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**Commonwealth of Australia
Department of Health**

**MEDICAL BENEFITS
SCHEDULE BOOK**

Medicare Benefits Schedule

1 November 1983

Amendments

February

March

1 June 1984

Dept of Health & Ageing
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Corrigendum
Medical Benefits Schedule Book—1 November 1983

(i) To enable medical benefits to be paid in respect of professional services rendered which are not covered by specific items in the Schedule, four additional items are being introduced into the Medical Benefits Schedule with effect from 1 November 1983.

(ii) As it was not possible in the time available to include these items in numerical sequence in the reprint of the Medical Benefits Schedule Book, they have been printed on separate "A" pages. These pages should be inserted in the appropriate places in Section 2 of the Book.

(iii) Although it is realised that the Schedule fees listed for the new items will generally be regarded as inadequate for the services which may be claimed under these items, it is intended that an appropriate Schedule fee for each service itemised under the new "non specific" items will be determined by the Medical Benefits Advisory Committee under Section 11 of the Health Insurance Act. For an explanation of the provisions of Section 11 see paragraphs 37-43, Part B, Section 1, Outline of the Medical Benefits Scheme.

(iv) To facilitate the Committee's consideration of such cases, medical practitioners are requested to provide as much information as possible in respect of the particular service.

Department of Health
CANBERRA A.C.T. 2606
1 November 1983

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COMMONWEALTH OF AUSTRALIA
DEPARTMENT OF HEALTH
MEDICAL BENEFITS SCHEDULE BOOK
15 JUNE 1984—AMENDMENTS

1. The Government has accepted the determination of Mr. K. C. McKenzie, Deputy President of the Australian Conciliation and Arbitration Commission, made following an independent public enquiry to vary medical fees on which the payment of Medicare benefits is based.

2. The Table of Medical Services contained in the Schedule to the Health Insurance Act will be amended with effect from 15 June 1984 so as to increase the Schedule fees as follows:

	Schedule Item Numbers	Percentage Increase
Group A —	952, 956, 958, 963 and 1006 — 2392	7.89%
Group B —	2502–2859, 2861–2941 and 2960–2971	8.64%
Group C —	1–68, 82, 160–164, 190, 192, 242, 246, 273, 955, 980, 996–998, 3006, 6816, 7601, 7694, 7701, 7774 and 7781	8.49%
Group D —	110–152, 803–839, 886–921, 932–938, 966–977, 987, 989 and 8700–8829	8.74%
Group E —	85–103, 194–241, 250–267, 274–383, 770–794, 841–884, 940–951, 957, 960, 2951, 2953, 3004, 3012–6810, 6818–7597, 7605–7691, 7697, 7706–7766, 7777 and 7785–8656	8.75%
Group F —	401–575, 748–764, 767 and 922–929	9.02%

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

4. The increased fees and benefits will apply to all services rendered on and after 15 June 1984.

5. In the time available it is not possible to print and distribute a new Medical Benefits Schedule book prior to 15 June 1984. However, to facilitate the implementation of the new fees and benefits the enclosed 'Item-Fee List' has been prepared for use by medical practitioners, the Health Insurance Commission and other interested parties.

6. A 'Ready Reckoner' showing 15 June 1984 Schedule fees and Medicare benefits is also enclosed.

7. The determination increasing fees generally also included provision for the amounts specified in the description of Items 2951 and 2953 to be similarly increased. The reference in Item 2951 "or the aggregate of the fees exceeds \$124.00 but does not exceed \$215.00" should be amended to read "or the aggregate of the fees exceeds \$134.00 but does not exceed \$235.00" and the reference in Item 2953 "exceeds \$215.00" should be amended to read "exceeds \$235.00".

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

Page 85	Item 2732—substitute '\$16.60' for '\$15.20'
Page 88	Item 2782—substitute '\$17.60' for '\$16.20'
	Item 2798—substitute '\$10.40' for '\$ 9.60'
Page 92	Item 2863—substitute '\$ 4.10' for '\$ 3.80'
	Item 2867—substitute '\$ 5.00' for '\$ 4.60'
	Item 2871—substitute '\$ 9.90' for '\$ 9.10'
Page 93	Item 2877—substitute '\$ 5.00' for '\$ 4.60'
	Item 2881—substitute '\$ 5.90' for '\$ 5.40'
	Item 2885—substitute '\$12.60' for '\$11.60'
	Item 2889—substitute '\$ 7.60' for '\$ 7.00'
Page 94	Item 2893—substitute '\$10.40' for '\$ 9.60'
	Item 2897—substitute '\$17.60' for '\$16.20'

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 15 June, 1984 and continues beyond that date, the general rule is that the 1 March 1984 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 15 June, 1984 fees and benefits at the 1 March 1984 level will apply. If the confinement takes place on or after 15 June, 1984 fees and Medicare benefits at the new (15 June, 1984) level will apply.

Assignment of Benefits

11. The attention of doctors and their receptionists is drawn to Section 127 of the Health Insurance Act which requires that (in relation to bulk-billing arrangements under Medicare) when a patient assigns to a medical practitioner the right of payment of Medicare benefit for a professional service the medical practitioner must:

- a) Cause the particulars relating to the professional service that are required by the assignment form to be set out in the agreement before the patient signs the agreement; and
- b) Cause a copy of the agreement to be given to the patient as soon as practicable after the patient signs the agreement.

* * * *

Errata

The following corrections should be made to the book —

Section 1 Part B—Outline of Medicare benefit arrangements

Delete paragraphs 39 and 40 on page 1-B-5 and substitute the following:

“Visitors to Australia

39. Medicare benefits are generally not payable to persons visiting Australia for six months or less.

40. Visitors to Australia who obtain approval to stay for more than six months are eligible for Medicare benefits from the date of their arrival. Those who originally obtain approval to stay for six months or less but who are granted an extension which makes the total approved stay more than six months will be entitled to Medicare benefits from the date the extension is granted.”

* * * *

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

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1	10.80	10.40	10.40	10.40	10.40	10.40
2	19.00	18.00	18.00	18.00	18.00	18.00
5	15.00	14.20	13.00	13.00	13.00	14.20
6	23.00	21.50	21.00	21.00	21.00	21.50
7	27.50	26.50	25.50	25.50	25.50	26.50
8	36.50	34.00	33.50	33.50	33.50	34.00
9	43.00	40.00	38.50	38.50	38.50	40.00
10	52.00	48.50	47.50	47.50	47.50	48.50
11	16.80	15.20	15.20	15.20	15.20	15.20
12	25.00	24.00	24.00	24.00	24.00	24.00
15	21.50	20.50	20.50	20.50	20.50	20.50
16	30.50	27.50	27.50	27.50	27.50	27.50
17	36.50	36.00	34.00	34.00	34.00	36.00
18	44.00	43.00	42.00	42.00	42.00	43.00
21	52.00	48.50	48.50	48.50	48.50	48.50
22	59.00	56.00	54.00	54.00	54.00	56.00
27	21.50	20.50	20.50	20.50	20.50	20.50
28	30.50	27.50	27.50	27.50	27.50	27.50
29	15.00	14.20	13.00	13.00	13.00	14.20
30	21.00	20.00	19.40	19.40	19.40	20.00
31	15.00	14.20	13.00	13.00	13.00	14.20
32	12.80	12.00	11.80	11.80	11.80	12.00
34	10.80	10.40	10.40	10.40	10.40	10.40
41	21.50	20.50	20.50	20.50	20.50	20.50
42	30.50	27.50	27.50	27.50	27.50	27.50
45	12.80	12.00	11.80	11.80	11.80	12.00
46	10.80	10.40	10.40	10.40	10.40	10.40
55	10.80	10.40	10.40	10.40	10.40	10.40
56	19.00	18.00	18.00	18.00	18.00	18.00
61	15.00	14.20	13.00	13.00	13.00	14.20
62	23.00	21.50	21.00	21.00	21.00	21.50
63	27.50	26.50	25.50	25.50	25.50	26.50
64	36.50	34.00	33.50	33.50	33.50	34.00
67	43.00	40.00	38.50	38.50	38.50	40.00
68	52.00	48.50	47.50	47.50	47.50	48.50
82	15.00	14.20	13.00	13.00	13.00	14.20
85	21.50	20.00	20.00	20.00	20.00	17.80
88	43.00	39.50	39.50	39.50	39.50	36.00
94	21.50	20.00	20.00	20.00	20.00	17.80
100	62.00	59.00	59.00	59.00	59.00	53.00
103	39.50	39.00	39.00	39.00	39.00	36.50
110	75.00	69.00	69.00	69.00	69.00	69.00
116	37.50	37.50	37.50	37.50	37.50	37.50
122	91.00	87.00	87.00	87.00	87.00	87.00
128	55.00	55.00	55.00	55.00	55.00	55.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
134	21.50	20.00	20.00	20.00	20.00	20.00
136	43.00	39.50	39.50	39.50	39.50	39.50
138	63.00	60.00	60.00	60.00	60.00	60.00
140	87.00	79.00	79.00	79.00	79.00	79.00
142	106.00	102.00	102.00	102.00	102.00	102.00
144	39.50	39.00	39.00	39.00	39.00	39.00
146	62.00	59.00	59.00	59.00	59.00	59.00
148	86.00	78.00	78.00	78.00	78.00	78.00
150	104.00	99.00	99.00	99.00	99.00	99.00
152	124.00	120.00	120.00	120.00	120.00	120.00
160	60.00	60.00	60.00	60.00	60.00	60.00
161	98.00	98.00	98.00	98.00	98.00	98.00
162	136.00	136.00	136.00	136.00	136.00	136.00
163	174.00	174.00	174.00	174.00	174.00	174.00
164	210.00	210.00	210.00	210.00	210.00	210.00
190	15.00	14.20	13.00	13.00	13.00	14.20
192	150.00	142.00	130.00	130.00	130.00	142.00
194	126.00	116.00	116.00	99.00	99.00	99.00
196	190.00	146.00	146.00	146.00	146.00	146.00
198	126.00	116.00	116.00	116.00	116.00	116.00
200	215.00	198.00	190.00	174.00	174.00	174.00
207	290.00	245.00	215.00	245.00	215.00	215.00
208	305.00	270.00	255.00	250.00	235.00	235.00
209	375.00	310.00	275.00	310.00	275.00	275.00
211	248.50	231.50	223.50	207.50	207.50	207.50
213	323.50	278.50	248.50	278.50	248.50	248.50
216	297.50	280.50	272.50	256.50	256.50	256.50
217	372.50	327.50	297.50	327.50	297.50	297.50
234	270.00	270.00	255.00	255.00	255.00	245.00
241	365.00	315.00	315.00	315.00	315.00	290.00
242	10.80	10.40	10.40	10.40	10.40	10.40
246	10.80	10.40	10.40	10.40	10.40	10.40
250	87.00	87.00	87.00	87.00	87.00	87.00
258	116.00	116.00	116.00	116.00	116.00	116.00
267	33.50	33.50	33.50	33.50	33.50	33.50
273	10.80	10.40	10.40	10.40	10.40	10.40
274	126.00	126.00	126.00	126.00	126.00	126.00
275	156.00	156.00	156.00	156.00	156.00	156.00
278	33.50	33.50	33.50	33.50	33.50	33.50
284	47.00	47.00	47.00	47.00	47.00	47.00
295	33.50	33.50	33.50	33.50	33.50	33.50
298	60.00	60.00	60.00	60.00	60.00	60.00
354	33.50	33.50	33.50	33.50	33.50	33.50
360	126.00	126.00	126.00	126.00	126.00	126.00
362	40.00	40.00	40.00	40.00	40.00	40.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
365	146.00	146.00	146.00	146.00	146.00	146.00
368	215.00	215.00	215.00	215.00	215.00	215.00
383	67.00	67.00	67.00	67.00	67.00	67.00
401	7.50	7.30	7.30	7.20	7.20	6.30
403	15.00	14.60	14.60	14.40	14.40	12.60
404	22.50	22.00	22.00	21.50	21.50	19.00
405	30.00	29.50	29.50	28.50	28.50	25.00
406	37.50	36.50	36.50	36.00	36.00	31.50
407	44.50	44.00	44.00	43.00	43.00	38.00
408	52.00	51.00	51.00	50.00	50.00	44.00
409	60.00	59.00	59.00	57.00	57.00	50.00
443	67.00	66.00	66.00	65.00	65.00	57.00
450	75.00	73.00	73.00	72.00	72.00	63.00
453	82.00	81.00	81.00	79.00	79.00	69.00
454	89.00	88.00	88.00	86.00	86.00	76.00
457	97.00	95.00	96.00	93.00	93.00	82.00
458	104.00	102.00	102.00	100.00	100.00	88.00
459	112.00	110.00	110.00	108.00	108.00	95.00
460	120.00	118.00	118.00	114.00	114.00	100.00
461	126.00	124.00	124.00	122.00	122.00	108.00
462	134.00	132.00	132.00	130.00	130.00	114.00
463	142.00	140.00	140.00	136.00	136.00	120.00
464	150.00	146.00	146.00	144.00	144.00	126.00
465	156.00	154.00	154.00	150.00	150.00	132.00
466	164.00	162.00	162.00	158.00	158.00	138.00
467	172.00	168.00	170.00	166.00	166.00	146.00
468	178.00	176.00	176.00	172.00	172.00	152.00
469	186.00	184.00	184.00	180.00	180.00	158.00
470	194.00	190.00	192.00	186.00	186.00	164.00
471	200.00	198.00	198.00	194.00	194.00	170.00
472	210.00	205.00	205.00	200.00	200.00	176.00
473	215.00	210.00	215.00	210.00	210.00	184.00
474	225.00	220.00	220.00	215.00	215.00	190.00
475	240.00	235.00	235.00	230.00	230.00	200.00
476	270.00	265.00	265.00	260.00	260.00	225.00
477	285.00	280.00	280.00	275.00	275.00	240.00
478	290.00	285.00	285.00	280.00	280.00	245.00
479	18.60	18.40	18.40	18.00	18.00	15.80
480	44.50	44.00	44.00	43.00	43.00	38.00
481	52.00	51.00	51.00	50.00	50.00	44.00
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	75.00	73.00	73.00	72.00	72.00	63.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
489	60.00	59.00	59.00	57.00	57.00	50.00
490	60.00	59.00	59.00	57.00	57.00	50.00
500	9.00	8.90	8.90	8.80	8.80	7.90
505	18.00	17.80	17.80	17.60	17.60	15.80
506	27.00	26.50	26.50	26.50	26.50	23.50
509	36.00	35.50	35.50	35.00	35.00	31.50
510	45.00	44.50	44.50	44.00	44.00	39.50
513	54.00	53.00	53.00	53.00	53.00	47.50
514	63.00	62.00	62.00	61.00	61.00	55.00
517	72.00	71.00	71.00	70.00	70.00	63.00
518	81.00	80.00	80.00	79.00	79.00	71.00
521	90.00	89.00	89.00	88.00	88.00	79.00
522	99.00	98.00	98.00	96.00	96.00	87.00
523	108.00	106.00	106.00	106.00	106.00	95.00
524	118.00	116.00	116.00	114.00	114.00	102.00
525	126.00	124.00	124.00	122.00	122.00	110.00
526	136.00	134.00	134.00	132.00	132.00	118.00
527	144.00	142.00	142.00	140.00	140.00	126.00
528	154.00	152.00	152.00	148.00	148.00	134.00
529	162.00	160.00	160.00	158.00	158.00	142.00
531	172.00	170.00	170.00	166.00	166.00	150.00
533	180.00	178.00	178.00	176.00	176.00	158.00
535	190.00	188.00	188.00	184.00	184.00	166.00
537	198.00	196.00	196.00	192.00	192.00	174.00
538	210.00	205.00	205.00	200.00	200.00	182.00
539	215.00	215.00	215.00	210.00	210.00	190.00
540	225.00	225.00	225.00	220.00	220.00	198.00
541	235.00	230.00	230.00	230.00	230.00	205.00
542	245.00	240.00	240.00	235.00	235.00	215.00
543	255.00	250.00	250.00	245.00	245.00	220.00
544	260.00	260.00	260.00	255.00	255.00	230.00
545	270.00	265.00	265.00	265.00	265.00	235.00
546	290.00	285.00	285.00	280.00	280.00	250.00
547	325.00	320.00	320.00	315.00	315.00	285.00
548	345.00	340.00	340.00	335.00	335.00	300.00
549	350.00	345.00	345.00	340.00	340.00	305.00
550	22.50	22.50	22.50	22.00	22.00	19.80
551	54.00	53.00	53.00	53.00	53.00	47.50
552	63.00	62.00	62.00	61.00	61.00	55.00
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	90.00	89.00	89.00	88.00	88.00	79.00
561	72.00	71.00	71.00	70.00	70.00	63.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
562	72.00	71.00	71.00	70.00	70.00	63.00
566	30.00	29.50	29.50	28.50	28.50	25.00
567	36.00	35.50	35.50	35.00	35.00	31.50
568	44.50	44.00	44.00	43.00	43.00	38.00
569	54.00	53.00	53.00	53.00	53.00	47.50
570	60.00	59.00	59.00	57.00	57.00	50.00
571	72.00	71.00	71.00	70.00	70.00	63.00
572	44.50	44.00	44.00	43.00	43.00	38.00
573	54.00	53.00	53.00	53.00	53.00	47.50
574	75.00	73.00	73.00	72.00	72.00	63.00
575	90.00	89.00	89.00	88.00	88.00	79.00
748	49.00	49.00	49.00	49.00	49.00	49.00
752	36.00	36.00	36.00	36.00	36.00	36.00
753	26.50	26.50	26.50	26.50	26.50	26.50
755	73.00	72.00	72.00	71.00	71.00	63.00
756	81.00	80.00	80.00	78.00	78.00	72.00
760	36.50	36.50	36.50	36.50	36.50	36.50
764	47.00	47.00	47.00	47.00	47.00	47.00
767	72.00	72.00	72.00	72.00	72.00	72.00
770	36.50	36.50	36.50	34.50	34.50	31.50
774	73.00	73.00	73.00	73.00	73.00	73.00
777	118.00	118.00	118.00	118.00	118.00	118.00
787	99.00	99.00	99.00	99.00	99.00	99.00
790	146.00	146.00	146.00	146.00	146.00	146.00
791	25.50	25.50	25.50	25.50	25.50	25.50
793	98.00	98.00	98.00	98.00	98.00	98.00
794	44.50	44.50	44.50	44.50	44.50	44.50
803	72.00	72.00	72.00	72.00	72.00	72.00
806	88.00	88.00	88.00	88.00	88.00	88.00
809	120.00	120.00	120.00	120.00	120.00	120.00
810	59.00	59.00	59.00	59.00	59.00	59.00
811	79.00	79.00	79.00	79.00	79.00	79.00
813	118.00	118.00	118.00	118.00	118.00	118.00
814	79.00	79.00	79.00	79.00	79.00	79.00
816	60.00	60.00	60.00	60.00	60.00	60.00
817	89.00	89.00	89.00	89.00	89.00	89.00
821	72.00	72.00	72.00	72.00	72.00	72.00
824	37.50	37.50	37.50	37.50	37.50	37.50
831	64.00	64.00	64.00	64.00	64.00	64.00
833	120.00	120.00	120.00	120.00	120.00	120.00
836	72.00	72.00	72.00	72.00	72.00	72.00
839	39.50	39.50	39.50	39.50	39.50	39.50
841	15.00	15.00	15.00	15.00	15.00	15.00
843	39.50	39.50	39.50	39.50	39.50	39.50
844	36.50	30.00	36.50	36.50	30.00	30.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
849	21.50	21.50	21.50	21.50	21.50	21.50
851	64.00	64.00	64.00	64.00	64.00	64.00
853	58.00	58.00	58.00	58.00	58.00	58.00
854	86.00	86.00	86.00	86.00	86.00	86.00
856	37.00	37.00	37.00	37.00	37.00	37.00
859	72.00	72.00	72.00	72.00	72.00	72.00
860	89.00	89.00	89.00	89.00	89.00	89.00
863	13.80	13.80	13.80	13.80	13.80	13.80
865	19.60	19.60	19.60	19.60	19.60	19.60
870	26.00	26.00	26.00	26.00	26.00	26.00
874	32.00	32.00	32.00	32.00	32.00	32.00
877	19.60	19.60	19.60	19.60	19.60	19.60
878	12.40	12.40	12.40	12.40	12.40	12.40
882	23.50	23.50	23.50	23.50	23.50	23.50
884	23.50	23.50	23.50	23.50	23.50	23.50
886	30.00	30.00	30.00	30.00	30.00	30.00
887	26.00	26.00	26.00	26.00	26.00	26.00
888	34.50	34.50	34.50	34.50	34.50	34.50
889	51.00	51.00	51.00	51.00	51.00	51.00
890	27.50	26.00	26.00	26.00	26.00	26.00
893	62.00	57.00	57.00	57.00	57.00	57.00
895	30.00	30.00	30.00	30.00	30.00	30.00
897	44.50	44.50	44.50	44.50	44.50	44.50
902	176.00	176.00	176.00	176.00	176.00	176.00
904	150.00	150.00	150.00	150.00	150.00	150.00
907	15.00	15.00	15.00	15.00	15.00	15.00
908	25.50	25.50	25.50	25.50	25.50	25.50
909	12.60	12.60	12.60	12.60	12.60	12.60
912	38.00	38.00	38.00	38.00	38.00	38.00
913	63.00	63.00	63.00	63.00	63.00	63.00
915	98.00	98.00	98.00	98.00	98.00	98.00
916	89.00	89.00	89.00	89.00	89.00	89.00
917	51.00	51.00	51.00	51.00	51.00	51.00
918	88.00	88.00	88.00	88.00	88.00	88.00
920	73.00	73.00	73.00	73.00	73.00	73.00
921	10.80	10.80	10.80	10.80	10.80	10.80
922	235.00	235.00	235.00	235.00	235.00	235.00
923	340.00	340.00	340.00	340.00	340.00	340.00
925	58.00	58.00	58.00	58.00	58.00	58.00
927	19.00	19.00	19.00	19.00	19.00	19.00
929	31.50	31.50	31.50	31.50	31.50	31.50
932	31.50	31.50	31.50	31.50	31.50	31.50
934	44.50	44.50	44.50	44.50	44.50	44.50
936	69.00	69.00	69.00	69.00	69.00	69.00
938	69.00	69.00	69.00	69.00	69.00	69.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
940	63.00	63.00	63.00	63.00	63.00	63.00
944	44.00	44.00	44.00	44.00	44.00	44.00
947	120.00	120.00	120.00	120.00	120.00	120.00
949	25.50	25.50	25.50	25.50	25.50	25.50
950	120.00	120.00	120.00	120.00	120.00	120.00
951	45.00	45.00	45.00	45.00	45.00	45.00
952	63.00	63.00	63.00	63.00	63.00	63.00
955	3.30	3.30	3.30	3.30	3.30	3.30
956	12.00	12.00	12.00	12.00	12.00	12.00
957	36.50	36.50	36.50	36.50	36.50	36.50
958	19.40	19.40	19.40	19.40	19.40	19.40
960	27.00	27.00	27.00	27.00	27.00	27.00
963	18.60	18.60	18.60	18.60	18.60	18.60
966	49.50	49.50	49.50	49.50	49.50	49.50
968	95.00	95.00	95.00	95.00	95.00	95.00
970	190.00	190.00	190.00	190.00	190.00	190.00
974	31.50	31.50	31.50	31.50	31.50	31.50
976	285.00	285.00	285.00	285.00	285.00	285.00
977	69.00	69.00	69.00	69.00	69.00	69.00
980	15.00	14.20	13.00	13.00	13.00	14.20
987	20.50	20.50	20.50	20.50	20.50	20.50
989	31.00	31.00	31.00	31.00	31.00	31.00
994	130.00	130.00	130.00	130.00	130.00	130.00
996	34.00	34.00	34.00	34.00	34.00	34.00
997	24.00	24.00	24.00	24.00	24.00	24.00
998	17.60	17.60	17.60	17.60	17.60	17.60
1006	5.50	5.50	5.50	5.50	5.50	5.50
1007	4.15	4.15	4.15	4.15	4.15	4.15
1008	8.80	8.80	8.80	8.80	8.80	8.80
1009	6.60	6.60	6.60	6.60	6.60	6.60
1010	5.55	5.55	5.55	5.55	5.55	5.55
1011	13.20	13.20	13.20	13.20	13.20	13.20
1012	9.90	9.90	9.90	9.90	9.90	9.90
1013	6.60	6.60	6.60	6.60	6.60	6.60
1014	11.00	11.00	11.00	11.00	11.00	11.00
1015	8.25	8.25	8.25	8.25	8.25	8.25
1016	5.50	5.50	5.50	5.50	5.50	5.50
1019	4.40	4.40	4.40	4.40	4.40	4.40
1020	3.30	3.30	3.30	3.30	3.30	3.30
1021	6.60	6.60	6.60	6.60	6.60	6.60
1022	4.95	4.95	4.95	4.95	4.95	4.95
1028	6.60	6.60	6.60	6.60	6.60	6.60
1029	4.95	4.95	4.95	4.95	4.95	4.95
1030	11.00	11.00	11.00	11.00	11.00	11.00
1032	8.25	8.25	8.25	8.25	8.25	8.25

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1036	11.00	11.00	11.00	11.00	11.00	11.00
1037	8.25	8.25	8.25	8.25	8.25	8.25
1038	22.00	22.00	22.00	22.00	22.00	22.00
1040	16.50	16.50	16.50	16.50	16.50	16.50
1044	22.00	22.00	22.00	22.00	22.00	22.00
1045	16.50	16.50	16.50	16.50	16.50	16.50
1048	44.00	44.00	44.00	44.00	44.00	44.00
1049	33.00	33.00	33.00	33.00	33.00	33.00
1062	66.00	66.00	66.00	66.00	66.00	66.00
1063	49.50	49.50	49.50	49.50	49.50	49.50
1064	110.00	110.00	110.00	110.00	110.00	110.00
1065	82.50	82.50	82.50	82.50	82.50	82.50
1080	11.00	11.00	11.00	11.00	11.00	11.00
1081	8.25	8.25	8.25	8.25	8.25	8.25
1089	19.80	19.80	19.80	19.80	19.80	19.80
1090	14.85	14.85	14.85	14.85	14.85	14.85
1101	22.00	22.00	22.00	22.00	22.00	22.00
1102	16.50	16.50	16.50	16.50	16.50	16.50
1104	44.00	44.00	44.00	44.00	44.00	44.00
1105	33.00	33.00	33.00	33.00	33.00	33.00
1106	11.00	11.00	11.00	11.00	11.00	11.00
1108	8.25	8.25	8.25	8.25	8.25	8.25
1111	44.00	44.00	44.00	44.00	44.00	44.00
1112	33.00	33.00	33.00	33.00	33.00	33.00
1113	22.00	22.00	22.00	22.00	22.00	22.00
1114	16.60	16.60	16.60	16.60	16.60	16.60
1116	12.45	12.45	12.45	12.45	12.45	12.45
1117	8.30	8.30	8.30	8.30	8.30	8.30
1121	16.60	16.60	16.60	16.60	16.60	16.60
1122	12.45	12.45	12.45	12.45	12.45	12.45
1124	44.00	44.00	44.00	44.00	44.00	44.00
1125	33.00	33.00	33.00	33.00	33.00	33.00
1126	33.00	33.00	33.00	33.00	33.00	33.00
1128	24.75	24.75	24.75	24.75	24.75	24.75
1129	22.00	22.00	22.00	22.00	22.00	22.00
1130	16.50	16.50	16.50	16.50	16.50	16.50
1136	11.00	11.00	11.00	11.00	11.00	11.00
1137	8.25	8.25	8.25	8.25	8.25	8.25
1144	16.60	16.60	16.60	16.60	16.60	16.60
1145	12.45	12.45	12.45	12.45	12.45	12.45
1152	22.00	22.00	22.00	22.00	22.00	22.00
1153	16.50	16.50	16.50	16.50	16.50	16.50
1159	22.00	22.00	22.00	22.00	22.00	22.00
1160	16.50	16.50	16.50	16.50	16.50	16.50
1166	22.00	22.00	22.00	22.00	22.00	22.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1167	16.50	16.50	16.50	16.50	16.50	16.50
1190	8.80	8.80	8.80	8.80	8.80	8.80
1191	6.60	6.60	6.60	6.60	6.60	6.60
1194	22.00	22.00	22.00	22.00	22.00	22.00
1195	16.50	16.50	16.50	16.50	16.50	16.50
1202	8.80	8.80	8.80	8.80	8.80	8.80
1203	6.60	6.60	6.60	6.60	6.60	6.60
1206	22.00	22.00	22.00	22.00	22.00	22.00
1207	16.50	16.50	16.50	16.50	16.50	16.50
1211	11.00	11.00	11.00	11.00	11.00	11.00
1212	8.25	8.25	8.25	8.25	8.25	8.25
1215	11.00	11.00	11.00	11.00	11.00	11.00
1216	8.25	8.25	8.25	8.25	8.25	8.25
1234	11.00	11.00	11.00	11.00	11.00	11.00
1235	8.25	8.25	8.25	8.25	8.25	8.25
1236	16.60	16.60	16.60	16.60	16.60	16.60
1237	12.45	12.45	12.45	12.45	12.45	12.45
1238	22.00	22.00	22.00	22.00	22.00	22.00
1239	16.50	16.50	16.50	16.50	16.50	16.50
1242	11.00	11.00	11.00	11.00	11.00	11.00
1243	8.25	8.25	8.25	8.25	8.25	8.25
1244	11.00	11.00	11.00	11.00	11.00	11.00
1246	8.25	8.25	8.25	8.25	8.25	8.25
1247	11.00	11.00	11.00	11.00	11.00	11.00
1248	8.25	8.25	8.25	8.25	8.25	8.25
1251	16.60	16.60	16.60	16.60	16.60	16.60
1252	12.45	12.45	12.45	12.45	12.45	12.45
1255	16.60	16.60	16.60	16.60	16.60	16.60
1256	12.45	12.45	12.45	12.45	12.45	12.45
1259	16.60	16.60	16.60	16.60	16.60	16.60
1260	12.45	12.45	12.45	12.45	12.45	12.45
1261	13.20	13.20	13.20	13.20	13.20	13.20
1262	9.90	9.90	9.90	9.90	9.90	9.90
1263	16.60	16.60	16.60	16.60	16.60	16.60
1264	12.45	12.45	12.45	12.45	12.45	12.45
1267	33.00	33.00	33.00	33.00	33.00	33.00
1268	24.75	24.75	24.75	24.75	24.75	24.75
1271	33.00	33.00	33.00	33.00	33.00	33.00
1272	24.75	24.75	24.75	24.75	24.75	24.75
1277	33.00	33.00	33.00	33.00	33.00	33.00
1278	24.75	24.75	24.75	24.75	24.75	24.75
1279	66.00	66.00	66.00	66.00	66.00	66.00
1280	49.50	49.50	49.50	49.50	49.50	49.50
1296	16.60	16.60	16.60	16.60	16.60	16.60
1297	12.45	12.45	12.45	12.45	12.45	12.45

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1298	8.30	8.30	8.30	8.30	8.30	8.30
1301	16.60	16.60	16.60	16.60	16.60	16.60
1302	12.45	12.45	12.45	12.45	12.45	12.45
1303	8.30	8.30	8.30	8.30	8.30	8.30
1304	22.00	22.00	22.00	22.00	22.00	22.00
1305	16.50	16.50	16.50	16.50	16.50	16.50
1306	11.00	11.00	11.00	11.00	11.00	11.00
1307	27.50	27.50	27.50	27.50	27.50	27.50
1308	20.65	20.65	20.65	20.65	20.65	20.65
1309	13.75	13.75	13.75	13.75	13.75	13.75
1310	30.50	30.50	30.50	30.50	30.50	30.50
1311	22.90	22.90	22.90	22.90	22.90	22.90
1312	15.25	15.25	15.25	15.25	15.25	15.25
1313	19.80	19.80	19.80	19.80	19.80	19.80
1314	14.85	14.85	14.85	14.85	14.85	14.85
1319	5.50	5.50	5.50	5.50	5.50	5.50
1320	4.15	4.15	4.15	4.15	4.15	4.15
1322	11.00	11.00	11.00	11.00	11.00	11.00
1323	8.25	8.25	8.25	8.25	8.25	8.25
1324	44.00	44.00	44.00	44.00	44.00	44.00
1325	33.00	33.00	33.00	33.00	33.00	33.00
1326	22.00	22.00	22.00	22.00	22.00	22.00
1327	22.00	22.00	22.00	22.00	22.00	22.00
1328	16.50	16.50	16.50	16.50	16.50	16.50
1330	22.00	22.00	22.00	22.00	22.00	22.00
1331	16.50	16.50	16.50	16.50	16.50	16.50
1333	22.00	22.00	22.00	22.00	22.00	22.00
1334	16.50	16.50	16.50	16.50	16.50	16.50
1336	22.00	22.00	22.00	22.00	22.00	22.00
1337	16.50	16.50	16.50	16.50	16.50	16.50
1339	22.00	22.00	22.00	22.00	22.00	22.00
1340	16.50	16.50	16.50	16.50	16.50	16.50
1342	22.00	22.00	22.00	22.00	22.00	22.00
1343	16.50	16.50	16.50	16.50	16.50	16.50
1345	33.00	33.00	33.00	33.00	33.00	33.00
1346	24.75	24.75	24.75	24.75	24.75	24.75
1348	33.00	33.00	33.00	33.00	33.00	33.00
1349	24.75	24.75	24.75	24.75	24.75	24.75
1351	33.00	33.00	33.00	33.00	33.00	33.00
1352	24.75	24.75	24.75	24.75	24.75	24.75
1354	33.00	33.00	33.00	33.00	33.00	33.00
1355	24.75	24.75	24.75	24.75	24.75	24.75
1357	33.00	33.00	33.00	33.00	33.00	33.00
1358	24.75	24.75	24.75	24.75	24.75	24.75
1360	33.00	33.00	33.00	33.00	33.00	33.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1362	24.75	24.75	24.75	24.75	24.75	24.75
1364	44.00	44.00	44.00	44.00	44.00	44.00
1366	33.00	33.00	33.00	33.00	33.00	33.00
1368	44.00	44.00	44.00	44.00	44.00	44.00
1370	33.00	33.00	33.00	33.00	33.00	33.00
1372	44.00	44.00	44.00	44.00	44.00	44.00
1374	33.00	33.00	33.00	33.00	33.00	33.00
1376	11.00	11.00	11.00	11.00	11.00	11.00
1378	8.25	8.25	8.25	8.25	8.25	8.25
1380	27.50	27.50	27.50	27.50	27.50	27.50
1381	20.65	20.65	20.65	20.65	20.65	20.65
1382	44.00	44.00	44.00	44.00	44.00	44.00
1384	33.00	33.00	33.00	33.00	33.00	33.00
1385	55.00	55.00	55.00	55.00	55.00	55.00
1387	41.25	41.25	41.25	41.25	41.25	41.25
1392	33.00	33.00	33.00	33.00	33.00	33.00
1393	24.75	24.75	24.75	24.75	24.75	24.75
1394	55.00	55.00	55.00	55.00	55.00	55.00
1395	41.25	41.25	41.25	41.25	41.25	41.25
1397	66.00	66.00	66.00	66.00	66.00	66.00
1398	49.50	49.50	49.50	49.50	49.50	49.50
1401	22.00	22.00	22.00	22.00	22.00	22.00
1402	16.50	16.50	16.50	16.50	16.50	16.50
1421	16.60	16.60	16.60	16.60	16.60	16.60
1422	12.45	12.45	12.45	12.45	12.45	12.45
1424	27.50	27.50	27.50	27.50	27.50	27.50
1425	20.65	20.65	20.65	20.65	20.65	20.65
1452	33.00	33.00	33.00	33.00	33.00	33.00
1453	24.75	24.75	24.75	24.75	24.75	24.75
1455	49.50	49.50	49.50	49.50	49.50	49.50
1456	37.15	37.15	37.15	37.15	37.15	37.15
1458	66.00	66.00	66.00	66.00	66.00	66.00
1459	49.50	49.50	49.50	49.50	49.50	49.50
1461	6.60	6.60	6.60	6.60	6.60	6.60
1462	4.95	4.95	4.95	4.95	4.95	4.95
1475	55.00	55.00	55.00	55.00	55.00	55.00
1476	41.25	41.25	41.25	41.25	41.25	41.25
1478	88.00	88.00	88.00	88.00	88.00	88.00
1479	66.00	66.00	66.00	66.00	66.00	66.00
1481	110.00	110.00	110.00	110.00	110.00	110.00
1482	82.50	82.50	82.50	82.50	82.50	82.50
1484	11.00	11.00	11.00	11.00	11.00	11.00
1485	8.25	8.25	8.25	8.25	8.25	8.25
1504	11.00	11.00	11.00	11.00	11.00	11.00
1505	8.25	8.25	8.25	8.25	8.25	8.25

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1511	33.00	33.00	33.00	33.00	33.00	33.00
1512	24.75	24.75	24.75	24.75	24.75	24.75
1516	27.50	27.50	27.50	27.50	27.50	27.50
1517	20.65	20.65	20.65	20.65	20.65	20.65
1529	6.60	6.60	6.60	6.60	6.60	6.60
1530	4.95	4.95	4.95	4.95	4.95	4.95
1536	8.80	8.80	8.80	8.80	8.80	8.80
1537	6.60	6.60	6.60	6.60	6.60	6.60
1545	8.80	8.80	8.80	8.80	8.80	8.80
1546	6.60	6.60	6.60	6.60	6.60	6.60
1548	11.00	11.00	11.00	11.00	11.00	11.00
1549	8.25	8.25	8.25	8.25	8.25	8.25
1556	11.00	11.00	11.00	11.00	11.00	11.00
1557	8.25	8.25	8.25	8.25	8.25	8.25
1566	16.60	16.60	16.60	16.60	16.60	16.60
1567	12.45	12.45	12.45	12.45	12.45	12.45
1586	11.00	11.00	11.00	11.00	11.00	11.00
1587	8.25	8.25	8.25	8.25	8.25	8.25
1588	22.00	22.00	22.00	22.00	22.00	22.00
1589	16.50	16.50	16.50	16.50	16.50	16.50
1604	27.50	27.50	27.50	27.50	27.50	27.50
1606	20.65	20.65	20.65	20.65	20.65	20.65
1609	22.00	22.00	22.00	22.00	22.00	22.00
1610	16.50	16.50	16.50	16.50	16.50	16.50
1611	13.90	13.90	13.90	13.90	13.90	13.90
1612	38.50	38.50	38.50	38.50	38.50	38.50
1613	28.90	28.90	28.90	28.90	28.90	28.90
1614	19.25	19.25	19.25	19.25	19.25	19.25
1615	33.00	33.00	33.00	33.00	33.00	33.00
1616	24.75	24.75	24.75	24.75	24.75	24.75
1618	20.80	20.80	20.80	20.80	20.80	20.80
1619	58.00	58.00	58.00	58.00	58.00	58.00
1620	43.50	43.50	43.50	43.50	43.50	43.50
1621	29.00	29.00	29.00	29.00	29.00	29.00
1622	22.00	22.00	22.00	22.00	22.00	22.00
1623	16.50	16.50	16.50	16.50	16.50	16.50
1633	33.00	33.00	33.00	33.00	33.00	33.00
1634	24.75	24.75	24.75	24.75	24.75	24.75
1636	16.50	16.50	16.50	16.50	16.50	16.50
1637	5.50	5.50	5.50	5.50	5.50	5.50
1638	4.15	4.15	4.15	4.15	4.15	4.15
1640	5.50	5.50	5.50	5.50	5.50	5.50
1641	4.15	4.15	4.15	4.15	4.15	4.15
1644	11.00	11.00	11.00	11.00	11.00	11.00
1645	8.25	8.25	8.25	8.25	8.25	8.25

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1647	22.00	22.00	22.00	22.00	22.00	22.00
1648	16.50	16.50	16.50	16.50	16.50	16.50
1661	11.00	11.00	11.00	11.00	11.00	11.00
1662	8.25	8.25	8.25	8.25	8.25	8.25
1664	16.60	16.60	16.60	16.60	16.60	16.60
1665	12.45	12.45	12.45	12.45	12.45	12.45
1668	42.00	42.00	42.00	42.00	42.00	42.00
1669	31.50	31.50	31.50	31.50	31.50	31.50
1670	21.00	21.00	21.00	21.00	21.00	21.00
1673	31.00	31.00	31.00	31.00	31.00	31.00
1674	23.25	23.25	23.25	23.25	23.25	23.25
1676	15.50	15.50	15.50	15.50	15.50	15.50
1682	11.00	11.00	11.00	11.00	11.00	11.00
1683	8.25	8.25	8.25	8.25	8.25	8.25
1687	16.60	16.60	16.60	16.60	16.60	16.60
1688	12.45	12.45	12.45	12.45	12.45	12.45
1693	11.00	11.00	11.00	11.00	11.00	11.00
1694	8.25	8.25	8.25	8.25	8.25	8.25
1702	22.00	22.00	22.00	22.00	22.00	22.00
1703	16.50	16.50	16.50	16.50	16.50	16.50
1705	38.50	38.50	38.50	38.50	38.50	38.50
1706	28.90	28.90	28.90	28.90	28.90	28.90
1721	22.00	22.00	22.00	22.00	22.00	22.00
1722	16.50	16.50	16.50	16.50	16.50	16.50
1724	27.50	27.50	27.50	27.50	27.50	27.50
1725	20.65	20.65	20.65	20.65	20.65	20.65
1732	5.50	5.50	5.50	5.50	5.50	5.50
1733	4.15	4.15	4.15	4.15	4.15	4.15
1743	22.00	22.00	22.00	22.00	22.00	22.00
1744	16.50	16.50	16.50	16.50	16.50	16.50
1756	5.50	5.50	5.50	5.50	5.50	5.50
1757	4.15	4.15	4.15	4.15	4.15	4.15
1758	6.60	6.60	6.60	6.60	6.60	6.60
1759	4.95	4.95	4.95	4.95	4.95	4.95
1760	16.60	16.60	16.60	16.60	16.60	16.60
1761	12.45	12.45	12.45	12.45	12.45	12.45
1763	8.80	8.80	8.80	8.80	8.80	8.80
1764	6.60	6.60	6.60	6.60	6.60	6.60
1766	4.40	4.40	4.40	4.40	4.40	4.40
1767	3.30	3.30	3.30	3.30	3.30	3.30
1772	5.50	5.50	5.50	5.50	5.50	5.50
1773	4.15	4.15	4.15	4.15	4.15	4.15
1775	6.60	6.60	6.60	6.60	6.60	6.60
1776	4.95	4.95	4.95	4.95	4.95	4.95
1781	22.00	22.00	22.00	22.00	22.00	22.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1782	16.50	16.50	16.50	16.50	16.50	16.50
1784	5.50	5.50	5.50	5.50	5.50	5.50
1785	4.15	4.15	4.15	4.15	4.15	4.15
1793	16.60	16.60	16.60	16.60	16.60	16.60
1794	12.45	12.45	12.45	12.45	12.45	12.45
1796	8.80	8.80	8.80	8.80	8.80	8.80
1797	6.60	6.60	6.60	6.60	6.60	6.60
1805	11.00	11.00	11.00	11.00	11.00	11.00
1806	8.25	8.25	8.25	8.25	8.25	8.25
1808	5.50	5.50	5.50	5.50	5.50	5.50
1809	4.15	4.15	4.15	4.15	4.15	4.15
1823	11.00	11.00	11.00	11.00	11.00	11.00
1824	8.25	8.25	8.25	8.25	8.25	8.25
1826	5.50	5.50	5.50	5.50	5.50	5.50
1827	4.15	4.15	4.15	4.15	4.15	4.15
1839	5.50	5.50	5.50	5.50	5.50	5.50
1840	4.15	4.15	4.15	4.15	4.15	4.15
1843	16.60	16.60	16.60	16.60	16.60	16.60
1844	12.45	12.45	12.45	12.45	12.45	12.45
1846	25.00	25.00	25.00	25.00	25.00	25.00
1847	18.75	18.75	18.75	18.75	18.75	18.75
1851	11.00	11.00	11.00	11.00	11.00	11.00
1852	8.25	8.25	8.25	8.25	8.25	8.25
1858	44.00	44.00	44.00	44.00	44.00	44.00
1859	33.00	33.00	33.00	33.00	33.00	33.00
1877	33.00	33.00	33.00	33.00	33.00	33.00
1878	24.75	24.75	24.75	24.75	24.75	24.75
1884	5.50	5.50	5.50	5.50	5.50	5.50
1885	4.15	4.15	4.15	4.15	4.15	4.15
1888	22.00	22.00	22.00	22.00	22.00	22.00
1889	16.50	16.50	16.50	16.50	16.50	16.50
1891	11.00	11.00	11.00	11.00	11.00	11.00
1892	8.25	8.25	8.25	8.25	8.25	8.25
1897	33.00	33.00	33.00	33.00	33.00	33.00
1898	24.75	24.75	24.75	24.75	24.75	24.75
1903	11.00	11.00	11.00	11.00	11.00	11.00
1904	8.25	8.25	8.25	8.25	8.25	8.25
1905	5.50	5.50	5.50	5.50	5.50	5.50
1906	4.15	4.15	4.15	4.15	4.15	4.15
1911	22.00	22.00	22.00	22.00	22.00	22.00
1912	16.50	16.50	16.50	16.50	16.50	16.50
1913	11.00	11.00	11.00	11.00	11.00	11.00
1914	8.25	8.25	8.25	8.25	8.25	8.25
1918	27.50	27.50	27.50	27.50	27.50	27.50
1919	20.65	20.65	20.65	20.65	20.65	20.65

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1924	22.00	22.00	22.00	22.00	22.00	22.00
1925	16.50	16.50	16.50	16.50	16.50	16.50
1926	11.00	11.00	11.00	11.00	11.00	11.00
1927	8.25	8.25	8.25	8.25	8.25	8.25
1935	11.00	11.00	11.00	11.00	11.00	11.00
1936	8.25	8.25	8.25	8.25	8.25	8.25
1941	22.00	22.00	22.00	22.00	22.00	22.00
1942	16.50	16.50	16.50	16.50	16.50	16.50
1943	11.00	11.00	11.00	11.00	11.00	11.00
1944	8.25	8.25	8.25	8.25	8.25	8.25
1948	16.60	16.60	16.60	16.60	16.60	16.60
1949	12.45	12.45	12.45	12.45	12.45	12.45
1955	22.00	22.00	22.00	22.00	22.00	22.00
1956	16.50	16.50	16.50	16.50	16.50	16.50
1957	11.00	11.00	11.00	11.00	11.00	11.00
1958	8.25	8.25	8.25	8.25	8.25	8.25
1965	33.00	33.00	33.00	33.00	33.00	33.00
1966	24.75	24.75	24.75	24.75	24.75	24.75
1971	33.00	33.00	33.00	33.00	33.00	33.00
1972	24.75	24.75	24.75	24.75	24.75	24.75
1973	55.00	55.00	55.00	55.00	55.00	55.00
1974	41.25	41.25	41.25	41.25	41.25	41.25
1981	44.00	44.00	44.00	44.00	44.00	44.00
1982	33.00	33.00	33.00	33.00	33.00	33.00
1987	44.00	44.00	44.00	44.00	44.00	44.00
1988	33.00	33.00	33.00	33.00	33.00	33.00
1995	44.00	44.00	44.00	44.00	44.00	44.00
1996	33.00	33.00	33.00	33.00	33.00	33.00
1997	66.00	66.00	66.00	66.00	66.00	66.00
1998	49.50	49.50	49.50	49.50	49.50	49.50
2006	55.00	55.00	55.00	55.00	55.00	55.00
2007	41.25	41.25	41.25	41.25	41.25	41.25
2013	11.00	11.00	11.00	11.00	11.00	11.00
2014	8.25	8.25	8.25	8.25	8.25	8.25
2022	22.00	22.00	22.00	22.00	22.00	22.00
2023	16.50	16.50	16.50	16.50	16.50	16.50
2041	77.00	77.00	77.00	77.00	77.00	77.00
2042	57.75	57.75	57.75	57.75	57.75	57.75
2048	99.00	99.00	99.00	99.00	99.00	99.00
2049	74.25	74.25	74.25	74.25	74.25	74.25
2056	144.00	144.00	144.00	144.00	144.00	144.00
2057	108.00	108.00	108.00	108.00	108.00	108.00
2060	99.00	99.00	99.00	99.00	99.00	99.00
2061	74.25	74.25	74.25	74.25	74.25	74.25
2081	16.60	16.60	16.60	16.60	16.60	16.60

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2082	12.45	12.45	12.45	12.45	12.45	12.45
2091	33.00	33.00	33.00	33.00	33.00	33.00
2092	24.75	24.75	24.75	24.75	24.75	24.75
2096	44.00	44.00	44.00	44.00	44.00	44.00
2097	33.00	33.00	33.00	33.00	33.00	33.00
2104	16.60	16.60	16.60	16.60	16.60	16.60
2105	12.45	12.45	12.45	12.45	12.45	12.45
2111	27.50	27.50	27.50	27.50	27.50	27.50
2112	20.65	20.65	20.65	20.65	20.65	20.65
2131	11.00	11.00	11.00	11.00	11.00	11.00
2132	8.25	8.25	8.25	8.25	8.25	8.25
2141	11.00	11.00	11.00	11.00	11.00	11.00
2142	8.25	8.25	8.25	8.25	8.25	8.25
2148	166.00	166.00	166.00	166.00	166.00	166.00
2149	124.50	124.50	124.50	124.50	124.50	124.50
2155	110.00	110.00	110.00	110.00	110.00	110.00
2156	82.50	82.50	82.50	82.50	82.50	82.50
2161	132.00	132.00	132.00	132.00	132.00	132.00
2162	99.00	99.00	99.00	99.00	99.00	99.00
2170	110.00	110.00	110.00	110.00	110.00	110.00
2171	82.50	82.50	82.50	82.50	82.50	82.50
2173	166.00	166.00	166.00	166.00	166.00	166.00
2174	124.50	124.50	124.50	124.50	124.50	124.50
2201	6.60	6.60	6.60	6.60	6.60	6.60
2202	4.95	4.95	4.95	4.95	4.95	4.95
2211	22.00	22.00	22.00	22.00	22.00	22.00
2212	16.50	16.50	16.50	16.50	16.50	16.50
2215	33.00	33.00	33.00	33.00	33.00	33.00
2216	24.75	24.75	24.75	24.75	24.75	24.75
2225	16.60	16.60	16.60	16.60	16.60	16.60
2226	12.45	12.45	12.45	12.45	12.45	12.45
2227	27.50	27.50	27.50	27.50	27.50	27.50
2228	20.65	20.65	20.65	20.65	20.65	20.65
2247	16.60	16.60	16.60	16.60	16.60	16.60
2248	12.45	12.45	12.45	12.45	12.45	12.45
2249	22.00	22.00	22.00	22.00	22.00	22.00
2250	16.50	16.50	16.50	16.50	16.50	16.50
2264	22.00	22.00	22.00	22.00	22.00	22.00
2265	16.50	16.50	16.50	16.50	16.50	16.50
2272	11.00	11.00	11.00	11.00	11.00	11.00
2273	8.25	8.25	8.25	8.25	8.25	8.25
2285	33.00	33.00	33.00	33.00	33.00	33.00
2286	24.75	24.75	24.75	24.75	24.75	24.75
2294	4.40	4.40	4.40	4.40	4.40	4.40
2295	3.30	3.30	3.30	3.30	3.30	3.30

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2334	3.30	3.30	3.30	3.30	3.30	3.30
2335	4.95	4.95	4.95	4.95	4.95	4.95
2336	6.60	6.60	6.60	6.60	6.60	6.60
2342	3.30	3.30	3.30	3.30	3.30	3.30
2346	8.25	8.25	8.25	8.25	8.25	8.25
2352	4.95	4.95	4.95	4.95	4.95	4.95
2357	6.60	6.60	6.60	6.60	6.60	6.60
2362	1.65	1.65	1.65	1.65	1.65	1.65
2369	4.95	4.95	4.95	4.95	4.95	4.95
2374	8.25	8.25	8.25	8.25	8.25	8.25
2382	8.25	8.25	8.25	8.25	8.25	8.25
2388	8.25	8.25	8.25	8.25	8.25	8.25
2392	4.95	4.95	4.95	4.95	4.95	4.95
2502	28.00	28.00	21.50	21.50	21.50	21.50
2505	32.00	32.00	26.50	26.50	26.50	26.50
2508	28.00	28.00	21.50	21.50	21.50	21.50
2512	32.00	32.00	26.50	26.50	26.50	26.50
2516	38.00	38.00	32.00	32.00	32.00	32.00
2520	43.50	43.50	37.50	37.50	37.50	37.50
2524	28.00	28.00	25.00	25.00	25.00	25.00
2528	35.00	35.00	29.50	29.50	29.50	29.50
2532	40.00	40.00	35.00	35.00	35.00	35.00
2537	53.00	53.00	40.00	40.00	40.00	40.00
2539	38.00	38.00	32.00	32.00	32.00	32.00
2541	43.50	43.50	37.50	37.50	37.50	37.50
2543	30.50	30.50	25.00	25.00	25.00	25.00
2545	35.00	35.00	29.50	29.50	29.50	29.50
2548	38.00	38.00	32.00	32.00	32.00	32.00
2551	49.00	49.00	34.00	34.00	34.00	34.00
2554	49.00	49.00	34.00	34.00	34.00	34.00
2557	80.00	80.00	80.00	80.00	80.00	80.00
2560	49.00	52.00	40.00	40.00	40.00	40.00
2563	38.00	38.00	34.00	34.00	34.00	34.00
2566	49.00	52.00	40.00	40.00	40.00	40.00
2569	49.00	52.00	40.00	40.00	40.00	40.00
2573	38.00	38.00	34.00	34.00	34.00	34.00
2576	38.00	38.00	34.00	38.00	34.00	34.00
2579	38.00	38.00	34.00	38.00	34.00	34.00
2581	32.00	38.00	29.50	29.50	29.50	29.50
2583	32.00	38.00	29.50	29.50	29.50	29.50
2585	40.00	40.00	37.50	40.00	37.50	37.50
2587	26.50	26.50	24.00	26.50	24.00	24.00
2589	63.00	63.00	61.00	63.00	61.00	61.00
2591	52.00	52.00	52.00	52.00	52.00	52.00
2593	40.00	40.00	40.00	40.00	40.00	40.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2595	35.00	35.00	29.50	29.50	30.50	29.50
2597	52.00	52.00	43.50	43.50	43.50	43.50
2599	44.50	44.50	37.50	37.50	37.50	37.50
2601	61.00	61.00	49.50	49.50	49.50	49.50
2604	37.50	37.50	30.50	30.50	30.50	30.50
2607	77.00	77.00	68.00	68.00	68.00	68.00
2609	106.00	106.00	87.00	87.00	87.00	87.00
2611	16.60	16.60	16.60	16.60	16.60	16.60
2614	38.00	38.00	38.00	38.00	38.00	38.00
2617	32.00	32.00	26.50	26.50	26.50	26.50
2621	72.00	72.00	72.00	72.00	72.00	72.00
2625	30.50	34.00	28.00	28.00	28.00	28.00
2627	35.00	38.00	32.00	32.00	32.00	32.00
2630	49.00	49.00	39.00	39.00	39.00	39.00
2634	32.00	32.00	29.50	32.00	32.00	30.50
2638	17.60	17.60	16.60	16.60	16.60	16.60
2642	40.00	40.00	35.00	35.00	35.00	35.00
2646	49.00	49.00	43.50	43.50	43.50	43.50
2655	35.00	35.00	35.00	35.00	35.00	35.00
2656	45.50	45.50	45.50	45.50	45.50	45.50
2657	56.00	56.00	56.00	56.00	56.00	56.00
2665	35.00	38.00	32.00	32.00	32.00	32.00
2672	106.00	106.00	106.00	106.00	106.00	106.00
2676	96.00	96.00	91.00	91.00	91.00	91.00
2678	120.00	120.00	116.00	116.00	116.00	116.00
2681	122.00	122.00	112.00	112.00	112.00	112.00
2687	80.00	80.00	76.00	76.00	76.00	76.00
2690	53.00	53.00	52.00	52.00	52.00	52.00
2694	63.00	63.00	63.00	63.00	63.00	63.00
2697	38.00	40.00	35.00	35.00	35.00	34.00
2699	30.50	34.00	28.00	28.00	28.00	28.00
2703	35.00	38.00	32.00	32.00	32.00	32.00
2706	54.00	54.00	49.00	49.00	49.00	49.00
2709	72.00	74.00	63.00	63.00	63.00	63.00
2711	87.00	88.00	76.00	76.00	76.00	76.00
2714	63.00	63.00	63.00	63.00	63.00	63.00
2716	72.00	74.00	63.00	63.00	63.00	63.00
2718	87.00	88.00	80.00	80.00	80.00	80.00
2720	55.00	63.00	53.00	53.00	53.00	53.00
2722	56.00	61.00	54.00	54.00	52.00	52.00
2724	87.00	88.00	80.00	80.00	80.00	80.00
2726	61.00	72.00	56.00	56.00	56.00	56.00
2728	104.00	120.00	96.00	96.00	96.00	96.00
2730	53.00	53.00	53.00	53.00	53.00	53.00
2732	0.00	0.00	0.00	0.00	0.00	0.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2734	63.00	63.00	63.00	63.00	63.00	63.00
2736	38.00	38.00	38.00	38.00	38.00	38.00
2738	35.00	39.00	32.00	32.00	32.00	32.00
2740	72.00	72.00	53.00	53.00	53.00	53.00
2742	53.00	53.00	53.00	53.00	53.00	53.00
2744	63.00	63.00	63.00	63.00	63.00	63.00
2746	88.00	88.00	88.00	88.00	88.00	88.00
2748	88.00	88.00	88.00	88.00	88.00	88.00
2750	88.00	88.00	88.00	88.00	88.00	88.00
2751	240.00	240.00	240.00	240.00	240.00	240.00
2752	53.00	56.00	49.00	49.00	56.00	53.00
2754	38.00	38.00	38.00	38.00	38.00	38.00
2756	83.00	83.00	83.00	83.00	83.00	83.00
2758	63.00	63.00	63.00	63.00	63.00	63.00
2760	72.00	72.00	72.00	72.00	72.00	72.00
2762	54.00	54.00	43.50	49.00	43.50	43.50
2764	80.00	80.00	63.00	63.00	63.00	63.00
2766	80.00	80.00	63.00	63.00	63.00	63.00
2768	80.00	80.00	63.00	63.00	63.00	63.00
2770	80.00	80.00	63.00	63.00	63.00	63.00
2772	80.00	80.00	63.00	63.00	63.00	63.00
2773	96.00	96.00	96.00	96.00	96.00	96.00
2774	160.00	160.00	160.00	160.00	160.00	160.00
2775	215.00	215.00	215.00	215.00	215.00	215.00
2776	80.00	80.00	63.00	63.00	63.00	63.00
2778	54.00	54.00	54.00	54.00	54.00	54.00
2780	54.00	54.00	54.00	54.00	54.00	54.00
2782	0.00	0.00	0.00	0.00	0.00	0.00
2784	40.00	40.00	40.00	40.00	40.00	40.00
2786	34.00	34.00	34.00	34.00	34.00	34.00
2788	40.00	40.00	40.00	40.00	40.00	40.00
2790	70.00	70.00	70.00	70.00	70.00	70.00
2792	53.00	53.00	53.00	53.00	53.00	53.00
2794	49.00	49.00	44.50	44.50	44.50	43.50
2796	49.00	49.00	49.00	49.00	49.00	49.00
2798	0.00	0.00	0.00	0.00	0.00	0.00
2800	35.00	35.00	35.00	35.00	35.00	35.00
2802	24.00	24.00	24.00	24.00	24.00	24.00
2804	16.60	16.60	16.60	16.60	16.60	16.60
2805	112.00	146.00	112.00	112.00	112.00	112.00
2807	96.00	96.00	96.00	96.00	96.00	96.00
2811	136.00	120.00	120.00	120.00	120.00	120.00
2813	32.00	32.00	32.00	32.00	32.00	32.00
2815	49.00	49.00	49.00	49.00	49.00	49.00
2817	49.00	49.00	49.00	49.00	49.00	49.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2819	38.00	38.00	38.00	38.00	38.00	38.00
2823	30.50	30.50	30.50	30.50	30.50	30.50
2825	38.00	38.00	38.00	38.00	38.00	38.00
2827	30.50	30.50	30.50	30.50	30.50	30.50
2831	49.00	49.00	49.00	49.00	49.00	49.00
2833	39.00	39.00	39.00	39.00	39.00	39.00
2837	25.00	25.00	25.00	25.00	25.00	25.00
2839	55.00	55.00	55.00	55.00	55.00	55.00
2841	49.00	49.00	49.00	49.00	49.00	49.00
2843	32.00	32.00	32.00	32.00	32.00	32.00
2845	32.00	32.00	32.00	32.00	32.00	32.00
2847	96.00	96.00	96.00	96.00	96.00	96.00
2849	63.00	63.00	63.00	63.00	63.00	63.00
2851	16.60	16.60	16.60	16.60	16.60	16.60
2853	96.00	96.00	96.00	96.00	96.00	96.00
2855	49.00	49.00	49.00	49.00	49.00	49.00
2857	63.00	63.00	63.00	63.00	63.00	63.00
2859	96.00	96.00	96.00	96.00	96.00	96.00
2861	21.00	21.00	21.00	21.00	21.00	21.00
2863	0.00	0.00	0.00	0.00	0.00	0.00
2865	25.00	25.00	25.00	25.00	25.00	25.00
2867	0.00	0.00	0.00	0.00	0.00	0.00
2869	49.50	49.50	49.50	49.50	49.50	49.50
2871	0.00	0.00	0.00	0.00	0.00	0.00
2873	28.00	28.00	28.00	28.00	28.00	28.00
2875	25.00	25.00	25.00	25.00	25.00	25.00
2877	0.00	0.00	0.00	0.00	0.00	0.00
2879	29.50	29.50	29.50	29.50	29.50	29.50
2881	0.00	0.00	0.00	0.00	0.00	0.00
2883	63.00	63.00	63.00	63.00	63.00	63.00
2885	0.00	0.00	0.00	0.00	0.00	0.00
2887	38.00	38.00	38.00	38.00	38.00	38.00
2889	0.00	0.00	0.00	0.00	0.00	0.00
2891	52.00	52.00	52.00	52.00	52.00	52.00
2893	0.00	0.00	0.00	0.00	0.00	0.00
2895	88.00	88.00	88.00	88.00	88.00	88.00
2897	0.00	0.00	0.00	0.00	0.00	0.00
2899	148.00	148.00	148.00	148.00	148.00	148.00
2901	104.00	104.00	104.00	104.00	104.00	104.00
2904	210.00	210.00	210.00	210.00	210.00	210.00
2907	305.00	305.00	305.00	305.00	305.00	305.00
2910	240.00	240.00	240.00	240.00	240.00	240.00
2913	148.00	148.00	148.00	148.00	148.00	148.00
2915	61.00	61.00	61.00	61.00	61.00	61.00
2917	95.00	95.00	95.00	95.00	95.00	95.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2919	40.00	40.00	40.00	40.00	40.00	40.00
2922	30.50	30.50	30.50	30.50	30.50	30.50
2924	99.00	99.00	99.00	99.00	99.00	99.00
2926	30.50	30.50	30.50	30.50	30.50	30.50
2928	61.00	61.00	61.00	61.00	61.00	61.00
2931	74.00	74.00	74.00	74.00	74.00	74.00
2933	21.00	21.00	21.00	21.00	21.00	21.00
2935	21.50	21.50	21.50	21.50	21.50	21.50
2937	88.00	88.00	88.00	88.00	88.00	88.00
2939	37.50	37.50	37.50	37.50	37.50	37.50
2941	37.50	37.50	37.50	37.50	37.50	37.50
2951	45.50	45.50	45.50	45.50	45.50	45.50
2953	0.00	0.00	0.00	0.00	0.00	0.00
2960	88.00	88.00	88.00	88.00	88.00	88.00
2961	88.00	88.00	88.00	88.00	88.00	88.00
2962	152.00	152.00	152.00	152.00	152.00	152.00
2963	152.00	152.00	152.00	152.00	152.00	152.00
2964	126.00	126.00	126.00	126.00	126.00	126.00
2965	126.00	126.00	126.00	126.00	126.00	126.00
2966	245.00	245.00	245.00	245.00	245.00	245.00
2967	245.00	245.00	245.00	245.00	245.00	245.00
2968	245.00	245.00	245.00	245.00	245.00	245.00
2969	245.00	245.00	245.00	245.00	245.00	245.00
2970	310.00	310.00	310.00	310.00	310.00	310.00
2971	310.00	310.00	310.00	310.00	310.00	310.00
3004	9.70	9.70	9.70	9.70	9.70	9.70
3006	15.00	14.20	13.00	13.00	13.00	14.20
3012	24.50	24.50	24.50	24.50	24.50	24.50
3016	32.00	32.00	32.00	32.00	32.00	32.00
3022	39.00	39.00	39.00	39.00	39.00	39.00
3027	69.00	69.00	69.00	69.00	69.00	69.00
3033	82.00	82.00	82.00	82.00	82.00	82.00
3038	172.00	172.00	172.00	172.00	172.00	172.00
3039	335.00	335.00	335.00	335.00	335.00	335.00
3041	172.00	172.00	172.00	172.00	172.00	172.00
3046	27.50	27.50	27.50	27.50	27.50	27.50
3050	47.50	39.00	41.00	39.00	39.00	38.00
3058	43.50	33.50	33.50	33.50	33.50	33.50
3063	62.00	62.00	62.00	62.00	62.00	62.00
3073	47.50	43.50	39.00	39.00	39.00	39.00
3082	76.00	76.00	76.00	76.00	76.00	76.00
3087	97.00	97.00	97.00	97.00	97.00	97.00
3092	62.00	62.00	62.00	62.00	62.00	62.00
3098	79.00	79.00	79.00	79.00	79.00	79.00
3101	98.00	98.00	98.00	98.00	98.00	98.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
3104	134.00	134.00	134.00	134.00	134.00	134.00
3106	39.00	39.00	39.00	39.00	39.00	39.00
3110	76.00	76.00	76.00	76.00	76.00	76.00
3113	12.40	11.60	10.40	10.40	10.40	10.40
3116	58.00	58.00	58.00	58.00	58.00	58.00
3120	118.00	118.00	118.00	104.00	104.00	104.00
3124	146.00	146.00	146.00	134.00	134.00	134.00
3130	27.50	26.50	27.50	26.50	26.50	26.50
3135	62.00	60.00	60.00	60.00	60.00	60.00
3142	79.00	75.00	75.00	75.00	75.00	75.00
3148	25.50	25.50	25.50	25.50	25.50	25.50
3157	58.00	58.00	58.00	58.00	58.00	58.00
3158	31.00	31.00	31.00	31.00	31.00	31.00
3160	15.60	15.60	15.60	15.60	15.60	15.60
3168	97.00	97.00	97.00	97.00	97.00	97.00
3173	47.50	47.50	47.50	47.50	47.50	47.50
3178	79.00	79.00	79.00	79.00	79.00	79.00
3183	97.00	97.00	97.00	97.00	97.00	97.00
3194	82.00	82.00	82.00	82.00	65.00	65.00
3199	116.00	116.00	97.00	97.00	86.00	86.00
3208	150.00	118.00	118.00	118.00	118.00	118.00
3213	196.00	146.00	146.00	146.00	146.00	146.00
3217	196.00	196.00	196.00	196.00	196.00	196.00
3219	51.00	51.00	51.00	51.00	51.00	51.00
3220	67.00	67.00	67.00	67.00	67.00	67.00
3221	134.00	134.00	134.00	134.00	134.00	134.00
3222	172.00	172.00	172.00	172.00	172.00	172.00
3223	178.00	178.00	178.00	178.00	178.00	178.00
3224	215.00	215.00	215.00	215.00	215.00	215.00
3225	265.00	265.00	265.00	265.00	265.00	265.00
3226	365.00	365.00	365.00	365.00	365.00	365.00
3233	75.00	75.00	69.00	69.00	69.00	69.00
3237	91.00	91.00	82.00	82.00	82.00	82.00
3247	104.00	104.00	94.00	94.00	94.00	94.00
3253	130.00	130.00	120.00	120.00	120.00	120.00
3261	144.00	172.00	144.00	144.00	144.00	124.00
3265	172.00	196.00	172.00	172.00	172.00	156.00
3271	210.00	210.00	210.00	210.00	210.00	210.00
3276	440.00	440.00	440.00	440.00	440.00	440.00
3281	265.00	265.00	265.00	265.00	265.00	265.00
3289	310.00	310.00	310.00	310.00	310.00	310.00
3295	440.00	440.00	440.00	440.00	440.00	440.00
3301	210.00	210.00	210.00	210.00	210.00	210.00
3306	240.00	240.00	240.00	240.00	240.00	240.00
3307	240.00	240.00	240.00	240.00	240.00	240.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
3308	365.00	365.00	365.00	365.00	365.00	365.00
3310	365.00	365.00	365.00	365.00	365.00	365.00
3311	520.00	520.00	520.00	520.00	520.00	520.00
3314	72.00	72.00	72.00	72.00	72.00	72.00
3320	25.00	23.50	23.50	23.50	23.50	23.50
3330	27.50	33.50	25.50	25.50	25.50	25.50
3332	37.00	37.00	27.50	27.50	27.50	27.50
3338	45.50	43.50	43.50	43.50	43.50	43.50
3342	49.00	45.50	45.50	45.50	45.50	45.50
3346	58.00	51.00	51.00	51.00	51.00	51.00
3349	27.50	33.50	25.50	25.50	25.50	25.50
3350	67.00	67.00	67.00	67.00	67.00	67.00
3351	168.00	168.00	168.00	168.00	168.00	168.00
3352	215.00	215.00	215.00	215.00	215.00	215.00
3356	23.50	23.50	23.50	23.50	23.50	23.50
3363	86.00	86.00	86.00	86.00	86.00	86.00
3366	12.40	14.40	9.80	9.80	9.70	9.80
3371	12.40	14.40	12.40	12.40	12.40	12.40
3379	62.00	62.00	52.00	52.00	52.00	52.00
3384	86.00	86.00	72.00	65.00	65.00	65.00
3391	79.00	79.00	79.00	79.00	79.00	79.00
3399	144.00	144.00	144.00	144.00	144.00	144.00
3404	118.00	118.00	118.00	118.00	118.00	118.00
3407	156.00	156.00	156.00	156.00	156.00	156.00
3417	79.00	79.00	79.00	79.00	79.00	79.00
3425	188.00	188.00	188.00	188.00	188.00	188.00
3431	188.00	188.00	188.00	188.00	188.00	188.00
3437	390.00	390.00	390.00	390.00	390.00	390.00
3444	660.00	660.00	660.00	660.00	660.00	660.00
3450	440.00	440.00	440.00	440.00	440.00	440.00
3455	188.00	235.00	188.00	188.00	188.00	188.00
3459	104.00	104.00	104.00	104.00	104.00	104.00
3465	31.00	31.00	31.00	31.00	31.00	31.00
3468	62.00	62.00	62.00	62.00	62.00	62.00
3472	79.00	79.00	79.00	79.00	79.00	79.00
3477	79.00	79.00	79.00	79.00	79.00	79.00
3480	156.00	156.00	156.00	156.00	156.00	156.00
3495	930.00	930.00	930.00	930.00	930.00	930.00
3496	24.50	24.50	24.50	24.50	24.50	24.50
3505	63.00	63.00	63.00	63.00	63.00	63.00
3509	82.00	82.00	82.00	82.00	82.00	82.00
3516	108.00	108.00	108.00	108.00	108.00	108.00
3526	210.00	210.00	210.00	210.00	210.00	210.00
3530	265.00	265.00	265.00	265.00	265.00	265.00
3532	505.00	505.00	505.00	505.00	505.00	505.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
3542	520.00	520.00	520.00	520.00	520.00	520.00
3547	580.00	580.00	580.00	580.00	580.00	580.00
3555	660.00	660.00	660.00	660.00	660.00	660.00
3563	380.00	380.00	380.00	380.00	380.00	380.00
3576	265.00	275.00	265.00	265.00	265.00	265.00
3581	205.00	205.00	205.00	205.00	205.00	205.00
3591	305.00	305.00	305.00	305.00	305.00	305.00
3597	235.00	235.00	235.00	235.00	235.00	235.00
3616	930.00	930.00	930.00	930.00	930.00	930.00
3618	196.00	196.00	196.00	196.00	196.00	196.00
3622	520.00	520.00	520.00	520.00	520.00	520.00
3634	130.00	130.00	130.00	130.00	130.00	130.00
3638	380.00	380.00	380.00	380.00	380.00	380.00
3647	172.00	172.00	172.00	172.00	172.00	172.00
3652	235.00	235.00	235.00	235.00	235.00	235.00
3654	104.00	104.00	104.00	104.00	104.00	104.00
3664	134.00	134.00	134.00	134.00	134.00	134.00
3668	138.00	138.00	138.00	138.00	138.00	138.00
3673	172.00	172.00	172.00	172.00	172.00	172.00
3678	138.00	138.00	138.00	138.00	138.00	138.00
3683	172.00	172.00	172.00	172.00	172.00	172.00
3698	310.00	310.00	310.00	310.00	310.00	310.00
3700	290.00	290.00	290.00	290.00	290.00	290.00
3702	455.00	455.00	455.00	455.00	455.00	455.00
3707	79.00	79.00	79.00	79.00	79.00	79.00
3713	200.00	200.00	200.00	200.00	200.00	200.00
3718	255.00	255.00	255.00	255.00	255.00	255.00
3722	275.00	275.00	275.00	275.00	275.00	275.00
3726	275.00	275.00	275.00	275.00	275.00	275.00
3730	580.00	580.00	580.00	580.00	580.00	580.00
3734	176.00	176.00	176.00	176.00	176.00	176.00
3739	270.00	270.00	270.00	270.00	270.00	270.00
3745	335.00	335.00	335.00	335.00	335.00	335.00
3750	275.00	275.00	275.00	275.00	275.00	275.00
3752	91.00	91.00	91.00	91.00	91.00	91.00
3754	310.00	310.00	310.00	310.00	310.00	310.00
3759	790.00	790.00	790.00	790.00	790.00	790.00
3764	275.00	275.00	275.00	275.00	275.00	275.00
3783	310.00	310.00	310.00	310.00	310.00	310.00
3789	98.00	98.00	98.00	98.00	98.00	98.00
3793	310.00	300.00	300.00	275.00	270.00	270.00
3798	390.00	390.00	390.00	335.00	365.00	335.00
3820	455.00	455.00	455.00	455.00	455.00	455.00
3822	535.00	535.00	535.00	535.00	535.00	535.00
3825	535.00	535.00	535.00	535.00	535.00	535.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
3831	455.00	455.00	455.00	455.00	455.00	455.00
3834	780.00	780.00	780.00	780.00	780.00	780.00
3847	120.00	120.00	120.00	120.00	120.00	120.00
3849	148.00	148.00	148.00	148.00	148.00	148.00
3851	188.00	188.00	188.00	188.00	188.00	188.00
3860	196.00	196.00	196.00	196.00	196.00	196.00
3862	265.00	265.00	265.00	265.00	265.00	265.00
3875	310.00	310.00	310.00	310.00	310.00	310.00
3882	370.00	370.00	370.00	370.00	370.00	370.00
3889	440.00	440.00	440.00	440.00	440.00	440.00
3891	520.00	520.00	520.00	520.00	520.00	520.00
3892	455.00	455.00	455.00	455.00	455.00	455.00
3893	640.00	640.00	640.00	640.00	640.00	640.00
3894	275.00	275.00	275.00	275.00	275.00	275.00
3898	370.00	370.00	370.00	370.00	370.00	370.00
3900	470.00	470.00	470.00	470.00	470.00	470.00
3902	370.00	370.00	370.00	370.00	370.00	370.00
3922	520.00	520.00	520.00	520.00	520.00	520.00
3930	660.00	660.00	660.00	660.00	660.00	660.00
3938	780.00	780.00	780.00	780.00	780.00	780.00
3952	235.00	235.00	235.00	235.00	235.00	235.00
3976	158.00	158.00	158.00	158.00	158.00	158.00
3981	200.00	200.00	200.00	200.00	200.00	200.00
3986	275.00	275.00	275.00	275.00	275.00	275.00
4003	124.00	124.00	124.00	124.00	124.00	124.00
4012	455.00	505.00	455.00	455.00	455.00	455.00
4018	475.00	475.00	475.00	475.00	475.00	475.00
4039	365.00	380.00	365.00	365.00	365.00	365.00
4043	455.00	505.00	455.00	455.00	455.00	455.00
4046	520.00	520.00	520.00	520.00	520.00	520.00
4048	660.00	660.00	660.00	660.00	660.00	660.00
4052	792.50	792.50	792.50	792.50	792.50	792.50
4054	675.00	675.00	675.00	675.00	675.00	675.00
4059	235.00	235.00	235.00	235.00	235.00	235.00
4068	660.00	660.00	660.00	660.00	660.00	660.00
4074	188.00	172.00	172.00	172.00	172.00	156.00
4080	215.00	235.00	235.00	196.00	215.00	188.00
4084	65.00	65.00	65.00	65.00	65.00	65.00
4087	210.00	210.00	210.00	210.00	210.00	210.00
4093	260.00	260.00	260.00	260.00	260.00	260.00
4099	94.00	94.00	94.00	94.00	94.00	94.00
4104	47.50	47.50	47.50	47.50	47.50	47.50
4109	630.00	630.00	630.00	630.00	630.00	630.00
4115	930.00	930.00	930.00	930.00	930.00	930.00
4130	270.00	270.00	270.00	270.00	270.00	270.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
4133	660.00	660.00	660.00	660.00	660.00	660.00
4141	370.00	380.00	370.00	370.00	370.00	370.00
4144	390.00	390.00	390.00	390.00	390.00	390.00
4165	580.00	580.00	580.00	580.00	580.00	580.00
4173	455.00	455.00	455.00	455.00	455.00	455.00
4179	455.00	455.00	455.00	455.00	455.00	455.00
4185	245.00	245.00	245.00	245.00	245.00	245.00
4191	98.00	98.00	98.00	98.00	98.00	98.00
4197	27.50	27.50	27.50	27.50	27.50	27.50
4202	652.50	652.50	652.50	652.50	652.50	652.50
4209	535.00	535.00	535.00	535.00	535.00	535.00
4214	235.00	235.00	235.00	235.00	235.00	235.00
4217	805.00	805.00	805.00	805.00	805.00	805.00
4222	188.00	188.00	178.00	178.00	178.00	158.00
4227	235.00	235.00	235.00	215.00	245.00	196.00
4233	275.00	275.00	275.00	275.00	275.00	275.00
4238	410.00	410.00	410.00	410.00	410.00	410.00
4241	505.00	475.00	475.00	475.00	475.00	475.00
4246	140.00	140.00	140.00	140.00	140.00	140.00
4249	188.00	188.00	188.00	188.00	188.00	188.00
4251	158.00	158.00	158.00	158.00	158.00	158.00
4254	215.00	215.00	215.00	215.00	215.00	215.00
4258	235.00	235.00	235.00	235.00	235.00	235.00
4262	275.00	275.00	275.00	275.00	275.00	275.00
4265	18.80	18.80	18.80	18.80	18.80	18.80
4269	124.00	124.00	124.00	124.00	124.00	124.00
4273	154.00	154.00	154.00	154.00	154.00	154.00
4288	158.00	158.00	158.00	158.00	158.00	158.00
4293	215.00	215.00	215.00	215.00	215.00	215.00
4296	275.00	275.00	275.00	275.00	275.00	275.00
4307	275.00	275.00	265.00	265.00	265.00	265.00
4313	60.00	60.00	60.00	60.00	60.00	60.00
4319	24.50	24.50	24.50	24.50	24.50	24.50
4327	58.00	58.00	52.00	52.00	52.00	52.00
4338	79.00	79.00	79.00	79.00	79.00	79.00
4345	98.00	98.00	98.00	98.00	98.00	98.00
4351	25.00	25.00	25.00	25.00	25.00	25.00
4354	29.00	29.00	29.00	29.00	29.00	29.00
4363	44.00	44.00	44.00	44.00	44.00	44.00
4366	75.00	75.00	75.00	75.00	75.00	75.00
4367	98.00	98.00	98.00	98.00	98.00	98.00
4380	86.00	86.00	86.00	86.00	86.00	86.00
4383	47.00	47.00	47.00	47.00	47.00	47.00
4385	67.00	67.00	67.00	67.00	67.00	67.00
4386	120.00	120.00	120.00	120.00	120.00	120.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
4388	196.00	196.00	196.00	196.00	196.00	196.00
4389	235.00	235.00	235.00	235.00	235.00	235.00
4394	275.00	275.00	275.00	275.00	275.00	275.00
4397	210.00	210.00	210.00	210.00	210.00	210.00
4399	335.00	335.00	335.00	335.00	335.00	335.00
4413	435.00	435.00	435.00	435.00	435.00	435.00
4455	37.00	37.00	37.00	37.00	37.00	37.00
4467	62.00	62.00	62.00	62.00	62.00	62.00
4482	148.00	148.00	148.00	148.00	148.00	148.00
4490	140.00	140.00	140.00	140.00	140.00	140.00
4492	300.00	300.00	300.00	300.00	300.00	300.00
4509	29.00	29.00	29.00	29.00	29.00	29.00
4523	152.00	152.00	152.00	152.00	152.00	152.00
4527	194.00	194.00	194.00	194.00	194.00	194.00
4534	53.00	53.00	53.00	53.00	53.00	53.00
4537	106.00	106.00	106.00	106.00	106.00	106.00
4544	134.00	134.00	134.00	134.00	134.00	134.00
4552	120.00	120.00	120.00	120.00	120.00	120.00
4557	156.00	156.00	156.00	156.00	156.00	156.00
4568	172.00	172.00	172.00	172.00	172.00	172.00
4573	210.00	210.00	210.00	210.00	210.00	210.00
4590	370.00	370.00	370.00	370.00	370.00	370.00
4606	188.00	235.00	188.00	188.00	188.00	188.00
4611	158.00	158.00	150.00	150.00	150.00	150.00
4617	200.00	200.00	188.00	188.00	188.00	188.00
4622	51.00	48.50	48.50	48.50	48.50	48.50
4629	18.80	18.80	18.80	18.80	18.80	18.80
4633	53.00	53.00	53.00	53.00	53.00	53.00
4637	104.00	104.00	104.00	104.00	104.00	104.00
4640	260.00	260.00	260.00	260.00	260.00	260.00
4643	194.00	194.00	194.00	194.00	194.00	194.00
4649	357.00	357.00	357.00	357.00	357.00	357.00
4651	172.00	172.00	172.00	172.00	172.00	172.00
4655	134.00	134.00	134.00	134.00	134.00	134.00
4658	106.00	106.00	106.00	106.00	106.00	106.00
4662	265.00	265.00	265.00	265.00	265.00	265.00
4665	435.00	435.00	435.00	435.00	435.00	435.00
4670	26.50	26.50	26.50	26.50	26.50	26.50
4676	134.00	134.00	134.00	134.00	134.00	134.00
4678	182.00	182.00	182.00	182.00	182.00	182.00
4690	265.00	265.00	265.00	265.00	265.00	265.00
4693	380.00	380.00	380.00	380.00	380.00	380.00
4695	575.00	575.00	575.00	575.00	575.00	575.00
4696	520.00	520.00	520.00	520.00	520.00	520.00
4699	630.00	630.00	630.00	630.00	630.00	630.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
4702	380.00	380.00	380.00	380.00	380.00	380.00
4705	630.00	630.00	630.00	630.00	630.00	630.00
4709	575.00	575.00	575.00	575.00	575.00	575.00
4715	275.00	275.00	275.00	275.00	275.00	275.00
4721	370.00	370.00	370.00	370.00	370.00	370.00
4733	310.00	310.00	310.00	310.00	310.00	310.00
4738	380.00	380.00	380.00	380.00	380.00	380.00
4744	705.00	705.00	705.00	705.00	705.00	705.00
4749	680.00	680.00	680.00	680.00	680.00	680.00
4754	705.00	705.00	705.00	705.00	705.00	705.00
4756	1070.00	1070.00	1070.00	1070.00	1070.00	1070.00
4762	630.00	630.00	630.00	630.00	630.00	630.00
4764	935.00	935.00	935.00	935.00	935.00	935.00
4766	630.00	630.00	630.00	630.00	630.00	630.00
4778	370.00	370.00	370.00	370.00	370.00	370.00
4784	475.00	475.00	475.00	475.00	475.00	475.00
4789	335.00	335.00	335.00	335.00	335.00	335.00
4791	780.00	780.00	780.00	780.00	780.00	780.00
4794	930.00	930.00	930.00	930.00	930.00	930.00
4798	660.00	660.00	660.00	660.00	660.00	660.00
4800	265.00	265.00	265.00	265.00	265.00	265.00
4806	265.00	265.00	265.00	265.00	265.00	265.00
4808	126.00	126.00	126.00	126.00	126.00	126.00
4812	98.00	98.00	98.00	98.00	98.00	98.00
4817	520.00	520.00	520.00	520.00	520.00	520.00
4822	275.00	275.00	275.00	275.00	275.00	275.00
4832	65.00	65.00	65.00	65.00	65.00	65.00
4838	108.00	108.00	108.00	108.00	108.00	108.00
4844	188.00	188.00	188.00	188.00	188.00	188.00
4853	188.00	188.00	188.00	188.00	188.00	188.00
4860	188.00	188.00	188.00	188.00	188.00	188.00
4864	188.00	188.00	188.00	188.00	188.00	188.00
4867	310.00	310.00	310.00	310.00	310.00	310.00
4870	245.00	245.00	245.00	245.00	245.00	245.00
4877	310.00	310.00	310.00	310.00	310.00	310.00
4927	82.00	82.00	82.00	82.00	82.00	82.00
4930	102.00	102.00	102.00	102.00	102.00	102.00
4934	124.00	124.00	124.00	124.00	124.00	124.00
4940	152.00	152.00	152.00	152.00	152.00	152.00
4943	146.00	146.00	146.00	146.00	146.00	146.00
4948	178.00	178.00	178.00	178.00	178.00	178.00
4950	164.00	164.00	164.00	164.00	164.00	164.00
4954	200.00	200.00	200.00	200.00	200.00	200.00
4957	188.00	188.00	188.00	188.00	188.00	188.00
4961	235.00	235.00	235.00	235.00	235.00	235.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
4965	97.00	97.00	97.00	97.00	97.00	97.00
4969	120.00	120.00	120.00	120.00	120.00	120.00
4972	120.00	120.00	120.00	120.00	120.00	120.00
4976	156.00	156.00	156.00	156.00	156.00	156.00
4979	188.00	188.00	188.00	188.00	188.00	188.00
4983	310.00	310.00	310.00	310.00	310.00	310.00
4987	630.00	630.00	630.00	630.00	630.00	630.00
4990	62.00	62.00	62.00	62.00	62.00	62.00
4993	76.00	76.00	76.00	76.00	76.00	76.00
4995	94.00	94.00	94.00	94.00	94.00	94.00
4997	116.00	116.00	116.00	116.00	116.00	116.00
4999	108.00	108.00	108.00	108.00	108.00	108.00
5002	134.00	134.00	134.00	134.00	134.00	134.00
5006	124.00	124.00	124.00	124.00	124.00	124.00
5009	152.00	152.00	152.00	152.00	152.00	152.00
5015	140.00	140.00	140.00	140.00	140.00	140.00
5018	174.00	174.00	174.00	174.00	174.00	174.00
5024	76.00	76.00	76.00	76.00	76.00	76.00
5029	97.00	97.00	97.00	97.00	97.00	97.00
5034	188.00	188.00	188.00	188.00	188.00	188.00
5038	156.00	156.00	156.00	156.00	156.00	156.00
5045	245.00	245.00	245.00	245.00	245.00	245.00
5048	335.00	335.00	335.00	335.00	335.00	335.00
5051	380.00	380.00	380.00	380.00	380.00	380.00
5055	780.00	780.00	780.00	780.00	780.00	780.00
5059	43.50	43.50	43.50	43.50	43.50	43.50
5062	126.00	126.00	126.00	126.00	126.00	126.00
5066	76.00	76.00	76.00	76.00	76.00	76.00
5068	86.00	86.00	86.00	86.00	86.00	86.00
5072	490.00	490.00	490.00	490.00	490.00	490.00
5075	310.00	310.00	310.00	310.00	310.00	310.00
5078	505.00	505.00	505.00	505.00	505.00	505.00
5081	575.00	575.00	575.00	575.00	575.00	575.00
5085	630.00	630.00	630.00	630.00	630.00	630.00
5087	275.00	275.00	275.00	275.00	275.00	275.00
5091	365.00	365.00	365.00	365.00	365.00	365.00
5095	575.00	575.00	575.00	575.00	575.00	575.00
5098	630.00	630.00	630.00	630.00	630.00	630.00
5100	780.00	780.00	780.00	780.00	780.00	780.00
5102	630.00	630.00	630.00	630.00	630.00	630.00
5104	705.00	705.00	705.00	705.00	705.00	705.00
5106	545.00	545.00	545.00	545.00	545.00	545.00
5108	1285.00	1285.00	1285.00	1285.00	1285.00	1285.00
5112	1285.00	1285.00	1285.00	1285.00	1285.00	1285.00
5116	630.00	630.00	630.00	630.00	630.00	630.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
5122	780.00	780.00	780.00	780.00	780.00	780.00
5127	630.00	630.00	630.00	630.00	630.00	630.00
5131	310.00	310.00	310.00	310.00	310.00	310.00
5138	575.00	575.00	575.00	575.00	575.00	575.00
5143	370.00	370.00	370.00	370.00	370.00	370.00
5147	575.00	575.00	575.00	575.00	575.00	575.00
5152	435.00	435.00	435.00	435.00	435.00	435.00
5158	630.00	630.00	630.00	630.00	630.00	630.00
5162	52.00	76.00	52.00	52.00	52.00	52.00
5166	235.00	275.00	235.00	235.00	235.00	235.00
5172	126.00	116.00	91.00	91.00	91.00	91.00
5176	25.00	25.00	25.00	25.00	25.00	25.00
5182	58.00	58.00	58.00	58.00	58.00	58.00
5186	58.00	58.00	58.00	58.00	58.00	58.00
5192	38.00	38.00	38.00	38.00	38.00	38.00
5196	65.00	65.00	65.00	65.00	65.00	65.00
5201	41.00	41.00	41.00	41.00	41.00	41.00
5205	43.50	43.50	43.50	43.50	43.50	43.50
5210	91.00	91.00	75.00	75.00	91.00	75.00
5214	116.00	116.00	91.00	91.00	116.00	91.00
5217	235.00	255.00	172.00	172.00	235.00	172.00
5229	53.00	53.00	53.00	53.00	53.00	53.00
5230	47.50	47.50	47.50	47.50	47.50	47.50
5233	86.00	86.00	86.00	86.00	86.00	86.00
5235	38.00	38.00	38.00	38.00	38.00	38.00
5237	72.00	72.00	72.00	72.00	72.00	72.00
5241	94.00	94.00	94.00	94.00	94.00	94.00
5245	17.20	17.20	17.20	17.20	17.20	17.20
5254	48.50	48.50	48.50	48.50	48.50	48.50
5264	14.40	14.40	14.40	14.40	14.40	14.40
5268	235.00	235.00	235.00	235.00	235.00	235.00
5270	235.00	275.00	235.00	235.00	235.00	235.00
5277	320.00	320.00	320.00	320.00	320.00	320.00
5280	144.00	144.00	156.00	116.00	116.00	116.00
5284	62.00	62.00	62.00	62.00	62.00	62.00
5288	310.00	310.00	310.00	310.00	310.00	310.00
5295	410.00	410.00	410.00	410.00	410.00	410.00
5298	535.00	535.00	535.00	535.00	535.00	535.00
5301	196.00	255.00	196.00	196.00	196.00	196.00
5305	31.00	31.00	31.00	31.00	31.00	31.00
5308	178.00	178.00	178.00	178.00	178.00	178.00
5318	410.00	410.00	410.00	410.00	410.00	410.00
5320	320.00	320.00	320.00	320.00	320.00	320.00
5330	156.00	156.00	156.00	156.00	156.00	156.00
5343	21.50	24.50	19.60	18.80	18.80	18.80

