelated procedure including associated consultation</p> <p>ALL STATES: FEE \$18.80</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
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6321	VAGINA, removal of simple tumour (including Gartner duct cyst) ALL STATES: FEE \$93.00 Anaesthetic 8 units — Item Nos 409G / 517S								
6325	VAGINA, partial or complete removal of ALL STATES: FEE \$295.00 Anaesthetic 13 units — Item Nos 457G / 524S								
6327	VAGINAL RECONSTRUCTION in congenital absence, gynatresia or urogenital sinus ALL STATES: FEE \$295.00 Anaesthetic 18 units — Item Nos 462G / 529S								
6332	VAGINAL SEPTUM, excision of, for correction of double vagina ALL STATES: FEE \$174.00 Anaesthetic 12 units — Item Nos 454G / 523S								
6336	PLASTIC REPAIR TO ENLARGE VAGINAL ORIFICE ALL STATES: FEE \$70.00 Anaesthetic 9 units — Item Nos 443G / 518S								
6342	COLPOTOMY OR COLPORRHAPHY, not covered by a specific item in this Part ALL STATES: FEE \$54.00 Anaesthetic 6 units — Item Nos 407G / 513S								
6347	CYSTOCELE OR RECTOCELE, repair of, not covered by items 6358, 6363, 6367 or 6373 in this Schedule	G. FEE	\$	NSW	VIC	QLD	SA	WA	TAS
6352		S. FEE	\$	150.00	128.00	128.00	128.00	128.00	128.00
				182.00	158.00	158.00	158.00	158.00	158.00
				Anaesthetic 10 units — Item Nos 450G / 521S					
6358	CYSTOCELE AND RECTOCELE, repair of, not covered by Items 6367 or 6373 in this Schedule G. ALL STATES: FEE \$182.00								
6363	S. ALL STATES: FEE \$230.00 Anaesthetic 10 units — Item Nos 450G / 521S								

PART 10 – OPERATIONS

DIVISION 5 – GYNAECOLOGICAL

6367	<p>COLPOPLASTY, DONALD-FOTHERGILL OR MANCHESTER OPERATION (operation for genital prolapse)</p> <p>G. ALL STATES: FEE \$225.00</p>												
6373	<p>S. FEE \$</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 15%;">NSW</td> <td style="width: 15%;">VIC</td> <td style="width: 15%;">QLD</td> <td style="width: 15%;">SA</td> <td style="width: 15%;">WA</td> <td style="width: 15%;">TAS</td> </tr> <tr> <td>275.00</td> <td>275.00</td> <td>275.00</td> <td>275.00</td> <td>290.00</td> <td>275.00</td> </tr> </table> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>	NSW	VIC	QLD	SA	WA	TAS	275.00	275.00	275.00	275.00	290.00	275.00
NSW	VIC	QLD	SA	WA	TAS								
275.00	275.00	275.00	275.00	290.00	275.00								
6389	<p>URETHROCELE, operation for</p> <p>ALL STATES: FEE \$76.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>												
6396	<p>ABDOMINAL APPROACH for repair of ENTEROCELE AND/OR SUSPENSION OF VAGINAL VAULT</p> <p>ALL STATES: FEE \$230.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>												
6401	<p>FISTULA BETWEEN GENITAL AND URINARY OR ALIMENTARY TRACTS, repair of, not covered by Items 5941, 6079 or 6083</p> <p>ALL STATES: FEE \$295.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>												
6406	<p>STRESS INCONTINENCE, sling operation for</p> <p>ALL STATES: FEE \$290.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>												
6407	<p>STRESS INCONTINENCE, ABDOMINO-VAGINAL operation for, synchronous combined: abdominal procedure (including after-care)</p> <p>ALL STATES: FEE \$290.00</p>												
6408	<p>STRESS INCONTINENCE, ABDOMINO-VAGINAL operation for, synchronous combined: vaginal procedure (including after-care)</p> <p>ALL STATES: FEE \$158.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>												
6411	<p>‡ CERVIX, cauterisation, ionisation, diathermy or biopsy of, with or without removal of cervical polyp, and with or without dilatation of cervix</p> <p>ALL STATES: FEE \$27.50</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>												

6415	EXAMINATION OF THE UTERINE CERVIX by a magnifying colposcope of the Hinselmann type or similar instrument ALL STATES: FEE \$14.80 Anaesthetic 5 units — Item Nos 406G / 510S
6430	CERVIX, cone biopsy, amputation or repair of, not covered by Item 6367 or 6373 G. ALL STATES: FEE \$75.00
6431	S. ALL STATES: FEE \$93.00 Anaesthetic 7 units — Item Nos 408G / 514S
6446	‡ CERVIX, dilatation of, under general anaesthesia, not covered by Item 6460, 6464 or 6469 ALL STATES: FEE \$35.50 Anaesthetic 5 units — Item Nos 406G / 510S
6451	HYSTEROSCOPY under general anaesthesia or CULDOSCOPY ALL STATES: FEE \$46.50 Anaesthetic 7 units — Item Nos 408G / 514S
6460	‡ UTERUS, CURETTAGE OF, under general anaesthesia, with or without dilatation (including curettage for incomplete miscarriage) G. ALL STATES: FEE \$58.00
6464	S. FEE \$ NSW 75.00 VIC 79.00 QLD 75.00 SA 75.00 WA 75.00 TAS 75.00 Anaesthetic 5 units — Item Nos 406G / 510S
6469	EVACUATION OF THE CONTENTS OF THE GRAVID UTERUS BY CURETTAGE OR SUCTION CURETTAGE not covered by Item 6460/6464 ALL STATES: FEE \$94.00 Anaesthetic 5 units — Item Nos 406G / 510S
6483	UTERUS, CURETTAGE OF, with COLPOSCOPY, CERVICAL BIOPSY and RADICAL DIATHERMY ALL STATES: FEE \$128.00 Anaesthetic 8 units — Item Nos 409G / 517S

PART 10 — OPERATIONS

DIVISION 5 — GYNAECOLOGICAL

6508	<p>HYSTEROTOMY or MYOMECTOMY</p> <p>ALL STATES: FEE \$230.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
6513 6517	<p>HYSTERECTOMY — SUBTOTAL or TOTAL, by any route</p> <p>G. ALL STATES: FEE \$230.00</p> <p>S. ALL STATES: FEE \$290.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
6532 6533	<p>HYSTERECTOMY, ABDOMINAL, with enucleation of ovarian cyst, one or both sides</p> <p>G. ALL STATES: FEE \$305.00</p> <p>S. ALL STATES: FEE \$385.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
6536	<p>HYSTERECTOMY AND DISSECTION OF PELVIC GLANDS</p> <p>ALL STATES: FEE \$485.00</p> <p>Anaesthetic 17 units — Item Nos 461G / 528S</p>
6542	<p>RADICAL HYSTERECTOMY WITHOUT GLAND DISSECTION</p> <p>ALL STATES: FEE \$355.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
6544	<p>HYSTERECTOMY, VAGINAL, with removal of UTERINE ADNEXAE</p> <p>ALL STATES: FEE \$330.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
6553 6557	<p>ECTOPIC GESTATION, removal of</p> <p>G. ALL STATES: FEE \$182.00</p> <p>S. ALL STATES: FEE \$230.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
6570	<p>BICORNUATE UTERUS, plastic reconstruction for</p> <p>ALL STATES: FEE \$255.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>

PART 10 — OPERATIONS

DIVISION 5 — GYNAECOLOGICAL

	UTERUS, SUSPENSION OR FIXATION OF, as a separate unrelated procedure							
6585	G. FEE	\$	NSW 152.00	VIC 152.00	QLD 140.00	SA 152.00	WA 140.00	TAS 140.00
6594	S. FEE	\$	186.00	205.00	186.00	186.00	186.00	186.00
	Anaesthetic 8 units — Item Nos 409G / 517S							
6604	LAPAROSCOPY, DIAGNOSTIC, as a diagnostic procedure performed in gynaecology							
	ALL STATES: FEE \$93.00							
	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 \$174.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
6611	STERILISATION BY TRANSECTION OR RESECTION OF FALLOPIAN TUBES, via abdominal or vaginal routes or via laparoscopy using diathermy or any other method							
	G.	ALL STATES: FEE \$142.00						
6612	S.	ALL STATES: FEE \$174.00						
	Anaesthetic 8 units — Item Nos 409G / 517S							
6631	TUBOPLASTY (salpingostomy, salpingolysis or tubal implantation into uterus), UNILATERAL or BILATERAL							
	ALL STATES: FEE \$275.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
6633	FALLOPIAN TUBES, unilateral microsurgical anastomosis of, using operating microscope							
	ALL STATES: FEE \$320.00							
	Anaesthetic 18 units — Item Nos 462G / 529S							
6638	FALLOPIAN TUBES, hydrotubation of, as an isolated procedure, or Rubin test for patency of							
	ALL STATES: FEE \$29.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							

PART 10 – OPERATIONS**DIVISION 5 – GYNAECOLOGICAL**

6641	<p>FALLOPIAN TUBES, hydrotubation of, as a repetitive post-operative procedure</p> <p>ALL STATES: FEE \$18.60</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
6643	<p>LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PAROVARIAN, FIMBRIAL or BROAD LIGAMENT CYST — one such procedure, not associated with hysterectomy</p> <p>G. ALL STATES: FEE \$156.00</p>
6644	<p>S. ALL STATES: FEE \$198.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
6648	<p>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</p> <p>G. ALL STATES: FEE \$188.00</p>
6649	<p>S. ALL STATES: FEE \$235.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
† 6655	<p>RADICAL OR DEBULKING OPERATION for ovarian tumour including omentectomy</p> <p>ALL STATES: FEE \$290.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
6677	<p>PELVIC ABSCESS, suprapubic drainage of</p> <p>G. ALL STATES: FEE \$156.00</p>
6681	<p>S. ALL STATES: FEE \$198.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
6686	<p style="text-align: center;">DIVISION 6 – OPHTHALMOLOGICAL</p> <p>OPHTHALMOLOGICAL EXAMINATION under general anaesthesia, not associated with any other item in this Part</p> <p>ALL STATES: FEE \$43.50</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>

PART 10 — OPERATIONS

DIVISION 6 — OPHTHALMOLOGICAL

6688	EYE, ENUCLEATION OF, with or without sphere implant ALL STATES: FEE \$205.00 Anaesthetic 8 units — Item Nos 409G / 517S
6692	EYE, ENUCLEATION OF, with insertion of integrated implant ALL STATES: FEE \$260.00 Anaesthetic 9 units — Item Nos 443G / 518S
6697	GLOBE, EVISCERATION OF ALL STATES: FEE \$205.00 Anaesthetic 8 units — Item Nos 409G / 517S
6699	GLOBE, EVISCERATION OF, AND INSERTION OF INTRASCLERAL BALL OR CARTILAGE ALL STATES: FEE \$260.00 Anaesthetic 9 units — Item Nos 443G / 518S
6701	ANOPHTHALMIC ORBIT, INSERTION OF CARTILAGE OR ARTIFICIAL IMPLANT as a delayed procedure; <u>or</u> REMOVAL OF IMPLANT FROM SOCKET ALL STATES: FEE \$150.00 Anaesthetic 9 units — Item Nos 443G / 518S
6703	ORBIT, SKIN GRAFT TO, as a delayed procedure ALL STATES: FEE \$87.00 Anaesthetic 7 units — Item Nos 408G / 514S
6705	CONTRACTED SOCKET, RECONSTRUCTION INCLUDING MUCOUS MEMBRANE GRAFTING AND STENT MOULD ALL STATES: FEE \$174.00 Anaesthetic 11 units — Item Nos 453G / 522S
6707	ORBIT, EXPLORATION with or without biopsy, requiring REMOVAL OF BONE ALL STATES: FEE \$270.00 Anaesthetic 9 units — Item Nos 443G / 518S
6709	ORBIT, EXPLORATION OF with drainage or biopsy not requiring removal of bone ALL STATES: FEE \$172.00 Anaesthetic 8 units — Item Nos 409G / 517S

PART 10 – OPERATIONS**DIVISION 6 – OPHTHALMOLOGICAL**

6715	ORBIT, EXENTERATION OF, with or without skin graft and with or without temporalis muscle transplant ALL STATES: FEE \$355.00 Anaesthetic 10 units — Item Nos 450G / 521S
6722	ORBIT, EXPLORATION OF, with removal of tumour or foreign body, requiring removal of bone ALL STATES: FEE \$435.00 Anaesthetic 12 units — Item Nos 454G / 523S
6724	ORBIT, EXPLORATION OF, with removal of tumour or foreign body ALL STATES: FEE \$215.00 Anaesthetic 10 units — Item Nos 450G / 521S
6728	EYEBALL, PERFORATING WOUND OF, not involving intraocular structures — repair ALL STATES: FEE \$270.00 Anaesthetic 10 units — Item Nos 450G / 521S
6730	EYEBALL, PERFORATING WOUND OF, with incarceration or prolapse of uveal tissue — repair ALL STATES: FEE \$315.00 Anaesthetic 12 units — Item Nos 454G / 523S
6736	EYEBALL, PERFORATING WOUND OF, with incarceration of lens or vitreous — repair ALL STATES: FEE \$435.00 Anaesthetic 12 units — Item Nos 454G / 523S
6740	INTRA-OCULAR FOREIGN BODY, removal from anterior chamber, magnetic ALL STATES: FEE \$174.00 Anaesthetic 10 units — Item Nos 450G / 521S
6742	INTRA-OCULAR FOREIGN BODY, removal from anterior chamber, non-magnetic ALL STATES: FEE \$225.00 Anaesthetic 11 units — Item Nos 453G / 522S

PART 10 — OPERATIONS

DIVISION 6 — OPHTHALMOLOGICAL

6744	INTRA-OCULAR FOREIGN BODY, MAGNETIC, removal from posterior segment ALL STATES: FEE \$315.00 Anaesthetic 10 units — Item Nos 450G / 521S
6747	INTRA-OCULAR FOREIGN BODY, NON-MAGNETIC, removal from posterior segment ALL STATES: FEE \$435.00 Anaesthetic 12 units — Item Nos 454G / 523S
6752	ABSCESS (INTRA-ORBITAL), drainage of ALL STATES: FEE \$50.00 Anaesthetic 6 units — Item Nos 407G / 513S
6754	TARSAL CYST, extirpation of ALL STATES: FEE \$35.50 Anaesthetic 6 units — Item Nos 407G / 513S
6758	TARSAL CARTILAGE, excision of ALL STATES: FEE \$194.00 Anaesthetic 8 units — Item Nos 409G / 517S
6762	ECTROPION, tarsal cauterisation for ALL STATES: FEE \$50.00
6766	TARSORRHAPHY ALL STATES: FEE \$116.00 Anaesthetic 8 units — Item Nos 409G / 517S
6767	ELECTROLYSIS EPILATION for trichiasis — each treatment FEE \$ NSW 22.50 VIC 20.00 QLD 20.00 SA 20.00 WA 20.00 TAS 20.00 Anaesthetic 6 units — Item Nos 407G / 513S
6768	CANTHOPLASTY, medial or lateral ALL STATES: FEE \$144.00 Anaesthetic 9 units — Item Nos 443G / 518S

PART 10 – OPERATIONS

DIVISION 6 – OPHTHALMOLOGICAL

6772	LACRIMAL GLAND, excision of palpebral lobe ALL STATES: FEE \$87.00 Anaesthetic 8 units — Item Nos 409G / 517S
6774	LACRIMAL SAC, excision of, or operation on ALL STATES: FEE \$215.00 Anaesthetic 8 units — Item Nos 409G / 517S
6778	DACRYOCYSTORHINOSTOMY ALL STATES: FEE \$295.00 Anaesthetic 11 units — Item Nos 453G / 522S
6786	CONJUNCTIVORHINOSTOMY including dacryocystorhinostomy and fashioning of conjunctival flaps ALL STATES: FEE \$315.00 Anaesthetic 12 units — Item Nos 454G / 523S
6792	LACRIMAL CANALICULAR SYSTEM, reconstruction of ALL STATES: FEE \$270.00 Anaesthetic 8 units — Item Nos 409G / 517S
6796	LACRIMAL CANALICULUS, immediate repair of ALL STATES: FEE \$194.00 Anaesthetic 8 units — Item Nos 409G / 517S
6799	NASO-LACRIMAL DUCT, probing for obstruction, one or both ducts FEE \$ NSW VIC QLD SA WA TAS 61.00 61.00 42.00 42.00 42.00 42.00 Anaesthetic 4 units — Item Nos 405G / 509S
6802	LACRIMAL PASSAGES, lavage of (excluding after-care) ALL STATES: FEE \$20.50 Anaesthetic 4 units — Item Nos 405G / 509S

PART 10 — OPERATIONS

DIVISION 6 — OPHTHALMOLOGICAL

6805	<p>PUNCTUM SNIP operation</p> <table border="0"> <tr> <td style="padding-right: 20px;">FEE</td> <td style="padding-right: 20px;">\$</td> <td style="padding-right: 20px;">NSW 57.00</td> <td style="padding-right: 20px;">VIC 48.00</td> <td style="padding-right: 20px;">QLD 35.00</td> <td style="padding-right: 20px;">SA 35.00</td> <td style="padding-right: 20px;">WA 35.00</td> <td>TAS 35.00</td> </tr> </table> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>	FEE	\$	NSW 57.00	VIC 48.00	QLD 35.00	SA 35.00	WA 35.00	TAS 35.00
FEE	\$	NSW 57.00	VIC 48.00	QLD 35.00	SA 35.00	WA 35.00	TAS 35.00		
6807	<p>CONJUNCTIVAL PERITOMY OR REPAIR OF CORNEAL LACERATION by conjunctival flap</p> <p>ALL STATES: FEE \$50.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>								
6810	<p>CONJUNCTIVAL GRAFT OVER CORNEA</p> <p>ALL STATES: FEE \$162.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>								
6816	<p>CORNEA OR SCLERA, removal of superficial foreign body from (excluding after-care)</p> <table border="0"> <tr> <td style="padding-right: 20px;">FEE</td> <td style="padding-right: 20px;">\$</td> <td style="padding-right: 20px;">NSW 12.00</td> <td style="padding-right: 20px;">VIC 11.20</td> <td style="padding-right: 20px;">QLD 10.60</td> <td style="padding-right: 20px;">SA 10.60</td> <td style="padding-right: 20px;">WA 10.60</td> <td>TAS 11.20</td> </tr> </table> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>	FEE	\$	NSW 12.00	VIC 11.20	QLD 10.60	SA 10.60	WA 10.60	TAS 11.20
FEE	\$	NSW 12.00	VIC 11.20	QLD 10.60	SA 10.60	WA 10.60	TAS 11.20		
6818	<p>CORNEA OR SCLERA, removal of imbedded foreign body from (excluding after-care)</p> <p>ALL STATES: FEE \$30.50</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>								
6820	<p>CORNEAL SCARS removal of by partial keratectomy</p> <p>ALL STATES: FEE \$87.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>								
6824	<p>CORNEA, epithelial debridement for dendritic ulcer (excluding after-care)</p> <p>ALL STATES: FEE \$30.50</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>								
6828	<p>CORNEA, transplantation of, full thickness, including collection of implant</p> <p>ALL STATES: FEE \$570.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>								

PART 10 — OPERATIONS

DIVISION 6 — OPHTHALMOLOGICAL

6832	CORNEA, transplantation of, superficial or lamellar including collection of transplant							
	ALL STATES: FEE \$380.00							
	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 \$26.00							
	Anaesthetic 4 units — Item Nos 405G / 509S							
6837	PTERYGIUM, removal of							
	FEE	\$	NSW 108.00	VIC 114.00	QLD 100.00	SA 100.00	WA 100.00	TAS 100.00
	Anaesthetic 6 units — Item Nos 407G / 513S							
6842	PINGUECULA, removal of							
	ALL STATES: FEE \$50.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
6846	LIMBIC TUMOUR, removal of							
	ALL STATES: FEE \$116.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
6848	LENS EXTRACTION							
	FEE	\$	NSW 505.00	VIC 465.00	QLD 420.00	SA 405.00	WA 405.00	TAS 405.00
	Anaesthetic 11 units — Item Nos 453G / 522S							
6852	ARTIFICIAL LENS, insertion of							
	ALL STATES: FEE \$270.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
6857	ARTIFICIAL LENS, removal of							
	ALL STATES: FEE \$194.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							

PART 10 — OPERATIONS

DIVISION 6 — OPHTHALMOLOGICAL

6859	CATARACT, JUVENILE, removal of, including subsequent needlings							
	ALL STATES: FEE \$505.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
6861	CAPSULECTOMY OR REMOVAL OF VITREOUS via the anterior chamber							
	ALL STATES: FEE \$225.00							
	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 \$570.00							
	Anaesthetic 25 units — Item Nos 469G / 540S							
6865	CAPSULOTOMY, NEEDLING or PARACENTESIS for diagnosis or relief of tension							
	ALL STATES: FEE \$130.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
6871	ANTERIOR CHAMBER, IRRIGATION OF BLOOD FROM, as a separate unrelated procedure							
	ALL STATES: FEE \$270.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
6873	GLAUCOMA, filtering and allied operations in the treatment of							
	FEE	\$	NSW 405.00	VIC 380.00	QLD 380.00	SA 380.00	WA 380.00	TAS 380.00
	Anaesthetic 10 units — Item Nos 450G / 521S							
6879	GONIOTOMY							
	ALL STATES: FEE \$295.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							
6881	DIVISION OF ANTERIOR OR POSTERIOR SYNECHIAE, as a separate unrelated procedure							
	ALL STATES: FEE \$225.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							

PART 10 – OPERATIONS

DIVISION 6 – OPHTHALMOLOGICAL

6885	<p>IRIDECTOMY (including excision of tumour of iris) OR IRIDOTOMY, as a separate unrelated procedure</p> <p>ALL STATES: FEE \$225.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>														
6889	<p>IRIS, LIGHT COAGULATION OF</p> <p>ALL STATES: FEE \$150.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>														
6894	<p>TUMOUR, INVOLVING CILIARY BODY OR CILIARY BODY AND IRIS, excision of</p> <p>ALL STATES: FEE \$465.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>														
6898	<p>CYCLODIATHERMY OR CYCLOCRYOTHERAPY</p> <p>ALL STATES: FEE \$126.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>														
6900	<p>DETACHED RETINA, diathermy or cryotherapy for</p> <p>ALL STATES: FEE \$380.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>														
6902	<p>DETACHED RETINA, resection or buckling or revision operation for</p> <table data-bbox="202 1035 1117 1093"> <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>\$ 505.00</td> <td>570.00</td> <td>505.00</td> <td>505.00</td> <td>505.00</td> <td>505.00</td> </tr> </tbody> </table> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>		NSW	VIC	QLD	SA	WA	TAS	FEE	\$ 505.00	570.00	505.00	505.00	505.00	505.00
	NSW	VIC	QLD	SA	WA	TAS									
FEE	\$ 505.00	570.00	505.00	505.00	505.00	505.00									
6904	<p>PHOTOCOAGULATION, each attendance at which treatment is given</p> <p>ALL STATES: FEE \$150.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>														
6906	<p>DETACHED RETINA, removal of encircling silicone band from</p> <p>ALL STATES: FEE \$71.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>														
6908	<p>RETINA, CRYOTHERAPY TO, as a separate unrelated procedure</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>														

PART 10 — OPERATIONS

DIVISION 6 — OPHTHALMOLOGICAL

6914	RETROBULBAR TRANSILLUMINATION, as a separate unrelated procedure ALL STATES: FEE \$38.00 Anaesthetic 5 units — Item Nos 406G / 510S
6918	RETROBULBAR INJECTION OF ALCOHOL OR OTHER DRUG, as a separate unrelated procedure ALL STATES: FEE \$29.50
6922	SQUINT, OPERATION FOR ON ONE OR BOTH EYES, ONE OR TWO MUSCLES FEE \$ NSW VIC QLD SA WA TAS 250.00 250.00 225.00 225.00 225.00 225.00 Anaesthetic 8 units — Item Nos 409G / 517S
6924	SQUINT, OPERATION FOR ON ONE OR BOTH EYES, three or four muscles FEE \$ NSW VIC QLD SA WA TAS 295.00 295.00 260.00 260.00 260.00 260.00 Anaesthetic 9 units — Item Nos 443G / 518S
6928	SQUINT, OPERATION FOR ON ONE OR BOTH EYES, more than four muscles FEE \$ NSW VIC QLD SA WA TAS 315.00 315.00 295.00 295.00 295.00 295.00 Anaesthetic 10 units — Item Nos 450G / 521S
6930	SQUINT, muscle transplant for (Hummelsheim type, etc.) FEE \$ NSW VIC QLD SA WA TAS 295.00 295.00 250.00 225.00 260.00 225.00 Anaesthetic 9 units — Item Nos 443G / 518S
6932	RUPTURED MEDIAL PALPEBRAL LIGAMENT or EXTRA-OCULAR MUSCLE, repair of ALL STATES: FEE \$172.00 Anaesthetic 9 units — Item Nos 443G / 518S
6938	RESUTURING OF WOUND FOLLOWING INTRA-OCULAR PROCEDURES with or without excision of prolapsed iris ALL STATES: FEE \$172.00 Anaesthetic 9 units — Item Nos 443G / 518S

DIVISION 7 – THORACIC	
6940	<p>THORACIC CAVITY, aspiration or paracentesis of, or both (excluding after-care)</p> <p>ALL STATES: FEE \$29.00</p>
6942	<p>PERICARDIUM, paracentesis of (excluding after-care)</p> <p>ALL STATES: FEE \$47.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
6953	<p>INTERCOSTAL DRAIN, insertion of, not involving resection of rib (excluding after-care)</p> <p>ALL STATES: FEE \$47.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
6955	<p>EMPYEMA, radical operation for, involving resection of rib</p> <p>ALL STATES: FEE \$200.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
6958	<p>THORACOTOMY, exploratory, with or without biopsy</p> <p>ALL STATES: FEE \$385.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
6962	<p>THORACOTOMY, with pulmonary decortication</p> <p>ALL STATES: FEE \$580.00</p> <p>Anaesthetic 17 units — Item Nos 461G / 528S</p>
6964	<p>THORACOTOMY, with pleurectomy or pleurodesis, OR ENUCLEATION OF HYDATID cysts</p> <p>ALL STATES: FEE \$420.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
6966	<p>THORACOPLASTY (COMPLETE)</p> <p>ALL STATES: FEE \$580.00</p> <p>Anaesthetic 21 units — Item Nos 465G / 535S</p>

6968	<p>THORACOPLASTY (IN STAGES) — each stage</p> <p>ALL STATES: FEE \$300.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
6972	<p>PECTUS EXCAVATUM OR PECTUS CARINATUM, radical correction of</p> <p>ALL STATES: FEE \$510.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 525S</p>
6974	<p>THORACOSCOPY, with or without division of pleural adhesions</p> <p>ALL STATES: FEE \$120.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
6980	<p>PNEUMONECTOMY or lobectomy</p> <p>ALL STATES: FEE \$580.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>
6986	<p>OESOPHAGECTOMY, with direct anastomosis OR WITH STOMACH TRANSPOSITION</p> <p>ALL STATES: FEE \$580.00</p> <p>Anaesthetic 23 units — Item Nos 467G / 538S</p>
6988	<p>OESOPHAGECTOMY, with interposition of small or large bowel</p> <p>ALL STATES: FEE \$720.00</p> <p>Anaesthetic 27 units — Item Nos 471G / 542S</p>
6992	<p>MEDIASTINUM, cervical exploration of, with or without biopsy</p> <p>ALL STATES: FEE \$174.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
6995	<p>PERICARDIUM, TRANSTHORACIC DRAINAGE OF (other than for treatment of constrictive pericarditis)</p> <p>ALL STATES: FEE \$420.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
6997	<p>HERNIA, HIATUS OR OTHER DIAPHRAGMATIC, transthoracic repair of</p> <p>ALL STATES: FEE \$420.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>

PART 10 – OPERATIONS**DIVISION 7 – THORACIC**

6999	<p>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</p> <p>ALL STATES: FEE \$580.00</p> <p>Anaesthetic 28 units — Item Nos 472G / 543S</p>
7001	<p>RIGHT HEART CATHETERISATION — including fluoroscopy, oximetry, dye dilution curves, cardiac output measurements by any method, shunt detection and exercise stress test</p> <p>ALL STATES: FEE \$186.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
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 \$225.00</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 \$270.00</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 \$186.00</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 \$315.00</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 \$510.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>

7028	<p>PERMANENT TRANSVENOUS ELECTRODE, insertion or replacement of</p> <p>ALL STATES: FEE \$255.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
7033	<p>PERMANENT PACEMAKER, insertion or replacement of</p> <p>ALL STATES: FEE \$162.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
7042	<p>TEMPORARY TRANSVENOUS PACEMAKING ELECTRODE, insertion of</p> <p>ALL STATES: FEE \$128.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
7044	<p>† OPEN HEART SURGERY for congenital heart disease in children up to two years, excluding patent ductus arteriosus</p> <p>ALL STATES: FEE \$815.00</p> <p>Anaesthetic 38 units — Item Nos 477G / 548S</p>
7046	<p>‡ OPEN HEART SURGERY for single valve replacement, atrial septal defect; pulmonary valvotomy, congenital heart disease (not covered by Item 7044) or any other open heart operation not covered by any other Item in this Part</p> <p>ALL STATES: FEE \$815.00</p> <p>Anaesthetic 32 units — Item Nos 475G / 546S</p>
7057	<p>OPEN HEART SURGERY on more than one valve or involving more than one chamber</p> <p>ALL STATES: FEE \$1175.00</p> <p>Anaesthetic 38 units — Item Nos 477G / 548S</p>
7066	<p>CORONARY ARTERY OR ARTERIES, direct surgery to, employing cardiopulmonary by-pass</p> <p>ALL STATES: FEE \$930.00</p> <p>Anaesthetic 36 units — Item Nos 476G / 547S</p>

DIVISION 8 — NEURO-SURGICAL

INJECTION INTO TRIGEMINAL GANGLION OR PRIMARY BRANCH OF TRIGEMINAL NERVE WITH ALCOHOL

7079 ALL STATES: FEE \$114.00

INTRATHECAL INJECTION OF ALCOHOL OR PHENOL

7081 ALL STATES: FEE \$120.00

LUMBAR PUNCTURE, SPINAL OR EPIDURAL INJECTION not covered by Items 748 or 752

7085 ALL STATES: FEE \$32.50

CISTERNAL PUNCTURE

7089 ALL STATES: FEE \$37.00

VENTRICULAR PUNCTURE (not including burr-hole)

7099 ALL STATES: FEE \$81.00

CUTANEOUS OR DIGITAL NERVE, primary suture of

7106 G. ALL STATES: FEE \$54.00

7111 S. ALL STATES: FEE \$66.00

Anaesthetic 8 units — Item Nos 409G / 517S

CUTANEOUS NERVE (other than digital nerve) primary suture of by MICROSURGICAL TECHNIQUES

7112 ALL STATES: FEE \$93.00

Anaesthetic 9 units — Item Nos 443G / 518S

REPAIR OF DIVIDED DIGITAL NERVE to thumb or finger

7116 G. ALL STATES: FEE \$86.00

7117 S. ALL STATES: FEE \$110.00

Anaesthetic 8 units — Item Nos 409G / 517S

REPAIR OF DIVIDED DIGITAL NERVE to thumb or finger by MICROSURGICAL TECHNIQUES, primary repair

7120 ALL STATES: FEE \$150.00

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 \$194.00 Anaesthetic 10 units — Item Nos 450G / 521S
7124	NERVE TRUNK, PRIMARY suture of ALL STATES: FEE \$186.00 Anaesthetic 8 units — Item Nos 409G / 517S
7129	NERVE TRUNK, primary suture of, by MICROSURGICAL TECHNIQUES ALL STATES: FEE \$300.00 Anaesthetic 11 units — Item Nos 453G / 522S
7132	NERVE TRUNK, SECONDARY suture of ALL STATES: FEE \$205.00 Anaesthetic 9 units — Item Nos 443G / 518S
7138	NERVE TRUNK, secondary suture of, by MICROSURGICAL TECHNIQUES ALL STATES: FEE \$330.00 Anaesthetic 12 units — Item Nos 454G / 523S
7139	NERVE GRAFT performed with magnification ALL STATES: FEE \$370.00 Anaesthetic 9 units — Item Nos 443G / 518S
7143	NERVE, TRANSPOSITION of ALL STATES: FEE \$186.00 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 \$78.00 7152 S. ALL STATES: FEE \$100.00 Anaesthetic 8 units — Item Nos 409G / 517S