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
5345	62.00	62.00	62.00	62.00	62.00	62.00
5348	65.00	65.00	65.00	65.00	65.00	65.00
5354	370.00	370.00	370.00	370.00	370.00	370.00
5357	310.00	310.00	310.00	310.00	310.00	310.00
5360	370.00	370.00	370.00	370.00	370.00	370.00
5363	116.00	116.00	98.00	98.00	98.00	98.00
5366	156.00	144.00	124.00	124.00	124.00	124.00
5389	146.00	146.00	124.00	124.00	124.00	124.00
5392	196.00	196.00	150.00	150.00	150.00	150.00
5396	60.00	60.00	60.00	60.00	60.00	60.00
5401	76.00	76.00	76.00	76.00	76.00	76.00
5407	62.00	51.00	51.00	51.00	51.00	51.00
5411	86.00	72.00	72.00	72.00	72.00	65.00
5431	47.50	47.50	47.50	47.50	47.50	47.50
5445	37.00	37.00	37.00	37.00	37.00	37.00
5449	18.80	18.80	18.80	18.80	18.80	18.80
5456	188.00	188.00	188.00	188.00	188.00	188.00
5464	98.00	98.00	98.00	98.00	98.00	98.00
5470	190.00	190.00	190.00	190.00	190.00	190.00
5480	126.00	126.00	126.00	126.00	126.00	126.00
5486	188.00	188.00	188.00	188.00	188.00	188.00
5490	27.50	27.50	27.50	27.50	27.50	27.50
5492	120.00	120.00	120.00	120.00	120.00	120.00
5498	680.00	680.00	680.00	680.00	680.00	680.00
5508	705.00	705.00	705.00	705.00	705.00	705.00
5520	98.00	98.00	98.00	98.00	98.00	98.00
5524	116.00	144.00	116.00	116.00	116.00	116.00
5530	126.00	156.00	126.00	126.00	126.00	126.00
5534	152.00	152.00	152.00	152.00	152.00	152.00
5540	215.00	215.00	215.00	215.00	215.00	215.00
5542	240.00	240.00	240.00	240.00	240.00	240.00
5545	310.00	310.00	310.00	310.00	310.00	310.00
5556	310.00	310.00	310.00	310.00	310.00	310.00
5572	97.00	97.00	97.00	97.00	97.00	97.00
5598	126.00	126.00	126.00	126.00	126.00	126.00
5601	94.00	94.00	94.00	94.00	94.00	94.00
5605	94.00	94.00	94.00	94.00	94.00	94.00
5611	124.00	124.00	124.00	124.00	124.00	124.00
5613	194.00	194.00	194.00	194.00	194.00	194.00
5619	130.00	130.00	130.00	130.00	130.00	130.00
5636	455.00	455.00	455.00	455.00	455.00	455.00
5642	780.00	780.00	780.00	780.00	780.00	780.00
5644	535.00	535.00	535.00	535.00	535.00	535.00
5645	445.00	445.00	445.00	445.00	445.00	445.00
5647	435.00	435.00	435.00	435.00	435.00	435.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
5654	410.00	410.00	410.00	410.00	410.00	410.00
5661	505.00	505.00	505.00	505.00	505.00	505.00
5665	575.00	575.00	575.00	575.00	575.00	575.00
5675	635.00	635.00	635.00	635.00	635.00	635.00
5679	575.00	575.00	575.00	575.00	575.00	575.00
5683	390.00	390.00	390.00	390.00	390.00	390.00
5691	505.00	505.00	505.00	505.00	505.00	505.00
5699	580.00	580.00	580.00	580.00	580.00	580.00
5705	455.00	455.00	455.00	455.00	455.00	455.00
5715	410.00	410.00	410.00	410.00	410.00	410.00
5721	310.00	310.00	310.00	310.00	310.00	310.00
5724	365.00	365.00	365.00	365.00	365.00	365.00
5726	91.00	91.00	91.00	91.00	91.00	91.00
5729	188.00	188.00	188.00	188.00	188.00	188.00
5732	255.00	255.00	255.00	255.00	255.00	255.00
5734	505.00	505.00	505.00	505.00	505.00	505.00
5737	575.00	575.00	575.00	575.00	575.00	575.00
5741	505.00	505.00	505.00	505.00	505.00	505.00
5744	505.00	505.00	505.00	505.00	505.00	505.00
5747	410.00	410.00	410.00	410.00	410.00	410.00
5753	705.00	705.00	705.00	705.00	705.00	705.00
5757	930.00	930.00	930.00	930.00	930.00	930.00
5763	410.00	410.00	410.00	410.00	410.00	410.00
5769	505.00	505.00	505.00	505.00	505.00	505.00
5773	455.00	455.00	455.00	455.00	455.00	455.00
5777	575.00	575.00	575.00	575.00	575.00	575.00
5780	505.00	505.00	505.00	505.00	505.00	505.00
5785	505.00	505.00	505.00	505.00	505.00	505.00
5792	625.00	625.00	625.00	625.00	625.00	625.00
5799	505.00	505.00	505.00	505.00	505.00	505.00
5804	625.00	625.00	625.00	625.00	625.00	625.00
5807	705.00	705.00	705.00	705.00	705.00	705.00
5812	365.00	365.00	365.00	365.00	365.00	365.00
5816	410.00	410.00	410.00	410.00	410.00	410.00
5821	410.00	410.00	410.00	410.00	410.00	410.00
5827	505.00	505.00	505.00	505.00	505.00	505.00
5831	390.00	390.00	390.00	390.00	390.00	390.00
5836	505.00	505.00	505.00	505.00	505.00	505.00
5837	245.00	245.00	245.00	245.00	245.00	245.00
5840	15.60	17.20	15.60	15.60	17.20	15.20
5845	78.00	76.00	76.00	76.00	76.00	76.00
5851	102.00	116.00	102.00	102.00	102.00	102.00
5853	126.00	126.00	126.00	126.00	126.00	126.00
5861	51.00	51.00	51.00	51.00	51.00	51.00
5864	152.00	152.00	152.00	152.00	152.00	152.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
5868	126.00	126.00	126.00	126.00	126.00	126.00
5871	178.00	178.00	178.00	178.00	178.00	178.00
5875	380.00	380.00	380.00	380.00	380.00	380.00
5878	144.00	144.00	144.00	144.00	144.00	144.00
5881	255.00	255.00	255.00	255.00	255.00	255.00
5883	255.00	255.00	255.00	255.00	255.00	255.00
5885	188.00	235.00	188.00	188.00	188.00	188.00
5888	255.00	255.00	255.00	255.00	255.00	255.00
5891	310.00	310.00	310.00	310.00	310.00	310.00
5894	380.00	380.00	380.00	380.00	380.00	380.00
5897	188.00	188.00	188.00	188.00	188.00	188.00
5901	235.00	235.00	235.00	235.00	235.00	235.00
5903	43.50	43.50	43.50	43.50	43.50	43.50
5905	575.00	575.00	575.00	575.00	575.00	575.00
5916	380.00	380.00	380.00	380.00	380.00	380.00
5919	380.00	380.00	380.00	380.00	380.00	380.00
5929	410.00	410.00	410.00	410.00	410.00	410.00
5935	235.00	235.00	235.00	235.00	235.00	235.00
5941	455.00	455.00	455.00	455.00	455.00	455.00
5947	365.00	365.00	365.00	365.00	365.00	365.00
5956	410.00	410.00	410.00	410.00	410.00	410.00
5964	25.50	25.50	25.50	25.50	25.50	25.50
5968	255.00	255.00	255.00	255.00	255.00	255.00
5977	365.00	365.00	365.00	365.00	365.00	365.00
5981	930.00	930.00	930.00	930.00	930.00	930.00
5984	505.00	505.00	505.00	505.00	505.00	505.00
5993	625.00	625.00	625.00	625.00	625.00	625.00
6001	575.00	575.00	535.00	535.00	535.00	535.00
6005	535.00	600.00	535.00	535.00	535.00	535.00
6010	255.00	255.00	255.00	255.00	255.00	255.00
6017	630.00	630.00	630.00	630.00	630.00	630.00
6022	156.00	156.00	156.00	156.00	156.00	156.00
6027	235.00	235.00	235.00	235.00	235.00	235.00
6030	76.00	76.00	76.00	76.00	76.00	76.00
6033	255.00	255.00	255.00	255.00	255.00	255.00
6036	25.50	25.50	25.50	25.50	25.50	25.50
6039	43.50	41.00	43.50	43.50	43.50	43.50
6041	505.00	505.00	505.00	505.00	505.00	505.00
6044	152.00	152.00	152.00	152.00	152.00	152.00
6047	78.00	78.00	78.00	78.00	78.00	78.00
6053	178.00	178.00	178.00	178.00	178.00	178.00
6056	126.00	126.00	126.00	126.00	126.00	126.00
6061	94.00	94.00	94.00	94.00	94.00	94.00
6066	51.00	51.00	51.00	51.00	51.00	51.00
6069	126.00	126.00	126.00	126.00	126.00	126.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6077	365.00	365.00	365.00	365.00	365.00	365.00
6079	310.00	310.00	310.00	310.00	310.00	310.00
6083	410.00	410.00	410.00	410.00	410.00	410.00
6086	410.00	410.00	410.00	410.00	410.00	410.00
6089	380.00	380.00	380.00	380.00	380.00	380.00
6092	380.00	380.00	380.00	380.00	380.00	380.00
6095	152.00	152.00	152.00	152.00	152.00	152.00
6098	97.00	97.00	97.00	97.00	97.00	97.00
6105	200.00	200.00	200.00	200.00	200.00	200.00
6107	255.00	255.00	255.00	255.00	255.00	255.00
6110	390.00	390.00	390.00	390.00	390.00	390.00
6118	455.00	455.00	455.00	455.00	455.00	455.00
6122	152.00	152.00	152.00	152.00	152.00	152.00
6130	310.00	310.00	310.00	310.00	310.00	310.00
6135	505.00	505.00	505.00	505.00	505.00	505.00
6140	102.00	102.00	102.00	102.00	102.00	102.00
6146	102.00	102.00	102.00	102.00	102.00	102.00
6152	255.00	255.00	255.00	255.00	255.00	255.00
6157	410.00	410.00	410.00	410.00	410.00	410.00
6162	43.50	43.50	43.50	43.50	43.50	43.50
6166	410.00	410.00	410.00	410.00	410.00	410.00
6175	200.00	200.00	200.00	200.00	200.00	200.00
6179	255.00	255.00	255.00	255.00	255.00	255.00
6184	505.00	505.00	505.00	505.00	505.00	505.00
6189	255.00	255.00	255.00	255.00	255.00	255.00
6194	505.00	505.00	505.00	505.00	505.00	505.00
6199	25.50	25.50	25.50	25.50	25.50	25.50
6204	255.00	255.00	255.00	255.00	255.00	255.00
6208	365.00	365.00	365.00	365.00	365.00	365.00
6210	410.00	410.00	410.00	410.00	410.00	410.00
6212	156.00	156.00	156.00	156.00	156.00	156.00
6218	102.00	102.00	102.00	102.00	102.00	102.00
6221	124.00	124.00	124.00	124.00	124.00	124.00
6224	152.00	152.00	152.00	152.00	152.00	152.00
6228	152.00	152.00	152.00	152.00	152.00	152.00
6231	470.00	470.00	470.00	470.00	470.00	470.00
6232	360.00	360.00	360.00	360.00	360.00	360.00
6233	188.00	188.00	188.00	188.00	188.00	188.00
6236	172.00	172.00	172.00	172.00	172.00	172.00
6245	395.00	395.00	395.00	395.00	395.00	395.00
6246	102.00	102.00	102.00	102.00	102.00	102.00
6247	260.00	260.00	260.00	260.00	260.00	260.00
6249	102.00	102.00	102.00	102.00	102.00	102.00
6253	126.00	126.00	126.00	126.00	126.00	126.00
6258	44.00	44.00	44.00	44.00	44.00	44.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6262	29.00	29.00	29.00	29.00	29.00	29.00
6264	29.00	29.00	29.00	29.00	29.00	29.00
6271	48.50	48.50	48.50	48.50	48.50	48.50
6274	97.00	97.00	97.00	97.00	97.00	97.00
6277	120.00	120.00	120.00	120.00	120.00	120.00
6278	63.00	63.00	63.00	63.00	63.00	63.00
6280	79.00	79.00	79.00	79.00	79.00	79.00
6284	31.50	31.50	31.50	31.50	31.50	31.50
6290	31.50	31.50	31.50	31.50	31.50	31.50
6292	63.00	63.00	63.00	63.00	63.00	63.00
6296	79.00	79.00	79.00	79.00	79.00	79.00
6299	146.00	146.00	146.00	146.00	146.00	146.00
6302	190.00	190.00	190.00	190.00	190.00	190.00
6306	640.00	640.00	640.00	640.00	640.00	640.00
6308	370.00	370.00	370.00	370.00	370.00	370.00
6313	23.50	23.50	23.50	23.50	23.50	23.50
6321	116.00	116.00	116.00	116.00	116.00	116.00
6325	370.00	370.00	370.00	370.00	370.00	370.00
6327	370.00	370.00	370.00	370.00	370.00	370.00
6332	215.00	215.00	215.00	215.00	215.00	215.00
6336	87.00	87.00	87.00	87.00	87.00	87.00
6342	67.00	67.00	67.00	67.00	67.00	67.00
6347	188.00	158.00	158.00	158.00	158.00	158.00
6352	230.00	198.00	198.00	198.00	198.00	198.00
6358	230.00	230.00	230.00	230.00	230.00	230.00
6363	290.00	290.00	290.00	290.00	290.00	290.00
6367	275.00	275.00	275.00	275.00	275.00	275.00
6373	345.00	345.00	345.00	345.00	365.00	345.00
6389	95.00	95.00	95.00	95.00	95.00	95.00
6396	290.00	290.00	290.00	290.00	290.00	290.00
6401	370.00	370.00	370.00	370.00	370.00	370.00
6406	365.00	365.00	365.00	365.00	365.00	365.00
6407	365.00	365.00	365.00	365.00	365.00	365.00
6408	198.00	198.00	198.00	198.00	198.00	198.00
6411	34.50	34.50	34.50	34.50	34.50	34.50
6415	34.50	34.50	34.50	34.50	34.50	34.50
6430	94.00	94.00	94.00	94.00	94.00	94.00
6431	116.00	116.00	116.00	116.00	116.00	116.00
6446	44.00	44.00	44.00	44.00	44.00	44.00
6451	58.00	58.00	58.00	58.00	58.00	58.00
6460	73.00	73.00	73.00	73.00	73.00	73.00
6464	94.00	99.00	94.00	94.00	94.00	94.00
6469	118.00	118.00	118.00	118.00	118.00	118.00
6483	158.00	158.00	158.00	158.00	158.00	158.00
6508	290.00	290.00	290.00	290.00	290.00	290.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6513	290.00	290.00	290.00	290.00	290.00	290.00
6517	365.00	365.00	365.00	365.00	365.00	365.00
6532	380.00	380.00	380.00	380.00	380.00	380.00
6533	485.00	485.00	485.00	485.00	485.00	485.00
6536	610.00	610.00	610.00	610.00	610.00	610.00
6542	440.00	440.00	440.00	440.00	440.00	440.00
6544	410.00	410.00	410.00	410.00	410.00	410.00
6553	230.00	230.00	230.00	230.00	230.00	230.00
6557	290.00	290.00	290.00	290.00	290.00	290.00
6570	315.00	315.00	315.00	315.00	315.00	315.00
6585	190.00	190.00	174.00	190.00	174.00	174.00
6594	235.00	255.00	235.00	235.00	235.00	235.00
6604	116.00	116.00	116.00	116.00	116.00	116.00
6607	215.00	215.00	215.00	215.00	215.00	215.00
6611	176.00	176.00	176.00	176.00	176.00	176.00
6612	215.00	215.00	215.00	215.00	215.00	215.00
6631	345.00	345.00	345.00	345.00	345.00	345.00
6633	395.00	395.00	395.00	395.00	395.00	395.00
6638	36.50	36.50	36.50	36.50	36.50	36.50
6641	23.50	23.50	23.50	23.50	23.50	23.50
6643	196.00	196.00	196.00	196.00	196.00	196.00
6644	245.00	245.00	245.00	245.00	245.00	245.00
6648	235.00	235.00	235.00	235.00	235.00	235.00
6649	295.00	295.00	295.00	295.00	295.00	295.00
6655	365.00	365.00	365.00	365.00	365.00	365.00
6677	196.00	196.00	196.00	196.00	196.00	196.00
6681	245.00	245.00	245.00	245.00	245.00	245.00
6686	54.00	54.00	54.00	54.00	54.00	54.00
6688	255.00	255.00	255.00	255.00	255.00	255.00
6692	320.00	320.00	320.00	320.00	320.00	320.00
6697	255.00	255.00	255.00	255.00	255.00	255.00
6699	320.00	320.00	320.00	320.00	320.00	320.00
6701	188.00	188.00	188.00	188.00	188.00	188.00
6703	108.00	108.00	108.00	108.00	108.00	108.00
6705	215.00	215.00	215.00	215.00	215.00	215.00
6707	335.00	335.00	335.00	335.00	335.00	335.00
6709	215.00	215.00	215.00	215.00	215.00	215.00
6715	440.00	440.00	440.00	440.00	440.00	440.00
6722	625.00	625.00	625.00	625.00	625.00	625.00
6724	265.00	265.00	265.00	265.00	265.00	265.00
6728	335.00	335.00	335.00	335.00	335.00	335.00
6730	390.00	390.00	390.00	390.00	390.00	390.00
6736	545.00	545.00	545.00	545.00	545.00	545.00
6740	215.00	215.00	215.00	215.00	215.00	215.00
6742	275.00	275.00	275.00	275.00	275.00	275.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6744	390.00	390.00	390.00	390.00	390.00	390.00
6747	545.00	545.00	545.00	545.00	545.00	545.00
6752	62.00	62.00	62.00	62.00	62.00	62.00
6754	44.00	44.00	44.00	44.00	44.00	44.00
6758	245.00	245.00	245.00	245.00	245.00	245.00
6762	62.00	62.00	62.00	62.00	62.00	62.00
6766	146.00	146.00	146.00	146.00	146.00	146.00
6767	27.50	25.00	25.00	25.00	25.00	25.00
6768	178.00	178.00	178.00	178.00	178.00	178.00
6772	108.00	108.00	108.00	108.00	108.00	108.00
6774	265.00	265.00	265.00	265.00	265.00	265.00
6778	370.00	370.00	370.00	370.00	370.00	370.00
6786	390.00	390.00	390.00	390.00	390.00	390.00
6792	335.00	335.00	335.00	335.00	335.00	335.00
6796	245.00	245.00	245.00	245.00	245.00	245.00
6799	76.00	76.00	52.00	52.00	52.00	52.00
6802	25.50	25.50	25.50	25.50	25.50	25.50
6805	72.00	60.00	43.50	43.50	43.50	43.50
6807	62.00	62.00	62.00	62.00	62.00	62.00
6810	200.00	200.00	200.00	200.00	200.00	200.00
6816	15.00	14.20	13.00	13.00	13.00	14.20
6818	38.00	38.00	38.00	38.00	38.00	38.00
6820	108.00	108.00	108.00	108.00	108.00	108.00
6824	38.00	38.00	38.00	38.00	38.00	38.00
6828	705.00	705.00	705.00	705.00	705.00	705.00
6832	475.00	475.00	475.00	475.00	475.00	475.00
6835	32.00	32.00	32.00	32.00	32.00	32.00
6837	134.00	144.00	124.00	124.00	124.00	124.00
6842	62.00	62.00	62.00	62.00	62.00	62.00
6846	146.00	146.00	146.00	146.00	146.00	146.00
6848	630.00	575.00	520.00	505.00	505.00	505.00
6852	335.00	335.00	335.00	335.00	335.00	335.00
6857	245.00	245.00	245.00	245.00	245.00	245.00
6859	630.00	630.00	630.00	630.00	630.00	630.00
6861	275.00	275.00	275.00	275.00	275.00	275.00
6863	705.00	705.00	705.00	705.00	705.00	705.00
6865	160.00	160.00	160.00	160.00	160.00	160.00
6871	335.00	335.00	335.00	335.00	335.00	335.00
6873	505.00	475.00	475.00	475.00	475.00	475.00
6879	370.00	370.00	370.00	370.00	370.00	370.00
6881	275.00	275.00	275.00	275.00	275.00	275.00
6885	275.00	275.00	275.00	275.00	275.00	275.00
6889	188.00	188.00	188.00	188.00	188.00	188.00
6894	575.00	575.00	575.00	575.00	575.00	575.00
6898	156.00	156.00	156.00	156.00	156.00	156.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6900	475.00	475.00	475.00	475.00	475.00	475.00
6902	630.00	705.00	630.00	630.00	630.00	630.00
6904	188.00	188.00	188.00	188.00	188.00	188.00
6906	88.00	88.00	88.00	88.00	88.00	88.00
6908	310.00	310.00	310.00	310.00	310.00	310.00
6914	47.50	47.50	47.50	47.50	47.50	47.50
6918	37.00	37.00	37.00	37.00	37.00	37.00
6922	310.00	310.00	275.00	275.00	275.00	275.00
6924	370.00	370.00	320.00	320.00	320.00	320.00
6928	390.00	390.00	370.00	370.00	370.00	370.00
6930	370.00	370.00	310.00	275.00	320.00	275.00
6932	215.00	215.00	215.00	215.00	215.00	215.00
6938	215.00	215.00	215.00	215.00	215.00	215.00
6940	36.50	36.50	36.50	36.50	36.50	36.50
6942	59.00	59.00	59.00	59.00	59.00	59.00
6953	59.00	59.00	59.00	59.00	59.00	59.00
6955	250.00	250.00	250.00	250.00	250.00	250.00
6958	485.00	485.00	485.00	485.00	485.00	485.00
6962	720.00	720.00	720.00	720.00	720.00	720.00
6964	520.00	520.00	520.00	520.00	520.00	520.00
6966	720.00	720.00	720.00	720.00	720.00	720.00
6968	375.00	375.00	375.00	375.00	375.00	375.00
6972	635.00	635.00	635.00	635.00	635.00	635.00
6974	150.00	150.00	150.00	150.00	150.00	150.00
6980	720.00	720.00	720.00	720.00	720.00	720.00
6986	720.00	720.00	720.00	720.00	720.00	720.00
6988	895.00	895.00	895.00	895.00	895.00	895.00
6992	215.00	215.00	215.00	215.00	215.00	215.00
6995	520.00	520.00	520.00	520.00	520.00	520.00
6997	520.00	520.00	520.00	520.00	520.00	520.00
6999	720.00	720.00	720.00	720.00	720.00	720.00
7001	235.00	235.00	235.00	235.00	235.00	235.00
7002	335.00	335.00	335.00	335.00	335.00	335.00
7003	275.00	275.00	275.00	275.00	275.00	275.00
7006	335.00	335.00	335.00	335.00	335.00	335.00
7011	235.00	235.00	235.00	235.00	235.00	235.00
7013	390.00	390.00	390.00	390.00	390.00	390.00
7021	635.00	635.00	635.00	635.00	635.00	635.00
7028	315.00	315.00	315.00	315.00	315.00	315.00
7033	200.00	200.00	200.00	200.00	200.00	200.00
7042	158.00	158.00	158.00	158.00	158.00	158.00
7044	1015.00	1015.00	1015.00	1015.00	1015.00	1015.00
7046	1015.00	1015.00	1015.00	1015.00	1015.00	1015.00
7057	1465.00	1465.00	1465.00	1465.00	1465.00	1465.00
7066	1160.00	1160.00	1160.00	1160.00	1160.00	1160.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7079	144.00	144.00	144.00	144.00	144.00	144.00
7081	150.00	150.00	150.00	150.00	150.00	150.00
7085	40.00	40.00	40.00	40.00	40.00	40.00
7089	45.50	45.50	45.50	45.50	45.50	45.50
7099	102.00	102.00	102.00	102.00	102.00	102.00
7106	67.00	67.00	67.00	67.00	67.00	67.00
7111	82.00	82.00	82.00	82.00	82.00	82.00
7112	116.00	116.00	116.00	116.00	116.00	116.00
7116	106.00	106.00	106.00	106.00	106.00	106.00
7117	138.00	138.00	138.00	138.00	138.00	138.00
7120	188.00	188.00	188.00	188.00	188.00	188.00
7121	245.00	245.00	245.00	245.00	245.00	245.00
7124	235.00	235.00	235.00	235.00	235.00	235.00
7129	375.00	375.00	375.00	375.00	375.00	375.00
7132	255.00	255.00	255.00	255.00	255.00	255.00
7133	240.00	240.00	240.00	240.00	240.00	240.00
7138	410.00	410.00	410.00	410.00	410.00	410.00
7139	455.00	455.00	455.00	455.00	455.00	455.00
7143	235.00	235.00	235.00	235.00	235.00	235.00
7148	98.00	98.00	98.00	98.00	98.00	98.00
7152	124.00	124.00	124.00	124.00	124.00	124.00
7156	235.00	235.00	235.00	235.00	235.00	235.00
7157	235.00	235.00	235.00	235.00	235.00	235.00
7170	625.00	625.00	625.00	625.00	625.00	625.00
7171	815.00	815.00	815.00	815.00	815.00	815.00
7175	196.00	196.00	196.00	196.00	196.00	196.00
7178	138.00	138.00	116.00	116.00	116.00	116.00
7182	172.00	172.00	144.00	144.00	144.00	144.00
7184	43.50	43.50	43.50	43.50	43.50	43.50
7186	124.00	124.00	124.00	124.00	124.00	124.00
7190	200.00	200.00	200.00	200.00	200.00	200.00
7192	250.00	250.00	250.00	250.00	250.00	250.00
7194	520.00	520.00	520.00	520.00	520.00	520.00
7198	755.00	755.00	755.00	755.00	755.00	755.00
7203	1285.00	1285.00	1285.00	1285.00	1285.00	1285.00
7204	935.00	935.00	935.00	935.00	935.00	935.00
7212	250.00	250.00	250.00	250.00	250.00	250.00
7216	575.00	575.00	575.00	575.00	575.00	575.00
7231	380.00	380.00	380.00	380.00	380.00	380.00
7240	490.00	490.00	490.00	490.00	490.00	490.00
7244	575.00	575.00	575.00	575.00	575.00	575.00
7248	575.00	575.00	575.00	575.00	575.00	575.00
7251	475.00	475.00	475.00	475.00	475.00	475.00
7265	1285.00	1285.00	1285.00	1285.00	1285.00	1285.00
7270	680.00	680.00	680.00	680.00	680.00	680.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7274	335.00	335.00	335.00	335.00	335.00	335.00
7279	380.00	380.00	380.00	380.00	380.00	380.00
7283	755.00	755.00	755.00	755.00	755.00	755.00
7287	250.00	250.00	250.00	250.00	250.00	250.00
7291	380.00	380.00	380.00	380.00	380.00	380.00
7298	475.00	475.00	475.00	475.00	475.00	475.00
7312	575.00	575.00	575.00	575.00	575.00	575.00
7314	485.00	485.00	485.00	485.00	485.00	485.00
7316	485.00	485.00	485.00	485.00	485.00	485.00
7318	255.00	255.00	255.00	255.00	255.00	255.00
7320	380.00	380.00	380.00	380.00	380.00	380.00
7324	380.00	380.00	380.00	380.00	380.00	380.00
7326	535.00	535.00	535.00	535.00	535.00	535.00
7328	485.00	485.00	485.00	485.00	485.00	485.00
7331	505.00	505.00	505.00	505.00	505.00	505.00
7336	575.00	575.00	575.00	575.00	575.00	575.00
7341	575.00	575.00	575.00	575.00	575.00	575.00
7346	705.00	705.00	705.00	705.00	705.00	705.00
7353	855.00	855.00	855.00	855.00	855.00	855.00
7355	575.00	575.00	575.00	575.00	575.00	575.00
7361	300.00	300.00	300.00	300.00	300.00	300.00
7365	300.00	300.00	300.00	300.00	300.00	300.00
7370	505.00	505.00	505.00	505.00	505.00	505.00
7376	375.00	375.00	375.00	375.00	375.00	375.00
7381	335.00	335.00	335.00	335.00	335.00	335.00
7397	25.00	25.00	25.00	25.00	25.00	25.00
7410	39.00	39.00	39.00	39.00	39.00	39.00
7412	47.50	47.50	47.50	47.50	47.50	47.50
7416	39.00	39.00	39.00	39.00	39.00	39.00
7419	31.00	31.00	31.00	31.00	31.00	31.00
7423	58.00	58.00	58.00	58.00	58.00	58.00
7426	37.00	37.00	37.00	37.00	37.00	37.00
7430	75.00	75.00	75.00	75.00	75.00	75.00
7432	94.00	94.00	94.00	94.00	94.00	94.00
7435	15.80	15.80	15.80	15.80	15.80	15.80
7436	47.50	47.50	47.50	47.50	47.50	47.50
7440	120.00	120.00	120.00	120.00	120.00	120.00
7443	156.00	156.00	156.00	156.00	156.00	156.00
7446	88.00	88.00	88.00	88.00	88.00	88.00
7451	108.00	108.00	108.00	108.00	108.00	108.00
7457	37.00	37.00	37.00	37.00	37.00	37.00
7461	62.00	62.00	62.00	62.00	62.00	62.00
7464	18.80	18.80	18.80	18.80	18.80	18.80
7468	47.50	47.50	47.50	47.50	47.50	47.50
7472	144.00	144.00	144.00	144.00	144.00	144.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7480	63.00	63.00	63.00	63.00	63.00	63.00
7483	0.00	0.00	0.00	0.00	0.00	0.00
7505	23.50	23.50	23.50	23.50	23.50	23.50
7508	48.50	48.50	48.50	48.50	48.50	48.50
7512	72.00	72.00	72.00	72.00	72.00	72.00
7516	32.00	32.00	32.00	32.00	32.00	32.00
7520	72.00	72.00	72.00	72.00	72.00	72.00
7524	98.00	98.00	98.00	98.00	98.00	88.00
7527	82.00	82.00	82.00	82.00	82.00	82.00
7530	116.00	116.00	116.00	116.00	116.00	116.00
7533	37.00	37.00	37.00	37.00	37.00	37.00
7535	72.00	72.00	72.00	72.00	72.00	72.00
7538	86.00	86.00	86.00	86.00	86.00	86.00
7540	91.00	91.00	97.00	91.00	91.00	91.00
7544	126.00	116.00	144.00	126.00	126.00	116.00
7547	72.00	72.00	72.00	72.00	72.00	72.00
7550	76.00	82.00	76.00	76.00	82.00	76.00
7552	98.00	116.00	91.00	91.00	116.00	91.00
7559	75.00	75.00	75.00	75.00	75.00	75.00
7563	91.00	91.00	91.00	91.00	91.00	91.00
7567	108.00	108.00	108.00	108.00	108.00	108.00
7572	158.00	158.00	158.00	158.00	158.00	158.00
7588	51.00	51.00	51.00	51.00	51.00	51.00
7593	72.00	69.00	72.00	62.00	62.00	62.00
7597	62.00	62.00	62.00	62.00	62.00	62.00
7601	15.00	14.20	13.00	13.00	13.00	14.20
7605	21.50	20.00	20.00	20.00	20.00	17.80
7608	94.00	94.00	94.00	94.00	94.00	94.00
7610	124.00	124.00	124.00	124.00	124.00	124.00
7615	72.00	72.00	72.00	72.00	72.00	72.00
7619	94.00	94.00	94.00	94.00	94.00	94.00
7624	215.00	215.00	215.00	215.00	215.00	215.00
7627	275.00	275.00	275.00	275.00	275.00	275.00
7632	54.00	54.00	54.00	54.00	54.00	54.00
7637	75.00	78.00	69.00	72.00	72.00	72.00
7641	82.00	86.00	75.00	72.00	79.00	72.00
7643	116.00	116.00	98.00	98.00	98.00	98.00
7647	140.00	140.00	140.00	140.00	140.00	140.00
7652	188.00	188.00	188.00	188.00	188.00	188.00
7673	49.00	49.00	49.00	49.00	49.00	49.00
7677	72.00	72.00	72.00	72.00	72.00	72.00
7681	19.60	19.60	19.60	19.60	19.60	19.60
7683	31.00	31.00	31.00	31.00	31.00	31.00
7687	48.50	48.50	48.50	48.50	48.50	48.50
7691	48.50	48.50	48.50	48.50	48.50	48.50

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7694	15.00	14.20	13.00	13.00	13.00	14.20
7697	21.50	20.00	20.00	20.00	20.00	17.80
7701	15.00	14.20	13.00	13.00	13.00	14.20
7706	21.50	20.00	20.00	20.00	20.00	17.80
7709	91.00	91.00	91.00	72.00	72.00	72.00
7712	126.00	126.00	116.00	91.00	91.00	91.00
7715	255.00	255.00	255.00	255.00	255.00	255.00
7718	59.00	59.00	59.00	59.00	59.00	59.00
7721	78.00	78.00	78.00	78.00	78.00	78.00
7727	172.00	172.00	172.00	172.00	172.00	172.00
7739	72.00	72.00	72.00	72.00	72.00	72.00
7743	94.00	94.00	94.00	94.00	94.00	94.00
7749	235.00	235.00	235.00	235.00	235.00	235.00
7764	63.00	63.00	63.00	63.00	63.00	63.00
7766	86.00	86.00	86.00	86.00	86.00	86.00
7774	15.00	14.20	13.00	13.00	13.00	14.20
7777	21.50	20.00	20.00	20.00	20.00	17.80
7781	15.00	14.20	13.00	13.00	13.00	14.20
7785	21.50	20.00	20.00	20.00	20.00	17.80
7789	108.00	108.00	108.00	108.00	108.00	108.00
7793	188.00	188.00	188.00	188.00	188.00	188.00
7798	475.00	475.00	475.00	475.00	475.00	475.00
7802	63.00	63.00	63.00	63.00	63.00	63.00
7803	0.00	0.00	0.00	0.00	0.00	0.00
7808	63.00	63.00	63.00	63.00	63.00	63.00
7809	0.00	0.00	0.00	0.00	0.00	0.00
7815	63.00	63.00	63.00	63.00	63.00	63.00
7817	0.00	0.00	0.00	0.00	0.00	0.00
7821	63.00	63.00	63.00	63.00	63.00	63.00
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	150.00	150.00	150.00	150.00	150.00	150.00
7857	150.00	150.00	150.00	150.00	150.00	150.00
7861	18.80	18.80	15.00	15.00	15.00	15.00
7864	15.80	15.80	15.80	15.80	15.80	15.80
7868	38.00	38.00	38.00	38.00	38.00	38.00
7872	88.00	65.00	65.00	65.00	65.00	65.00
7878	116.00	86.00	86.00	82.00	86.00	82.00
7883	65.00	65.00	65.00	65.00	65.00	65.00
7886	98.00	98.00	98.00	98.00	98.00	98.00
7898	520.00	520.00	520.00	520.00	520.00	520.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7902	194.00	194.00	194.00	194.00	194.00	194.00
7911	60.00	60.00	60.00	60.00	60.00	60.00
7915	75.00	75.00	75.00	75.00	75.00	75.00
7926	97.00	97.00	97.00	97.00	97.00	97.00
7928	158.00	158.00	158.00	158.00	158.00	158.00
7932	158.00	158.00	158.00	158.00	158.00	158.00
7934	815.00	815.00	815.00	815.00	815.00	815.00
7937	265.00	265.00	265.00	265.00	265.00	265.00
7938	1015.00	1015.00	1015.00	1015.00	1015.00	1015.00
7939	1285.00	1285.00	1285.00	1285.00	1285.00	1285.00
7940	178.00	178.00	178.00	178.00	178.00	178.00
7942	380.00	380.00	380.00	380.00	380.00	380.00
7945	675.00	675.00	675.00	675.00	675.00	675.00
7947	580.00	580.00	580.00	580.00	580.00	580.00
7951	750.00	750.00	750.00	750.00	750.00	750.00
7957	675.00	675.00	675.00	675.00	675.00	675.00
7961	905.00	905.00	905.00	905.00	905.00	905.00
7967	660.00	660.00	660.00	660.00	660.00	660.00
7969	905.00	905.00	905.00	905.00	905.00	905.00
7975	455.00	455.00	455.00	455.00	455.00	455.00
7977	365.00	365.00	365.00	365.00	365.00	365.00
7983	455.00	455.00	455.00	455.00	455.00	455.00
7993	320.00	320.00	320.00	320.00	320.00	320.00
7999	300.00	300.00	300.00	300.00	300.00	300.00
8001	265.00	265.00	265.00	265.00	265.00	265.00
8003	400.00	400.00	400.00	400.00	400.00	400.00
8009	150.00	150.00	150.00	150.00	150.00	150.00
8014	158.00	158.00	158.00	158.00	158.00	158.00
8017	410.00	410.00	410.00	410.00	410.00	410.00
8019	485.00	485.00	485.00	485.00	485.00	485.00
8022	174.00	174.00	146.00	130.00	130.00	130.00
8024	235.00	235.00	235.00	235.00	235.00	235.00
8026	48.50	48.50	48.50	48.50	48.50	48.50
8028	250.00	250.00	250.00	250.00	250.00	250.00
8032	275.00	275.00	275.00	275.00	275.00	275.00
8036	250.00	250.00	250.00	250.00	250.00	250.00
8040	178.00	178.00	178.00	178.00	178.00	178.00
8044	635.00	635.00	635.00	635.00	635.00	635.00
8048	440.00	440.00	440.00	440.00	440.00	440.00
8053	440.00	440.00	440.00	440.00	440.00	440.00
8069	625.00	625.00	625.00	625.00	625.00	625.00
8070	815.00	815.00	815.00	815.00	815.00	815.00
8074	320.00	320.00	320.00	320.00	320.00	320.00
8080	118.00	118.00	118.00	118.00	118.00	118.00
8082	215.00	215.00	215.00	215.00	215.00	215.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8085	255.00	255.00	255.00	255.00	255.00	255.00
8088	395.00	395.00	395.00	395.00	395.00	395.00
8090	395.00	395.00	395.00	395.00	395.00	395.00
8092	505.00	505.00	505.00	505.00	505.00	505.00
8105	17.20	17.20	17.20	17.20	17.20	17.20
8113	215.00	215.00	215.00	215.00	215.00	215.00
8116	320.00	365.00	320.00	320.00	320.00	320.00
8120	194.00	194.00	194.00	194.00	194.00	194.00
8131	270.00	270.00	245.00	245.00	255.00	245.00
8135	365.00	335.00	310.00	310.00	310.00	310.00
8151	118.00	118.00	118.00	118.00	118.00	118.00
8153	146.00	146.00	146.00	146.00	146.00	146.00
8158	320.00	320.00	320.00	320.00	320.00	320.00
8161	255.00	255.00	255.00	255.00	255.00	255.00
8166	194.00	194.00	194.00	194.00	194.00	194.00
8169	118.00	118.00	118.00	118.00	118.00	118.00
8173	146.00	146.00	146.00	146.00	146.00	146.00
8179	144.00	144.00	144.00	144.00	144.00	144.00
8182	178.00	178.00	178.00	178.00	178.00	178.00
8185	150.00	150.00	138.00	138.00	150.00	138.00
8187	158.00	158.00	158.00	158.00	158.00	158.00
8190	158.00	158.00	158.00	158.00	158.00	158.00
8193	194.00	194.00	194.00	194.00	194.00	194.00
8195	215.00	215.00	215.00	215.00	215.00	215.00
8198	365.00	365.00	365.00	365.00	365.00	365.00
8201	520.00	520.00	520.00	520.00	520.00	520.00
8206	365.00	365.00	365.00	365.00	365.00	365.00
8209	335.00	335.00	335.00	335.00	335.00	335.00
8211	365.00	365.00	365.00	365.00	365.00	365.00
8214	88.00	88.00	88.00	88.00	88.00	88.00
8217	178.00	178.00	178.00	178.00	178.00	178.00
8219	152.00	152.00	152.00	152.00	152.00	152.00
8222	194.00	194.00	194.00	194.00	194.00	194.00
8225	215.00	215.00	215.00	215.00	215.00	215.00
8227	79.00	79.00	79.00	79.00	79.00	79.00
8230	97.00	97.00	97.00	97.00	97.00	97.00
8233	150.00	150.00	150.00	150.00	150.00	150.00
8235	190.00	190.00	190.00	190.00	190.00	190.00
8238	240.00	240.00	240.00	240.00	240.00	240.00
8241	65.00	65.00	65.00	65.00	65.00	65.00
8243	97.00	97.00	97.00	97.00	97.00	97.00
8246	60.00	60.00	60.00	60.00	60.00	60.00
8249	146.00	146.00	146.00	146.00	146.00	146.00
8251	265.00	265.00	265.00	265.00	265.00	265.00
8257	365.00	365.00	365.00	365.00	365.00	365.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8259	270.00	270.00	270.00	270.00	270.00	270.00
8262	158.00	158.00	158.00	158.00	158.00	158.00
8267	118.00	118.00	118.00	118.00	118.00	118.00
8275	172.00	172.00	172.00	172.00	172.00	172.00
8279	98.00	98.00	98.00	98.00	98.00	98.00
8282	130.00	130.00	130.00	130.00	130.00	130.00
8283	172.00	172.00	172.00	172.00	172.00	172.00
8287	120.00	120.00	120.00	120.00	120.00	120.00
8290	290.00	290.00	290.00	290.00	290.00	290.00
8294	194.00	194.00	194.00	194.00	194.00	194.00
8296	97.00	97.00	97.00	97.00	97.00	97.00
8298	240.00	240.00	240.00	240.00	240.00	240.00
8302	365.00	365.00	365.00	365.00	365.00	365.00
8304	440.00	440.00	440.00	440.00	440.00	440.00
8306	580.00	580.00	580.00	580.00	580.00	580.00
8310	215.00	215.00	215.00	215.00	215.00	215.00
8312	215.00	215.00	215.00	215.00	215.00	215.00
8314	300.00	300.00	300.00	300.00	300.00	300.00
8316	300.00	300.00	300.00	300.00	300.00	300.00
8318	600.00	600.00	600.00	600.00	600.00	600.00
8320	275.00	275.00	275.00	275.00	275.00	275.00
8322	260.00	260.00	260.00	260.00	260.00	260.00
8324	300.00	300.00	300.00	300.00	300.00	300.00
8326	300.00	300.00	300.00	300.00	300.00	300.00
8328	215.00	215.00	215.00	215.00	215.00	215.00
8330	300.00	300.00	300.00	300.00	300.00	300.00
8332	104.00	76.00	76.00	76.00	76.00	76.00
8334	25.50	25.50	25.50	25.50	25.50	25.50
8336	32.00	32.00	32.00	32.00	32.00	32.00
8349	52.00	52.00	52.00	52.00	52.00	52.00
8351	32.00	32.00	32.00	32.00	32.00	32.00
8352	25.50	25.50	25.50	25.50	25.50	25.50
8354	39.00	39.00	39.00	39.00	39.00	39.00
8356	39.00	39.00	39.00	39.00	39.00	39.00
8378	485.00	485.00	485.00	485.00	485.00	485.00
8380	475.00	475.00	475.00	475.00	475.00	475.00
8382	118.00	118.00	118.00	118.00	118.00	118.00
8384	255.00	255.00	255.00	255.00	255.00	255.00
8386	194.00	194.00	194.00	194.00	194.00	194.00
8388	580.00	580.00	580.00	580.00	580.00	580.00
8390	580.00	580.00	580.00	580.00	580.00	580.00
8392	720.00	720.00	720.00	720.00	720.00	720.00
8394	505.00	505.00	505.00	505.00	505.00	505.00
8398	660.00	660.00	660.00	660.00	660.00	660.00
8400	575.00	575.00	575.00	575.00	575.00	575.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8402	640.00	640.00	640.00	640.00	640.00	640.00
8406	215.00	215.00	215.00	215.00	215.00	215.00
8408	625.00	625.00	625.00	625.00	625.00	625.00
8410	320.00	320.00	320.00	320.00	320.00	320.00
8412	275.00	275.00	275.00	275.00	275.00	275.00
8414	635.00	635.00	635.00	635.00	635.00	635.00
8418	380.00	380.00	380.00	380.00	380.00	380.00
8422	196.00	196.00	196.00	196.00	196.00	196.00
8424	435.00	435.00	435.00	435.00	435.00	435.00
8428	25.50	25.50	25.50	25.50	25.50	25.50
8430	65.00	65.00	65.00	65.00	65.00	65.00
8432	94.00	94.00	94.00	94.00	94.00	94.00
8434	120.00	120.00	120.00	120.00	120.00	120.00
8436	255.00	255.00	255.00	255.00	255.00	255.00
8440	300.00	300.00	300.00	300.00	300.00	300.00
8442	365.00	365.00	365.00	365.00	365.00	365.00
8444	535.00	535.00	535.00	535.00	535.00	535.00
8448	200.00	200.00	200.00	200.00	200.00	200.00
8449	335.00	335.00	335.00	335.00	335.00	335.00
8450	250.00	250.00	250.00	250.00	250.00	250.00
8452	94.00	94.00	94.00	94.00	94.00	94.00
8454	210.00	210.00	210.00	210.00	210.00	210.00
8458	49.00	49.00	49.00	49.00	49.00	49.00
8462	72.00	72.00	58.00	58.00	58.00	49.00
8466	86.00	86.00	86.00	86.00	86.00	86.00
8470	116.00	116.00	116.00	116.00	116.00	116.00
8472	172.00	172.00	172.00	172.00	172.00	172.00
8474	300.00	300.00	300.00	300.00	300.00	300.00
8476	410.00	410.00	410.00	410.00	410.00	410.00
8478	250.00	250.00	250.00	250.00	250.00	250.00
8480	150.00	150.00	150.00	150.00	150.00	150.00
8484	215.00	215.00	215.00	215.00	215.00	215.00
8485	250.00	250.00	250.00	250.00	250.00	250.00
8486	124.00	124.00	124.00	124.00	124.00	124.00
8487	535.00	535.00	535.00	535.00	535.00	535.00
8488	240.00	240.00	240.00	240.00	240.00	240.00
8490	138.00	138.00	138.00	138.00	138.00	138.00
8492	62.00	62.00	62.00	62.00	62.00	62.00
8494	235.00	235.00	235.00	235.00	235.00	235.00
8496	124.00	124.00	124.00	124.00	124.00	124.00
8498	250.00	250.00	250.00	250.00	250.00	250.00
8500	196.00	196.00	196.00	196.00	196.00	196.00
8502	138.00	138.00	138.00	138.00	138.00	138.00
8504	108.00	108.00	108.00	108.00	108.00	108.00
8508	215.00	215.00	215.00	215.00	215.00	215.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8509	158.00	158.00	158.00	158.00	158.00	158.00
8510	370.00	370.00	370.00	370.00	370.00	370.00
8511	335.00	335.00	335.00	335.00	335.00	335.00
8512	150.00	150.00	150.00	150.00	150.00	150.00
8516	310.00	310.00	310.00	310.00	310.00	310.00
8518	250.00	250.00	250.00	250.00	250.00	250.00
8522	116.00	116.00	116.00	116.00	116.00	116.00
8524	156.00	156.00	156.00	156.00	156.00	156.00
8528	475.00	475.00	475.00	475.00	475.00	475.00
8530	390.00	390.00	390.00	390.00	390.00	390.00
8535	250.00	250.00	250.00	250.00	250.00	250.00
8540	680.00	680.00	680.00	680.00	680.00	680.00
8542	580.00	580.00	580.00	580.00	580.00	580.00
8544	174.00	174.00	174.00	174.00	174.00	174.00
8546	380.00	380.00	380.00	380.00	380.00	380.00
8548	440.00	440.00	440.00	440.00	440.00	440.00
8551	470.00	470.00	470.00	470.00	470.00	470.00
8552	255.00	255.00	255.00	255.00	255.00	255.00
8554	475.00	475.00	475.00	475.00	475.00	475.00
8556	370.00	370.00	370.00	370.00	370.00	370.00
8560	310.00	310.00	310.00	310.00	310.00	310.00
8564	310.00	310.00	310.00	310.00	310.00	310.00
8568	435.00	435.00	435.00	435.00	435.00	435.00
8570	250.00	250.00	250.00	250.00	250.00	250.00
8574	270.00	270.00	270.00	270.00	270.00	270.00
8578	310.00	310.00	310.00	310.00	310.00	310.00
8582	310.00	310.00	310.00	310.00	310.00	310.00
8584	124.00	124.00	124.00	124.00	124.00	124.00
8585	172.00	172.00	172.00	172.00	172.00	172.00
8586	410.00	365.00	365.00	365.00	365.00	365.00
8588	172.00	172.00	172.00	172.00	172.00	172.00
8592	250.00	250.00	250.00	250.00	250.00	250.00
8594	270.00	270.00	270.00	270.00	270.00	270.00
8596	310.00	310.00	310.00	310.00	310.00	310.00
8598	535.00	535.00	535.00	535.00	535.00	535.00
8600	675.00	675.00	675.00	675.00	675.00	675.00
8602	78.00	78.00	78.00	78.00	78.00	78.00
8604	188.00	188.00	188.00	188.00	188.00	188.00
8606	265.00	265.00	265.00	265.00	265.00	265.00
8608	275.00	275.00	275.00	275.00	275.00	275.00
8612	370.00	370.00	370.00	370.00	370.00	370.00
8614	172.00	172.00	172.00	172.00	172.00	172.00
8616	172.00	172.00	172.00	172.00	172.00	172.00
8618	440.00	440.00	440.00	440.00	440.00	440.00
8620	128.00	128.00	128.00	128.00	128.00	128.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8622	335.00	335.00	335.00	335.00	335.00	335.00
8624	455.00	455.00	455.00	455.00	455.00	455.00
8628	144.00	144.00	144.00	144.00	144.00	144.00
8630	270.00	270.00	270.00	270.00	270.00	270.00
8632	630.00	630.00	630.00	630.00	630.00	630.00
8634	188.00	188.00	188.00	188.00	188.00	188.00
8636	335.00	335.00	335.00	335.00	335.00	335.00
8640	435.00	435.00	435.00	435.00	435.00	435.00
8644	215.00	215.00	215.00	215.00	215.00	215.00
8648	310.00	310.00	310.00	310.00	310.00	310.00
8652	310.00	310.00	310.00	310.00	310.00	310.00
8656	390.00	390.00	390.00	390.00	390.00	390.00
8700	70.00	70.00	70.00	70.00	70.00	70.00
8702	27.50	27.50	27.50	27.50	24.50	27.50
8704	55.00	55.00	55.00	55.00	55.00	55.00
8706	19.00	19.00	19.00	19.00	19.00	19.00
8708	27.50	27.50	27.50	27.50	27.50	27.50
8710	30.50	30.50	30.50	30.50	30.50	30.50
8711	45.50	45.50	45.50	45.50	45.50	45.50
8712	124.00	124.00	124.00	124.00	124.00	124.00
8713	110.00	110.00	110.00	110.00	110.00	110.00
8716	96.00	96.00	96.00	96.00	96.00	96.00
8717	83.00	83.00	83.00	83.00	83.00	83.00
8720	156.00	156.00	156.00	156.00	156.00	156.00
8721	83.00	83.00	83.00	83.00	83.00	83.00
8723	190.00	190.00	190.00	190.00	190.00	190.00
8724	96.00	96.00	96.00	96.00	96.00	96.00
8730	96.00	96.00	96.00	96.00	96.00	96.00
8731	83.00	83.00	83.00	83.00	83.00	83.00
8736	126.00	126.00	126.00	126.00	126.00	126.00
8737	114.00	114.00	114.00	114.00	114.00	114.00
8738	98.00	98.00	98.00	98.00	98.00	98.00
8739	86.00	86.00	86.00	86.00	86.00	86.00
8742	190.00	190.00	190.00	190.00	190.00	190.00
8743	164.00	164.00	164.00	164.00	164.00	164.00
8746	65.00	65.00	65.00	65.00	65.00	65.00
8747	58.00	58.00	58.00	58.00	58.00	58.00
8750	98.00	98.00	98.00	98.00	98.00	98.00
8755	98.00	98.00	98.00	98.00	98.00	98.00
8756	86.00	86.00	86.00	86.00	86.00	86.00
8759	126.00	126.00	126.00	126.00	126.00	126.00
8760	114.00	114.00	114.00	114.00	114.00	114.00
8763	67.00	67.00	67.00	67.00	67.00	67.00
8764	59.00	59.00	59.00	59.00	59.00	59.00
8769	128.00	128.00	128.00	128.00	128.00	128.00