PART 10 – OPERATIONS		DIVISION 8 – NEURO-SURGICAL																														
7156	NEURECTOMY, NEUROTOMY, OR REMOVAL OF TUMOUR FROM DEEP PERIPHERAL NERVE ALL STATES: FEE \$186.00 Anaesthetic 10 units — Item Nos 450G / 521S																															
7157	† RADIOFREQUENCY TRIGEMINAL GANGLIOTOMY ALL STATES: FEE \$186.00 Anaesthetic 8 units — Item Nos 409G / 517S																															
7170	NEURECTOMY, INTRACRANIAL OR RADICAL as in tic douloureux ALL STATES: FEE \$500.00 Anaesthetic 16 units — Item Nos 460G / 527S																															
7171	† INTRACRANIAL MICROSURGICAL DECOMPRESSION OF CRANIAL NERVE, posterior cranial fossa approach including Jannetta's operation ALL STATES: FEE \$655.00 Anaesthetic 25 units — Item Nos 469G / 540S																															
7175	EXPLORATION OF BRACHIAL PLEXUS, not covered by a specific item in this Part ALL STATES: FEE \$156.00 Anaesthetic 11 units — Item Nos 453G / 522S																															
7178	NEUROLYSIS BY OPEN OPERATION without transposition <table border="0"> <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>G. FEE</td> <td>\$</td> <td>110.00</td> <td>110.00</td> <td>93.00</td> <td>93.00</td> <td>93.00</td> <td>93.00</td> </tr> <tr> <td>S. FEE</td> <td>\$</td> <td>138.00</td> <td>138.00</td> <td>114.00</td> <td>114.00</td> <td>114.00</td> <td>114.00</td> </tr> </tbody> </table> Anaesthetic 7 units — Item Nos 408G / 514S										NSW	VIC	QLD	SA	WA	TAS	G. FEE	\$	110.00	110.00	93.00	93.00	93.00	93.00	S. FEE	\$	138.00	138.00	114.00	114.00	114.00	114.00
		NSW	VIC	QLD	SA	WA	TAS																									
G. FEE	\$	110.00	110.00	93.00	93.00	93.00	93.00																									
S. FEE	\$	138.00	138.00	114.00	114.00	114.00	114.00																									
7184	SUBDURAL HAEMORRHAGE, tap for, each tap ALL STATES: FEE \$35.00 Anaesthetic 6 units — Item Nos 407G / 513S																															
7186	BURR-HOLE, single, preparatory to ventricular puncture or for inspection purpose — not included in any other item ALL STATES: FEE \$100.00 Anaesthetic 11 units — Item Nos 453G / 522S																															
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7192	<p>INTRACRANIAL TUMOUR, BIOPSY OF, OR CYST, drainage of via burr-hole — including burr-hole</p> <p>ALL STATES: FEE \$200.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
7194	<p>INTRACRANIAL TUMOUR, biopsy and/or decompression via osteoplastic flap</p> <p>ALL STATES: FEE \$420.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>
7198	<p>INTRACEREBRAL TUMOUR, CRANIOTOMY AND REMOVAL or TEMPORAL LOBECTOMY for any reason</p> <p>ALL STATES: FEE \$605.00</p> <p>Anaesthetic 25 units — Item Nos 469G / 540S</p>
7203	<p>INTRACRANIAL EXTRACEREBRAL TUMOUR, CRANIOTOMY AND REMOVAL or HEMISPHERECTOMY for any reason</p> <p>ALL STATES: FEE \$1030.00</p> <p>Anaesthetic 25 units — Item Nos 469G / 540S</p>
7212	<p>INTRACRANIAL HAEMORRHAGE, burr-hole craniotomy for — including burr-hole</p> <p>ALL STATES: FEE \$200.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
7216	<p>INTRACRANIAL HAEMORRHAGE, OSTEOPLASTIC CRANIOTOMY OR EXTENSIVE CRANIECTOMY AND REMOVAL OF HAEMATOMA</p> <p>ALL STATES: FEE \$465.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>
7231	<p>FRACTURE OF SKULL, depressed or comminuted, operation for</p> <p>ALL STATES: FEE \$305.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
7240	<p>FRACTURED SKULL, COMPOUND, WITHOUT DURAL PENETRATION, operation for</p> <p>ALL STATES: FEE \$390.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>

7244	<p>FRACTURED SKULL, COMPOUND OR COMPLICATED, WITH DURAL PENETRATION AND BRAIN DAMAGE, operation for</p> <p>ALL STATES: FEE \$465.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
7248	<p>FRACTURED SKULL WITH RHINORRHOEA OR OTORRHEA CRANIOPLASTY AND REPAIR OF</p> <p>ALL STATES: FEE \$465.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
7251	<p>RECONSTRUCTIVE CRANIOPLASTY</p> <p>ALL STATES: FEE \$380.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
7265	<p>ANEURYSM, OR ARTERIOVENOUS MALFORMATION, CLIPPING OR REINFORCEMENT OF SAC</p> <p>ALL STATES: FEE \$1030.00</p> <p>Anaesthetic 28 units — Item Nos 472G / 543S</p>
7270	<p>ANEURYSM, OR ARTERIOVENOUS MALFORMATION, INTRACRANIAL PROXIMAL ARTERY CLIPPING</p> <p>ALL STATES: FEE \$545.00</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 \$270.00</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 \$305.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
7283	<p>INTRACRANIAL ABSCESS, excision of</p> <p>ALL STATES: FEE \$605.00</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 \$200.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
7291	<p>CRANIECTOMY FOR OSTEOMYELITIS OF SKULL</p> <p>ALL STATES: FEE \$305.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
7298	<p>LEUCOTOMY OR LOBOTOMY for psychiatric causes</p> <p>ALL STATES: FEE \$380.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
7312	<p>CHEMOPALLIDECTOMY, or other stereotactic procedure including burr-hole and air studies</p> <p>ALL STATES: FEE \$465.00</p> <p>Anaesthetic 17 units — Item Nos 461G / 528S</p>
7314	<p>VENTRICULO-CISTERNOSTOMY (TORKILDSEN'S OPERATION)</p> <p>ALL STATES: FEE \$385.00</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 \$385.00</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 \$205.00</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 \$305.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>

7324	<p>CRANIOSTENOSIS, operation for – single suture</p> <p>ALL STATES: FEE \$305.00</p> <p>Anaesthetic 17 units – Item Nos 461G / 528S</p>
7326	<p>CRANIOSTENOSIS, operation for – more than one suture</p> <p>ALL STATES: FEE \$430.00</p> <p>Anaesthetic 20 units – Item Nos 464G / 533S</p>
7328	<p>ARACHNOIDAL CYST, operation for</p> <p>ALL STATES: FEE \$385.00</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 \$405.00</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 \$405.00</p> <p>Anaesthetic 13 units – Item Nos 457G / 524S</p>
7341	<p>LAMINECTOMY FOR EXTRADURAL TUMOUR OR ABSCESS</p> <p>ALL STATES: FEE \$405.00</p> <p>Anaesthetic 12 units – Item Nos 454G / 523S</p>
7346	<p>LAMINECTOMY FOR INTRADURAL LESION OR OPEN CORDOTOMY</p> <p>ALL STATES: FEE \$420.00</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 \$510.00</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 \$465.00</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 \$240.00</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 \$240.00</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 \$405.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
7376	<p>SYMPATHECTOMY (cervical, lumbar, thoracic, sacral or presacral)</p> <p>ALL STATES: FEE \$300.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
7381	<p>PERCUTANEOUS CORDOTOMY</p> <p>ALL STATES: FEE \$270.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
7397	<p style="text-align: center;">DIVISION 9 — TREATMENT OF DISLOCATIONS</p> <p style="text-align: center;">DISLOCATIONS NOT REQUIRING OPEN OPERATION</p> <p>MANDIBLE</p> <p>ALL STATES: FEE \$20.00</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>

7410	<p>CLAVICLE</p> <p>ALL STATES: FEE \$31.50</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
7412	<p>SHOULDER — first or second dislocation</p> <p>ALL STATES: FEE \$38.00</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
7416	<p>SHOULDER — third or subsequent dislocation — requiring anaesthesia</p> <p>ALL STATES: FEE \$31.50</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
7419	<p>SHOULDER — third or subsequent dislocation — not requiring anaesthesia</p> <p>ALL STATES: FEE \$25.00</p>
7423	<p>ELBOW</p> <p>ALL STATES: FEE \$46.50</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
7426	<p>CARPUS</p> <p>ALL STATES: FEE \$29.50</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
7430	<p>CARPUS ON RADIUS AND ULNA</p> <p>G. ALL STATES: FEE \$60.00</p>
7432	<p>S. ALL STATES: FEE \$75.00</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
7435	<p>FINGER</p> <p>ALL STATES: FEE \$12.80</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
7436	<p>METACARPO-PHALANGEAL JOINT OF THUMB</p> <p>ALL STATES: FEE \$38.00</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>

	HIP	
7440	G.	ALL STATES: FEE \$96.00
7443	S.	ALL STATES: FEE \$126.00 Anaesthetic 5 units — Item Nos 406G / 510S
	KNEE	
7446	G.	ALL STATES: FEE \$71.00
7451	S.	ALL STATES: FEE \$87.00 Anaesthetic 4 units — Item Nos 405G / 509S
	PATELLA	
7457		ALL STATES: FEE \$29.50 Anaesthetic 4 units — Item Nos 405G / 509S
	ANKLE	
7461		ALL STATES: FEE \$50.00 Anaesthetic 5 units — Item Nos 406G / 510S
	TOE	
7464		ALL STATES: FEE \$15.00 Anaesthetic 4 units — Item Nos 405G / 509S
	TARSUS	
7468		ALL STATES: FEE \$38.00 Anaesthetic 4 units — Item Nos 405G / 509S
	SPINE (CERVICAL OR LUMBAR), without fracture	
7472		ALL STATES: FEE \$114.00 Anaesthetic 7 units — Item Nos 408G / 514S
	DISLOCATIONS REQUIRING OPEN OPERATION	
	TREATMENT OF A DISLOCATION REQUIRING OPEN OPERATION, being a dislocation referred to in Items 7397, 7410, 7416, 7419, 7426, 7435, 7457 or 7464	
7480		ALL STATES: FEE \$51.00 Anaesthetic — Item Nos 482G / 553S

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>							
DIVISION 10 – TREATMENT OF FRACTURES								
SIMPLE AND UNCOMPLICATED FRACTURES NOT REQUIRING OPEN OPERATION								
TERMINAL PHALANX of finger or thumb								
7505	<p>ALL STATES: FEE \$18.60</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>							
PROXIMAL PHALANX of finger or thumb								
7508	G.	ALL STATES: FEE \$38.50						
7512	S.	<p>ALL STATES: FEE \$57.00</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>						
MIDDLE PHALANX OF FINGER								
7516	<p>ALL STATES: FEE \$26.00</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>							
ONE OR MORE METACARPALS, not involving base of first carpometacarpal joint								
7520	G.	ALL STATES: FEE \$57.00						
7524	S. FEE	\$	NSW 78.00	VIC 78.00	QLD 78.00	SA 78.00	WA 78.00	TAS 71.00
<p>Anaesthetic 4 units — Item Nos 405G / 509S</p>								
FIRST METACARPAL involving carpometacarpal joint (Bennett's fracture)								
7527	G.	ALL STATES: FEE \$66.00						
7530	S.	<p>ALL STATES: FEE \$93.00</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>						

7533	CARPUS (excluding navicular)							
	ALL STATES: FEE \$29.50							
	Anaesthetic 5 units — Item Nos 406G / 510S							
7535	NAVICULAR OR CARPAL SCAPHOID							
	G. ALL STATES: FEE \$57.00							
7538	S. ALL STATES: FEE \$69.00							
	Anaesthetic 5 units — Item Nos 406G / 510S							
7540	COLLES' FRACTURE OF WRIST							
			NSW	VIC	QLD	SA	WA	TAS
	G. FEE	\$	74.00	74.00	77.00	74.00	74.00	74.00
7544	S. FEE	\$	102.00	93.00	114.00	102.00	102.00	93.00
	Anaesthetic 5 units — Item Nos 406G / 510S							
7547	DISTAL END OF RADIUS OR ULNA, involving wrist							
	ALL STATES: FEE \$57.00							
	Anaesthetic 5 units — Item Nos 406G / 510S							
7550	RADIUS							
			NSW	VIC	QLD	SA	WA	TAS
	G. FEE	\$	61.00	66.00	61.00	61.00	66.00	61.00
7552	S. FEE	\$	78.00	93.00	74.00	74.00	93.00	74.00
	Anaesthetic 5 units — Item Nos 406G / 510S							
7559	ULNA							
	G. ALL STATES: FEE \$60.00							
7563	S. ALL STATES: FEE \$74.00							
	Anaesthetic 5 units — Item Nos 406G / 510S							
7567	BOTH SHAFTS OF FOREARM OR HUMERUS							
	G. ALL STATES: FEE \$87.00							
7572	S. ALL STATES: FEE \$128.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							

PART 10 – OPERATIONS

DIVISION 10 – FRACTURES

	CLAVICLE OR STERNUM							
7588	G.	ALL STATES: FEE \$40.50						
7593	S. FEE	\$	NSW 57.00	VIC 55.00	QLD 57.00	SA 50.00	WA 50.00	TAS 50.00
			Anaesthetic 6 units — Item Nos 407G / 513S					
	SCAPULA							
7597		ALL STATES: FEE \$50.00						
		Anaesthetic 6 units — Item Nos 407G / 513S						
	ONE OR MORE RIBS — each attendance							
7601	G. FEE	\$	NSW 12.00	VIC 11.20	QLD 10.60	SA 10.60	WA 10.60	TAS 11.20
7605	S. FEE	\$	17.20	16.20	16.20	16.20	16.20	14.40
			Anaesthetic 7 units — Item Nos 408G / 514S					
	PELVIS (excluding symphysis pubis) or sacrum							
7608	G.	ALL STATES: FEE \$75.00						
7610	S.	ALL STATES: FEE \$100.00						
		Anaesthetic 8 units — Item Nos 409G / 517S						
	SYMPHYSIS PUBIS							
7615	G.	ALL STATES: FEE \$57.00						
7619	S.	ALL STATES: FEE \$75.00						
		Anaesthetic 7 units — Item Nos 408G / 514S						
	FEMUR							
7624	G.	ALL STATES: FEE \$172.00						
7627	S.	ALL STATES: FEE \$225.00						
		Anaesthetic 8 units — Item Nos 409G / 517S						
	FIBULA OR TARSUS (excepting os calcis or os talus)							
7632	G.	ALL STATES: FEE \$43.50						
7637	S. FEE	\$	NSW 60.00	VIC 63.00	QLD 55.00	SA 57.00	WA 57.00	TAS 57.00
			Anaesthetic 6 units — Item Nos 407G / 513S					

PART 10 – OPERATIONS

DIVISION 10 – FRACTURES

TIBIA OR PATELLA			NSW	VIC	QLD	SA	WA	TAS
7641	G. FEE	\$	66.00	69.00	60.00	57.00	64.00	57.00
7643	S. FEE	\$	93.00	93.00	78.00	78.00	78.00	78.00
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 \$112.00						
7652	S.	ALL STATES: FEE \$150.00						
Anaesthetic 7 units — Item Nos 408G / 514S								
METATARSALS — one or more								
7673	G.	ALL STATES: FEE \$39.00						
7677	S.	ALL STATES: FEE \$57.00						
Anaesthetic 5 units — Item Nos 406G / 510S								
PHALANX OF TOE (other than great toe)								
7681		ALL STATES: FEE \$15.60						
Anaesthetic 4 units — Item Nos 405G / 509S								
MORE THAN ONE PHALANX OF TOE (other than great toe)								
7683		ALL STATES: FEE \$25.00						
Anaesthetic 4 units — Item Nos 405G / 509S								
DISTAL PHALANX of great toe								
7687		ALL STATES: FEE \$38.50						
Anaesthetic 4 units — Item Nos 405G / 509S								
PROXIMAL PHALANX of great toe								
7691		ALL STATES: FEE \$38.50						
Anaesthetic 4 units — Item Nos 405G / 509S								
SKULL, not requiring operation — each attendance								
			NSW	VIC	QLD	SA	WA	TAS
7694	G. FEE	\$	12.00	11.20	10.60	10.60	10.60	11.20
7697	S. FEE	\$	17.20	16.20	16.20	16.20	16.20	14.40

PART 10 — OPERATIONS

DIVISION 10 — FRACTURES

NASAL BONES, not requiring reduction — each attendance		NSW	VIC	QLD	SA	WA	TAS
7701	G. FEE	\$ 12.00	11.20	10.60	10.60	10.60	11.20
7706	S. FEE	\$ 17.20	16.20	16.20	16.20	16.20	14.40
NASAL BONES, requiring reduction		NSW	VIC	QLD	SA	WA	TAS
7709	G. FEE	\$ 74.00	74.00	74.00	57.00	57.00	57.00
7712	S. FEE	\$ 102.00	102.00	93.00	74.00	74.00	74.00
	Anaesthetic 6 units — Item Nos 407G / 513S						
NASAL BONES, requiring reduction and involving osteotomies							
7715		ALL STATES: FEE \$205.00					
	Anaesthetic 8 units — Item Nos 409G / 517S						
MAXILLA — not requiring splinting							
7718	G.	ALL STATES: FEE \$47.00					
7721	S.	ALL STATES: FEE \$63.00					
MAXILLA — with external fixation, wiring of teeth or internal fixation							
7727		ALL STATES: FEE \$138.00					
	Anaesthetic 11 units — Item Nos 453G / 522S						
MANDIBLE — not requiring splinting							
7739	G.	ALL STATES: FEE \$57.00					
7743	S.	ALL STATES: FEE \$75.00					
MANDIBLE — with wiring of teeth, internal fixation, or skeletal pinning with external fixation							
7749		ALL STATES: FEE \$188.00					
	Anaesthetic 12 units — Item Nos 454G / 523S						
ZYGOMA							
7764	G.	ALL STATES: FEE \$51.00					
7766	S.	ALL STATES: FEE \$69.00					
	Anaesthetic 7 units — Item Nos 408G / 514S						

	SPINE (excluding sacrum), transverse process or bone OTHER THAN VERTEBRAL BODY, not requiring immobilisation in plaster – each attendance							
7774	G. FEE	\$	NSW 12.00	VIC 11.20	QLD 10.60	SA 10.60	WA 10.60	TAS 11.20
7777	S. FEE	\$	17.20	16.20	16.20	16.20	16.20	14.40
	SPINE (excluding sacrum), VERTEBRAL BODY, without involvement of cord, not requiring immobilisation in plaster – each attendance							
7781	G. FEE	\$	NSW 12.00	VIC 11.20	QLD 10.60	SA 10.60	WA 10.60	TAS 11.20
7785	S. FEE	\$	17.20	16.20	16.20	16.20	16.20	14.40
7789	SPINE (excluding sacrum), transverse process or bone OTHER THAN VERTEBRAL BODY requiring immobilisation in plaster or traction by skull calipers							
	ALL STATES: FEE \$87.00							
	Anaesthetic 9 units – Item Nos 443G / 518S							
7793	SPINE (excluding sacrum), VERTEBRAL BODY, without involvement of cord, requiring immobilisation in plaster or traction by skull calipers							
	ALL STATES: FEE \$150.00							
	Anaesthetic 9 units – Item Nos 443G / 518S							
7798	SPINE (excluding sacrum), VERTEBRAL BODY, with involvement of cord							
	ALL STATES: FEE \$380.00							
	Anaesthetic 9 units – Item Nos 443G / 518S							
7802	<p align="center">SIMPLE AND UNCOMPLICATED FRACTURES REQUIRING OPEN OPERATION</p> <p>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</p> <p>ALL STATES: FEE \$51.00</p> <p>Anaesthetic – Item Nos 483G / 554S</p>							
7803	<p>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</p> <p>DERIVED FEE – The fee for the treatment of the fracture, had such fracture not required open operation, plus one-third of that fee.</p> <p>Anaesthetic – Item Nos 483G / 554S</p>							

7808	<p>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</p> <p>ALL STATES: FEE \$51.00</p> <p>Anaesthetic — Item Nos 484G / 556S</p>
7809	<p>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</p> <p>DERIVED FEE — The fee for the treatment of the fracture, had such fracture not required open operation plus one-half of that fee.</p> <p>Anaesthetic — Item Nos 484G / 556S</p>
7815	<p style="text-align: center;">COMPOUND FRACTURES REQUIRING OPEN OPERATION</p> <p>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</p> <p>ALL STATES: FEE \$51.00</p> <p>Anaesthetic — Item Nos 484G / 556S</p>
7817	<p>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</p> <p>DERIVED FEE — The fee for the treatment of the fracture, had such fracture not required open operation, plus one-half of that fee.</p> <p>Anaesthetic — Item Nos 484G / 556S</p>
7821	<p style="text-align: center;">COMPLICATED FRACTURES REQUIRING OPEN OPERATION</p> <p>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</p> <p>ALL STATES: FEE \$51.00</p> <p>Anaesthetic — Item Nos 485G / 557S</p>

7823	<p>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</p> <p>DERIVED FEE — The fee for the treatment of the fracture, had such fracture not required open operation, plus three-quarters of that fee.</p> <p>Anaesthetic — Item Nos 485G / 557S</p>
7828	<p style="text-align: center;">GENERAL</p> <p>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</p> <p>DERIVED FEE — One-half of the amount of the fee specified for the reduction of the fracture.</p> <p>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</p> <p>DERIVED FEE — The fee specified for the administration of the anaesthetic for the reduction of the fracture.</p>
7834	<p>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</p> <p>DERIVED FEE — One-half of the amount of the fee specified for the reduction of the fracture.</p> <p>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</p> <p>DERIVED FEE — The fee specified for the administration of the anaesthetic for the reduction of the fracture.</p>
7839	<p>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</p> <p>DERIVED FEE — The fee specified for the reduction of the fracture.</p> <p>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</p> <p>DERIVED FEE — The fee specified for the administration of the anaesthetic for the reduction of this fracture</p>

7844 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

DERIVED FEE – The fee specified in this Division for the treatment of a simple and uncomplicated fracture of that part not requiring open operation.

Administration of an anaesthetic in connection with the treatment of avulsion of epiphysis of any part

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.

7847 TREATMENT OF A CLOSED FRACTURE INVOLVING A JOINT SURFACE referred to in an item under the first heading in this Division

DERIVED FEE – The fee specified for the treatment of the fracture plus one-third of that fee.

DIVISION 11 – ORTHOPAEDIC

7853 ACCESSORY OR SESAMOID BONE, removal of

ALL STATES: FEE \$120.00

Anaesthetic 6 units – Item Nos 407G / 513S

7857 EPICONDYLITIS, open operation for

ALL STATES: FEE \$120.00

Anaesthetic 6 units – Item Nos 407G / 513S

7861 DIGITAL NAIL, removal of

			NSW	VIC	QLD	SA	WA	TAS
FEE	\$	15.00	15.00	12.00	12.00	12.00	12.00	12.00

Anaesthetic 5 units – Item Nos 406G / 510S

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 \$12.80

Anaesthetic 5 units – Item Nos 406G / 510S

7868 MIDDLE PALMAR, THENAR OR HYPOTHENAR SPACES, drainage of

ALL STATES: FEE \$30.50

Anaesthetic 6 units – Item Nos 407G / 513S

	INGROWING TOENAIL, excision of nail bed							
7872	G. FEE	\$	NSW 71.00	VIC 53.00	QLD 53.00	SA 53.00	WA 53.00	TAS 53.00
7878	S. FEE	\$	93.00	69.00	69.00	66.00	69.00	66.00
	Anaesthetic 6 units — Item Nos 407G / 513S							
7883	INSERTION OF ORTHOPAEDIC PIN OR WIRE, as a separate unrelated procedure							
	ALL STATES: FEE \$53.00							
	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 \$78.00							
	Anaesthetic 8 units — Item Nos 409G / 517S							
7898	OSTEOSYNTHESIS by Smith-Petersen nail							
	ALL STATES: FEE \$420.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
7902	TEMPORO-MANDIBULAR MENISCECTOMY							
	ALL STATES: FEE \$154.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							
‡	MANIPULATION OF JOINT, JOINTS, SPINE, JOINT AND SPINE OR JOINTS AND SPINE, under general anaesthesia, not associated with any other Item in this Part							
7911	G.	ALL STATES: FEE \$48.00						
7915	S.	ALL STATES: FEE \$60.00						
	Anaesthetic 4 units — Item Nos 405G / 509S							
7926	SPINE, APPLICATION OF PLASTER JACKET							
	ALL STATES: FEE \$77.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
7928	RISSER JACKET, localiser or turn-buckle jacket, application of, body only							
	ALL STATES: FEE \$128.00							

7932	RISSER JACKET, localiser or turn-buckle jacket, application of, body and head ALL STATES: FEE \$128.00
7934	SCOLIOSIS, spinal fusion for ALL STATES: FEE \$655.00 Anaesthetic 23 units — Item Nos 467G / 538S
7937	SCOLIOSIS, re-exploration for adjustment or removal of Harrington rods or similar devices ALL STATES: FEE \$215.00 Anaesthetic 12 units — Item Nos 454G / 523S
7938	SCOLIOSIS, anterior correction of (Dwyer procedure), not more than four spaces; OR SPINAL FUSION FOR SCOLIOSIS OR KYPHOSIS with use of Harrington distraction rod ALL STATES: FEE \$815.00 Anaesthetic 23 units — Item Nos 467G / 538S
7939	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 ALL STATES: FEE \$1030.00 Anaesthetic 29 units — Item Nos 473G / 544S
7940	APPLICATION OF HALO for spinal fusion in the treatment of scoliosis, not covered by Item 7934 ALL STATES: FEE \$144.00 Anaesthetic 8 units — Item Nos 409G / 517S
7942	BONE GRAFT TO SPINE, POSTERIOR, not covered by Item 7945, 7967 or 7969 in this Schedule ALL STATES: FEE \$305.00 Anaesthetic 14 units — Item Nos 458G / 525S
7945	BONE GRAFT TO SPINE, POSTERO-LATERAL fusion ALL STATES: FEE \$540.00 Anaesthetic 14 units — Item Nos 458G / 525S

7947	<p>ANTERIOR INTERBODY SPINAL FUSION TO CERVICAL SPINE – ONE LEVEL</p> <p>ALL STATES: FEE \$470.00</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 \$600.00</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 \$540.00</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 \$725.00</p> <p>Anaesthetic 15 units – Item Nos 459G / 526S</p>
7967	<p>BONE GRAFT TO SPINE WITH LAMINECTOMY AND POSTERIOR INTERBODY FUSION – ONE LEVEL</p> <p>ALL STATES: FEE \$530.00</p> <p>Anaesthetic 15 units – Item Nos 459G / 526S</p>
7969	<p>BONE GRAFT TO SPINE WITH LAMINECTOMY AND POSTERIOR INTERBODY FUSION – MORE THAN ONE LEVEL</p> <p>ALL STATES: FEE \$725.00</p> <p>Anaesthetic 18 units – Item Nos 462G / 529S</p>
7975	<p>BONE GRAFT TO FEMUR</p> <p>ALL STATES: FEE \$370.00</p> <p>Anaesthetic 11 units – Item Nos 453G / 522S</p>
7977	<p>BONE GRAFT TO TIBIA</p> <p>ALL STATES: FEE \$290.00</p> <p>Anaesthetic 10 units – Item Nos 450G / 521S</p>

7983	<p>BONE GRAFT TO HUMERUS, OR TO RADIUS AND ULNA</p> <p>ALL STATES: FEE \$370.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
7993	<p>BONE GRAFT TO RADIUS OR ULNA</p> <p>ALL STATES: FEE \$260.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
7999	<p>BONE GRAFT TO SCAPHOID</p> <p>ALL STATES: FEE \$240.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
8001	<p>BONE GRAFT TO OTHER BONES, not covered by a specific item in this Part</p> <p>ALL STATES: FEE \$215.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8003	<p>CARPAL BONE, replacement of, by silicone or other implant including any necessary tendon transfers</p> <p>ALL STATES: FEE \$325.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
8009	<p>SHOULDER — removal of calcium deposit from cuff</p> <p>ALL STATES: FEE \$120.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8014	<p>SHOULDER — arthrotomy</p> <p>ALL STATES: FEE \$128.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8017	<p>SHOULDER — arthroplasty or plastic reconstruction</p> <p>ALL STATES: FEE \$330.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8019	<p>SHOULDER — arthrodesis or arthrectomy</p> <p>ALL STATES: FEE \$385.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>

8022	FINGER OR OTHER SMALL JOINT — arthrodesis, arthrectomy, or arthroplasty															
	<table border="0"> <thead> <tr> <th>FEE</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></td> <td></td> <td>140.00</td> <td>140.00</td> <td>116.00</td> <td>106.00</td> <td>106.00</td> <td>106.00</td> </tr> </tbody> </table> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>	FEE	\$	NSW	VIC	QLD	SA	WA	TAS			140.00	140.00	116.00	106.00	106.00
FEE	\$	NSW	VIC	QLD	SA	WA	TAS									
		140.00	140.00	116.00	106.00	106.00	106.00									
8026	SMALL JOINT — arthrotomy of ALL STATES: FEE \$38.50 Anaesthetic 5 units — Item Nos 406G / 510S															
8028	ZYGAPOPHYSEAL JOINTS, arthrectomy of ALL STATES: FEE \$200.00 Anaesthetic 8 units — Item Nos 409G / 517S															
8032	SACRO-ILIAC JOINT — arthrodesis ALL STATES: FEE \$225.00 Anaesthetic 12 units — Item Nos 454G / 523S															
8036	OTHER LARGE JOINT — arthrodesis, arthrectomy, arthroplasty or total synovectomy of ALL STATES: FEE \$200.00 Anaesthetic 10 units — Item Nos 450G / 521S															
8040	OTHER LARGE JOINT — arthrotomy ALL STATES: FEE \$144.00 Anaesthetic 8 units — Item Nos 409G / 517S															
8044	HIP — ARTHRODESIS ALL STATES: FEE \$510.00 Anaesthetic 15 units — Item Nos 459G / 526S															
8048	HIP — ARTHRECTOMY ALL STATES: FEE \$355.00 Anaesthetic 15 units — Item Nos 459G / 526S															
8053	HIP — ARTHROPLASTY (Austin Moore, Girdlestone etc.) ALL STATES: FEE \$355.00 Anaesthetic 10 units — Item Nos 450G / 521S															

PART 10 – OPERATIONS**DIVISION 11 – ORTHOPAEDIC**

‡ + 8069	<p>JOINT – ARTHROPLASTY, total replacement hip (McKee-Farrer, Charnley or similar procedure), knee, elbow, shoulder or ankle</p> <p>ALL STATES: FEE \$500.00</p> <p>Anaesthetic 17 units – Item Nos 461G / 528S</p>
† 8070	<p>JOINT – ARTHROPLASTY, total replacement of hip, knee, elbow, shoulder or ankle revision operation – with removal of prosthesis and replacement with new prosthesis</p> <p>ALL STATES: FEE \$655.00</p> <p>Anaesthetic 20 units – Item Nos 464G / 533S</p>
8074	<p>HIP – ARTHROTOMY (including removal of prosthesis)</p> <p>ALL STATES: FEE \$260.00</p> <p>Anaesthetic 9 units – Item Nos 443G / 518S</p>
† 8080	<p>KNEE – DIAGNOSTIC ARTHROSCOPY not associated with a procedure performed through the arthroscope</p> <p>ALL STATES: FEE \$94.00</p> <p>Anaesthetic 5 units – Item Nos 406G / 510S</p>
† 8082	<p>KNEE – ARTHROTOMY, including one or more of, removal of loose body, removal of foreign body, biopsy or lateral capsular release, not associated with Item 8085, 8088, 8090 or 8092</p> <p>ALL STATES: FEE \$172.00</p> <p>Anaesthetic 6 units – Item Nos 407G / 513S</p>
† 8085	<p>KNEE – single meniscectomy, repair of one collateral ligament, patellectomy, operation for recurrent dislocation of patella, single transfer of ligament for rotary instability, single transfer of tendon for rotary instability or any other single procedure not covered by any other Item in this Part – one procedure</p> <p>ALL STATES: FEE \$205.00</p> <p>Anaesthetic 7 units – Item Nos 408G / 514S</p>