**Medical Benefits Schedule Fees by Item and State
as from 15 June 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8770	114.00	114.00	114.00	114.00	114.00	114.00
8773	98.00	98.00	98.00	98.00	98.00	98.00
8774	87.00	87.00	87.00	87.00	87.00	87.00
8779	37.50	37.50	37.50	37.50	37.50	37.50
8780	33.50	33.50	33.50	33.50	33.50	33.50
8783	126.00	126.00	126.00	126.00	126.00	126.00
8784	114.00	114.00	114.00	114.00	114.00	114.00
8787	96.00	96.00	96.00	96.00	96.00	96.00
8788	83.00	83.00	83.00	83.00	83.00	83.00
8793	255.00	255.00	255.00	255.00	255.00	255.00
8794	225.00	225.00	225.00	225.00	225.00	225.00
8797	128.00	128.00	128.00	128.00	128.00	128.00
8798	114.00	114.00	114.00	114.00	114.00	114.00
8799	128.00	128.00	128.00	128.00	128.00	128.00
8800	114.00	114.00	114.00	114.00	114.00	114.00
8803	255.00	255.00	255.00	255.00	255.00	255.00
8804	225.00	225.00	225.00	225.00	225.00	225.00
8807	128.00	128.00	128.00	128.00	128.00	128.00
8808	114.00	114.00	114.00	114.00	114.00	114.00
8813	64.00	64.00	64.00	64.00	64.00	64.00
8814	57.00	57.00	57.00	57.00	57.00	57.00
8817	33.50	33.50	33.50	33.50	33.50	33.50
8818	29.50	29.50	29.50	29.50	29.50	29.50
8821	96.00	96.00	96.00	96.00	96.00	96.00
8824	100.00	100.00	100.00	100.00	100.00	100.00
8825	88.00	88.00	88.00	88.00	88.00	88.00
8828	96.00	96.00	96.00	96.00	96.00	96.00
8829	83.00	83.00	83.00	83.00	83.00	83.00

**Medical Benefits Schedule—Parts 1-11
Ready Reckoner Showing 15 June 1984
Schedule Fees and Medicare Benefit Levels**

Schedule Fee	Medicare Benefit @ 85%/\$10 maximum gap	Schedule Fee	Medicare Benefit @ 85%/\$10 maximum gap	Schedule Fee	Medicare Benefit @ 85%/\$10 maximum gap
\$	\$	\$	\$	\$	\$
1.65	1.45	15.00	12.75	26.50	22.55
3.30	2.85	15.20	12.95	27.00	22.95
4.15	3.55	15.25	13.00	27.50	23.40
4.40	3.75	15.50	13.20	28.00	23.80
4.95	4.25	15.60	13.30	28.50	24.25
5.50	4.70	15.80	13.45	28.90	24.60
5.55	4.75	16.50	14.05	29.00	24.65
6.30	5.40	16.60	14.15	29.50	25.10
6.60	5.65	16.80	14.30	30.00	25.50
7.20	6.15	17.20	14.65	30.50	25.95
7.30	6.25	17.60	15.00	31.00	26.35
7.50	6.40	17.80	15.15	31.50	26.80
7.90	6.75	18.00	15.30	32.00	27.20
8.25	7.05	18.40	15.65	33.00	28.05
8.30	7.10	18.60	15.85	33.50	28.50
8.80	7.50	18.75	15.95	34.00	28.90
8.90	7.60	18.80	16.00	34.50	29.35
9.00	7.65	19.00	16.15	35.00	29.75
9.70	8.25	19.25	16.40	35.50	30.20
9.80	8.35	19.40	16.50	36.00	30.60
9.90	8.45	19.60	16.70	36.50	31.05
10.40	8.85	19.80	16.85	37.00	31.45
10.80	9.20	20.00	17.00	37.15	31.60
11.00	9.35	20.50	17.45	37.50	31.90
11.60	9.90	20.65	17.60	38.00	32.30
11.80	10.05	20.80	17.70	38.50	32.75
12.00	10.20	21.00	17.85	39.00	33.15
12.40	10.55	21.50	18.30	39.50	33.60
12.45	10.60	22.00	18.70	40.00	34.00
12.60	10.75	22.50	19.15	41.00	34.85
12.80	10.90	22.90	19.50	41.25	35.10
13.00	11.05	23.00	19.55	42.00	35.70
13.20	11.25	23.25	19.80	43.00	36.55
13.75	11.70	23.50	20.00	43.50	37.00
13.80	11.75	24.00	20.40	44.00	37.40
13.90	11.85	24.50	20.85	44.50	37.85
14.20	12.10	24.75	21.05	45.00	38.25
14.40	12.25	25.00	21.25	45.50	38.70
14.60	12.45	25.50	21.70	47.00	39.95
14.85	12.65	26.00	22.10	47.50	40.40

**Medical Benefits Schedule—Parts 1-11
Ready Reckoner Showing 15 June 1984
Schedule Fees and Medicare Benefit Levels**

Schedule Fee	Medicare Benefit @ 85%/\$10 maximum gap	Schedule Fee	Medicare Benefit @ 85%/\$10 maximum gap	Schedule Fee	Medicare Benefit @ 85%/\$10 maximum gap
\$	\$	\$	\$	\$	\$
48.50	41.25	86.00	76.00	152.00	142.00
49.00	41.65	87.00	77.00	154.00	144.00
49.50	42.10	88.00	78.00	156.00	146.00
50.00	42.50	89.00	79.00	158.00	148.00
51.00	43.35	90.00	80.00	160.00	150.00
52.00	44.20	91.00	81.00	162.00	152.00
53.00	45.05	93.00	83.00	164.00	154.00
54.00	45.90	94.00	84.00	166.00	156.00
55.00	46.75	95.00	85.00	168.00	158.00
56.00	47.60	96.00	86.00	170.00	160.00
57.00	48.45	97.00	87.00	172.00	162.00
57.75	49.10	98.00	88.00	174.00	164.00
58.00	49.30	99.00	89.00	176.00	166.00
59.00	50.15	100.00	90.00	178.00	168.00
60.00	51.00	102.00	92.00	180.00	170.00
61.00	51.85	104.00	94.00	182.00	172.00
62.00	52.70	106.00	96.00	184.00	174.00
63.00	53.55	108.00	98.00	186.00	176.00
64.00	54.40	110.00	100.00	188.00	178.00
65.00	55.25	112.00	102.00	190.00	180.00
66.00	56.10	114.00	104.00	192.00	182.00
67.00	57.00	116.00	106.00	194.00	184.00
68.00	58.00	118.00	108.00	196.00	186.00
69.00	59.00	120.00	110.00	198.00	188.00
70.00	60.00	122.00	112.00	200.00	190.00
71.00	61.00	124.00	114.00	205.00	195.00
72.00	62.00	124.50	114.50	207.50	197.50
73.00	63.00	126.00	116.00	210.00	200.00
74.00	64.00	128.00	118.00	215.00	205.00
74.25	64.25	130.00	120.00	220.00	210.00
75.00	65.00	132.00	122.00	223.50	213.50
76.00	66.00	134.00	124.00	225.00	215.00
77.00	67.00	136.00	126.00	230.00	220.00
78.00	68.00	138.00	128.00	231.50	221.50
79.00	69.00	140.00	130.00	235.00	225.00
80.00	70.00	142.00	132.00	240.00	230.00
81.00	71.00	144.00	134.00	245.00	235.00
82.00	72.00	146.00	136.00	248.50	238.50
82.50	72.50	148.00	138.00	250.00	240.00
83.00	73.00	150.00	140.00	255.00	245.00

**Medical Benefits Schedule—Parts 1-11
Ready Reckoner Showing 15 June 1984
Schedule Fees and Medicare Benefit Levels**

Schedule Fee	Medicare Benefit @ 85%/\$10 maximum gap	Schedule Fee	Medicare Benefit @ 85%/\$10 maximum gap	Schedule Fee	Medicare Benefit @ 85%/\$10 maximum gap
\$	\$	\$	\$	\$	\$
256.50	246.50	470.00	460.00		
260.00	250.00	475.00	465.00		
265.00	255.00	485.00	475.00		
270.00	260.00	490.00	480.00		
272.50	262.50	505.00	495.00		
275.00	265.00	520.00	510.00		
278.50	268.50	535.00	525.00		
280.00	270.00	545.00	535.00		
280.50	270.50	575.00	565.00		
285.00	275.00	580.00	570.00		
290.00	280.00	600.00	590.00		
295.00	285.00	610.00	600.00		
297.50	287.50	625.00	615.00		
300.00	290.00	630.00	620.00		
305.00	295.00	635.00	625.00		
310.00	300.00	640.00	630.00		
315.00	305.00	652.50	642.50		
320.00	310.00	660.00	650.00		
323.50	313.50	675.00	665.00		
325.00	315.00	680.00	670.00		
327.50	317.50	705.00	695.00		
335.00	325.00	720.00	710.00		
340.00	330.00	750.00	740.00		
345.00	335.00	755.00	745.00		
350.00	340.00	780.00	770.00		
357.00	347.00	790.00	780.00		
360.00	350.00	792.50	782.50		
365.00	355.00	805.00	795.00		
370.00	360.00	815.00	805.00		
372.50	362.50	855.00	845.00		
375.00	365.00	895.00	885.00		
380.00	370.00	905.00	895.00		
390.00	380.00	930.00	920.00		
395.00	385.00	935.00	925.00		
400.00	390.00	1015.00	1005.00		
410.00	400.00	1070.00	1060.00		
435.00	425.00	1160.00	1150.00		
440.00	430.00	1285.00	1275.00		
445.00	435.00	1465.00	1455.00		
455.00	445.00				

COMMONWEALTH OF AUSTRALIA
DEPARTMENT OF HEALTH

MEDICAL BENEFITS SCHEDULE BOOK
1 MARCH 1984—AMENDMENTS

1. The Government has approved an interim increase of 4.3% in the medical fees on which the payment of Medicare benefits are based with effect from 1 March, 1984.
2. The Table of Medical Services contained in the Schedule to the Health Insurance Act will be amended so as to increase the Schedule fees accordingly.
3. Appropriately increased Medicare 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 March, 1984.
5. In the time available it is not possible to print and distribute a new Medical Benefits Schedule book prior to 1 March, 1984. However to facilitate the implementation of the new fees and benefits the enclosed 'Item-Fee List' has been prepared for use by medical practitioners, the Health Insurance Commission and other interested parties.
6. A 'Ready Reckoner' showing 1 March, 1984 Schedule fees and Medicare benefits is also enclosed.
7. The approval increasing fees generally also included provision for the amounts specified in the description of Items 2951 and 2953 to be similarly increased. The reference in Item 2951 "or the aggregate of the fees exceeds \$118.00 but does not exceed \$205.00" should be amended to read "or the aggregate of the fees exceeds \$124.00 but does not exceed \$215.00" and the reference in Item 2953 "exceeds \$205.00" should be amended to read "exceeds \$215".
8. The amounts mentioned in certain items which have a 'derived fee' should also be amended as follows:

Page 85	Item 2732—substitute '\$15.20' for '\$14.60'
Page 88	Item 2782—substitute '\$16.20' for '\$15.60'
	Item 2798—substitute '\$ 9.60' for '\$ 9.20'
Page 92	Item 2863—substitute '\$ 3.80' for '\$ 3.60'
	Item 2867—substitute '\$ 4.60' for '\$ 4.40'
	Item 2871—substitute '\$ 9.10' for '\$ 8.70'
Page 93	Item 2877—substitute '\$ 4.60' for '\$ 4.40'
	Item 2881—substitute '\$ 5.40' for '\$ 5.20'
	Item 2885—substitute '\$11.60' for '\$11.20'
	Item 2889—substitute '\$ 7.00' for '\$ 6.70'
Page 94	Item 2893—substitute '\$ 9.60' for '\$ 9.20'
	Item 2897—substitute '\$16.20' for '\$15.60'

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 March, 1984 and continues beyond that date, the general rule is that the 1 November, 1982 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 March, 1984 fees and benefits at the 1 November, 1982 level will apply. If the confinement takes place on or after 1 March, 1984 fees and Medicare benefits at the new (1 March, 1984) level will apply.

Department of Health,
Canberra, A.C.T.
1 March, 1984.

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1	10.00	9.50	9.50	9.50	9.50	9.50
2	17.60	16.60	16.60	16.60	16.60	16.60
5	13.80	13.00	12.00	12.00	12.00	13.00
6	21.00	19.80	19.40	19.40	19.40	19.80
7	25.50	24.50	23.50	23.50	23.50	24.50
8	33.50	31.50	31.00	31.00	31.00	31.50
9	39.50	37.00	35.50	35.50	35.50	37.00
10	47.50	44.50	44.00	44.00	44.00	44.50
11	15.40	14.00	14.00	14.00	14.00	14.00
12	23.00	22.00	22.00	22.00	22.00	22.00
15	20.00	19.00	18.80	18.80	18.80	19.00
16	28.00	25.50	25.50	25.50	25.50	25.50
17	33.50	33.00	31.50	31.50	31.50	33.00
18	40.50	39.50	38.50	38.50	38.50	39.50
21	47.50	44.50	44.50	44.50	44.50	44.50
22	54.00	52.00	50.00	50.00	50.00	52.00
27	20.00	19.00	18.80	18.80	18.80	19.00
28	28.00	25.50	25.50	25.50	25.50	25.50
29	13.80	13.00	12.00	12.00	12.00	13.00
30	19.40	18.40	17.80	17.80	17.80	18.40
31	13.80	13.00	12.00	12.00	12.00	13.00
32	11.80	11.00	10.80	10.80	10.80	11.00
34	10.00	9.50	9.50	9.50	9.50	9.50
41	20.00	19.00	18.80	18.80	18.80	19.00
42	28.00	25.50	25.50	25.50	25.50	25.50
45	11.80	11.00	10.80	10.80	10.80	11.00
46	10.00	9.50	9.50	9.50	9.50	9.50
55	10.00	9.50	9.50	9.50	9.50	9.50
56	17.60	16.60	16.60	16.60	16.60	16.60
61	13.80	13.00	12.00	12.00	12.00	13.00
62	21.00	19.80	19.40	19.40	19.40	19.80
63	25.50	24.50	23.50	23.50	23.50	24.50
64	33.50	31.50	31.00	31.00	31.00	31.50
67	39.50	37.00	35.50	35.50	35.50	37.00
68	47.50	44.50	44.00	44.00	44.00	44.50
82	13.80	13.00	12.00	12.00	12.00	13.00
85	19.60	18.60	18.60	18.60	18.60	16.40
88	39.50	36.50	36.50	36.50	36.50	33.00
94	19.60	18.60	18.60	18.60	18.60	16.40
100	57.00	54.00	54.00	54.00	54.00	49.00
103	36.50	36.00	36.00	36.00	36.00	33.50
110	69.00	63.00	63.00	63.00	63.00	63.00
116	34.50	34.50	34.50	34.50	34.50	34.50
122	84.00	80.00	80.00	80.00	80.00	80.00
128	51.00	51.00	51.00	51.00	51.00	51.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
134	19.60	18.60	18.60	18.60	18.60	18.60
136	39.50	36.50	36.50	36.50	36.50	36.50
138	58.00	55.00	55.00	55.00	55.00	55.00
140	80.00	73.00	73.00	73.00	73.00	73.00
142	98.00	93.00	93.00	93.00	93.00	93.00
144	36.50	36.00	36.00	36.00	36.00	36.00
146	57.00	54.00	54.00	54.00	54.00	54.00
148	79.00	72.00	72.00	72.00	72.00	72.00
150	96.00	91.00	91.00	91.00	91.00	91.00
152	114.00	110.00	110.00	110.00	110.00	110.00
160	55.00	55.00	55.00	55.00	55.00	55.00
161	90.00	90.00	90.00	90.00	90.00	90.00
162	126.00	126.00	126.00	126.00	126.00	126.00
163	160.00	160.00	160.00	160.00	160.00	160.00
164	192.00	192.00	192.00	192.00	192.00	192.00
190	13.80	13.00	12.00	12.00	12.00	13.00
192	138.00	130.00	120.00	120.00	120.00	130.00
194	116.00	106.00	106.00	91.00	91.00	91.00
196	174.00	134.00	134.00	134.00	134.00	134.00
198	116.00	106.00	106.00	106.00	106.00	106.00
200	200.00	182.00	174.00	160.00	160.00	160.00
207	265.00	225.00	200.00	225.00	200.00	200.00
208	280.00	250.00	235.00	230.00	215.00	215.00
209	345.00	285.00	255.00	285.00	255.00	255.00
211	231.00	213.00	205.00	191.00	191.00	191.00
213	296.00	256.00	231.00	256.00	231.00	231.00
216	276.00	258.00	250.00	236.00	236.00	236.00
217	341.00	301.00	276.00	301.00	276.00	276.00
234	250.00	250.00	235.00	235.00	235.00	225.00
241	335.00	290.00	290.00	290.00	290.00	265.00
242	10.00	9.50	9.50	9.50	9.50	9.50
246	10.00	9.50	9.50	9.50	9.50	9.50
250	80.00	80.00	80.00	80.00	80.00	80.00
258	106.00	106.00	106.00	106.00	106.00	106.00
267	31.00	31.00	31.00	31.00	31.00	31.00
273	10.00	9.50	9.50	9.50	9.50	9.50
274	116.00	116.00	116.00	116.00	116.00	116.00
275	144.00	144.00	144.00	144.00	144.00	144.00
278	31.00	31.00	31.00	31.00	31.00	31.00
284	43.00	43.00	43.00	43.00	43.00	43.00
295	31.00	31.00	31.00	31.00	31.00	31.00
298	55.00	55.00	55.00	55.00	55.00	55.00
354	31.00	31.00	31.00	31.00	31.00	31.00
360	116.00	116.00	116.00	116.00	116.00	116.00
362	37.00	37.00	37.00	37.00	37.00	37.00

Medical Benefits Schedule Fees by Item and State
as from 1 March 1984

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
365	134.00	134.00	134.00	134.00	134.00	134.00
368	200.00	200.00	200.00	200.00	200.00	200.00
383	62.00	62.00	62.00	62.00	62.00	62.00
401	6.80	6.70	6.70	6.60	6.60	5.80
403	13.60	13.40	13.40	13.20	13.20	11.60
404	20.50	20.00	20.00	19.80	19.80	17.40
405	27.50	27.00	27.00	26.50	26.50	23.00
406	34.00	33.50	33.50	33.00	33.00	29.00
407	41.00	40.50	40.50	39.50	39.50	34.50
408	48.00	47.00	47.00	46.00	46.00	40.50
409	55.00	54.00	54.00	53.00	53.00	46.50
443	62.00	60.00	60.00	59.00	59.00	52.00
450	68.00	67.00	67.00	66.00	66.00	58.00
453	75.00	74.00	74.00	73.00	73.00	64.00
454	82.00	81.00	81.00	79.00	79.00	69.00
457	89.00	87.00	87.00	86.00	86.00	75.00
458	96.00	94.00	94.00	92.00	92.00	81.00
459	102.00	100.00	100.00	99.00	99.00	87.00
460	110.00	108.00	108.00	106.00	106.00	93.00
461	116.00	114.00	114.00	112.00	112.00	98.00
462	124.00	120.00	120.00	118.00	118.00	104.00
463	130.00	128.00	128.00	126.00	126.00	110.00
464	136.00	134.00	134.00	132.00	132.00	116.00
465	144.00	142.00	142.00	138.00	138.00	122.00
466	150.00	148.00	148.00	146.00	146.00	128.00
467	158.00	154.00	154.00	152.00	152.00	134.00
468	164.00	162.00	162.00	158.00	158.00	138.00
469	172.00	168.00	168.00	164.00	164.00	144.00
470	178.00	174.00	174.00	172.00	172.00	150.00
471	184.00	182.00	182.00	178.00	178.00	156.00
472	192.00	188.00	188.00	184.00	184.00	162.00
473	198.00	194.00	194.00	192.00	192.00	168.00
474	205.00	200.00	200.00	198.00	198.00	174.00
475	220.00	215.00	215.00	210.00	210.00	186.00
476	245.00	240.00	240.00	235.00	235.00	210.00
477	260.00	255.00	255.00	250.00	250.00	220.00
478	285.00	260.00	260.00	255.00	255.00	225.00
479	17.20	16.80	16.80	16.40	16.40	14.40
480	41.00	40.50	40.50	39.50	39.50	34.50
481	48.00	47.00	47.00	46.00	46.00	40.50
482	0.00	0.00	0.00	0.00	0.00	0.00
483	0.00	0.00	0.00	0.00	0.00	0.00
484	0.00	0.00	0.00	0.00	0.00	0.00
485	0.00	0.00	0.00	0.00	0.00	0.00
487	68.00	67.00	67.00	66.00	66.00	58.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
489	55.00	54.00	54.00	53.00	53.00	46.50
490	55.00	54.00	54.00	53.00	53.00	46.50
500	8.30	8.20	8.20	8.00	8.00	7.20
505	16.60	16.40	16.40	16.00	16.00	14.40
506	25.00	24.50	24.50	24.00	24.00	21.50
509	33.00	32.50	32.50	32.00	32.00	29.00
510	41.50	41.00	41.00	40.00	40.00	36.00
513	50.00	49.00	49.00	48.00	48.00	43.50
514	58.00	57.00	57.00	56.00	56.00	51.00
517	66.00	65.00	65.00	64.00	64.00	58.00
518	75.00	74.00	74.00	72.00	72.00	65.00
521	83.00	82.00	82.00	80.00	80.00	72.00
522	91.00	90.00	90.00	88.00	88.00	80.00
523	100.00	98.00	98.00	96.00	96.00	87.00
524	108.00	106.00	106.00	104.00	104.00	94.00
525	116.00	114.00	114.00	112.00	112.00	102.00
526	124.00	122.00	122.00	120.00	120.00	108.00
527	132.00	130.00	130.00	128.00	128.00	116.00
528	140.00	138.00	138.00	136.00	136.00	122.00
529	150.00	148.00	148.00	144.00	144.00	130.00
531	158.00	156.00	156.00	152.00	152.00	138.00
533	166.00	164.00	164.00	160.00	160.00	144.00
535	174.00	172.00	172.00	168.00	168.00	152.00
537	182.00	180.00	180.00	176.00	176.00	160.00
538	190.00	188.00	188.00	184.00	184.00	166.00
539	200.00	196.00	196.00	192.00	192.00	174.00
540	205.00	205.00	205.00	200.00	200.00	180.00
541	215.00	210.00	210.00	210.00	210.00	188.00
542	225.00	220.00	220.00	215.00	215.00	196.00
543	230.00	230.00	230.00	225.00	225.00	200.00
544	240.00	235.00	235.00	235.00	235.00	210.00
545	250.00	245.00	245.00	240.00	240.00	215.00
546	265.00	260.00	260.00	255.00	255.00	230.00
547	300.00	295.00	295.00	290.00	290.00	260.00
548	315.00	310.00	310.00	305.00	305.00	275.00
549	325.00	320.00	320.00	315.00	315.00	280.00
550	20.50	20.50	20.50	20.00	20.00	18.00
551	50.00	49.00	49.00	48.00	48.00	43.50
552	58.00	57.00	57.00	56.00	56.00	51.00
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	83.00	82.00	82.00	80.00	80.00	72.00
561	66.00	65.00	65.00	64.00	64.00	58.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
562	66.00	65.00	65.00	64.00	64.00	58.00
566	27.50	27.00	27.00	26.50	26.50	23.00
567	33.00	32.50	32.50	32.00	32.00	29.00
568	41.00	40.50	40.50	39.50	39.50	34.50
569	50.00	49.00	49.00	48.00	48.00	43.50
570	55.00	54.00	54.00	53.00	53.00	46.50
571	66.00	65.00	65.00	64.00	64.00	58.00
572	41.00	40.50	40.50	39.50	39.50	34.50
573	50.00	49.00	49.00	48.00	48.00	43.50
574	68.00	67.00	67.00	66.00	66.00	58.00
575	83.00	82.00	82.00	80.00	80.00	72.00
748	45.00	45.00	45.00	45.00	45.00	45.00
752	33.00	33.00	33.00	33.00	33.00	33.00
753	24.50	24.50	24.50	24.50	24.50	24.50
755	67.00	66.00	66.00	65.00	65.00	58.00
756	74.00	73.00	73.00	72.00	72.00	66.00
760	33.50	33.50	33.50	33.50	33.50	33.50
764	43.00	43.00	43.00	43.00	43.00	43.00
767	66.00	66.00	66.00	66.00	66.00	66.00
770	33.50	33.50	33.50	31.50	31.50	29.00
774	67.00	67.00	67.00	67.00	67.00	67.00
777	108.00	108.00	108.00	108.00	108.00	108.00
787	91.00	91.00	91.00	91.00	91.00	91.00
790	134.00	134.00	134.00	134.00	134.00	134.00
791	23.50	23.50	23.50	23.50	23.50	23.50
793	90.00	90.00	90.00	90.00	90.00	90.00
794	41.00	41.00	41.00	41.00	41.00	41.00
803	66.00	66.00	66.00	66.00	66.00	66.00
806	81.00	81.00	81.00	81.00	81.00	81.00
809	110.00	110.00	110.00	110.00	110.00	110.00
810	54.00	54.00	54.00	54.00	54.00	54.00
811	73.00	73.00	73.00	73.00	73.00	73.00
813	108.00	108.00	108.00	108.00	108.00	108.00
814	73.00	73.00	73.00	73.00	73.00	73.00
816	55.00	55.00	55.00	55.00	55.00	55.00
817	82.00	82.00	82.00	82.00	82.00	82.00
821	66.00	66.00	66.00	66.00	66.00	66.00
824	34.50	34.50	34.50	34.50	34.50	34.50
831	59.00	59.00	59.00	59.00	59.00	59.00
833	110.00	110.00	110.00	110.00	110.00	110.00
836	66.00	66.00	66.00	66.00	66.00	66.00
839	36.50	36.50	36.50	36.50	36.50	36.50
841	13.80	13.80	13.80	13.80	13.80	13.80
843	36.50	36.50	36.50	36.50	36.50	36.50
844	33.50	27.50	33.50	33.50	27.50	27.50

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
849	19.60	19.60	19.60	19.60	19.60	19.60
851	59.00	59.00	59.00	59.00	59.00	59.00
853	53.00	53.00	53.00	53.00	53.00	53.00
854	79.00	79.00	79.00	79.00	79.00	79.00
856	34.00	34.00	34.00	34.00	34.00	34.00
859	66.00	66.00	66.00	66.00	66.00	66.00
860	82.00	82.00	82.00	82.00	82.00	82.00
863	12.60	12.60	12.60	12.60	12.60	12.60
865	18.00	18.00	18.00	18.00	18.00	18.00
870	24.00	24.00	24.00	24.00	24.00	24.00
874	29.50	29.50	29.50	29.50	29.50	29.50
877	18.00	18.00	18.00	18.00	18.00	18.00
878	11.40	11.40	11.40	11.40	11.40	11.40
882	21.50	21.50	21.50	21.50	21.50	21.50
884	21.50	21.50	21.50	21.50	21.50	21.50
886	27.50	27.50	27.50	27.50	27.50	27.50
887	24.00	24.00	24.00	24.00	24.00	24.00
888	31.50	31.50	31.50	31.50	31.50	31.50
889	47.00	47.00	47.00	47.00	47.00	47.00
890	25.50	24.00	24.00	24.00	24.00	24.00
893	57.00	52.00	52.00	52.00	52.00	52.00
895	27.50	27.50	27.50	27.50	27.50	27.50
897	41.00	41.00	41.00	41.00	41.00	41.00
902	162.00	162.00	162.00	162.00	162.00	162.00
904	138.00	138.00	138.00	138.00	138.00	138.00
907	13.80	13.80	13.80	13.80	13.80	13.80
908	23.50	23.50	23.50	23.50	23.50	23.50
909	11.60	11.60	11.60	11.60	11.60	11.60
912	35.00	35.00	35.00	35.00	35.00	35.00
913	58.00	58.00	58.00	58.00	58.00	58.00
915	90.00	90.00	90.00	90.00	90.00	90.00
916	82.00	82.00	82.00	82.00	82.00	82.00
917	47.00	47.00	47.00	47.00	47.00	47.00
918	81.00	81.00	81.00	81.00	81.00	81.00
920	67.00	67.00	67.00	67.00	67.00	67.00
921	9.90	9.90	9.90	9.90	9.90	9.90
922	215.00	215.00	215.00	215.00	215.00	215.00
923	310.00	310.00	310.00	310.00	310.00	310.00
925	53.00	53.00	53.00	53.00	53.00	53.00
927	17.40	17.40	17.40	17.40	17.40	17.40
929	29.00	29.00	29.00	29.00	29.00	29.00
932	29.00	29.00	29.00	29.00	29.00	29.00
934	41.00	41.00	41.00	41.00	41.00	41.00
936	63.00	63.00	63.00	63.00	63.00	63.00
938	63.00	63.00	63.00	63.00	63.00	63.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
940	58.00	58.00	58.00	58.00	58.00	58.00
944	40.50	40.50	40.50	40.50	40.50	40.50
947	110.00	110.00	110.00	110.00	110.00	110.00
949	23.50	23.50	23.50	23.50	23.50	23.50
950	110.00	110.00	110.00	110.00	110.00	110.00
951	41.50	41.50	41.50	41.50	41.50	41.50
952	58.00	58.00	58.00	58.00	58.00	58.00
955	3.00	3.00	3.00	3.00	3.00	3.00
956	11.20	11.20	11.20	11.20	11.20	11.20
957	33.50	33.50	33.50	33.50	33.50	33.50
958	18.00	18.00	18.00	18.00	18.00	18.00
960	25.00	25.00	25.00	25.00	25.00	25.00
963	17.20	17.20	17.20	17.20	17.20	17.20
966	45.50	45.50	45.50	45.50	45.50	45.50
968	87.00	87.00	87.00	87.00	87.00	87.00
970	174.00	174.00	174.00	174.00	174.00	174.00
974	29.00	29.00	29.00	29.00	29.00	29.00
976	260.00	260.00	260.00	260.00	260.00	260.00
977	63.00	63.00	63.00	63.00	63.00	63.00
980	13.80	13.00	12.00	12.00	12.00	13.00
987	18.80	18.80	18.80	18.80	18.80	18.80
989	28.50	28.50	28.50	28.50	28.50	28.50
994	130.00	130.00	130.00	130.00	130.00	130.00
996	31.50	31.50	31.50	31.50	31.50	31.50
997	22.00	22.00	22.00	22.00	22.00	22.00
998	16.20	16.20	16.20	16.20	16.20	16.20
1006	5.10	5.10	5.10	5.10	5.10	5.10
1007	3.85	3.85	3.85	3.85	3.85	3.85
1008	8.20	8.20	8.20	8.20	8.20	8.20
1009	6.15	6.15	6.15	6.15	6.15	6.15
1010	5.20	5.20	5.20	5.20	5.20	5.20
1011	12.20	12.20	12.20	12.20	12.20	12.20
1012	9.15	9.15	9.15	9.15	9.15	9.15
1013	6.10	6.10	6.10	6.10	6.10	6.10
1014	10.20	10.20	10.20	10.20	10.20	10.20
1015	7.65	7.65	7.65	7.65	7.65	7.65
1016	5.10	5.10	5.10	5.10	5.10	5.10
1019	4.10	4.10	4.10	4.10	4.10	4.10
1020	3.10	3.10	3.10	3.10	3.10	3.10
1021	6.10	6.10	6.10	6.10	6.10	6.10
1022	4.60	4.60	4.60	4.60	4.60	4.60
1028	6.10	6.10	6.10	6.10	6.10	6.10
1029	4.60	4.60	4.60	4.60	4.60	4.60
1030	10.20	10.20	10.20	10.20	10.20	10.20
1032	7.65	7.65	7.65	7.65	7.65	7.65

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1036	10.20	10.20	10.20	10.20	10.20	10.20
1037	7.65	7.65	7.65	7.65	7.65	7.65
1038	20.50	20.50	20.50	20.50	20.50	20.50
1040	15.40	15.40	15.40	15.40	15.40	15.40
1044	20.50	20.50	20.50	20.50	20.50	20.50
1045	15.40	15.40	15.40	15.40	15.40	15.40
1048	41.00	41.00	41.00	41.00	41.00	41.00
1049	30.75	30.75	30.75	30.75	30.75	30.75
1062	61.00	61.00	61.00	61.00	61.00	61.00
1063	45.75	45.75	45.75	45.75	45.75	45.75
1064	102.00	102.00	102.00	102.00	102.00	102.00
1065	76.50	76.50	76.50	76.50	76.50	76.50
1080	10.20	10.20	10.20	10.20	10.20	10.20
1081	7.65	7.65	7.65	7.65	7.65	7.65
1089	18.40	18.40	18.40	18.40	18.40	18.40
1090	13.80	13.80	13.80	13.80	13.80	13.80
1101	20.50	20.50	20.50	20.50	20.50	20.50
1102	15.40	15.40	15.40	15.40	15.40	15.40
1104	41.00	41.00	41.00	41.00	41.00	41.00
1105	30.75	30.75	30.75	30.75	30.75	30.75
1106	10.20	10.20	10.20	10.20	10.20	10.20
1108	7.65	7.65	7.65	7.65	7.65	7.65
1111	41.00	41.00	41.00	41.00	41.00	41.00
1112	30.75	30.75	30.75	30.75	30.75	30.75
1113	20.50	20.50	20.50	20.50	20.50	20.50
1114	15.40	15.40	15.40	15.40	15.40	15.40
1116	11.55	11.55	11.55	11.55	11.55	11.55
1117	7.70	7.70	7.70	7.70	7.70	7.70
1121	15.40	15.40	15.40	15.40	15.40	15.40
1122	11.55	11.55	11.55	11.55	11.55	11.55
1124	41.00	41.00	41.00	41.00	41.00	41.00
1125	30.75	30.75	30.75	30.75	30.75	30.75
1126	30.50	30.50	30.50	30.50	30.50	30.50
1128	22.90	22.90	22.90	22.90	22.90	22.90
1129	20.50	20.50	20.50	20.50	20.50	20.50
1130	15.40	15.40	15.40	15.40	15.40	15.40
1136	10.20	10.20	10.20	10.20	10.20	10.20
1137	7.65	7.65	7.65	7.65	7.65	7.65
1144	15.40	15.40	15.40	15.40	15.40	15.40
1145	11.55	11.55	11.55	11.55	11.55	11.55
1152	20.50	20.50	20.50	20.50	20.50	20.50
1153	15.40	15.40	15.40	15.40	15.40	15.40
1159	20.50	20.50	20.50	20.50	20.50	20.50
1160	15.40	15.40	15.40	15.40	15.40	15.40
1166	20.50	20.50	20.50	20.50	20.50	20.50

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1167	15.40	15.40	15.40	15.40	15.40	15.40
1190	8.20	8.20	8.20	8.20	8.20	8.20
1191	6.15	6.15	6.15	6.15	6.15	6.15
1194	20.50	20.50	20.50	20.50	20.50	20.50
1195	15.40	15.40	15.40	15.40	15.40	15.40
1202	8.20	8.20	8.20	8.20	8.20	8.20
1203	6.15	6.15	6.15	6.15	6.15	6.15
1206	20.50	20.50	20.50	20.50	20.50	20.50
1207	15.40	15.40	15.40	15.40	15.40	15.40
1211	10.20	10.20	10.20	10.20	10.20	10.20
1212	7.65	7.65	7.65	7.65	7.65	7.65
1215	10.20	10.20	10.20	10.20	10.20	10.20
1216	7.65	7.65	7.65	7.65	7.65	7.65
1234	10.20	10.20	10.20	10.20	10.20	10.20
1235	7.65	7.65	7.65	7.65	7.65	7.65
1236	15.40	15.40	15.40	15.40	15.40	15.40
1237	11.55	11.55	11.55	11.55	11.55	11.55
1238	20.50	20.50	20.50	20.50	20.50	20.50
1239	15.40	15.40	15.40	15.40	15.40	15.40
1242	10.20	10.20	10.20	10.20	10.20	10.20
1243	7.65	7.65	7.65	7.65	7.65	7.65
1244	10.20	10.20	10.20	10.20	10.20	10.20
1246	7.65	7.65	7.65	7.65	7.65	7.65
1247	10.20	10.20	10.20	10.20	10.20	10.20
1248	7.65	7.65	7.65	7.65	7.65	7.65
1251	15.40	15.40	15.40	15.40	15.40	15.40
1252	11.55	11.55	11.55	11.55	11.55	11.55
1255	15.40	15.40	15.40	15.40	15.40	15.40
1256	11.55	11.55	11.55	11.55	11.55	11.55
1259	15.40	15.40	15.40	15.40	15.40	15.40
1260	11.55	11.55	11.55	11.55	11.55	11.55
1261	12.20	12.20	12.20	12.20	12.20	12.20
1262	9.15	9.15	9.15	9.15	9.15	9.15
1263	15.40	15.40	15.40	15.40	15.40	15.40
1264	11.55	11.55	11.55	11.55	11.55	11.55
1267	30.50	30.50	30.50	30.50	30.50	30.50
1268	22.90	22.90	22.90	22.90	22.90	22.90
1271	30.50	30.50	30.50	30.50	30.50	30.50
1272	22.90	22.90	22.90	22.90	22.90	22.90
1277	30.50	30.50	30.50	30.50	30.50	30.50
1278	22.90	22.90	22.90	22.90	22.90	22.90
1279	61.00	61.00	61.00	61.00	61.00	61.00
1280	45.75	45.75	45.75	45.75	45.75	45.75
1296	15.40	15.40	15.40	15.40	15.40	15.40
1297	11.55	11.55	11.55	11.55	11.55	11.55

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1298	7.70	7.70	7.70	7.70	7.70	7.70
1301	15.40	15.40	15.40	15.40	15.40	15.40
1302	11.55	11.55	11.55	11.55	11.55	11.55
1303	7.70	7.70	7.70	7.70	7.70	7.70
1304	20.50	20.50	20.50	20.50	20.50	20.50
1305	15.40	15.40	15.40	15.40	15.40	15.40
1306	10.25	10.25	10.25	10.25	10.25	10.25
1307	25.50	25.50	25.50	25.50	25.50	25.50
1308	19.15	19.15	19.15	19.15	19.15	19.15
1309	12.75	12.75	12.75	12.75	12.75	12.75
1310	28.00	28.00	28.00	28.00	28.00	28.00
1311	21.00	21.00	21.00	21.00	21.00	21.00
1312	14.00	14.00	14.00	14.00	14.00	14.00
1313	18.40	18.40	18.40	18.40	18.40	18.40
1314	13.80	13.80	13.80	13.80	13.80	13.80
1319	5.10	5.10	5.10	5.10	5.10	5.10
1320	3.85	3.85	3.85	3.85	3.85	3.85
1322	10.20	10.20	10.20	10.20	10.20	10.20
1323	7.65	7.65	7.65	7.65	7.65	7.65
1324	41.00	41.00	41.00	41.00	41.00	41.00
1325	30.75	30.75	30.75	30.75	30.75	30.75
1326	20.50	20.50	20.50	20.50	20.50	20.50
1327	20.50	20.50	20.50	20.50	20.50	20.50
1328	15.40	15.40	15.40	15.40	15.40	15.40
1330	20.50	20.50	20.50	20.50	20.50	20.50
1331	15.40	15.40	15.40	15.40	15.40	15.40
1333	20.50	20.50	20.50	20.50	20.50	20.50
1334	15.40	15.40	15.40	15.40	15.40	15.40
1336	20.50	20.50	20.50	20.50	20.50	20.50
1337	15.40	15.40	15.40	15.40	15.40	15.40
1339	20.50	20.50	20.50	20.50	20.50	20.50
1340	15.40	15.40	15.40	15.40	15.40	15.40
1342	20.50	20.50	20.50	20.50	20.50	20.50
1343	15.40	15.40	15.40	15.40	15.40	15.40
1345	30.50	30.50	30.50	30.50	30.50	30.50
1346	22.90	22.90	22.90	22.90	22.90	22.90
1348	30.50	30.50	30.50	30.50	30.50	30.50
1349	22.90	22.90	22.90	22.90	22.90	22.90
1351	30.50	30.50	30.50	30.50	30.50	30.50
1352	22.90	22.90	22.90	22.90	22.90	22.90
1354	30.50	30.50	30.50	30.50	30.50	30.50
1355	22.90	22.90	22.90	22.90	22.90	22.90
1357	30.50	30.50	30.50	30.50	30.50	30.50
1358	22.90	22.90	22.90	22.90	22.90	22.90
1360	30.50	30.50	30.50	30.50	30.50	30.50

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1362	22.90	22.90	22.90	22.90	22.90	22.90
1364	41.00	41.00	41.00	41.00	41.00	41.00
1366	30.75	30.75	30.75	30.75	30.75	30.75
1368	41.00	41.00	41.00	41.00	41.00	41.00
1370	30.75	30.75	30.75	30.75	30.75	30.75
1372	41.00	41.00	41.00	41.00	41.00	41.00
1374	30.75	30.75	30.75	30.75	30.75	30.75
1376	10.20	10.20	10.20	10.20	10.20	10.20
1378	7.65	7.65	7.65	7.65	7.65	7.65
1380	25.50	25.50	25.50	25.50	25.50	25.50
1381	19.15	19.15	19.15	19.15	19.15	19.15
1382	41.00	41.00	41.00	41.00	41.00	41.00
1384	30.75	30.75	30.75	30.75	30.75	30.75
1385	51.00	51.00	51.00	51.00	51.00	51.00
1387	38.25	38.25	38.25	38.25	38.25	38.25
1392	30.50	30.50	30.50	30.50	30.50	30.50
1393	22.90	22.90	22.90	22.90	22.90	22.90
1394	51.00	51.00	51.00	51.00	51.00	51.00
1395	38.25	38.25	38.25	38.25	38.25	38.25
1397	61.00	61.00	61.00	61.00	61.00	61.00
1398	45.75	45.75	45.75	45.75	45.75	45.75
1401	20.50	20.50	20.50	20.50	20.50	20.50
1402	15.40	15.40	15.40	15.40	15.40	15.40
1421	15.40	15.40	15.40	15.40	15.40	15.40
1422	11.55	11.55	11.55	11.55	11.55	11.55
1424	25.50	25.50	25.50	25.50	25.50	25.50
1425	19.15	19.15	19.15	19.15	19.15	19.15
1452	30.50	30.50	30.50	30.50	30.50	30.50
1453	22.90	22.90	22.90	22.90	22.90	22.90
1455	46.00	46.00	46.00	46.00	46.00	46.00
1456	34.50	34.50	34.50	34.50	34.50	34.50
1458	61.00	61.00	61.00	61.00	61.00	61.00
1459	45.75	45.75	45.75	45.75	45.75	45.75
1461	6.10	6.10	6.10	6.10	6.10	6.10
1462	4.60	4.60	4.60	4.60	4.60	4.60
1475	51.00	51.00	51.00	51.00	51.00	51.00
1476	38.25	38.25	38.25	38.25	38.25	38.25
1478	82.00	82.00	82.00	82.00	82.00	82.00
1479	61.50	61.50	61.50	61.50	61.50	61.50
1481	102.00	102.00	102.00	102.00	102.00	102.00
1482	76.50	76.50	76.50	76.50	76.50	76.50
1484	10.20	10.20	10.20	10.20	10.20	10.20
1485	7.65	7.65	7.65	7.65	7.65	7.65
1504	10.20	10.20	10.20	10.20	10.20	10.20
1505	7.65	7.65	7.65	7.65	7.65	7.65

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1511	30.50	30.50	30.50	30.50	30.50	30.50
1512	22.90	22.90	22.90	22.90	22.90	22.90
1516	25.50	25.50	25.50	25.50	25.50	25.50
1517	19.15	19.15	19.15	19.15	19.15	19.15
1529	6.10	6.10	6.10	6.10	6.10	6.10
1530	4.60	4.60	4.60	4.60	4.60	4.60
1536	8.20	8.20	8.20	8.20	8.20	8.20
1537	6.15	6.15	6.15	6.15	6.15	6.15
1545	8.20	8.20	8.20	8.20	8.20	8.20
1546	6.15	6.15	6.15	6.15	6.15	6.15
1548	10.20	10.20	10.20	10.20	10.20	10.20
1549	7.65	7.65	7.65	7.65	7.65	7.65
1556	10.20	10.20	10.20	10.20	10.20	10.20
1557	7.65	7.65	7.65	7.65	7.65	7.65
1566	15.40	15.40	15.40	15.40	15.40	15.40
1567	11.55	11.55	11.55	11.55	11.55	11.55
1586	10.20	10.20	10.20	10.20	10.20	10.20
1587	7.65	7.65	7.65	7.65	7.65	7.65
1588	20.50	20.50	20.50	20.50	20.50	20.50
1589	15.40	15.40	15.40	15.40	15.40	15.40
1604	25.50	25.50	25.50	25.50	25.50	25.50
1606	19.15	19.15	19.15	19.15	19.15	19.15
1609	20.50	20.50	20.50	20.50	20.50	20.50
1610	15.40	15.40	15.40	15.40	15.40	15.40
1611	12.95	12.95	12.95	12.95	12.95	12.95
1612	36.00	36.00	36.00	36.00	36.00	36.00
1613	27.00	27.00	27.00	27.00	27.00	27.00
1614	18.00	18.00	18.00	18.00	18.00	18.00
1615	30.50	30.50	30.50	30.50	30.50	30.50
1616	22.90	22.90	22.90	22.90	22.90	22.90
1618	19.25	19.25	19.25	19.25	19.25	19.25
1619	54.00	54.00	54.00	54.00	54.00	54.00
1620	40.50	40.50	40.50	40.50	40.50	40.50
1621	27.00	27.00	27.00	27.00	27.00	27.00
1622	20.50	20.50	20.50	20.50	20.50	20.50
1623	15.40	15.40	15.40	15.40	15.40	15.40
1633	30.50	30.50	30.50	30.50	30.50	30.50
1634	22.90	22.90	22.90	22.90	22.90	22.90
1636	15.25	15.25	15.25	15.25	15.25	15.25
1637	5.10	5.10	5.10	5.10	5.10	5.10
1638	3.85	3.85	3.85	3.85	3.85	3.85
1640	5.10	5.10	5.10	5.10	5.10	5.10
1641	3.85	3.85	3.85	3.85	3.85	3.85
1644	10.20	10.20	10.20	10.20	10.20	10.20
1645	7.65	7.65	7.65	7.65	7.65	7.65

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1647	20.50	20.50	20.50	20.50	20.50	20.50
1648	15.40	15.40	15.40	15.40	15.40	15.40
1661	10.20	10.20	10.20	10.20	10.20	10.20
1662	7.65	7.65	7.65	7.65	7.65	7.65
1664	15.40	15.40	15.40	15.40	15.40	15.40
1665	11.55	11.55	11.55	11.55	11.55	11.55
1668	39.00	39.00	39.00	39.00	39.00	39.00
1669	29.25	29.25	29.25	29.25	29.25	29.25
1670	19.50	19.50	19.50	19.50	19.50	19.50
1673	28.50	28.50	28.50	28.50	28.50	28.50
1674	21.40	21.40	21.40	21.40	21.40	21.40
1676	14.25	14.25	14.25	14.25	14.25	14.25
1682	10.20	10.20	10.20	10.20	10.20	10.20
1683	7.65	7.65	7.65	7.65	7.65	7.65
1687	15.40	15.40	15.40	15.40	15.40	15.40
1688	11.55	11.55	11.55	11.55	11.55	11.55
1693	10.20	10.20	10.20	10.20	10.20	10.20
1694	7.65	7.65	7.65	7.65	7.65	7.65
1702	20.50	20.50	20.50	20.50	20.50	20.50
1703	15.40	15.40	15.40	15.40	15.40	15.40
1705	36.00	36.00	36.00	36.00	36.00	36.00
1706	27.00	27.00	27.00	27.00	27.00	27.00
1721	20.50	20.50	20.50	20.50	20.50	20.50
1722	15.40	15.40	15.40	15.40	15.40	15.40
1724	25.50	25.50	25.50	25.50	25.50	25.50
1725	19.15	19.15	19.15	19.15	19.15	19.15
1732	5.10	5.10	5.10	5.10	5.10	5.10
1733	3.85	3.85	3.85	3.85	3.85	3.85
1743	20.50	20.50	20.50	20.50	20.50	20.50
1744	15.40	15.40	15.40	15.40	15.40	15.40
1756	5.10	5.10	5.10	5.10	5.10	5.10
1757	3.85	3.85	3.85	3.85	3.85	3.85
1758	6.10	6.10	6.10	6.10	6.10	6.10
1759	4.60	4.60	4.60	4.60	4.60	4.60
1760	15.40	15.40	15.40	15.40	15.40	15.40
1761	11.55	11.55	11.55	11.55	11.55	11.55
1763	8.20	8.20	8.20	8.20	8.20	8.20
1764	6.15	6.15	6.15	6.15	6.15	6.15
1766	4.10	4.10	4.10	4.10	4.10	4.10
1767	3.10	3.10	3.10	3.10	3.10	3.10
1772	5.10	5.10	5.10	5.10	5.10	5.10
1773	3.85	3.85	3.85	3.85	3.85	3.85
1775	6.10	6.10	6.10	6.10	6.10	6.10
1776	4.60	4.60	4.60	4.60	4.60	4.60
1781	20.50	20.50	20.50	20.50	20.50	20.50

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1782	15.40	15.40	15.40	15.40	15.40	15.40
1784	5.10	5.10	5.10	5.10	5.10	5.10
1785	3.85	3.85	3.85	3.85	3.85	3.85
1793	15.40	15.40	15.40	15.40	15.40	15.40
1794	11.55	11.55	11.55	11.55	11.55	11.55
1796	8.20	8.20	8.20	8.20	8.20	8.20
1797	6.15	6.15	6.15	6.15	6.15	6.15
1805	10.20	10.20	10.20	10.20	10.20	10.20
1806	7.65	7.65	7.65	7.65	7.65	7.65
1808	5.10	5.10	5.10	5.10	5.10	5.10
1809	3.85	3.85	3.85	3.85	3.85	3.85
1823	10.20	10.20	10.20	10.20	10.20	10.20
1824	7.65	7.65	7.65	7.65	7.65	7.65
1826	5.10	5.10	5.10	5.10	5.10	5.10
1827	3.85	3.85	3.85	3.85	3.85	3.85
1839	5.10	5.10	5.10	5.10	5.10	5.10
1840	3.85	3.85	3.85	3.85	3.85	3.85
1843	15.40	15.40	15.40	15.40	15.40	15.40
1844	11.55	11.55	11.55	11.55	11.55	11.55
1846	23.00	23.00	23.00	23.00	23.00	23.00
1847	17.25	17.25	17.25	17.25	17.25	17.25
1851	10.20	10.20	10.20	10.20	10.20	10.20
1852	7.65	7.65	7.65	7.65	7.65	7.65
1858	41.00	41.00	41.00	41.00	41.00	41.00
1859	30.75	30.75	30.75	30.75	30.75	30.75
1877	30.50	30.50	30.50	30.50	30.50	30.50
1878	22.90	22.90	22.90	22.90	22.90	22.90
1884	5.10	5.10	5.10	5.10	5.10	5.10
1885	3.85	3.85	3.85	3.85	3.85	3.85
1888	20.50	20.50	20.50	20.50	20.50	20.50
1889	15.40	15.40	15.40	15.40	15.40	15.40
1891	10.20	10.20	10.20	10.20	10.20	10.20
1892	7.65	7.65	7.65	7.65	7.65	7.65
1897	30.50	30.50	30.50	30.50	30.50	30.50
1898	22.90	22.90	22.90	22.90	22.90	22.90
1903	10.20	10.20	10.20	10.20	10.20	10.20
1904	7.65	7.65	7.65	7.65	7.65	7.65
1905	5.10	5.10	5.10	5.10	5.10	5.10
1906	3.85	3.85	3.85	3.85	3.85	3.85
1911	20.50	20.50	20.50	20.50	20.50	20.50
1912	15.40	15.40	15.40	15.40	15.40	15.40
1913	10.20	10.20	10.20	10.20	10.20	10.20
1914	7.65	7.65	7.65	7.65	7.65	7.65
1918	25.50	25.50	25.50	25.50	25.50	25.50
1919	19.15	19.15	19.15	19.15	19.15	19.15

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1924	20.50	20.50	20.50	20.50	20.50	20.50
1925	15.40	15.40	15.40	15.40	15.40	15.40
1926	10.20	10.20	10.20	10.20	10.20	10.20
1927	7.65	7.65	7.65	7.65	7.65	7.65
1935	10.20	10.20	10.20	10.20	10.20	10.20
1936	7.65	7.65	7.65	7.65	7.65	7.65
1941	20.50	20.50	20.50	20.50	20.50	20.50
1942	15.40	15.40	15.40	15.40	15.40	15.40
1943	10.20	10.20	10.20	10.20	10.20	10.20
1944	7.65	7.65	7.65	7.65	7.65	7.65
1948	15.40	15.40	15.40	15.40	15.40	15.40
1949	11.55	11.55	11.55	11.55	11.55	11.55
1955	20.50	20.50	20.50	20.50	20.50	20.50
1956	15.40	15.40	15.40	15.40	15.40	15.40
1957	10.20	10.20	10.20	10.20	10.20	10.20
1958	7.65	7.65	7.65	7.65	7.65	7.65
1965	30.50	30.50	30.50	30.50	30.50	30.50
1966	22.90	22.90	22.90	22.90	22.90	22.90
1971	30.50	30.50	30.50	30.50	30.50	30.50
1972	22.90	22.90	22.90	22.90	22.90	22.90
1973	51.00	51.00	51.00	51.00	51.00	51.00
1974	38.25	38.25	38.25	38.25	38.25	38.25
1981	41.00	41.00	41.00	41.00	41.00	41.00
1982	30.75	30.75	30.75	30.75	30.75	30.75
1987	41.00	41.00	41.00	41.00	41.00	41.00
1988	30.75	30.75	30.75	30.75	30.75	30.75
1995	41.00	41.00	41.00	41.00	41.00	41.00
1996	30.75	30.75	30.75	30.75	30.75	30.75
1997	61.00	61.00	61.00	61.00	61.00	61.00
1998	45.75	45.75	45.75	45.75	45.75	45.75
2006	51.00	51.00	51.00	51.00	51.00	51.00
2007	38.25	38.25	38.25	38.25	38.25	38.25
2013	10.20	10.20	10.20	10.20	10.20	10.20
2014	7.65	7.65	7.65	7.65	7.65	7.65
2022	20.50	20.50	20.50	20.50	20.50	20.50
2023	15.40	15.40	15.40	15.40	15.40	15.40
2041	72.00	72.00	72.00	72.00	72.00	72.00
2042	54.00	54.00	54.00	54.00	54.00	54.00
2048	92.00	92.00	92.00	92.00	92.00	92.00
2049	69.00	69.00	69.00	69.00	69.00	69.00
2056	132.00	132.00	132.00	132.00	132.00	132.00
2057	99.00	99.00	99.00	99.00	99.00	99.00
2060	92.00	92.00	92.00	92.00	92.00	92.00
2061	69.00	69.00	69.00	69.00	69.00	69.00
2081	15.40	15.40	15.40	15.40	15.40	15.40

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2082	11.55	11.55	11.55	11.55	11.55	11.55
2091	30.50	30.50	30.50	30.50	30.50	30.50
2092	22.90	22.90	22.90	22.90	22.90	22.90
2096	41.00	41.00	41.00	41.00	41.00	41.00
2097	30.75	30.75	30.75	30.75	30.75	30.75
2104	15.40	15.40	15.40	15.40	15.40	15.40
2105	11.55	11.55	11.55	11.55	11.55	11.55
2111	25.50	25.50	25.50	25.50	25.50	25.50
2112	19.15	19.15	19.15	19.15	19.15	19.15
2131	10.20	10.20	10.20	10.20	10.20	10.20
2132	7.65	7.65	7.65	7.65	7.65	7.65
2141	10.20	10.20	10.20	10.20	10.20	10.20
2142	7.65	7.65	7.65	7.65	7.65	7.65
2148	154.00	154.00	154.00	154.00	154.00	154.00
2149	115.50	115.50	115.50	115.50	115.50	115.50
2155	102.00	102.00	102.00	102.00	102.00	102.00
2156	76.50	76.50	76.50	76.50	76.50	76.50
2161	122.00	122.00	122.00	122.00	122.00	122.00
2162	91.50	91.50	91.50	91.50	91.50	91.50
2170	102.00	102.00	102.00	102.00	102.00	102.00
2171	76.50	76.50	76.50	76.50	76.50	76.50
2173	154.00	154.00	154.00	154.00	154.00	154.00
2174	115.50	115.50	115.50	115.50	115.50	115.50
2201	6.10	6.10	6.10	6.10	6.10	6.10
2202	4.60	4.60	4.60	4.60	4.60	4.60
2211	20.50	20.50	20.50	20.50	20.50	20.50
2212	15.40	15.40	15.40	15.40	15.40	15.40
2215	30.50	30.50	30.50	30.50	30.50	30.50
2216	22.90	22.90	22.90	22.90	22.90	22.90
2225	15.40	15.40	15.40	15.40	15.40	15.40
2226	11.55	11.55	11.55	11.55	11.55	11.55
2227	25.50	25.50	25.50	25.50	25.50	25.50
2228	19.15	19.15	19.15	19.15	19.15	19.15
2247	15.40	15.40	15.40	15.40	15.40	15.40
2248	11.55	11.55	11.55	11.55	11.55	11.55
2249	20.50	20.50	20.50	20.50	20.50	20.50
2250	15.40	15.40	15.40	15.40	15.40	15.40
2264	20.50	20.50	20.50	20.50	20.50	20.50
2265	15.40	15.40	15.40	15.40	15.40	15.40
2272	10.20	10.20	10.20	10.20	10.20	10.20
2273	7.65	7.65	7.65	7.65	7.65	7.65
2285	30.50	30.50	30.50	30.50	30.50	30.50
2286	22.90	22.90	22.90	22.90	22.90	22.90
2294	4.10	4.10	4.10	4.10	4.10	4.10
2295	3.10	3.10	3.10	3.10	3.10	3.10

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2334	3.10	3.10	3.10	3.10	3.10	3.10
2335	4.60	4.60	4.60	4.60	4.60	4.60
2336	6.15	6.15	6.15	6.15	6.15	6.15
2342	3.10	3.10	3.10	3.10	3.10	3.10
2346	7.65	7.65	7.65	7.65	7.65	7.65
2352	4.60	4.60	4.60	4.60	4.60	4.60
2357	6.15	6.15	6.15	6.15	6.15	6.15
2362	1.50	1.50	1.50	1.50	1.50	1.50
2369	4.60	4.60	4.60	4.60	4.60	4.60
2374	7.65	7.65	7.65	7.65	7.65	7.65
2382	7.65	7.65	7.65	7.65	7.65	7.65
2388	7.65	7.65	7.65	7.65	7.65	7.65
2392	4.60	4.60	4.60	4.60	4.60	4.60
2502	26.00	26.00	20.00	20.00	20.00	20.00
2505	29.50	29.50	24.50	24.50	24.50	24.50
2508	26.00	26.00	20.00	20.00	20.00	20.00
2512	29.50	29.50	24.50	24.50	24.50	24.50
2516	35.00	35.00	29.50	29.50	29.50	29.50
2520	40.00	40.00	34.50	34.50	34.50	34.50
2524	26.00	26.00	23.00	23.00	23.00	23.00
2528	32.00	32.00	27.00	27.00	27.00	27.00
2532	37.00	37.00	32.00	32.00	32.00	32.00
2537	49.00	49.00	37.00	37.00	37.00	37.00
2539	35.00	35.00	29.50	29.50	29.50	29.50
2541	40.00	40.00	34.50	34.50	34.50	34.50
2543	28.00	28.00	23.00	23.00	23.00	23.00
2545	32.00	32.00	27.00	27.00	27.00	27.00
2548	35.00	35.00	29.50	29.50	29.50	29.50
2551	45.00	45.00	31.50	31.50	31.50	31.50
2554	45.00	45.00	31.50	31.50	31.50	31.50
2557	74.00	74.00	74.00	74.00	74.00	74.00
2560	45.00	48.00	37.00	37.00	37.00	37.00
2563	35.00	35.00	31.50	31.50	31.50	31.50
2566	45.00	48.00	37.00	37.00	37.00	37.00
2569	45.00	48.00	37.00	37.00	37.00	37.00
2573	35.00	35.00	31.50	31.50	31.50	31.50
2576	35.00	35.00	31.50	35.00	31.50	31.50
2579	35.00	35.00	31.50	35.00	31.50	31.50
2581	29.50	35.00	27.00	27.00	27.00	27.00
2583	29.50	35.00	27.00	27.00	27.00	27.00
2585	37.00	37.00	34.50	37.00	34.50	34.50
2587	24.50	24.50	22.00	24.50	22.00	22.00
2589	58.00	58.00	56.00	58.00	56.00	56.00
2591	48.00	48.00	48.00	48.00	48.00	48.00
2593	37.00	37.00	37.00	37.00	37.00	37.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2595	32.00	32.00	27.00	27.00	28.00	27.00
2597	48.00	48.00	40.00	40.00	40.00	40.00
2599	41.00	41.00	34.50	34.50	34.50	34.50
2601	56.00	56.00	45.50	45.50	45.50	45.50
2604	34.50	34.50	28.00	28.00	28.00	28.00
2607	71.00	71.00	63.00	63.00	63.00	63.00
2609	98.00	98.00	80.00	80.00	80.00	80.00
2611	15.20	15.20	15.20	15.20	15.20	15.20
2614	35.00	35.00	35.00	35.00	35.00	35.00
2617	29.50	29.50	24.50	24.50	24.50	24.50
2621	66.00	66.00	66.00	66.00	66.00	66.00
2625	28.00	31.50	26.00	26.00	26.00	26.00
2627	32.00	35.00	29.50	29.50	29.50	29.50
2630	45.00	45.00	36.00	36.00	36.00	36.00
2634	29.50	29.50	27.00	29.50	29.50	28.00
2638	16.20	16.20	15.20	15.20	15.20	15.20
2642	37.00	37.00	32.00	32.00	32.00	32.00
2646	45.00	45.00	40.00	40.00	40.00	40.00
2655	32.00	32.00	32.00	32.00	32.00	32.00
2656	42.00	42.00	42.00	42.00	42.00	42.00
2657	52.00	52.00	52.00	52.00	52.00	52.00
2665	32.00	35.00	29.50	29.50	29.50	29.50
2672	98.00	98.00	98.00	98.00	98.00	98.00
2676	88.00	88.00	84.00	84.00	84.00	84.00
2678	110.00	110.00	106.00	106.00	106.00	106.00
2681	112.00	112.00	104.00	104.00	104.00	104.00
2687	74.00	74.00	70.00	70.00	70.00	70.00
2690	49.00	49.00	48.00	48.00	48.00	48.00
2694	58.00	58.00	58.00	58.00	58.00	58.00
2697	35.00	37.00	32.00	32.00	32.00	31.50
2699	28.00	31.50	26.00	26.00	26.00	26.00
2703	32.00	35.00	29.50	29.50	29.50	29.50
2706	50.00	50.00	45.00	45.00	45.00	45.00
2709	66.00	68.00	58.00	58.00	58.00	58.00
2711	80.00	81.00	70.00	70.00	70.00	70.00
2714	58.00	58.00	58.00	58.00	58.00	58.00
2716	66.00	68.00	58.00	58.00	58.00	58.00
2718	80.00	81.00	74.00	74.00	74.00	74.00
2720	51.00	58.00	49.00	49.00	49.00	49.00
2722	52.00	56.00	50.00	50.00	48.00	48.00
2724	80.00	81.00	74.00	74.00	74.00	74.00
2726	56.00	66.00	52.00	52.00	52.00	52.00
2728	96.00	110.00	88.00	88.00	88.00	88.00
2730	49.00	49.00	49.00	49.00	49.00	49.00
2732	0.00	0.00	0.00	0.00	0.00	0.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2734	58.00	58.00	58.00	58.00	58.00	58.00
2736	35.00	35.00	35.00	35.00	35.00	35.00
2738	32.00	36.00	29.50	29.50	29.50	29.50
2740	66.00	66.00	49.00	49.00	49.00	49.00
2742	49.00	49.00	49.00	49.00	49.00	49.00
2744	58.00	58.00	58.00	58.00	58.00	58.00
2746	81.00	81.00	81.00	81.00	81.00	81.00
2748	81.00	81.00	81.00	81.00	81.00	81.00
2750	81.00	81.00	81.00	81.00	81.00	81.00
2751	220.00	220.00	220.00	220.00	220.00	220.00
2752	49.00	52.00	45.00	45.00	52.00	49.00
2754	35.00	35.00	35.00	35.00	35.00	35.00
2756	76.00	76.00	76.00	76.00	76.00	76.00
2758	58.00	58.00	58.00	58.00	58.00	58.00
2760	66.00	66.00	66.00	66.00	66.00	66.00
2762	50.00	50.00	40.00	45.00	40.00	40.00
2764	74.00	74.00	58.00	58.00	58.00	58.00
2766	74.00	74.00	58.00	58.00	58.00	58.00
2768	74.00	74.00	58.00	58.00	58.00	58.00
2770	74.00	74.00	58.00	58.00	58.00	58.00
2772	74.00	74.00	58.00	58.00	58.00	58.00
2773	88.00	88.00	88.00	88.00	88.00	88.00
2774	148.00	148.00	148.00	148.00	148.00	148.00
2775	200.00	200.00	200.00	200.00	200.00	200.00
2776	74.00	74.00	58.00	58.00	58.00	58.00
2778	50.00	50.00	50.00	50.00	50.00	50.00
2780	50.00	50.00	50.00	50.00	50.00	50.00
2782	0.00	0.00	0.00	0.00	0.00	0.00
2784	37.00	37.00	37.00	37.00	37.00	37.00
2786	31.50	31.50	31.50	31.50	31.50	31.50
2788	37.00	37.00	37.00	37.00	37.00	37.00
2790	64.00	64.00	64.00	64.00	64.00	64.00
2792	49.00	49.00	49.00	49.00	49.00	49.00
2794	45.00	45.00	41.00	41.00	41.00	40.00
2796	45.00	45.00	45.00	45.00	45.00	45.00
2798	0.00	0.00	0.00	0.00	0.00	0.00
2800	32.00	32.00	32.00	32.00	32.00	32.00
2802	22.00	22.00	22.00	22.00	22.00	22.00
2804	15.20	15.20	15.20	15.20	15.20	15.20
2805	104.00	134.00	104.00	104.00	104.00	104.00
2807	88.00	88.00	88.00	88.00	88.00	88.00
2811	126.00	110.00	110.00	110.00	110.00	110.00
2813	29.50	29.50	29.50	29.50	29.50	29.50
2815	45.00	45.00	45.00	45.00	45.00	45.00
2817	45.00	45.00	45.00	45.00	45.00	45.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2819	35.00	35.00	35.00	35.00	35.00	35.00
2823	28.00	28.00	28.00	28.00	28.00	28.00
2825	35.00	35.00	35.00	35.00	35.00	35.00
2827	28.00	28.00	28.00	28.00	28.00	28.00
2831	45.00	45.00	45.00	45.00	45.00	45.00
2833	36.00	36.00	36.00	36.00	36.00	36.00
2837	23.00	23.00	23.00	23.00	23.00	23.00
2839	51.00	51.00	51.00	51.00	51.00	51.00
2841	45.00	45.00	45.00	45.00	45.00	45.00
2843	29.50	29.50	29.50	29.50	29.50	29.50
2845	29.50	29.50	29.50	29.50	29.50	29.50
2847	88.00	88.00	88.00	88.00	88.00	88.00
2849	58.00	58.00	58.00	58.00	58.00	58.00
2851	15.20	15.20	15.20	15.20	15.20	15.20
2853	88.00	88.00	88.00	88.00	88.00	88.00
2855	45.00	45.00	45.00	45.00	45.00	45.00
2857	58.00	58.00	58.00	58.00	58.00	58.00
2859	88.00	88.00	88.00	88.00	88.00	88.00
2861	19.20	19.20	19.20	19.20	19.20	19.20
2863	0.00	0.00	0.00	0.00	0.00	0.00
2865	23.00	23.00	23.00	23.00	23.00	23.00
2867	0.00	0.00	0.00	0.00	0.00	0.00
2869	45.50	45.50	45.50	45.50	45.50	45.50
2871	0.00	0.00	0.00	0.00	0.00	0.00
2873	26.00	26.00	26.00	26.00	26.00	26.00
2875	23.00	23.00	23.00	23.00	23.00	23.00
2877	0.00	0.00	0.00	0.00	0.00	0.00
2879	27.00	27.00	27.00	27.00	27.00	27.00
2881	0.00	0.00	0.00	0.00	0.00	0.00
2883	58.00	58.00	58.00	58.00	58.00	58.00
2885	0.00	0.00	0.00	0.00	0.00	0.00
2887	35.00	35.00	35.00	35.00	35.00	35.00
2889	0.00	0.00	0.00	0.00	0.00	0.00
2891	48.00	48.00	48.00	48.00	48.00	48.00
2893	0.00	0.00	0.00	0.00	0.00	0.00
2895	81.00	81.00	81.00	81.00	81.00	81.00
2897	0.00	0.00	0.00	0.00	0.00	0.00
2899	136.00	136.00	136.00	136.00	136.00	136.00
2901	96.00	96.00	96.00	96.00	96.00	96.00
2904	192.00	192.00	192.00	192.00	192.00	192.00
2907	280.00	280.00	280.00	280.00	280.00	280.00
2910	220.00	220.00	220.00	220.00	220.00	220.00
2913	136.00	136.00	136.00	136.00	136.00	136.00
2915	56.00	56.00	56.00	56.00	56.00	56.00
2917	87.00	87.00	87.00	87.00	87.00	87.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2919	37.00	37.00	37.00	37.00	37.00	37.00
2922	28.00	28.00	28.00	28.00	28.00	28.00
2924	91.00	91.00	91.00	91.00	91.00	91.00
2926	28.00	28.00	28.00	28.00	28.00	28.00
2928	56.00	56.00	56.00	56.00	56.00	56.00
2931	68.00	68.00	68.00	68.00	68.00	68.00
2933	19.20	19.20	19.20	19.20	19.20	19.20
2935	20.00	20.00	20.00	20.00	20.00	20.00
2937	81.00	81.00	81.00	81.00	81.00	81.00
2939	34.50	34.50	34.50	34.50	34.50	34.50
2941	34.50	34.50	34.50	34.50	34.50	34.50
2951	42.00	42.00	42.00	42.00	42.00	42.00
2953	0.00	0.00	0.00	0.00	0.00	0.00
2960	81.00	81.00	81.00	81.00	81.00	81.00
2961	81.00	81.00	81.00	81.00	81.00	81.00
2962	140.00	140.00	140.00	140.00	140.00	140.00
2963	140.00	140.00	140.00	140.00	140.00	140.00
2964	116.00	116.00	116.00	116.00	116.00	116.00
2965	116.00	116.00	116.00	116.00	116.00	116.00
2966	225.00	225.00	225.00	225.00	225.00	225.00
2967	225.00	225.00	225.00	225.00	225.00	225.00
2968	225.00	225.00	225.00	225.00	225.00	225.00
2969	225.00	225.00	225.00	225.00	225.00	225.00
2970	285.00	285.00	285.00	285.00	285.00	285.00
2971	285.00	285.00	285.00	285.00	285.00	285.00
3004	8.90	8.90	8.90	8.90	8.90	8.90
3006	13.80	13.00	12.00	12.00	12.00	13.00
3012	22.50	22.50	22.50	22.50	22.50	22.50
3016	29.50	29.50	29.50	29.50	29.50	29.50
3022	36.00	36.00	36.00	36.00	36.00	36.00
3027	63.00	63.00	63.00	63.00	63.00	63.00
3033	75.00	75.00	75.00	75.00	75.00	75.00
3038	158.00	158.00	158.00	158.00	158.00	158.00
3039	310.00	310.00	310.00	310.00	310.00	310.00
3041	158.00	158.00	158.00	158.00	158.00	158.00
3046	25.50	25.50	25.50	25.50	25.50	25.50
3050	43.50	36.00	37.50	36.00	36.00	35.00
3058	40.00	31.00	31.00	31.00	31.00	31.00
3063	57.00	57.00	57.00	57.00	57.00	57.00
3073	43.50	40.00	36.00	36.00	36.00	36.00
3082	70.00	70.00	70.00	70.00	70.00	70.00
3087	89.00	89.00	89.00	89.00	89.00	89.00
3092	57.00	57.00	57.00	57.00	57.00	57.00
3098	73.00	73.00	73.00	73.00	73.00	73.00
3101	90.00	90.00	90.00	90.00	90.00	90.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
3104	124.00	124.00	124.00	124.00	124.00	124.00
3106	36.00	36.00	36.00	36.00	36.00	36.00
3110	70.00	70.00	70.00	70.00	70.00	70.00
3113	11.40	10.60	9.60	9.60	9.60	9.60
3116	53.00	53.00	53.00	53.00	53.00	53.00
3120	108.00	108.00	108.00	96.00	96.00	96.00
3124	134.00	134.00	134.00	124.00	124.00	124.00
3130	25.50	24.50	25.50	24.50	24.50	24.50
3135	57.00	55.00	55.00	55.00	55.00	55.00
3142	73.00	69.00	69.00	69.00	69.00	69.00
3148	23.50	23.50	23.50	23.50	23.50	23.50
3157	53.00	53.00	53.00	53.00	53.00	53.00
3158	28.50	28.50	28.50	28.50	28.50	28.50
3160	14.40	14.40	14.40	14.40	14.40	14.40
3168	89.00	89.00	89.00	89.00	89.00	89.00
3173	43.50	43.50	43.50	43.50	43.50	43.50
3178	73.00	73.00	73.00	73.00	73.00	73.00
3183	89.00	89.00	89.00	89.00	89.00	89.00
3194	75.00	75.00	75.00	75.00	60.00	60.00
3199	106.00	106.00	89.00	89.00	79.00	79.00
3208	138.00	108.00	108.00	108.00	108.00	108.00
3213	180.00	134.00	134.00	134.00	134.00	134.00
3217	180.00	180.00	180.00	180.00	180.00	180.00
3219	46.50	46.50	46.50	46.50	46.50	46.50
3220	62.00	62.00	62.00	62.00	62.00	62.00
3221	124.00	124.00	124.00	124.00	124.00	124.00
3222	158.00	158.00	158.00	158.00	158.00	158.00
3223	164.00	164.00	164.00	164.00	164.00	164.00
3224	196.00	196.00	196.00	196.00	196.00	196.00
3225	245.00	245.00	245.00	245.00	245.00	245.00
3226	335.00	335.00	335.00	335.00	335.00	335.00
3233	69.00	69.00	63.00	63.00	63.00	63.00
3237	84.00	84.00	75.00	75.00	75.00	75.00
3247	96.00	96.00	86.00	86.00	86.00	86.00
3253	120.00	120.00	110.00	110.00	110.00	110.00
3261	132.00	158.00	132.00	132.00	132.00	114.00
3265	158.00	180.00	158.00	158.00	158.00	144.00
3271	192.00	192.00	192.00	192.00	192.00	192.00
3276	405.00	405.00	405.00	405.00	405.00	405.00
3281	245.00	245.00	245.00	245.00	245.00	245.00
3289	289.00	285.00	285.00	285.00	285.00	285.00
3295	405.00	405.00	405.00	405.00	405.00	405.00
3301	192.00	192.00	192.00	192.00	192.00	192.00
3306	220.00	220.00	220.00	220.00	220.00	220.00
3307	220.00	220.00	220.00	220.00	220.00	220.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
3308	335.00	335.00	335.00	335.00	335.00	335.00
3310	335.00	335.00	335.00	335.00	335.00	335.00
3311	480.00	480.00	480.00	480.00	480.00	480.00
3314	66.00	66.00	66.00	66.00	66.00	66.00
3320	23.00	21.50	21.50	21.50	21.50	21.50
3330	25.50	31.00	23.50	23.50	23.50	23.50
3332	34.00	34.00	25.50	25.50	25.50	25.50
3338	42.00	40.00	40.00	40.00	40.00	40.00
3342	45.00	42.00	42.00	42.00	42.00	42.00
3346	53.00	46.50	46.50	46.50	46.50	46.50
3349	25.50	31.00	23.50	23.50	23.50	23.50
3350	62.00	62.00	62.00	62.00	62.00	62.00
3351	154.00	154.00	154.00	154.00	154.00	154.00
3352	196.00	196.00	196.00	196.00	196.00	196.00
3356	21.50	21.50	21.50	21.50	21.50	21.50
3363	79.00	79.00	79.00	79.00	79.00	79.00
3366	11.40	13.20	9.00	9.00	8.90	9.00
3371	11.40	13.20	11.40	11.40	11.40	11.40
3379	57.00	57.00	48.00	48.00	48.00	48.00
3384	79.00	79.00	66.00	60.00	60.00	60.00
3391	73.00	73.00	73.00	73.00	73.00	73.00
3399	132.00	132.00	132.00	132.00	132.00	132.00
3404	108.00	108.00	108.00	108.00	108.00	108.00
3407	144.00	144.00	144.00	144.00	144.00	144.00
3417	73.00	73.00	73.00	73.00	73.00	73.00
3425	172.00	172.00	172.00	172.00	172.00	172.00
3431	172.00	172.00	172.00	172.00	172.00	172.00
3437	360.00	360.00	360.00	360.00	360.00	360.00
3444	605.00	605.00	605.00	605.00	605.00	605.00
3450	405.00	405.00	405.00	405.00	405.00	405.00
3455	172.00	215.00	172.00	172.00	172.00	172.00
3459	96.00	96.00	96.00	96.00	96.00	96.00
3465	28.50	28.50	28.50	28.50	28.50	28.50
3468	57.00	57.00	57.00	57.00	57.00	57.00
3472	73.00	73.00	73.00	73.00	73.00	73.00
3477	73.00	73.00	73.00	73.00	73.00	73.00
3480	144.00	144.00	144.00	144.00	144.00	144.00
3495	855.00	855.00	855.00	855.00	855.00	855.00
3496	22.50	22.50	22.50	22.50	22.50	22.50
3505	58.00	58.00	58.00	58.00	58.00	58.00
3509	75.00	75.00	75.00	75.00	75.00	75.00
3516	100.00	100.00	100.00	100.00	100.00	100.00
3526	192.00	192.00	192.00	192.00	192.00	192.00
3530	245.00	245.00	245.00	245.00	245.00	245.00
3532	465.00	465.00	465.00	465.00	465.00	465.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
3542	480.00	480.00	480.00	480.00	480.00	480.00
3547	535.00	535.00	535.00	535.00	535.00	535.00
3555	605.00	605.00	605.00	605.00	605.00	605.00
3563	350.00	350.00	350.00	350.00	350.00	350.00
3576	245.00	255.00	245.00	245.00	245.00	245.00
3581	188.00	188.00	188.00	188.00	188.00	188.00
3591	280.00	280.00	280.00	280.00	280.00	280.00
3597	215.00	215.00	215.00	215.00	215.00	215.00
3616	855.00	855.00	855.00	855.00	855.00	855.00
3618	180.00	180.00	180.00	180.00	180.00	180.00
3622	480.00	480.00	480.00	480.00	480.00	480.00
3634	120.00	120.00	120.00	120.00	120.00	120.00
3638	350.00	350.00	350.00	350.00	350.00	350.00
3647	158.00	158.00	158.00	158.00	158.00	158.00
3652	215.00	215.00	215.00	215.00	215.00	215.00
3654	95.00	95.00	95.00	95.00	95.00	95.00
3664	124.00	124.00	124.00	124.00	124.00	124.00
3668	126.00	126.00	126.00	126.00	126.00	126.00
3673	158.00	158.00	158.00	158.00	158.00	158.00
3678	126.00	126.00	126.00	126.00	126.00	126.00
3683	158.00	158.00	158.00	158.00	158.00	158.00
3698	285.00	285.00	285.00	285.00	285.00	285.00
3700	265.00	265.00	265.00	265.00	265.00	265.00
3702	420.00	420.00	420.00	420.00	420.00	420.00
3707	73.00	73.00	73.00	73.00	73.00	73.00
3713	186.00	186.00	186.00	186.00	186.00	186.00
3718	235.00	235.00	235.00	235.00	235.00	235.00
3722	255.00	255.00	255.00	255.00	255.00	255.00
3726	255.00	255.00	255.00	255.00	255.00	255.00
3730	535.00	535.00	535.00	535.00	535.00	535.00
3734	162.00	162.00	162.00	162.00	162.00	162.00
3739	250.00	250.00	250.00	250.00	250.00	250.00
3745	310.00	310.00	310.00	310.00	310.00	310.00
3750	255.00	255.00	255.00	255.00	255.00	255.00
3752	84.00	84.00	84.00	84.00	84.00	84.00
3754	285.00	285.00	285.00	285.00	285.00	285.00
3759	725.00	725.00	725.00	725.00	725.00	725.00
3764	255.00	255.00	255.00	255.00	255.00	255.00
3783	285.00	285.00	285.00	285.00	285.00	285.00
3789	90.00	90.00	90.00	90.00	90.00	90.00
3793	285.00	275.00	275.00	255.00	250.00	250.00
3798	360.00	360.00	360.00	310.00	335.00	310.00
3820	420.00	420.00	420.00	420.00	420.00	420.00
3822	490.00	490.00	490.00	490.00	490.00	490.00
3825	490.00	490.00	490.00	490.00	490.00	490.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
3831	420.00	420.00	420.00	420.00	420.00	420.00
3834	715.00	715.00	715.00	715.00	715.00	715.00
3847	110.00	110.00	110.00	110.00	110.00	110.00
3849	136.00	136.00	136.00	136.00	136.00	136.00
3851	172.00	172.00	172.00	172.00	172.00	172.00
3860	180.00	180.00	180.00	180.00	180.00	180.00
3862	245.00	245.00	245.00	245.00	245.00	245.00
3875	285.00	285.00	285.00	285.00	285.00	285.00
3882	340.00	340.00	340.00	340.00	340.00	340.00
3889	405.00	405.00	405.00	405.00	405.00	405.00
3891	480.00	480.00	480.00	480.00	480.00	480.00
3892	420.00	420.00	420.00	420.00	420.00	420.00
3893	590.00	590.00	590.00	590.00	590.00	590.00
3894	255.00	255.00	255.00	255.00	255.00	255.00
3898	340.00	340.00	340.00	340.00	340.00	340.00
3900	430.00	430.00	430.00	430.00	430.00	430.00
3902	340.00	340.00	340.00	340.00	340.00	340.00
3922	480.00	480.00	480.00	480.00	480.00	480.00
3930	605.00	605.00	605.00	605.00	605.00	605.00
3938	715.00	715.00	715.00	715.00	715.00	715.00
3952	215.00	215.00	215.00	215.00	215.00	215.00
3976	146.00	146.00	146.00	146.00	146.00	146.00
3981	186.00	186.00	186.00	186.00	186.00	186.00
3986	255.00	255.00	255.00	255.00	255.00	255.00
4003	114.00	114.00	114.00	114.00	114.00	114.00
4012	420.00	465.00	420.00	420.00	420.00	420.00
4018	435.00	435.00	435.00	435.00	435.00	435.00
4039	335.00	350.00	335.00	335.00	335.00	335.00
4043	420.00	465.00	420.00	420.00	420.00	420.00
4046	480.00	480.00	480.00	480.00	480.00	480.00
4048	605.00	605.00	605.00	605.00	605.00	605.00
4052	727.50	727.50	727.50	727.50	727.50	727.50
4054	620.00	620.00	620.00	620.00	620.00	620.00
4059	215.00	215.00	215.00	215.00	215.00	215.00
4068	605.00	605.00	605.00	605.00	605.00	605.00
4074	172.00	158.00	158.00	158.00	158.00	144.00
4080	196.00	215.00	215.00	180.00	196.00	172.00
4084	60.00	60.00	60.00	60.00	60.00	60.00
4087	192.00	192.00	192.00	192.00	192.00	192.00
4093	240.00	240.00	240.00	240.00	240.00	240.00
4099	86.00	86.00	86.00	86.00	86.00	86.00
4104	43.50	43.50	43.50	43.50	43.50	43.50
4109	580.00	580.00	580.00	580.00	580.00	580.00
4115	855.00	855.00	855.00	855.00	855.00	855.00
4130	250.00	250.00	250.00	250.00	250.00	250.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
4133	605.00	605.00	605.00	605.00	605.00	605.00
4141	340.00	350.00	340.00	340.00	340.00	340.00
4144	360.00	360.00	360.00	360.00	360.00	360.00
4165	535.00	535.00	535.00	535.00	535.00	535.00
4173	420.00	420.00	420.00	420.00	420.00	420.00
4179	420.00	420.00	420.00	420.00	420.00	420.00
4185	225.00	225.00	225.00	225.00	225.00	225.00
4191	90.00	90.00	90.00	90.00	90.00	90.00
4197	25.50	25.50	25.50	25.50	25.50	25.50
4202	597.50	597.50	597.50	597.50	597.50	597.50
4209	490.00	490.00	490.00	490.00	490.00	490.00
4214	215.00	215.00	215.00	215.00	215.00	215.00
4217	740.00	740.00	740.00	740.00	740.00	740.00
4222	172.00	172.00	164.00	164.00	164.00	146.00
4227	215.00	215.00	215.00	200.00	225.00	180.00
4233	255.00	255.00	255.00	255.00	255.00	255.00
4238	375.00	375.00	375.00	375.00	375.00	375.00
4241	465.00	435.00	435.00	435.00	435.00	435.00
4246	128.00	128.00	128.00	128.00	128.00	128.00
4249	172.00	172.00	172.00	172.00	172.00	172.00
4251	146.00	146.00	146.00	146.00	146.00	146.00
4254	196.00	196.00	196.00	196.00	196.00	196.00
4258	215.00	215.00	215.00	215.00	215.00	215.00
4262	255.00	255.00	255.00	255.00	255.00	255.00
4265	17.20	17.20	17.20	17.20	17.20	17.20
4269	114.00	114.00	114.00	114.00	114.00	114.00
4273	142.00	142.00	142.00	142.00	142.00	142.00
4288	146.00	146.00	146.00	146.00	146.00	146.00
4293	196.00	196.00	196.00	196.00	196.00	196.00
4296	255.00	255.00	255.00	255.00	255.00	255.00
4307	255.00	255.00	245.00	245.00	245.00	245.00
4313	55.00	55.00	55.00	55.00	55.00	55.00
4319	22.50	22.50	22.50	22.50	22.50	22.50
4327	53.00	53.00	48.00	48.00	48.00	48.00
4338	73.00	73.00	73.00	73.00	73.00	73.00
4345	90.00	90.00	90.00	90.00	90.00	90.00
4351	23.00	23.00	23.00	23.00	23.00	23.00
4354	26.50	26.50	26.50	26.50	26.50	26.50
4363	40.50	40.50	40.50	40.50	40.50	40.50
4366	69.00	69.00	69.00	69.00	69.00	69.00
4367	90.00	90.00	90.00	90.00	90.00	90.00
4380	79.00	79.00	79.00	79.00	79.00	79.00
4383	43.00	43.00	43.00	43.00	43.00	43.00
4385	62.00	62.00	62.00	62.00	62.00	62.00
4386	110.00	110.00	110.00	110.00	110.00	110.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
4388	180.00	180.00	180.00	180.00	180.00	180.00
4389	215.00	215.00	215.00	215.00	215.00	215.00
4394	255.00	255.00	255.00	255.00	255.00	255.00
4397	192.00	192.00	192.00	192.00	192.00	192.00
4399	310.00	310.00	310.00	310.00	310.00	310.00
4413	400.00	400.00	400.00	400.00	400.00	400.00
4455	34.00	34.00	34.00	34.00	34.00	34.00
4467	57.00	57.00	57.00	57.00	57.00	57.00
4482	136.00	136.00	136.00	136.00	136.00	136.00
4490	128.00	128.00	128.00	128.00	128.00	128.00
4492	275.00	275.00	275.00	275.00	275.00	275.00
4509	26.50	26.50	26.50	26.50	26.50	26.50
4523	140.00	140.00	140.00	140.00	140.00	140.00
4527	178.00	178.00	178.00	178.00	178.00	178.00
4534	49.00	49.00	49.00	49.00	49.00	49.00
4537	98.00	98.00	98.00	98.00	98.00	98.00
4544	124.00	124.00	124.00	124.00	124.00	124.00
4552	110.00	110.00	110.00	110.00	110.00	110.00
4557	144.00	144.00	144.00	144.00	144.00	144.00
4568	158.00	158.00	158.00	158.00	158.00	158.00
4573	192.00	192.00	192.00	192.00	192.00	192.00
4590	340.00	340.00	340.00	340.00	340.00	340.00
4606	172.00	215.00	172.00	172.00	172.00	172.00
4611	146.00	146.00	138.00	138.00	138.00	138.00
4617	186.00	186.00	172.00	172.00	172.00	172.00
4622	46.50	44.50	44.50	44.50	44.50	44.50
4629	17.20	17.20	17.20	17.20	17.20	17.20
4633	49.00	49.00	49.00	49.00	49.00	49.00
4637	96.00	96.00	96.00	96.00	96.00	96.00
4640	240.00	240.00	240.00	240.00	240.00	240.00
4643	178.00	178.00	178.00	178.00	178.00	178.00
4649	329.00	329.00	329.00	329.00	329.00	329.00
4651	158.00	158.00	158.00	158.00	158.00	158.00
4655	124.00	124.00	124.00	124.00	124.00	124.00
4658	98.00	98.00	98.00	98.00	98.00	98.00
4662	245.00	245.00	245.00	245.00	245.00	245.00
4665	400.00	400.00	400.00	400.00	400.00	400.00
4670	24.50	24.50	24.50	24.50	24.50	24.50
4676	124.00	124.00	124.00	124.00	124.00	124.00
4678	168.00	168.00	168.00	168.00	168.00	168.00
4690	245.00	245.00	245.00	245.00	245.00	245.00
4693	350.00	350.00	350.00	350.00	350.00	350.00
4695	530.00	530.00	530.00	530.00	530.00	530.00
4696	480.00	480.00	480.00	480.00	480.00	480.00
4699	580.00	580.00	580.00	580.00	580.00	580.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
4702	350.00	350.00	350.00	350.00	350.00	350.00
4705	580.00	580.00	580.00	580.00	580.00	580.00
4709	530.00	530.00	530.00	530.00	530.00	530.00
4715	255.00	255.00	255.00	255.00	255.00	255.00
4721	340.00	340.00	340.00	340.00	340.00	340.00
4733	285.00	285.00	285.00	285.00	285.00	285.00
4738	350.00	350.00	350.00	350.00	350.00	350.00
4744	650.00	650.00	650.00	650.00	650.00	650.00
4749	625.00	625.00	625.00	625.00	625.00	625.00
4754	650.00	650.00	650.00	650.00	650.00	650.00
4756	985.00	985.00	985.00	985.00	985.00	985.00
4762	580.00	580.00	580.00	580.00	580.00	580.00
4764	860.00	860.00	860.00	860.00	860.00	860.00
4766	580.00	580.00	580.00	580.00	580.00	580.00
4778	340.00	340.00	340.00	340.00	340.00	340.00
4784	435.00	435.00	435.00	435.00	435.00	435.00
4789	310.00	310.00	310.00	310.00	310.00	310.00
4791	715.00	715.00	715.00	715.00	715.00	715.00
4794	855.00	855.00	855.00	855.00	855.00	855.00
4798	605.00	605.00	605.00	605.00	605.00	605.00
4800	245.00	245.00	245.00	245.00	245.00	245.00
4806	245.00	245.00	245.00	245.00	245.00	245.00
4808	116.00	116.00	116.00	116.00	116.00	116.00
4812	90.00	90.00	90.00	90.00	90.00	90.00
4817	480.00	480.00	480.00	480.00	480.00	480.00
4822	255.00	255.00	255.00	255.00	255.00	255.00
4832	60.00	60.00	60.00	60.00	60.00	60.00
4838	100.00	100.00	100.00	100.00	100.00	100.00
4844	172.00	172.00	172.00	172.00	172.00	172.00
4853	172.00	172.00	172.00	172.00	172.00	172.00
4860	172.00	172.00	172.00	172.00	172.00	172.00
4864	172.00	172.00	172.00	172.00	172.00	172.00
4867	285.00	285.00	285.00	285.00	285.00	285.00
4870	225.00	225.00	225.00	225.00	225.00	225.00
4877	285.00	285.00	285.00	285.00	285.00	285.00
4927	75.00	75.00	75.00	75.00	75.00	75.00
4930	93.00	93.00	93.00	93.00	93.00	93.00
4934	114.00	114.00	114.00	114.00	114.00	114.00
4940	140.00	140.00	140.00	140.00	140.00	140.00
4943	134.00	134.00	134.00	134.00	134.00	134.00
4948	164.00	164.00	164.00	164.00	164.00	164.00
4950	150.00	150.00	150.00	150.00	150.00	150.00
4954	186.00	186.00	186.00	186.00	186.00	186.00
4957	172.00	172.00	172.00	172.00	172.00	172.00
4961	215.00	215.00	215.00	215.00	215.00	215.00

Medical Benefits Schedule Fees by Item and State
as from 1 March 1984

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
4965	89.00	89.00	89.00	89.00	89.00	89.00
4969	110.00	110.00	110.00	110.00	110.00	110.00
4972	110.00	110.00	110.00	110.00	110.00	110.00
4976	144.00	144.00	144.00	144.00	144.00	144.00
4979	172.00	172.00	172.00	172.00	172.00	172.00
4983	285.00	285.00	285.00	285.00	285.00	285.00
4987	580.00	580.00	580.00	580.00	580.00	580.00
4990	57.00	57.00	57.00	57.00	57.00	57.00
4993	70.00	70.00	70.00	70.00	70.00	70.00
4995	86.00	86.00	86.00	86.00	86.00	86.00
4997	106.00	106.00	106.00	106.00	106.00	106.00
4999	100.00	100.00	100.00	100.00	100.00	100.00
5002	124.00	124.00	124.00	124.00	124.00	124.00
5006	114.00	114.00	114.00	114.00	114.00	114.00
5009	140.00	140.00	140.00	140.00	140.00	140.00
5015	128.00	128.00	128.00	128.00	128.00	128.00
5018	160.00	160.00	160.00	160.00	160.00	160.00
5024	70.00	70.00	70.00	70.00	70.00	70.00
5029	89.00	89.00	89.00	89.00	89.00	89.00
5034	172.00	172.00	172.00	172.00	172.00	172.00
5038	144.00	144.00	144.00	144.00	144.00	144.00
5045	225.00	225.00	225.00	225.00	225.00	225.00
5048	310.00	310.00	310.00	310.00	310.00	310.00
5051	350.00	350.00	350.00	350.00	350.00	350.00
5055	715.00	715.00	715.00	715.00	715.00	715.00
5059	40.00	40.00	40.00	40.00	40.00	40.00
5062	116.00	116.00	116.00	116.00	116.00	116.00
5066	70.00	70.00	70.00	70.00	70.00	70.00
5068	79.00	79.00	79.00	79.00	79.00	79.00
5072	450.00	450.00	450.00	450.00	450.00	450.00
5075	285.00	285.00	285.00	285.00	285.00	285.00
5078	465.00	465.00	465.00	465.00	465.00	465.00
5081	530.00	530.00	530.00	530.00	530.00	530.00
5085	580.00	580.00	580.00	580.00	580.00	580.00
5087	255.00	255.00	255.00	255.00	255.00	255.00
5091	335.00	335.00	335.00	335.00	335.00	335.00
5095	530.00	530.00	530.00	530.00	530.00	530.00
5098	580.00	580.00	580.00	580.00	580.00	580.00
5100	715.00	715.00	715.00	715.00	715.00	715.00
5102	580.00	580.00	580.00	580.00	580.00	580.00
5104	650.00	650.00	650.00	650.00	650.00	650.00
5106	500.00	500.00	500.00	500.00	500.00	500.00
5108	1180.00	1180.00	1180.00	1180.00	1180.00	1180.00
5112	1180.00	1180.00	1180.00	1180.00	1180.00	1180.00
5116	580.00	580.00	580.00	580.00	580.00	580.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
5122	715.00	715.00	715.00	715.00	715.00	715.00
5127	580.00	580.00	580.00	580.00	580.00	580.00
5131	285.00	285.00	285.00	285.00	285.00	285.00
5138	530.00	530.00	530.00	530.00	530.00	530.00
5143	340.00	340.00	340.00	340.00	340.00	340.00
5147	530.00	530.00	530.00	530.00	530.00	530.00
5152	400.00	400.00	400.00	400.00	400.00	400.00
5158	580.00	580.00	580.00	580.00	580.00	580.00
5162	48.00	70.00	48.00	48.00	48.00	48.00
5166	215.00	255.00	215.00	215.00	215.00	215.00
5172	116.00	106.00	84.00	84.00	84.00	84.00
5176	23.00	23.00	23.00	23.00	23.00	23.00
5182	53.00	53.00	53.00	53.00	53.00	53.00
5186	53.00	53.00	53.00	53.00	53.00	53.00
5192	35.00	35.00	35.00	35.00	35.00	35.00
5196	60.00	60.00	60.00	60.00	60.00	60.00
5201	37.50	37.50	37.50	37.50	37.50	37.50
5205	40.00	40.00	40.00	40.00	40.00	40.00
5210	84.00	84.00	69.00	69.00	84.00	69.00
5214	106.00	106.00	84.00	84.00	106.00	84.00
5217	215.00	235.00	158.00	158.00	215.00	158.00
5229	49.00	49.00	49.00	49.00	49.00	49.00
5230	43.50	43.50	43.50	43.50	43.50	43.50
5233	79.00	79.00	79.00	79.00	79.00	79.00
5235	35.00	35.00	35.00	35.00	35.00	35.00
5237	66.00	66.00	66.00	66.00	66.00	66.00
5241	86.00	86.00	86.00	86.00	86.00	86.00
5245	15.80	15.80	15.80	15.80	15.80	15.80
5254	44.50	44.50	44.50	44.50	44.50	44.50
5264	13.20	13.20	13.20	13.20	13.20	13.20
5268	215.00	215.00	215.00	215.00	215.00	215.00
5270	215.00	255.00	215.00	215.00	215.00	215.00
5277	295.00	295.00	295.00	295.00	295.00	295.00
5280	132.00	132.00	144.00	106.00	106.00	106.00
5284	57.00	57.00	57.00	57.00	57.00	57.00
5288	285.00	285.00	285.00	285.00	285.00	285.00
5295	375.00	375.00	375.00	375.00	375.00	375.00
5298	490.00	490.00	490.00	490.00	490.00	490.00
5301	180.00	235.00	180.00	180.00	180.00	180.00
5305	28.50	28.50	28.50	28.50	28.50	28.50
5308	164.00	164.00	164.00	164.00	164.00	164.00
5318	375.00	375.00	375.00	375.00	375.00	375.00
5320	295.00	295.00	295.00	295.00	295.00	295.00
5330	144.00	144.00	144.00	144.00	144.00	144.00
5343	19.60	22.50	18.00	17.20	17.20	17.20

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
5345	57.00	57.00	57.00	57.00	57.00	57.00
5348	60.00	60.00	60.00	60.00	60.00	60.00
5354	340.00	340.00	340.00	340.00	340.00	340.00
5357	285.00	285.00	285.00	285.00	285.00	285.00
5360	340.00	340.00	340.00	340.00	340.00	340.00
5363	106.00	106.00	90.00	90.00	90.00	90.00
5366	144.00	132.00	114.00	114.00	114.00	114.00
5389	134.00	134.00	114.00	114.00	114.00	114.00
5392	180.00	180.00	138.00	138.00	138.00	138.00
5396	55.00	55.00	55.00	55.00	55.00	55.00
5401	70.00	70.00	70.00	70.00	70.00	70.00
5407	57.00	46.50	46.50	46.50	46.50	46.50
5411	79.00	66.00	66.00	66.00	66.00	60.00
5431	43.50	43.50	43.50	43.50	43.50	43.50
5445	34.00	34.00	34.00	34.00	34.00	34.00
5449	17.20	17.20	17.20	17.20	17.20	17.20
5456	172.00	172.00	172.00	172.00	172.00	172.00
5464	90.00	90.00	90.00	90.00	90.00	90.00
5470	174.00	174.00	174.00	174.00	174.00	174.00
5480	116.00	116.00	116.00	116.00	116.00	116.00
5486	172.00	172.00	172.00	172.00	172.00	172.00
5490	25.50	25.50	25.50	25.50	25.50	25.50
5492	110.00	110.00	110.00	110.00	110.00	110.00
5498	625.00	625.00	625.00	625.00	625.00	625.00
5508	650.00	650.00	650.00	650.00	650.00	650.00
5520	90.00	90.00	90.00	90.00	90.00	90.00
5524	106.00	132.00	106.00	106.00	106.00	106.00
5530	116.00	144.00	116.00	116.00	116.00	116.00
5534	140.00	140.00	140.00	140.00	140.00	140.00
5540	196.00	196.00	196.00	196.00	196.00	196.00
5542	220.00	220.00	220.00	220.00	220.00	220.00
5545	285.00	285.00	285.00	285.00	285.00	285.00
5556	285.00	285.00	285.00	285.00	285.00	285.00
5572	89.00	89.00	89.00	89.00	89.00	89.00
5598	116.00	116.00	116.00	116.00	116.00	116.00
5601	86.00	86.00	86.00	86.00	86.00	86.00
5605	86.00	86.00	86.00	86.00	86.00	86.00
5611	114.00	114.00	114.00	114.00	114.00	114.00
5613	178.00	178.00	178.00	178.00	178.00	178.00
5619	120.00	120.00	120.00	120.00	120.00	120.00
5636	420.00	420.00	420.00	420.00	420.00	420.00
5642	715.00	715.00	715.00	715.00	715.00	715.00
5644	490.00	490.00	490.00	490.00	490.00	490.00
5645	410.00	410.00	410.00	410.00	410.00	410.00
5647	400.00	400.00	400.00	400.00	400.00	400.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
5654	375.00	375.00	375.00	375.00	375.00	375.00
5661	465.00	465.00	465.00	465.00	465.00	465.00
5665	530.00	530.00	530.00	530.00	530.00	530.00
5675	585.00	585.00	585.00	585.00	585.00	585.00
5679	530.00	530.00	530.00	530.00	530.00	530.00
5683	360.00	360.00	360.00	360.00	360.00	360.00
5691	465.00	465.00	465.00	465.00	465.00	465.00
5699	535.00	535.00	535.00	535.00	535.00	535.00
5705	420.00	420.00	420.00	420.00	420.00	420.00
5715	375.00	375.00	375.00	375.00	375.00	375.00
5721	285.00	285.00	285.00	285.00	285.00	285.00
5724	335.00	335.00	335.00	335.00	335.00	335.00
5726	84.00	84.00	84.00	84.00	84.00	84.00
5729	172.00	172.00	172.00	172.00	172.00	172.00
5732	235.00	235.00	235.00	235.00	235.00	235.00
5734	465.00	465.00	465.00	465.00	465.00	465.00
5737	530.00	530.00	530.00	530.00	530.00	530.00
5741	465.00	465.00	465.00	465.00	465.00	465.00
5744	465.00	465.00	465.00	465.00	465.00	465.00
5747	375.00	375.00	375.00	375.00	375.00	375.00
5753	650.00	650.00	650.00	650.00	650.00	650.00
5757	855.00	855.00	855.00	855.00	855.00	855.00
5763	375.00	375.00	375.00	375.00	375.00	375.00
5769	465.00	465.00	465.00	465.00	465.00	465.00
5773	420.00	420.00	420.00	420.00	420.00	420.00
5777	530.00	530.00	530.00	530.00	530.00	530.00
5780	465.00	465.00	465.00	465.00	465.00	465.00
5785	465.00	465.00	465.00	465.00	465.00	465.00
5792	575.00	575.00	575.00	575.00	575.00	575.00
5799	465.00	465.00	465.00	465.00	465.00	465.00
5804	575.00	575.00	575.00	575.00	575.00	575.00
5807	650.00	650.00	650.00	650.00	650.00	650.00
5812	335.00	335.00	335.00	335.00	335.00	335.00
5816	375.00	375.00	375.00	375.00	375.00	375.00
5821	375.00	375.00	375.00	375.00	375.00	375.00
5827	465.00	465.00	465.00	465.00	465.00	465.00
5831	360.00	360.00	360.00	360.00	360.00	360.00
5836	465.00	465.00	465.00	465.00	465.00	465.00
5837	225.00	225.00	225.00	225.00	225.00	225.00
5840	14.40	15.80	14.40	14.40	15.80	14.00
5845	72.00	70.00	70.00	70.00	70.00	70.00
5851	93.00	106.00	93.00	93.00	93.00	93.00
5853	116.00	116.00	116.00	116.00	116.00	116.00
5861	46.50	46.50	46.50	46.50	46.50	46.50
5864	140.00	140.00	140.00	140.00	140.00	140.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
5868	116.00	116.00	116.00	116.00	116.00	116.00
5871	164.00	164.00	164.00	164.00	164.00	164.00
5875	350.00	350.00	350.00	350.00	350.00	350.00
5878	132.00	132.00	132.00	132.00	132.00	132.00
5881	235.00	235.00	235.00	235.00	235.00	235.00
5883	235.00	235.00	235.00	235.00	235.00	235.00
5885	172.00	215.00	172.00	172.00	172.00	172.00
5888	235.00	235.00	235.00	235.00	235.00	235.00
5891	285.00	285.00	285.00	285.00	285.00	285.00
5894	350.00	350.00	350.00	350.00	350.00	350.00
5897	172.00	172.00	172.00	172.00	172.00	172.00
5901	215.00	215.00	215.00	215.00	215.00	215.00
5903	40.00	40.00	40.00	40.00	40.00	40.00
5905	530.00	530.00	530.00	530.00	530.00	530.00
5916	350.00	350.00	350.00	350.00	350.00	350.00
5919	350.00	350.00	350.00	350.00	350.00	350.00
5929	375.00	375.00	375.00	375.00	375.00	375.00
5935	215.00	215.00	215.00	215.00	215.00	215.00
5941	420.00	420.00	420.00	420.00	420.00	420.00
5947	335.00	335.00	335.00	335.00	335.00	335.00
5956	375.00	375.00	375.00	375.00	375.00	375.00
5964	23.50	23.50	23.50	23.50	23.50	23.50
5968	235.00	235.00	235.00	235.00	235.00	235.00
5977	335.00	335.00	335.00	335.00	335.00	335.00
5981	855.00	855.00	855.00	855.00	855.00	855.00
5984	465.00	465.00	465.00	465.00	465.00	465.00
5993	575.00	575.00	575.00	575.00	575.00	575.00
6001	530.00	530.00	490.00	490.00	490.00	490.00
6005	490.00	550.00	490.00	490.00	490.00	490.00
6010	235.00	235.00	235.00	235.00	235.00	235.00
6017	580.00	580.00	580.00	580.00	580.00	580.00
6022	144.00	144.00	144.00	144.00	144.00	144.00
6027	215.00	215.00	215.00	215.00	215.00	215.00
6030	70.00	70.00	70.00	70.00	70.00	70.00
6033	235.00	235.00	235.00	235.00	235.00	235.00
6036	23.50	23.50	23.50	23.50	23.50	23.50
6039	40.00	37.50	40.00	40.00	40.00	40.00
6041	465.00	465.00	465.00	465.00	465.00	465.00
6044	140.00	140.00	140.00	140.00	140.00	140.00
6047	72.00	72.00	72.00	72.00	72.00	72.00
6053	164.00	164.00	164.00	164.00	164.00	164.00
6056	116.00	116.00	116.00	116.00	116.00	116.00
6061	86.00	86.00	86.00	86.00	86.00	86.00
6066	46.50	46.50	46.50	46.50	46.50	46.50
6069	116.00	116.00	116.00	116.00	116.00	116.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6077	335.00	335.00	335.00	335.00	335.00	335.00
6079	285.00	285.00	285.00	285.00	285.00	285.00
6083	375.00	375.00	375.00	375.00	375.00	375.00
6086	375.00	375.00	375.00	375.00	375.00	375.00
6089	350.00	350.00	350.00	350.00	350.00	350.00
6092	350.00	350.00	350.00	350.00	350.00	350.00
6095	140.00	140.00	140.00	140.00	140.00	140.00
6098	89.00	89.00	89.00	89.00	89.00	89.00
6105	186.00	186.00	186.00	186.00	186.00	186.00
6107	235.00	235.00	235.00	235.00	235.00	235.00
6110	360.00	360.00	360.00	360.00	360.00	360.00
6118	420.00	420.00	420.00	420.00	420.00	420.00
6122	140.00	140.00	140.00	140.00	140.00	140.00
6130	285.00	285.00	285.00	285.00	285.00	285.00
6135	465.00	465.00	465.00	465.00	465.00	465.00
6140	93.00	93.00	93.00	93.00	93.00	93.00
6146	93.00	93.00	93.00	93.00	93.00	93.00
6152	235.00	235.00	235.00	235.00	235.00	235.00
6157	375.00	375.00	375.00	375.00	375.00	375.00
6162	40.00	40.00	40.00	40.00	40.00	40.00
6166	375.00	375.00	375.00	375.00	375.00	375.00
6175	186.00	186.00	186.00	186.00	186.00	186.00
6179	235.00	235.00	235.00	235.00	235.00	235.00
6184	465.00	465.00	465.00	465.00	465.00	465.00
6189	235.00	235.00	235.00	235.00	235.00	235.00
6194	465.00	465.00	465.00	465.00	465.00	465.00
6199	23.50	23.50	23.50	23.50	23.50	23.50
6204	235.00	235.00	235.00	235.00	235.00	235.00
6208	335.00	335.00	335.00	335.00	335.00	335.00
6210	375.00	375.00	375.00	375.00	375.00	375.00
6212	144.00	144.00	144.00	144.00	144.00	144.00
6218	93.00	93.00	93.00	93.00	93.00	93.00
6221	114.00	114.00	114.00	114.00	114.00	114.00
6224	140.00	140.00	140.00	140.00	140.00	140.00
6228	140.00	140.00	140.00	140.00	140.00	140.00
6231	430.00	430.00	430.00	430.00	430.00	430.00
6232	330.00	330.00	330.00	330.00	330.00	330.00
6233	172.00	172.00	172.00	172.00	172.00	172.00
6236	158.00	158.00	158.00	158.00	158.00	158.00
6245	365.00	365.00	365.00	365.00	365.00	365.00
6246	93.00	93.00	93.00	93.00	93.00	93.00
6247	240.00	240.00	240.00	240.00	240.00	240.00
6249	93.00	93.00	93.00	93.00	93.00	93.00
6253	116.00	116.00	116.00	116.00	116.00	116.00
6258	40.50	40.50	40.50	40.50	40.50	40.50

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6262	26.50	26.50	26.50	26.50	26.50	26.50
6264	26.50	26.50	26.50	26.50	26.50	26.50
6271	44.50	44.50	44.50	44.50	44.50	44.50
6274	89.00	89.00	89.00	89.00	89.00	89.00
6277	110.00	110.00	110.00	110.00	110.00	110.00
6278	58.00	58.00	58.00	58.00	58.00	58.00
6280	73.00	73.00	73.00	73.00	73.00	73.00
6284	29.00	29.00	29.00	29.00	29.00	29.00
6290	29.00	29.00	29.00	29.00	29.00	29.00
6292	58.00	58.00	58.00	58.00	58.00	58.00
6296	73.00	73.00	73.00	73.00	73.00	73.00
6299	134.00	134.00	134.00	134.00	134.00	134.00
6302	174.00	174.00	174.00	174.00	174.00	174.00
6306	590.00	590.00	590.00	590.00	590.00	590.00
6308	340.00	340.00	340.00	340.00	340.00	340.00
6313	21.50	21.50	21.50	21.50	21.50	21.50
6321	106.00	106.00	106.00	106.00	106.00	106.00
6325	340.00	340.00	340.00	340.00	340.00	340.00
6327	340.00	340.00	340.00	340.00	340.00	340.00
6332	200.00	200.00	200.00	200.00	200.00	200.00
6336	80.00	80.00	80.00	80.00	80.00	80.00
6342	62.00	62.00	62.00	62.00	62.00	62.00
6347	172.00	146.00	146.00	146.00	146.00	146.00
6352	210.00	182.00	182.00	182.00	182.00	182.00
6358	210.00	210.00	210.00	210.00	210.00	210.00
6363	265.00	265.00	265.00	265.00	265.00	265.00
6367	255.00	255.00	255.00	255.00	255.00	255.00
6373	315.00	315.00	315.00	315.00	335.00	315.00
6389	87.00	87.00	87.00	87.00	87.00	87.00
6396	265.00	265.00	265.00	265.00	265.00	265.00
6401	340.00	340.00	340.00	340.00	340.00	340.00
6406	335.00	335.00	335.00	335.00	335.00	335.00
6407	335.00	335.00	335.00	335.00	335.00	335.00
6408	182.00	182.00	182.00	182.00	182.00	182.00
6411	31.50	31.50	31.50	31.50	31.50	31.50
6415	31.50	31.50	31.50	31.50	31.50	31.50
6430	86.00	86.00	86.00	86.00	86.00	86.00
6431	106.00	106.00	106.00	106.00	106.00	106.00
6446	40.50	40.50	40.50	40.50	40.50	40.50
6451	53.00	53.00	53.00	53.00	53.00	53.00
6460	67.00	67.00	67.00	67.00	67.00	67.00
6464	86.00	91.00	86.00	86.00	86.00	86.00
6469	108.00	108.00	108.00	108.00	108.00	108.00
6483	146.00	146.00	146.00	146.00	146.00	146.00
6508	265.00	265.00	265.00	265.00	265.00	265.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6513	265.00	265.00	265.00	265.00	265.00	265.00
6517	335.00	335.00	335.00	335.00	335.00	335.00
6532	350.00	350.00	350.00	350.00	350.00	350.00
6533	445.00	445.00	445.00	445.00	445.00	445.00
6536	560.00	560.00	560.00	560.00	560.00	560.00
6542	405.00	405.00	405.00	405.00	405.00	405.00
6544	375.00	375.00	375.00	375.00	375.00	375.00
6553	210.00	210.00	210.00	210.00	210.00	210.00
6557	265.00	265.00	265.00	265.00	265.00	265.00
6570	290.00	290.00	290.00	290.00	290.00	290.00
6585	174.00	174.00	160.00	174.00	160.00	160.00
6594	215.00	235.00	215.00	215.00	215.00	215.00
6604	106.00	106.00	106.00	106.00	106.00	106.00
6607	200.00	200.00	200.00	200.00	200.00	200.00
6611	162.00	162.00	162.00	162.00	162.00	162.00
6612	200.00	200.00	200.00	200.00	200.00	200.00
6631	315.00	315.00	315.00	315.00	315.00	315.00
6633	365.00	365.00	365.00	365.00	365.00	365.00
6638	33.50	33.50	33.50	33.50	33.50	33.50
6641	21.50	21.50	21.50	21.50	21.50	21.50
6643	180.00	180.00	180.00	180.00	180.00	180.00
6644	225.00	225.00	225.00	225.00	225.00	225.00
6648	215.00	215.00	215.00	215.00	215.00	215.00
6649	270.00	270.00	270.00	270.00	270.00	270.00
6655	335.00	335.00	335.00	335.00	335.00	335.00
6677	180.00	180.00	180.00	180.00	180.00	180.00
6681	225.00	225.00	225.00	225.00	225.00	225.00
6686	50.00	50.00	50.00	50.00	50.00	50.00
6688	235.00	235.00	235.00	235.00	235.00	235.00
6692	295.00	295.00	295.00	295.00	295.00	295.00
6697	235.00	235.00	235.00	235.00	235.00	235.00
6699	295.00	295.00	295.00	295.00	295.00	295.00
6701	172.00	172.00	172.00	172.00	172.00	172.00
6703	100.00	100.00	100.00	100.00	100.00	100.00
6705	200.00	200.00	200.00	200.00	200.00	200.00
6707	310.00	310.00	310.00	310.00	310.00	310.00
6709	196.00	196.00	196.00	196.00	196.00	196.00
6715	405.00	405.00	405.00	405.00	405.00	405.00
6722	575.00	575.00	575.00	575.00	575.00	575.00
6724	245.00	245.00	245.00	245.00	245.00	245.00
6728	310.00	310.00	310.00	310.00	310.00	310.00
6730	360.00	360.00	360.00	360.00	360.00	360.00
6736	500.00	500.00	500.00	500.00	500.00	500.00
6740	200.00	200.00	200.00	200.00	200.00	200.00
6742	255.00	255.00	255.00	255.00	255.00	255.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6744	360.00	360.00	360.00	360.00	360.00	360.00
6747	500.00	500.00	500.00	500.00	500.00	500.00
6752	57.00	57.00	57.00	57.00	57.00	57.00
6754	40.50	40.50	40.50	40.50	40.50	40.50
6758	225.00	225.00	225.00	225.00	225.00	225.00
6762	57.00	57.00	57.00	57.00	57.00	57.00
6766	134.00	134.00	134.00	134.00	134.00	134.00
6767	25.50	23.00	23.00	23.00	23.00	23.00
6768	164.00	164.00	164.00	164.00	164.00	164.00
6772	100.00	100.00	100.00	100.00	100.00	100.00
6774	245.00	245.00	245.00	245.00	245.00	245.00
6778	340.00	340.00	340.00	340.00	340.00	340.00
6786	360.00	360.00	360.00	360.00	360.00	360.00
6792	310.00	310.00	310.00	310.00	310.00	310.00
6796	225.00	225.00	225.00	225.00	225.00	225.00
6799	70.00	70.00	48.00	48.00	48.00	48.00
6802	23.50	23.50	23.50	23.50	23.50	23.50
6805	66.00	55.00	40.00	40.00	40.00	40.00
6807	57.00	57.00	57.00	57.00	57.00	57.00
6810	186.00	186.00	186.00	186.00	186.00	186.00
6816	13.80	13.00	12.00	12.00	12.00	13.00
6818	35.00	35.00	35.00	35.00	35.00	35.00
6820	100.00	100.00	100.00	100.00	100.00	100.00
6824	35.00	35.00	35.00	35.00	35.00	35.00
6828	650.00	650.00	650.00	650.00	650.00	650.00
6832	435.00	435.00	435.00	435.00	435.00	435.00
6835	29.50	29.50	29.50	29.50	29.50	29.50
6837	124.00	132.00	114.00	114.00	114.00	114.00
6842	57.00	57.00	57.00	57.00	57.00	57.00
6846	134.00	134.00	134.00	134.00	134.00	134.00
6848	580.00	530.00	480.00	465.00	465.00	465.00
6852	310.00	310.00	310.00	310.00	310.00	310.00
6857	225.00	225.00	225.00	225.00	225.00	225.00
6859	580.00	580.00	580.00	580.00	580.00	580.00
6861	255.00	255.00	255.00	255.00	255.00	255.00
6863	650.00	650.00	650.00	650.00	650.00	650.00
6865	148.00	148.00	148.00	148.00	148.00	148.00
6871	310.00	310.00	310.00	310.00	310.00	310.00
6873	465.00	435.00	435.00	435.00	435.00	435.00
6879	340.00	340.00	340.00	340.00	340.00	340.00
6881	255.00	255.00	255.00	255.00	255.00	255.00
6885	255.00	255.00	255.00	255.00	255.00	255.00
6889	172.00	172.00	172.00	172.00	172.00	172.00
6894	530.00	530.00	530.00	530.00	530.00	530.00
6898	144.00	144.00	144.00	144.00	144.00	144.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6900	435.00	435.00	435.00	435.00	435.00	435.00
6902	580.00	650.00	580.00	580.00	580.00	580.00
6904	172.00	172.00	172.00	172.00	172.00	172.00
6906	81.00	81.00	81.00	81.00	81.00	81.00
6908	285.00	285.00	285.00	285.00	285.00	285.00
6914	43.50	43.50	43.50	43.50	43.50	43.50
6918	34.00	34.00	34.00	34.00	34.00	34.00
6922	285.00	285.00	255.00	255.00	255.00	255.00
6924	340.00	340.00	295.00	295.00	295.00	295.00
6928	360.00	360.00	340.00	340.00	340.00	340.00
6930	340.00	340.00	285.00	255.00	295.00	255.00
6932	196.00	196.00	196.00	196.00	196.00	196.00
6938	196.00	196.00	196.00	196.00	196.00	196.00
6940	33.50	33.50	33.50	33.50	33.50	33.50
6942	54.00	54.00	54.00	54.00	54.00	54.00
6953	54.00	54.00	54.00	54.00	54.00	54.00
6955	230.00	230.00	230.00	230.00	230.00	230.00
6958	445.00	445.00	445.00	445.00	445.00	445.00
6962	660.00	660.00	660.00	660.00	660.00	660.00
6964	480.00	480.00	480.00	480.00	480.00	480.00
6966	660.00	660.00	660.00	660.00	660.00	660.00
6968	345.00	345.00	345.00	345.00	345.00	345.00
6972	585.00	585.00	585.00	585.00	585.00	585.00
6974	138.00	138.00	138.00	138.00	138.00	138.00
6980	660.00	660.00	660.00	660.00	660.00	660.00
6986	660.00	660.00	660.00	660.00	660.00	660.00
6988	825.00	825.00	825.00	825.00	825.00	825.00
6992	200.00	200.00	200.00	200.00	200.00	200.00
6995	480.00	480.00	480.00	480.00	480.00	480.00
6997	480.00	480.00	480.00	480.00	480.00	480.00
6999	660.00	660.00	660.00	660.00	660.00	660.00
7001	215.00	215.00	215.00	215.00	215.00	215.00
7002	310.00	310.00	310.00	310.00	310.00	310.00
7003	255.00	255.00	255.00	255.00	255.00	255.00
7006	310.00	310.00	310.00	310.00	310.00	310.00
7011	215.00	215.00	215.00	215.00	215.00	215.00
7013	360.00	360.00	360.00	360.00	360.00	360.00
7021	585.00	585.00	585.00	585.00	585.00	585.00
7028	290.00	290.00	290.00	290.00	290.00	290.00
7033	186.00	186.00	186.00	186.00	186.00	186.00
7042	146.00	146.00	146.00	146.00	146.00	146.00
7044	935.00	935.00	935.00	935.00	935.00	935.00
7046	935.00	935.00	935.00	935.00	935.00	935.00
7057	1345.00	1345.00	1345.00	1345.00	1345.00	1345.00
7066	1065.00	1065.00	1065.00	1065.00	1065.00	1065.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7079	132.00	132.00	132.00	132.00	132.00	132.00
7081	138.00	138.00	138.00	138.00	138.00	138.00
7085	37.00	37.00	37.00	37.00	37.00	37.00
7099	42.00	42.00	42.00	42.00	42.00	42.00
7099	93.00	93.00	93.00	93.00	93.00	93.00
7106	62.00	62.00	62.00	62.00	62.00	62.00
7111	75.00	75.00	75.00	75.00	75.00	75.00
7112	106.00	106.00	106.00	106.00	106.00	106.00
7116	98.00	98.00	98.00	98.00	98.00	98.00
7117	126.00	126.00	126.00	126.00	126.00	126.00
7120	172.00	172.00	172.00	172.00	172.00	172.00
7121	225.00	225.00	225.00	225.00	225.00	225.00
7124	215.00	215.00	215.00	215.00	215.00	215.00
7129	345.00	345.00	345.00	345.00	345.00	345.00
7132	235.00	235.00	235.00	235.00	235.00	235.00
7133	220.00	220.00	220.00	220.00	220.00	220.00
7138	375.00	375.00	375.00	375.00	375.00	375.00
7139	420.00	420.00	420.00	420.00	420.00	420.00
7143	215.00	215.00	215.00	215.00	215.00	215.00
7148	90.00	90.00	90.00	90.00	90.00	90.00
7152	114.00	114.00	114.00	114.00	114.00	114.00
7156	215.00	215.00	215.00	215.00	215.00	215.00
7157	215.00	215.00	215.00	215.00	215.00	215.00
7170	575.00	575.00	575.00	575.00	575.00	575.00
7171	750.00	750.00	750.00	750.00	750.00	750.00
7175	180.00	180.00	180.00	180.00	180.00	180.00
7178	126.00	126.00	106.00	106.00	106.00	106.00
7182	158.00	158.00	132.00	132.00	132.00	132.00
7184	40.00	40.00	40.00	40.00	40.00	40.00
7186	114.00	114.00	114.00	114.00	114.00	114.00
7190	186.00	186.00	186.00	186.00	186.00	186.00
7192	230.00	230.00	230.00	230.00	230.00	230.00
7194	480.00	480.00	480.00	480.00	480.00	480.00
7198	695.00	695.00	695.00	695.00	695.00	695.00
7203	1180.00	1180.00	1180.00	1180.00	1180.00	1180.00
7204	860.00	860.00	860.00	860.00	860.00	860.00
7212	230.00	230.00	230.00	230.00	230.00	230.00
7216	530.00	530.00	530.00	530.00	530.00	530.00
7231	350.00	350.00	350.00	350.00	350.00	350.00
7240	450.00	450.00	450.00	450.00	450.00	450.00
7244	530.00	530.00	530.00	530.00	530.00	530.00
7248	530.00	530.00	530.00	530.00	530.00	530.00
7251	435.00	435.00	435.00	435.00	435.00	435.00
7265	1180.00	1180.00	1180.00	1180.00	1180.00	1180.00
7270	625.00	625.00	625.00	625.00	625.00	625.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7274	310.00	310.00	310.00	310.00	310.00	310.00
7279	350.00	350.00	350.00	350.00	350.00	350.00
7283	695.00	695.00	695.00	695.00	695.00	695.00
7287	230.00	230.00	230.00	230.00	230.00	230.00
7291	350.00	350.00	350.00	350.00	350.00	350.00
7298	435.00	435.00	435.00	435.00	435.00	435.00
7312	530.00	530.00	530.00	530.00	530.00	530.00
7314	445.00	445.00	445.00	445.00	445.00	445.00
7316	445.00	445.00	445.00	445.00	445.00	445.00
7318	235.00	235.00	235.00	235.00	235.00	235.00
7320	350.00	350.00	350.00	350.00	350.00	350.00
7324	350.00	350.00	350.00	350.00	350.00	350.00
7326	490.00	490.00	490.00	490.00	490.00	490.00
7328	445.00	445.00	445.00	445.00	445.00	445.00
7331	465.00	465.00	465.00	465.00	465.00	465.00
7336	530.00	530.00	530.00	530.00	530.00	530.00
7341	530.00	530.00	530.00	530.00	530.00	530.00
7346	650.00	650.00	650.00	650.00	650.00	650.00
7353	785.00	785.00	785.00	785.00	785.00	785.00
7355	530.00	530.00	530.00	530.00	530.00	530.00
7361	275.00	275.00	275.00	275.00	275.00	275.00
7365	275.00	275.00	275.00	275.00	275.00	275.00
7370	465.00	465.00	465.00	465.00	465.00	465.00
7376	345.00	345.00	345.00	345.00	345.00	345.00
7381	310.00	310.00	310.00	310.00	310.00	310.00
7397	23.00	23.00	23.00	23.00	23.00	23.00
7410	36.00	36.00	36.00	36.00	36.00	36.00
7412	43.50	43.50	43.50	43.50	43.50	43.50
7416	36.00	36.00	36.00	36.00	36.00	36.00
7419	28.50	28.50	28.50	28.50	28.50	28.50
7423	53.00	53.00	53.00	53.00	53.00	53.00
7426	34.00	34.00	34.00	34.00	34.00	34.00
7430	69.00	69.00	69.00	69.00	69.00	69.00
7432	86.00	86.00	86.00	86.00	86.00	86.00
7435	14.60	14.60	14.60	14.60	14.60	14.60
7436	43.50	43.50	43.50	43.50	43.50	43.50
7440	110.00	110.00	110.00	110.00	110.00	110.00
7443	144.00	144.00	144.00	144.00	144.00	144.00
7446	81.00	81.00	81.00	81.00	81.00	81.00
7451	100.00	100.00	100.00	100.00	100.00	100.00
7457	34.00	34.00	34.00	34.00	34.00	34.00
7461	57.00	57.00	57.00	57.00	57.00	57.00
7464	17.20	17.20	17.20	17.20	17.20	17.20
7468	43.50	43.50	43.50	43.50	43.50	43.50
7472	132.00	132.00	132.00	132.00	132.00	132.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7480	58.00	58.00	58.00	58.00	58.00	58.00
7483	0.00	0.00	0.00	0.00	0.00	0.00
7505	21.50	21.50	21.50	21.50	21.50	21.50
7508	44.50	44.50	44.50	44.50	44.50	44.50
7512	66.00	66.00	66.00	66.00	66.00	66.00
7516	29.50	29.50	29.50	29.50	29.50	29.50
7520	66.00	66.00	66.00	66.00	66.00	66.00
7524	90.00	90.00	90.00	90.00	90.00	81.00
7527	75.00	75.00	75.00	75.00	75.00	75.00
7530	106.00	106.00	106.00	106.00	106.00	106.00
7533	34.00	34.00	34.00	34.00	34.00	34.00
7535	66.00	66.00	66.00	66.00	66.00	66.00
7538	79.00	79.00	79.00	79.00	79.00	79.00
7540	84.00	84.00	89.00	84.00	84.00	84.00
7544	116.00	106.00	132.00	116.00	116.00	106.00
7547	66.00	66.00	66.00	66.00	66.00	66.00
7550	70.00	75.00	70.00	70.00	75.00	70.00
7552	90.00	106.00	84.00	84.00	106.00	84.00
7559	69.00	69.00	69.00	69.00	69.00	69.00
7563	84.00	84.00	84.00	84.00	84.00	84.00
7567	100.00	100.00	100.00	100.00	100.00	100.00
7572	146.00	146.00	146.00	146.00	146.00	146.00
7588	46.50	46.50	46.50	46.50	46.50	46.50
7593	66.00	63.00	66.00	57.00	57.00	57.00
7597	57.00	57.00	57.00	57.00	57.00	57.00
7601	13.80	13.00	12.00	12.00	12.00	13.00
7605	19.60	18.60	18.60	18.60	18.60	16.40
7608	86.00	86.00	86.00	86.00	86.00	86.00
7610	114.00	114.00	114.00	114.00	114.00	114.00
7615	66.00	66.00	66.00	66.00	66.00	66.00
7619	86.00	86.00	86.00	86.00	86.00	86.00
7624	196.00	196.00	196.00	196.00	196.00	196.00
7627	255.00	255.00	255.00	255.00	255.00	255.00
7632	50.00	50.00	50.00	50.00	50.00	50.00
7637	69.00	72.00	63.00	66.00	66.00	66.00
7641	75.00	79.00	69.00	66.00	73.00	66.00
7643	106.00	106.00	90.00	90.00	90.00	90.00
7647	128.00	128.00	128.00	128.00	128.00	128.00
7652	172.00	172.00	172.00	172.00	172.00	172.00
7673	45.00	45.00	45.00	45.00	45.00	45.00
7677	66.00	66.00	66.00	66.00	66.00	66.00
7681	18.00	18.00	18.00	18.00	18.00	18.00
7683	28.50	28.50	28.50	28.50	28.50	28.50
7687	44.50	44.50	44.50	44.50	44.50	44.50
7691	44.50	44.50	44.50	44.50	44.50	44.50

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7694	13.80	13.00	12.00	12.00	12.00	13.00
7697	19.60	18.60	18.60	18.60	18.60	16.40
7701	13.80	13.00	12.00	12.00	12.00	13.00
7706	19.60	18.60	18.60	18.60	18.60	16.40
7709	84.00	84.00	84.00	66.00	66.00	66.00
7712	116.00	116.00	106.00	84.00	84.00	84.00
7715	235.00	235.00	235.00	235.00	235.00	235.00
7718	54.00	54.00	54.00	54.00	54.00	54.00
7721	72.00	72.00	72.00	72.00	72.00	72.00
7727	158.00	158.00	158.00	158.00	158.00	158.00
7739	66.00	66.00	66.00	66.00	66.00	66.00
7743	86.00	86.00	86.00	86.00	86.00	86.00
7749	215.00	215.00	215.00	215.00	215.00	215.00
7764	58.00	58.00	58.00	58.00	58.00	58.00
7766	79.00	79.00	79.00	79.00	79.00	79.00
7774	13.80	13.00	12.00	12.00	12.00	13.00
7777	19.60	18.60	18.60	18.60	18.60	16.40
7781	13.80	13.00	12.00	12.00	12.00	13.00
7785	19.60	18.60	18.60	18.60	18.60	16.40
7789	100.00	100.00	100.00	100.00	100.00	100.00
7793	172.00	172.00	172.00	172.00	172.00	172.00
7798	435.00	435.00	435.00	435.00	435.00	435.00
7802	58.00	58.00	58.00	58.00	58.00	58.00
7803	0.00	0.00	0.00	0.00	0.00	0.00
7808	58.00	58.00	58.00	58.00	58.00	58.00
7809	0.00	0.00	0.00	0.00	0.00	0.00
7815	58.00	58.00	58.00	58.00	58.00	58.00
7817	0.00	0.00	0.00	0.00	0.00	0.00
7821	58.00	58.00	58.00	58.00	58.00	58.00
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	138.00	138.00	138.00	138.00	138.00	138.00
7857	138.00	138.00	138.00	138.00	138.00	138.00
7861	17.20	17.20	13.80	13.80	13.80	13.80
7864	14.60	14.60	14.60	14.60	14.60	14.60
7868	35.00	35.00	35.00	35.00	35.00	35.00
7872	81.00	60.00	60.00	60.00	60.00	60.00
7878	106.00	79.00	79.00	75.00	79.00	75.00
7883	60.00	60.00	60.00	60.00	60.00	60.00
7886	90.00	90.00	90.00	90.00	90.00	90.00
7898	480.00	480.00	480.00	480.00	480.00	480.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7902	178.00	178.00	178.00	178.00	178.00	178.00
7911	55.00	55.00	55.00	55.00	55.00	55.00
7915	69.00	69.00	69.00	69.00	69.00	69.00
7926	89.00	89.00	89.00	89.00	89.00	89.00
7928	146.00	146.00	146.00	146.00	146.00	146.00
7932	146.00	146.00	146.00	146.00	146.00	146.00
7934	750.00	750.00	750.00	750.00	750.00	750.00
7937	245.00	245.00	245.00	245.00	245.00	245.00
7938	935.00	935.00	935.00	935.00	935.00	935.00
7939	1180.00	1180.00	1180.00	1180.00	1180.00	1180.00
7940	164.00	164.00	164.00	164.00	164.00	164.00
7942	350.00	350.00	350.00	350.00	350.00	350.00
7945	620.00	620.00	620.00	620.00	620.00	620.00
7947	535.00	535.00	535.00	535.00	535.00	535.00
7951	690.00	690.00	690.00	690.00	690.00	690.00
7957	620.00	620.00	620.00	620.00	620.00	620.00
7961	830.00	830.00	830.00	830.00	830.00	830.00
7967	605.00	605.00	605.00	605.00	605.00	605.00
7969	830.00	830.00	830.00	830.00	830.00	830.00
7975	420.00	420.00	420.00	420.00	420.00	420.00
7977	335.00	335.00	335.00	335.00	335.00	335.00
7983	420.00	420.00	420.00	420.00	420.00	420.00
7993	295.00	295.00	295.00	295.00	295.00	295.00
7999	275.00	275.00	275.00	275.00	275.00	275.00
8001	245.00	245.00	245.00	245.00	245.00	245.00
8003	370.00	370.00	370.00	370.00	370.00	370.00
8009	138.00	138.00	138.00	138.00	138.00	138.00
8014	146.00	146.00	146.00	146.00	146.00	146.00
8017	375.00	375.00	375.00	375.00	375.00	375.00
8019	445.00	445.00	445.00	445.00	445.00	445.00
8022	160.00	160.00	134.00	120.00	120.00	120.00
8024	215.00	215.00	215.00	215.00	215.00	215.00
8026	44.50	44.50	44.50	44.50	44.50	44.50
8028	230.00	230.00	230.00	230.00	230.00	230.00
8032	255.00	255.00	255.00	255.00	255.00	255.00
8036	230.00	230.00	230.00	230.00	230.00	230.00
8040	164.00	164.00	164.00	164.00	164.00	164.00
8044	585.00	585.00	585.00	585.00	585.00	585.00
8048	405.00	405.00	405.00	405.00	405.00	405.00
8053	405.00	405.00	405.00	405.00	405.00	405.00
8069	575.00	575.00	575.00	575.00	575.00	575.00
8070	750.00	750.00	750.00	750.00	750.00	750.00
8074	295.00	295.00	295.00	295.00	295.00	295.00
8080	108.00	108.00	108.00	108.00	108.00	108.00
8082	196.00	196.00	196.00	196.00	196.00	196.00

Medical Benefits Schedule Fees by Item and State
as from 1 March 1984

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8085	235.00	235.00	235.00	235.00	235.00	235.00
8088	365.00	365.00	365.00	365.00	365.00	365.00
8090	365.00	365.00	365.00	365.00	365.00	365.00
8092	465.00	465.00	465.00	465.00	465.00	465.00
8105	15.80	15.80	15.80	15.80	15.80	15.80
8113	200.00	200.00	200.00	200.00	200.00	200.00
8116	295.00	335.00	295.00	295.00	295.00	295.00
8120	178.00	178.00	178.00	178.00	178.00	178.00
8131	250.00	250.00	225.00	225.00	235.00	225.00
8135	335.00	310.00	285.00	285.00	285.00	285.00
8151	108.00	108.00	108.00	108.00	108.00	108.00
8153	134.00	134.00	134.00	134.00	134.00	134.00
8158	295.00	295.00	295.00	295.00	295.00	295.00
8161	235.00	235.00	235.00	235.00	235.00	235.00
8166	178.00	178.00	178.00	178.00	178.00	178.00
8169	108.00	108.00	108.00	108.00	108.00	108.00
8173	134.00	134.00	134.00	134.00	134.00	134.00
8179	132.00	132.00	132.00	132.00	132.00	132.00
8182	164.00	164.00	164.00	164.00	164.00	164.00
8185	138.00	138.00	126.00	126.00	138.00	126.00
8187	146.00	146.00	146.00	146.00	146.00	146.00
8190	146.00	146.00	146.00	146.00	146.00	146.00
8193	178.00	178.00	178.00	178.00	178.00	178.00
8195	200.00	200.00	200.00	200.00	200.00	200.00
8198	335.00	335.00	335.00	335.00	335.00	335.00
8201	480.00	480.00	480.00	480.00	480.00	480.00
8206	335.00	335.00	335.00	335.00	335.00	335.00
8209	310.00	310.00	310.00	310.00	310.00	310.00
8211	335.00	335.00	335.00	335.00	335.00	335.00
8214	81.00	81.00	81.00	81.00	81.00	81.00
8217	164.00	164.00	164.00	164.00	164.00	164.00
8219	140.00	140.00	140.00	140.00	140.00	140.00
8222	178.00	178.00	178.00	178.00	178.00	178.00
8225	200.00	200.00	200.00	200.00	200.00	200.00
8227	73.00	73.00	73.00	73.00	73.00	73.00
8230	89.00	89.00	89.00	89.00	89.00	89.00
8233	138.00	138.00	138.00	138.00	138.00	138.00
8235	174.00	174.00	174.00	174.00	174.00	174.00
8238	220.00	220.00	220.00	220.00	220.00	220.00
8241	60.00	60.00	60.00	60.00	60.00	60.00
8243	89.00	89.00	89.00	89.00	89.00	89.00
8246	55.00	55.00	55.00	55.00	55.00	55.00
8249	134.00	134.00	134.00	134.00	134.00	134.00
8251	245.00	245.00	245.00	245.00	245.00	245.00
8257	335.00	335.00	335.00	335.00	335.00	335.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8259	250.00	250.00	250.00	250.00	250.00	250.00
8262	146.00	146.00	146.00	146.00	146.00	146.00
8267	108.00	108.00	108.00	108.00	108.00	108.00
8275	158.00	158.00	158.00	158.00	158.00	158.00
8279	90.00	90.00	90.00	90.00	90.00	90.00
8282	120.00	120.00	120.00	120.00	120.00	120.00
8283	158.00	158.00	158.00	158.00	158.00	158.00
8287	110.00	110.00	110.00	110.00	110.00	110.00
8290	265.00	265.00	265.00	265.00	265.00	265.00
8294	178.00	178.00	178.00	178.00	178.00	178.00
8296	89.00	89.00	89.00	89.00	89.00	89.00
8298	220.00	220.00	220.00	220.00	220.00	220.00
8302	335.00	335.00	335.00	335.00	335.00	335.00
8304	405.00	405.00	405.00	405.00	405.00	405.00
8306	535.00	535.00	535.00	535.00	535.00	535.00
8310	200.00	200.00	200.00	200.00	200.00	200.00
8312	200.00	200.00	200.00	200.00	200.00	200.00
8314	275.00	275.00	275.00	275.00	275.00	275.00
8316	275.00	275.00	275.00	275.00	275.00	275.00
8318	550.00	550.00	550.00	550.00	550.00	550.00
8320	255.00	255.00	255.00	255.00	255.00	255.00
8322	240.00	240.00	240.00	240.00	240.00	240.00
8324	275.00	275.00	275.00	275.00	275.00	275.00
8326	275.00	275.00	275.00	275.00	275.00	275.00
8328	200.00	200.00	200.00	200.00	200.00	200.00
8330	275.00	275.00	275.00	275.00	275.00	275.00
8332	96.00	70.00	70.00	70.00	70.00	70.00
8334	23.50	23.50	23.50	23.50	23.50	23.50
8336	29.50	29.50	29.50	29.50	29.50	29.50
8349	48.00	48.00	48.00	48.00	48.00	48.00
8351	29.50	29.50	29.50	29.50	29.50	29.50
8352	23.50	23.50	23.50	23.50	23.50	23.50
8354	36.00	36.00	36.00	36.00	36.00	36.00
8356	36.00	36.00	36.00	36.00	36.00	36.00
8378	445.00	445.00	445.00	445.00	445.00	445.00
8380	435.00	435.00	435.00	435.00	435.00	435.00
8382	108.00	108.00	108.00	108.00	108.00	108.00
8384	235.00	235.00	235.00	235.00	235.00	235.00
8386	178.00	178.00	178.00	178.00	178.00	178.00
8388	535.00	535.00	535.00	535.00	535.00	535.00
8390	535.00	535.00	535.00	535.00	535.00	535.00
8392	660.00	660.00	660.00	660.00	660.00	660.00
8394	465.00	465.00	465.00	465.00	465.00	465.00
8398	605.00	605.00	605.00	605.00	605.00	605.00
8400	530.00	530.00	530.00	530.00	530.00	530.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984.**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8402	590.00	590.00	590.00	590.00	590.00	590.00
8406	196.00	196.00	196.00	196.00	196.00	196.00
8408	575.00	575.00	575.00	575.00	575.00	575.00
8410	295.00	295.00	295.00	295.00	295.00	295.00
8412	255.00	255.00	255.00	255.00	255.00	255.00
8414	585.00	585.00	585.00	585.00	585.00	585.00
8418	350.00	350.00	350.00	350.00	350.00	350.00
8422	180.00	180.00	180.00	180.00	180.00	180.00
8424	400.00	400.00	400.00	400.00	400.00	400.00
8428	23.50	23.50	23.50	23.50	23.50	23.50
8430	60.00	60.00	60.00	60.00	60.00	60.00
8432	86.00	86.00	86.00	86.00	86.00	86.00
8434	110.00	110.00	110.00	110.00	110.00	110.00
8436	235.00	235.00	235.00	235.00	235.00	235.00
8440	275.00	275.00	275.00	275.00	275.00	275.00
8442	335.00	335.00	335.00	335.00	335.00	335.00
8444	490.00	490.00	490.00	490.00	490.00	490.00
8448	184.00	184.00	184.00	184.00	184.00	184.00
8449	310.00	310.00	310.00	310.00	310.00	310.00
8450	230.00	230.00	230.00	230.00	230.00	230.00
8452	86.00	86.00	86.00	86.00	86.00	86.00
8454	192.00	192.00	192.00	192.00	192.00	192.00
8458	45.00	45.00	45.00	45.00	45.00	45.00
8462	66.00	66.00	53.00	53.00	53.00	45.00
8466	79.00	79.00	79.00	79.00	79.00	79.00
8470	106.00	106.00	106.00	106.00	106.00	106.00
8472	158.00	158.00	158.00	158.00	158.00	158.00
8474	275.00	275.00	275.00	275.00	275.00	275.00
8476	375.00	375.00	375.00	375.00	375.00	375.00
8478	230.00	230.00	230.00	230.00	230.00	230.00
8480	138.00	138.00	138.00	138.00	138.00	138.00
8484	200.00	200.00	200.00	200.00	200.00	200.00
8485	230.00	230.00	230.00	230.00	230.00	230.00
8486	114.00	114.00	114.00	114.00	114.00	114.00
8487	490.00	490.00	490.00	490.00	490.00	490.00
8488	220.00	220.00	220.00	220.00	220.00	220.00
8490	126.00	126.00	126.00	126.00	126.00	126.00
8492	57.00	57.00	57.00	57.00	57.00	57.00
8494	215.00	215.00	215.00	215.00	215.00	215.00
8496	114.00	114.00	114.00	114.00	114.00	114.00
8498	230.00	230.00	230.00	230.00	230.00	230.00
8500	180.00	180.00	180.00	180.00	180.00	180.00
8502	126.00	126.00	126.00	126.00	126.00	126.00
8504	100.00	100.00	100.00	100.00	100.00	100.00
8508	200.00	200.00	200.00	200.00	200.00	200.00