8088	<p>† KNEE — total synovectomy, arthrectomy, arthrodesis, repair of cruciate ligaments, replacement of cruciate ligaments, reconstruction of cruciate ligaments, arthroscopic surgery for meniscectomy, chondroplasty, removal of loose body or removal of foreign body — one procedure</p> <p>ALL STATES: FEE \$320.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>														
8090	<p>† KNEE — operation comprising two or more procedures covered by Item 8082, 8085 or 8088, but not covered by Item 8092</p> <p>ALL STATES: FEE \$320.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>														
8092	<p>† KNEE — three or more procedures for correction of rotary instability involving injury to cruciate ligaments, comprising as a minimum, medial, lateral and intra-articular procedures</p> <p>ALL STATES: FEE \$405.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>														
8105	<p>JOINT, or other SYNOVIAL CAVITY — aspiration, or injection into, or both of these services</p> <p>ALL STATES: FEE \$13.80</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>														
8113	<p>JOINT, repair of capsule or ligament of; or INTERNAL FIXATION of, to stabilize joint</p> <p>ALL STATES: FEE \$174.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>														
8116	<p>FOOT OR ANKLE REGION — triple arthrodesis</p> <table data-bbox="226 1331 1145 1394"> <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>\$ 260.00</td> <td>290.00</td> <td>260.00</td> <td>260.00</td> <td>260.00</td> <td>260.00</td> </tr> </tbody> </table> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>		NSW	VIC	QLD	SA	WA	TAS	FEE	\$ 260.00	290.00	260.00	260.00	260.00	260.00
	NSW	VIC	QLD	SA	WA	TAS									
FEE	\$ 260.00	290.00	260.00	260.00	260.00	260.00									
8120	<p>CALCANEAN SPUR, removal of</p> <p>ALL STATES: FEE \$154.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>														
<p>1 JUNE 1982 8088 — 8120 Page 213</p>															

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 220.00	VIC 220.00	QLD 198.00	SA 198.00	WA 205.00	TAS 198.00
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 290.00	VIC 270.00	QLD 250.00	SA 250.00	WA 250.00	TAS 250.00
Anaesthetic 8 units — Item Nos 409G / 517S								
8151	HAMMER TOE, correction of							
	G.	ALL STATES: FEE \$94.00						
8153	S.							
	S.	ALL STATES: FEE \$116.00						
Anaesthetic 6 units — Item Nos 407G / 513S								
8158	CERVICAL RIB, removal of							
	ALL STATES: FEE \$260.00							
Anaesthetic 11 units — Item Nos 453G / 522S								
8161	SCALENOTOMY							
	ALL STATES: FEE \$205.00							
Anaesthetic 8 units — Item Nos 409G / 517S								
8166	ACROMION OR CORACO-ACROMION LIGAMENT, removal of							
	ALL STATES: FEE \$154.00							
Anaesthetic 7 units — Item Nos 408G / 514S								
8169	EXCISION OF EXOSTOSIS OF SMALL BONE including simple removal of bunion							
	G.	ALL STATES: FEE \$94.00						
8173	S.							
	S.	ALL STATES: FEE \$116.00						
Anaesthetic 6 units — Item Nos 407G / 513S								

EXCISION OF EXOSTOSIS OF LARGE BONE	
8179	G. ALL STATES: FEE \$114.00
8182	S. ALL STATES: FEE \$144.00 Anaesthetic 6 units — Item Nos 407G / 513S
OSTEOTOMY OR OSTEECTOMY OF PHALANX, METACARPAL OR METATARSAL	
8185	FEE \$
	NSW 120.00 VIC 120.00 QLD 110.00 SA 110.00 WA 120.00 TAS 110.00
	Anaesthetic 6 units — Item Nos 407G / 513S
OSTEOTOMY OF PHALANX, METACARPAL OR METATARSAL, with internal fixation	
8187	ALL STATES: FEE \$128.00 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 \$128.00 Anaesthetic 7 units — Item Nos 408G / 514S
OSTEOTOMY OF FIBULA, RADIUS, ULNA, CLAVICLE, SCAPULA (OTHER THAN ACROMION), RIB, TARSUS OR CARPUS, with internal fixation	
8193	ALL STATES: FEE \$154.00 Anaesthetic 7 units — Item Nos 408G / 514S
OSTEOTOMY OR OSTEECTOMY OF TIBIA OR HUMERUS	
8195	ALL STATES: FEE \$174.00 Anaesthetic 7 units — Item Nos 408G / 514S
OSTEOTOMY OR OSTEECTOMY OF FEMUR OR PELVIC BONE	
8198	ALL STATES: FEE \$290.00 Anaesthetic 8 units — Item Nos 409G / 517S
OSTEOTOMY OF TIBIA, HUMERUS, FEMUR OR PELVIC BONE, with internal fixation	
8201	ALL STATES: FEE \$420.00 Anaesthetic 11 units — Item Nos 453G / 522S

8206	<p>OSTEOTOMY OF FEMUR — sub-trochanteric</p> <p>ALL STATES: FEE \$290.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8209	<p>OSTECTOMY OF VERTEBRAL BODIES</p> <p>ALL STATES: FEE \$270.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8211	<p>OSTEOTOMY AND DISTRACTION FOR LENGTHENING OF LIMB</p> <p>ALL STATES: FEE \$290.00</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 \$71.00</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 \$144.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8219	<p>FLEXOR TENDON OF HAND, primary suture of</p> <p>G. ALL STATES: FEE \$122.00</p>
8222	<p>S. ALL STATES: FEE \$154.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8225	<p>FLEXOR TENDON OF HAND, secondary suture of</p> <p>ALL STATES: FEE \$174.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
8227	<p>EXTENSOR TENDON OF HAND, primary suture of</p> <p>G. ALL STATES: FEE \$64.00</p>
8230	<p>S. ALL STATES: FEE \$77.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>

8233	<p>EXTENSOR TENDON OF HAND, secondary suture of</p> <p>ALL STATES: FEE \$120.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
8235	<p>ACHILLES TENDON or other large tendon, suture of</p> <p>G. ALL STATES: FEE \$152.00</p>
8238	<p>S. ALL STATES: FEE \$192.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
8241	<p>TENDON OF FOOT, primary suture of</p> <p>ALL STATES: FEE \$53.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8243	<p>TENDON OF FOOT, secondary suture of</p> <p>ALL STATES: FEE \$77.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8246	<p>TENOTOMY, SUBCUTANEOUS, one or more tendons</p> <p>ALL STATES: FEE \$48.00</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
8249	<p>TENOTOMY, OPEN, with or without tenoplasty</p> <p>ALL STATES: FEE \$116.00</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 \$215.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8257	<p>TENDON GRAFT</p> <p>ALL STATES: FEE \$290.00</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 \$220.00</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 \$128.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
8267	<p>TENDON SHEATH, incision of, or open operation for STENOSING TENDOVAGINITIS</p> <p>ALL STATES: FEE \$94.00</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 \$138.00</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 \$78.00</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 \$106.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8283	<p>SYNOVECTOMY of metacarpophalangeal joint</p> <p>ALL STATES: FEE \$138.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8287	<p>SYNOVECTOMY of interphalangeal joint</p> <p>ALL STATES: FEE \$96.00</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 \$230.00</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 \$154.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
8296	<p>DUPUYTREN'S CONTRACTURE, subcutaneous fasciotomy</p> <p>ALL STATES: FEE \$77.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8298	<p>DUPUYTREN'S CONTRACTURE, radical operation for</p> <p>ALL STATES: FEE \$192.00</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 \$290.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8304	<p>FRAGMENTATION AND RODDING IN FRAGILITAS OSSIUM — TIBIA</p> <p>ALL STATES: FEE \$355.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8306	<p>FRAGMENTATION AND RODDING IN FRAGILITAS OSSIUM — FEMUR</p> <p>ALL STATES: FEE \$470.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
8310	<p>EPIPHYSEODESIS — FEMUR</p> <p>ALL STATES: FEE \$174.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8312	<p>EPIPHYSEODESIS — TIBIA AND FIBULA</p> <p>ALL STATES: FEE \$174.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8314	<p>EPIPHYSEODESIS — COMBINED</p> <p>ALL STATES: FEE \$240.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>

8316	STAPLE ARREST OF HEMI-EPIPHYSIS							
	ALL STATES: FEE \$240.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
8318	Operation for the prevention of closure of epiphysial plate							
	ALL STATES: FEE \$480.00							
	Anaesthetic 8 units — Item Nos 409G / 517S							
8320	RADICAL PLANTAR FASCIOTOMY (STEINDLER'S OPERATION)							
	ALL STATES: FEE \$225.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
8322	TALIPES EQUINOVARUS — POSTERIOR RELEASE PROCEDURE							
	ALL STATES: FEE \$210.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
8324	TALIPES EQUINOVARUS — MEDIAL RELEASE PROCEDURE							
	ALL STATES: FEE \$240.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
8326	SUBTALAR ARTHRODESIS (EXTRA-ARTICULAR)							
	ALL STATES: FEE \$240.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							
8328	CALCANEAL OSTEOTOMY							
	ALL STATES: FEE \$174.00							
	Anaesthetic 8 units — Item Nos 409G / 517S							
8330	CALCANEAL OSTEOTOMY WITH BONE GRAFT							
	ALL STATES: FEE \$240.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							
8332	CONGENITAL DISLOCATION OF HIP — manipulation and plaster (one hip)							
	FEE	\$	NSW 84.00	VIC 61.00	QLD 61.00	SA 61.00	WA 61.00	TAS 61.00
	Anaesthetic 6 units — Item Nos 407G / 513S							

8334	<p>TALIPES EQUINOVARUS, CALCANEUS VALGUS, PES PLANUS, METATARSUS VARUS, GENU VARUM OR GENU VALGUM — manipulation under general anaesthesia</p> <p>ALL STATES: FEE \$20.50</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
8336	<p>TALIPES EQUINOVARUS, CALCANEUS VALGUS, PES PLANUS, METATARSUS VARUS, GENU VARUM OR GENU VALGUM — manipulation and plaster under general anaesthesia</p> <p>ALL STATES: FEE \$26.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
8349	<p>EPIPHYSITIS (Perthes', Calve's or Scheuermann's) plaster for</p> <p>ALL STATES: FEE \$42.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
8351	<p>EPIPHYSITIS (Sever's, Kohler's, Kienboch's or Schlatter's), plaster for</p> <p>ALL STATES: FEE \$26.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
8352	<p>CONTRACTURES, manipulation under general anaesthesia, not covered by a specific item in this Part</p> <p>ALL STATES: FEE \$20.50</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
8354	<p>CONTRACTURES, manipulation and plaster under general anaesthesia, not covered by a specific item in this Part</p> <p>ALL STATES: FEE \$31.50</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
8356	<p>SPASTIC PARALYSIS — manipulation and plaster (one limb)</p> <p>ALL STATES: FEE \$31.50</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>

DIVISION 12 — PAEDIATRIC	
8378	<p>HYPERTELORISM, correction of</p> <p>ALL STATES: FEE \$385.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
8380	<p>CHOANAL ATRESIA, plastic repair of</p> <p>ALL STATES: FEE \$380.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
8382	<p>CHOANAL ATRESIA, repair of by puncture and dilatation</p> <p>ALL STATES: FEE \$94.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8384	<p>MACROCHEILIA, MACROGLOSSIA OR MACROSTOMIA, operation for</p> <p>ALL STATES: FEE \$205.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
8386	<p>TORTICOLLIS, operation for</p> <p>ALL STATES: FEE \$154.00</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 \$470.00</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 \$470.00</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 \$580.00</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 \$405.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
8398	<p>HIRSCHSPRUNG'S DISEASE, rectosigmoidectomy for</p> <p>ALL STATES: FEE \$530.00</p> <p>Anaesthetic 22 units — Item Nos 466G / 537S</p>
8400	<p>EXOMPHALOS OR GASTROSCHISIS, operation for</p> <p>ALL STATES: FEE \$465.00</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 \$515.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
8406	<p>ANO-RECTAL MALFORMATION, perineal anoplasty; primary or secondary repair</p> <p>ALL STATES: FEE \$172.00</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 \$500.00</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 \$260.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8412	<p>URACHAL FISTULA, operation for</p> <p>ALL STATES: FEE \$225.00</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 \$510.00</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 \$305.00</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 \$156.00</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 \$350.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>
8428	<p>EXTRA DIGIT, ligation of pedicle</p> <p>ALL STATES: FEE \$20.50</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
8430	<p>EXTRA DIGIT, amputation of</p> <p>ALL STATES: FEE \$53.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
8432	<p>DERMOID, periorbital or superficial nasal, excision of</p> <p>G. ALL STATES: FEE \$75.00</p>
8434	<p>S. ALL STATES: FEE \$96.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8436	<p>DERMOID, ORBITAL, excision of</p> <p>ALL STATES: FEE \$205.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>

8440	<p>DERMOID OF NOSE, excision of, with intranasal extension</p> <p>ALL STATES: FEE \$240.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8442	<p>MYELOMENINGOCELE — excision of sac</p> <p>ALL STATES: FEE \$290.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
8444	<p>MYELOMENINGOCELE EXTENSIVE requiring formal repair with skin flaps or Z plasty</p> <p>ALL STATES: FEE \$430.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
<p>DIVISION 13 — PLASTIC AND RECONSTRUCTIVE</p> <p>METICULOUS PLASTIC REPAIR DESIGNED TO OBTAIN MAXIMUM FUNCTIONAL OR COSMETIC RESULTS INCLUDING THE PREPARATION OF THE DEFECT REQUIRING REPAIR</p>	
8450	<p>DERMO-FAT OR FASCIA GRAFT (including transplant or muscle flap)</p> <p>ALL STATES: FEE \$200.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
8452	<p>ABRASIVE THERAPY, limited area</p> <p>ALL STATES: FEE \$75.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
8454	<p>ABRASIVE THERAPY, extensive area</p> <p>ALL STATES: FEE \$168.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8458	<p>ANGIOMA, cauterisation of or injection into, under general anaesthesia</p> <p>ALL STATES: FEE \$39.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>

8462	<p>ANGIOMA OF SKIN, and subcutaneous tissue or mucous surface, small, excision and repair of</p> <p>FEE</p> <table> <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>57.00</td> <td>57.00</td> <td>46.50</td> <td>46.50</td> <td>46.50</td> <td>39.00</td> </tr> </tbody> </table> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>		NSW	VIC	QLD	SA	WA	TAS	\$	57.00	57.00	46.50	46.50	46.50	39.00
	NSW	VIC	QLD	SA	WA	TAS									
\$	57.00	57.00	46.50	46.50	46.50	39.00									
8466	<p>ANGIOMA OF SKIN and subcutaneous tissue or mucous surface, large, excision and repair of</p> <p>ALL STATES: FEE \$69.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>														
8470	<p>ANGIOMA, INVOLVING DEEPER TISSUE, small, excision and repair of</p> <p>ALL STATES: FEE \$93.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>														
8472	<p>ANGIOMA, INVOLVING DEEPER TISSUE, large, excision and repair of</p> <p>ALL STATES: FEE \$138.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>														
8474	<p>HAEMANGIOMA OF NECK, deep-seated, excision of</p> <p>ALL STATES: FEE \$240.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>														
8476	<p>MAJOR EXCISION AND GRAFTING FOR LYMPHOEDEMA</p> <p>ALL STATES: FEE \$330.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>														
8478	<p>FOREIGN IMPLANTS FOR CONTOUR RECONSTRUCTION</p> <p>ALL STATES: FEE \$200.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>														
8480	<p style="text-align: center;">SKIN FLAP SURGERY</p> <p>‡ SINGLE STAGE LOCAL FLAP REPAIR, simple, small, excluding flap for male pattern baldness</p> <p>ALL STATES: FEE \$120.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>														

‡ 8484	SINGLE STAGE LOCAL FLAP REPAIR, complicated or large, excluding flap for male pattern baldness ALL STATES: FEE \$174.00 Anaesthetic 10 units — Item Nos 450G / 521S
8485	DIRECT FLAP REPAIR (cross arm, abdominal or similar), first stage ALL STATES: FEE \$200.00 Anaesthetic 11 units — Item Nos 453G / 522S
8486	DIRECT FLAP REPAIR (cross arm, abdominal or similar), second stage ALL STATES: FEE \$100.00 Anaesthetic 9 units — Item Nos 443G / 518S
8487	DIRECT FLAP REPAIR, cross leg, first stage ALL STATES: FEE \$430.00 Anaesthetic 13 units — Item Nos 457G / 524S
8488	DIRECT FLAP REPAIR, cross leg, second stage ALL STATES: FEE \$192.00 Anaesthetic 10 units — Item Nos 450G / 521S
8490	DIRECT FLAP REPAIR, small (cross finger or similar), first stage ALL STATES: FEE \$110.00 Anaesthetic 7 units — Item Nos 408G / 514S
8492	DIRECT FLAP REPAIR, small (cross finger or similar), second stage ALL STATES: FEE \$50.00 Anaesthetic 7 units — Item Nos 408G / 514S
8494	INDIRECT FLAP OR TUBED PEDICLE, formation of ALL STATES: FEE \$188.00 Anaesthetic 10 units — Item Nos 450G / 521S
8496	INDIRECT FLAP OR TUBED PEDICLE, delay of ALL STATES: FEE \$100.00 Anaesthetic 8 units — Item Nos 409G / 517S

8498	<p>INDIRECT FLAP OR TUBED PEDICLE, preparation of and attachment to intermediate or final site</p> <p>ALL STATES: FEE \$200.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8500	<p>INDIRECT FLAP OR TUBED PEDICLE, spreading of pedicle, as a separate procedure</p> <p>ALL STATES: FEE \$156.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8502	<p>DIRECT, INDIRECT OR LOCAL FLAP REPAIR, revision of graft</p> <p>ALL STATES: FEE \$110.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8504	<p style="text-align: center;">FREE GRAFTS</p> <p>FREE GRAFTS (split skin or pinch grafts) on granulating areas, small</p> <p>ALL STATES: FEE \$87.00</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 \$174.00</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 \$128.00</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 \$295.00</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 \$270.00</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 \$120.00</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 \$250.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8518	<p>‡ FREE FULL THICKNESS GRAFTS, excluding grafts for male pattern baldness</p> <p>ALL STATES: FEE \$200.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
8522	<p style="text-align: center;">OTHER GRAFTS AND MISCELLANEOUS PROCEDURES</p> <p>REVISION under general anaesthesia of facial or neck scar NOT MORE THAN 3 CM IN LENGTH</p> <p>ALL STATES: FEE \$93.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8524	<p>REVISION under general anaesthesia of facial or neck scar MORE THAN 3 CM IN LENGTH</p> <p>ALL STATES: FEE \$126.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
8528	<p>MAMMAPLASTY, reduction including repositioning of nipple (unilateral)</p> <p>ALL STATES: FEE \$380.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8530	<p>‡ AUGMENTATION MAMMAPLASTY for significant breast asymmetry or following mastectomy, where the mammaplasty is limited to one breast</p> <p>ALL STATES: FEE \$315.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>

† 8535	<p>HAIR TRANSPLANTATION FOR THE TREATMENT OF ALOPECIA of congenital or traumatic origin or due to disease, excluding male pattern baldness, not covered by any other Item in this Part</p> <p>ALL STATES: FEE \$200.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8540	<p>DIGIT, transplantation of — complete procedure</p> <p>ALL STATES: FEE \$545.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
‡ 8542	<p>NEUROVASCULAR ISLAND FLAP, including repair of secondary defect, excluding flap for male pattern baldness</p> <p>ALL STATES: FEE \$470.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
8544	<p>MACRODACTYLY, plastic reduction of, each finger</p> <p>ALL STATES: FEE \$140.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8546	<p>FACIAL NERVE PARALYSIS, free fascia graft for</p> <p>ALL STATES: FEE \$305.00</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 \$355.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
† 8551	<p>MELOPLASTY for correction of facial asymmetry due to soft tissue abnormality where the meloplasty is limited to one side of the face</p> <p>ALL STATES: FEE \$375.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
8552	<p>ORBITAL CAVITY, reconstruction of floor or roof of</p> <p>ALL STATES: FEE \$205.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>

8554	<p>MAXILLA, resection of</p> <p>ALL STATES: FEE \$380.00</p> <p>Anaesthetic 17 units — Item Nos 461G / 528S</p>
8556	<p>MANDIBLE, resection of</p> <p>ALL STATES: FEE \$295.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
8560	<p>MANDIBLE, segmental resection of, for tumours</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
8564	<p>MANDIBLE, section-fixation for prognathism or retrognathism</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
8568	<p>MANDIBLE, hemi-mandibular reconstruction with bone graft, not associated with Item 8556</p> <p>ALL STATES: FEE \$350.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
8570	<p>MANDIBLE, condylectomy</p> <p>ALL STATES: FEE \$200.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8574	<p>OSTEOTOMY OR OSTEECTOMY OF MANDIBLE (other than alveolar margins) for congenital or post-traumatic malformation, not covered by a specific item in this Part</p> <p>ALL STATES: FEE \$220.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8578	<p>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</p> <p>ALL STATES: FEE \$250.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>

8582	WHOLE THICKNESS RECONSTRUCTION OF EYELID other than by direct suture ALL STATES: FEE \$250.00 Anaesthetic 10 units — Item Nos 450G / 521S																
8584	† REDUCTION OF UPPER EYELID for skin redundancy obscuring vision, herniation of orbital fat in exophthalmos, facial nerve palsy or post traumatic scarring, or, in respect of one of these conditions, the restoration of symmetry of the contralateral upper eyelid ALL STATES: FEE \$100.00 Anaesthetic 7 units — Item Nos 408G / 514S																
8585	† REDUCTION OF LOWER EYELID for herniation of orbital fat in exophthalmos, facial nerve palsy or post traumatic scarring, or, in respect of one of these conditions, the restoration of symmetry of the contralateral lower eyelid ALL STATES: FEE \$138.00 Anaesthetic 8 units — Item Nos 409G / 517S																
8586	CORRECTION OF PTOSIS (unilateral) <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;">NSW</th> <th style="width: 10%;">VIC</th> <th style="width: 10%;">QLD</th> <th style="width: 10%;">SA</th> <th style="width: 10%;">WA</th> <th style="width: 10%;">TAS</th> </tr> </thead> <tbody> <tr> <td>FEE</td> <td>\$</td> <td>330.00</td> <td>290.00</td> <td>290.00</td> <td>290.00</td> <td>290.00</td> <td>290.00</td> </tr> </tbody> </table> Anaesthetic 12 units — Item Nos 454G / 523S			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	330.00	290.00	290.00	290.00	290.00	290.00
		NSW	VIC	QLD	SA	WA	TAS										
FEE	\$	330.00	290.00	290.00	290.00	290.00	290.00										
8588	ECTROPION OR ENTROPION, correction of (unilateral) ALL STATES: FEE \$138.00 Anaesthetic 9 units — Item Nos 443G / 518S																
8592	SYMBLEPHARON, grafting for ALL STATES: FEE \$200.00 Anaesthetic 8 units — Item Nos 409G / 517S																
8594	RHINOPLASTY, correction of lateral and/or alar cartilages ALL STATES: FEE \$220.00 Anaesthetic 10 units — Item Nos 450G / 521S																
8596	RHINOPLASTY, correction of bony vault only ALL STATES: FEE \$250.00 Anaesthetic 10 units — Item Nos 450G / 521S																

8598	<p>RHINOPLASTY – TOTAL, including correction of all bony and cartilaginous elements of the external nose</p> <p>ALL STATES: FEE \$430.00</p> <p>Anaesthetic 12 units – Item Nos 454G / 523S</p>
8600	<p>RHINOPLASTY OR SIMILAR CONTOUR RESTORATION OF THE FACE, autogenous bone or costal cartilage graft</p> <p>ALL STATES: FEE \$540.00</p> <p>Anaesthetic 13 units – Item Nos 457G / 524S</p>
8602	<p>RHINOPLASTY, secondary revision of</p> <p>ALL STATES: FEE \$63.00</p> <p>Anaesthetic 10 units – Item Nos 450G / 521S</p>
8604	<p>RHINOPHYMA, correction of</p> <p>ALL STATES: FEE \$150.00</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 \$215.00</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 \$225.00</p> <p>Anaesthetic 8 units – Item Nos 409G / 517S</p>
8612	<p>CONGENITAL ATRESIA, reconstruction of external auditory canal</p> <p>ALL STATES: FEE \$295.00</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 \$138.00</p> <p>Anaesthetic 8 units – Item Nos 409G / 517S</p>
8616	<p>VERMILIONECTOMY</p> <p>ALL STATES: FEE \$138.00</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 \$355.00</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 \$104.00</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
8622	<p>CLEFT LIP, unilateral — primary repair</p> <p>ALL STATES: FEE \$270.00</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 \$370.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
8628	<p>CLEFT LIP, secondary correction, partial or incomplete</p> <p>ALL STATES: FEE \$114.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8630	<p>CLEFT LIP, secondary correction, complete revision</p> <p>ALL STATES: FEE \$220.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
8632	<p>CLEFT LIP, secondary correction, Abbe flap</p> <p>ALL STATES: FEE \$505.00</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 \$150.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8636	<p>CLEFT PALATE, primary repair, partial cleft</p> <p>ALL STATES: FEE \$270.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>

Item No.	Medical Service
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PART 11 — NUCLEAR MEDICINE**NOTE**

(This note should be read in conjunction with paragraphs 237 to 242 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 \$56.00
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BLOOD VOLUME Cr51

8702	FEE	\$	NSW 22.50	VIC 22.50	QLD 22.50	SA 22.50	WA 19.80	TAS 22.50
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GASTROINTESTINAL BLOOD LOSS ESTIMATION with radioactive chromium involving serial examination of stool specimens

8704	ALL STATES: FEE \$44.50
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RADIOIODINE, URINARY ESTIMATION

8706	ALL STATES: FEE \$15.20
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PROTEIN BOUND RADIOACTIVE IODINE TEST

8708	ALL STATES: FEE \$22.50
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RADIOACTIVE B12 ABSORPTION TEST (Schilling test) — (One isotope)

8710	ALL STATES: FEE \$24.50
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RADIOACTIVE B12 ABSORPTION TEST (Schilling test) — (Two isotopes)

8711	ALL STATES: FEE \$37.00
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	THALLIUM MYOCARDIAL STUDY or THALLIUM MYOCARDIAL REDISTRIBUTION STUDY	
8712	C.	ALL STATES: FEE \$100.00
8713	NC.	ALL STATES: FEE \$88.00
	MYOCARDIAL INFARCT AVID IMAGING, CARDIAC BLOOD POOL STUDY or CARDIAC OUTPUT ESTIMATION	
8716	C.	ALL STATES: FEE \$77.00
8717	NC.	ALL STATES: FEE \$67.00
	GATED CARDIAC BLOOD POOL (equilibrium) STUDY	
8720	C.	ALL STATES: FEE \$126.00
8721	NC.	ALL STATES: FEE \$67.00
	GATED CARDIAC BLOOD POOL STUDY WITH INTERVENTION	
8723	C.	ALL STATES: FEE \$152.00
	CARDIAC SHUNT STUDY or CARDIAC FIRST PASS BLOOD FLOW STUDY (gated or ungated)	
8724	C.	ALL STATES: FEE \$77.00
	LUNG PERFUSION STUDY, LUNG VENTILATION STUDY or LUNG AEROSOL STUDY	
8730	C.	ALL STATES: FEE \$77.00
8731	NC.	ALL STATES: FEE \$67.00
	LIVER AND SPLEEN STUDY, HEPATO BILIARY STUDY or MECKEL'S DIVERTICULUM STUDY	
8736	C.	ALL STATES: FEE \$102.00
8737	NC.	ALL STATES: FEE \$91.00
	SPLEEN STUDY, RED BLOOD CELL SPLEEN STUDY, PANCREAS STUDY, GASTRO-OESOPHAGEAL REFLUX STUDY, SALIVARY STUDY, or BOWEL HAEMORRHAGE STUDY	
8738	C.	ALL STATES: FEE \$78.00
8739	NC.	ALL STATES: FEE \$69.00
	LIVER AND LUNG STUDY	
8742	C.	ALL STATES: FEE \$152.00
8743	NC.	ALL STATES: FEE \$132.00

LE VEEN SHUNT STUDY		
8746	C.	ALL STATES: FEE \$53.00
8747	NC.	ALL STATES: FEE \$46.50
GASTRIC EMPTYING STUDY		
8750	C.	ALL STATES: FEE \$78.00
RENAL STUDY (static) or PLACENTAL STUDY		
8755	C.	ALL STATES: FEE \$78.00
8756	NC.	ALL STATES: FEE \$69.00
QUANTITATIVE RENOGRAM or CYSTOURETEROGRAM		
8759	C.	ALL STATES: FEE \$102.00
8760	NC.	ALL STATES: FEE \$90.00
TESTICULAR STUDY		
8763	C.	ALL STATES: FEE \$54.00
8764	NC.	ALL STATES: FEE \$47.50
BRAIN STUDY (static) or CEREBRO SPINAL FLUID STUDY (static)		
8769	C.	ALL STATES: FEE \$104.00
8770	NC.	ALL STATES: FEE \$92.00
SHUNT PATENCY STUDY		
8773	C.	ALL STATES: FEE \$78.00
8774	NC.	ALL STATES: FEE \$70.00
DYNAMIC FLOW STUDY or REGIONAL BLOOD VOLUME QUANTITATION STUDY		
8779	C.	ALL STATES: FEE \$30.00
8780	NC.	ALL STATES: FEE \$27.00
VENOGRAPHY, LYMPHOSCINTIGRAPHY, LABELLED PLATELETS THROMBUS STUDY or LABELLED WHITE CELL STUDY		
8783	C.	ALL STATES: FEE \$102.00
8784	NC.	ALL STATES: FEE \$90.00

PERIPHERAL PERFUSION STUDY		
8787	C.	ALL STATES: FEE \$77.00
8788	NC.	ALL STATES: FEE \$67.00
BONE STUDY — four or more areas		
8793	C.	ALL STATES: FEE \$205.00
8794	NC.	ALL STATES: FEE \$178.00
BONE STUDY — less than four areas		
8797	C.	ALL STATES: FEE \$104.00
8798	NC.	ALL STATES: FEE \$92.00
JOINT STUDY of two or more joints		
8799	C.	ALL STATES: FEE \$104.00
8800	NC.	ALL STATES: FEE \$92.00
TUMOUR SEEKING STUDY — three or more areas		
8803	C.	ALL STATES: FEE \$205.00
8804	NC.	ALL STATES: FEE \$178.00
TUMOUR SEEKING STUDY — less than three areas		
8807	C.	ALL STATES: FEE \$104.00
8808	NC.	ALL STATES: FEE \$92.00
THYROID STUDY (Tc, I, Cs) or PERCHLORATE DISCHARGE STUDY		
8813	C.	ALL STATES: FEE \$52.00
8814	NC.	ALL STATES: FEE \$46.00
THYROID UPTAKE		
8817	C.	ALL STATES: FEE \$27.00
8818	NC.	ALL STATES: FEE \$23.50
PARATHYROID STUDY		
8821	C.	ALL STATES: FEE \$77.00

ADRENAL STUDY

8824	C.	ALL STATES: FEE \$80.00
8825	NC.	ALL STATES: FEE \$71.00

STUDY OF REGION OR ORGAN NOT COVERED by any other item in this Part

8828	C.	ALL STATES: FEE \$77.00
8829	NC.	ALL STATES: FEE \$67.00

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**

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lipectomy for	3306-3308
block, initial	748
subsequent	752
cervicectomy	3739/3745
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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
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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	3379/3384
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	3379/3384
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	3379/3384
small, incision with drainage of, not requiring a general anaesthetic	3371
subperiosteal	(see osteomyelitis)
subphrenic, drainage of	3750
urethral, drainage of	3379/3384
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	*
retrobulbar injection of	756
retrobulbar injection of	6918
Allergens, skin sensitivity for	987,989

* Payable on attendance basis

Service	Item
Alimentary continuity, primary restoration	5508
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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	6430/6431
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midtarsal or transmetatarsal	5038
hand	4972-4979
hindquarter	5055
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interscapulothoracic	4987
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shoulder	4983
stump, trimming of	*
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
for removal of phaeochromocytoma	460/527
separate pre-operative examination for	82/85