Medical Benefits Schedule Fees by Item and State
as from 1 March 1984

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8509	146.00	146.00	146.00	146.00	146.00	146.00
8510	340.00	340.00	340.00	340.00	340.00	340.00
8511	310.00	310.00	310.00	310.00	310.00	310.00
8512	138.00	138.00	138.00	138.00	138.00	138.00
8516	285.00	285.00	285.00	285.00	285.00	285.00
8518	230.00	230.00	230.00	230.00	230.00	230.00
8522	106.00	106.00	106.00	106.00	106.00	106.00
8524	144.00	144.00	144.00	144.00	144.00	144.00
8528	435.00	435.00	435.00	435.00	435.00	435.00
8530	360.00	360.00	360.00	360.00	360.00	360.00
8535	230.00	230.00	230.00	230.00	230.00	230.00
8540	625.00	625.00	625.00	625.00	625.00	625.00
8542	535.00	535.00	535.00	535.00	535.00	535.00
8544	160.00	160.00	160.00	160.00	160.00	160.00
8546	350.00	350.00	350.00	350.00	350.00	350.00
8548	405.00	405.00	405.00	405.00	405.00	405.00
8551	430.00	430.00	430.00	430.00	430.00	430.00
8552	235.00	235.00	235.00	235.00	235.00	235.00
8554	435.00	435.00	435.00	435.00	435.00	435.00
8556	340.00	340.00	340.00	340.00	340.00	340.00
8560	285.00	285.00	285.00	285.00	285.00	285.00
8564	285.00	285.00	285.00	285.00	285.00	285.00
8568	400.00	400.00	400.00	400.00	400.00	400.00
8570	230.00	230.00	230.00	230.00	230.00	230.00
8574	250.00	250.00	250.00	250.00	250.00	250.00
8578	285.00	285.00	285.00	285.00	285.00	285.00
8582	285.00	285.00	285.00	285.00	285.00	285.00
8584	114.00	114.00	114.00	114.00	114.00	114.00
8585	158.00	158.00	158.00	158.00	158.00	158.00
8586	375.00	335.00	335.00	335.00	335.00	335.00
8588	158.00	158.00	158.00	158.00	158.00	158.00
8592	230.00	230.00	230.00	230.00	230.00	230.00
8594	250.00	250.00	250.00	250.00	250.00	250.00
8596	285.00	285.00	285.00	285.00	285.00	285.00
8598	490.00	490.00	490.00	490.00	490.00	490.00
8600	620.00	620.00	620.00	620.00	620.00	620.00
8602	72.00	72.00	72.00	72.00	72.00	72.00
8604	172.00	172.00	172.00	172.00	172.00	172.00
8606	245.00	245.00	245.00	245.00	245.00	245.00
8608	255.00	255.00	255.00	255.00	255.00	255.00
8612	340.00	340.00	340.00	340.00	340.00	340.00
8614	158.00	158.00	158.00	158.00	158.00	158.00
8616	158.00	158.00	158.00	158.00	158.00	158.00
8618	405.00	405.00	405.00	405.00	405.00	405.00
8620	118.00	118.00	118.00	118.00	118.00	118.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8622	310.00	310.00	310.00	310.00	310.00	310.00
8624	420.00	420.00	420.00	420.00	420.00	420.00
8628	132.00	132.00	132.00	132.00	132.00	132.00
8630	250.00	250.00	250.00	250.00	250.00	250.00
8632	580.00	580.00	580.00	580.00	580.00	580.00
8634	172.00	172.00	172.00	172.00	172.00	172.00
8636	310.00	310.00	310.00	310.00	310.00	310.00
8640	400.00	400.00	400.00	400.00	400.00	400.00
8644	200.00	200.00	200.00	200.00	200.00	200.00
8648	285.00	285.00	285.00	285.00	285.00	285.00
8652	285.00	285.00	285.00	285.00	285.00	285.00
8656	360.00	360.00	360.00	360.00	360.00	360.00
8700	64.00	64.00	64.00	64.00	64.00	64.00
8702	25.50	25.50	25.50	25.50	22.50	25.50
8704	51.00	51.00	51.00	51.00	51.00	51.00
8706	17.40	17.40	17.40	17.40	17.40	17.40
8708	25.50	25.50	25.50	25.50	25.50	25.50
8710	28.00	28.00	28.00	28.00	28.00	28.00
8711	42.00	42.00	42.00	42.00	42.00	42.00
8712	114.00	114.00	114.00	114.00	114.00	114.00
8713	102.00	102.00	102.00	102.00	102.00	102.00
8716	88.00	88.00	88.00	88.00	88.00	88.00
8717	76.00	76.00	76.00	76.00	76.00	76.00
8720	144.00	144.00	144.00	144.00	144.00	144.00
8721	76.00	76.00	76.00	76.00	76.00	76.00
8723	174.00	174.00	174.00	174.00	174.00	174.00
8724	88.00	88.00	88.00	88.00	88.00	88.00
8730	88.00	88.00	88.00	88.00	88.00	88.00
8731	76.00	76.00	76.00	76.00	76.00	76.00
8736	116.00	116.00	116.00	116.00	116.00	116.00
8737	104.00	104.00	104.00	104.00	104.00	104.00
8738	90.00	90.00	90.00	90.00	90.00	90.00
8739	79.00	79.00	79.00	79.00	79.00	79.00
8742	174.00	174.00	174.00	174.00	174.00	174.00
8743	150.00	150.00	150.00	150.00	150.00	150.00
8746	60.00	60.00	60.00	60.00	60.00	60.00
8747	53.00	53.00	53.00	53.00	53.00	53.00
8750	90.00	90.00	90.00	90.00	90.00	90.00
8755	90.00	90.00	90.00	90.00	90.00	90.00
8756	79.00	79.00	79.00	79.00	79.00	79.00
8759	116.00	116.00	116.00	116.00	116.00	116.00
8760	104.00	104.00	104.00	104.00	104.00	104.00
8763	62.00	62.00	62.00	62.00	62.00	62.00
8764	54.00	54.00	54.00	54.00	54.00	54.00
8769	118.00	118.00	118.00	118.00	118.00	118.00

**Medical Benefits Schedule Fees by Item and State
as from 1 March 1984**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8770	104.00	104.00	104.00	104.00	104.00	104.00
8773	90.00	90.00	90.00	90.00	90.00	90.00
8774	80.00	80.00	80.00	80.00	80.00	80.00
8779	34.50	34.50	34.50	34.50	34.50	34.50
8780	31.00	31.00	31.00	31.00	31.00	31.00
8783	116.00	116.00	116.00	116.00	116.00	116.00
8784	104.00	104.00	104.00	104.00	104.00	104.00
8787	88.00	88.00	88.00	88.00	88.00	88.00
8788	76.00	76.00	76.00	76.00	76.00	76.00
8793	235.00	235.00	235.00	235.00	235.00	235.00
8794	205.00	205.00	205.00	205.00	205.00	205.00
8797	118.00	118.00	118.00	118.00	118.00	118.00
8798	104.00	104.00	104.00	104.00	104.00	104.00
8799	118.00	118.00	118.00	118.00	118.00	118.00
8800	104.00	104.00	104.00	104.00	104.00	104.00
8803	235.00	235.00	235.00	235.00	235.00	235.00
8804	205.00	205.00	205.00	205.00	205.00	205.00
8807	118.00	118.00	118.00	118.00	118.00	118.00
8808	104.00	104.00	104.00	104.00	104.00	104.00
8813	59.00	59.00	59.00	59.00	59.00	59.00
8814	52.00	52.00	52.00	52.00	52.00	52.00
8817	31.00	31.00	31.00	31.00	31.00	31.00
8818	27.00	27.00	27.00	27.00	27.00	27.00
8821	88.00	88.00	88.00	88.00	88.00	88.00
8824	92.00	92.00	92.00	92.00	92.00	92.00
8825	81.00	81.00	81.00	81.00	81.00	81.00
8828	88.00	88.00	88.00	88.00	88.00	88.00
8829	76.00	76.00	76.00	76.00	76.00	76.00

**Medical Benefits Schedule-Parts 1-11
Ready Reckoner Showing 1 March 1984
Schedule Fees and Medicare Benefit Levels.**

Schedule Fee	Medicare Benefit	Schedule Fee	Medicare Benefit	Schedule Fee	Medicare Benefit
	@85% / \$10		@85% / \$10		@85% / \$10
\$	maximum gap	\$	maximum gap	\$	maximum gap
	\$		\$		\$
1.50	1.30	12.75	10.85	21.40	18.20
3.00	2.55	12.95	11.05	21.50	18.30
3.10	2.65	13.00	11.05	22.00	18.70
3.85	3.30	13.20	11.25	22.50	19.15
4.10	3.50	13.40	11.40	22.90	19.50
4.60	3.95	13.60	11.60	23.00	19.55
5.10	4.35	13.80	11.75	23.50	20.00
5.20	4.45	14.00	11.90	24.00	20.40
5.80	4.95	14.25	12.15	24.50	20.85
6.10	5.20	14.40	12.25	25.00	21.25
6.15	5.25	14.60	12.45	25.50	21.70
6.60	5.65	15.20	12.95	26.00	22.10
6.70	5.70	15.25	13.00	26.50	22.55
6.80	5.80	15.40	13.10	27.00	22.95
7.20	6.15	15.80	13.45	27.50	23.40
7.65	6.55	16.00	13.60	28.00	23.80
7.70	6.55	16.20	13.80	28.50	24.25
8.00	6.80	16.40	13.95	29.00	24.65
8.20	7.00	16.60	14.15	29.25	24.90
8.30	7.10	16.80	14.30	29.50	25.10
8.90	7.60	17.20	14.65	30.50	25.95
9.00	7.65	17.25	14.70	30.75	26.15
9.15	7.80	17.40	14.80	31.00	26.35
9.50	8.10	17.60	15.00	31.50	26.80
9.60	8.20	17.80	15.15	32.00	27.20
9.90	8.45	18.00	15.30	32.50	27.65
10.00	8.50	18.40	15.65	33.00	28.05
10.20	8.70	18.60	15.85	33.50	28.50
10.25	8.75	18.80	16.00	34.00	28.90
10.60	9.05	19.00	16.15	34.50	29.35
10.80	9.20	19.15	16.30	35.00	29.75
11.00	9.35	19.20	16.35	35.50	30.20
11.20	9.55	19.25	16.40	36.00	30.60
11.40	9.70	19.40	16.50	36.50	31.05
11.55	9.85	19.50	16.60	37.00	31.45
11.60	9.90	19.60	16.70	37.50	31.90
11.80	10.05	19.80	16.85	38.25	32.55
12.00	10.20	20.00	17.00	38.50	32.75
12.20	10.40	20.50	17.45	39.00	33.15
12.60	10.75	21.00	17.85	39.50	33.60

**Medical Benefits Schedule—Parts 1-11
Ready Reckoner Showing 1 March 1984
Schedule Fees and Medicare Benefit Levels.**

Schedule Fee	Medicare Benefit @85% / \$10 maximum gap	Schedule Fee	Medicare Benefit @85% / \$10 maximum gap	Schedule Fee	Medicare Benefit @85% / \$10 maximum gap
\$	\$	\$	\$	\$	\$
40.00	34.00	71.00	61.00	124.00	114.00
40.50	34.45	72.00	62.00	126.00	116.00
41.00	34.85	73.00	63.00	128.00	118.00
41.50	35.30	74.00	64.00	130.00	120.00
42.00	35.70	75.00	65.00	132.00	122.00
43.00	36.55	76.00	66.00	134.00	124.00
43.50	37.00	76.50	66.50	136.00	126.00
44.00	37.40	79.00	69.00	138.00	128.00
44.50	37.85	80.00	70.00	140.00	130.00
45.00	38.25	81.00	71.00	142.00	132.00
45.50	38.70	82.00	72.00	144.00	134.00
45.75	38.90	83.00	73.00	146.00	136.00
46.00	39.10	84.00	74.00	148.00	138.00
46.50	39.55	86.00	76.00	150.00	140.00
47.00	39.95	87.00	77.00	152.00	142.00
47.50	40.40	88.00	78.00	154.00	144.00
48.00	40.80	89.00	79.00	156.00	146.00
49.00	41.65	90.00	80.00	158.00	148.00
50.00	42.50	91.00	81.00	160.00	150.00
51.00	43.35	91.50	81.50	162.00	152.00
52.00	44.20	92.00	82.00	164.00	154.00
53.00	45.05	93.00	83.00	166.00	156.00
54.00	45.90	94.00	84.00	168.00	158.00
55.00	46.75	95.00	85.00	172.00	162.00
56.00	47.60	96.00	86.00	174.00	164.00
57.00	48.45	98.00	88.00	176.00	166.00
58.00	49.30	99.00	89.00	178.00	168.00
59.00	50.15	100.00	90.00	180.00	170.00
60.00	51.00	102.00	92.00	182.00	172.00
61.00	51.85	104.00	94.00	184.00	174.00
61.50	52.30	106.00	96.00	186.00	176.00
62.00	52.70	108.00	98.00	188.00	178.00
63.00	53.55	110.00	100.00	190.00	180.00
64.00	54.40	112.00	102.00	191.00	181.00
65.00	55.25	114.00	104.00	192.00	182.00
66.00	56.10	115.50	105.50	194.00	184.00
67.00	57.00	116.00	106.00	196.00	186.00
68.00	58.00	118.00	108.00	198.00	188.00
69.00	59.00	120.00	110.00	200.00	190.00
70.00	60.00	122.00	112.00	205.00	195.00

**Medical Benefits Schedule—Parts 1-11
Ready Reckoner Showing 1 March 1984
Schedule Fees and Medicare Benefit Levels.**

Schedule Fee	Medicare Benefit @85% /\$10 maximum gap	Schedule Fee	Medicare Benefit @85% /\$10 maximum gap	Schedule Fee	Medicare Benefit @85% /\$10 maximum gap
\$	\$	\$	\$	\$	\$
210.00	200.00	365.00	355.00	860.00	850.00
213.00	203.00	370.00	360.00	935.00	925.00
215.00	205.00	375.00	365.00	985.00	975.00
220.00	210.00	400.00	390.00	1 065.00	1 055.00
225.00	215.00	405.00	395.00	1 180.00	1 170.00
230.00	220.00	410.00	400.00	1 345.00	1 335.00
231.00	221.00	420.00	410.00		
235.00	225.00	430.00	420.00		
236.00	226.00	435.00	425.00		
240.00	230.00	445.00	435.00		
245.00	235.00	450.00	440.00		
250.00	240.00	465.00	455.00		
255.00	245.00	480.00	470.00		
256.00	246.00	490.00	480.00		
258.00	248.00	500.00	490.00		
260.00	250.00	530.00	520.00		
265.00	255.00	535.00	525.00		
270.00	260.00	550.00	540.00		
275.00	265.00	560.00	550.00		
276.00	266.00	575.00	565.00		
280.00	270.00	580.00	570.00		
285.00	275.00	585.00	575.00		
290.00	280.00	590.00	580.00		
295.00	285.00	597.50	587.50		
296.00	286.00	605.00	595.00		
300.00	290.00	620.00	610.00		
301.00	291.00	625.00	615.00		
305.00	295.00	650.00	640.00		
310.00	300.00	660.00	650.00		
315.00	305.00	690.00	680.00		
320.00	310.00	695.00	685.00		
325.00	315.00	715.00	705.00		
329.00	319.00	725.00	715.00		
330.00	320.00	727.50	717.50		
335.00	325.00	740.00	730.00		
340.00	330.00	750.00	740.00		
341.00	331.00	785.00	775.00		
345.00	335.00	825.00	815.00		
350.00	340.00	830.00	820.00		
360.00	350.00	855.00	845.00		

**COMMONWEALTH OF AUSTRALIA
DEPARTMENT OF HEALTH**

**Medical Benefits Schedule Book
REPLACEMENT PAGES**

MEDICARE BENEFIT ARRANGEMENTS—1 FEBRUARY 1984

The introduction of the Medicare benefit arrangements on 1 February 1984 means that it is necessary to make a number of important changes to the existing Medical Benefits Schedule Book as from that date. The Preface, Section 1 (Notes for General Guidance), the "Ready Reckoner" in Section 2 and Section 4 (State addresses of offices of the Health Insurance Commission, Agent Funds and the Department of Health) have been revised.

As from 1 February 1984 the existing Section 1, the "Ready Reckoner" in Section 2, Section 4A and Section 4B should be removed and the attached replacement pages inserted in the book in the appropriate places.

COMMONWEALTH DEPARTMENT OF HEALTH

Preface

1. This Book provides information on Medicare benefits provided under the Health Insurance Act 1973. The new Medicare arrangements are effective from 1 February 1984 and apply to medical services rendered on and after that date.
2. The manner in which Medicare benefits, previously known as Commonwealth Medical Benefits, will operate as from 1 February 1984 is outlined in Section 1 of this Book.
3. However, information on the more significant differences between Medicare and the previous Medical Benefits Scheme is set out in the following pages of Explanatory Notes.
4. The Medical Benefits Schedule in Section 2 of this Book will continue to apply on and after 1 February 1984. The Schedule shows for each service the item number, description of medical service, schedule fee for the State.
5. There has been no alteration to the fees or amounts of combined benefits which applied as at 31 January 1984. However, the separate amounts of Commonwealth and fund benefit will cease to apply as from 1 February 1984 and a single amount of Medicare benefit (the amount shown in the "Medicare Benefit @85%/\$10 maximum gap" column of the "Ready Reckoner" which is located at the front of Section 2 of this Book) will apply for each service as from that date. In the case of services which have an associated anaesthetic, the number of relevant anaesthetic units together with the anaesthetic item number is shown.
6. 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.
7. This edition of the Book has been printed for use by medical practitioners and other interested authorities.
8. It should be noted that the fees and benefits shown in this edition of the Book are the Schedule fees and benefits in force at 1 November 1983 and apply to medical services rendered on and after that date.
9. The Book has four sections:-

Section	Content
1	Outline of Medicare Benefits and Notes for the Guidance of Medical Practitioners Part A - Explanatory Notes Part B - Outline of Medicare benefit arrangements Part C - Compilation and Information on Interpretation of the Medical Benefits Schedule
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
4	Addresses of the State Headquarters of the Commonwealth Department of Health and State Offices of the Health Insurance Commission.

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

1 FEBRUARY 1984

SECTION 1

OUTLINE

of

MEDICARE BENEFITS

and

NOTES FOR THE GUIDANCE OF

MEDICAL PRACTITIONERS

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**SECTION 1
PART A
EXPLANATORY NOTES**

"MEDICARE"

1. With the implementation of the Australian Medicare Program on 1 February 1984 the payment of Medicare benefits is the responsibility of the Health Insurance Commission.
2. Section 1 of this book "Outline of Medicare Benefits and Notes for General Guidance of Medical Practitioners" contains detailed information on the payment of Medicare benefits. However, particular attention is invited to the following matters:-
 - (a) **Eligible Persons** (paragraphs 3-4).
All permanent Australian residents, long term visitors and Australian residents temporarily absent overseas are eligible for Medicare benefits. Eligibility is not dependent on membership of a medical benefits organisation.
 - (b) **Medicare Cards** (paragraphs 5 and 55-58)
Eligible persons are issued with a Medicare card which confirms eligibility and accordingly facilitates payment of benefits.
 - (c) **Schedule Fees and Benefits** (paragraphs 6-9).
As from 1 February 1984 a single amount of Medicare benefits at 85% of the Schedule fee with a maximum \$10 gap per item is payable by Medicare. It is not proposed to reprint the Medical Benefits Schedule Book at this stage and the Medicare benefit applicable is the amount shown in the "Medicare Benefit @85%/ \$10 maximum gap" column of the "Ready Reckoner" which is located at the front of Section 2 of this Book.
The Health Insurance Act prohibits the provision of private medical insurance to cover the "patient gap".
 - (d) **Doctor's Billing Arrangements**
Under Medicare doctors may either—
 - (i) Bulk-bill Medicare (paragraphs 52-59); or
 - (ii) Bill the Patient (paragraphs 47-50).
 - (e) **Payment of Claims** (where Doctor bills Patient paragraphs 47-50).
Patients may either pay the doctor's account and subsequently lodge a claim with Medicare or submit the unpaid account with a Medicare claim form direct to Medicare.
 - (f) **Pensioners and Persons in Special Need**
Eligible pensioners and persons in special need will be issued with Medicare cards and will therefore be covered for medical and hospital treatment under the Medicare arrangements
Pensioner Health Benefits, Health Benefits and Health Care Cards will still be issued after 1 February 1984 to eligible persons. These cards will still be required for pharmaceutical benefits and other concessions.
 - (g) **Restrictions on the Payment of Benefits** (paragraph 21-30).
Medicare benefits are not payable in respect of medical services where the fees for such services are paid or payable to a recognized hospital, except where the medical service is a diagnostic service rendered to a private patient of a recognised (public) hospital by a medical practitioner exercising his right of private practice under an agreement with the hospital. In this case Medicare benefits are only payable where the agreement is in a form accepted by the Commonwealth Minister for Health.

Special Arrangements—Transitional Period

3. Some items in the Schedule refer to treatment continuing over a period of time in excess of one day. Special rules will be applied in the case of such services where the period involved commences before 1 February 1984 and continues beyond that date. The principle

which will be observed in such cases is that 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 February 1984 and continues beyond that date, the payment of medical benefits for the service would be a matter for either the medical fund to which the patient contributed prior to the introduction of Medicare, or for bulk-billing the Department of Health using only Departmental stationery, if the patient was covered by an entitlement card at the date the treatment commenced.

4. However, in the case of the relevant obstetric items a special rule will apply in that the responsibility for the payment of benefit will depend on the actual confinement.

5. If the confinement takes place on or after 1 February 1984 Medicare will pay Medicare benefits for the service.

6. On the other hand, if the confinement took place prior to 1 February 1984 the payment of medical benefits would be a matter for either the patient's medical fund, or for bulk-billing the Department of Health using only Departmental stationery if the patient was covered by an entitlement card on the date of the confinement.

7. In the case of item 192—Antenatal care where the attendances exceed ten—where the attendances comprising the total of more than ten have taken place over a period before and after 1 February 1984, the following principles apply:-

- (a) where ten or fewer than ten of those attendances took place before 1 February 1984, medical benefits will be paid by Medicare;
- (b) where more than ten of the attendances took place before 1 February 1984, the payment of medical benefits will be a matter for the medical benefit organization of which the patient was a member. Alternatively, the Department of Health may be bulk-billed for these attendances if the patient was covered by an entitlement card for the whole of the period involved.

* * * * *

Errata

The following corrections should be made to the book—

Section 2

Delete pages 41 and 42.

Item 951 should read:-

“Anaesthetic 6 Units—Item Nos 407G/5135S”

Item 3124—N.S.W. fee should read “\$128.00”

Item 6631 should read:-

“Anaesthetic 11 Units—Item Nos 453G/522S”

Item 7878—Vic. fee should read “\$76.00.”

Section 3A

Page 30, Delete the following entry:-

“Foreign body, plates, etc. used in treating fractures, removal of 3120/3124”

Page 55, Amend entry for “Orthopaedic operations” to read as follows:-

“Orthopaedic operations	7853-8356
pin or wire, insertion of	7883
pin, plate or wire, removal of under regional	
or general anaesthesia, requiring incision	7886”

SECTION 1
PART B
OUTLINE OF THE MEDICARE BENEFIT ARRANGEMENTS

Medicare

1. Medicare will come into operation on 1 February 1984. Where an eligible person incurs medical expenses in respect of a professional service rendered on or after 1 February 1984, Medicare will pay benefits for that service as outlined in the following paragraphs.
2. The Health Insurance Commission is responsible for the operation of Medicare and Medicare benefits based on the Schedule in Section 2 of this book will be paid only by Medicare.

Eligible Persons

3. An "eligible person" means all permanent Australian residents and any other person who has permission to remain in Australia for more than six months.
4. The Health Insurance Act gives the Minister discretionary powers to either include or exclude certain persons or categories of persons for eligibility purposes under the Medicare arrangements.

Medicare Cards

5. Eligible persons will be issued with a uniquely numbered Medicare card. These cards may be issued on an individual or family basis. Up to twelve persons may be listed under the one Medicare card number.

Schedule Fees and Table of Benefits

6. Medicare 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".
7. The Medicare benefit for each medical service is the amount shown in the "Medicare Benefits @85%/ \$10 Maximum Gap" column of 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.
8. It should be noted that the amended Health Insurance Act effective from 1 February 1984 prohibits the provision of private medical insurance to cover the "patient gap".
9. Where it can be established that payments of \$150 have been made for a patient during a financial year (\$62.50 for the 1983/84 financial year) in respect of the difference between the Medicare benefit and the schedule fee, benefits will be paid for expenses incurred for that patient for professional services rendered during the rest of the financial year up to 100% of the schedule fee. This does not apply to the Assignment of Benefit arrangements.

Professional Services

10. Professional services which attract Medicare benefits include medical services rendered by or on behalf of a medical practitioner. Medical services which may be rendered on behalf of a medical practitioner include pathology and radiology services where portion of the service is performed by a technologist employed by the medical practitioner.
11. The following medical services will attract benefits only if they have been physically performed by a medical practitioner on not more than one patient on the one occasion (i.e. two or more patients cannot be attended simultaneously although patients may be seen

consecutively). The requirement of "physical performance" is met whether or not assistance is provided in the performance of the service according to accepted medical standards:

- (a) All Part 1 (Professional Attendances) items,
- (b) All Part 2 (Obstetrics) items,
- (c) All Part 3 (Anaesthetics) items,
- (d) All Part 4 (Regional Nerve or Field Block) items,
- (e) All part 5 (Assistance in Administration of an Anaesthetic) items,
- (f) All Part 9 (Assistance at Operations) items,
- (g) All Part 10 (Operations) items,
- (h) Each of the following items in Part 6 (Miscellaneous Procedures)—Item Nos:
770, 774, 777, 787, 790, 810, 811, 813, 814, 821, 824, 831, 833, 836, 839, 841, 843, 851, 856, 886, 890, 893, 895, 897, 902, 904, 907, 916, 917, 918, 922, 923, 925, 927, 929, 932, 934, 936, 938, 940, 944, 947, 949, 950, 951, 956, 957, 960, 963, 968, 970, 974, 976, 977, 980, 987, 989.

12. For the group psychotherapy and family group therapy services covered by Items 887, 888, 889, 996, 997 and 998, benefits are payable only if the services have been conducted by the medical practitioner himself.

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

14. Medical services not included in the above list (i.e. the items in Parts 8, 8A, 9A and 11 of the Schedule together with those items in Part 6 not specified above) continue to attract medical benefits if the service is rendered by:-

- (i) a medical practitioner;
- (ii) a person employed by a medical practitioner; or
- (iii) a person employed by a hospital or other institution when acting under the supervision of a medical practitioner in accordance with accepted medical practice.

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

15. Medicare benefits are not payable for telephone or wireless consultations, for the issue of repeat prescriptions when the patient is not in attendance, and for group attendances (other than group attendances covered by items 887, 888, 889, 996, 997 and 998) such as group counselling, health education and weight reduction or fitness classes.

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

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 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, Medicare 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 Medicare Benefits are not Payable

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

- (i) where the medical expenses for the service are paid or payable to a recognised (public) hospital, except where the medical service is a diagnostic service rendered to a private patient of a recognised (public) hospital by a medical practitioner exercising his right of private practice under an agreement with the hospital. In this case Medicare benefits are only payable where the agreement is in a form accepted by the Commonwealth Minister for Health;
- (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 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 Medicare benefit payable will be determined by the Health Insurance Commission in respect of Medicare benefits;
- (v) 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;
- (vi) where the service was rendered in the course of the carrying out of a mass immunisation.

22. Unless the Minister for Health otherwise directs, Medicare benefit is not payable in respect of a professional service where:—

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

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

Health Screening Service

24. Unless the Minister for Health otherwise directs Medicare benefits are not payable for Health Screening Services.

25. A health screening service is defined as a medical examination or test that is not reasonably required for the treatment of the medical condition of the patient. Services covered by this proscription include—multiphasic health screening (except services by Medichex in Sydney, the Shepherd Foundation in Melbourne and services requested by the National Heart Foundation of Australia as part of their Risk Evaluation Service); programs for testing fitness to undertake physical training courses sport, vocational activities; examination and diagnostic tests for driving, flying and other licences, (except compulsory medical examinations for drivers over 70 years of age and drivers suffering from epilepsy or diabetes), entrance to schools and other educational facilities, for travel requirements and for the purposes of legal proceedings; compulsory examinations to determine eligibility for social security allowances and pensions; compulsory examinations for admission to aged persons' accommodation; pathology tests associated with orthomolecular medicine. Professional services rendered to an unemployed person, if required by a prospective employer, are not regarded as health screening services and therefore would attract Medicare benefits.

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

26. Medicare 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.

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

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

29. 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.

30. Where a claim is made for Medicare 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 Medicare benefits 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.

Limiting Rule

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

Service of Unusual Length or Complexity

32. 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 Health Insurance Commission for higher benefits by the fixation of a higher fee, where a medical practitioner considers that special consideration is warranted because of the "unusual length or complexity" of the service in the particular case. The "term" unusual length or complexity in this context refers to instances where these factors significantly exceed those usually encountered for the service listed in the Schedule.

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

34. 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.

35. Generally, such applications are referred for consideration by the Medicare 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.

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

37. Where the Health Insurance Commission 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 Health Insurance Commission's decision in the matter of an increased fee, appeal to the Minister to have the decision reviewed.

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

Visitors to Australia

39. Medicare benefits are generally not payable to persons visiting Australia for less than six months.

40. Visitors to Australia who obtain approval to stay for at least six months are eligible for Medicare benefits from the date of their arrival. Those who originally obtain approval to stay less than six months but who are granted an extension which makes the total approved stay more than 6 months will be entitled to Medicare benefits from the date the extension is granted.

Medical Expenses Incurred Overseas

41. Medicare benefits are generally payable for medical expenses incurred for medical services rendered outside Australia to "permanent Australian residents". 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 services was rendered will rank for benefit as if that medical service had been rendered in Australia by a medical practitioner. The amount of Medicare 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

42. Penalties of up to \$10,000 or imprisonment for up to five years may be imposed on any person who makes a statement (either orally or in writing) or who issues or presents a

document that is false or misleading in a material particular and which is capable of being used in connection with a claim for benefits. In addition, any practitioner who is found by a Court to have committed two or more such offences on or after 1 November 1982 is liable to have his services automatically disqualified from the Medicare benefit arrangements for three years.

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

Billing of the Patient

Itemised Accounts

44. Where the doctor bills the patient for medical services rendered, the patient needs a properly itemised account and receipt or combined account/receipt to enable him to claim Medicare benefits

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

- (i) Patients surname, first Christian or given name, initials of any subsequent Christian or given name;
- (ii) The date on which the professional service was rendered;
- (iii) A description of the professional service sufficient to identify the item that relates to that service;
- (iv) Medical Benefits Schedule Item Number;
- (v) The name, practice address and provider number of the practitioner who actually rendered the service; (Where the practitioner has more than one practice location recorded with the Department of Health, the provider number used should be that which is applicable to the practice location at or from which the service was given.);-
Note For accounts or receipts issued in respect of pathology (other than the Specified Simple Basic Pathology Tests), radiology and radiotherapy services CAT and nuclear medicine—i.e. services listed in Part 7 (other than Division 9) and Parts 8, 8A, 9A or 11 of the Schedule—the name, address and provider number of the practitioner who actually rendered the service need not be included;
- (vi) the name, practice address and provider number of the practitioner claiming or receiving payment is to be shown:-
 - for services in Parts 1-6, Part 7 (Division 9), and Parts 9, 10, and 11—where the person claiming payment is NOT the person who rendered the service;
 - for services in Part 7 (Division 1-8) and Parts 8, 8A, 9A and 11—for every service;
- (vii) If the service was a Specified Simple Basic Pathology Test (listed in Part 7, Division 9 of the Schedule) that was determined necessary by a practitioner who is another member of the same group medical practice, the surname and initials of that other practitioner must be included;
- (viii) Where a practitioner has attended the patient on more than one occasion on the same day and on each occasion rendered a professional service to which an item in Part 1 of the Medical Benefits Schedule relates (i.e. professional attendances); the time at which each such attendance commenced;
- (ix) Where the professional service was rendered by a consultant physician or a specialist in the practice of his speciality to a patient who has been referred:-
 - (a) the name of the referring medical practitioner; and
 - (b) the number of the referral form;
- (x) For pathology services determined to be necessary and requested by a medical or dental practitioner the name and provider number of the practitioner who

determined that the service was necessary and the date on which the service was determined to be necessary must be included;

- (xi) Where the approved pathology practitioner is NOT a medical practitioner and the service was rendered under the supervision of an employee (who is a medical practitioner—the surname, initials and provider number of that medical practitioner must be included;
- (xii) For self determined pathology services the abbreviation “s.d.” and, if the service was determined to be necessary by a medical practitioner employed by the approved pathology practitioner the employee practitioner’s initials, surname and provider number must be included.
- (xiii) If the information required to be recorded on accounts, receipts or assignment of benefit forms is included by an employee of the practitioner, the practitioner claiming payment for the service bears responsibility for the accuracy and completeness of the information.

Claiming of Benefits

46. 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 48 to 51.

Paid Accounts

47. The patient may pay the account and subsequently present the account, supporting receipt (and referral notice where applicable) and a covering Medicare claim form to Medicare for assessment and payment of Medicare benefit.

Unpaid Accounts

48. Where the patient has not paid the account he may present the unpaid account (and referral notice where applicable) to Medicare with a Medicare claim form. In this case Medicare will forward to the claimant a benefit cheque made payable to the doctor.

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

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

Assignment of Benefits

51. Under the Amended Health Insurance Act effective from 1 February 1984, the Assignment of Benefit (bulk-billing) facility for professional services has been extended to encompass all persons in Australia who are eligible for benefit under the Medicare program. This facility is NOT confined to pensioners or people in special need.

Bulk-Billing of Medicare

52. The administration of the bulk-billing arrangements under Medicare as well as the payment of Medicare benefits on patient claims is the responsibility of the Health Insurance Commission. Medical practitioners have been provided with more detailed information by Medicare and any enquiries in regard to these matters should therefore be directed to the Commission’s medicare offices or enquiry points.

53. Under Medicare any medical practitioner can accept assignment of benefit and bulk-bill for any eligible person.

54. It should be noted that when a doctor bulk-bills he undertakes to accept the relevant medical benefit as full payment for the service. He therefore must not raise any additional charge against the patient in respect of that service to cover the patient gap, administrative cost or any other cost. (Note—The Health Insurance Act prohibits the provisions of private medical insurance to cover the “patient gap”).

Medicare Cards

55. An eligible person who applies to enrol for Medicare benefits (using a Medicare Enrolment Application) will be issued with a Medicare Card which shows the Medicare Card number and the applicant's first given name, initial of second given name, and surname. An application may be made to enrol a family under the one Medicare number and up to 6 persons can be listed on the one card.

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

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

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

Assignment of Benefits

59. The Assignment of Benefit arrangements under Medicare are not all that different from those in force prior to Medicare but there are some important variations, viz:

- The Health Insurance Commission has the responsibility for administering the bulk-billing arrangements.
- Practitioners may bulk-bill for all persons eligible for Medicare benefits.
- The patient's Medicare Card number must be quoted on all bulk-bill forms for that patient. This applies to all eligible persons including pensioners and persons in special need who may also have a Health Care, Health Benefits or Pensioner Health Benefits Card. If the Medicare Card number is not quoted benefits cannot be paid, but see under "interim arrangements".
- The basic forms are not provided in books but are loose leaf to enable the patient details to be imprinted from the Medicare card.
- The forms include information now required by regulations under Section 19(6) of the Health Insurance Act.
- The doctor must cause the particulars relating to the professional service to be set out on the assignment form before the patient signs the form and cause the patient to receive a copy of the form as soon as practicable after the patient signs it.
- Where a patient is unable to sign the assignment form the signature of the patient's parent, guardian or other responsible person is acceptable. In the absence of a "responsible person" the words "Patient unable to sign" should be included in the section headed "Practitioner's Use" together with a brief explanation of the reason (e.g. unconscious, injured hand, etc.).

Assignment of Benefit Forms

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

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

to an approved pathology practitioner and the patient does not need to attend the laboratory.

- (b) *Form DB4* Is a continuous stationery version of Form DB2, and has been designed for use on most office accounting machines.
- (c) *Form DB3* Is used to assign benefits for pathology tests rendered by approved pathology practitioners. It is loose leaf to enable imprinting of patient details from the Medicare Card and is similar in most respects to Form DB2, except for content variations. The form may contain a mixture of "requested" or "self determined" pathology but no other services.
- (d) *Form DB5* This is a continuous stationery form for pathology which can be used on most office machines. It cannot be used to assign benefits and must therefore be accompanied by an "offer to assign" (Form DB2) or assignment (Form DB3).

The Medicare Card number

61. This number must be quoted on bulk-bill forms. If the patient presents without a card but the number is contained on patient records then of course it can be transcribed on the direct bill form. Alternatively, the patient could call back with the card. However, if the number is not available, then the assignment of benefit facility cannot be used except as provided under the "Interim arrangements" outlined below.

Interim arrangements

62. For some time after 1 February 1984, patients may present for treatment without Medicare cards. They may not have been issued with a card or have forgotten to bring the card. The following interim arrangements will apply to bulk-billing until 30 April 1984.

63. Where a patient presents without a Medicare card (and a card number is not recorded on patient records) and indicates that:-

- (a) they have been issued with a card but don't know the details, the practitioner may contact a Medicare telephone enquiry number (in respect of which you will be advised by Medicare) to obtain the number, or, omit the Medicare number but enter all patient details including date of birth and address.

Note: If it is subsequently revealed that the person does not have a Medicare card, benefits will be refused.

- (b) they have not completed a Medicare enrolment application, they may complete an application at the time of the attendance and the practitioner can attach the application to the assignment form. Subject to eligibility being confirmed, the patient will be issued with a Medicare card and benefits will be paid on the assignment.

To avoid delays in paying benefits on other assignments, it is recommended that assignments with applications attached be submitted for payment separately from other assignments.

If practitioners wish to adopt this approach Medicare enrolment applications can be obtained from Medicare.

The Claim for Assigned Benefits (Form DB1)

64. Practitioners who accept assigned benefits must claim on Medicare using Form DB1, the Claim for Assigned Benefits.

65. The claim form must be accompanied by the Assignment forms to which the claim relates together with relevant documentation relating to an assignment (e.g. a referral notice for an initial specialist consultation).

66. Form DB1 is also loose leaf similar to forms DB2 and DB3 to enable imprinting of practitioner details using the special Medicare imprinter. For this purpose, practitioner cards, showing the practitioner's name, practice address and provider number are available from Medicare on request.

Time Limits Applicable to Lodgement of Claims for Medicare Benefits

67. A time limit of six months applies to the lodgement of claims with Medicare under the bulk-billing (assignment of benefits) arrangements. This means that Medicare benefits are not payable for any service where the service was rendered more than six months earlier than the date the claim was lodged with Medicare. It should be noted that these arrangements are quite different from those relating to claims lodged by patients with Medicare.

68. For claims lodged by patients with Medicare a time limit of two years (from the date of service to the date of lodgement of claim) will apply.

69. 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 are available, if required, from the processing centre to which you direct your assigned claims.

70. Bulk-billed claims for services rendered prior to 1 February 1984 to patients covered by Health Care, Health Benefits or Pensioner Health Benefit Entitlement Cards on the date of service **MUST BE LODGED** with the Department of Health **BEFORE 31 July 1984** using only Departmental bulk-billing stationery.

Bulk-Billing Stationery

71. Medical Practitioners, Approved Dentists and participating Optometrists wishing to bulk bill may obtain bulk-bill stationery by contacting any Medicare Office. Information on the completion of the forms and bulk-bill procedures are provided with the forms. Information on bulk-billing is available from any Medicare office.

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

COMPILATION OF THE MEDICAL BENEFITS SCHEDULE

72. 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 subheadings, 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.

73. 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.

74. 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.

Medicare Benefits

75. The amounts of Medicare 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 amount of Medicare benefits may be ascertained by reference to the "Ready Reckoner" at the front of Section 2. The Medicare benefit applicable is the amount shown in the "Medicare Benefit (@85%/ \$10 maximum gap" column of the "Ready Reckoner".

76. In some cases two levels of fees (special arrangements apply in respect of Pathology services—see paragraph 190, Computerised Axial Tomography—see paragraphs 212 to 214 and Nuclear Medicine—see paragraphs 253 to 255) are shown for the same service with each level being allocated separated 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 273).

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

78. Conditions of referral for Medicare benefits purposes are set out in paragraphs 265 to 273.

MEDICAL SERVICES NOT LISTED IN THE SCHEDULE

79. Instances may arise where a particular medical service rendered by a medical practitioner is not listed in the Schedule or in the index to the Schedule. To enable Medicare benefits to be paid in respect of professional services rendered which are not covered by specific items in the Schedule, four additional items were introduced into the Medical Benefits Schedule with effect from 1 November 1983 i.e., Items Nos 2294, 2295, 2804 and 3004.

80. It is realised that the Schedule fees listed for these items will generally be regarded as inadequate for the services which may be claimed under these items. However, it is intended

that an appropriate Schedule fee for each service itemised under the new "non specific" items will be determined by the Medicare Benefits Advisory Committee under Section 11 of the Health Insurance Act. For an explanation of the provisions of Section 11 see paragraphs 32-39 Part B, Section 1, Outline of the Medical Benefits Scheme.

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

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

INTERPRETATIONS OF THE SCHEDULE

Principles of Interpretation

83. 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.

84. Where a service is rendered partly by one medical practitioner and partly by another, only the one amount of benefit 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.

85. 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 post natal care are provided by another medical practitioner, the benefits from 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.

86. 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

87. 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) the following items the descriptions of which are qualified by the words

- (a) "Each Attendance", "At an Attendance" or "Attendance at which". 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" Item 198; and
- (c) "Including associated consultation" Items 836, 886, 887, 888, 889, 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, 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, Items 242, 246, 273;
- (iv) those items in the Schedule where the attendance is an integral part of the service, Items 821, 824; and
- (v) all items in Parts 3, 5 and 9 of the Schedule.

88. Where a service listed in paragraph 87 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.

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

90. 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

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

92. Telephone or wireless consultations, letters of advice by medical practitioners, the issue of repeat prescriptions when the patient is not in attendance, post mortem examinations, the issue of death or cremation certificates counselling of relatives (Note—Items 890 and 893 are not counselling services), group attendances (other than group attendances covered by items 887, 888, 889, 996, 997 and 998) such as group counselling, health education, weight reduction or fitness classes do not qualify for benefit.

93. 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.

94. 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.

95. 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.

96. 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

97. 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.

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

99. Where two or more attendances are made on the one day by the same medical practitioner the time of each attendance must be stated on the account, receipt or assignment form (e.g., 10.30 a.m. and 3.15 p.m.)

100. 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)

101. 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)

102. Under the Health Insurance Act provisions exist that after 35 days hospitalisation in-patients of public and private hospitals may be reclassified 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.

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

103. 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.

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

105. Where a patient living in a self-contained unit is attended by a medical practitioner within the precincts of the nursing home or hostel the appropriate surgery consultation item applies.

106. An attendance by a patient living in a self-contained unit at a surgery established by a medical practitioner within a nursing home complex but outside the nursing home or hostel, attracts benefits under the usual surgery consultation items.

107. If a patient, who is accommodated in the nursing home or hostel, visits a medical practitioner at a surgery established by a medical practitioner within a nursing home complex, but outside the nursing home or hostel, benefits would be attracted under the appropriate nursing home attendance item (i.e., Item 41, 42, 45 or 46).

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

108. 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.

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

110. Where only one patient is attended in an institution the appropriate "home visit" attendance item is payable (Item 11, 12, 15, 16, 17, 18, 21 or 22).

Prolonged Attendance in Treatment of a Critical Condition

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

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

PART 2—OBSTETRICS

General

112. 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

113. 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

114. Benefits for the confinement for which there is a component in Items 194/196, 200/207, 208/209, 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.

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

116. 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.

117. 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.

118. 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-Items 194/196, 200/207, 208/209,
211/213, 216/217, 234/241**

119. 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.);
- (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; and
- (iv) the management of premature babies (i.e. babies born prior to the end of the 37th week of pregnancy or where the birth weight of the baby is less than 2500 grams) during the period that close supervision is necessary.

Other Services

120. 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

121. 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.

122. 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.

123. 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 benefits. The appropriate anaesthetic units and item numbers are also shown below each procedure likely to be performed under anaesthesia.

124. 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.

125. 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.

126. 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.

127. 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.

128. 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.

129. 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 122. 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.

130. 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.

131. 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.

132. 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.

133. 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 of 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.

134. 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.

Multiple Anaesthetic Rule

135. 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.

136. 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

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

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

139. 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 Medicare office for advice on assessment.

Explanatory Notes

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

Item 546 (32 units) —	\$255.00
Item 506 (3 units) —	\$ 24.00
	\$279.00 (Total fee)

140. 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 135 applies.

141. 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

142. Appeals against assessments made in accordance with the above principles should be referred through the local Medicare office for consideration by the Medicare benefits Advisory Committee.

PART 4—REGIONAL NERVE OF FIELD BLOCK

143. 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.

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

145. 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.

Epidural injection for control of post-operative pain (Item 753)

146. This item provides benefit for the epidural injection of a narcotic or local anaesthetic 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.

PART 6—MISCELLANEOUS PROCEDURES

Ultrasonic cross-sectional echography (Items 791 and 793)

147. 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.

Routine Ultrasonic Scanning

148. Medicare benefits are not attracted for routine ultrasonic screening associated with the termination of pregnancy.

Haemodialysis (Items 821, 824)

149. Item 821 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.

150. 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.

Contact lenses (Item 851)

151. 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.

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

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

154. Where patients require more frequent fitting of contact lenses than once in three years, the case may be referred to the Medicare Benefits Advisory Committee under Section 11 of the Health Insurance Act (see paragraphs 32-38).

Twelve-lead electrocardiography (Item 908)

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

Twelve-lead electrocardiography, tracing only or report only (Item 909)

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

Electrocardiographic monitoring of ambulatory patient (Item 915)

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

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

Estimation of Respiratory Function (Item 921)

159. Medicare 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.

Fluids, intravenous drip infusion (Items 927 and 929)

160. The introduction of fluids manually by syringe and needle does not attract benefits under these items.

Venepuncture (Item 955)

161. Medicare 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.

162. Medicare 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.

163. Medicare 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)

164. The service of acupuncture must be performed by a medical practitioner and itemised under Item 980 to attract benefits. This item covers not only the performance of the acupuncture but includes any consultation on the same occasion and any other attendance on the same day for the condition for which acupuncture was given.

165. Items in Part 1 of the Schedule should not be itemised for professional attendances when the service acupuncture is provided.

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

Multiphasic Health Screening (Item 994)

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

Family group therapy (Items 996, 997, 998)

168. These items refer to family group therapy supervised by medical practitioners other than consultant psychiatrists. Other types of group attendances do not attract benefits. It should be noted that there is a limitation of a maximum of 6 patients in Item 998.

PART 7—PATHOLOGY SERVICES

169. 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 Special Pathologists

170. Recognised specialist pathologists (see paragraph 171) must become approved pathology practitioners for services in Divisions 1-8 performed and billed in their own right to be eligible for Medicare benefits.

171. 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 259 to 264). The principle specialty 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

172. For pathology services in Divisions 1 to 8 of Part 7 of the Schedule, Medicare 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 176) and the other conditions specified in the undertaking.
- (ii) Pay a fee, currently \$10.

173. 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.

174. 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.

175. 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.

176. 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.

177. 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.

178. The critical issue, whether partnership of group practice arrangements are involved or not, is whether the requesting or rendering of pathology services eligible for Medicare 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

179. The Health Insurance Act stipulates that Medicare 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.

180. 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

181. 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 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 Medicare benefits

182. For the purposes of calculating Medicare benefits for an item listed in Part 7 which is requested or determined to be necessary, 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 the requirements of the regulations under the Health Insurance Act—see paragraphs 188 to 191) 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 187 for details of prescribed laboratories.)
- (5) The "OP" Schedule fee in Division 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 there is recorded on the account, receipt or bulk-billing assignment form the following additional details—
 - (i) the name and provider number of the requesting practitioner;

- (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 that medical practitioner*

(*Provider numbers may be obtained by enquiry to the Office of the Commonwealth Department of Health in the nearest State capital city.)

(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 of bulk-billing assignment form. In practice this requirement would be met by the notation "S.D."
- (7) (a) In respect of a pathology item in Division 9, the medical practitioner who renders the service must insure his account, receipt or bulk-billing assignment form includes his name, address, provider number, the date of the service, the relevant item number and a brief description to clearly identify the service; and
- (b) If the service was determined necessary by another medical practitioner who is a member of the same group practice as the practitioner who rendered the service, the surname and initials of the requesting practitioner must also be included.

183. 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 182 (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 182 (6) (b)). These services attract benefit at the "OP" rate.

184. 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.

185. 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.

186. 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.

187. The following laboratories have been prescribed for the purposes of payment of medical benefits as outlined in paragraphs 182(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

188. 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 182(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, address and the requesting practitioner's provider number (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. whether at the time the request was made the patient was an out-patient of a recognised hospital, a hospital patient in a recognised hospital, a private patient in a recognised hospital or a private patient in a private hospital; and
7. the name and address of the approved pathology practitioner requested to perform the pathology services.

189. 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 checklists 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 188 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 191 below for referrals as between approved pathology practitioners.

190. 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.

191. 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 188 above—
 - (i) name and provider number 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.

Medicare Benefits not payable for certain tests

192. Certain tests of public health significance do not qualify for payment of Medicare 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).

193. In addition to the above, certain other tests do not qualify for payment of Medicare benefits. These include:-

- cytotoxic food testing;
- pathology services performed for the purposes of tissue audit;
- pathology services performed for the purposes of control estimation, repeat tests 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)

194. 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)

195. 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.

Quantitative estimation of any substance by reagent strip with reflectance meter (Items 1296, 1297, 1298).

196. These items cover tests performed by instruments such as the Ame's 'SERALYZER'. It is a condition for the payment of benefit that the patient or specimen must have been referred to an approved pathology practitioner who is not a member of the same group of practitioners as the referring practitioner.

Estimation by any method of specified biochemical substances (Items 1301-1312)

197. Benefits are not attracted under these items for estimations carried out by means of reagent strips with or without reflectance meters.

Estimation of glycosylated haemoglobin (Items 1313/1314)

198. 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.

Cultural examination (Items 1612-1621)

199. 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)

200. 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.

Cytological Examination of Smears (Items 2081/2082)

201. Benefit is not payable under these items for cytological examination of nasal smears which is covered by Items 1545/1546.

Estimation of beta-HCG (Items 2272/2273)

202. 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 or 1452/1453.

PART 8—RADIOLOGY

203. 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)

204. 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)

205. The descriptions of these items were recommended by the Medicare 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.

206. 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

207. 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.

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

PART 9—ASSISTANCE AT OPERATIONS

209. For an operation (or combination of operations) for which the Schedule fee exceeds \$118.00 but does not exceed \$205.00 benefits for assistance have been based on a fee of \$40.50. Where the Schedule fee for the operation (or combination of operations) exceeds \$205.00 an assistance fee of one-fifth of the Schedule fee has been determined for benefit purposes.

210. 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.

211. 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

212. It will be noted that there are two separate items in respect of each computerised axial tomography service, i.e. "HR" or "OR".

213. 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.

214. 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.

215. 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

Multiple Operation Formula

216. The fees for two or more operations, other than amputations, performed on a patient on the one occasion (except as provided in paragraph 218) 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.

217. 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.

218. 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.

219. Where two medical practitioners operate independently and either performs more than one operation, the method of assessment outlined in paragraph 216 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.

220. 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

221. 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.

222. 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.

223. 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.

224. 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".

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

226. 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.

227. 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
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

After-care where patient is referred to an Intensive Care Unit

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

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

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

230. 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.

Treatment of keratoses, warts etc. (Items 3330-3346)

231. The application of topical agents such as podophyllin or silver nitrate in the treatment of keratoses, warts etc. does not attract benefits under these items.

Serial Curettage Excision (Items 3350, 3351, 3352)

232. 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.

Subcutaneous mastectomy (Item 3700)

233. When, after completing a subcutaneous 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.

Laparotomy and other procedures (Item 3722)

234. 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)

235. 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 gallbladder 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.

Colposcopic Examination (Item 6415)

236. 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.

Dilation of cervix under general anaesthesia (Item 6446)

Curettage of uterus under general anaesthesia (Items 6460/6464)

237. Benefits are payable under these items 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.

Radical or debulking operation for ovarian tumour including omentectomy (Item 6655)

238. 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.

Intrathoracic operation on heart, lungs, etc. (Item 6999)

239. This item covers the operation for patent ductus arteriosus.

Measurement of Intracardiac conduction times (Item 7001)

240. Measurement of intracardiac conduction times by right heart catheterisation when performed alone attracts benefits under this item. If performed in association with other studies Item 7002 only applies.

Intracardiac electrophysiological investigations (Item 7002)

241. Benefits are payable under this item once only for one or more intracardiac electrophysiological investigations performed on the one occasion.

Joint replacement, revision operation (Item 8070)

242. This Item 8070 covers the total joint replacement revision operation with removal of the old prosthesis and replacement with a new one.

Local Skin Flap—Definition

243. 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.

244. 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.

245. 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.

246. 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.

247. 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)

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

249. 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)

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

251. 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 Medicare office for forwarding to the Medicare Benefits Advisory Committee for consideration.

Reduction of eyelids (Items 8548, 8585)

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

PART II—NUCLEAR MEDICINE

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

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

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

256. 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.

257. 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.

258. Benefits for a nuclear scanning service cover the preliminary examination of the patient, estimation of dosage, supervision of the administration of the dose and the performance of the scan, and compilation of the final report. Additional benefits will only be attracted for specialist physician or consultant physician attendances under 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

259. 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.

260. 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.

261. 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.

262. 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.

263. 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 273) the patient has been referred in accordance with paragraphs 265 to 274.

264. 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 of the Department are contained in Section 4A).

REFERRAL OF PATIENTS TO SPECIALISTS OR CONSULTANT PHYSICIANS

265. 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.

266. 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.

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

268. 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 Medicare 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.

269. 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:-

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

270. 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. EO5751-26).

271. 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.

272. Except as described in paragraph 273, 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.

273. A Notice of Referral is not required in the case of specialist radiologists (except in the case of items 2734 and 2736—see paragraphs 205 and 206) 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 132).

274. 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 169 et seq.).

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

Schedule Fee	Medicare Benefit @85%/\$10 maximum gap	Schedule Fee	Medicare Benefit @85%/\$10 maximum gap	Schedule Fee	Medicare Benefit @85%/\$10 maximum gap
\$	\$	\$	\$	\$	\$
1.50	1.30	12.35	10.50	19.80	16.85
2.90	2.50	12.40	10.55	20.00	17.00
2.95	2.55	12.60	10.75	20.25	17.25
3.70	3.15	12.80	10.90	20.50	17.45
3.90	3.35	13.20	11.25	20.65	17.60
4.45	3.80	13.40	11.40	21.00	17.85
4.90	4.20	13.50	11.50	21.50	18.30
4.95	4.25	13.75	11.70	22.00	18.70
5.60	4.80	13.80	11.75	22.15	18.85
5.85	5.00	14.00	11.90	22.50	19.15
5.90	5.05	14.60	12.45	23.00	19.55
6.30	5.40	14.70	12.50	23.50	20.00
6.40	5.45	14.75	12.55	24.00	20.40
6.60	5.65	14.80	12.60	24.50	20.85
6.90	5.90	15.20	12.95	25.00	21.25
7.35	6.25	15.40	13.10	25.50	21.70
7.40	6.30	15.60	13.30	25.90	22.05
7.70	6.55	15.80	13.45	26.00	22.10
7.80	6.65	16.00	13.60	26.50	22.55
7.90	6.75	16.40	13.95	27.00	22.95
8.50	7.25	16.50	14.05	27.50	23.40
8.60	7.35	16.60	14.15	28.00	23.80
8.85	7.55	16.80	14.30	28.15	23.95
9.10	7.75	17.00	14.45	28.50	24.25
9.20	7.85	17.20	14.65	29.25	24.90
9.50	8.10	17.25	14.70	29.50	25.10
9.60	8.20	17.40	14.80	30.00	25.50
9.80	8.35	17.60	15.00	30.50	25.95
10.20	8.70	17.80	15.15	31.00	26.35
10.40	8.85	18.00	15.30	31.50	26.80
10.60	9.05	18.20	15.50	32.00	27.20
10.80	9.20	18.40	15.65	32.50	27.65
11.00	9.35	18.60	15.85	33.00	28.05
11.10	9.45	18.75	15.95	33.50	28.50
11.20	9.55	18.80	16.00	34.00	28.90
11.40	9.70	19.00	16.15	34.50	29.35
11.60	9.90	19.20	16.35	35.00	29.75
11.80	10.05	19.40	16.50	35.50	30.20
12.00	10.20	19.50	16.60	36.00	30.60
12.25	10.45	19.60	16.70	36.75	31.25

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

Schedule Fee	Medicare Benefit (@85%/\$10 maximum gap)	Schedule Fee	Medicare Benefit (@85%/\$10 maximum gap)	Schedule Fee	Medicare Benefit (@85%/\$10 maximum gap)
\$	\$	\$	\$	\$	\$
37.00	31.45	61.00	51.85	106.00	96.00
37.50	31.90	62.00	52.70	108.00	98.00
38.00	32.30	63.00	53.55	110.00	100.00
38.25	32.55	64.00	54.40	111.00	101.00
38.50	32.75	65.00	55.25	112.00	102.00
39.00	33.15	66.00	56.10	114.00	104.00
39.50	33.60	67.00	57.00	116.00	106.00
40.00	34.00	68.00	58.00	118.00	108.00
40.50	34.45	69.00	59.00	120.00	110.00
41.00	34.85	70.00	60.00	122.00	112.00
41.50	35.30	71.00	61.00	124.00	114.00
42.00	35.70	72.00	62.00	126.00	116.00
42.50	36.15	73.00	63.00	128.00	118.00
43.00	36.55	73.50	63.50	130.00	120.00
43.50	37.00	76.00	66.00	132.00	122.00
44.00	37.40	77.00	67.00	134.00	124.00
44.25	37.65	78.00	68.00	136.00	126.00
44.50	37.85	79.00	69.00	138.00	128.00
45.00	38.25	81.00	71.00	140.00	130.00
45.50	38.70	82.00	72.00	142.00	132.00
46.00	39.10	83.00	73.00	144.00	134.00
47.00	39.95	84.00	74.00	146.00	136.00
47.50	40.40	85.00	75.00	148.00	138.00
48.00	40.80	86.00	76.00	150.00	140.00
48.50	41.25	87.00	77.00	152.00	142.00
49.00	41.65	88.00	78.00	154.00	144.00
49.50	42.10	88.50	78.50	156.00	146.00
50.00	42.50	89.00	79.00	158.00	148.00
51.00	43.35	90.00	80.00	160.00	150.00
51.75	44.00	91.00	81.00	162.00	152.00
52.00	44.20	92.00	82.00	164.00	154.00
53.00	45.05	94.00	84.00	166.00	156.00
54.00	45.90	95.00	85.00	168.00	158.00
55.00	46.75	96.00	86.00	170.00	160.00
56.00	47.60	97.00	87.00	172.00	162.00
57.00	48.45	98.00	88.00	174.00	164.00
58.00	49.30	99.00	89.00	176.00	166.00
58.50	49.75	100.00	90.00	178.00	168.00
59.00	50.15	102.00	92.00	180.00	170.00
60.00	51.00	104.00	94.00	182.00	172.00

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

Schedule Fee	Medicare Benefit @85%/\$10 maximum gap	Schedule Fee	Medicare Benefit @85%/\$10 maximum gap	Schedule Fee	Medicare Benefit @85%/\$10 maximum gap
\$	\$	\$	\$	\$	\$
183.50	173.50	310.00	300.00	695.00	685.00
184.00	174.00	315.00	305.00	697.50	687.50
186.00	176.00	320.00	310.00	710.00	700.00
188.00	178.00	325.00	315.00	720.00	710.00
190.00	180.00	327.50	317.50	755.00	745.00
192.00	182.00	330.00	320.00	790.00	780.00
194.00	184.00	335.00	325.00	795.00	785.00
195.50	185.50	345.00	335.00	820.00	810.00
196.00	186.00	350.00	340.00	825.00	815.00
198.00	188.00	355.00	345.00	895.00	885.00
200.00	190.00	360.00	350.00	945.00	935.00
203.50	193.50	385.00	375.00	1020.00	1010.00
205.00	195.00	390.00	380.00	1130.00	1120.00
210.00	200.00	395.00	385.00	1290.00	1280.00
215.00	205.00	405.00	395.00		
220.00	210.00	410.00	400.00		
221.50	211.50	415.00	405.00		
225.00	215.00	425.00	415.00		
226.50	216.50	430.00	420.00		
230.00	220.00	445.00	435.00		
235.00	225.00	460.00	450.00		
238.50	228.50	470.00	460.00		
240.00	230.00	480.00	470.00		
244.50	234.50	510.00	500.00		
245.00	235.00	515.00	505.00		
246.50	236.50	525.00	515.00		
250.00	240.00	535.00	525.00		
255.00	245.00	550.00	540.00		
260.00	250.00	555.00	545.00		
264.50	254.50	560.00	550.00		
265.00	255.00	565.00	555.00		
270.00	260.00	572.50	562.50		
275.00	265.00	580.00	570.00		
280.00	270.00	595.00	585.00		
284.50	274.50	600.00	590.00		
285.00	275.00	625.00	615.00		
287.50	277.50	635.00	625.00		
295.00	285.00	660.00	650.00		
300.00	290.00	665.00	655.00		
305.00	295.00	685.00	675.00		

SECTION 4

**ADDRESSES OF
STATE OFFICES
DEPARTMENT OF HEALTH
AND
STATE HEADQUARTERS
HEALTH INSURANCE COMMISSION**

COMMONWEALTH DEPARTMENT OF HEALTH ADDRESSES

NEW SOUTH WALES

State Headquarters,
Commonwealth Government Centre,
Chifley Square,
Sydney. 2000 Tel. 232 8000

VICTORIA

State Headquarters,
Commonwealth Government Centre,
Cnr. Spring & Latrobe Streets,
Melbourne. 3000 Tel. 662 2999

QUEENSLAND

State Headquarters,
Commonwealth Government Office,
232 Adelaide Street,
Brisbane. 4000 Tel. 225 0122

SOUTH AUSTRALIA

State Headquarters,
A.M.P. Building,
1 King William Street,
Adelaide. 5000 Tel. 216 3911

WESTERN AUSTRALIA

State Headquarters,
Victoria Centre,
2 St George's Terrace,
Perth. 6000 Tel. 323 5711

TASMANIA

State Headquarters,
Kirksway House,
Kirksway Place,
Hobart. 7000 Tel. 20 5011

AUSTRALIAN CAPITAL TERRITORY

Department of Health,
Alexander Building,
Furzer Street,
Phillip. 2606 Tel. 89 1555

NORTHERN TERRITORY

Department of Health,
MLC Building,
81 Smith Street,
Darwin. 5790 Tel. 80 2911

HEALTH INSURANCE COMMISSION

(Medicare, P.O. Box 922, in the Capital City of each State)

NEW SOUTH WALES

State Headquarters,
Medibank House,
17 Castlereagh Street,
Sydney, 2000

Tel. Medicare Hotline (02) 233 0566

VICTORIA

State Headquarters,
8th Floor,
460 Bourke Street,
Melbourne, 3000

Tel. Medicare Hotline (03) 602 1455

QUEENSLAND

State Headquarters,
82 Ann Street,
Brisbane, 4000

Tel. Medicare Hotline (07) 228 5100

SOUTH AUSTRALIA

State Headquarters,
209 Greenhill Road,
Eastwood, 5063

Tel. Medicare Hotline (08) 274 0211

WESTERN AUSTRALIA

State Headquarters,
Medibank House,
50 William Street,
Perth, 6000

Tel. Medicare Hotline (09) 322 0022

TASMANIA

State Headquarters,
77 Collins Street,
Hobart, 7000

Tel. Medicare Hotline (002) 34 7999

AUSTRALIAN CAPITAL TERRITORY

Medibank House,
Bowes Street,
Woden, 2606

Tel. Medicare Hotline (062) 83 5520

NORTHERN TERRITORY

Darwin
(Refer Queensland State Headquarters)

Tel. Medicare Hotline (089) 81 4390



MEDICAL BENEFITS SCHEDULE BOOK

**SCHEDULE FEES
AT 1 NOVEMBER 1983**

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 1 November 1982 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 1 November 1982 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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PART D

Notes to assist in the Completion of Claims for
Assigned Benefits

(See pages 1D-1 to 1D-7)

**SECTION 1
PART A
EXPLANATORY NOTES**

AMENDMENTS TO THE MEDICAL BENEFITS SCHEDULE—1 NOVEMBER 1983

1. Several additions, deletions and amendments have been made in this edition of the Medical Benefits Schedule Book. These adjustments become effective from 1 NOVEMBER 1983 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 changed)	±
(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.

Items 41, 42, 45, 46—Attendances at a nursing home or aged persons' accommodation within a nursing home complex

4. These items cover attendances at —
 - a nursing home
 - a hostel situated within a complex containing a nursing home
 - a doctor's consulting rooms situated within such a complex where the patients are accommodated in the nursing home or hostel.
5. Attendances at self-contained units attract benefit at home visit rates.
6. Attendances on persons living in self-contained units at a doctor's free-standing consulting rooms in the complex or at consulting rooms situated in the nursing home or hostel attract benefits under the surgery attendance items.

Item 753—Introduction at the end of an operation of a narcotic or local anaesthetic

7. This item has been amended to allow for the injection of morphine or similar narcotic for the control of post-operative pain.

Item 908—Twelve-lead electrocardiography

8. Benefits are precluded under this item unless a full 12-lead ECG is performed. Examinations involving less than twelve leads would be regarded as part of the accompanying consultation.

Item 909—Twelve-lead electrocardiography, tracing only or report only

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

Item 914—Exercise electrocardiography (Master's test)

10. Note that this item has been deleted from the Schedule. There is no benefit for the Master's test.

Item 915—Electrocardiographic monitoring of ambulatory patient

11. The requirements of this item are:
 - (i) continuous monitoring for twelve hours or more; and
 - (ii) analysis of the recording on a Holter scan system.
12. The electrocardiographic monitoring of ambulatory patients in other circumstances does not attract a benefit under this item.

Items 927 and 929—Fluids, intravenous drip infusion

13. Benefits are not payable under Items 927 and 929 for introduction of fluids manually by syringe and needle.

Item 955—Venepuncture and collection of blood

14. The essential feature of this item is that the blood collected must be forwarded outside the referring doctor's practice for the performance of the test. Benefits are not payable when the collecting doctor performs the test himself or has it performed by another member of his practice.

Item 980—Acupuncture

15. This item has been amended to clarify the conditions relating to the payment of benefits, which are:
 - (i) the acupuncture must be performed by a medical practitioner;
 - (ii) the item covers any consultation on the same occasion; and
 - (iii) the item also covers any other attendance on the same day for the condition for which acupuncture was given.

Items 1296, 1297, 1298—Quantitative estimation of any substance by reagent strip with reflectance meter

16. These items were introduced to accommodate tests performed by instruments such as the Ame's "SERALYZER". The condition for benefits is that the patient or specimen must be referred to an approved pathology practitioner who is not a member of the same group as the referring practitioner.

Items 1301-1312—Estimation by any method of specified biochemical substance

17. These items have been amended so that benefits are not attracted for estimations carried out by means of reagent strips with or without reflectance meters.

Items 2272/2273—Chorionic gonadotrophin

18. Pregnancy tests performed by any method attract benefits under this item. Item 1345/46 and 1452/53 have been amended so that they may not be itemised for pregnancy tests.

Items 3221-3237—Tumour, cyst, ulcer or scar, removal of

19. These items have been amended to exclude from benefits the excision of a scar during an operative incision.

Items 3247-3265—Tumour, cyst (excluding a cyst)

20. A cystic area will be demonstrated in association with most unerupted teeth. Such will not be regarded as a cyst for benefit purposes unless it conforms with the description of the items.

Item 3271—Skin, malignant tumour

Item 3301—Miscellaneous malignant tumour

21. The description of these items have been reworded to exclude basal cell carcinomas. These lesions should be itemised under the appropriate item beginning with Item 3219.

Item 5229—Cauterisation (other than by chemical means)

Item 5230—Cautery to blood vessels in nose

Item 6411—Cervix, cauterisation (other than by chemical means)

22. The description of these items have been amended to exclude benefit for cauterisation by chemical agents.

Item 7002—Intracardiac electrophysiological investigations

23. Intracardiac physiological investigations, one or more such investigations, are covered by this item except measurement of intracardiac conduction times by right heart catheterisation which, if performed alone, attracts benefits under Item 7001 (revised wording). If performed in association with other studies, Item 7002 only applies.

New Items

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

854	1298	2657	5542	7002	7204	8449
1296	2655	2951	6247	7133	8024	
1297	2656	5235	6264	7190	8448	

Amended Items

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

41	929	1453	3223	3271	6352	7121
42	955	2272	3224	3301	6358	7129
45	980	2273	3225	3851	6363	7138
46	1301	2285	3226	4399	6367	7203
753	1302	2286	3233	4492	6373	7312
844	1303	2953	3237	4676	6411	8080
853	1345	3041	3245	5229	6638	8085
908	1346	3219	3247	5230	6728	8528
909	1364	3220	3253	5647	7001	
915	1366	3221	3261	6262	7112	
927	1452	3222	3265	6347	7120	

(The amendments to items 4399, 4492, 8080 and 8085 relate to a change in the anaesthetic units).

Amended Fees

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

3654	3664	6722	7336	7341	7346	7353
------	------	------	------	------	------	------

Items Deleted

27. The following items have been deleted:

914	2654	2662	5339	6238	6241	6244
2650	2659	5337				

Time Limits Applicable to Lodgement of Claims for Commonwealth Medical Benefit

28. 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 29 below).

29. For claims lodged by patients with registered medical benefits 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.

30. 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 are 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

**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 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% benefits 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; compulsory examinations to determine eligibility for social security allowances and pensions; compulsory examinations for admission to aged persons' accommodation; pathology tests associated with orthomolecular medicine. Professional services rendered to an unemployed person, if required by a prospective employer, are not regarded as health screening services and therefore would attract medical benefits.

Services Rendered to a Doctor's 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 services 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. Penalties of up to \$10,000 or imprisonment for up to five years may be imposed on any person who makes a statement (either orally or in writing) or who issues or presents a document that is false or misleading in a material particular and which is capable of being used in connection with a claim for benefits. In addition, any practitioner who is found by a Court to have committed such an offence on two or more occasions is liable to have his services automatically disqualified from the medical benefits arrangements for three years.

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 Department 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 be signed by the patient.

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 correspond 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 and 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 addresses 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 unreferral specialist or consultant physician services where higher fees and benefits would apply if the pensioner had been referred. The benefits payable in such cases are related to the lower fees applicable. However, if in such a case the consultant physician or specialist is willing to accept the amount of benefit payable in full payment for his services, he may do so by making an assignment arrangement.

78. It should be noted that, even if a doctor has not entered into an undertaking he may nevertheless arrange for eligible 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 \$57 per week (single) or \$94 per week (married).
- (iii) Low income earners who pass the following test:

Married-joint income of less than \$199 per week, including pension or benefit if any, plus \$24 for each child.

Sole parent with one child-income of less than \$223 per week, including pension or benefit if any, plus \$24 for each additional child.

Single person-income less than \$119 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 on 1 November 1983.

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 1C 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 190, Computerised Axial Tomography—see paragraphs 220 to 222 and Nuclear Medicine—see paragraphs 261 to 263) are shown for the same service with each level being allocated separated 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 speciality 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 277).

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 273 to 281.

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 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 post natal care are provided by another medical practitioner, the benefits from 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) the following items the descriptions of which are qualified by the words
 - (a) "Each Attendance"..., "At an Attendance" or "Attendance at which", Items 920, 980, *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" Item 198; and
 - (c) "Including associated consultation" Items 836, 886, 887, 888, 889, 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, 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, Items 242, 246, 273;

- (iv) those items in the Schedule where the attendance is an integral part of the service, 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., attendance 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. 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.

Nursing home attendance (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.

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

113. Where a patient living in a self-contained unit is attended by a medical practitioner within the precincts of the nursing home or hostel the appropriate surgery consultation item applies.

114. An attendance by a patient living in a self-contained unit at a surgery established by a medical practitioner within a nursing home complex but outside the nursing home or hostel, attracts benefits under the usual surgery consultation items.

115. If a patient, who is accommodated in the nursing home or hostel, visits a medical practitioner at a surgery established by a medical practitioner within a nursing home complex, but outside the nursing home or hostel, benefits would be attracted under the appropriate nursing home attendance item (i.e., Item 41, 42, 45 or 46).

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

116. 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.

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

118. Where only one patient is attended in an institution the appropriate "home visit" attendance item is payable (Item 11, 12, 15, 16, 17, 18, 21 or 22).

Prolonged Attendance in Treatment of a Critical Condition

119. The conditions to be met before services covered by Items 150-164 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.

PART 2—OBSTETRICS

General

120. 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

121. 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

122. Benefits for the confinement for which there is a component in Items 194/196, 200/207, 208/209, 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.

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

124. 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.

125. 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.

126. 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—Items 194/196, 200/207, 208/209, 211/213, 216/217, 234/241

127. 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.);
- (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; and
- (iv) the management of premature babies (i.e. babies born prior to the end of the 37th week of pregnancy or where the birth weight of the baby is less than 2500 grams) during the period that close supervision is necessary.

Other Services

128. 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

129. 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.

130. 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.

131. 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 benefits. The appropriate anaesthetic units and item numbers are also shown below each procedure likely to be performed under anaesthesia.

132. 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.

133. 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.

134. 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.

135. 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.

136. 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.

137. 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 130. 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.

138. 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.

139. 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.

140. 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.

141. 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 of 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.

142. 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.

Multiple Anaesthetic Rule

143. 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.

144. 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

145. 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.

146. 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.

147. 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)-	\$255.00
Item 506 (3 units) -	\$ 24.00
	\$279.00 (Total fee)

148. 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 143 applies.

149. 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

150. 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 OF FIELD BLOCK

151. 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.

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

153. 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.

Epidural injection for control of post-operative pain (Item 753)

154. This item provides benefit for the epidural injection of a narcotic or local anaesthetic 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.

PART 6—MISCELLANEOUS PROCEDURES

Ultrasonic cross-sectional echography (Items 791 and 793)

155. 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.

Routine Ultrasonic Scanning

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

Haemodialysis (Items 821, 824)

157. Item 821 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.

158. 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.

Contact lenses (Item 851)

159. 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.

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

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

162. 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).

Twelve-lead electrocardiography (Item 908)

163. Benefits are precluded under this item unless a full 12-lead ECG is performed. Examinations involving less than twelve leads are regarded as part of the accompanying consultation.

Twelve-lead electrocardiography, tracing only or report only (Item 909)

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

Electrocardiographic monitoring of ambulatory patient (Item 915)

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

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

Estimation of Respiratory Function (Item 921)

167. 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.

Fluids, intravenous drip infusion (Items 927 and 929)

168. The introduction of fluids manually by syringe and needle does not attract benefits under these items.

Venepuncture (Item 955)

169. 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.

170. 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

171. 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)

172. The service of acupuncture must be performed by a medical practitioner and itemised under Item 980 to attract benefits. This item covers not only the performance of the acupuncture but includes any consultation on the same occasion and any other attendance on the same day for the condition for which acupuncture was given.

173. Items in Part 1 of the Schedule should not be itemised for professional attendances when the service acupuncture is provided.

174. For the purpose 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)

175. This item covers multiphasic screening services rendered by the Mediceck 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.

Family group therapy (Items 996, 997, 998)

176. These items refer to family group therapy supervised by medical practitioners other than consultant psychiatrists. Other types of group attendances do not attract benefits. It should be noted that there is a limitation of a maximum of 6 patients in Item 998.

PART 7—PATHOLOGY SERVICES

177. 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 Special Pathologists

178. Recognised specialist pathologists (see paragraph 179) must become approved pathology practitioners for services in Divisions 1-8 performed and billed in their own right to be eligible for medical benefits.

179. 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 267 to 272). The principle specialty of pathology includes a number of sectional specialities. Accordingly, a medical practitioner who is recognised as a specialist in a sectional specialty of pathology is recognised as a specialist pathologist for this purpose.

Approved Pathology Practitioner Scheme

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

181. 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.

182. 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.

183. 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.

184. 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.

185. 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.

186. 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

187. 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.

188. 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

189. 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 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

190. 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 the requirements of the regulations under the Health Insurance Act—see paragraphs 196 to 199) 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 195 for details of prescribed laboratories.)
- (5) The "OP" Schedule fee in Division 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).

191. 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 190 (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 190 (6) (b)). These services attract benefit at the "OP" rate.

192. 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.

193. 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.

194. 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.

195. The following laboratories have been prescribed for the purposes of payment of medical benefits as outlined in paragraphs 190(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

196. 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 190(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

197. 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 checklists 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 196 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 199 below for referrals as between approved pathology practitioners.

198. 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.

199. 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 196 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

200. 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).

201. 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)

202. 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)

203. 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.

Quantitative estimation of any substance by reagent strip with reflectance meter (Items 1296, 1297, 1298).

204. These items cover tests performed by instruments such as the Ame's 'SERALYZER'. It is a condition for the payment of benefit that the patient or specimen must have been referred to an approved pathology practitioner who is not a member of the same group of practitioners as the referring practitioner.

Estimation by any method of specified biochemical substances (Items 1301-1312)

205. Benefits are not attracted under these items for estimations carried out by means of reagent strips with or without reflectance meters.

Estimation of glycosylated haemoglobin (Items 1313/1314)

206. 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.

Cultural examination (Items 1612-1621)

207. 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)

208. 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.

Cytological Examination of Smears (Items 2081/2082)

209. Benefit is not payable under these items for cytological examination of nasal smears which is covered by Items 1545/1546.

Estimation of beta-HCG (Items 2272/2273)

210. 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 or 1452/1453.

PART 8—RADIOLOGY

211. 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)

212. 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)

213. 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.

214. 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

215. 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.

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

PART 9—ASSISTANCE AT OPERATIONS

217. For an operation (or combination of operations) for which the Schedule fee exceeds \$118.00 but does not exceed \$205.00 benefits for assistance have been based on a fee of \$40.50. Where the Schedule fee for the operation (or combination of operations) exceeds \$205.00 an assistance fee of one-fifth of the Schedule fee has been determined for benefit purposes.

218. 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.

219. 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

220. It will be noted that there are two separate items in respect of each computerised axial tomography service, i.e. "HR" or "OR".

221. 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.

222. 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.

223. 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

Multiple Operation Formula

224. The fees for two or more operations, other than amputations, performed on a patient on the one occasion (except as provided in paragraph 226) are calculated by the following rule:-

100 percent 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.

225. 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.

226. 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.

227. Where two medical practitioners operate independently and either performs more than one operation, the method of assessment outlined in paragraph 224 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.

228. 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

229. 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.

230. 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.

231. 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.

232. 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".

233. 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.

234. 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.

235. 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
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

After-care where patient is referred to an Intensive Care Unit

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

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

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

238. 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.

Treatment of keratoses, warts etc. (Items 3330-3346)

239. The application of topical agents such as podophyllin or silver nitrate in the treatment of keratoses, warts, etc. does not attract benefits under these items.

Serial Curettage Excision (Items 3350, 3351, 3352)

240. 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.

Subcutaneous mastectomy (Item 3700)

241. When, after completing a subcutaneous 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.

Laparotomy and other procedures (Item 3722)

242. 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)

243. 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 gallbladder 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.

Colposcopic Examination (Item 6415)

244. 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.

Dilatation of cervix under general anaesthesia (Item 6446)

Curettage of uterus under general anaesthesia (Items 6460/6464)

245. Benefits are payable under these items 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.

Radical or debulking operation for ovarian tumour including omentectomy (Item 6655)

246. 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.

Intrathoracic operation on heart, lungs, etc. (Item 6999)

247. This item covers the operation for patent ductus arteriosus.

Measurement of Intracardiac conduction times (Item 7001)

248. Measurement of intracardiac conduction times by right heart catheterisation when performed alone attracts benefits under this item. If performed in association with other studies Item 7002 only applies.

Intracardiac electrophysiological investigations (Item 7002)

249. Benefits are payable under this item once only for one or more intracardiac electrophysiological investigations performed on the one occasion.

Joint replacement, revision operation (Item 8070)

250. This Item 8070 covers the total joint replacement revision operation with removal of the old prosthesis and replacement with a new one.

Local Skin Flap — Definition

251. 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.

252. 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.

253. 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.

254. 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	9588
3271	6044	8466	

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

255. 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	3594-8600	

Augmentation mammoplasty (Item 8530)

256. 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.

257. 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)

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

259. 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)

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

PART II—NUCLEAR MEDICINE

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

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

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

264. 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.

265. 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.

266. Benefits for a nuclear scanning service cover the preliminary examination of the patient, estimation of dosage, supervision of the administration of the dose and the performance of the scan, and compilation of the final report. Additional benefits will only be attracted for specialist physician or consultant physician attendances under 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

267. 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.

268. 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.

269. 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.

270. 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.

271. 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 281) the patient has been referred in accordance with paragraphs 273 to 282.

272. All enquires 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

273. 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.

274. 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.

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

276. 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 or 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).

277. 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.

278. 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)

279. 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.

280. Except as described in paragraph 281, 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.

281. A Notice of Referral is not required in the case of specialist radiologists (except in the case of items 2734 and 2736—see paragraphs 213 and 214) 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 140).

282. 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 177 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. Where a patient has no normal residential address, a roadside mailbox/bag, post office box number or c/- a post office will be accepted as the address. The provider should insert the words 'no normal address' in the 'Practitioner's Use' space on the assignment form.
- SECTION 3.** **Patient's Sex** -Indicate the patient's 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.** No number should be written in this section as all entitlement numbers now consist of 10 characters and are entered in Section 7.
- SECTION 7.** **Health Care Card No.** Health Care, Health Benefit and Pensioner Health Benefit entitlement numbers are written in this section, only after sighting the card and ensuring that it is valid at the date of service. Practitioners are reminded that only the above three cards confer eligibility to assign payment of Commonwealth Medical Benefit.
- 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" printed on the notice of Referral areas 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** Forms should be given which quote a patient's date of birth 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 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.

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 book 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.

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		6				
HEALTH INSURANCE NUMBER		4		DATE OF BIRTH		5		7					
				DAY		MONTH		YEAR					
								Health Care Card No.					
A Date of Service		Description of Service			Item No.	Amount of Benefit	Amount Payable by Assignor	OFFICE USE ONLY					
Day	Mth	Year						Amount	MP	R	N	C	OR
8		9				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 <input type="checkbox"/> 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
										SIGNATURE			
NAME OF PRACTITIONER WHO ACTUALLY RENDERED THE PROFESSIONAL SERVICES BEING CLAIMED (PLEASE PRINT)										PRACTITIONERS USE			
22													

Department of Health Copy

- 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.

SECTION 2

**MEDICAL BENEFITS
SCHEDULE FEES**

ALL STATES

1 NOVEMBER 1983

THE SCHEDULE

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

MEDICAL BENEFIT LEVELS

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
\$	\$	\$	\$	\$	\$
1.50	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
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

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\$1.50 to \$12.25

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.**

MEDICAL BENEFIT LEVELS

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
\$	\$	\$	\$	\$	\$
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
16.40	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
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

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\$12.35 to \$19.60

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

MEDICAL BENEFIT LEVELS

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
\$	\$	\$	\$	\$	\$
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
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

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\$19.80 to \$36.75

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.**

MEDICAL BENEFIT LEVELS

**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
\$	\$	\$	\$	\$	\$
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
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
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

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\$37.00 to \$59.00

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.**

MEDICAL BENEFIT LEVELS

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
\$	\$	\$	\$	\$	\$
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
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
91.00	27.30	53.70	81.00	86.00	77.35
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

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\$60.00 to \$102.00

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

MEDICAL BENEFIT LEVELS

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
\$	\$	\$	\$	\$	\$
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
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
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

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\$104.00 to \$178.00

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

MEDICAL BENEFIT LEVELS

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
\$	\$	\$	\$	\$	\$
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
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

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\$180.00 to \$295.00

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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.**

MEDICAL BENEFIT LEVELS

**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
\$	\$	\$	\$	\$	\$
300.00	90.00	200.00	290.00	295.00	255.00
305.00	91.50	203.50	295.00	300.00	259.25
310.00	93.00	207.00	300.00	305.00	263.50
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
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
625.00	187.50	427.50	615.00	620.00	531.25
635.00	190.50	434.50	625.00	630.00	539.75

1 NOVEMBER 1983

\$300.00 to \$635.00

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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.**

MEDICAL BENEFIT LEVELS

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
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\$	\$	\$	\$	\$	\$
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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
755.00	226.50	518.50	745.00	750.00	641.75
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

* 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								
<i>(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.</i>								
<i>(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.</i>								
GENERAL PRACTITIONER—SURGERY CONSULTATIONS								
Professional attendance at consulting rooms								
BRIEF CONSULTATION of not more than 5 minutes duration								
—IN HOURS								
1	FEE	\$	NSW 9.60	VIC 9.10	QLD 9.10	SA 9.10	WA 9.10	TAS 9.10
—AFTER HOURS								
2	FEE	\$	NSW 16.80	VIC 16.00	QLD 16.00	SA 16.00	WA 16.00	TAS 16.00
STANDARD CONSULTATION of more than 5 minutes duration but not more than 25 minutes duration								
—IN HOURS								
5	FEE	\$	NSW 13.20	VIC 12.40	QLD 11.60	SA 11.60	WA 11.60	TAS 12.40
—AFTER HOURS								
6	FEE	\$	NSW 20.00	VIC 19.00	QLD 18.60	SA 18.60	WA 18.60	TAS 19.00
LONG CONSULTATION of more than 25 minutes duration but not more than 45 minutes duration								
—IN HOURS								
7	FEE	\$	NSW 24.50	VIC 23.50	QLD 22.50	SA 22.50	WA 22.50	TAS 23.50

	—AFTER HOURS							
8	FEE	\$	NSW 32.00	VIC 30.00	QLD 29.50	SA 29.50	WA 29.50	TAS 30.00
	PROLONGED CONSULTATION of more than 45 minutes duration							
	—IN HOURS							
9	FEE	\$	NSW 38.00	VIC 35.50	QLD 34.00	SA 34.00	WA 34.00	TAS 35.50
	—AFTER HOURS							
10	FEE	\$	NSW 45.50	VIC 42.50	QLD 42.00	SA 42.00	WA 42.00	TAS 42.50
	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 14.80	VIC 13.40	QLD 13.40	SA 13.40	WA 13.40	TAS 13.40
	—AFTER HOURS							
12	FEE	\$	NSW 22.00	VIC 21.00	QLD 21.00	SA 21.00	WA 21.00	TAS 21.00
	STANDARD "HOME VISIT" of more than 5 minutes duration but not more than 25 minutes duration							
	—IN HOURS							
15	FEE	\$	NSW 19.20	VIC 18.20	QLD 18.00	SA 18.00	WA 18.00	TAS 18.20
	—AFTER HOURS							
16	FEE	\$	NSW 27.00	VIC 24.50	QLD 24.50	SA 24.50	WA 24.50	TAS 24.50

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

—IN HOURS

17	FEE	\$	NSW 32.00	VIC 31.50	QLD 30.00	SA 30.00	WA 30.00	TAS 31.50
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—AFTER HOURS

18	FEE	\$	NSW 39.00	VIC 38.00	QLD 37.00	SA 37.00	WA 37.00	TAS 38.00
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PROLONGED "HOME VISIT" of more than 45 minutes duration

—IN HOURS

21	FEE	\$	NSW 45.50	VIC 42.50	QLD 42.50	SA 42.50	WA 42.50	TAS 42.50
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—AFTER HOURS

22	FEE	\$	NSW 52.00	VIC 50.00	QLD 48.00	SA 48.00	WA 48.00	TAS 50.00
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**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 19.20	VIC 18.20	QLD 18.00	SA 18.00	WA 18.00	TAS 18.20
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—AFTER HOURS

28	FEE	\$	NSW 27.00	VIC 24.50	QLD 24.50	SA 24.50	WA 24.50	TAS 24.50
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**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 13.20	VIC 12.40	QLD 11.60	SA 11.60	WA 11.60	TAS 12.40
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—AFTER HOURS			NSW	VIC	QLD	SA	WA	TAS
30	FEE	\$	18.60	17.60	17.00	17.00	17.00	17.60
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	\$	13.20	12.40	11.60	11.60	11.60	12.40
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	\$	11.40	10.60	10.40	10.40	10.40	10.60
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	\$	9.60	9.10	9.10	9.10	9.10	9.10
GENERAL PRACTITIONER—CONSULTATION AT NURSING HOME (one patient)								
† Professional attendance at a NURSING HOME, including AGED PERSONS' ACCOMMODATION attached to a nursing home or aged persons' accommodation situated within a complex that includes a nursing home (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (not being accommodation in a self-contained unit) each in hours attendance where only ONE PATIENT is seen								
—EACH ATTENDANCE								
—IN HOURS								
41	FEE	\$	19.20	18.20	18.00	18.00	18.00	18.20

‡ —AFTER HOURS

			NSW	VIC	QLD	SA	WA	TAS
42	FEE	\$	27.00	24.50	24.50	24.50	24.50	24.50

GENERAL PRACTITIONER—CONSULTATION AT NURSING HOME
(two patients)

‡ Professional attendance at a **NURSING HOME**, including **AGED PERSONS' ACCOMMODATION** attached to a nursing home or aged persons' accommodation **SITUATED WITHIN A COMPLEX THAT INCLUDES A NURSING HOME** (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (not being accommodation in a self-contained unit)—an attendance on **TWO PATIENTS** in the one nursing home or aged persons' accommodation **ON THE ONE OCCASION**

—EACH PATIENT

			NSW	VIC	QLD	SA	WA	TAS
45	FEE	\$	11.40	10.60	10.40	10.40	10.40	10.60

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

‡ Professional attendance at a **NURSING HOME**, including **AGED PERSONS' ACCOMMODATION** attached to a nursing home or aged persons' accommodation **SITUATED WITHIN A COMPLEX THAT INCLUDES A NURSING HOME** (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (not being accommodation in a self-contained unit)—an attendance **ON THREE OR MORE PATIENTS** in the one nursing home or aged persons' accommodation **ON THE ONE OCCASION**

—EACH PATIENT

			NSW	VIC	QLD	SA	WA	TAS
46	FEE	\$	9.60	9.10	9.10	9.10	9.10	9.10

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

			N.S.W.	VIC.	QLD	S.A.	W.A.	TAS.
55	FEE	\$	9.60	9.10	9.10	9.10	9.10	9.10

	— AFTER HOURS							
56	FEE	\$	NSW 16.80	VIC 16.00	QLD 16.00	SA 16.00	WA 16.00	TAS 16.00
	STANDARD CONSULTATION of more than 5 minutes duration but not more than 25 minutes duration							
	— IN HOURS							
61	FEE	\$	NSW 13.20	VIC 12.40	QLD 11.60	SA 11.60	WA 11.60	TAS 12.40
	— AFTER HOURS							
62	FEE	\$	NSW 20.00	VIC 19.00	QLD 18.60	SA 18.60	WA 18.60	TAS 19.00
	LONG CONSULTATION of more than 25 minutes duration but not more than 45 minutes duration							
	— IN HOURS							
63	FEE	\$	NSW 24.50	VIC 23.50	QLD 22.50	SA 22.50	WA 22.50	TAS 23.50
	— AFTER HOURS							
64	FEE	\$	NSW 32.00	VIC 30.00	QLD 29.50	SA 29.50	WA 29.50	TAS 30.00
	PROLONGED CONSULTATION of more than 45 minutes duration							
	— IN HOURS							
67	FEE	\$	NSW 38.00	VIC 35.50	QLD 34.00	SA 34.00	WA 34.00	TAS 35.50
	— AFTER HOURS							
68	FEE	\$	NSW 45.50	VIC 42.50	QLD 42.00	SA 42.00	WA 42.00	TAS 42.50

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

			NSW	VIC	QLD	SA	WA	TAS
82	G. FEE	\$	13.20	12.40	11.60	11.60	11.60	12.40
85	S. FEE	\$	18.80	17.80	17.80	17.80	17.80	15.80

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

			NSW	VIC	QLD	SA	WA	TAS
88	FEE	\$	38.00	35.00	35.00	35.00	35.00	31.50

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

			NSW	VIC	QLD	SA	WA	TAS
94	FEE	\$	18.80	17.80	17.80	17.80	17.80	15.80

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

			NSW	VIC	QLD	SA	WA	TAS
100	FEE	\$	55.00	52.00	52.00	52.00	52.00	47.00

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

			NSW	VIC	QLD	SA	WA	TAS
103	FEE	\$	35.00	34.50	34.50	34.50	34.50	32.00

**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 66.00	VIC 60.00	QLD 60.00	SA 60.00	WA 60.00	TAS 60.00
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— Each attendance **SUBSEQUENT** to the first in a single course of treatment

116	ALL STATES: FEE \$33.00							
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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 81.00	VIC 77.00	QLD 77.00	SA 77.00	WA 77.00	TAS 77.00
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— Each attendance **SUBSEQUENT** to the first in a single course of treatment

128	ALL STATES: FEE \$49.00							
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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 18.80	VIC 17.80	QLD 17.80	SA 17.80	WA 17.80	TAS 17.80
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—An attendance of more than 15 minutes duration but not more than 30 minutes duration

136	FEE	\$	NSW 38.00	VIC 35.00	QLD 35.00	SA 35.00	WA 35.00	TAS 35.00
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—An attendance of more than 30 minutes duration but not more than 45 minutes duration

138	FEE	\$	NSW 56.00	VIC 53.00	QLD 53.00	SA 53.00	WA 53.00	TAS 53.00
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—An attendance of more than 45 minutes duration but not more than 75 minutes duration

140	FEE	\$	NSW 77.00	VIC 70.00	QLD 70.00	SA 70.00	WA 70.00	TAS 70.00
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—An attendance of more than 75 minutes duration

142	FEE	\$	NSW 94.00	VIC 89.00	QLD 89.00	SA 89.00	WA 89.00	TAS 89.00
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**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 35.00	VIC 34.50	QLD 34.50	SA 34.50	WA 34.50	TAS 34.50
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—An attendance of more than 15 minutes duration but not more than 30 minutes duration

146	FEE	\$	NSW 55.00	VIC 52.00	QLD 52.00	SA 52.00	WA 52.00	TAS 52.00
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—An attendance of more than 30 minutes duration but not more than 45 minutes duration

148	FEE	\$	NSW 76.00	VIC 69.00	QLD 69.00	SA 69.00	WA 69.00	TAS 69.00
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—An attendance of more than 45 minutes duration but not more than 75 minutes duration

150	FEE	\$	NSW 92.00	VIC 87.00	QLD 87.00	SA 87.00	WA 87.00	TAS 87.00
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—An attendance of more than 75 minutes duration

152	FEE	\$	NSW 110.00	VIC 106.00	QLD 106.00	SA 106.00	WA 106.00	TAS 106.00
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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 \$53.00

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

161 ALL STATES: FEE \$86.00

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

162 ALL STATES: FEE \$120.00

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

163 ALL STATES: FEE \$154.00

— For a period of FIVE hours or more

164 ALL STATES: FEE \$184.00

Item No.	Medical Service
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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 13.20	VIC 12.40	QLD 11.60	SA 11.60	WA 11.60	TAS 12.40
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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 132.00	VIC 124.00	QLD 116.00	SA 116.00	WA 116.00	TAS 124.00
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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 112.00	VIC 102.00	QLD 102.00	SA 87.00	WA 87.00	TAS 87.00
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196	S. FEE	\$	166.00	128.00	128.00	128.00	128.00	128.00
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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 112.00	VIC 102.00	QLD 102.00	SA 102.00	WA 102.00	TAS 102.00
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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 192.00	VIC 174.00	QLD 166.00	SA 154.00	WA 154.00	TAS 154.00
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207	S. FEE	\$	255.00	215.00	192.00	215.00	192.00	192.00
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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	\$ 270.00	240.00	225.00	220.00	205.00	205.00
209	S. FEE	\$ 330.00	275.00	245.00	275.00	245.00	245.00

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	\$ 221.50	203.50	195.50	183.50	183.50	183.50
213	S. FEE	\$ 284.50	244.50	221.50	244.50	221.50	221.50

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	\$ 264.50	246.50	238.50	226.50	226.50	226.50
217	S. FEE	\$ 327.50	287.50	264.50	287.50	264.50	264.50

CAESAREAN SECTION and postnatal care for nine days

		NSW	VIC	QLD	SA	WA	TAS
234	G. FEE	\$ 240.00	240.00	225.00	225.00	225.00	215.00
241	S. FEE	\$ 320.00	280.00	280.00	280.00	280.00	255.00

ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

TREATMENT OF HABITUAL MISCARRIAGE by injection of hormones—each injection up to a maximum of twelve injections, where the injection is not administered during a routine antenatal attendance

		NSW	VIC	QLD	SA	WA	TAS
242	FEE	\$ 9.60	9.10	9.10	9.10	9.10	9.10

THREATENED ABORTION, THREATENED MISCARRIAGE OR HYPEREMESIS GRAVIDARUM, requiring admission to hospital, treatment of—each attendance that is not a routine antenatal attendance

		NSW	VIC	QLD	SA	WA	TAS
246	FEE	\$ 9.60	9.10	9.10	9.10	9.10	9.10

	CERVIX, purse string ligation of, for threatened miscarriage							
250	G.	ALL STATES: FEE \$77.00						
258	S.	ALL STATES: FEE \$102.00						
		ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S						
	CERVIX, removal of purse string ligature of, under general anaesthesia							
267		ALL STATES: FEE \$29.50						
		ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S						
	PRE-ECLAMPSIA, ECLAMPSIA OR ANTEPARTUM HAEMORRHAGE, treatment of— each attendance that is not a routine antenatal attendance							
273	FEE	\$	NSW 9.60	VIC 9.10	QLD 9.10	SA 9.10	WA 9.10	TAS 9.10
	INDUCTION and MANAGEMENT of SECOND TRIMESTER LABOUR							
274	G.	ALL STATES: FEE \$112.00						
275	S.	ALL STATES: FEE \$138.00						
	AMNIOSCOPY or AMNIOCENTESIS							
278		ALL STATES: FEE \$29.50						
	AMNIOSCOPY with surgical induction of labour							
284		ALL STATES: FEE \$41.00						
		ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S						
	VERSION, EXTERNAL, under general anaesthesia, not covered by Items 208/209							
295		ALL STATES: FEE \$29.50						
		ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S						
	VERSION, INTERNAL, under general anaesthesia, not covered by Items 208/209							
298		ALL STATES: FEE \$53.00						
		ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S						

354	SURGICAL INDUCTION of labour ALL STATES: FEE \$29.50 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
360	DECAPITATION, CRANIOTOMY, CLEIDOTOMY OR EVISCERATION OF FOETUS or any two or more of those services, not covered by Items 208/209 ALL STATES: FEE \$112.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
362	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 ALL STATES: FEE \$35.50 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
365	MANIPULATIVE CORRECTION OF ACUTE INVERSION OF UTERUS, by vaginal approach, with or without incision of cervix ALL STATES: FEE \$128.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
368	MANIPULATIVE CORRECTION OF ACUTE INVERSION OF UTERUS, by abdominal approach, with or without incision of cervix ALL STATES: FEE \$192.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
383	THIRD DEGREE TEAR, repair of, involving anal sphincter muscles ALL STATES: FEE \$59.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

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 that at which the anaesthetic is administered.

			NSW	VIC	QLD	SA	WA	TAS
82	G. FEE	\$	13.20	12.40	11.60	11.60	11.60	12.40
85	S. FEE	\$	18.80	17.80	17.80	17.80	17.80	15.80

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	\$	6.60	6.40	6.40	6.30	6.30	5.60

—TWO UNITS

			NSW	VIC	QLD	SA	WA	TAS
403	FEE	\$	13.20	12.80	12.80	12.60	12.60	11.20

— THREE UNITS								
404	FEE	\$	NSW 19.60	VIC 19.40	QLD 19.40	SA 19.00	WA 19.00	TAS 16.60
— FOUR UNITS								
405	FEE	\$	NSW 26.00	VIC 25.50	QLD 25.50	SA 25.50	WA 25.50	TAS 22.00
— FIVE UNITS								
406	FEE	\$	NSW 33.00	VIC 32.00	QLD 32.00	SA 31.50	WA 31.50	TAS 28.00
— SIX UNITS								
407	FEE	\$	NSW 39.50	VIC 38.50	QLD 38.50	SA 38.00	WA 38.00	TAS 33.50
— SEVEN UNITS								
408	FEE	\$	NSW 46.00	VIC 45.00	QLD 45.00	SA 44.00	WA 44.00	TAS 39.00
— EIGHT UNITS								
409	FEE	\$	NSW 52.00	VIC 51.00	QLD 51.00	SA 51.00	WA 51.00	TAS 44.50
— NINE UNITS								
443	FEE	\$	NSW 59.00	VIC 58.00	QLD 58.00	SA 57.00	WA 57.00	TAS 50.00
— TEN UNITS								
450	FEE	\$	NSW 66.00	VIC 64.00	QLD 64.00	SA 63.00	WA 63.00	TAS 56.00
— ELEVEN UNITS								
453	FEE	\$	NSW 72.00	VIC 71.00	QLD 71.00	SA 69.00	WA 69.00	TAS 61.00

— TWELVE UNITS								
454	FEE	\$	NSW 79.00	VIC 77.00	QLD 77.00	SA 76.00	WA 76.00	TAS 67.00
— THIRTEEN UNITS								
457	FEE	\$	NSW 85.00	VIC 84.00	QLD 84.00	SA 82.00	WA 82.00	TAS 72.00
— FOURTEEN UNITS								
458	FEE	\$	NSW 92.00	VIC 90.00	QLD 90.00	SA 88.00	WA 88.00	TAS 78.00
— FIFTEEN UNITS								
459	FEE	\$	NSW 98.00	VIC 97.00	QLD 97.00	SA 95.00	WA 95.00	TAS 83.00
— SIXTEEN UNITS								
460	FEE	\$	NSW 104.00	VIC 102.00	QLD 102.00	SA 102.00	WA 102.00	TAS 89.00
— SEVENTEEN UNITS								
461	FEE	\$	NSW 112.00	VIC 110.00	QLD 110.00	SA 108.00	WA 108.00	TAS 94.00
— EIGHTEEN UNITS								
462	FEE	\$	NSW 118.00	VIC 116.00	QLD 116.00	SA 114.00	WA 114.00	TAS 100.00
— NINETEEN UNITS								
463	FEE	\$	NSW 124.00	VIC 122.00	QLD 122.00	SA 120.00	WA 120.00	TAS 106.00
— TWENTY UNITS								
464	FEE	\$	NSW 132.00	VIC 128.00	QLD 128.00	SA 126.00	WA 126.00	TAS 112.00

	—TWENTY-ONE UNITS							
465	FEE	\$	NSW 138.00	VIC 136.00	QLD 136.00	SA 132.00	WA 132.00	TAS 116.00
	—TWENTY-TWO UNITS							
466	FEE	\$	NSW 144.00	VIC 142.00	QLD 142.00	SA 138.00	WA 138.00	TAS 122.00
	—TWENTY-THREE UNITS							
467	FEE	\$	NSW 150.00	VIC 148.00	QLD 148.00	SA 146.00	WA 146.00	TAS 128.00
	—TWENTY-FOUR UNITS							
468	FEE	\$	NSW 158.00	VIC 154.00	QLD 154.00	SA 152.00	WA 152.00	TAS 134.00
	—TWENTY-FIVE UNITS							
469	FEE	\$	NSW 164.00	VIC 160.00	QLD 160.00	SA 158.00	WA 158.00	TAS 138.00
	—TWENTY-SIX UNITS							
470	FEE	\$	NSW 170.00	VIC 168.00	QLD 168.00	SA 164.00	WA 164.00	TAS 144.00
	—TWENTY-SEVEN UNITS							
471	FEE	\$	NSW 178.00	VIC 174.00	QLD 174.00	SA 170.00	WA 170.00	TAS 150.00
	—TWENTY-EIGHT UNITS							
472	FEE	\$	NSW 184.00	VIC 180.00	QLD 180.00	SA 176.00	WA 176.00	TAS 156.00
	—TWENTY-NINE UNITS							
473	FEE	\$	NSW 190.00	VIC 186.00	QLD 186.00	SA 184.00	WA 184.00	TAS 162.00

	—THIRTY UNITS							
474	FEE	\$	NSW 196.00	VIC 194.00	QLD 194.00	SA 190.00	WA 190.00	TAS 166.00
	—THIRTY-TWO UNITS							
475	FEE	\$	NSW 210.00	VIC 205.00	QLD 205.00	SA 200.00	WA 200.00	TAS 178.00
	—THIRTY-SIX UNITS							
476	FEE	\$	NSW 235.00	VIC 230.00	QLD 230.00	SA 225.00	WA 225.00	TAS 200.00
	—THIRTY-EIGHT UNITS							
477	FEE	\$	NSW 250.00	VIC 245.00	QLD 245.00	SA 240.00	WA 240.00	TAS 210.00
	—THIRTY-NINE UNITS							
478	FEE	\$	NSW 255.00	VIC 250.00	QLD 250.00	SA 245.00	WA 245.00	TAS 215.00
	—In connection with electroconvulsive therapy (based on 2.5 units)							
479	FEE	\$	NSW 16.40	VIC 16.00	QLD 16.00	SA 15.80	WA 15.80	TAS 13.80
	—In connection with radio-therapy (based on 6 units)							
480	FEE	\$	NSW 39.50	VIC 38.50	QLD 38.50	SA 38.00	WA 38.00	TAS 33.50
	—In connection with forceps delivery (based on 7 units)							
481	FEE	\$	NSW 46.00	VIC 45.00	QLD 45.00	SA 44.00	WA 44.00	TAS 39.00
	—In connection with the treatment of a dislocation requiring open operation, being a dislocation referred to in Items 7397 to 7472							
482	DERIVED FEE—The fee for the administration of the anaesthetic for the treatment of the dislocation plus one-half of that fee.							

—In connection with the treatment of a simple and uncomplicated fracture requiring open operation, being a fracture referred to in Items 7505 to 7798

483 **DERIVED FEE**—The fee for the administration of the anaesthetic for the treatment of the fracture plus one-third of that fee.

—In connection with the treatment of a simple and uncomplicated fracture requiring internal fixation or with the treatment of a compound fracture requiring open operation, being in either case a fracture referred to in Items 7505 to 7798

484 **DERIVED FEE**—The fee for the administration of the anaesthetic for the treatment of the fracture plus one-half of that fee.

—In connection with the treatment of a complicated fracture involving viscera, blood vessels or nerves and requiring open operation, being a fracture referred to in Items 7505 to 7798

485 **DERIVED FEE**—The fee for the administration of the anaesthetic for the treatment of the fracture plus three-quarters of that fee.

—Where the anaesthetic is administered as a therapeutic procedure

487	FEE	\$	NSW 66.00	VIC 64.00	QLD 64.00	SA 63.00	WA 63.00	TAS 56.00
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—In connection with computerised axial tomography—brain scan, plain study with or without contrast medium study

488	FEE	\$	NSW 52.00	VIC 51.00	QLD 51.00	SA 51.00	WA 51.00	TAS 44.50
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—In connection with computerised axial tomography—body scan, plain study with or without contrast medium study

490	FEE	\$	NSW 52.00	VIC 51.00	QLD 51.00	SA 51.00	WA 51.00	TAS 44.50
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DIVISION 2—ADMINISTRATION OF AN ANAESTHETIC BY A SPECIALIST ANAESTHETIST

—In connection with a medical service which has been assigned an anaesthetic unit value of

—ONE UNIT

500	FEE	\$	NSW 7.90	VIC 7.80	QLD 7.80	SA 7.70	WA 7.70	TAS 6.90
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—TWO UNITS								
505	FEE	\$	NSW 15.80	VIC 15.60	QLD 15.60	SA 15.40	WA 15.40	TAS 13.80
—THREE UNITS								
506	FEE	\$	NSW 24.00	VIC 23.50	QLD 23.50	SA 23.00	WA 23.00	TAS 21.00
—FOUR UNITS								
509	FEE	\$	NSW 32.00	VIC 31.50	QLD 31.50	SA 31.00	WA 31.00	TAS 27.50
—FIVE UNITS								
510	FEE	\$	NSW 39.50	VIC 39.00	QLD 39.00	SA 38.50	WA 38.50	TAS 34.50
—SIX UNITS								
513	FEE	\$	NSW 47.50	VIC 47.00	QLD 47.00	SA 46.00	WA 46.00	TAS 41.50
—SEVEN UNITS								
514	FEE	\$	NSW 56.00	VIC 55.00	QLD 55.00	SA 54.00	WA 54.00	TAS 48.50
—EIGHT UNITS								
517	FEE	\$	NSW 64.00	VIC 63.00	QLD 63.00	SA 62.00	WA 62.00	TAS 55.00
—NINE UNITS								
518	FEE	\$	NSW 72.00	VIC 70.00	QLD 70.00	SA 69.00	WA 69.00	TAS 62.00
—TEN UNITS								
521	FEE	\$	NSW 79.00	VIC 78.00	QLD 78.00	SA 77.00	WA 77.00	TAS 69.00

—ELEVEN UNITS

522	FEE	\$	NSW 87.00	VIC 86.00	QLD 86.00	SA 85.00	WA 85.00	TAS 76.00
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—TWELVE UNITS

523	FEE	\$	NSW 95.00	VIC 94.00	QLD 94.00	SA 92.00	WA 92.00	TAS 83.00
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—THIRTEEN UNITS

524	FEE	\$	NSW 104.00	VIC 102.00	QLD 102.00	SA 100.00	WA 100.00	TAS 90.00
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—FOURTEEN UNITS

525	FEE	\$	NSW 112.00	VIC 110.00	QLD 110.00	SA 108.00	WA 108.00	TAS 97.00
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—FIFTEEN UNITS

526	FEE	\$	NSW 120.00	VIC 118.00	QLD 118.00	SA 116.00	WA 116.00	TAS 104.00
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—SIXTEEN UNITS

527	FEE	\$	NSW 128.00	VIC 126.00	QLD 126.00	SA 124.00	WA 124.00	TAS 110.00
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—SEVENTEEN UNITS

528	FEE	\$	NSW 136.00	VIC 134.00	QLD 134.00	SA 130.00	WA 130.00	TAS 118.00
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—EIGHTEEN UNITS

529	FEE	\$	NSW 144.00	VIC 140.00	QLD 140.00	SA 138.00	WA 138.00	TAS 124.00
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—NINETEEN UNITS

531	FEE	\$	NSW 152.00	VIC 148.00	QLD 148.00	SA 146.00	WA 146.00	TAS 132.00
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— TWENTY UNITS

533	FEE	\$	NSW 158.00	VIC 156.00	QLD 156.00	SA 154.00	WA 154.00	TAS 138.00
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— TWENTY-ONE UNITS

535	FEE	\$	NSW 166.00	VIC 164.00	QLD 164.00	SA 162.00	WA 162.00	TAS 146.00
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— TWENTY-TWO UNITS

537	FEE	\$	NSW 174.00	VIC 172.00	QLD 172.00	SA 170.00	WA 170.00	TAS 152.00
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— TWENTY-THREE UNITS

538	FEE	\$	NSW 182.00	VIC 180.00	QLD 180.00	SA 178.00	WA 178.00	TAS 160.00
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— TWENTY-FOUR UNITS

539	FEE	\$	NSW 190.00	VIC 188.00	QLD 188.00	SA 184.00	WA 184.00	TAS 166.00
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— TWENTY-FIVE UNITS

540	FEE	\$	NSW 198.00	VIC 196.00	QLD 196.00	SA 192.00	WA 192.00	TAS 174.00
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— TWENTY-SIX UNITS

541	FEE	\$	NSW 205.00	VIC 205.00	QLD 205.00	SA 200.00	WA 200.00	TAS 180.00
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— TWENTY-SEVEN UNITS

542	FEE	\$	NSW 215.00	VIC 210.00	QLD 210.00	SA 210.00	WA 210.00	TAS 188.00
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— TWENTY-EIGHT UNITS

543	FEE	\$	NSW 225.00	VIC 220.00	QLD 220.00	SA 215.00	WA 215.00	TAS 194.00
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	— TWENTY-NINE UNITS							
544	FEE	\$	NSW 230.00	VIC 225.00	QLD 225.00	SA 225.00	WA 225.00	TAS 200.00
	— THIRTY UNITS							
545	FEE	\$	NSW 240.00	VIC 235.00	QLD 235.00	SA 230.00	WA 230.00	TAS 210.00
	— THIRTY-TWO UNITS							
546	FEE	\$	NSW 255.00	VIC 250.00	QLD 250.00	SA 245.00	WA 245.00	TAS 220.00
	— THIRTY-SIX UNITS							
547	FEE	\$	NSW 285.00	VIC 280.00	QLD 280.00	SA 275.00	WA 275.00	TAS 250.00
	— THIRTY-EIGHT UNITS							
548	FEE	\$	NSW 300.00	VIC 300.00	QLD 300.00	SA 295.00	WA 295.00	TAS 265.00
	— THIRTY-NINE UNITS							
549	FEE	\$	NSW 310.00	VIC 305.00	QLD 305.00	SA 300.00	WA 300.00	TAS 270.00
	— In connection with electroconvulsive therapy (based on 2.5 units)							
550	FEE	\$	NSW 19.80	VIC 19.60	QLD 19.60	SA 19.20	WA 19.20	TAS 17.40
	— In connection with radio-therapy (based on 6 units)							
551	FEE	\$	NSW 47.50	VIC 47.00	QLD 47.00	SA 46.00	WA 46.00	TAS 41.50
	— In connection with forceps delivery (based on 7 units)							
552	FEE	\$	NSW 56.00	VIC 55.00	QLD 55.00	SA 54.00	WA 54.00	TAS 48.50

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.

559 — Where the anaesthetic is administered as a therapeutic procedure

		NSW	VIC	QLD	SA	WA	TAS
FEE	\$	79.00	78.00	78.00	77.00	77.00	69.00

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

		NSW	VIC	QLD	SA	WA	TAS
FEE	\$	64.00	63.00	63.00	62.00	62.00	55.00

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

		NSW	VIC	QLD	SA	WA	TAS
FEE	\$	64.00	63.00	63.00	62.00	62.00	55.00

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	\$	26.00	25.50	25.50	25.50	25.50	22.00
567	S.	FEE	\$	32.00	31.50	31.50	31.00	31.00	27.50

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC
FOR EXTRACTION OF A TOOTH OR TEETH COVERED BY ITEM 570 OR 571

Anaesthetic 6 units

				NSW	VIC	QLD	SA	WA	TAS
568	G.	FEE	\$	39.50	38.50	38.50	38.00	38.00	33.50
569	S.	FEE	\$	47.50	47.00	47.00	46.00	46.00	41.50

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC
FOR REMOVAL OF A TOOTH OR TEETH REQUIRING INCISION OF SOFT TISSUE AND RE-
MOVAL OF BONE

Anaesthetic 8 units

				NSW	VIC	QLD	SA	WA	TAS
570	G.	FEE	\$	52.00	51.00	51.00	51.00	51.00	44.50
571	S.	FEE	\$	64.00	63.00	63.00	62.00	62.00	55.00

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

Anaesthetic 6 units

				NSW	VIC	QLD	SA	WA	TAS
572	G.	FEE	\$	39.50	38.50	38.50	38.00	38.00	33.50
573	S.	FEE	\$	47.50	47.00	47.00	46.00	46.00	41.50

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

			Anaesthetic 10 units						
			NSW	VIC	QLD	SA	WA	TAS	
574	G.	FEE	\$ 66.00	64.00	64.00	63.00	63.00	56.00	
575	S.	FEE	\$ 79.00	78.00	78.00	77.00	77.00	69.00	

Item No.	Medical Service							
	PART 4							
	REGIONAL NERVE OR FIELD BLOCK							
	INITIAL MAJOR REGIONAL OR FIELD BLOCK, including abdominal; brachial plexus; caudal; cervical plexus (not including the uterine cervix); epidural (peridural); paravertebral (thoracic or lumbar); pudendal; sacral; spinal							
748	ALL STATES: FEE \$43.00							
	SUBSEQUENT MAJOR REGIONAL OR FIELD BLOCK, including abdominal; brachial plexus; caudal; cervical plexus (not including the uterine cervix); epidural (peridural); paravertebral (thoracic or lumbar); pudendal; sacral; spinal							
752	ALL STATES \$31.50							
	‡ INTRODUCTION at the end of an operation OF A NARCOTIC OR LOCAL ANAESTHETIC into the lumbar or thoracic epidural space for the control of post-operative pain, in association with general anaesthesia							
753	ALL STATES: FEE \$23.50							
	‡ NERVE BLOCK with local anaesthetic agent of the coeliac plexus, lumbar sympathetic chain, thoracic sympathetic chain, glossopharyngeal nerve or obturator nerve, with or without X-ray control							
755	FEE	\$	NSW 64.00	VIC 63.00	QLD 63.00	SA 62.00	WA 62.00	TAS 56.00
	‡ NERVE BLOCK with alcohol, phenol or other neurolytic agent of the coeliac plexus nerve, the splanchnic nerves, the lumbar sympathetic chain, the thoracic sympathetic chain, or a cranial nerve (other than the trigeminal nerve) or an epidural or caudal block with or without X-ray control, localisation by electrical stimulator or preliminary block with local anaesthetic							
756	FEE	\$	NSW 71.00	VIC 70.00	QLD 70.00	SA 69.00	WA 69.00	TAS 63.00
	INTRAVENOUS REGIONAL ANAESTHESIA OF LIMB BY RETROGRADE PERFUSION							
760	G.	ALL STATES: FEE \$32.00						
764	S.	ALL STATES: FEE \$41.00						

Item
No.

Medical Service

PART 5**ASSISTANCE IN THE ADMINISTRATION OF AN ANAESTHETIC**

Assistance in the administration of an anaesthetic for which the anaesthetic unit value is not less than 21 units

767

ALL STATES: FEE \$63.00

Item No.	Medical Service																								
<p>PART 6</p> <p>MISCELLANEOUS PROCEDURES</p> <p>DIVISION 1</p> <p>BLOOD PRESSURE RECORDING by intravascular cannula</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="text-align: left;">770</td> <td style="text-align: left;">FEE</td> <td style="text-align: left;">\$</td> <td style="text-align: right;">32.00</td> <td style="text-align: right;">32.00</td> <td style="text-align: right;">32.00</td> <td style="text-align: right;">30.00</td> <td style="text-align: right;">30.00</td> <td style="text-align: right;">28.00</td> </tr> </table> <p>ANAESTHETIC 4 UNITS ITEM NOS 405G / 509S</p>											NSW	VIC	QLD	SA	WA	TAS	770	FEE	\$	32.00	32.00	32.00	30.00	30.00	28.00
			NSW	VIC	QLD	SA	WA	TAS																	
770	FEE	\$	32.00	32.00	32.00	30.00	30.00	28.00																	
774	<p>HYPERBARIC OXYGEN THERAPY where the medical practitioner is NOT in the chamber</p> <p style="text-align: center;">ALL STATES: FEE \$64.00</p>																								
777	<p>‡ HYPERBARIC OXYGEN THERAPY where the medical practitioner is confined in the chamber</p> <p style="text-align: center;">ALL STATES: FEE \$104.00</p>																								
787	<p>‡ ADMINISTRATION OF A GENERAL ANAESTHESIC (including the administration of oxygen) during HYPERBARIC THERAPY where the medical practitioner is not confined in the chamber</p> <p style="text-align: center;">ALL STATES: FEE \$87.00</p>																								
790	<p>‡ ADMINISTRATION OF A GENERAL ANAESTHESIC (including the administration of oxygen) during HYPERBARIC THERAPY where the medical practitioner is confined in the chamber</p> <p style="text-align: center;">ALL STATES: FEE \$128.00</p>																								
<p>DIVISION 2</p>																									
791	<p>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</p> <p style="text-align: center;">ALL STATES: FEE \$22.50</p>																								
793	<p>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</p> <p style="text-align: center;">ALL STATES: FEE \$86.00</p>																								

794	ULTRASONIC ECHOGRAPHY, UNIDIMENSIONAL, not associated with Item 791, 793 or 913 ALL STATES: FEE \$39.50
803	ELECTROENCEPHALOGRAPHY, not associated with Item 793, 794, 806 or 809 ALL STATES: FEE \$63.00 ANAESTHETIC 6UNITS—ITEM NOS 407G / 513S
806	ELECTROENCEPHALOGRAPHY, temporosphenoidal ALL STATES: FEE \$78.00
809	ELECTROCORTICOGRAPHY ALL STATES: FEE \$106.00
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 \$52.00
811	NEUROMUSCULAR ELECTRODIAGNOSIS—conduction studies on two or three nerves with or without electromyography (not associated with Item 810 or 813) ALL STATES: FEE \$70.00
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 \$104.00
814	NEUROMUSCULAR ELECTRODIAGNOSIS—repetitive stimulation for study of neuromuscular conduction OR electromyography with quantitative computerised analysis OR both of these examinations ALL STATES: FEE \$70.00
816	CORTICAL EVOKED RESPONSES—one or two studies ALL STATES: FEE \$53.00
817	CORTICAL EVOKED RESPONSES—three or more studies ALL STATES: FEE \$79.00

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 \$63.00

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 \$33.00

DECLOTTING OF AN ARTERIOVENOUS SHUNT

831 ALL STATES: FEE \$57.00

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

833 ALL STATES: FEE \$ 106.00

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

836 ALL STATES: FEE \$63.00

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

839 ALL STATES: FEE \$35.00

URINARY FLOW STUDY

841 ALL STATES: FEE \$13.20

CYSTOMETROGRAPHY

843 ALL STATES: FEE \$35.00

DIVISION 4

± TONOGRAPHY—in the investigation or management of glaucoma, one or both eyes—using an electrical tonography machine producing a directly recorded tracing

			NSW	VIC	QLD	SA	WA	TAS
844	FEE	\$	32.00	26.50	32.00	32.00	26.50	26.50

849	PROVOCATIVE TEST OR TESTS FOR GLAUCOMA, including water drinking ALL STATES: FEE \$18.80
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 \$57.00
853	‡ ELECTRORETINOGRAPHY of one or both eyes OR ELECTRO-OCULOGRAPHY of one or both eyes ALL STATES: FEE \$51.00
854	† ELECTRORETINOGRAPHY of one or both eyes AND ELECTRO-OCULOGRAPHY of one or both eyes ALL STATES: FEE \$76.00
856	OPTIC FUNDI, examination of, following intravenous dye injection ALL STATES: FEE \$32.50
859	RETINAL PHOTOGRAPHY, multiple exposures of one eye with intravenous dye injection ALL STATES: FEE \$63.00
860	RETINAL PHOTOGRAPHY, multiple exposures of both eyes with intravenous dye injection ALL STATES: FEE \$79.00
DIVISION 5	
863	AUDIOGRAM, air conduction ALL STATES: FEE \$12.00
865	‡ AUDIOGRAM, air and bone conduction ALL STATES: FEE \$17.20
870	‡ AUDIOGRAM, air and bone conduction and speech ALL STATES: FEE \$23.00
874	‡ AUDIOGRAM, air and bone conduction and speech, with other Cochlear tests ALL STATES: FEE \$28.50

877	<p>‡ IMPEDANCE AUDIOGRAM not associated with a service covered by Item 863, 865, 870 or 874</p> <p>ALL STATES: FEE \$17.20</p>
878	<p>‡ IMPEDANCE AUDIOGRAM in association with a service covered by Item 863, 865, 870 or 874</p> <p>ALL STATES: FEE \$11.00</p>
882	<p>CALORIC TEST OF LABYRINTH OR LABYRINTHS</p> <p>ALL STATES: FEE \$20.50</p>
884	<p>ELECTRONYSTAGMOGRAPHY</p> <p>ALL STATES: FEE \$20.50</p>
DIVISION 6	
886	<p>ELECTROCONVULSIVE THERAPY, including associated consultation</p> <p>ALL STATES: FEE \$26.50</p>
887	<p>CONSULTANT PSYCHIATRIST—GROUP PSYCHOTHERAPY</p> <p>Group psychotherapy (including associated consultation) of not less than ONE hour's duration given under the continuous direct supervision of a consultant physician in the practice of his recognised speciality of psychiatry where the patients are referred to him by a medical practitioner</p> <p>GROUP PSYCHOTHERAPY on a group of 2-9 patients OR FAMILY GROUP psychotherapy on a group of more thanTHREE patients, EACH PATIENT</p> <p>ALL STATES: FEE \$23.00</p>
888	<p>CONSULTANT PSYCHIATRIST—FAMILY GROUP PSYCHOTHERAPY on a group of three patients, EACH PATIENT</p> <p>ALL STATES: FEE \$30.00</p>
889	<p>CONSULTANT PSYCHIATRIST—FAMILY GROUP PSYCHOTHERAPY on a group of two patients, EACH PATIENT</p> <p>ALL STATES: FEE \$45.00</p>

CONSULTANT PSYCHIATRIST—INTERVIEW OF A PERSON OTHER THAN A PATIENT—
SURGERY, HOSPITAL OR NURSING HOME

Professional attendance by a consultant psychiatrist in the practice of his recognised 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

			NSW	VIC	QLD	SA	WA	TAS
890	FEE	\$	24.50	23.00	23.00	23.00	23.00	23.00

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	\$	55.00	49.50	49.50	49.50	49.50	49.50

DIVISION 7

UMBILICAL OR SCALP VEIN CATHETERISATION with or without infusion

895	ALL STATES: FEE \$26.50							
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UMBILICAL ARTERY CATHETERISATION with or without infusion

897	ALL STATES: FEE \$39.50							
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BLOOD TRANSFUSION with venesection and complete replacement of blood, including collection from donor

902	ALL STATES: FEE \$156.00							
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BLOOD TRANSFUSION with venesection and complete replacement of blood, using blood already collected

904	ALL STATES: FEE \$132.00							
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BLOOD for pathology test, collection of, BY FEMORAL OR EXTERNAL JUGULAR VEIN PUNCTURE IN INFANTS

907	ALL STATES: FEE \$13.20							
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DIVISION 8

908	<p>‡ TWELVE-LEAD ELECTROCARDIOGRAPHY, tracing and report</p> <p>ALL STATES: FEE \$22.50</p>
909	<p>‡ TWELVE-LEAD ELECTROCARDIOGRAPHY, tracing only, or twelve-lead electrocardiography, report only where the tracing has been forwarded to another medical practitioner, not associated with an attendance item in Part 1</p> <p>ALL STATES: FEE \$11.20</p>
912	<p>PHONOCARDIOGRAPHY</p> <p>ALL STATES: FEE \$33.50</p>
913	<p>ECHOCARDIOGRAPHY, not covered by Item 791 or 793</p> <p>ALL STATES: FEE \$56.00</p>
915	<p>‡ CONTINUOUS ECG MONITORING (Holter) of ambulatory patient for twelve or more hours involving recording, scanning analysis, interpretation and report, INCLUDING RESTING ECG and the recording of other parameters</p> <p>ALL STATES: FEE \$86.00</p>
916	<p>ELECTROCARDIOGRAPHIC MONITORING during exercise with apparatus such as bicycle ergometer or treadmill INCLUDING RESTING ELECTROCARDIOGRAPHY and the recording of other parameters</p> <p>ALL STATES: FEE \$79.00</p>
917	<p>RESTORATION OF CARDIAC RHYTHM by electrical stimulation (cardioversion), other than in the course of cardiac surgery</p> <p>ALL STATES: FEE \$45.00</p> <p>ANAESTHETIC 4 UNITS—ITEM NOS 405G / 59S</p>
918	<p>BRONCHOSPIROMETRY, including gas analysis</p> <p>ALL STATES: FEE \$78.00</p>
920	<p>ESTIMATION OF RESPIRATORY FUNCTION requiring complicated techniques— each attendance at which one or more tests are performed</p> <p>ALL STATES: FEE \$64.00</p>

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 \$9.50
922	PERFUSION OF LIMBOR ORGAN using heart-lung machine or equivalent ALL STATES: FEE \$205.00
923	WHOLE BODY PERFUSION, CARDIAC BY-PASS, using heart-lung machine or equivalent ALL STATES: FEE \$295.00
925	INDUCED CONTROLLED HYPOTHERMIA—total body ALL STATES: FEE \$51.00
927	‡ FLUIDS, intravenous drip infusion of—PERCUTANEOUS ALL STATES: FEE \$16.60
929	‡ FLUIDS, intravenous drip infusion of – BY OPEN EXPOSURE ALL STATES: FEE \$28.00
932	INTRAVENOUS INFUSION or INJECTION of a substance incorporating a CYTOTOXIC AGENT ALL STATES:FEE \$28.00
934	INTRA-ARTERIAL INFUSION or INJECTION of a substance incorporating a CYTOTOXIC AGENT, PREPARATION FOR ALL STATES: FEE \$39.50
936	INTRALYMPHATIC INFUSION or INJECTION of a fluid containing a CYTOTOXIC AGENT, with or without the incorporation of an opaque medium ALL STATES: FEE \$60.00
938	INTRALYMPHATIC INSERTION OF NEEDLE ORCANNULA for the introduction of radio-active material ALL STATES: FEE \$60.00
940	ADMINISTRATION OF BLOOD, including collection from donor ALL STATES:FEE \$56.00

944	ADMINISTRATION OF BLOOD already collected ALL STATES: FEE \$39.00
947	INTRA-UTERINE FOETAL BLOOD TRANSFUSION using blood already collected, INCLUDING NECESSARY AMNIOCENTESIS ALL STATES: FEE \$106.00
949	COLLECTION OF BLOOD for purposes of transfusion ALL STATES: FEE \$22.50
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 \$106.00 ANAESTHETIC 12 units—Item Nos 454G/5235
951	Anaesthetic 12 units—Item Nos 454G/5235 CENTRAL VEIN CATHETERISATION (via jugular or subclavian vein) by percutaneous or open exposure for parenteral alimentation not covered by Item 950 ALL STATES: FEE \$40.00
952	BLOOD DYE—DILUTION INDICATOR TEST ALL STATES: FEE \$56.00
955	† VENEPUNCTURE AND THE COLLECTION OF BLOOD for forwarding to an APPROVED PATHOLOGY PRACTITIONER for the performance of a pathology service, where the referring medical practitioner is not a member of a group of practitioners of which the approved pathology practitioner is a member—one or more such procedures during the one attendance ALL STATES: FEE \$2.90
956	ARTERIAL PUNCTURE and collection of blood for diagnostic purposes ALL STATES: FEE \$10.80
957	INTRA-ARTERIAL CANNULISATION for purpose of taking multiple arterial blood samples for blood gas analysis ALL STATES: FEE \$32.00
958	COLLECTION OF SPECIMEN OF SWEAT by iontophoresis ALL STATES: FEE \$17.20

960	HORMONE OR LIVING TISSUE IMPLANTATION—by incision ALL STATES FEE: \$24.00							
963	HORMONE OR LIVING TISSUE IMPLANTATION—by cannula ALL STATES: FEE \$16.40							
966	OESOPHAGEAL MOTILITY TEST, manometric ALL STATES: FEE \$43.50							
968	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant IN THE ABSENCE OF GASTROINTESTINAL HAEMORRHAGE ALL STATES: FEE \$83.00							
970	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant FOR UPPER GASTROINTESTINAL HAEMORRHAGE ALL STATES: FEE \$166.00							
974	GASTRIC LAVAGE in the treatment of ingested poison ALL STATES: FEE \$28.00							
976	COUNTERPULSATION BY INTRA-AORTIC BALLOON—management on the first day, including initial and subsequent consultations and monitoring of parameters ALL STATES: FEE \$250.00							
977	COUNTERPULSATION BY INTRA-AORTIC BALLOON—management on each to the first, including associated consultations and monitoring of parameters ALL STATES: FEE \$60.00							
980	‡	Attendance at which acupuncture is performed by a medical practitioner by application of stimuli on or through the surface of the skin by any means, including any consultation on the same occasion and any other attendance on the same day related to the condition for which the acupuncture was performed.						
	FEE	\$	NSW 13.20	VIC 12.40	QLD 11.60	SA 11.60	WA 11.60	TAS 12.40
DIVISION 9								
987	SKIN SENSITIVITY TESTING for allergens, USING ONE TO TWENTY ALLERGENS ALL STATES: FEE \$18.00							

989	<p>SKIN SENSITIVITY TESTING for allergens, USING MORE THAN TWENTY ALLERGENS</p> <p>ALL STATES: FEE \$27.50</p>
994	<p style="text-align: center;">DIVISION 10</p> <p>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)</p> <p>ALL STATES: FEE \$130.00</p>
996	<p style="text-align: center;">DIVISION 11</p> <p>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</p> <p>ALL STATES: FEE \$30.00</p>
997	<p>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</p> <p>ALL STATES: FEE \$21.00</p>
998	<p>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</p> <p>ALL STATES: FEE \$15.60</p>

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 the 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 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 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 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 (eg using magneticmedia 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	
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 \$4.90
1007	OP.	ALL STATES: FEE \$3.70
Two procedures to which Item 1006 or 1007 applies		
1008	SP.	ALL STATES: FEE \$7.80
1009	OP.	ALL STATES: FEE \$5.85
1010	HP.	ALL STATES: FEE \$4.95
Three or more procedures to which Item 1006 or 1007 applies including calculation of erythrocyte indices		
1011	SP.	ALL STATES: FEE \$11.80
1012	OP.	ALL STATES: FEE \$8.85
1013	HP.	ALL STATES: FEE \$5.90
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 \$9.80
1015	OP.	ALL STATES: FEE \$7.35
1016	HP.	ALL STATES: FEE \$4.90
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 \$3.90
1020	OP.	ALL STATES: FEE \$2.95

	Two or more procedures to which Item 1019 or 1020 applies	
1021	SP.	ALL STATES: FEE \$5.90
1022	OP.	ALL STATES: FEE \$4.45
	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 \$5.90
1029	OP.	ALL STATES: FEE \$4.45
	Two or more procedures to which Item 1028 or 1029 applies	
1030	SP.	ALL STATES: FEE \$9.80
1032	OP.	ALL STATES: FEE \$7.35
	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 \$9.80
1037	OP.	ALL STATES: FEE \$7.35
	Two or more procedures to which Item 1036 or 1037 applies	
1038	SP.	ALL STATES: FEE \$19.60
1040	OP.	ALL STATES: FEE \$14.70
	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 \$19.60
1045	OP.	ALL STATES: FEE \$14.70

	Two or more procedures to which Item 1044 or 1045 applies	
1048	SP.	ALL STATES: FEE \$39.00
1049	OP.	ALL STATES: FEE \$29.25
	BONE MARROW EXAMINATION (Excluding Collection Fee)	
	Bone marrow examination (including use of special stains where indicated), of— Bone marrow aspirate; Clot section; Trepphine section	
	One procedure	
1062	SP.	ALL STATES: FEE \$59.00
1063	OP.	ALL STATES: FEE \$44.25
	Two or more procedures to which Item 1062 or 1063 applies	
1064	SP.	ALL STATES: FEE \$98.00
1065	OP.	ALL STATES: FEE \$73.50
	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 \$9.80
1081	OP.	ALL STATES: FEE \$7.35
	NOTE: Benefit for these items is payable once only during any one period of hospitalisation.	
	Blood grouping (including back grouping when performed)—ABO and Rh (D antigen) when performed in association with compatibility testing covered by Item 1111, 1112, 1113, 1114, 1116 or 1117	
1089	SP.	ALL STATES: FEE \$17.60
1090	OP.	ALL STATES: FEE \$13.20
	NOTE: Benefit for items 1101, 1102, 1104, 1105, 1106 and 1108 is payable once only during any one period of hospitalisation	
	Blood grouping—Rh phenotypes; Kell system; Duffy system; M and N factors; or any other blood group system	
	One system	
1101	SP.	ALL STATES: FEE \$19.60
1102	OP.	ALL STATES: FEE \$14.70

	Two systems to which Item 1101 or 1102 applies	
1104	SP.	ALL STATES: FEE \$39.00
1105	OP.	ALL STATES: FEE \$29.25
	Each system to which Item 1101 or 1102 applies in excess of two	
1106	SP.	ALL STATES: FEE \$9.80
1108	OP.	ALL STATES: FEE \$7.35
	Compatibility testing by saline, papain, albumin or indirect Coombs techniques (by any or all techniques), including auto-cross match and donor group check where performed— Testing involving one or two units of blood	
1111	SP.	ALL STATES: FEE \$39.00
1112	OP.	ALL STATES: FEE \$29.25
1113	HP.	ALL STATES: FEE \$19.50
	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 \$14.80
1116	OP.	ALL STATES: FEE \$11.10
1117	HP.	ALL STATES: FEE \$7.40
	Examination of serum for Rh and/or other blood group antibodies— Screening test (by any or all techniques)	
1121	SP.	ALL STATES: FEE \$14.80
1122	OP.	ALL STATES: FEE \$11.10
	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 \$39.00
1125	OP.	ALL STATES: FEE \$29.25

	Examination of serum for Rh and/or other blood group antibodies — Quantitative estimation — one antibody	
1126	SP.	ALL STATES: FEE \$29.50
1128	OP.	ALL STATES: FEE \$22.15
	Examination of serum for Rh and/or other blood group antibodies — Quantitative estimation — each antibody in excess of one	
1129	SP.	ALL STATES: FEE \$19.60
1130	OP.	ALL STATES: FEE \$14.70
	Coombs test, direct	
1136	SP.	ALL STATES: FEE \$9.80
1137	OP.	ALL STATES: FEE \$7.35
	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 \$14.80
1145	OP.	ALL STATES: FEE \$11.10
	Examination of serum for blood group haemolysins	
1152	SP.	ALL STATES: FEE \$19.60
1153	OP.	ALL STATES: FEE \$14.70
	Leucocyte agglutinins, detection of	
1159	SP.	ALL STATES: FEE \$19.60
1160	OP.	ALL STATES: FEE \$14.70
	Platelet agglutinins, detection of	
1166	SP.	ALL STATES: FEE \$19.60
1167	OP.	ALL STATES: FEE \$14.70

MISCELLANEOUS

Heterophile antibodies, qualitative estimation of (test for infectious mononucleosis)

1190 SP. ALL STATES: FEE \$7.80

1191 OP. ALL STATES: FEE \$5.85

Heterophile antibodies quantitative estimation by serial dilutions with specific absorption (including qualitative estimation covered by Item 1190 or 1191)

1194 SP. ALL STATES: FEE \$19.60

1195 OP. ALL STATES: FEE \$14.70

Cold agglutinins, qualitative estimation of

1202 SP. ALL STATES: FEE \$7.80

1203 OP. ALL STATES: FEE \$5.85

Cold agglutinins quantitative estimation by serial dilutions (including qualitative estimation covered by Item 1202 or 1203 where performed)

1206 SP. ALL STATES: FEE \$19.60

1207 OP. ALL STATES: FEE \$14.70

Blood volume, estimation of by dye method

1211 SP. ALL STATES: FEE \$9.80

1212 OP. ALL STATES: FEE \$7.35

Blood, spectroscopic examination of

1215 SP. ALL STATES: FEE \$9.80

1216 OP. ALL STATES: FEE \$7.35

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 \$9.80

1235 OP. ALL STATES: FEE \$7.35

	Two procedures to which Item 1234 or 1235 applies	
1236	SP.	ALL STATES: FEE \$14.80
1237	OP.	ALL STATES: FEE \$11.10
	Three or more procedures to which Item 1234 or 1235 applies	
1238	SP.	ALL STATES: FEE \$19.60
1239	OP.	ALL STATES: FEE \$14.70
	Platelet aggregation, qualitative test for	
1242	SP.	ALL STATES: FEE \$9.80
1243	OP.	ALL STATES: FEE \$7.35
	Estimation of—Thrombin time (including test for presence of an inhibitor and serial test for fibrinolysis); or recalcified plasma clotting time—each procedure	
1244	SP.	ALL STATES: FEE \$9.80
1246	OP.	ALL STATES: FEE \$7.35
	Fibrinogen titre, determination of	
1247	SP.	ALL STATES: FEE \$9.80
1248	OP.	ALL STATES: FEE \$7.35
	Factor 13, test for presence of	
1251	SP.	ALL STATES: FEE \$14.80
1252	OP.	ALL STATES: FEE \$11.10
	Thromboplastin generation screening test	
1255	SP.	ALL STATES: FEE \$14.80
1256	OP.	ALL STATES: FEE \$11.10
	Prothrombin time, estimation of (two stage)	
1259	SP.	ALL STATES: FEE \$14.80
1260	OP.	ALL STATES: FEE \$11.10

	Qualitative, quantitative OR qualitative and quantitative estimation of Fibrin degeneration products	
1261	SP.	ALL STATES: FEE \$11.80
1262	OP.	ALL STATES: FEE \$8.85
	Quantitative estimation of—Platelet adhesion; Prothrombin consumption; or Protamine sulphate—each procedure	
1263	SP.	ALL STATES: FEE \$14.80
1264	OP.	ALL STATES: FEE \$11.10
	Euglobulin lysis time, estimation of	
1267	SP.	ALL STATES: FEE \$29.50
1268	OP.	ALL STATES: FEE \$22.15
	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 \$29.50
1272	OP.	ALL STATES: FEE \$22.15
	Platelet aggregation test using—ADP; Collagen; 5HT; Ristocetin; or similar substance One procedure	
1277	SP.	ALL STATES: FEE \$29.50
1278	OP.	ALL STATES: FEE \$22.15
	Two or more procedures to which Item 1277 or 1278 applies	
1279	SP.	ALL STATES: FEE \$59.00
1280	OP.	ALL STATES: FEE \$44.25

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.