*Payable on attendance basis

Service	Item
Anal prolapse, circum-anal suture for	4467
injection into without anaesthesia	4534
submucosal injection for	4534
sphincterotomy, as an independent procedure (Hirschsprung's disease)	4490
subcutaneous, internal (unilateral or bilateral) as an independent procedure	pay under 4537/4544
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
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portal, hypertension, vascular	4766
spino-ureteral, spino-peritoneal or spino-pleural of, for hydrocephalus, congenital	7320
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Aneurysm, abdominal aortic, excision of and insertion of graft	4791,4794
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Angioma, cauterisation or injection of, under general anaesthesia	8458
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Ankle, arthroplasty, total replacement	8069
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region, triple arthrodesis of	8116
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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

Service	Item
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
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)	4455
repair of stricture of	4482
sphincterotomy of	4490
submucosal injection for prolapse of	4534
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	3306-3308
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

Service	Item
Artery, or arteries, coronary, direct surgery to	7066
umbilical, catheterisation	897
Arthrectomy, finger	8022
hip	8048
knee	8088
shoulder	8019
zygapophyseal joints	8028
other large joint	8036
small joint	8022
Arthrodesis, finger	8022
hip	8044
knee	8088
sacro-iliac joint	8032
shoulder	8019
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other large joint	8036
small joint	8022
Arthroplasty, ankle	8069
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small joint	8022
Arthroscopy, knee	8080-8092
Arthrotomy, hip	8074
knee	8082
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, dilation for	5470-5492
operation for	8392

* Payable on attendance basis

Service	Item
Atresia, tracheal, dilatation of, with bronchoscopy	5619,5624
Attendance, professional, by general practitioner	
— at hospital or nursing home	27-46
by general practitioner, surgery	
consultation or home visit	
— brief	1,2,11,12
— standard	5,6,15,16
— long	7,8,17,18
— prolonged	9,10,21,22
— on nursing home patient	32,34,41,42
— on hospital in-patient	31,55,56,61-68
— family group therapy	996-998
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	878
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
hyperidrosis, wedge excision for	3314
vessel, ligation of	4690
involving gradual occlusion by mechanical device	4715

Service	Item
B	
Back, manipulation of, under general anaesthesia	7911/7915
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	3820-3834
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	6411
cone, of cervix	6430/6431
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

Service	Item
Biopsy, testis	6218
via laparoscope	6607
with cervical exploration of mediastinum	6992
direct examination of larynx	5524
gastroscopy or duodenoscopy	3847-3851
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
repair of rupture of	5891/5894
with complete or partial uterectomy	5747
suprapubic stab cystotomy	5903
transection of for urge incontinence of urine	5941
tumour of, biopsy of, with cystoscopy	5868
diathermy or resection of, with cystoscopy	5871, 5875
suprapubic diathermy of	5919
washout test of	839
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 (limited to one attendance per procedure)	*
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

* Payable on attendance basis

Service	Item
Bone, graft to radius and ulna	7983
radius or ulna	7993
scaphoid	7999
spine	7934-7969
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	8528-8530
manipulation of fibrous tissue surrounding prosthesis under G.A.	3106
without G.A.	*
operations on	3647-3702
partial mastectomy involving more than one quarter of breast tissue	3678/3683
prosthesis,	
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

*Payable on attendance basis

Service	Item
Bronchspirometry	918
Bronchus, operations on	5605,5613
removal of foreign body in	5613
Bubonocele operation	4222/4227
Buckling operation for detached retina	6902
Bunion, excision of	8169/8173
Burns, dressing of (not involving grafting)	3006-3039
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
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	8082-8088
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
surgery, open, congenital, in children	7044
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	8085-8092
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	6430/6431
cauterisation of	6411
cone biopsy of	6430/6431
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 with or without choledochotomy	3820-3822
Cholecystoenterostomy	3831
Cholecystoduodenostomy	3831
Cholecystogastrostomy	3831
Cholecystostomy	3722
Choledochoduodenostomy	3834
with choledochotomy	3822
Choledochoenterostomy	3834
with choledochotomy	3822
Choledochogastrostomy	3834
Choledochotomy with or without cholecystectomy	3820-3822
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
Cicatrical 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
arrest of post-operative haemorrhage requiring general anaesthesia	5396/5401
without general anaesthesia	*
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
intraperitoneal 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

* Payable on attendance basis

Service	Item
Colles' fracture of wrist	7540/7544
Colonic fibreoscopy	4383-4394
Colonoscopy, fibreoptic (short)	4383
with biopsy	4385
(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	3822
Complete cleft palate, primary repair	8640
or partial urethrectomy for removal of tumour	6077
revision of secondary correction of cleft lip	8630
ureterectomy, 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
of mandible	8570
Cone biopsy of cervix	6430/6431
Confinement	194-217
antenatal care and postnatal care for nine days	200/207
— with mid-cavity forceps of vacuum extraction,	
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

*Payable on attendance basis

Service	Item
Confinement, attendance by specialist at	198
Congenital abnormalities, manipulations and plaster work, for	
correction of	8332-8356
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	6999
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
lacerations not involving sclera	3058
peritomy	6807
Conjunctivorhinostomy	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	31-34,41,42,55,56,61
— surgery consultation or home visit	
— brief	1,2,11,12,55,56
— standard	5,6,15,16,61,62
— long	7,8,17,18,63,64
— prolonged	9,10,21,22,67,68
— family group therapy	996-998
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

Service	Item
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
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
intracranial neurosurgical decompression of	7171
Craniectomy and removal of haematoma	7216
extensive and removal of haematoma	7216
for osteomyelitis of skull	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	8088
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

*Payable on attendance basis

Service	Item
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
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	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	843
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

*Payable on attendance basis

Service	Item
Cystoscopy, with ureteric meatotomy urethroscopy	5878 6061
Cystostomy, suprapubic change of tube	5897/5901 *
Cystotomy, suprapubic stab with removal of calculus	5897/5901 5903 5968
Cystourethrography, ascending preparation for	5861 5840
Cytotoxic agent, infusion of intra-arterial infusion of, preparation for intralymphatic infusion of fluid containing	932-936 934 936

*Payable on attendance basis

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	8085-8092
Dermabrasion	8452,8454
Dermatome grafts	8504-8516
Dermo-fat fascia graft, including transplant or muscle flap	8450
Dermoid, excision of	3219-3265
of nose, congenital, excision of with intranasal extension	8440
superficial, excision of	8432/8434
orbital, congenital, excision of	8436
peri-orbital, 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	821-824
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
bladder tumours	5871,5875
suprapubic	5919
cervix	6411
and curettage of uterus	6483
cysts, tumours, warts, etc.	3330-3346
desiccation of mole by	3330-3346
detached retina	6900

Service	Item
Diathermy, or resection of rectal tumour with sigmoidoscopy	4366/4367
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)	4455
as an independent procedure	4455
of cervix	6446
oesophagus	5470-5492
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	7911/7915
laminectomy for removal of	7331
lesion, recurrent, laminectomy for	7336
slipped, manipulation of spine for, under general anaesthesia	7911/7915
Discrimination test, colour, Farnsworth Munsell 100 hue	*
Disimpaction of faeces under anaesthesia	4455
Dislocation, hip, congenital, manipulation and plaster for	8332
not requiring open operation	7397-7476
recurrent, patella, operation for	8085

*Payable on attendance basis

Service	Item
Dislocation, requiring open operation and internal fixation	8113
shoulder	7412-7419
treatment of	7397-7483,8332
turbinate	5237
Displaced patella, fixation of	8085
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
Dohlman'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	3820-3834
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
sublingual gland, removal of calculus from	3468/3472
tear, probing of	6742
Duodenal intubation	4104
ulcer, perforated, suture of	3722
Duodenoscopy	3847-3851
with biopsy	3849
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
full thickness repair of laceration	3104
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
total replacement of, revision operation	8070
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

*Payable on attendance basis

Service	Item
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 Schliatter's, plaster for	8351
Episiotomy — anaesthetic for repair of	407,513
Epispadias, repair of, including bladder neck closure	6135
not involving sphincter	6130
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

Service	Item
Exomphalos, congenital, operation for	8400
by plastic flap	8402
secondary stage repair of	pay under 4262
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
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
carbolisation 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
full thickness repair of laceration	3104
grafting for symblepharon	8592
plastic operations on	8582
reduction of	8584,8585
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	4455
Fallopian tubes, hydrotubation of	6638,6641
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
therapy	996-998
Farnsworth Munsell 100 hue colour discrimination test	*
Fascia, deep, repair of, for herniated muscle	3417
dermo-fat, graft, including transplant or muscle flap	8450
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	8198
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 or osteotomy of	8193 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	4832
trigger, correction of	8267
Fissure in ano, excision of	4537/4544
Fistula antrobuccol, operation for	5288
arteriovenous, cervical carotid ligation for dissection and repair of and ligation of	7274 4699 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	3722
excision of	3793/3798
other operations on	3820-3831
Gallstones, percutaneous extraction of	3855
Ganglion, block, lumbar	755
excision of	3194/3199
trigeminal, injection of, with alcohol or similar substance	7079
Ganglionectomy and splanchnicectomy	7376
stellate	7376
Gangliotomy, radiofrequency trigeminal	7157
Gastrectomy, partial, and gastro-jejunostomy	3922
total	3930
radical	3938
Gastric by-pass in the treatment of obesity	pay under 3894/3898 x 1¼
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	3847
-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	3847-3851
with biopsy or polypectomy or removal of foreign body	3851
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 osteoclasis	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

*Payable on attendance basis

Service	Item
Gland, lymph, biopsy of	3135/3142
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 full thickness	8518
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	

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Service	Item
Graft, revision of, direct, indirect or local flap repair	8502
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	8546,8548
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
therapy — family	996-998
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	821-824
Haemorrhage, antepartum, treatment of	273
arrest of, requiring general anaesthesia, following removal of tonsils or tonsils and adenoids	5396/5401
following circumcision, requiring general anaesthesia	5396/5401
without general anaesthesia	*
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 for congenital or traumatic alopecia	8535
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 + (½) 7940
— for a period beyond six weeks	7942 + (½) 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
congenital, in children	7044
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	8053-8070
arthrotomy	8074
congenital dislocation of, manipulation and plaster for	8332
dislocation of	7440/7443
prosthesis, operation on	8053-8069
synovectomy	8048
total replacement of, revision operation	8070
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

Service	Item
Humerus, operation on, for chronic osteomyelitis	4864
osteectomy or osteotomy of	8195,8198
of, with internal fixation	8201
Hummelsheim 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	6638,6641
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	8201
pay under	*
immunisation against diphtheria, etc.	
implant, epidural, for chronic pain, including insertion of subcutaneous battery — one or two stages	7381
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 male urinary, correction of	8414
of urine, urethropexy for (Marshall-Marchetti operation)	6157
stress, sling operation for	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
epidural (lumbar or thoracic) for post-operative pain	753
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	4534
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)	6638
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	8088-8092
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

*Payable on attendance basis

Service	Item
Intra-aortic balloon for counterpulsation	
— insertion by arteriotomy, or removal and arterioplasty	4806
— management of	976,977
-arterial infusion, of arteries, neck, thorax 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

*Payable on attendance basis

Service	Item
Ionisation, cervix	6411
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	3379/3384

*Payable on attendance basis

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Service	Item
J	
Jacket, plaster, application of, to spine	7926
risser, localiser or turn-buckle, application of	
— body and head	7932
— body only	7928
Janetta's operation	7171
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 1¼
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, arthrectomy	8036
arthrodesis	8036
arthroplasty	8036,8070
arthrotomy	8040
operations on	8009-8113
or spine, manipulation of, under general anaesthesia	7911/7915
repair of capsule	8113
ligament	8113
sacro-iliac, arthrodesis	8032
small, arthrectomy	8022
arthrodesis	8022
arthroplasty	8022
arthrotomy	8026
spinal, dislocation involving fracture	7774-7798
zygapophyseal, arthrectomy 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 + (½) 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
obturator, surgical removal of, from external auditory meatus	5068
warts or similar lesions, surgical removal	3330-3346
Kidney, dialysis, in hospital	821-824
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	8088
arthrodesis	8088
arthroplasty	8070/8092
arthroscopy	8080
arthrotomy	8082
biopsy of	8082
cartilage, displaced, reduction of	7911/7915
removal of	8088
chondroplasty	8088
cruciate ligament, replacement or reconstruction of	8088
dislocation of	7446/7451
excision of patella	8085
foreign body, removal from	8088
ligament transfer for rotary instability	8085
meniscectomy of	8085,8088
operation for internal derangement	8085-8092
recurrent dislocation of patella	8085
reconstruction of capsular ligaments	8082
cruciate ligaments	8088-8092
removal of foreign or loose body from	8088
total replacement of, revision operation	8070
synovectomy of	8088
Kohler's epiphysitis plaster for	8351
Kondoleon operation	3261/3265
Kuntscher nail, insertion for fractured femur	7624/7627(+ 780)
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 (iridectomy 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 assoc- iated 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
lacrimonal	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	8082-8088
coraco-acromion, removal of	8166
cruciate, of knee, reconstruction of	8088
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	3306-3308
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 arthrotoomy)
Lop ear or similar deformity, correction of	8608
Lord's procedure — massive dilatation of anus	4455

*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
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 or spine, under general anaesthesia	7911/7915
of fibrous tissue surrounding breast prosthesis	3106
paediatric	8332-8356
spine under general anaesthesia	7911/7915
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
subcutaneous, with or without frozen section biopsy	3700
Master's test	914
Mastoid cavity, obliteration of	5091
portion, decompression of facial nerve	5102
Mastoidectomy, cortical	5087
myringoplasty and ossicular chain reconstruction	5100
radical or modified radical	5095
— and myringoplasty	5098
with transmastoid removal of glomus tumour	5158

*Payable on attendance basis

Service	Item
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
pneumostomy and lavage of	5245-5254
(sinus), 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 pinhole urinary, dilatation of	5068
urinary, meatotomy of	6036
urinary, meatotomy of	6066
Mechanical efficiency of breathing apparatus, estimation of	920
Meckel's diverticulum, removal of	3722
Medial meniscus, removal of	8085-8088
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
Meloplasty, unilateral, for correction of facial asymmetry	8551
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	8085-8088
temporo-mandibular	7902
Meniscus, medial, removal of	8085-8088
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
Metatarsus, amputation or disarticulation of	5024/5029
fracture of	7673/7677

Service	Item
Metatarsus, 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, operation for	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
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	*
or other deep tissue, removal of foreign body from	3120/3124
ruptured, repair of, not associated with external wound	3404,3407
transplant (Hummelsheim type, etc.), for squint	6930

*Payable on attendance basis

Service	Item
Myelomeningocele, congenital — excision of sac	8442
extensive, requiring formal repair with skin flaps or Z plasty	8444
Myocardial electrodes and permanent pacemaker, insertion or replacement of, by thoracotomy	7021
Myomectomy	6508
Myotomy of ocular muscles	6922-6928
Myringoplasty	5075,5078
and ossicular chain reconstruction	5085
mastoidectomy	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	5233
posterior, arrest of	5196
polyp or polypi (requiring admission to hospital), removal of	5210/5214
(simple), removal of	5205
septum, septoplasty or submucous resection of	5217
space, post, direct examination of, with biopsy	5348
tip, secondary correction of, for cleft lip	8634
Naso-lacrimal duct, probing for obstruction of	6799
Nasopharyngeal tumour, operation for removal of, involving hard palate	pay under 3295
Navicular bone, fracture of	7535/7538
Neck, artery of, endarterectomy of	4709
deep-seated haemangioma of, excision of	8474
or extremity, major artery of, repair of wound of with restoration of continuity	4693
facial scar, revision under general anaesthesia	8522,8524
lymph glands of, excision of	3618,3622
Needle biopsy of prostate	6030
intralymphatic insertion of, for introduction of radio-active material	938
Needling of cataract	6865
Neonatal alimentary obstruction, laparotomy for	8394
Neoplasms, bladder, diathermy of	5919
Neoplastic lesions, cutaneous, treatment of	3349
Nephrectomy	5654/5661,5665
donor (cadaver)	5647
Nephrolithotomy	5691,5699
Nephropexy, as an independent procedure	5721
Nephrostomy	5715
Nephro-ureterectomy	5669
complete, with bladder repair	5675
Nerve block, regional, initial	748
subsequent	752
blocking with alcohol or other agent following localisation by electrical stimulator	756
conduction times, estimation of (electromyography)	810,811
cranial, intracranial, neurosurgical decompression of	7171
cutaneous or digital, primary suture of	7106/7111
(other than digital nerve) primary suture of, by micro surgical techniques	7112
decompression of, facial	5104
divided digital, to thumb or finger, repair of	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
full thickness repair of laceration	3104
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	5470-5486
Oesophagostomy, cervical	3597
closure or plastic repair of	3597
Oesophagus, correction of atresia of	8392
congenital stenosis of	8388
dilatation of	5470-5492
intrathoracic operation on	6999
removal of foreign body in	5486
Olecranon, excision of bursa of	3208/3213
fracture of	7559/7563
Omentectomy with radical operation for ovarian tumours	6655
Oophorectomy, not associated with hysterectomy	6643/6644,6648/6649
Opaque medium, introduction of, into bladder by cystoscopy	5851
Open heart surgery, congenital, in children	7044
Operations, assistance at	2953
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 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	4832
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
tumour, radical or debulking operation for	6655
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	3902
juice, collection of	4104
Pancreatico-duodenectomy (Whipple's operation)	4115
Pancreatocholangiography, endoscopic	3860
Panendoscopy, upper gastrointestinal tract	3847,3851
with biopsy	3849
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, electro-surgical 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	6796
using micro-surgical techniques	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	8085
excision of	8085
fracture of	7641/7643
recurrent dislocation of, operation for	8085
Patellar bursa, excision of	3208/3213
Patellectomy	8085
Patency of Fallopian tubes, Rubin test for	6599
Patent ductus arteriosus, operation for, congenital	6999
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	3722
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	3379/3384
tag, removal of	
— under general anaesthesia	4534
— without general anaesthesia	*
Pericardial tapping	6940