- † Quantitative estimation of any substance BY REAGENT STRIP WITH REFLECTANCE METER (not associated with Items 1301 to 1312) by or on behalf of an approved pathology practitioner where the patient is referred by a medical practitioner for the estimation and where the referring medical practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member

One or more estimations—

1296 SP. ALL STATES: FEE \$14.80

1297 OP. ALL STATES: FEE \$11.10

1298 HP. ALL STATES: FEE \$7.40

- ‡ Estimation BY ANY METHOD EXCEPT BY REAGENT STRIP with or without reflectance meter of—Albumin; Alkaline phosphatase; ALT; AST; Bicarbonate; Bilirubin (direct); Bilirubin (indirect); Calcium (including serum ionized 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 \$14.80

1302 OP. ALL STATES: FEE \$11.10

1303 HP. ALL STATES: FEE \$7.40

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

1304 SP. ALL STATES: FEE \$19.60

1305 OP. ALL STATES: FEE \$14.70

1306 HP. ALL STATES: FEE \$9.80

Three to five estimations—of a kind specified in Item 1301, 1302 or 1303—

1307 SP. ALL STATES: FEE \$24.50

1308 OP. ALL STATES: FEE \$18.40

1309 HP. ALL STATES: FEE \$12.25

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

1310 SP. ALL STATES: FEE \$27.00

1311 OP. ALL STATES: FEE \$20.25

1312 HP. ALL STATES: FEE \$13.50

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 \$17.60

1314 OP. ALL STATES: FEE \$13.20

Qualitative estimation of—Acidity (by pH meter or titration); Blood in faeces (occult blood); Cryoglobulins; Cryoproteins; Euglobulins; 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 \$4.90

1320 OP. ALL STATES: FEE \$3.70

Two or more estimations to which Item 1319 or 1320 applies

1322 SP. ALL STATES: FEE \$9.80

1323 OP. ALL STATES: FEE \$7.35

Quantitative estimation of blood gases (including pO₂, oxygen saturation, pCO₂ and estimation of bicarbonate and pH)

1324 SP. ALL STATES: FEE \$39.00

1325 OP. ALL STATES: FEE \$29.25

1326 HP. ALL STATES: FEE \$19.50

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

Each estimation

1327 SP. ALL STATES: FEE \$19.60

1328 OP. ALL STATES: FEE \$14.70

	Chromatography, qualitative estimation of a substance not specified in any other item in this Division	
1330	SP.	ALL STATES: FEE \$19.60
1331	OP.	ALL STATES: FEE \$14.70
	Electrophoresis, qualitative	
1333	SP.	ALL STATES: FEE \$19.60
1334	OP.	ALL STATES: FEE \$14.70
	Australia antigen or similar antigen, detection of by any method including radioimmunoassay	
1336	SP.	ALL STATES: FEE \$19.60
1337	OP.	ALL STATES: FEE \$14.70
	Osmolality, estimation of, in serum or urine	
1339	SP.	ALL STATES: FEE \$19.60
1340	OP.	ALL STATES: FEE \$14.70
	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 \$19.60
1343	OP.	ALL STATES: FEE \$14.70
	‡ Quantitative estimation of—Arsenic; Copper; Gold; Lead; Mercury; Strontium; Zinc; Any other element not specified in any other item in this Division; Folic acid; Vitamin B12; Any other vitamin not specified in any other item in this division; Alcohol; Ammonia; Neo-natalbilirubin (direct and indirect); Cholinesterase; Coproporphyrin; Erythroporphyrin; Uroporphyrin or any other porphyrin factor; Delta ALA; 5HIAA; Iron (including iron-binding capacity); Oxalate; Oxosteroids; Oxogenic steroids; PBG; Urine oestriol; Transketolase or any other substance not specified in any other item in this Division—	
	Each estimation	
1345	SP.	ALL STATES: FEE \$29.50
1346	OP.	ALL STATES: FEE \$22.15

	Dibucaine number or similar, determination of	
1348	SP.	ALL STATES: FEE \$29.50
1349	OP.	ALL STATES: FEE \$22.15
	Indican, qualitative test for	
1351	SP.	ALL STATES: FEE \$29.50
1352	OP.	ALL STATES: FEE \$22.15
	Calculus, analysis of	
1354	SP.	ALL STATES: FEE \$29.50
1355	OP.	ALL STATES: FEE \$22.15
	Amniotic fluid, spectrophotometric analysis of	
1357	SP.	ALL STATES: FEE \$29.50
1358	OP.	ALL STATES: FEE \$22.15
	Electrophoresis, quantitative (including qualitative test)	
1360	SP.	ALL STATES: FEE \$29.50
1362	OP.	ALL STATES: FEE \$22.15
‡	Quantitative estimation of—Catecholamines (one or more components); Faecal fat; HMMA; Hydroxyproline; Non-pregnancy oestrogens; Pregnanediol; Pregnanetriol; Any other steroid fraction (where not 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 \$39.00
1366	OP.	ALL STATES: FEE \$29.25
	Chromatography, quantitative estimation (including qualitative test) of any substance not specified in any other item in this Division	
1368	SP.	ALL STATES: FEE \$39.00
1370	OP.	ALL STATES: FEE \$29.25

	Lecithin/sphingomyelin ratio of amniotic fluid, determination of	
1372	SP.	ALL STATES: FEE \$39.00
1374	OP.	ALL STATES: FEE \$29.25
	Drug assays — qualitative estimations or screening procedures, by colorimetric methods — One or more estimations or procedures on each specimen	
1376	SP.	ALL STATES: FEE \$9.80
1378	OP.	ALL STATES: FEE \$7.35
	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 \$24.50
1381	OP.	ALL STATES: FEE \$18.40
	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 \$39.00
1384	OP.	ALL STATES: FEE \$29.25
	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 \$49.00
1387	OP.	ALL STATES: FEE \$36.75
	Diazepam; Ethosuximide; Methotrexate; Morphine; Procainamide; Quinidine; or similar sub- stances 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 \$29.50
1393	OP.	ALL STATES: FEE \$22.15
	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 \$49.00
1395	OP.	ALL STATES: FEE \$36.75

	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 \$59.00
1398	OP.	ALL STATES: FEE \$44.25
	HDL cholesterol, estimation of, in proven cases of hyperlipidaemia—one estimation in any twelve month period	
1401	SP.	ALL STATES: FEE \$19.60
1402	OP.	ALL STATES: FEE \$14.70
	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 \$14.80
1422	OP.	ALL STATES: FEE \$11.10
	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 \$24.50
1425	OP.	ALL STATES: FEE \$18.40
†	HORMONE ASSAYS— assay of insulin, growth hormone, TSH, LH, FSH, T3, prolactin, renin, gastrin, cortisol (selenium Labelled), ACTH, HPL but not including assay of a thyroid hormone covered by Item 1421, 1422, 1424, or 1425) using gamma emitting labels or other unspecified technique—one estimation of any one hormone	
1452	SP.	ALL STATES: FEE \$29.50
1453	OP.	ALL STATES: FEE \$22.15
	Two estimations of any one hormone using any technique referred to in Item 1452 or 1453	
1455	SP.	ALL STATES: FEE \$44.00
1456	OP.	ALL STATES: FEE \$33.00
	Three estimations of any one hormone using any technique referred to in Item 1452 or 1453	
1458	SP.	ALL STATES: FEE \$59.00
1459	OP.	ALL STATES: FEE \$44.25

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 \$5.90

1462 OP. ALL STATES: FEE \$4.45

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 \$49.00

1476 OP. ALL STATES: FEE \$36.75

Two estimations of any one hormone using a technique referred to in Item 1475 or 1476

1478 SP. ALL STATES: FEE \$78.00

1479 OP. ALL STATES: FEE \$58.50

Three estimations of any one hormone using a technique referred to in Item 1475 or 1476

1481 SP. ALL STATES: FEE \$98.00

1482 OP. ALL STATES: FEE \$73.50

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 \$9.80

1485 OP. ALL STATES: FEE \$7.35

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; Phenol-sulphthalein 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 \$9.80

1505 OP. ALL STATES: FEE \$7.35

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 \$29.50

1512 OP. ALL STATES: FEE \$22.15

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 \$24.50

1517 OP. ALL STATES: FEE \$18.40

DIVISION 3—MICROBIOLOGY

Microscopical examination— wet film, other than urine

1529 SP. ALL STATES: FEE \$5.90

1530 OP. ALL STATES: FEE \$4.45

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 \$7.80

1537 OP. ALL STATES: FEE \$5.85

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

One stain

1545 SP. ALL STATES: FEE \$7.80

1546 OP. ALL STATES: FEE \$5.85

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

Two or more stains

1548 SP. ALL STATES: FEE \$9.80

1549 OP. ALL STATES: FEE \$7.35

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

One stain

1556 SP. ALL STATES: FEE \$9.80

1557 OP. ALL STATES: FEE \$7.35

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 \$14.80

1567 OP. ALL STATES: FEE \$11.10

		Microscopical examination for dermatophytes
		Examination of material from one site
1586	SP.	ALL STATES: FEE \$9.80
1587	OP.	ALL STATES: FEE \$7.35
		Microscopical examination referred to in Item 1586 or 1587—
		Examination of material from two or more sites
1588	SP.	ALL STATES: FEE \$19.60
1589	OP.	ALL STATES: FEE \$14.70
		Microscopical examination of exudate by dark ground illumination for <i>Treponema pallidum</i>
1604	SP.	ALL STATES: FEE \$24.50
1606	OP.	ALL STATES: FEE \$18.40
		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 \$19.60
1610	OP.	ALL STATES: FEE \$14.70
1611	HP.	ALL STATES: FEE \$12.35
		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 \$34.50
1613	OP.	ALL STATES: FEE \$25.90
1614	HP.	ALL STATES: FEE \$17.25
		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 \$29.50
1616	OP.	ALL STATES: FEE \$22.15
1618	HP.	ALL STATES: FEE \$18.60

	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 \$51.00
1620	OP.	ALL STATES: FEE \$38.25
1621	HP.	ALL STATES: FEE \$25.50
	Cultural examination for mycobacteria—each specimen	
1622	SP.	ALL STATES: FEE \$19.60
1623	OP.	ALL STATES: FEE \$14.70
	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 \$29.50
1634	OP.	ALL STATES: FEE \$22.15
1636	HP.	ALL STATES: FEE \$14.75
	Screening test for mycoplasma and/or ureaplasma	
1637	SP.	ALL STATES: FEE \$4.90
1638	OP.	ALL STATES: FEE \$3.70
	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 \$4.90
1641	OP.	ALL STATES: FEE \$3.70
	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 \$9.80
1645	OP.	ALL STATES: FEE \$7.35

Identification of two or more organisms, excluding M tuberculosis, by the method referred to in Item 1644 or 1645

1647 SP. ALL STATES: FEE \$19.60

1648 OP. ALL STATES: FEE \$14.70

Identification of pathogenic micro-organisms using specific serological techniques, (including immunofluorescent and immunoenzymic methods)

One procedure

1661 SP. ALL STATES: FEE \$9.80

1662 OP. ALL STATES: FEE \$7.35

Two or more of any procedures of a kind referred to in Item 1661 or 1662

1664 SP. ALL STATES: FEE \$14.80

1665 OP. ALL STATES: FEE \$11.10

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 \$37.50

1669 OP. ALL STATES: FEE \$28.15

1670 HP. ALL STATES: FEE \$18.75

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 \$27.50

1674 OP. ALL STATES: FEE \$20.65

1676 HP. ALL STATES: FEE \$13.75

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 \$9.80

1683 OP. ALL STATES: FEE \$7.35

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 \$14.80

1688 OP. ALL STATES: FEE \$11.10

Identification of helminths

1693 SP. ALL STATES: FEE \$9.80

1694 OP. ALL STATES: FEE \$7.35

Cultural examination for parasites other than trichomonas

Culture of one parasite

1702 SP. ALL STATES: FEE \$19.60

1703 OP. ALL STATES: FEE \$14.70

Cultural examination for parasites referred to in Item 1702 or 1703—

Culture of two or more parasites

1705 SP. ALL STATES: FEE \$34.50

1706 OP. ALL STATES: FEE \$25.90

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 \$19.60

1722 OP. ALL STATES: FEE \$14.70

Determination referred to in Item 1721 or 1722—

Two or more organisms

1724 SP. ALL STATES: FEE \$24.50

1725 OP. ALL STATES: FEE \$18.40

	Detection of substances inhibitory to micro-organisms in a body fluid (including urine)	
1732	SP.	ALL STATES: FEE \$4.90
1733	OP.	ALL STATES: FEE \$3.70
	Quantitative assay of an antibiotic or chemotherapeutic agent in a body fluid (including urine)	
1743	SP.	ALL STATES: FEE \$19.60
1744	OP.	ALL STATES: FEE \$14.70
	Agglutination tests (screening)	
	One test:	
1756	SP.	ALL STATES: FEE \$4.90
1757	OP.	ALL STATES: FEE \$3.70
	Agglutination tests (screening)	
	Two or more tests	
1758	SP.	ALL STATES: FEE \$5.90
1759	OP.	ALL STATES: FEE \$4.45
	Agglutination tests (quantitative), including those for enteric fever and brucellosis	
	One antigen	
1760	SP.	ALL STATES: FEE \$14.80
1761	OP.	ALL STATES: FEE \$11.10
	Agglutination tests (quantitative) referred to in Item 1760 or 1761—	
	Second to sixth antigen—each antigen:	
1763	SP.	ALL STATES: FEE \$7.80
1764	OP.	ALL STATES: FEE \$5.85
	Agglutination tests (quantitative) referred to in Item 1760 or 1761—	
	Each antigen in excess of six	
1766	SP.	ALL STATES: FEE \$3.90
1767	OP.	ALL STATES: FEE \$2.95

	Flocculation tests, including V.D.R.L., Kahn, Kline or similar tests	
	One test	
1772	SP.	ALL STATES: FEE \$4.90
1773	OP.	ALL STATES: FEE \$3.70
	Flocculation tests referred to in Item 1772 or 1773—	
	Two or more tests	
1775	SP.	ALL STATES: FEE \$5.90
1776	OP.	ALL STATES: FEE \$4.45
	Complement fixation tests	
	One test	
1781	SP.	ALL STATES: FEE \$19.60
1782	OP.	ALL STATES: FEE \$14.70
	Each test referred to in Item 1781 or 1782 in excess of one	
1784	SP.	ALL STATES: FEE \$4.90
1785	OP.	ALL STATES: FEE \$3.70
	Fluorescent serum antibody test (FTA test, FTA-absorbed test or similar)	
	One test	
1793	SP.	ALL STATES: FEE \$14.80
1794	OP.	ALL STATES: FEE \$11.10
	Each test referred to in Item 1793 or 1794 in excess of one	
1796	SP.	ALL STATES: FEE \$7.80
1797	OP.	ALL STATES: FEE \$5.85
	Haemagglutination tests—	
	One test	
1805	SP.	ALL STATES: FEE \$9.80
1806	OP.	ALL STATES: FEE \$7.35

1808	Each test referred to in Item 1805 or 1806 in excess of one SP.	ALL STATES: FEE \$4.90
1809	OP.	ALL STATES: FEE \$3.70
Haemagglutination inhibition tests—		
One test		
1823	SP.	ALL STATES: FEE \$9.80
1824	OP.	ALL STATES: FEE \$7.35
Each test referred to in Item 1823 or 1824 in excess of one		
1826	SP.	ALL STATES: FEE \$4.90
1827	OP.	ALL STATES: FEE \$3.70
Antistreptolysin O titre or similar test (qualitative) not associated with Item 1843, 1844, 1846 or 1847		
1839	SP.	ALL STATES: FEE \$4.90
1840	OP.	ALL STATES: FEE \$3.70
Antistreptolysin O titre test, anti-desoxyribonuclease B titre test or similar test (quantitative)— One test		
1843	SP.	ALL STATES: FEE \$14.80
1844	OP.	ALL STATES: FEE \$11.10
Antistreptolysin O titre test, anti-desoxyribonuclease B titre test or similar test (quantitative)— Two or more tests		
1846	SP.	ALL STATES: FEE \$22.00
1847	OP.	ALL STATES: FEE \$16.50
Total and differential cell count on any body fluid		
1851	SP.	ALL STATES: FEE \$9.80
1852	OP.	ALL STATES: FEE \$7.35
Autogenous vaccine, preparation of— each organism		
1858	SP.	ALL STATES: FEE \$39.00
1859	OP.	ALL STATES: FEE \$29.25

DIVISION 4—IMMUNOLOGY

Immunoelectrophoresis using polyvalent antisera

1877 SP. ALL STATES: FEE \$29.50

1878 OP. ALL STATES: FEE \$22.15

Immunoelectrophoresis using monovalent antiserum—each antiserum

1884 SP. ALL STATES: FEE \$4.90

1885 OP. ALL STATES: FEE \$3.70

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

Estimation of one immunoglobulin

1888 SP. ALL STATES: FEE \$19.60

1889 OP. ALL STATES: FEE \$14.70

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

1891 SP. ALL STATES: FEE \$9.80

1892 OP. ALL STATES: FEE \$7.35

Immunoglobulin E, quantitative estimation of

1897 SP. ALL STATES: FEE \$29.50

1898 OP. ALL STATES: FEE \$22.15

Radioallergosorbent tests for allergen identification

Identification of one to four allergens—each allergen

1903 SP. ALL STATES: FEE \$9.80

1904 OP. ALL STATES: FEE \$7.35

Identification of each allergen referred to in Item 1903 or 1904 in excess of four

1905 SP. ALL STATES: FEE \$4.90

1906 OP. ALL STATES: FEE \$3.70

PART 7 — PATHOLOGY

DIVISION 4 — IMMUNOLOGY

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 \$19.60

1912 OP. ALL STATES: FEE \$14.70

Detection of each antibody referred to in Item 1911 or 1912 in excess of one — each antibody

1913 SP. ALL STATES: FEE \$9.80

1914 OP. ALL STATES: FEE \$7.35

Immunofluorescent detection of tissue antibodies — qualitative and quantitative —

Detection and estimation of each antibody

1918 SP. ALL STATES: FEE \$24.50

1919 OP. ALL STATES: FEE \$18.40

Complement fixation tests on human tissue antibody —

One antibody

1924 SP. ALL STATES: FEE \$19.60

1925 OP. ALL STATES: FEE \$14.70

Each antibody referred to in Item 1924 or 1925 in excess of one

1926 SP. ALL STATES: FEE \$9.80

1927 OP. ALL STATES: FEE \$7.35

Latex flocculation test — qualitative and/or quantitative

1935 SP. ALL STATES: FEE \$9.80

1936 OP. ALL STATES: FEE \$7.35

Rose Waaler test, quantitative, using sheep cells

1941 SP. ALL STATES: FEE \$19.60

1942 OP. ALL STATES: FEE \$14.70

	Modified Rose Waaler test using stabilised sheep cells, not associated with Item 1941 or 1942	
1943	SP.	ALL STATES: FEE \$9.80
1944	OP.	ALL STATES: FEE \$7.35
	Lupus erythematosus cells, preparation and examination of film for	
1948	SP.	ALL STATES: FEE \$14.80
1949	OP.	ALL STATES: FEE \$11.10
	Tanned erythrocyte haemagglutination test for tissue antibodies— One antibody	
1955	SP.	ALL STATES: FEE \$19.60
1956	OP.	ALL STATES: FEE \$14.70
	Each antibody referred to in Item 1955 or 1956 in excess of one	
1957	SP.	ALL STATES: FEE \$9.80
1958	OP.	ALL STATES: FEE \$7.35
	Leucocyte fractionation as preliminary test to specific tests of leucocyte function (by density gradient centrifugation or other method)—	
1965	SP.	ALL STATES: FEE \$29.50
1966	OP.	ALL STATES: FEE \$22.15
	Neutrophil or monocyte tests for phagocytic activity— Visual techniques	
1971	SP.	ALL STATES: FEE \$29.50
1972	OP.	ALL STATES: FEE \$22.15
	Neutrophil or monocyte function tests for phagocytic activity— Radioactive techniques	
1973	SP.	ALL STATES: FEE \$49.00
1974	OP.	ALL STATES: FEE \$36.75

	Lymphocyte cell count—E. rosette technique or similar	
1981	SP.	ALL STATES: FEE \$39.00
1982	OP.	ALL STATES: FEE \$29.25
	B lymphocyte cell count—by immunofluorescence or immunoperoxidase	
1987	SP.	ALL STATES: FEE \$39.00
1988	OP.	ALL STATES: FEE \$29.25
	Lymphocyte function test— Visual transformation	
1995	SP.	ALL STATES: FEE \$39.00
1996	OP.	ALL STATES: FEE \$29.25
	Radioactive techniques	
1997	SP.	ALL STATES: FEE \$59.00
1998	OP.	ALL STATES: FEE \$44.25
	Tissue group typing (HLA phenotypes)	
2006	SP.	ALL STATES: FEE \$49.00
2007	OP.	ALL STATES: FEE \$36.75
	Mantoux, Schick, Casoni or similar test, not including skin sensitivity testing for allergens covered by Item 987 or 989	
2013	SP.	ALL STATES: FEE \$9.80
2014	OP.	ALL STATES: FEE \$7.35
	Skin sensitivity—induction and detection of sensitivity to chemical antigens	
2022	SP.	ALL STATES: FEE \$19.60
2023	OP.	ALL STATES: FEE \$14.70

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 \$69.00

2042 OP. ALL STATES: FEE \$51.75

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 \$88.00

2049 OP. ALL STATES: FEE \$66.00

Immediate frozen section diagnosis of biopsy material performed at a distance of one or more kilometres from the pathologist's laboratory and confirmatory histopathology examination on this material after the frozen section using all appropriate stains

2056 SP. ALL STATES: FEE \$128.00

2057 OP. ALL STATES: FEE \$96.00

Immunofluorescent investigation of biopsy specimen, including any other histopathology examination of tissue obtained from the one patient at the one time

2060 SP. ALL STATES: FEE \$88.00

2061 OP. ALL STATES: FEE \$66.00

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 \$14.80

2082 OP. ALL STATES: FEE \$11.10

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 \$29.50

2092 OP. ALL STATES: FEE \$22.15

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 \$39.00

2097 OP. ALL STATES: FEE \$29.25

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

2104 SP. ALL STATES: FEE \$14.80

2105 OP. ALL STATES: FEE \$11.10

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 \$24.50

2112 OP. ALL STATES: FEE \$18.40

DIVISION 7—CYTOGENETICS

Cytological sex determination from blood film

2131 SP. ALL STATES: FEE \$9.80

2132 OP. ALL STATES: FEE \$7.35

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

Each tissue examined

2141 SP. ALL STATES: FEE \$9.80

2142 OP. ALL STATES: FEE \$7.35

	Chromosome studies, including preparation, count and karyotyping of amniotic fluid	
2148	SP.	ALL STATES: FEE \$148.00
2149	OP.	ALL STATES: FEE \$111.00
	Chromosome studies, including preparation, count and karyotyping of bone marrow	
2155	SP.	ALL STATES: FEE \$98.00
2156	OP.	ALL STATES: FEE \$73.50
	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 \$118.00
2162	OP.	ALL STATES: FEE \$88.50
	Chromosome identification by banding techniques (using fluorescein, Giemsa or centromeres staining)— One method	
2170	SP.	ALL STATES: FEE \$98.00
2171	OP.	ALL STATES: FEE \$73.50
	Two or more methods referred to in Item 2170 or 2171	
2173	SP.	ALL STATES: FEE \$148.00
2174	OP.	ALL STATES: FEE \$111.00
	DIVISION 8—INFERTILITY AND PREGNANCY TESTS	
	Semen examination for presence of spermatozoa	
2201	SP.	ALL STATES: FEE \$5.90
2202	OP.	ALL STATES: FEE \$4.45
	Huhner's Test (Post-coital test) - collection of sample and examination of wet preparation	
2211	SP.	ALL STATES: FEE \$19.60
2212	OP.	ALL STATES: FEE \$14.70

	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 \$29.50
2216	OP.	ALL STATES: FEE \$22.15
	Semen analysis, chemical— Analysis of one substance	
2225	SP.	ALL STATES: FEE \$14.80
2226	OP.	ALL STATES: FEE \$11.10
	Analysis of two or more substances referred to in Item 2225 or 2226	
2227	SP.	ALL STATES: FEE \$24.50
2228	OP.	ALL STATES: FEE \$18.40
	Spermagglutinating and immobilising antibodies, tests for— One test	
2247	SP.	ALL STATES: FEE \$14.80
2248	OP.	ALL STATES: FEE \$11.10
	Two or more tests referred to in Item 2247 or 2248	
2249	SP.	ALL STATES: FEE \$19.60
2250	OP.	ALL STATES: FEE \$14.70
	Sperm penetrability, one or more tests for—not associated with Item 2211 or 2212	
2264	SP.	ALL STATES: FEE \$19.60
2265	OP.	ALL STATES: FEE \$14.70
	‡ Chorionic gonadotrophin (beta-HCG), qualitative estimation or quantitative estimation or qualitative and quantitative estimation by one or more methods for any purpose not covered by Item 2285 or 2286	
2272	SP.	ALL STATES: FEE \$9.80
2273	OP.	ALL STATES: FEE \$7.35

DIVISION 8A—EXAMINATION NOT OTHERWISE COVERED

†	Pathology examination of any body fluid or tissue not covered by any other item in this Part	
2294	SP.	ALL STATES: FEE \$3.90
2295	OP.	ALL STATES: FEE \$2.95

‡ Chorionic gonadotrophin, quantitative estimation of (including serial dilutions) for assessment of hormone levels in the case of proven hormone producing neoplasms by one or more methods—

2285 SP. ALL STATES: FEE \$29.50

2286 OP. ALL STATES: FEE \$22.15

DIVISION 9—13 SPECIFIED SIMPLE BASIC PATHOLOGY TESTS

INTRODUCTION

The following items cover the 13 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 \$2.95

Two procedures to which Item 2334 applies

2335 ALL STATES: FEE \$4.45

Three or more procedures to which Item 2334 applies

2336 ALL STATES: FEE \$5.85

Microscopical examination of urine

2342 ALL STATES: FEE \$2.95

Pregnancy test by one or more immunochemical methods

2346 ALL STATES: FEE \$7.35

Microscopical examination of wet film other than urine

2352 ALL STATES: FEE \$4.45

Microscopical examination of Gram stained film

2357 ALL STATES: FEE \$5.85

Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method

2362 ALL STATES: FEE \$1.50

2369	Microscopical examination screening for fungi in skin, hair or nails— one or more sites ALL STATES: FEE \$4.45
2374	Mantoux test ALL STATES: FEE \$7.35
2382	Casoni test for hydatid disease ALL STATES: FEE \$7.35
2388	Schick test ALL STATES: FEE \$7.35
2392	Seminal examination for presence of spermatozoa ALL STATES: FEE \$4.45

Item No.	Medical Service							
PART 8—RADIOLOGICAL SERVICES								
<i>Note: In this Part S,* denotes a service rendered by a specialist radiologist.</i>								
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 25.00	VIC 25.00	QLD 19.40	SA 19.40	WA 19.40	TAS 19.40
2505	S. FEE	\$	28.50	28.50	23.50	23.50	23.50	23.50
HAND, WRIST, FOREARM, ELBOW OR ARM (elbow to shoulder)								
2508	G. FEE	\$	NSW 25.00	VIC 25.00	QLD 19.40	SA 19.40	WA 19.40	TAS 19.40
2512	S. FEE	\$	28.50	28.50	23.50	23.50	23.50	23.50
HAND, WRIST AND LOWER FOREARM; UPPER FOREARM AND ELBOW; OR ELBOW AND ARM (elbow to shoulder)								
2516	G. FEE	\$	NSW 33.50	VIC 33.50	QLD 28.50	SA 28.50	WA 28.50	TAS 28.50
2520	S. FEE	\$	38.50	38.50	33.00	33.00	33.00	33.00
FOOT, ANKLE, LOWER LEG, UPPER LEG, KNEE OR THIGH (femur)								
2524	G. FEE	\$	NSW 25.00	VIC 25.00	QLD 22.00	SA 22.00	WA 22.00	TAS 22.00
2528	S. FEE	\$	30.50	30.50	26.00	26.00	26.00	26.00
FOOT, ANKLE AND LOWER LEG; OR UPPER LEG AND KNEE								
2532	G. FEE	\$	NSW 35.50	VIC 35.50	QLD 30.50	SA 30.50	WA 30.50	TAS 30.50
2537	S. FEE	\$	47.00	47.00	35.50	35.50	35.50	35.50

DIVISION 2—RADIOGRAPHIC EXAMINATION OF SHOULDER OR HIP JOINT AND REPORT
SHOULDER OR SCAPULA

			NSW	VIC	QLD	SA	WA	TAS
2539	G. FEE	\$	33.50	33.50	28.50	28.50	28.50	28.50
2541	S. FEE	\$	38.50	38.50	33.00	33.00	33.00	33.00

CLAVICLE

			NSW	VIC	QLD	SA	WA	TAS
2543	G. FEE	\$	27.00	27.00	22.00	22.00	22.00	22.00
2545	S. FEE	\$	30.50	30.50	26.00	26.00	26.00	26.00

HIP JOINT

			NSW	VIC	QLD	SA	WA	TAS
2548	FEE	\$	33.50	33.50	28.50	28.50	28.50	28.50

PELVIC GIRDLE

			NSW	VIC	QLD	SA	WA	TAS
2551	FEE	\$	43.00	43.00	30.00	30.00	30.00	30.00

SACRO-ILIAC JOINTS

			NSW	VIC	QLD	SA	WA	TAS
2554	FEE	\$	43.00	43.00	30.00	30.00	30.00	30.00

SMITH-PETERSEN NAIL—insertion or similar procedure

2557	ALL STATES: FEE \$71.00							
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DIVISION 3—RADIOGRAPHIC EXAMINATION OF HEAD AND REPORT
SKULL (calvarium)

			NSW	VIC	QLD	SA	WA	TAS
2560	FEE	\$	43.00	46.00	35.50	35.50	35.50	35.50

SINUSES

			NSW	VIC	QLD	SA	WA	TAS
2563	FEE	\$	33.50	33.50	30.00	30.00	30.00	30.00

	MASTOIDS							
2566	FEE	\$	NSW 43.00	VIC 46.00	QLD 35.50	SA 35.50	WA 35.50	TAS 35.50
	PETROUS TEMPORAL BONES							
2569	FEE	\$	NSW 43.00	VIC 46.00	QLD 35.50	SA 35.50	WA 35.50	TAS 35.50
	FACIAL BONES—orbit, maxilla or malar, any or all							
2573	FEE	\$	NSW 33.50	VIC 33.50	QLD 30.00	SA 30.00	WA 30.00	TAS 30.00
	MANDIBLE							
2576	FEE	\$	NSW 33.50	VIC 33.50	QLD 30.00	SA 33.50	WA 30.00	TAS 30.00
	SALIVARY CALCULUS							
2579	FEE	\$	NSW 33.50	VIC 33.50	QLD 30.00	SA 33.50	WA 30.00	TAS 30.00
	NOSE							
2581	FEE	\$	NSW 28.50	VIC 33.50	QLD 26.00	SA 26.00	WA 26.00	TAS 26.00
	EYE							
2583	FEE	\$	NSW 28.50	VIC 33.50	QLD 26.00	SA 26.00	WA 26.00	TAS 26.00
	TEMPORO-MANDIBULAR JOINTS							
2585	FEE	\$	NSW 35.50	VIC 35.50	QLD 33.00	SA 35.50	WA 33.00	TAS 33.00
	TEETH—SINGLE AREA							
2587	FEE	\$	NSW 23.50	VIC 23.50	QLD 21.00	SA 23.50	WA 21.00	TAS 21.00

TEETH—FULL MOUTH

2589	FEE	\$	NSW 56.00	VIC 56.00	QLD 54.00	SA 56.00	WA 54.00	TAS 54.00
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PALATO-PHARYNGEAL STUDIES with fluoroscopic screening

2591	ALL STATES: FEE \$46.00							
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PALATO-PHARYNGEAL STUDIES without fluoroscopic screening

2593	ALL STATES: FEE \$35.50							
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LARYNX

2595	FEE	\$	NSW 30.50	VIC 30.50	QLD 26.00	SA 26.00	WA 27.00	TAS 26.00
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DIVISION 4—RADIOGRAPHIC EXAMINATION OF SPINE AND REPORT

SPINE—CERVICAL

2597	FEE	\$	NSW 46.00	VIC 46.00	QLD 38.50	SA 38.50	WA 38.50	TAS 38.50
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SPINE—THORACIC

2599	FEE	\$	NSW 39.50	VIC 39.50	QLD 33.00	SA 33.00	WA 33.00	TAS 33.00
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SPINE—LUMBO-SACRAL

2601	FEE	\$	NSW 54.00	VIC 54.00	QLD 43.50	SA 43.50	WA 43.50	TAS 43.50
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SPINE—SACRO-COCCYGEAL

2604	FEE	\$	NSW 33.00	VIC 33.00	QLD 27.00	SA 27.00	WA 27.00	TAS 27.00
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SPINE—TWO REGIONS

2607	FEE	\$	NSW 68.00	VIC 68.00	QLD 60.00	SA 60.00	WA 60.00	TAS 60.00
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	SPINE—THREE OR MORE REGIONS							
2609	FEE	\$	NSW 94.00	VIC 94.00	QLD 77.00	SA 77.00	WA 77.00	TAS 77.00
2611	SPINE—FUNCTIONAL VIEWS OF ONE AREA ALL STATES: FEE \$14.60							
DIVISION 5—BONE AGE STUDY AND SKELETAL SURVEYS								
	BONE AGE STUDY, WRIST AND KNEE							
2614	ALL STATES: FEE \$33.50							
	BONE AGE STUDY, WRIST							
2617	FEE	\$	NSW 28.50	VIC 28.50	QLD 23.50	SA 23.50	WA 23.50	TAS 23.50
2621	SKELETAL SURVEY INVOLVING FOUR OR MORE REGIONS ALL STATES: FEE \$63.00							
DIVISION 6—RADIOGRAPHIC EXAMINATION OF THORACIC REGION AND REPORT								
	CHEST (lung fields) by direct radiography							
2625	G. FEE	\$	NSW 27.00	VIC 30.00	QLD 25.00	SA 25.00	WA 25.00	TAS 25.00
2627	S. FEE	\$	30.50	33.50	28.50	28.50	28.50	28.50
	CHEST (lung fields) by direct radiography WITH FLUOROSCOPIC SCREENING							
2630	FEE	\$	NSW 43.00	VIC 43.00	QLD 34.50	SA 34.50	WA 34.50	TAS 34.50
	THORACIC INLET OR TRACHEA							
2634	FEE	\$	NSW 28.50	VIC 28.50	QLD 26.00	SA 28.50	WA 28.50	TAS 27.00
	CHEST, BY MINIATURE RADIOGRAPHY							
2638	FEE	\$	NSW 15.60	VIC 15.60	QLD 14.60	SA 14.60	WA 14.60	TAS 14.60

PART 8 — RADIOLOGY

DIVISION 6 — THORACIC REGION

CARDIAC EXAMINATION (including barium swallow)

			NSW	VIC	QLD	SA	WA	TAS
2642	G. FEE	\$	35.50	35.50	30.50	30.50	30.50	30.50
2646	S. FEE	\$	43.00	43.00	38.50	38.50	38.50	38.50

† STERNUM OR RIBS ON ONE SIDE

2655	ALL STATES: FEE \$30.50							
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† STERNUM AND RIBS ON ONE SIDE, OR RIBS ON BOTH SIDES

2656	ALL STATES: FEE \$40.50							
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† STERNUM AND RIBS ON BOTH SIDES

2657	ALL STATES: FEE \$50.00							
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DIVISION 7—RADIOGRAPHIC EXAMINATION OF URINARY TRACT AND REPORT

PLAIN RENAL ONLY

			NSW	VIC	QLD	SA	WA	TAS
2665	FEE	\$	30.50	33.50	28.50	28.50	28.50	28.50

DRIP-INFUSION PYELOGRAPHY

2672	ALL STATES: FEE \$94.00							
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INTRAVENOUS PYELOGRAPHY, including preliminary plain film

			NSW	VIC	QLD	SA	WA	TAS
2676	FEE	\$	84.00	84.00	81.00	81.00	81.00	81.00

INTRAVENOUS PYELOGRAPHY, including preliminary plain film and limited tomography involving up to three tomographic cuts

			NSW	VIC	QLD	SA	WA	TAS
2678	FEE	\$	106.00	106.00	102.00	102.00	102.00	102.00

INTRAVENOUS PYELOGRAPHY, including preliminary plain film with delayed examination for the CYSTO-URETERIC REFLEX

			NSW	VIC	QLD	SA	WA	TAS
2681	FEE	\$	108.00	108.00	99.00	99.00	99.00	99.00

PART 8 — RADIOLOGY

DIVISION 7 — URINARY TRACT

	ANTEGRADE OR RETROGRADE PYELOGRAPHY—including preliminary plain film							
2687	FEE	\$	NSW 71.00	VIC 71.00	QLD 67.00	SA 67.00	WA 67.00	TAS 67.00
	RETROGRADE CYSTOGRAPHY OR RETROGRADE URETHROGRAPHY							
2690	FEE	\$	NSW 47.00	VIC 47.00	QLD 46.00	SA 46.00	WA 46.00	TAS 46.00
	RETROGRADE MICTURATING CYSTO-URETHROGRAPHY							
2694	ALL STATES: FEE \$56.00							
	RETRO-PERITONEAL PNEUMOGRAM							
2697	FEE	\$	NSW 33.50	VIC 35.50	QLD 30.50	SA 30.50	WA 30.50	TAS 30.00
	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							
2699	G. FEE	\$	NSW 27.00	VIC 30.00	QLD 25.00	SA 25.00	WA 25.00	TAS 25.00
2703	S. FEE	\$	NSW 30.50	VIC 33.50	QLD 28.50	SA 28.50	WA 28.50	TAS 28.50
	OESOPHAGUS, with or without examination for foreign body or barium swallow							
2706	FEE	\$	NSW 48.00	VIC 48.00	QLD 43.00	SA 43.00	WA 43.00	TAS 43.00
	BARIUM or other opaque meal OF OESOPHAGUS, STOMACH AND DUODENUM, with or without screening of chest, with or without preliminary plain film							
2709	FEE	\$	NSW 63.00	VIC 65.00	QLD 56.00	SA 56.00	WA 56.00	TAS 56.00
	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							
2711	FEE	\$	NSW 77.00	VIC 78.00	QLD 67.00	SA 67.00	WA 67.00	TAS 67.00

2714	BARIUM or other opaque meal, SMALL BOWEL SERIES ONLY, with or without preliminary plain film							
	ALL STATES: FEE \$56.00							
2716	OPAQUE ENEMA							
	FEE	\$	NSW 63.00	VIC 65.00	QLD 56.00	SA 56.00	WA 56.00	TAS 56.00
2718	OPAQUE ENEMA, including air contrast study							
	FEE	\$	NSW 77.00	VIC 78.00	QLD 71.00	SA 71.00	WA 71.00	TAS 71.00
2720	GRAHAM'S TEST (cholecystography), including preliminary abdominal radiograph							
	FEE	\$	NSW 48.50	VIC 56.00	QLD 47.00	SA 47.00	WA 47.00	TAS 47.00
2722	CHOLEGRAPHY DIRECT—operative or post operative							
	FEE	\$	NSW 49.50	VIC 54.00	QLD 48.00	SA 48.00	WA 46.00	TAS 46.00
2724	CHOLEGRAPHY—intravenous							
	FEE	\$	NSW 77.00	VIC 78.00	QLD 71.00	SA 71.00	WA 71.00	TAS 71.00
2726	CHOLEGRAPHY—percutaneous transhepatic							
	FEE	\$	NSW 54.00	VIC 63.00	QLD 49.50	SA 49.50	WA 49.50	TAS 49.50
2728	CHOLEGRAPHY—drip infusion							
	FEE	\$	NSW 92.00	VIC 106.00	QLD 84.00	SA 84.00	WA 84.00	TAS 84.00
2730	<p style="text-align: center;">DIVISION 9—RADIOGRAPHIC EXAMINATION FOR LOCALISATION OF FOREIGN BODIES AND REPORT</p> <p>FOREIGN BODY IN EYE (special method, Sweet's or other)</p> <p style="text-align: center;">ALL STATES: FEE \$47.00</p>							

	FOREIGN BODY, LOCALISATION OF AND REPORT, not covered by any other item in this Part							
2732	DERIVED FEE —The fee for the radiographic examination of the area and report plus an amount of \$14.60.							
DIVISION 10—RADIOGRAPHIC EXAMINATION OF BREASTS AND REPORT								
RADIOGRAPHIC EXAMINATION OF BOTH BREASTS (with or without thermography) AND REPORT where the patient is referred with a specific request for this procedure and there is reason to suspect the presence of malignancy in the breasts because of the past occurrence of breast malignancy in the patient or members of the patient's family or because symptoms or indications of malignancy were found on an examination of the patient by a medical practitioner								
2734	S.	ALL STATES: FEE \$56.00						
RADIOGRAPHIC EXAMINATION OF ONE BREAST (with or without thermography) AND REPORT where the patient is referred with a specific request for this procedure and there is reason to suspect the presence of malignancy in the breast because of the past occurrence of breast malignancy in the patient or members of the patient's family or because symptoms or indications of malignancy were found on an examination of the patient by a medical practitioner								
2736	S.	ALL STATES: FEE \$33.50						
DIVISION 11—RADIOGRAPHIC EXAMINATION IN CONNECTION WITH pregnancy and report								
PREGNANT UTERUS								
2738	FEE	\$	NSW 30.50	VIC 34.50	QLD 28.50	SA 28.50	WA 28.50	TAS 28.50
PELVIMETRY OR PLACENTOGRAPHY								
2740	FEE	\$	NSW 63.00	VIC 63.00	QLD 47.00	SA 47.00	WA 47.00	TAS 47.00
CONTROL X-RAYS ASSOCIATED WITH INTRAUTERINE FOETAL BLOOD TRANSFUSION								
2742	ALL STATES: FEE \$47.00							
DIVISION 12—RADIOGRAPHIC EXAMINATION WITH OPAQUE OR CONTRAST MEDIA, AND REPORT								
SERIAL ANGIOCARDIOGRAPHY (rapid cassette changing) — each series								
2744	ALL STATES: FEE \$56.00							
ANAESTHETIC 8 UNITS—ITEM NOS 409G / 517S								

2746	SERIAL ANGIOCARDIOGRAPHY (SINGLE PLAIN — direct roll-film method) — each series							
	ALL STATES: FEE \$78.00							
	ANAESTHETIC 8 UNITS — ITEM NOS 409G / 5 17S							
2748	SERIAL ANGIOCARDIOGRAPHY (BI-PLANE — direct roll-film method) — each series							
	ALL STATES: FEE \$78.00							
	ANAESTHETIC 8 UNITS — ITEM NOS 409G / 5 17S							
2750	SERIAL ANGIOCARDIOGRAPHY (indirect roll-film method) — each series							
	ALL STATES: FEE \$78.00							
	ANAESTHETIC 8 UNITS — ITEM NOS 409G / 5 17S							
2751	SELECTIVE CORONARY ARTERIOGRAPHY							
	ALL STATES: FEE \$210.00							
2752	DISCOGRAPHY — one disc							
	FEE	\$	NSW 47.00	VIC 49.50	QLD 43.00	SA 43.00	WA 49.50	TAS 47.00
2754	DACRYOCYSTOGRAPHY — one side							
	ALL STATES: FEE \$33.50							
2756	ENCEPHALOGRAPHY							
	ALL STATES: FEE \$73.00							
2758	CEREBRAL ANGIOGRAPHY — one side							
	ALL STATES: FEE \$56.00							
2760	CEREBRAL VENTRICULOGRAPHY							
	ALL STATES: FEE \$63.00							
2762	HYSTEOSALPINGOGRAPHY							
	FEE	\$	NSW 48.00	VIC 48.00	QLD 38.50	SA 43.00	WA 38.50	TAS 38.50

PART 8 — RADIOLOGY

DIVISION 12 — CONTRAST MEDIA

	BRONCHOGRAPHY— one side							
2764	FEE	\$	NSW 71.00	VIC 71.00	QLD 56.00	SA 56.00	WA 56.00	TAS 56.00
	ARTERIOGRAPHY, PERIPHERAL— one side							
2766	FEE	\$	NSW 71.00	VIC 71.00	QLD 56.00	SA 56.00	WA 56.00	TAS 56.00
	PHLEBOGRAPHY— one side							
2768	FEE	\$	NSW 71.00	VIC 71.00	QLD 56.00	SA 56.00	WA 56.00	TAS 56.00
	AORTOGRAPHY							
2770	FEE	\$	NSW 71.00	VIC 71.00	QLD 56.00	SA 56.00	WA 56.00	TAS 56.00
	SPLENOGRAPHY							
2772	FEE	\$	NSW 71.00	VIC 71.00	QLD 56.00	SA 56.00	WA 56.00	TAS 56.00
	MYELOGRAPHY, one region							
2773	ALL STATES: FEE \$84.00							
	MYELOGRAPHY, two regions							
2774	ALL STATES: FEE \$142.00							
	MYELOGRAPHY, three regions							
2775	ALL STATES: FEE \$194.00							
	SELECTIVE ARTERIOGRAPHY— per injection and film run							
2776	FEE	\$	NSW 71.00	VIC 71.00	QLD 56.00	SA 56.00	WA 56.00	TAS 56.00
	SIALOGRAPHY— one gland							
2778	ALL STATES: FEE \$48.00							

PART 8 — RADIOLOGY

DIVISION 12 — CONTRAST MEDIA

2780	VASOEPIDIDYMOGRAPHY — one side ALL STATES: FEE \$48.00
2782	SINUSES AND FISTULAE DERIVED FEE — The fee for the radiographic examination of the area and report plus an amount of \$15.60.
2784	LARYNGOGRAPHY with contrast media ALL STATES: FEE \$35.50
2786	PNEUMOARTHROGRAPHY ALL STATES: FEE \$30.00
2788	ARTHROGRAPHY — contrast ALL STATES: FEE \$35.50
2790	ARTHROGRAPHY — double contrast ALL STATES: FEE \$61.00
2792	LYMPHANGIOGRAPHY, including follow up radiography ALL STATES: FEE \$47.00
2794	PNEUMOMEDIASTINUM FEE \$ NSW 43.00 VIC 43.00 QLD 39.50 SA 39.50 WA 39.50 TAS 38.50
DIVISION 13 — TOMOGRAPHY AND REPORT	
2796	TOMOGRAPHY OF ANY PART AND REPORT ALL STATES: FEE \$43.00
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 \$9.20.

DIVISION 15A—EXAMINATION NOT OTHERWISE COVERED

† Radiographic examination of any part and report not covered by any item in this Part
2804 ALL STATES: FEE \$14.60

DIVISION 15—FLUOROSCOPIC EXAMINATION AND REPORT

(Fluoroscopic examination and report not covered by any other item in this Part—where radiograph is not taken)

EXAMINATION WITH GENERAL ANAESTHESIA

2800

ALL STATES: FEE \$30.50

ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

EXAMINATION WITHOUT GENERAL ANAESTHESIA

2802

ALL STATES: FEE \$21.00

DIVISION 16—PREPARATION FOR RADIOLOGICAL PROCEDURE, BEING THE INJECTION OF OPAQUE OR CONTRAST MEDIA OR THE REMOVAL OF FLUID AND ITS REPLACEMENT BY AIR, OXYGEN OR OTHER CONTRAST MEDIA OR OTHER SIMILAR PREPARATION

ENCEPHALOGRAPHY

2805

FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		99.00	128.00	99.00	99.00	99.00	99.00

ANAESTHETIC 10 UNITS—ITEM NOS 450G / 521S

CEREBRAL ANGIOGRAPHY (one side)—percutaneous, catheter or open exposure

2807

ALL STATES: FEE \$84.00

ANAESTHETIC 10 UNITS—ITEM NOS 450G / 521S

CEREBRAL VENTRICULOGRAPHY

2811

FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		120.00	106.00	106.00	106.00	106.00	106.00

ANAESTHETIC 10 UNITS—ITEM NOS 450G / 521S

DACRYOCYSTOGRAPHY— one side

2813

ALL STATES: FEE \$28.50

BRONCHOGRAPHY— one or both sides

2815

ALL STATES: FEE \$43.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G / 517S

2817	<p>AORTOGRAPHY</p> <p>ALL STATES: FEE \$43.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G / 517S</p>
2819	<p>ARTERIOGRAPHY (peripheral) or PHLEBOGRAPHY— one vessel</p> <p>ALL STATES: FEE \$33.50</p> <p>ANAESTHETIC 6 UNITS- ITEM NOS 407G / 513S</p>
2823	<p>SPLENOGRAPHY</p> <p>ALL STATES: FEE \$27.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/ 513S</p>
2825	<p>RETROPERITONEAL PNEUMOGRAM</p> <p>ALL STATES: FEE \$33.50</p>
2827	<p>SELECTIVE ARTERIOGRAM or PHLEBOGRAM</p> <p>ALL STATES: FEE \$27.00</p> <p>ANAESTHETIC 6 UNITS— ITEM NOS 407G / 513S</p>
2831	<p>PERCUTANEOUS INJECTION of radio-opaque material into RENAL CYST (including aspiration) or RENAL PELVIS for antegrade pyelography</p> <p>ALL STATES: FEE \$43.00</p>
2833	<p>PNEUMOARTHROGRAPHY or PNEUMOPERITONEUM</p> <p>ALL STATES: FEE \$34.50</p>
2837	<p>DRIP-INFUSION PYELOGRAPHY OR CHOLEGRAPHY</p> <p>ALL STATES: FEE \$22.00</p>
2839	<p>RETROGRADE MICTURATING CYSTOURETHROGRAPHY</p> <p>ALL STATES: FEE \$48.50</p>
2841	<p>HYSTEROSALPINGOGRAPHY</p> <p>ALL STATES: FEE \$43.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G / 513S</p>

2843	DISCOGRAPHY — one disc ALL STATES: FEE \$28.50 ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
2845	INTRA-OSSEOUS VENOGRAPHY ALL STATES: FEE \$28.50
2847	MYELOGRAPHY ALL STATES: FEE \$84.00 ANAESTHETIC 11 UNITS — ITEM NOS 453G/522S
2849	CISTERNAL PUNCTURE ALL STATES: FEE \$56.00
2851	SINUS OR FISTULA, INJECTION INTO ALL STATES: FEE \$14.60
2853	LYMPHANGIOGRAPHY — one side ALL STATES: FEE \$84.00
2855	LARYNGOGRAPHY ALL STATES: FEE \$43.00
2857	PNEUMOMEDIASTINUM ALL STATES: FEE \$56.00
2859	CHOLEGRAM (CHOLANGIOGRAM)-percutaneous transhepatic ALL STATES: FEE \$84.00

Item No.	Medical Service
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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 \$18.40

—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 \$3.60.

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

—one field

2865 ALL STATES: FEE \$22.00

—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 \$4.40.

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

—one field

2869 ALL STATES: FEE \$43.50

—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 \$8.70.

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

2873 ALL STATES: FEE \$25.00

2875	<p>RADIOTHERAPY, DEEP OR ORTHOVOLTAGE—each attendance at which fractionated treatment is given at 3 or more treatments per week</p> <p>—one field</p> <p>ALL STATES: FEE \$22.00</p>
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 \$4.40</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 \$26.00</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 \$5.20.</p>
2883	<p>RADIOTHERAPY, DEEP OR ORTHOVOLTAGE—attendance at which single dose technique is applied</p> <p>—one field</p> <p>ALL STATES: FEE \$56.00</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 \$11.20.</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 \$33.50</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 \$6.70.</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 \$46.00</p>
2893	<p>— two or more fields up to a maximum of five additional fields (rotational therapy being three fields)</p> <p>DERIVED FEE—The fee for Item 2891 plus for each field in excess of one an amount of \$9.20.</p>
2895	<p>RADIOTHERAPY, MEGAVOLTAGE OR TELETHERAPY—attendance at which single dose technique is applied</p> <p>— one field</p> <p>ALL STATES: FEE \$78.00</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 \$15.60.</p>
SEALED RADIOACTIVE SOURCES	
2899	<p>INTRAUTERINE INSERTION ALONE</p> <p>ALL STATES: FEE \$130.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G / 510S</p>
2901	<p>INTRAVAGINAL INSERTION ALONE</p> <p>ALL STATES: FEE \$92.00</p> <p>ANAESTHETIC 4 UNITS—ITEM NOS 405G / 509S</p>
2904	<p>COMBINED INTRAUTERINE AND INTRAVAGINAL INSERTION</p> <p>ALL STATES: FEE \$184.00</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 \$270.00</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 \$210.00</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 \$130.00</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 \$54.00</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 \$83.00</p>
2919	<p>REMOVAL OF SEALED RADIOACTIVE SOURCES under a major anaesthetic</p> <p>ALL STATES: FEE \$35.50</p> <p>ANAESTHETIC 4 UNITS—ITEM NOS 405G / 509S</p>
2922	<p>REMOVAL OF SEALED RADIOACTIVE SOURCES without major anaesthetic</p> <p>ALL STATES: FEE \$27.00</p>
2924	<p>CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD to intracavitary, intraoral or intranasal site</p> <p>ALL STATES: FEE \$87.00</p>

2926	<p>SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD referred to in Item 2924—each attendance</p> <p>ALL STATES: FEE \$27.00</p>
2928	<p>CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD not exceeding 5 cm. in diameter to an external surface</p> <p>ALL STATES: FEE \$54.00</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 \$65.00</p>
2933	<p>SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD referred to in Item 2928 or 2931—each attendance</p> <p>ALL STATES: FEE \$18.40</p>
UNSEALED RADIOACTIVE SOURCES	
2935	<p>ORAL ADMINISTRATION of a therapeutic dose of a radioisotope—not covered by Item 2937</p> <p>ALL STATES: FEE \$19.40</p>
2937	<p>ORAL ADMINISTRATION of a therapeutic dose of radio-iodine for hyperthyroidism or thyroid cancer by single dose technique</p> <p>ALL STATES: FEE \$78.00</p>
2939	<p>INTRAVENOUS ADMINISTRATION of a therapeutic dose of a radioisotope</p> <p>ALL STATES: FEE \$33.00</p>
2941	<p>INTRA-CAVITARY ADMINISTRATION OF A THERAPEUTIC DOSE OF A RADIOISOTOPE (NOT INCLUDING PRELIMINARY PARACENTESIS)</p> <p>ALL STATES: FEE \$33.00</p> <p>ANAESTHETIC 5 UNITS- ITEM NOS 406G / 510S</p>

Item
No.

Medical Service

PART 9—ASSISTANCE AT OPERATIONS

Note: Benefit in respect of assistance at an operation is not payable unless the assistance is rendered by a medical practitioner other than the anaesthetist or assistant anaesthetist. The amount specified is the amount payable whether the assistance is rendered by one or more than one medical practitioner.

- † Assistance at any operation, or series or combination of operations, for which the fee, or the aggregate of the fees exceeds \$118.00 but does not exceed \$205.00

2951

ALL STATES: FEE \$40.50

- ‡ Assistance at any operation, or series or combination of operations, for which the fee, or the aggregate of the fees, specified exceeds \$205.00

2953

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 \$78.00
2961	HR.	ALL STATES: FEE \$78.00
COMPUTERISED AXIAL TOMOGRAPHY—brain scan on a brain scanner, plain study and contrast medium study		
2962	OR.	ALL STATES: FEE \$134.00
2963	HR.	ALL STATES: FEE \$134.00
COMPUTERISED AXIAL TOMOGRAPHY—brain scan on a body scanner, plain study		
2964	OR.	ALL STATES: FEE \$112.00
2965	HR.	ALL STATES: FEE \$112.00
COMPUTERISED AXIAL TOMOGRAPHY—brain scan on a body scanner, plain study and contrast medium study		
2966	OR.	ALL STATES: FEE \$215.00
2967	HR.	ALL STATES: FEE \$215.00
COMPUTERISED AXIAL TOMOGRAPHY—body scan on a body scanner, plain study		
2968	OR.	ALL STATES: FEE \$215.00
2969	HR.	ALL STATES: FEE \$215.00
COMPUTERISED AXIAL TOMOGRAPHY- body scan on a body scanner, plain study and intravenous contrast medium study		
2970	OR.	ALL STATES: FEE \$275.00
2971	HR.	ALL STATES: FEE \$275.00

Item
No.

Medical Service

PART 10—OPERATIONS

DIVISION 1—GENERAL SURGICAL

† Operative procedure on tissue, organ or region not covered by any other item in this Part, including any consultation on the same occasion

3004 ALL STATES: FEE \$8.50

Item No.	Medical Service							
PART 10—OPERATIONS DIVISION 1—GENERAL SURGICAL								
Note: 'Extensive' in relation to burns means more than 20% of the total body surface.								
3006	† DRESSING OF LOCALISED BURNS (not involving grafting) — each attendance at which the procedure is performed, including any associated consultation FEE	\$	NSW 13.20	VIC 12.40	QLD 11.60	SA 11.60	WA 11.60	TAS 12.40
3012	† DRESSING OF BURNS, EXTENSIVE, without anaesthesia (not involving grafting) — each attendance at which the procedure is performed, including any associated consultation ALL STATES: FEE \$21.50							
3016	† DRESSING OF LOCALISED BURNS UNDER GENERAL ANAESTHESIA (not involving grafting) — each attendance at which the procedure is performed, including any associated consultation G. ALL STATES: FEE \$28.50							
3022	S. ALL STATES: FEE \$34.50 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
3027	† DRESSING OF BURNS, EXTENSIVE, UNDER GENERAL ANAESTHESIA (not involving grafting) — each attendance at which the procedure is performed, including any associated consultation G. ALL STATES: FEE \$60.00							
3033	S. ALL STATES: FEE \$72.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S							
3038	† EXCISION, under general anaesthesia, OF BURNS involving not more than 10 per cent of body surface, where grafting is not carried out during the same operation ALL STATES: FEE \$152.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S							

‡ EXCISION, under general anaesthesia, OF BURNS involving more than 10 per cent of body surface, where grafting is not carried out during the same operation

3039 ALL STATES: FEE \$295.00
ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S

‡ DEBRIDEMENT, under general anaesthesia, of deep or extensive contimated wound of soft tissue, including suturing of that wound when performed

3041 ALL STATES: FEE \$152.00
ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

‡ SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), superficial, not covered by any item in Part 2

3046 ALL STATES: FEE \$24.50
ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

‡ SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), involving deeper tissue, not covered by any item in Part 2

3050	FEE	\$	NSW 41.50	VIC 34.50	QLD 36.00	SA 34.50	WA 34.50	TAS 33.50
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ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), superficial

3058	FEE	\$	NSW 38.50	VIC 29.50	QLD 29.50	SA 29.50	WA 29.50	TAS 29.50
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ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

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

3063 ALL STATES: FEE \$55.00
ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

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 any item in Part 2	FEE	\$	NSW 41.50	VIC 38.50	QLD 34.50	SA 34.50	WA 34.50	TAS 34.50
ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S									
3082	† SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, large (MORE THAN 7 CENTIMETRES LONG), involving deeper tissue, not covered by any item in Part 2	G. ALL STATES: FEE \$67.00							
3087		S. ALL STATES: FEE \$85.00							
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 \$55.00							
ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S									
3098	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	G.	ALL STATES: FEE \$70.00						
3101		S.	ALL STATES: FEE \$86.00						
ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S									
3104	† REPAIR OF FULL THICKNESS LACERATION OF EAR, EYELID OR NOSE with accurate apposition of each layer of tissue	ALL STATES: FEE \$118.00							
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 \$34.50							
ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S									

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

‡	Control of post-operative haemorrhage, under general anaesthesia following perineal or vaginal operations								
3110	ALL STATES: FEE \$67.00								
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								
‡	SUPERFICIAL FOREIGN BODY, REMOVAL OF, as an independent procedure								
3113	FEE	\$	NSW 11.00	VIC 10.20	QLD 9.20	SA 9.20	WA 9.20	TAS 9.20	
	ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S								
‡	SUBCUTANEOUS FOREIGN BODY, REMOVAL OF, requiring incision and suture, as an independent procedure								
3116	ALL STATES: FEE \$51.00								
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								
‡	FOREIGN BODY IN MUSCLE, TENDON OR OTHER DEEP TISSUE, removal of, as an independent procedure								
3120	G.	FEE	\$	NSW 104.00	VIC 104.00	QLD 104.00	SA 92.00	WA 92.00	TAS 92.00
3124	S.	FEE	\$	18.00	128.00	128.00	118.00	118.00	118.00
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S								
‡	BIOPSY OF SKIN OR MUCOUS MEMBRANE, as an independent procedure								
3130	FEE	\$	NSW 24.50	VIC 23.50	QLD 24.50	SA 23.50	WA 23.50	TAS 23.50	
	ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S								
‡	BIOPSY OF LYMPH GLAND, MUSCLE OR OTHER DEEP TISSUE OR ORGAN, as an independent procedure								
3135	G.	FEE	\$	NSW 55.00	VIC 53.00	QLD 53.00	SA 53.00	WA 53.00	TAS 53.00
3142	S.	FEE	\$	70.00	66.00	66.00	66.00	66.00	66.00
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								

3148	‡ ASPIRATION BIOPSY OF LYMPH GLAND, DEEP TISSUE OR ORGAN, as an independent procedure	ALL STATES: FEE \$22.50 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
3157	BIOPSY OF BONE MARROW by trephine using open approach	ALL STATES: FEE \$51.00 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
3158	‡ BIOPSY OF BONE MARROW by trephine using percutaneous approach with a Jamshidi needle or similar device	ALL STATES: FEE \$27.50 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
3160	BIOPSY OF BONE MARROW by aspiration or PUNCH BIOPSY OF SYNOVIAL MEMBRANE or PLEURA	ALL STATES: FEE \$13.80 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
3168	SCALENE NODE BIOPSY	ALL STATES: FEE \$85.00 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
3173	SINUS, excision of, involving superficial tissue only	ALL STATES: FEE \$41.50 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
3178	SINUS, excision of, involving muscle and deep tissue	G. ALL STATES: FEE \$70.00
3183	S.	ALL STATES: FEE \$85.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

GANGLION OR SMALL BURSA, excision of

			NSW	VIC	QLD	SA	WA	TAS
3194	G.	FEE	\$ 72.00	72.00	72.00	72.00	58.00	58.00
3199	S.	FEE	\$ 102.00	102.00	85.00	85.00	76.00	76.00

ANAESTHETIC 7 UNITS—ITEM NOS 407G/513S

BURSA (LARGE), INCLUDING OLECRANON, CALCANEUM OR PATELLA, excision of

			NSW	VIC	QLD	SA	WA	TAS
3208	G.	FEE	\$ 132.00	104.00	104.00	104.00	104.00	104.00
3213	S.	FEE	\$ 172.00	128.00	128.00	128.00	128.00	128.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

‡ BURSA, SEMIMEMBRANOSUS (Baker's cyst), excision of

3217 ALL STATES: FEE \$172.00

ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

‡ TUMOUR, CYST, ULCER OR SCAR, (other than a scar removed during the surgical approach at an operation), up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, not covered by Item 3221/3222, 3223/3224, 3225, 3226, 3330, 3332, 3338, 3342, 3346 or 3349

3219 G. ALL STATES: FEE \$44.50

3220 S. ALL STATES: FEE \$59.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

‡ TUMOURS, CYSTS, ULCERS OR SCARS, (other than a scar removed during the surgical approach at an operation), up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on MORE THAN 3 BUT NOT MORE THAN 10 LESIONS, not covered by Item 3330, 3332, 3338, 3342, 3346 or 3349

3221 G. ALL STATES: FEE \$118.00

3222 S. ALL STATES: FEE \$152.00

ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

‡ TUMOURS, CYSTS, ULCERS OR SCARS, (other than a scar removed during the surgical approach at an operation), up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on MORE THAN 10 BUT NOT MORE THAN 20 LESIONS, not covered by Item 3330, 3332, 3338, 3342, 3346 or 3349

3223 G. ALL STATES: FEE \$158.00

3224 S. ALL STATES: FEE \$188.00

ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S

‡ TUMOURS, CYSTS, ULCERS OR SCARS, (other than a scar removed during the surgical approach at an operation), up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on MORE THAN 20 BUT NOT MORE THAN 50 LESIONS, not covered by Item 3330, 3332, 3338, 3342, 3346 or 3349

3225 ALL STATES: FEE \$235.00

ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S

‡ TUMOURS, CYSTS, ULCERS OR SCARS, (other than a scar removed during the surgical approach at an operation), up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on MORE THAN 50 LESIONS, not covered by Item 3330, 3332, 3338, 3342, 3346 or 3349

3226 ALL STATES: FEE \$320.00

ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S

‡ TUMOUR, CYST, ULCER OR SCAR, (other than a scar removed during the surgical approach at an operation), more than 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane

			NSW	VIC	QLD	SA	WA	TAS
3233	G.	FEE	\$ 66.00	66.00	60.00	60.00	60.00	60.00

3237	S.	FEE	\$ 81.00	81.00	72.00	72.00	72.00	72.00
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ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

‡ TUMOUR, CYST (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5mm separation between the cyst lining and tooth structure), ULCER OR SCAR, (other than a scar removed during the surgical approach at an operation), removal of not covered by any other item in this Part, involving muscle, bone or other deep tissue

				NSW	VIC	QLD	SA	WA	TAS
3247	G.	FEE	\$	92.00	92.00	82.00	82.00	82.00	82.00

3253	S.	FEE	\$	116.00	116.00	106.00	106.00	106.00	106.00
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ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

TUMOUR OR DEEP CYST (other than a cyst associated with a tooth or tooth fragment), removal of, requiring wide excision, not covered by any other item in this Part

				NSW	VIC	QLD	SA	WA	TAS
3261	G.	FEE	\$	126.00	152.00	126.00	126.00	126.00	110.00

3265	S.	FEE	\$	152.00	172.00	152.00	152.00	152.00	138.00
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ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

MALIGNANT TUMOUR, removal of, from skin, requiring wide and deep excision, other than removal of basal cell carcinoma

3271 ALL STATES: FEE \$184.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

MALIGNANT TUMOUR, removal of, from skin, requiring wide and deep excision with immediate block dissection of lymph glands

3276 ALL STATES: FEE \$390.00

ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S

TUMOUR, removal of, from SOFT TISSUE (INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE), EXTENSIVE EXCISION OF, WITHOUT SKIN GRAFT

3281 ALL STATES: FEE \$235.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

TUMOUR, removal of, from SOFT TISSUE (INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE), EXTENSIVE EXCISION OF, WITH SKIN GRAFT

3289 ALL STATES: FEE \$275.00

ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

3295	<p>MALIGNANT TUMOUR, removal of, from any region involving a RADICAL OPERATION (not being an operation covered by any other item in this Part)</p> <p>ALL STATES: FEE \$390.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
3301	<p>MALIGNANT TUMOUR, removal of, from any region involving a LIMITED OPERATION, other than removal of basal cell carcinoma (not being an operation covered by any other item in this Part)</p> <p>ALL STATES: FEE \$184.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
3306	<p>LIPECTOMY— transverse wedge excision of abdominal apron</p> <p>ALL STATES: FEE \$210.00</p> <p>ANAESTHETIC 10 UNITS— ITEM NOS 450G/521S</p>
3307	<p>LIPECTOMY— wedge excision of skin or fat not covered by Item 3306—ONE EXCISION</p> <p>ALL STATES: FEE \$210.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
3308	<p>LIPECTOMY— wedge excision of skin or fat not covered by Item 3306—TWO OR MORE EXCISIONS</p> <p>ALL STATES: FEE \$320.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
3310	<p>LIPECTOMY—subumbilical excision with undermining of skin edges and strengthening of musculo-aponeurotic wall</p> <p>ALL STATES: FEE \$320.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
3311	<p>LIPECTOMY—radical abdominoplasty (Pitanguy type or similar) with excision of skin and subcutaneous tissue, repair of musculo-aponeurotic layer and transposition of umbilicus</p> <p>ALL STATES: FEE \$460.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>

3314	AXILLARY HYPERIDROSIS, wedge excision for							
	ALL STATES: FEE \$63.00							
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
3320	PLANTAR WART, removal of							
	FEE	\$	NSW 22.00	VIC 20.50	QLD 20.50	SA 20.50	WA 20.50	TAS 20.50
	ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S							
3330	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)							
	FEE	\$	NSW 24.50	VIC 29.50	QLD 22.50	SA 22.50	WA 22.50	TAS 22.50
	ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S							
3332	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)							
	FEE	\$	NSW 32.50	VIC 32.50	QLD 24.50	SA 24.50	WA 24.50	TAS 24.50
	ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S							
3338	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)							
	FEE	\$	NSW 40.50	VIC 38.50	QLD 38.50	SA 38.50	WA 38.50	TAS 38.50
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
3342	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)							
	FEE	\$	NSW 43.00	VIC 40.50	QLD 40.50	SA 40.50	WA 40.50	TAS 40.50
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							

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)

			NSW	VIC	QLD	SA	WA	TAS
3346	FEE	\$	51.00	44.50	44.50	44.50	44.50	44.50

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

CUTANEOUS NEOPLASTIC LESIONS, treatment by electrosurgical destruction, chemotherapy, simple curettage or shaving, not covered by Item 3350, 3351 or 3352—one or more lesions

			NSW	VIC	QLD	SA	WA	TAS
3349	FEE	\$	24.50	29.50	22.50	22.50	22.50	22.50

ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S

CANCER OF SKIN OR MUCOUS MEMBRANE, removal by serial curettage excision or cryosurgery using liquid nitrogen (not covered by Item 3349)

3350 ALL STATES: FEE \$59.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

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 ALL STATES: FEE \$148.00

ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

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 ALL STATES: FEE \$188.00

ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S

SKIN LESIONS, multiple injections with hydrocortisone or similar preparations

3356 ALL STATES: FEE \$20.50

KELOID, EXTENSIVE, MULTIPLE INJECTIONS OF HYDROCORTISONE or similar preparations under general anaesthesia

3363 ALL STATES: FEE \$76.00

ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

	HAEMATOMA, aspiration of							
3366	FEE	\$	NSW 11.00	VIC 12.60	QLD 8.60	SA 8.60	WA 8.50	TAS 8.60
	ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S							
	HAEMATOMA, FURUNCLE, SMALL ABSCESS OR SIMILAR LESION not requiring a general anaesthetic, INCISION WITH DRAINAGE OF (excluding after-care)							
3371	FEE	\$	NSW 11.00	VIC 12.60	QLD 11.00	SA 11.00	WA 11.00	TAS 11.00
	LARGE HAEMATOMA, LARGE ABSCESS (including ischio-rectal abscess), CARBUNCLE, CELLULITIS or similar lesion requiring a general anaesthetic, INCISION WITH DRAINAGE OF (excluding after-care)							
3379	G. FEE	\$	NSW 55.00	VIC 55.00	QLD 46.00	SA 46.00	WA 46.00	TAS 46.00
3384	S. FEE	\$	76.00	76.00	63.00	58.00	58.00	58.00
	ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S							
	MUSCLE, excision of (LIMITED)							
3391	ALL STATES: FEE \$70.00							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
	MUSCLE, excision of (EXTENSIVE)							
3399	ALL STATES: FEE \$126.00							
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
	MUSCLE, RUPTURED, repair of (limited), not associated with external wound							
3404	ALL STATES: FEE \$104.00							
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
	MUSCLE, RUPTURED, repair of (extensive), not associated with external wound							
3407	ALL STATES: FEE \$138.00							
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							

3417	FASCIA, DEEP, repair of, FOR HERNIATED MUSCLE ALL STATES: FEE \$70.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S														
3425	BONE TUMOUR, INNOCENT, excision of, not covered by any other item in this Part ALL STATES: FEE \$164.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S														
3431	STYLOID PROCESS OF TEMPORAL BONE, removal of ALL STATES: FEE \$164.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S														
3437	PAROTID GLAND, total extirpation of ALL STATES: FEE \$345.00 ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S														
3444	PAROTID GLAND, total extirpation of, with preservation of facial nerve ALL STATES: FEE \$580.00 ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S														
3450	PAROTID GLAND, SUPERFICIAL LOBECTOMY OR REMOVAL OF TUMOUR FROM, with exposure of facial nerve ALL STATES: FEE \$390.00 ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S														
3455	SUBMANDIBULAR GLAND, extirpation of <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;">FEE</th> <th style="text-align: left;">NSW</th> <th style="text-align: left;">VIC</th> <th style="text-align: left;">OLD</th> <th style="text-align: left;">SA</th> <th style="text-align: left;">WA</th> <th style="text-align: left;">TAS</th> </tr> </thead> <tbody> <tr> <td>\$</td> <td>164.00</td> <td>205.00</td> <td>164.00</td> <td>164.00</td> <td>164.00</td> <td>164.00</td> </tr> </tbody> </table> ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S	FEE	NSW	VIC	OLD	SA	WA	TAS	\$	164.00	205.00	164.00	164.00	164.00	164.00
FEE	NSW	VIC	OLD	SA	WA	TAS									
\$	164.00	205.00	164.00	164.00	164.00	164.00									
3459	SUBLINGUAL GLAND, extirpation of ALL STATES: FEE \$92.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S														

3465	<p>SALIVARY GLAND, DILATATION OR DIATHERMY of duct</p> <p>ALL STATES: FEE \$27.50</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
3468 G.	<p>SALIVARY GLAND, removal of CALCULUS from duct</p> <p>ALL STATES: FEE \$55.00</p>
3472 S.	<p>ALL STATES: FEE \$70.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
3477	<p>SALIVARY GLAND, repair of CUTANEOUS FISTULA OF</p> <p>ALL STATES: FEE \$70.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
3480	<p>TONGUE, partial excision of</p> <p>ALL STATES: FEE \$138.00</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 \$820.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>
3496	<p>TONGUE TIE, repair of, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$21.50</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 \$56.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>

3509	RANULA OR MUCOUS CYST OF MOUTH, removal of G. ALL STATES: FEE \$72.00
3516	S. ALL STATES: FEE \$96.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
3526	BRANCHIAL CYST, removal of ALL STATES: FEE \$184.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
3530	BRANCHIAL FISTULA, removal of ALL STATES: FEE \$235.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
3532	CYSTIC HYGROMA, removal of massive lesion requiring extensive excision—with or without thoracotomy ALL STATES: FEE \$445.00 ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
3542	THYROIDECTOMY, total ALL STATES: FEE \$460.00 ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
3547	PARATHYROID TUMOUR, removal of ALL STATES: FEE \$515.00 ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
3555	PARATHYROID GLANDS, removal of, other than for tumour ALL STATES: FEE \$580.00 ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S
3563	HEMITHYROIDECTOMY or SUB-TOTAL THYROIDECTOMY, with or without exposure of recurrent laryngeal nerve ALL STATES: FEE \$335.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S

	THYROID, excision of localised tumour of							
3576	FEE	\$	NSW 235.00	VIC 245.00	QLD 235.00	SA 235.00	WA 235.00	TAS 235.00
			ANAESTHETIC 10 UNITS — ITEM NOS 450G/521S					
3581	THYROGLOSSAL CYST, removal of		ALL STATES: FEE \$180.00					
			ANAESTHETIC 10 UNITS — ITEM NOS 450G/521S					
3591	THYROGLOSSAL CYST AND FISTULA, removal of		ALL STATES: FEE \$270.00					
			ANAESTHETIC 10 UNITS — ITEM NOS 450G/521S					
3597	CERVICAL OESOPHAGOSTOMY or CLOSURE OF CERVICAL OESOPHAGOSTOMY with or without plastic repair		ALL STATES: FEE \$205.00					
			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 \$820.00					
			ANAESTHETIC 22 UNITS — ITEM NOS 466G/537S					
3618	LYMPH GLANDS OF NECK, limited excision of		ALL STATES: FEE \$172.00					
			ANAESTHETIC 9 UNITS — ITEM NOS 443G/518S					
3622	LYMPH GLANDS OF NECK, radical excision of		ALL STATES: FEE \$460.00					
			ANAESTHETIC 20 UNITS — ITEM NOS 464G/533S					
3634	LYMPH GLANDS OF GROIN OR AXILLA, limited excision of		ALL STATES: FEE \$116.00					
			ANAESTHETIC 9 UNITS — ITEM NOS 443G/518S					