*Payable on attendance basis

Service	Item
Pericardium, drainage of, transthoracic	6995
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
Phaeochromocytoma, anaesthetic for removal of	460/527
Phalanx, finger or thumb, fractures of	7505-7516
operation on, for chronic osteomyelitis	4860
osteectomy or osteotomy of	8185
— with internal fixation	8187
operation on, for acute osteomyelitis	4832
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 (Dohlman'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

*Payable on attendance basis

Service	Item
Phenol, intrathecal injection of	7081
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
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 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	3722
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 with sigmoidoscopy	4366/4367
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, breech delivery or management of multiple delivery	208/209
Post-operational haemorrhage — tonsils or tonsils and adenoids, requiring general anaesthesia, arrest of	5396/5401
Post-operative pain, epidural injection for control of	753
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	27,28,29,30,31 32,34,41,42,55-68
— home visit	
— brief	11,12
— standard	15,16
— long	17,18
— prolonged	21,22
— surgery consultation	
— brief	1,2
— standard	5,6
— long	7,8
— prolonged	9,10
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	4534
bladder, repair of	6347-6373
genital, operations for	6347-6373
ovaries, operation for	3739/3745
rectum, paediatric, injection into	4534
radical operation for	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

* Payable on attendance basis

Service	Item
Prostatectomy, suprapubic, perineal or retropubic	6001
Prostatic abscess, retropubic drainage of	6033
Prosthesis, breast, removal of	pay under 3120/3124
insertion of, with oesophagoscopy	5470
manipulation of fibrous tissue surrounding	
under general anaesthesia	3106
without general anaesthesia	*
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
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

*Payable on attendance basis

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	3379/3384
polyp, removal of with sigmoidoscopy	4366/4367
prolapse, reduction of	*
submucosal, injection for, under general anaesthesia	4534
tumour, resection or diathermy of, with sigmoidoscopy	4366/4367
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	4534
radical operation for prolapse of	4413
stricture of, plastic operation for	3739/3745
suction biopsy of	3130
villous tumour of	4397
Recurrent dislocation of patella of knee, operation for	8085
hernia, repair of	4258/4262
Reduction, dislocation	7397-7483
eyelid, unilateral	8584,8585

*Payable on attendance basis

Service	Item
Reduction, fracture	7505-7839
in excess of one reduction	7828-7839
intussusception by fluid	4003
with laparotomy	3722
mammaplasty	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	821-824
transplant	5642-5645
Resection, mandible	8556
maxilla	8554
nasal septum	5217
of bladder tumours	5871,5875
or diathermy of rectal tumour with sigmoidoscopy	4366/4367
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

*Payable on attendance basis

Service	Item
Retroperitoneal abscess, drainage of	4185
lymph node dissection, following nephrectomy	6232
following orchidectomy	6231
tumour, removal of	4173
Retropharyngeal abscess, incision with drainage of	3379/3384
Retropubic prostatectomy	6001
Retroversion, operation for	6585/6594
Revision of facial or neck scar under G.A.	8522,8524
graft, direct, indirect or local flap repair	8502
rhinoplasty, secondary	8602
ventriculo-atrial shunt for hydrocephalus, congenital	7318
Rhinophyma, correction of	8604
Rhinoplasty procedures	8594-8602
Rhizolysis, spinal, with or without laminectomy	7370
Rib, cervical, removal of	8158
fracture of	7601/7605
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
resection of, with radical operation for empyema	6955
Rodent ulcer, operation for	3219-3253
Rod, removal of, requiring incision under regional or general anaesthesia	7886
Rods, Harrington, or similar devices, re-exploration for adjustment or removal of	7937
Roof or floor of orbital cavity, reconstruction of	8552
Rosen incision — myringoplasty	5075
Roux-en-Y reconstructure after partial gastrectomy	3922
pay under	
Round window repair	5147
Rovsing's operation	5683
Rubber band ligation of haemorrhoids	4509
Rubin test for patency of Fallopian tubes	6599
Rupture of bladder, repair of	5891/5894
Ruptured medial palpebral ligament, re-attachment of	6932
muscle, repair of, not associated with external wound	3404,3407
urethra, repair of	6041
viscus (including liver, spleen or bowel) repair or removal of	3722,4165

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	3379/3384
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 vaginal, excision of, for correction of double vagina	5217 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	8053-8070
arthrotomy	8014
dislocation of	7412-7419
plastic reconstruction	8017
removal of calcium deposit from cuff	8009
total replacement of, revision operation	8070
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 polyp or tumour	4366/4367
fibreoptic, using flexible sigmoidoscope	4386
Silicone band, encircling, removal of from detached retina	6906
Simple fracture, closed involving joint surfaces	7847
requiring open operation	7802,7803,7809

*Payable on attendance basis

Service	Item
Simultaneous injections, multiple, by continuous compression techniques for varicose veins	4633
Single stage local flap repair, plastic	8480,8484
Sinus, curettage of	3173
diathermy of	3330-3346
excision of	3173-3183
frontal, catheterisation of	5305
radical obliteration of	5318
trepine 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	5305
urogenital, vaginal reconstruction for	6327
pay under	5305
Sinuses, ethmoidal, external operation on	5320
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	7911/7915
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	8069
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	5470
with oesophagoscopy	5470
Space, dead, estimation of	920
Spastic paralysis — manipulation and plaster	8356
Specialist, anaesthetist, separate pre-operative examination by attendance	85
attendance	88-103
Specimen of sweat, collection of, by iontophoresis	958
Spermatic chord, complete excision of with orchidectomy	4296
Spermatocoele, excision of	6221/6224
Sphenoidal sinus, intranasal operation on	5330
proof puncture of	5305
pay under	5305

*Payable on attendance basis

Service	Item
Sphincter, anal, stretching of	4455
of oddi, direct operation on	3820-3825
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	7911/7915
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

Service	Item
Stereotactic procedure	7312
Stereotaxis	7312
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 + (½)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	5470-5492
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)

*Payable on attendance basis

Service	Item
Subphrenic abscess, drainage of	3750
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	8088

*Payable on attendance basis

Service	Item
Synovectomy, wrist, carpometacarpal joint or inferior radio ulnar joint	8290
Synovial cavity, aspiration and/or intra-synovial injection of	8108
membrane or pleura punch biopsy of	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	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
thickened, excision of	8249
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
Tensillon 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

*Payable on attendance basis

Service	Item
Thrombus, removal of, from femoral, iliac or other similar large vein	4789
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	8131
or great toe, amputation or disarticulation of	4990-5029
phalanx of, operation for acute osteomyelitis of	4832
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

Service	Item
Torek (testis) operations	4307-4313
Torkildsen's operation	8362
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	6430/6431
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
	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	8535
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

Service	Item
Trichiasis, electrolysis epilation for	6767
Trigeminal ganglion, injection into with alcohol	7079
gangliotomy, radiofrequency	7157
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	6638,6641
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	5470
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
ovarian, radical or debulking operation for	6655
parathyroid, removal of	3547

*Payable on attendance basis

Service	Item
Tumour, parotid gland, removal of with exposure of facial nerve	3450
peripheral nerve, removal from	7148-7156
rectal, diathermy or resection of with sigmoidoscopy	4366/4367
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	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	6321
villous of rectum	4397
vocal cord, removal from	5530
vulva, simple, removal of	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	3379/3384
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)	6638
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	8131
— 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
using operating microscope	6245
Vasoepididymography and vasovesiculography as an independent operative procedure, preparation for by open operation	6246
Vasotomy (unilateral or bilateral)	6249/6253
Vaso-vasostomy using operating microscope	6245
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	4764
graft for priapism	6166

*Payable on attendance basis

Service	Item
Vein saphenous, crossed by-pass	4665
central, catheterisation	950,951
scalp, catheterisation of	895
umbilical, catheterisation of	895
varicose, injection of sclerosing fluid	4629
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	6863
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	6321
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
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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
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

*Payable on attendance basis

Service

Item

X

Xanthelasma, treatment of
Xenon arc photo-coagulation3219-3253
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

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SECTION 3B

INDEX TO MEDICAL BENEFITS SCHEDULE

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PART 8 – RADIOLOGICAL SERVICES

PART 8A – RADIOTHERAPY

PART 9A – COMPUTERISED AXIAL TOMOGRAPHY

PART 11 – NUCLEAR MEDICINE

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A	
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Acid, haemolysis test for paroxysmal nocturnal haemoglobinuria	1044-1049
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Adrenal insufflation and X-ray	2697
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Agglutination tests (quantitative)	1760-1767
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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 in serum, 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
spectrophotometric analysis	1357/1358
Amylase, estimation of	1342/1343
Angiocardiology, 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	8793-8798
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
HDL, estimation of, for hyperlipidaemia	1401,1402
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

Service	Item
Coccyx, X-ray of	2604
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 herpes	2081/2082
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	
trichonema 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
Glycosylated hæmoglobin, estimation of, in the management of established diabetes	1313/1314
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
glycosylated, estimation of, in the management of	
established diabetes	1313/1314
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
HDL cholesterol, estimation of, for hyperlipidaemia	1401/1402
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
	I
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 hypoglucaemia 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, two or more	8799/8800

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	
Nasal smear, examination of cells	1545/1549
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	8736/8737
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)	8799/8800
restricted bone study	8797/8798
total body bone study	8793/8794
tumour seeking —	
restricted study	8807/8808
whole body study	8803/8804
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
Phenytoin, 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
Porphyryns, 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 test	8710
Screening test for mycoplasma ureaplasma	1637/1638
Semen, analysis	2225-2228
examination	2201-2216
Seminal examination for presence of spermatozoa (Division 9)	2392
Sensitivity testing, organism body fluids, (other than urine)	1609-1618, 1633/1636
urine	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	1121-1130
haemolysins	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	2141/2142
determination, cytological, from blood film	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	2563
using opaque or contrast media	2782
Skeletal survey	2621
Skin, cytological examination for malignant change	2081/2082
sensitivity testing	2013-2023
Skull, X-ray of	2560
Small bowel, barium X-ray of (small bowel series only)	2714
with barium meal examination of stomach	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 water tests for paroxysmal nocturnal haemoglobinuria	1536/1537, 1673-1676 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
V	
Vaginal epithelium, hormonal assessment by cytological examination of	2104/2105,2111/2112
smears, examination for pathological change	2081/2082, 2111/2112
Vasoeppididymography	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 (Division 9)	1529/1530 2352
White cell count	1006-1013
Wrist, and knee, bone age study of bone age study of	2614,2617 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

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.*
 Thalassaemia Screening — *includes Haemoglobin, Mean Cell Volume and Blood Film Examination and, if indicated as a result of these examinations, Iron Studies (Items 1345/1346) and Haemoglobin A2 (Items 1333/1334).*
 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.

1 JUNE 1982

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>
<i>Coagulation</i>		
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	17OGS	<i>17-Ketogenic Steroids, 17KGS</i>
Oxosteroids	17OS	<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. <i>Swabs</i> —		
Nasal Swab	N/S	
Throat Swab	T/S	
Urethral Swab	Ur/S	
Vaginal Swab	Vg/S	
Cervical Swab	Cx/S	
ii. <i>Urine</i> —		
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-Neelsen 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	Tel. 232-8000	Health Benefits & Services Branch, 220 George Street, Sydney. 2000	Tel. 20564
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VICTORIA

State Headquarters, Commonwealth Government Centre, Cnr. Spring & Latrobe Streets, Melbourne. 3000	Tel. 662-2999	Health Benefits & Services Branch, Commonwealth Government Centre, Cnr. Spring & Latrobe Streets, Melbourne. 3000	Tel. 662-2999
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QUEENSLAND

State Headquarters, Commonwealth Government Offices, 232 Adelaide Street, Brisbane. 4000	Tel. 225-0122	Health Benefits & Services Branch, Commonwealth Government Centre, 232 Adelaide Street, Brisbane. 4000	Tel. 225-0122
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SOUTH AUSTRALIA

State Headquarters, A.M.P. Building, 1 King William Street, Adelaide. 5000	Tel. 216-3911	Health Benefits and Services Branch Commonwealth Department of Health 35-39 King William Road Unley SA 5061	Tel. 216-3911
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WESTERN AUSTRALIA

State Headquarters, Victoria Centre, 2 St. George's Terrace, Perth. 6000	Tel. 323-5711	Health Benefits & Services Branch, Victoria Centre, 2 St. George's Terrace, Perth. 6000	Tel. 323-5711
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TASMANIA

State Headquarters, Kirksway House, 2 Kirksway Place, Hobart. 7000	Tel. 205011	Health Benefits & Services Branch, Kirksway House, 2 Kirksway Place, Hobart. 7000	Tel. 205011
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AUSTRALIAN CAPITAL TERRITORY

Department of Health, Alexander Building, Furzer Street, Phillip. 2606	Tel. 891555
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NORTHERN TERRITORY

Department of Health, MLC Building, 81 Smith Street, Darwin. 5790	Tel. 802911
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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. 216-3269

WESTERN AUSTRALIA

Perth

Victoria Centre,
2 St. George's Terrace,
Perth. 6000

Tel. 323-5711

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
 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, Medibank House, 17 Castlereagh Street, Sydney, 2000
 Hospitals Contribution Fund of Australia, 403 George Street, Sydney, 2000
 Independent Order of Oddfellows in the State of New South Wales, I.O.O.F. Building, 100 Clarence Street, Sydney, 2000
 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
 The Phoenix Welfare Association Limited, Industrial Drive, Mayfield, N.S.W. 2304
 Protestant Alliance Friendly Society of Australasia, Grand Council of New South Wales, 14th Floor, A.C.T.A. House, 447 Kent Street, Sydney, 2000
 Reserve Bank Health Society, c/- Reserve Bank of Australia, 65 Martin Place, Sydney, 2000
 United Ancient Order of Druids, Registered Friendly Society, Grand Lodge of New South Wales, Druids House, 302 Pitt Street, Sydney, 2000
 Western District Health 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 Oddfellows of Victoria, 380 Russell Street, Melbourne, 3000
 Independent Order of Rechabites, Friendly Society, Victoria District, 2nd Floor, 47 Wellington Street, Windsor, Victoria, 3181

Latrobe Valley Hospitals and Health Services Association, 32 McDonald Street, Morwell, 3840
 Manchester Unity Independent Order of Oddfellows 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
 Totalcare Health Insurance, 2nd Floor, 271 Bourke Street, Melbourne, 3000
 Tramways Benefit Society, 9 Church Street, Hawthorn, 3122
 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 (Qld) 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

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

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
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 Medical and Medical Ancillary Benefits Society, Agnes Street, Rosebery, 7470
St. Luke's Medical and Hospital Benefit Association, 3 The Quadrant, Launceston, 7250