3638	LYMPH GLANDS OF GROIN OR AXILLA, radical excision of ALL STATES: FEE \$335.00 ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
3647	SIMPLE MASTECTOMY with or without frozen section biopsy G. ALL STATES: FEE \$152.00
3652	S. ALL STATES: FEE \$205.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
+	BREAST, excision of CYST, fibro adenoma or other local lesion or segmental resection for any other reason
3654	G. ALL STATES: FEE \$91.00
3664	S. ALL STATES: FEE \$118.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3668	BREAST, excision of CYST, fibro adenoma or other local lesion or segmental resection for any other reason, where frozen section biopsy is performed G. ALL STATES: FEE \$120.00
3673	S. ALL STATES: FEE \$152.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
3678	PARTIAL MASTECTOMY, involving more than one quarter of the breast tissue with or without frozen section biopsy G. ALL STATES: FEE \$120.00
3683	S. ALL STATES: FEE \$152.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
3698	BREAST, extended simple mastectomy with or without frozen section biopsy ALL STATES: FEE \$275.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
3700	SUBCUTANEOUS MASTECTOMY with or without frozen section biopsy ALL STATES: FEE \$255.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S

3702	<p>BREAST, radical or modified radical mastectomy with or without frozen section biopsy</p> <p>ALL STATES: FEE \$405.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
3707	<p>NIPPLE, INVERTED, surgical eversion of</p> <p>ALL STATES: FEE \$70.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
3713	<p>‡ LAPAROTOMY (exploratory), including associated biopsies, where no other intra-abdominal procedure is performed</p> <p>G. ALL STATES: FEE \$178.00</p>
3718	<p>S. ALL STATES: FEE \$225.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
3722	<p>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)</p> <p>ALL STATES: FEE \$245.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
3726	<p>LAPAROTOMY INVOLVING DIVISION OF PERITONEAL ADHESIONS (where no other listed intra abdominal procedure is performed) (See Explanatory Notes covering this item)</p> <p>ALL STATES: FEE \$245.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
3730	<p>LAPAROTOMY FOR GRADING OF LYMPHOMA, including splenectomy, liver biopsies, lymph node biopsies and oophoropexy</p> <p>ALL STATES: FEE \$515.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
3734	<p>LAPAROTOMY FOR CONTROL OF POST-OPERATIVE HAEMORRHAGE, where no other procedure is performed</p> <p>ALL STATES: FEE \$156.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>

‡	LAPAROTOMY INVOLVING OPERATION ON ABDOMINAL VISCERA, not covered by any other item in this Part
3739	G. ALL STATES: FEE \$240.00
3745	S. ALL STATES: FEE \$295.00
	ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
3750	SUBPHRENIC ABSCESS, drainage of
	ALL STATES: FEE \$245.00
	ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
3752	LIVER BIOPSY, percutaneous
	ALL STATES: FEE \$81.00
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
3754	LIVER TUMOUR, removal of other than by biopsy
	ALL STATES: FEE \$275.00
	ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
3759	LIVER, MASSIVE RESECTION OF, or LOBECTOMY
	ALL STATES: FEE \$695.00
	ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
3764	LIVER ABSCESS, ABDOMINAL drainage of
	ALL STATES: FEE \$245.00
	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
3783	HYDATID CYST OF LIVER, PERITONEUM OR VISCUS, drainage procedure for
	ALL STATES: FEE \$275.00
	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 \$86.00
	ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

CHOLECYSTECTOMY

			NSW	VIC	QLD	SA	WA	TAS
3793	G. FEE	\$	275.00	265.00	265.00	245.00	240.00	240.00
3798	S. FEE	\$	345.00	345.00	345.00	295.00	320.00	295.00

ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S

CHOLEDOCHOTOMY (WITH OR WITHOUT CHOLECYSTECTOMY), including dilatation of sphincter of Oddi and removal of calculi

3820 ALL STATES: FEE \$405.00

ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S

CHOLEDOCHOTOMY (WITH OR WITHOUT CHOLECYSTECTOMY), including dilatation of sphincter of Oddi and removal of calculi WITH CHOLEDOCHODUODENOSTOMY, CHOLEDOCHOGASTROSTOMY OR CHOLEDOCHOENTEROSTOMY

3822 ALL STATES: FEE \$470.00

ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S

TRANSDUODENAL OPERATION ON SPHINCTER OF ODDI, including dilatation, removal of calculi, sphincterotomy and sphincteroplasty with or without choledochotomy, with or without cholecystectomy

3825 ALL STATES: FEE \$470.00

ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S

CHOLECYSTODUODENOSTOMY, CHOLECYSTOGASTROSTOMY OR CHOLECYSTOENTEROSTOMY with or without enteroenterostomy

3831 ALL STATES: FEE \$405.00

ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S

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

3834 ALL STATES: FEE \$685.00

ANAESTHETIC 19 UNITS—ITEM NOS 463G/531S

3847	<p>OESOPHAGOSCOPY (not covered by Item 5464), GASTROSCOPY, DUODENOSCOPY OR PANENDOSCOPY (one or more such procedures)</p> <p>ALL STATES: FEE \$106.00</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 \$130.00</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 one or more of the following procedures—polypectomy, removal of foreign body, diathermy coagulation of bleeding upper gastrointestinal lesions</p> <p>ALL STATES: FEE \$164.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
3860	<p>ENDOSCOPIC PANCREATOCHOLANGIOGRAPHY</p> <p>ALL STATES: FEE \$172.00</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 \$235.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
3875	<p>VAGOTOMY—TRUNKAL</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
3882	<p>VAGOTOMY—SELECTIVE</p> <p>ALL STATES: FEE \$325.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>

3889	<p>VAGOTOMY, HIGHLY SELECTIVE; or VAGOTOMY, TRUNKAL OR SELECTIVE, with pyloroplasty or gastro-enterostomy</p> <p>ALL STATES: FEE \$390.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
3891	<p>VAGOTOMY, HIGHLY SELECTIVE with pyloroplasty or gastroenterostomy</p> <p>ALL STATES: FEE \$460.00</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 \$405.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
3893	<p>GASTRIC BY-PASS FOR OBESITY, including anastomosis, by any method</p> <p>ALL STATES: FEE \$565.00</p> <p>ANAESTHETIC 21 UNITS—ITEM NOS 465G/535S</p>
3894	<p>GASTRO-ENTEROSTOMY (INCLUDING GASTRO-DUODENOSTOMY) OR ENTERO-COLOSTOMY OR ENTERO-ENTEROSTOMY</p> <p>G. ALL STATES: FEE \$245.00</p>
3898	<p>S. ALL STATES: FEE \$325.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
3900	<p>GASTRO-ENTEROSTOMY or GASTRO-DUODENOSTOMY, reconstruction of</p> <p>ALL STATES: FEE \$410.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/526S</p>
3902	<p>PANCREATIC CYST—ANASTOMOSIS TO STOMACH OR DUODENUM</p> <p>ALL STATES: FEE \$325.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
3922	<p>PARTIAL GASTRECTOMY, with or without gastro-jejunostomy</p> <p>ALL STATES: FEE \$460.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>

3930	GASTRECTOMY, TOTAL, FOR BENIGN DISEASE							
	ALL STATES: FEE \$580.00							
	ANAESTHETIC 19 UNITS—ITEM NOS 463G/531S							
3938	GASTRECTOMY, TOTAL RADICAL, for carcinoma							
	ALL STATES: FEE \$685.00							
	ANAESTHETIC 21 UNITS—ITEM NOS 465G/535S							
3952	PYLOROPLASTY, INFANT, OR PYLOROMYOTOMY (RAMSTEDT'S operation)							
	ALL STATES: FEE \$205.00							
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							
3976	ENTEROSTOMY or COLOSTOMY, extraperitoneal closure of							
	G.	ALL STATES: FEE \$140.00						
3981	S.							
		ALL STATES: FEE \$178.00						
	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S							
3986	ENTEROSTOMY OR COLOSTOMY, intraperitoneal closure, not involving resection							
	ALL STATES: FEE \$245.00							
	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S							
4003	INTUSSUSCEPTION, reduction of, by fluid							
	ALL STATES: FEE \$110.00							
4012	INTUSSUSCEPTION, LAPAROTOMY and resection of							
	FEE	\$	NSW 405.00	VIC 445.00	QLD 405.00	SA 405.00	WA 405.00	TAS 405.00
	ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S							
4018	TRANSVERSE OR SIGMOID COLECTOMY WITH OR WITHOUT ANASTOMOSIS							
	ALL STATES: FEE \$415.00							
	ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S							

BOWEL, SEGMENTAL RESECTION OF, WITH OR WITHOUT ANASTOMOSIS, not covered by any other item in this Part

				NSW	VIC	QLD	SA	WA	TAS
4039	G.	FEE	\$	320.00	335.00	320.00	320.00	320.00	320.00

4043	S.	FEE	\$	405.00	445.00	405.00	405.00	405.00	405.00
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ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S

HEMICOLECTOMY, right or left

4046 ALL STATES: FEE \$460.00

ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S

TOTAL COLECTOMY WITH ILEO-RECTAL ANASTOMOSIS OR ILEOSTOMY

4048 ALL STATES: FEE \$580.00

ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S

TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY—one surgeon

4052 ALL STATES: FEE \$697.50

ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S

TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, COMBINED SYNCHRONOUS OPERATION; ABDOMINAL RESECTION (including after-care)

4054 ALL STATES: FEE \$595.00

ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S

TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, COMBINED SYNCHRONOUS OPERATION; PERINEAL RESECTION

4059 ALL STATES: FEES \$205.00

ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S

RECTUM, RESTORATIVE ANTERIOR RESECTION OF, WITH RECTOSIGMOIDECTOMY

4068 ALL STATES: FEE \$580.00

ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S

APPENDICECTOMY, not covered by Item 4084

			NSW	VIC	QLD	SA	WA	TAS
4074	G.	FEE	\$ 164.00	152.00	152.00	152.00	152.00	138.00

4080	S.	FEE	\$ 188.00	205.00	205.00	172.00	188.00	164.00
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ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

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

4084 ALL STATES: FEE \$58.00

ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

DRAINAGE OF APPENDICEAL ABSCESS, or for ruptured appendix or for peritonitis with or without appendicectomy

4087 G. ALL STATES: FEE \$184.00

4093 S. ALL STATES: FEE \$230.00

ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

SMALL BOWEL INTUBATION with biopsy

4099 ALL STATES: FEE \$82.00

SMALL BOWEL INTUBATION — as an independent procedure

4104 ALL STATES: FEE \$41.50

PANCREATECTOMY, PARTIAL

4109 ALL STATES: FEE \$555.00

ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S

PANCREATICO-DUODENECTOMY, WHIPPLE'S OPERATION

4115 ALL STATES: FEE \$820.00

ANAESTHETIC 30 UNITS—ITEM NOS 474G/545S

4130	PANCREAS, drainage of								
			ALL STATES: FEE \$240.00						
			ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S						
4133	ANASTOMOSIS OF PANCREATIC DUCT TO BOWEL								
			ALL STATES: FEE \$580.00						
			ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S						
4141	SPLENECTOMY FOR TRAUMA								
	FEE	\$	NSW 325.00	VIC 335.00	QLD 325.00	SA 325.00	WA 325.00	TAS 325.00	
			ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S						
4144	SPLENECTOMY, OTHER THAN FOR TRAUMA								
			ALL STATES: FEE \$345.00						
			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 \$515.00						
			ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S						
4173	RETROPERITONEAL TUMOUR, removal of								
			ALL STATES: FEE \$405.00						
			ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S						
4179	SACROCOCCYGEAL AND PRESACRAL TUMOUR—excision of								
			ALL STATES: FEE \$405.00						
			ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S						
4185	RETROPERITONEAL ABSCESS, drainage of, not involving laparotomy								
			ALL STATES: FEE \$215.00						
			ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S						

4191	PERITONEOSCOPY							
	ALL STATES: FEE \$86.00							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
4197	PARACENTESIS ABDOMINIS							
	ALL STATES: FEE \$24.50							
4202	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF — one surgeon							
	ALL STATES: FEE \$572.50							
	ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S							
4209	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF, COMBINED SYNCHRONOUS OPERATION — abdominal resection							
	ALL STATES: FEE \$470.00							
4214	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF, COMBINED SYNCHRONOUS OPERATION — perineal resection							
	ALL STATES: FEE \$205.00							
	ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S							
4217	ABDOMINO-PERINEAL PULL THROUGH RESECTION with colo-anal anastomosis (one or two stages), including associated colostomy							
	ALL STATES: FEE \$710.00							
	ANAESTHETIC 30 UNITS—ITEM NOS 474G/545S							
4222	FEMORAL OR INGUINAL HERNIA OR INFANTILE HYDROCELE, repair of, not covered by Items 4233, 4258 or 4262							
			NSW	VIC	QLD	SA	WA	TAS
	G.	FEE	\$ 164.00	164.00	158.00	158.00	158.00	140.00
4227	S.	FEE	\$ 205.00	205.00	205.00	192.00	215.00	172.00
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
4233	STRANGULATED, INCARCERATED OR OBSTRUCTED HERNIA, repair of, without bowel resection							
	ALL STATES: FEE \$245.00							
	ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S							

	ORCHIDECTOMY (simple)							
4288	G. ALL STATES: FEE \$140.00							
4293	S. ALL STATES: FEE \$188.00							
ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S								
	ORCHIDECTOMY AND COMPLETE EXCISION OF SPERMATIC CORD							
4296	ALL STATES: FEE \$245.00							
ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S								
	UNDESCENDED TESTIS, orchidopexy or transplantation of, with or without associated hernial repair							
4307	FEE	\$	NSW 245.00	VIC 245.00	QLD 235.00	SA 235.00	WA 235.00	TAS 235.00
ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S								
	SECONDARY DETACHMENT OF TESTIS FROM THIGH							
4313	ALL STATES: FEE \$53.00							
ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								
	CIRCUMCISION of person UNDER FOUR WEEKS of age							
4319	ALL STATES: FEE \$21.50							
ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								
	CIRCUMCISION of person UNDER TEN YEARS of age but not less than four weeks of age							
4327	FEE	\$	NSW 51.00	VIC 51.00	QLD 46.00	SA 46.00	WA 46.00	TAS 46.00
ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								
	CIRCUMCISION of person TEN YEARS OF AGE OR OVER							
4338	G.	ALL STATES: FEE \$70.00						
4345	S.	ALL STATES: FEE \$86.00						
ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								

4238		DIAPHRAGMATIC HERNIA, TRAUMATIC, repair of							
				ALL STATES: FEE \$360.00					
				ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S					
4241		DIAPHRAGMATIC HERNIA, OTHER THAN TRAUMATIC, repair of (abdominal approach)							
	FEE		NSW	VIC	QLD	SA	WA	TAS	
			\$ 445.00	415.00	415.00	415.00	415.00	415.00	
									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 \$122.00					
4249	S.			ALL STATES: FEE \$164.00					
				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 \$140.00					
4254	S.			ALL STATES: FEE \$188.00					
				ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S					
4258	G.	VENTRAL, INCISIONAL, LUMBAR OR RECURRENT HERNIA OR BURST ABDOMEN, repair of							
				ALL STATES: FEE \$205.00					
4262	S.			ALL STATES: FEE \$245.00					
				ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S					
4265		HYDROCELE, tapping of							
				ALL STATES: FEE \$16.40					
4269	G.	VARICOCELE or HYDROCELE, removal of							
				ALL STATES: FEE \$110.00					
4273	S.			ALL STATES: FEE \$136.00					
				ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S					

4351	<p>PARAPHIMOSIS, reduction of, under general anaesthesia, with or without dorsal incision, not associated with any other item in this Part</p> <p>ALL STATES: FEE \$22.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
4354	<p>SIGMOIDOSCOPIC EXAMINATION (with rigid sigmoidoscope), with or without biopsy</p> <p>ALL STATES: FEE \$25.50</p>
4363	<p>SIGMOIDOSCOPIC EXAMINATION (with rigid sigmoidoscope), UNDER GENERAL ANAESTHESIA, with or without biopsy, not associated with any other item in this Part</p> <p>ALL STATES: FEE \$39.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
4366	<p>SIGMOIDOSCOPIC EXAMINATION with diathermy OR resection of one or more rectal polyps or tumours</p> <p>G. ALL STATES: FEE \$66.00</p>
4367	<p>S. ALL STATES: FEE \$86.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
4380	<p>FULL OR PARTIAL THICKNESS RECTAL BIOPSY under general anaesthesia</p> <p>ALL STATES: FEE \$76.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
4383	<p>FLEXIBLE FIBREOPTIC SIGMOIDOSCOPY with or without short fibreoptic colonoscopy up to splenic flexure</p> <p>ALL STATES: FEE \$41.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
4385	<p>FLEXIBLE FIBREOPTIC SIGMOIDOSCOPY with or without short fibreoptic colonoscopy up to splenic flexure, WITH BIOPSY</p> <p>ALL STATES: FEE \$59.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>

4386	<p>FLEXIBLE FIBREOPTIC 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>ALL STATES: FEE \$106.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
4388	<p>FIBREOPTIC COLONOSCOPY—EXAMINATION OF COLON UP TO AND BEYOND SPLENIC FLEXURE (long colonoscopy)</p> <p>ALL STATES: FEE \$172.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
4389	<p>FIBREOPTIC COLONOSCOPY—EXAMINATION OF COLON UP TO AND BEYOND SPLENIC FLEXURE (long colonoscopy) with biopsy</p> <p>ALL STATES: FEE \$205.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
4394	<p>FIBREOPTIC COLONOSCOPY—examination of colon up to and beyond splenic flexure (long colonoscopy) with removal of one or more colonic polyps</p> <p>ALL STATES: FEE \$245.00</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 \$184.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
4399	<p>RECTAL TUMOUR, excision of, via trans-sphincteric approach</p> <p>ALL STATES: FEE \$295.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
4413	<p>RECTUM, RADICAL OPERATION FOR PROLAPSE OF, involving laparotomy</p> <p>ALL STATES: FEE \$385.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>

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 \$32.50 ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
4467	ANAL PROLAPSE—CIRCUM-ANAL SUTURE ALL STATES: FEE \$55.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G / 513S
4482	ANAL STRICTURE, repair of ALL STATES: FEE \$130.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G / 514S
4490	ANAL SPHINCTEROTOMY as an independent procedure for Hirschsprung's disease ALL STATES: FEE \$122.00 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 \$265.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G / 523S
4509	HAEMORRHOIDS, rubber band ligation of, or incision of thrombosed external haemorrhoids ALL STATES: FEE \$25.50 ANAESTHETIC 5 UNITS—ITEM NOS 406G / 510S
4523	HAEMORRHOIDECTOMY, RADICAL G. ALL STATES: FEE \$134.00 4527 S. ALL STATES: FEE \$170.00 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 \$47.00						
		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 \$94.00						
4544	S.	ALL STATES: FEE \$118.00						
		ANAESTHETIC 6 UNITS—ITEM NOS 407G / 513S						
	FISTULA IN ANO, SUBCUTANEOUS, excision of							
4552	G.	ALL STATES: FEE \$106.00						
4557	S.	ALL STATES: FEE \$138.00						
		ANAESTHETIC 7 UNITS—ITEM NOS 408G / 514S						
	FISTULA IN ANO, excision of (involving incision of external sphincter)							
4568	G.	ALL STATES: FEE \$152.00						
4573	S.	ALL STATES: FEE \$184.00						
		ANAESTHETIC 7 UNITS—ITEM NOS 408G / 514S						
	FAECAL FISTULA, repair of							
4590		ALL STATES: FEE \$325.00						
		ANAESTHETIC 12 UNITS—ITEM NOS 454G / 523S						
	COCCYX, excision of							
4606	FEE	\$	NSW 164.00	VIC 205.00	QLD 164.00	SA 164.00	WA 164.00	TAS 164.00
		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	\$	140.00	140.00	132.00	132.00	132.00	132.00	
4617	S. FEE	\$	178.00	178.00	164.00	164.00	164.00	164.00	

ANAESTHETIC 8 UNITS—ITEM NOS 409G / 517S

		PILONIDAL SINUS, injection of sclerosant fluid under anaesthesia							
			NSW	VIC	QLD	SA	WA	TAS	
4622	FEE	\$	44.50	42.50	42.50	42.50	42.50	42.50	

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

VASCULAR SURGERY

		VARICOSE VEINS, injection into—one or more injections including associated consultation							
4629			ALL STATES: FEE \$16.40						

		VARICOSE VEINS, multiple simultaneous injections by continuous compression techniques (excluding after-care)							
4633			ALL STATES: FEE \$47.00						

		VARICOSE VEINS, multiple ligations, with or without local stripping or excision, not covered by any other item in this Part							
4637			ALL STATES: FEE \$92.00						
			ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S						

		VARICOSE VEINS, high ligation and complete stripping or excision of long saphenous vein							
4640			ALL STATES: FEE \$230.00						
			ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S						

		VARICOSE VEINS, high ligation and complete stripping or excision of short saphenous vein							
4643			ALL STATES: FEE \$170.00						
			ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S						

4649	<p>VARICOSE VEINS, high ligation and complete stripping or excision of both long and short saphenous systems</p> <p>ALL STATES: FEE \$315.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/52 1S</p>
4651	<p>VARICOSE VEINS, high ligation of long saphenous vein at sapheno-femoral junction</p> <p>ALL STATES: FEE \$152.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/5 13S</p>
4655	<p>VARICOSE VEINS, high ligation of short saphenous vein at sapheno-popliteal junction</p> <p>ALL STATES: FEE \$118.00</p> <p>ANAESTHETIC 6 UNITS — ITEM NOS 407G/513S</p>
4658	<p>VARICOSE VEINS, sub-fascial ligation of single deep perforation</p> <p>ALL STATES: FEE \$94.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
4662	<p>VARICOSE VEINS, sub-fascial ligation of multiple deep perforating veins (Cockett's operation)</p> <p>ALL STATES: FEE \$235.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
4665	<p>CROSS LEG BY-PASS GRAFT—saphenous to femoral vein</p> <p>ALL STATES: FEE \$385.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
4670	<p>INTRA-ARTERIAL oxygen injection</p> <p>ALL STATES: FEE \$23.50</p>
4676	<p>LIGATION OF MEDIUM ARTERY, MEDIUM VEIN OR MEDIUM ARTERY AND MEDIUM VEIN by elective operation (including repair of artificial arterio-venous fistula)</p> <p>ALL STATES: FEE \$118.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>

4678	<p>LIGATION OF LARGE ARTERY, LARGE VEIN OR LARGE ARTERY AND LARGE VEIN by elective operation</p> <p>ALL STATES: FEE \$162.00</p> <p>ANAESTHETIC 7 UNITS — ITEM NOS 408G/514S</p>
4690	<p>GREAT ARTERY OR GREAT VEIN (including jugular, subclavian, axillary, iliac, femoral or popliteal) ligation of</p> <p>ALL STATES: FEE \$235.00</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 \$335.00</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 \$510.00</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 \$460.00</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 \$555.00</p> <p>ANAESTHETIC 10 UNITS — ITEM NOS 450G/521S</p>
4702	<p>ARTERIO-VEINUS FISTULA, dissection and ligation of</p> <p>ALL STATES: FEE \$335.00</p> <p>ANAESTHETIC 10 UNITS — ITEM NOS 450G/521S</p>

4705	INNOMINATE, SUBCLAVIAN, OR ANY INTRA-ABDOMINAL ARTERY, endarterectomy of ALL STATES: FEE \$555.00 ANAESTHETIC 19 UNITS—ITEM NOS 463G/531S
4709	ARTERY OF NECK OR EXTREMITIES, endarterectomy of ALL STATES: FEE \$510.00 ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S
4715	GREAT ARTERY OR GREAT VEIN (including carotid, jugular, subclavian, axillary, iliac, femoral or popliteal) ligation of involving gradual occlusion by mechanical device ALL STATES: FEE \$245.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
4721	INFERIOR VENA CAVA, plication or ligation of ALL STATES: FEE \$325.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
4733	INTERNAL CAROTID ARTERY, repositioning of ALL STATES: FEE \$275.00 ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
4738	ARTERIAL PATCH GRAFT ALL STATES: FEE \$335.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
4744	AORTO-ILIAC OR AORTO-FEMORAL BIFURCATE GRAFT ALL STATES: FEE \$625.00 ANAESTHETIC 19 UNITS—ITEM NOS 463G/531S
4749	AXILLARY-FEMORAL BY-PASS GRAFT or SUBCLAVIAN-FEMORAL BY-PASS GRAFT ALL STATES: FEE \$600.00 ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S

4754	<p>ARTERIAL OR VENOUS GRAFT OR BY-PASS not included in any other item</p> <p>ALL STATES: FEE \$625.00</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 \$945.00</p> <p>ANAESTHETIC 22 UNITS—ITEM NOS 466G/537S</p>
4762	<p>ARTERIAL ANASTOMOSIS</p> <p>ALL STATES: FEE \$555.00</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 \$825.00</p> <p>ANAESTHETIC 38 UNITS—ITEM NOS 477G/548S</p>
4766	<p>PORTAL HYPERTENSION, vascular anastomosis for</p> <p>ALL STATES: FEE \$555.00</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 \$325.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
4784	<p>EMBOLUS, removal of, FROM ARTERY OF TRUNK</p> <p>ALL STATES: FEE \$415.00</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 \$295.00</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 \$685.00</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 \$820.00</p> <p>ANAESTHETIC 26 UNITS — ITEM NOS 470G/541S</p>
4798	<p>ANEURYSM OF MAJOR ARTERY, excision of and insertion of graft</p> <p>ALL STATES: FEE \$580.00</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 \$235.00</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 \$235.00</p> <p>ANAESTHETIC 14 UNITS — ITEM NOS 458G/525S</p>
4808	<p>ARTERIOVENOUS SHUNT, EXTERNAL, insertion of</p> <p>ALL STATES: FEE \$112.00</p> <p>ANAESTHETIC 9 UNITS — ITEM NOS 443G/518S</p>
4812	<p>ARTERIOVENOUS SHUNT, EXTERNAL, removal of</p> <p>ALL STATES: FEE \$86.00</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 \$460.00</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 \$245.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
4832	<p>OPERATIONS FOR ACUTE OSTEOMYELITIS</p> <p>OPERATION ON PHALANX</p> <p>ALL STATES: FEE \$58.00</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 \$96.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
4844	<p>OPERATION ON HUMERUS OR FEMUR—ONE BONE</p> <p>ALL STATES: FEE \$164.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
4853	<p>OPERATION ON SPINE OR PELVIC BONES-ONE BONE</p> <p>ALL STATES: FEE \$164.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
4860	<p>OPERATIONS FOR CHRONIC OSTEOMYELITIS</p> <p>± OPERATION ON SCAPULA, STERNUM, CLAVICLE, RIB, ULNA, RADIUS, METACARPUS, CARPUS, PHALANX, TIBIA, FIBULA, METATARSUS, TARSUS, MANDIBLE OR MAXILLA (other than alveolar margins)—ONE BONE or ANY COMBINATION OF ADJOINING BONES</p> <p>ALL STATES: FEE \$164.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
4864	<p>OPERATION ON HUMERUS OR FEMUR—ONE BONE</p> <p>ALL STATES: FEE \$164.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>

4867		OPERATION ON SPINE OR PELVIC BONES—ONE BONE ALL STATES: FEE \$275.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
4870		OPERATION ON SKULL ALL STATES: FEE \$215.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
4877	‡	OPERATION ON ANY COMBINATION OF ADJOINING BONES, being bones referred to in Item 4864, 4867 or 4870 ALL STATES: FEE \$275.00 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 \$72.00
4930	S.	ALL STATES: FEE \$89.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
		TWO DIGITS of one hand
4934	G.	ALL STATES: FEE \$110.00
4940	S.	ALL STATES: FEE \$134.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
		THREE DIGITS of one hand
4943	G.	ALL STATES: FEE \$128.00
4948	S.	ALL STATES: FEE \$128.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

	FOUR DIGITS of one hand	
4950	G.	ALL STATES: FEE \$144.00
4954	S.	ALL STATES: FEE \$178.00
		ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
	FIVE DIGITS of one hand	
4957	G.	ALL STATES: FEE \$164.00
4961	S.	ALL STATES: FEE \$205.00
		ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
	FINGER OR THUMB, INCLUDING METACARPAL or part of metacarpal—each digit	
4965	G.	ALL STATES: FEE \$85.00
4969	S.	ALL STATES: FEE \$106.00
		ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
	HAND, MIDCARPAL OR TRANSMETACARPAL	
4972	G.	ALL STATES: FEE \$106.00
4976	S.	ALL STATES: FEE \$138.00
		ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
	HAND, FOREARM OR THROUGH ARM	
4979		ALL STATES: FEE \$164.00
		ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
	AT SHOULDER	
4983		ALL STATES: FEE \$275.00
		ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
	INTERSCAPULOTHORACIC	
4987		ALL STATES: FEE \$555.00
		ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S

ONE DIGIT of foot

4990 G. ALL STATES: FEE \$55.00

4993 S. ALL STATES: FEE \$67.00

ANAESTHETIC 6 UNITS — ITEM NOS 407G/513S

TWO DIGITS of one foot

4995 G. ALL STATES: FEE \$82.00

4997 S. ALL STATES: FEE \$102.00

ANAESTHETIC 7 UNITS — ITEM NOS 408G/514S

THREE DIGITS of one foot

4999 G. ALL STATES: FEE \$96.00

5002 S. ALL STATES: FEE \$118.00

ANAESTHETIC 8 UNITS — ITEM NOS 409G/517S

FOUR DIGITS of one foot

5006 G. ALL STATES: FEE \$110.00

5009 S. ALL STATES: FEE \$134.00

ANAESTHETIC 9 UNITS — ITEM NOS 443G/518S

FIVE DIGITS of one foot

5015 G. ALL STATES: FEE \$122.00

5018 S. ALL STATES: FEE \$154.00

ANAESTHETIC 10 UNITS — ITEM NOS 450G/521S

TOE, including metatarsal or part of metatarsal — each toe

5024 G. ALL STATES: FEE \$67.00

5029 S. ALL STATES: FEE \$85.00

ANAESTHETIC 7 UNITS — ITEM NOS 408G/514S

5034	FOOT AT ANKLE (Syme, Pirogoff types) ALL STATES: FEE \$164.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
5038	FOOT, MIDTARSAL OR TRANSMETATARSAL ALL STATES: FEE \$138.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
5045	THROUGH LEG OR AT KNEE ALL STATES: FEE \$215.00 ANAESTHETIC 8 UNITS-ITEMS NOS 409G/517S
5048	THROUGH THIGH ALL STATES: FEE \$295.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
5051	AT HIP ALL STATES: FEE \$335.00 ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
5055	HINDQUARTER ALL STATES: FEE \$685.00 ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S
DIVISION 3—EAR, NOSE AND THROAT	
5059	EAR, removal of foreign body in, otherwise than by simple syringing ALL STATES: FEE \$38.50 ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
5062	EAR, REMOVAL OF FOREIGN BODY IN, involving incision of external auditory canal ALL STATES: FEE \$112.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

5066	<p>AURAL POLYP, removal of</p> <p>ALL STATES: FEE \$67.00</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 \$76.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
5072	<p>EXTERNAL AUDITORY MEATUS, removal of EXOSTOSES IN</p> <p>ALL STATES: FEE \$430.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5075	<p>MYRINGOPLASTY, trans-canal approach (Rosen incision)</p> <p>ALL STATES: FEE \$275.00</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 \$445.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5081	<p>OSSICULAR CHAIN RECONSTRUCTION</p> <p>ALL STATES: FEE \$510.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5085	<p>OSSICULAR CHAIN RECONSTRUCTION AND MYRINGOPLASTY</p> <p>ALL STATES: FEE \$555.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
5087	<p>MASTOIDECTOMY (CORTICAL)</p> <p>ALL STATES: FEE \$245.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>

5091	<p>OBLITERATION OF THE MASTOID CAVITY OBLITERATION OF THE MASTOID CAVITY</p> <p>ALL STATES: FEE \$320.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
5095	<p>MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL)</p> <p>ALL STATES: FEE \$510.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
5098	<p>MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) AND MYRINGOPLASTY</p> <p>ALL STATES: FEE \$555.00</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 \$685.00</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 \$555.00</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 \$625.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>
5106	<p>LABYRINTHOTOMY OR DESTRUCTION OF LABYRINTH</p> <p>ALL STATES: FEE \$480.00</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 \$1130.00</p> <p>ANAESTHETIC 39 UNITS—ITEM NOS 478G/549S</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 \$1130.00</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 \$555.00</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 \$685.00</p> <p>ANAESTHETIC 21 UNITS—ITEM NOS 465G/535S</p>
5127	<p>FENESTRATION OPERATION—each ear</p> <p>ALL STATES: FEE \$555.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
5131	<p>VENOUS GRAFT TO FENESTRATION CAVITY</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5138	<p>STAPEDECTOMY</p> <p>ALL STATES: FEE \$510.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
5143	<p>STAPES MOBILISATION</p> <p>ALL STATES: FEE \$325.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
5147	<p>REPAIR OF ROUND WINDOW</p> <p>ALL STATES: FEE \$510.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>

5152	GLOMUS TUMOUR, transtympanic removal of							
	ALL STATES: FEE \$385.00							
	ANAESTHETIC 12 UNITS — ITEM NOS 454G/523S							
5158	GLOMUS TUMOUR, transmastoid removal of, including mastoidectomy							
	ALL STATES: FEE \$555.00							
	ANAESTHETIC 13 UNITS — ITEM NOS 457G/524S							
5162	ABSCCESS OR INFLAMMATION OF MIDDLE EAR, operation for (excluding after-care)							
	FEE	\$	NSW 46.00	VIC 67.00	QLD 46.00	SA 46.00	WA 46.00	TAS 46.00
	ANAESTHETIC 7 UNITS — ITEM NOS 408G/514S							
5166	MIDDLE EAR, EXPLORATION OF							
	FEE	\$	NSW 205.00	VIC 245.00	QLD 205.00	SA 205.00	WA 205.00	TAS 205.00
	ANAESTHETIC 9 UNITS — ITEM NOS 443G/518S							
5172	MIDDLE EAR, insertion of tube for DRAINAGE OF (including myringotomy)							
	FEE	\$	NSW 112.00	VIC 102.00	QLD 81.00	SA 81.00	WA 81.00	TAS 81.00
	ANAESTHETIC 7 UNITS — ITEM NOS 408G/514S							
5176	PERFORATION OF TYMPANUM, cauterisation or diathermy of							
	ALL STATES: FEE \$22.00							
	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 \$51.00							
	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 \$51.00								
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S								
5192	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								
	ALL STATES: FEE \$33.50								
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								
5196	NASAL HAEMORRHAGE, POSTERIOR, ARREST OF, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding after-care)								
	ALL STATES: FEE \$58.00								
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S								
5201	NOSE, removal of FOREIGN BODY IN, other than by simple probing								
	ALL STATES: FEE \$36.00								
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								
5205	NASAL POLYP OR POLYPI (SIMPLE), removal of								
	ALL STATES: FEE \$38.50								
5210	NASAL POLYP OR POLYPI (requiring admission to hospital), removal of								
G.	FEE	\$	NSW 81.00	VIC 81.00	QLD 66.00	SA 66.00	WA 81.00	TAS 66.00	
5214	S.	FEE	\$	102.00	102.00	81.00	81.00	102.00	81.00
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S								
5217	NASAL SEPTUM, SEPTOPLASTY OR SUBMUCOUS RESECTION OF								
	FEE	\$	NSW 205.00	VIC 225.00	QLD 152.00	SA 152.00	WA 205.00	TAS 152.00	
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S								

5229	<p>CAUTERISATION (other than by chemical means) OR DIATHERMY OF SEPTUM, TURBINATES OR PHARYNX—one or more of these procedures (including any consultation on the same occasion) not associated with any other operation on the nose</p> <p>ALL STATES: FEE \$47.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
5230	<p>± CAUTERISATION (other than by chemical means) OF BLOOD VESSELS IN NOSE during an episode of epistaxis, one or both sides</p> <p>ALL STATES: FEE \$41.50</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
5233	<p>CRYOTHERAPY TO NOSE in the treatment of nasal haemorrhage</p> <p>ALL STATES: FEE \$76.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
5235	<p>+ DISLOCATION OF TURBINATE OR TURBINATES, one or both sides, not associated with any other item in this Part</p> <p>ALL STATES: FEE \$33.50</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
5237	<p>TURBINECTOMY</p> <p>ALL STATES: FEE \$63.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
5241	<p>TURBINATES, submucous resection of</p> <p>ALL STATES: FEE \$82.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
5245	<p>MAXILLARY ANTRUM, PROOF PUNCTURE AND LAVAGE OF</p> <p>ALL STATES: FEE \$15.20</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
5254	<p>MAXILLARY ANTRUM, proof puncture and lavage of, under general anaesthesia (requiring admission to hospital)</p> <p>ALL STATES: FEE \$42.50</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>

5264	MAXILLARY ANTRUM, LAVAGE OF—each attendance at which the procedure is performed, including any associated consultation								
			ALL STATES: FEE \$12.60						
			ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S						
5268	MAXILLARY ARTERY, transantral ligation of								
			ALL STATES: FEE \$205.00						
			ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S						
5270	ANTROSTOMY (RADICAL)								
	FEE	\$	NSW 205.00	VIC 245.00	QLD 205.00	SA 205.00	WA 205.00	TAS 205.00	
			ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S						
5277	ANTROSTOMY (RADICAL) with transantral ethmoidectomy or transantral vidian neurectomy								
			ALL STATES: FEE \$285.00						
			ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S						
5280	ANTRUM, intranasal operation on, or removal of foreign body from								
	FEE	\$	NSW 126.00	VIC 126.00	QLD 138.00	SA 102.00	WA 102.00	TAS 102.00	
			ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S						
5284	ANTRUM, drainage of, through tooth socket								
			ALL STATES: FEE \$55.00						
			ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S						
5288	ORO-ANTRAL FISTULA, plastic closure of								
			ALL STATES: FEE \$275.00						
			ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S						
5295	FRONTO-NASAL ETHMOIDECTOMY with or without sphenoidectomy								
			ALL STATES: FEE \$360.00						
			ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S						

5298	RADICAL FRONTO-ETHMOIDECTOMY with osteoplastic flap							
	ALL STATES: FEE \$470.00							
	ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S							
5301	FRONTAL SINUS OR ETHMOIDAL SINUSES, intranasal operation on							
	FEE	\$	NSW 172.00	VIC 225.00	QLD 172.00	SA 172.00	WA 172.00	TAS 172.00
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							
5305	FRONTAL SINUS, catheterisation of							
	ALL STATES: FEE \$27.50							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
5308	FRONTAL SINUS, trephine of							
	ALL STATES: FEE \$158.00							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
5318	FRONTAL SINUS, radical obliteration of							
	ALL STATES: FEE \$360.00							
	ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S							
5320	ETHMOIDAL SINUSES, external operation on							
	ALL STATES: FEE \$285.00							
	ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S							
5330	SPHENOIDAL SINUS, intranasal operation on							
	ALL STATES: FEE \$138.00							
	ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S							
5343	EUSTACHIAN TUBE, catheterisation of							
	FEE	\$	NSW 18.80	VIC 21.50	QLD 17.20	SA 16.40	WA 16.40	TAS 16.40
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							

	DIVISION OF PHARYNGEAL ADHESIONS								
5345	ALL STATES: FEE \$55.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S								
	POST-NASAL SPACES, direct examination of, with biopsy, nasendoscopy or sinuscopy (unilateral)								
5348	ALL STATES: FEE \$58.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S								
	PHARYNGEAL POUCH, removal of								
5354	ALL STATES: FEE \$325.00 ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S								
	PHARYNGEAL POUCH, ENDOSCOPIC RESECTION OF (Dohlman's operation)								
5357	ALL STATES: FEE \$275.00 ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S								
	PHARYNGOTOMY (lateral), with or without total excision of tongue								
5360	ALL STATES: FEE \$325.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								
	TONSILS OR TONSILS AND ADENOIDS, removal of, in a person aged LESS THAN TWELVE YEARS								
5363	G.	FEE	\$	NSW 102.00	VIC 102.00	QLD 86.00	SA 86.00	WA 86.00	TAS 86.00
5366	S.	FEE	\$	138.00	126.00	110.00	110.00	110.00	110.00
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S								
	TONSILS OR TONSILS AND ADENOIDS, removal of, in a person TWELVE YEARS OF AGE OR OVER								
5389	G.	FEE	\$	NSW 128.00	VIC 128.00	QLD 110.00	SA 110.00	WA 110.00	TAS 110.00
5392	S.	FEE	\$	172.00	172.00	132.00	132.00	132.00	132.00
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S								

TONSILS OR TONSILS AND ADENOIDS, ARREST OF HAEMORRHAGE requiring general anaesthesia, following removal of

5396 G. ALL STATES: FEE \$53.00

5401 S. ALL STATES: FEE \$67.00

ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

ADENOIDS, removal of

				NSW	VIC	QLD	SA	WA	TAS
5407	G.	FEE	\$	55.00	44.50	44.50	44.50	44.50	44.50

				NSW	VIC	QLD	SA	WA	TAS
5411	S.	FEE	\$	76.00	63.00	63.00	63.00	63.00	58.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

LINGUAL TONSIL OR LATERAL PHARYNGEAL BANDS, removal of

5431 ALL STATES: FEE \$41.50

ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

PERITONSILLAR ABSCESS (quinsy), incision of

5445 ALL STATES: FEE \$32.50

ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

UVULOTOMY

5449 ALL STATES: FEE \$16.40

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

VALLECULAR OR PHARYNGEAL CYSTS, removal of

5456 ALL STATES: FEE \$164.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

OESOPHAGOSCOPY (with rigid oesophagoscope)

5464 ALL STATES: FEE \$86.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

5470	<p>OESOPHAGOSCOPY, with dilatation or insertion of prosthesis — each occasion</p> <p>ALL STATES: FEE \$166.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
5480	<p>OESOPHAGOSCOPY (with rigid oesophagoscope), with biopsy</p> <p>ALL STATES: FEE \$112.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
5486	<p>OESOPHAGOSCOPY (with rigid oesophagoscope), with removal of foreign body</p> <p>ALL STATES: FEE \$164.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
5490	<p>OESOPHAGEAL STRICTURE, dilatation of, without oesophagoscopy</p> <p>ALL STATES: FEE \$24.50</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
5492	<p>OESOPHAGUS, pneumatic dilatation of</p> <p>ALL STATES: FEE \$106.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
5498	<p>LARYNGECTOMY (TOTAL)</p> <p>ALL STATES: FEE \$600.00</p> <p>ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S</p>
5508	<p>LARYNGOPHARYNGECTOMY or PRIMARY RESTORATION OF ALIMENTARY CONTINUITY after laryngopharyngectomy USING STOMACH OR BOWEL</p> <p>ALL STATES: FEE \$625.00</p> <p>ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S</p>
5520	<p>LARYNX, direct examination of, as an independent procedure</p> <p>ALL STATES: FEE \$86.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>

	LARYNX, direct examination of, with biopsy							
5524	FEE	\$	NSW 102.00	VIC 126.00	QLD 102.00	SA 102.00	WA 102.00	TAS 102.00
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
	LARYNX, direct examination of, WITH REMOVAL OF TUMOUR							
5530	FEE	\$	NSW 112.00	VIC 138.00	QLD 112.00	SA 112.00	WA 112.00	TAS 112.00
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							
	MICROLARYNGOSCOPY							
5534	ALL STATES: FEE \$134.00							
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
	MICROLARYNGOSCOPY WITH REMOVAL OF TUMOUR							
5540	ALL STATES: FEE \$188.00							
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							
	† TEFLON INJECTION INTO VOCAL CORD							
5542	ALL STATES: FEE \$210.00							
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							
	LARYNX, FRACTURED, operation for							
5545	ALL STATES: FEE \$275.00							
	ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S							
	LARYNX, external operation on, OR LARYNGOFISSURE							
5556	ALL STATES: FEE \$275.00							
	ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S							
	TRACHEOSTOMY							
5572	G.	ALL STATES: FEE \$85.00						
5598	S.	ALL STATES: FEE \$112.00						
	ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S							

5601	TRACHEA, removal of foreign body in ALL STATES: FEE \$82.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
5605	BRONCHOSCOPY, as an independent procedure ALL STATES: FEE \$82.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
5611	BRONCHOSCOPY with biopsy or other diagnostic or therapeutic procedure ALL STATES: FEE \$110.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
5613	BRONCHUS, removal of foreign body in ALL STATES: FEE \$170.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
5619	BRONCHOSCOPY with dilatation of tracheal stricture ALL STATES: FEE \$116.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
DIVISION 4—UROLOGICAL	
5636	ADRENAL GLAND, biopsy or removal of ALL STATES: FEE \$405.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5642	RENAL TRANSPLANT (not covered by Item 5644 or 5645) ALL STATES: FEE \$685.00 ANAESTHETIC 24 UNITS—ITEM NOS 468G/539S
5644	RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together—vascular anastomosis including aftercare ALL STATES: FEE \$470.00 ANAESTHETIC 24 UNITS—ITEM NOS 468G/539S

5645	<p>RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together— ureterovesical anastomosis including aftercare</p> <p>ALL STATES: FEE \$395.00</p> <p>ANAESTHETIC 24 UNITS—ITEM NOS 468G/539S</p>
5647	<p>‡ DONOR NEPHRECTOMY (cadaver) one or both kidneys</p> <p>ALL STATES: FEE \$385.00</p>
5654	<p>NEPHRECTOMY complete</p> <p>G. ALL STATES: FEE \$360.00</p>
5661	<p>S. ALL STATES: FEE \$445.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
5665	<p>PARTIAL NEPHRECTOMY, NEPHRECTOMY complicated by previous surgery on the same kidney, or NEPHRO-URETERECTOMY</p> <p>ALL STATES: FEE \$510.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
5675	<p>NEPHRO-URETERECTOMY, COMPLETE, with bladder repair</p> <p>ALL STATES: FEE \$560.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>
5679	<p>KIDNEY, FUSED, symphysiotomy for</p> <p>ALL STATES: FEE \$510.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
5683	<p>KIDNEY, EXPLORATION OF, WITH ANY PROCEDURE, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$345.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
5691	<p>NEPHROLITHOTOMY OR PYELOLITHOTOMY</p> <p>ALL STATES: FEE \$445.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>

5699	<p>NEPHROLITHOTOMY OR PYEOLITHOTOMY—when complicated by previous surgery on the same kidney OR for large staghorn calculus filling renal pelvis and calyces</p> <p>ALL STATES: FEE \$515.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5705	<p>URETEROLITHOTOMY</p> <p>ALL STATES: FEE \$405.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
5715	<p>NEPHROSTOMY, nephrotomy or pyelostomy with drainage</p> <p>ALL STATES: FEE \$360.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
5721	<p>NEPHROPEXY, as an independent procedure</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
5724	<p>RENAL CYST OR CYSTS, excision or unroofing of</p> <p>ALL STATES: FEE \$320.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
5726	<p>RENAL BIOPSY (closed)</p> <p>ALL STATES: FEE \$81.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
5729	<p>PYONEPHROSIS, drainage of</p> <p>ALL STATES: FEE \$164.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
5732	<p>PERINEPHRIC ABSCESS, drainage of</p> <p>ALL STATES: FEE \$225.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>

5734	PYELOPLASTY ALL STATES: FEE \$445.00 ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
5737	PYELOPLASTY, COMPLICATED by previous surgery on same kidney or by congenital kidney abnormality or by the operation being on a solitary kidney ALL STATES: FEE \$510.00 ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
5741	DIVIDED URETER, repair of ALL STATES: FEE \$445.00 ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
5744	REPAIR OF KIDNEY, WOUND OR INJURY ALL STATES: FEE \$445.00 ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
5747	URETERECTOMY, COMPLETE OR PARTIAL, with bladder repair ALL STATES: FEE \$360.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5753	REPLACEMENT OF URETER BY BOWEL—unilateral ALL STATES: FEE \$625.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5757	REPLACEMENT OF URETER BY BOWEL—bilateral ALL STATES: FEE \$820.00 ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S
5763	URETER (UNILATERAL), transplantation of, into skin ALL STATES: FEE \$360.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

5769	<p>URETERS (BILATERAL), transplantation of, into skin</p> <p>ALL STATES: FEE \$445.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5773	<p>URETER (UNILATERAL), transplantation of, into bladder</p> <p>ALL STATES: FEE \$405.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5777	<p>URETERS (BILATERAL), transplantation of, into bladder</p> <p>ALL STATES: FEE \$510.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
5780	<p>URETER, transplantation of, into bladder with bladder plastic procedure (Boari flap)</p> <p>ALL STATES: FEE \$445.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5785	<p>URETER (UNILATERAL), transplantation of, into intestine</p> <p>ALL STATES: FEE \$445.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5792	<p>URETERS (BILATERAL), transplantation of, into intestine</p> <p>ALL STATES: FEE \$550.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
5799	<p>URETER, transplantation of, into other ureter</p> <p>ALL STATES: FEE \$445.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5804	<p>URETER (UNILATERAL), transplation of into isolated intestinal loop</p> <p>ALL STATES: FEE \$550.00</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 \$625.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
5812	<p>URETEROTOMY, with exploration or drainage, as an independent procedure</p> <p>ALL STATES: FEE \$320.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
5816	<p>URETEROTOMY, with exploration or drainage for a tumour, as an independent procedure</p> <p>ALL STATES: FEE \$360.00</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 or similar condition—unilateral</p> <p>ALL STATES: FEE \$360.00</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 or similar condition—bilateral</p> <p>ALL STATES: FEE \$445.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
5831	<p>REDUCTION URETEROPLASTY, unilateral</p> <p>ALL STATES: FEE \$345.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
5836	<p>REDUCTION URETEROPLASTY, bilateral</p> <p>ALL STATES: FEE \$445.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>
5837	<p>CLOSURE OF CUTANEOUS URETEROSTOMY—unilateral</p> <p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>

OPERATIONS ON THE BLADDER (CLOSED)

BLADDER, catheterisation of— where no other surgical procedure is performed

5840	FEE	\$	NSW 13.80	VIC 15.20	QLD 13.80	SA 13.80	WA 15.20	TAS 13.40
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ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S

CYSTOSCOPY, with or without urethral dilatation

5845	FEE	\$	NSW 69.00	VIC 67.00	QLD 67.00	SA 67.00	WA 67.00	TAS 67.00
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ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

CYSTOSCOPY, with ureteric catheterisation, with or without introduction of opaque medium

5851	FEE	\$	NSW 89.00	VIC 102.00	QLD 89.00	SA 89.00	WA 89.00	TAS 89.00
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ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

CYSTOSCOPY, with controlled hydro-dilatation of the bladder

5853 ALL STATES: FEE \$112.00

ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

ASCENDING CYSTO-URETHROGRAPHY

5861 ALL STATES: FEE \$44.50

ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

CYSTOSCOPIC REMOVAL OF FOREIGN BODY

5864 ALL STATES: FEE \$134.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

CYSTOSCOPY, with biopsy of bladder tumours

5868 ALL STATES: FEE \$112.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

5871	<p>CYSTOSCOPY, with diathermy or resection of superficial bladder tumours or with other diathermy of bladder or prostate</p> <p>ALL STATES: FEE \$ 158.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/5 13S</p>														
5875	<p>CYSTOSCOPY, with diathermy or resection of invasive bladder tumours or solitary tumour over 2cm in diameter</p> <p>ALL STATES: FEE \$ 335.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/5 13S</p>														
5878	<p>CYSTOSCOPY, with ureteric meatotomy or with resection of ureterocele</p> <p>ALL STATES: FEE \$ 126.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/5 10S</p>														
5881	<p>CYSTOSCOPY WITH ENDOSCOPIC RESECTION OF BLADDER NECK or CYSTOSCOPY WITH ENDOSCOPIC INCISION OF BLADDER NECK or BOTH OF THESE PROCEDURES</p> <p>ALL STATES: FEE \$ 225.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/5 14S</p>														
5883	<p>ENDOSCOPIC EXTERNAL SPHINCTEROTOMY for neurogenic bladder neck obstruction not associated with Item 5881</p> <p>ALL STATES: FEE \$ 225.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/5 14S</p>														
5885	<p>CYSTOSCOPY, with endoscopic removal or manipulation of ureteric calculus</p> <table data-bbox="209 1358 1118 1403"> <thead> <tr> <th></th> <th>NSW</th> <th>VIC</th> <th>OLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>FEE</td> <td>\$ 164.00</td> <td>205.00</td> <td>164.00</td> <td>164.00</td> <td>164.00</td> <td>164.00</td> </tr> </tbody> </table> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/5 13S</p>		NSW	VIC	OLD	SA	WA	TAS	FEE	\$ 164.00	205.00	164.00	164.00	164.00	164.00
	NSW	VIC	OLD	SA	WA	TAS									
FEE	\$ 164.00	205.00	164.00	164.00	164.00	164.00									
5888	<p>LITHOLAPAXY, with or without cystoscopy</p> <p>ALL STATES: FEE \$ 225.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/5 14S</p>														

OPERATIONS ON THE BLADDER (OPEN)

BLADDER, repair of rupture of, or partial excision of, or plastic repair of

5891 G. ALL STATES: FEE \$275.00

5894 S. ALL STATES: FEE \$335.00

ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S

CYSTOSTOMY OR CYSTOTOMY, suprapubic (not covered by Item 5903)

5897 G. ALL STATES: FEE \$164.00

5901 S. ALL STATES: FEE \$205.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

SUPRAPUBIC STAB CYSTOTOMY

5903 ALL STATES: FEE \$38.50

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

BLADDER, total excision of

5905 ALL STATES: FEE \$510.00

ANAESTHETIC 29 UNITS—ITEM NOS 473G/544S

BLADDER NECK CONTRACTURE, operation for

5916 ALL STATES: FEE \$335.00

ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

BLADDER TUMOURS, suprapubic diathermy of

5919 ALL STATES: FEE \$335.00

ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

DIVERTICULUM OF BLADDER, excision or obliteration of

5929 ALL STATES: FEE \$360.00

ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

5935 VESICAL FISTULA, cutaneous, operation for
 ALL STATES: FEE \$205.00
 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S

5941 VESICO-VAGINAL FISTULA, closure of, by abdominal approach
 ALL STATES: FEE \$405.00
 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S

5947 VESICO-COLIC FISTULA, closure of, excluding bowel resection
 ALL STATES: FEE \$320.00
 ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S

5956 VESICO-RECTAL FISTULA, closure of
 ALL STATES: FEE \$360.00
 ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S

5964 BLADDER ASPIRATION by needle
 ALL STATES: FEE \$22.50

5968 CYSTOTOMY, with removal of calculus, as an independent procedure
 ALL STATES: FEE \$225.00
 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

5977 URETHROPEXY (Marshall-Marchetti operation)
 ALL STATES: FEE \$320.00
 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

5981 BLADDER ENLARGEMENT using intestine or segment of bowel
 ALL STATES: FEE \$820.00
 ANAESTHETIC 23 UNITS—ITEM NOS 467G/538S

5984 CORRECTION OF VESICO-URETERIC REFLUX—operation for—unilateral
 ALL STATES: FEE \$445.00
 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S

5993	CORRECTION OF VESICO-URETERIC REFLUX — operation for — bilateral							
	ALL STATES: FEE \$550.00							
	ANAESTHETIC 14 UNITS — ITEM NOS 458G/525S							
OPERATIONS ON THE PROSTATE								
PROSTATECTOMY (suprapubic, perineal or retropubic)								
6001	FEE	\$	NSW 510.00	VIC 510.00	QLD 470.00	SA 470.00	WA 470.00	TAS 470.00
	ANAESTHETIC 13 UNITS — ITEM NOS 457G/524S							
PROSTATECTOMY (endoscopic), with or without cystoscopy								
6005	FEE	\$	NSW 470.00	VIC 525.00	QLD 470.00	SA 470.00	WA 470.00	TAS 470.00
	ANAESTHETIC 10 UNITS — ITEM NOS 450G/521S							
MEDIAN BAR, endoscopic resection of, with or without cystoscopy								
6010	ALL STATES: FEE \$225.00							
	ANAESTHETIC 9 UNITS — ITEM NOS 443G/518S							
PROSTATE, total excision of								
6017	ALL STATES: FEE \$555.00							
	ANAESTHETIC 13 UNITS — ITEM NOS 457G/524S							
PROSTATE, OPEN PERINEAL BIOPSY OF								
6022	ALL STATES: FEE \$138.00							
	ANAESTHETIC 6 UNITS — ITEM NOS 407G/513S							
PROSTATE, biopsy of, endoscopic, with or without cystoscopy								
6027	ALL STATES: FEE \$205.00							
	ANAESTHETIC 6 UNITS — ITEM NOS 407G/513S							

6030	PROSTATE, needle biopsy of, or injection into ALL STATES: FEE \$67.00 ANAESTHETIC 5 UNITS—ITEM NOS 406G/5 10S																
6033	PROSTATIC ABSCESS, retropubic or endoscopic drainage of ALL STATES: FEE \$225.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/5 14S																
OPERATIONS ON URETHRA, PENIS OR SCROTUM																	
6036	URETHRAL SOUNDS, passage of, as an independent procedure ALL STATES: FEE \$22.50 ANAESTHETIC 5 UNITS—ITEM NOS 406G/5 10S																
6039	URETHRAL STRICTURE, dilatation of <table style="width: 100%; border-collapse: collapse;"> <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;">38.50</td> <td style="text-align: center;">36.00</td> <td style="text-align: center;">38.50</td> <td style="text-align: center;">38.50</td> <td style="text-align: center;">38.50</td> <td style="text-align: center;">38.50</td> </tr> </tbody> </table> ANAESTHETIC 5 UNITS—ITEM NOS 406G/5 10S	FEE	\$	NSW	VIC	QLD	SA	WA	TAS			38.50	36.00	38.50	38.50	38.50	38.50
FEE	\$	NSW	VIC	QLD	SA	WA	TAS										
		38.50	36.00	38.50	38.50	38.50	38.50										
6041	URETHRA, repair of RUPTURE OF ALL STATES: FEE \$445.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/52 1S																
6044	URETHRAL FISTULA, closure of ALL STATES: FEE \$134.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/5 17S																
6047	URETHROSCOPY, as an independent procedure ALL STATES: FEE \$69.00 ANAESTHETIC 5 UNITS—ITEM NOS 406G/5 10S																
6053	URETHROSCOPY with diathermy of tumour ALL STATES: FEE \$158.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/5 14S																

6056	<p>URETHROSCOPY with removal of stone or foreign body</p> <p>ALL STATES: FEE \$112.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
6061	<p>URETHRA, examination of, involving the use of an urethroscope, with cystoscopy</p> <p>ALL STATES: FEE \$82.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
6066	<p>URETHRAL MEATOTOMY, EXTERNAL</p> <p>ALL STATES: FEE \$44.50</p> <p>ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S</p>
6069	<p>URETHROTOMY, external or internal</p> <p>ALL STATES: FEE \$112.00</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 \$320.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
6079	<p>URETHRO-VAGINAL FISTULA, closure of</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
6083	<p>URETHRO-RECTAL FISTULA, closure of</p> <p>ALL STATES: FEE \$360.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
6086	<p>URETHROPLASTY—single stage operation</p> <p>ALL STATES: FEE \$360.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>

6089	<p>URETHROPLASTY — two stage operation — first stage</p> <p>ALL STATES: FEE \$335.00</p> <p>ANAESTHETIC 9 UNITS — ITEM NOS 443G/518S</p>
6092	<p>URETHROPLASTY — two stage operation — second stage</p> <p>ALL STATES: FEE \$335.00</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 \$134.00</p> <p>ANAESTHETIC 9 UNITS — ITEM NOS 443G/518S</p>
6098	<p>HYPOSPADIAS, meatotomy and hemi-circumcision</p> <p>ALL STATES: FEE \$85.00</p> <p>ANAESTHETIC 7 UNITS — ITEM NOS 408G/514S</p>
6105	<p>HYPOSPADIAS, correction of chordee</p> <p>ALL STATES: FEE \$178.00</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 \$225.00</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 \$345.00</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 \$405.00</p> <p>ANAESTHETIC 13 UNITS — ITEM NOS 457G/524S</p>

6122	HYPOSPADIAS, secondary correction of ALL STATES: FEE \$134.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
6130	EPISPADIAS, repair of, not involving sphincter—each stage ALL STATES: FEE \$275.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
6135	EPISPADIAS, repair of, INCLUDING BLADDER NECK CLOSURE ALL STATES: FEE \$445.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
6140	URETHRA, diathermy of ALL STATES: FEE \$89.00 ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
6146	URETHRA, excision of prolapse of ALL STATES: FEE \$89.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
6152	URETHRA, excision of diverticulum of ALL STATES: FEE \$225.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6157	URETHRA, operation for correction of male urinary incontinence ALL STATES: FEE \$360.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
6162	PRIAPISM, decompression operation for, under general anaesthesia ALL STATES: FEE \$38.50 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

6166	PRIAPISM, decompression shunt, operation for ALL STATES: FEE \$360.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
6175	URETHRAL VALVES OR URETHRAL MEMBRANE, endoscopic, resection of ALL STATES: FEE \$178.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
6179	PENIS, partial amputation of ALL STATES: FEE \$225.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6184	PENIS, complete or radical amputation of ALL STATES: FEE \$445.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
6189	PENIS, repair of laceration or fracture involving cavernous tissue ALL STATES: FEE \$225.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6194	PENIS, repair of avulsion ALL STATES: FEE \$445.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
6199	PENIS, Peyronie's disease, injection procedure for ALL STATES: FEE \$22.50
6204	PENIS, Peyronie's disease, operation for ALL STATES: FEE \$225.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

6208	PENIS, plastic implantation of ALL STATES: FEE \$320.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6210	PENIS, lengthening of by translocation of corpora, as an independent procedure ALL STATES: FEE \$360.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6212	SCROTUM, partial excision of ALL STATES: FEE \$138.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
OPERATIONS ON TESTES, VASA OR SEMINAL VESICLES	
6218	TESTICULAR BIOPSY ALL STATES: FEE \$89.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
6221	SPERMATOCELE OR EPIDIDYMAL CYSTS, excision of G. ALL STATES: FEE \$110.00
6224	S. ALL STATES: FEE \$134.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
6228	EXPLORATION OF THE TESTIS, with or without fixation for torsion ALL STATES: FEE \$134.00 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
6231	RETROPERITONEAL LYMPH NODE DISSECTION following orchidectomy (unilateral) ALL STATES: FEE \$410.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S

6232	<p>RETROPERITONEAL LYMPH NODE DISSECTION following nephrectomy for tumour</p> <p>ALL STATES: FEE \$315.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
6233	<p>ORCHIDOPLASTY</p> <p>ALL STATES: FEE \$164.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6236	<p>EPIDIDYMECTOMY</p> <p>ALL STATES: FEE \$152.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6245	<p>VASO-VASOSTOMY or VASO-EPIDIDYMOSTOMY, unilateral, using operating microscope</p> <p>ALL STATES: FEE \$350.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
6246	<p>‡ VASOEPIDIDYMOGRAPHY and VASOVESICULOGRAPHY, PREPARATION FOR, BY OPEN OPERATION, as an independent procedure</p> <p>ALL STATES: FEE \$89.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
6247	<p>† VASO-VASOSTOMY OR VASO-EPIDIDYMOSTOMY (unilateral)</p> <p>ALL STATES: FEE \$230.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
6249	<p>VASOTOMY OR VASECTOMY (unilateral or bilateral)</p> <p>G. ALL STATES: FEE \$89.00</p> <p>6253 S. ALL STATES: FEE \$112.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>

DIVISION 5 — GYNAECOLOGICAL

GYNAECOLOGICAL EXAMINATION UNDER ANAESTHESIA, not associated with any other item in this Part

6258

ALL STATES: FEE \$39.00

ANAESTHETIC 5 UNITS—ITEM NOS 406G/5 10S

‡ INTRA-UTERINE CONTRACEPTIVE DEVICE, INTRODUCTION OF, not associated with any other item in this Part

6262

ALL STATES: FEE \$25.50

ANAESTHETIC 5 UNITS—ITEM NOS 406G/5 10S

† INTRA-UTERINE CONTRACEPTIVE DEVICE, REMOVAL OF UNDER GENERAL ANAESTHESIA, not associated with any other item in this Part

6264

ALL STATES: FEE \$25.50

ANAESTHETIC 5 UNITS—ITEM NOS 406G/5 10S

HYMENECTOMY

6271

ALL STATES: FEE \$42.50

ANAESTHETIC 5 UNITS—ITEM NOS 406G/5 10S

BARTHOLIN'S CYST, excision of

6274 G.

ALL STATES: FEE \$85.00

6277 S.

ALL STATES: FEE \$106.00

ANAESTHETIC 7 UNITS—ITEM NOS 408G/5 14S

BARTHOLIN'S CYST OR GLAND, marsupialisation of

6278 G.

ALL STATES: FEE \$56.00

6280 S.

ALL STATES: FEE \$70.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/5 13S

BARTHOLIN'S ABSCESS, incision of

6284

ALL STATES: FEE \$28.00

ANAESTHETIC 5 UNITS—ITEM NOS 406G/5 10S

6290	URETHRA OR URETHRAL CARUNCLE, cauterisation of ALL STATES: FEE \$28.00 ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
6292 G.	URETHRAL CARUNCLE, excision of ALL STATES: FEE \$56.00
6296 S.	ALL STATES: FEE \$70.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
6299	CLITORIS, amputation of ALL STATES: FEE \$128.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
6302	VULVECTOMY (SIMPLE), VULVOPLASTY OR LABIOPLASTY ALL STATES: FEE \$166.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
6306	VULVECTOMY (RADICAL) ALL STATES: FEE \$565.00 ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S
6308	PELVIC LYMPH GLANDS, excision of (radical) ALL STATES: FEE \$325.00 ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S
6313	VAGINA, DILATATION OF, as an independent procedure including any associated consultation ALL STATES: FEE \$20.50 ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
6321	VAGINA, removal of simple tumour (including Gartner duct cyst) ALL STATES: FEE \$102.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

6325	VAGINA, partial or complete removal of		ALL STATES: FEE \$325.00					
			ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S					
6327	VAGINAL RECONSTRUCTION for congenital absence, gynatresia or urogenital sinus		ALL STATES: FEE \$325.00					
			ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S					
6332	VAGINAL SEPTUM, excision of, for correction of double vagina		ALL STATES: FEE \$192.00					
			ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S					
6336	PLASTIC REPAIR TO ENLARGE VAGINAL ORIFICE		ALL STATES: FEE \$77.00					
			ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S					
6342	COLPOTOMY OR COLPORRHAPHY, not covered by any other item in this Part		ALL STATES: FEE \$59.00					
			ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S					
6347	ANTERIOR VAGINAL REPAIR OR POSTERIOR VAGINAL REPAIR (involving repair of rectocele or enterocele or both) not covered by Item 6358, 6363, 6367 or 6373		NSW	VIC	QLD	SA	WA	TAS
	G.	FEE	\$ 164.00	140.00	140.00	140.00	140.00	140.00
6352	S.	FEE	\$ 200.00	174.00	174.00	174.00	174.00	174.00
			ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S					
6358	ANTERIOR VAGINAL REPAIR AND POSTERIOR VAGINAL REPAIR (involving repair of rectocele or enterocele or both) not covered by Item 6367 or 6373		ALL STATES: FEE \$200.00					
6363			ALL STATES: FEE \$255.00					
			ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S					

	DONALD-FOTHERGILL OR MANCHESTER OPERATION FOR GENITAL PROLAPSE								
6367	G.		ALL STATES: FEE \$245.00						
6373	S.	FEE	\$	NSW 300.00	VIC 300.00	QLD 300.00	SA 300.00	WA 320.00	TAS 300.00
				ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S					
	URETHROCELE, operation for								
6389			ALL STATES: FEE \$83.00						
			ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S						
	Operation involving ABDOMINAL APPROACH for repair of ENTEROCELE OR SUSPENSION OF VAGINAL VAULT OR ENTEROCELE AND SUSPENSION OF VAGINAL VAULT								
6396			ALL STATES: FEE \$255.00						
			ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S						
	FISTULA BETWEEN GENITAL AND URINARY OR ALIMENTARY TRACTS, repair of, not covered by Items 5941, 6079 or 6083								
6401			ALL STATES: FEE \$325.00						
			ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S						
	STRESS INCONTINENCE, sling operation for								
6406			ALL STATES: FEE \$320.00						
			ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S						
	STRESS INCONTINENCE, combined synchronous ABDOMINO-VAGINAL operation for; abdominal procedure (including after-care)								
6407			ALL STATES: FEE \$320.00						
			ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S						
	STRESS INCONTINENCE, combined synchronous ABDOMINO-VAGINAL operation for; vaginal procedure (including after-care)								
6408			ALL STATES: FEE \$174.00						
			ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S						

6411	CERVIX, cauterisation (other than by chemical means), ionisation, diathermy or biopsy of, with or without removal of cervical polyp, and with or without dilatation of cervix								
	ALL STATES: FEE \$30.00								
	ANAESTHETIC 5 UNITS—ITEM NOS 406G/5 10S								
6415	EXAMINATION OF LOWER FEMALE GENITAL TRACT by a Hinseimann-type colposcope in a patient with a previous abnormal cervical smear or a history of maternal ingestion of oestrogen or where a patient, because of suspicious signs of cancer, has been referred by another medical practitioner								
	ALL STATES: FEE \$30.00								
	ANAESTHETIC 5 UNITS—ITEM NOS 406G/5 10S								
6430	G.	CERVIX, cone biopsy, amputation or repair of, not covered by Item 6367 or 6373							
		ALL STATES: FEE \$82.00							
6431	S.	ALL STATES: FEE \$102.00							
		ANAESTHETIC 7 UNITS—ITEM NOS 408G/5 14S							
6446	CERVIX, dilatation of, under general anaesthesia, not covered by Item 6460, 6464 or 6469								
	ALL STATES: FEE \$39.00								
	ANAESTHETIC 5 UNITS—ITEM NOS 406G/5 10S								
6451	HYSTEROSCOPY under general anaesthesia or CULDOSCOPY								
	ALL STATES: FEE \$51.00								
	ANAESTHETIC 7 UNITS—ITEMS NOS 408G/5 14S								
6460	G.	UTERUS, CURETTAGE OF, under general anaesthesia, with or without dilatation (including curettage for incomplete miscarriage)							
		ALL STATES: FEE \$64.00							
6464	S.	FEE	\$	NSW 82.00	VIC 87.00	QLD 82.00	SA 82.00	WA 82.00	TAS 82.00
		ANAESTHETIC 5 UNITS - ITEM NOS 406G/5 10S							

PART 10 — OPERATIONS

DIVISION 5 — GYNAECOLOGICAL

6469	EVACUATION OF THE CONTENTS OF THE GRAVID UTERUS BY CURETTAGE OR SUCTION CURETTAGE not covered by Item 6460/6464	ALL STATES: FEE \$104.00	ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
6483	UTERUS, CURETTAGE OF, with COLPOSCOPY, CERVICAL BIOPSY and RADICAL DIATHERMY	ALL STATES: FEE \$140.00	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6508	HYSTEROTOMY or UTERINE MYOMECTOMY	ALL STATES: FEE \$255.00	ANAESTHETIC 10 UNITS – ITEM NOS 450G/521S
6513	HYSTERECTOMY, SUB-TOTAL or TOTAL, by any route	ALL STATES: FEE \$255.00	
6517	S.	ALL STATES: FEE \$320.00	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
6532	HYSTERECTOMY, ABDOMINAL, with enucleation of ovarian cyst, one or both sides	ALL STATES: FEE \$335.00	
6533	S.	ALL STATES: FEE \$425.00	ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
6536	HYSTERECTOMY AND DISSECTION OF PELVIC GLANDS	ALL STATES: FEE \$535.00	ANAESTHETIC 17 UNITS – ITEM NOS 461G/528S
6542	RADICAL HYSTERECTOMY WITHOUT GLAND DISSECTION	ALL STATES: FEE \$390.00	ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S

6544	HYSTERECTOMY, VAGINAL, with removal of UTERINE ADNEXAE								
	ALL STATES: FEE \$360.00								
	ANAESTHETIC 12 UNITS—ITEM NOS 454G / 523S								
6553	ECTOPIC GESTATION, removal of								
G.	ALL STATES: FEE \$200.00								
6557	S.								
	ALL STATES: FEE \$255.00								
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S								
6570	BICORNUATE UTERUS, plastic reconstruction for								
	ALL STATES: FEE \$280.00								
	ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S								
	UTERUS, SUSPENSION OR FIXATION OF, as an independent procedure								
6585	G.	FEE	\$	NSW 166.00	VIC 166.00	QLD 154.00	SA 166.00	WA 154.00	TAS 154.00
6594	S.	FEE	\$	205.00	225.00	205.00	205.00	205.00	205.00
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S								
6604	LAPAROSCOPY, DIAGNOSTIC, as a diagnostic procedure performed in gynaecology								
	ALL STATES: FEE \$102.00								
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S								
6607	LAPAROSCOPY involving one or more of biopsy, puncture of cysts, diathermy of endometriotic, ventrosuspension, division of adhesions or any other procedure—not associated with Item 6611 or 6612								
	ALL STATES: FEE \$192.00								
	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 \$156.00								
6612	S.								
	ALL STATES: FEE \$192.00								
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S								

6631	TUBOPLASTY (salpingostomy, salpingolysis or tubal implantation into uterus), UNILATERAL or BILATERAL	<p>ALL STATES: FEE \$300.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
6633	FALLOPIAN TUBES, unilateral microsurgical anastomosis of, using operating microscope	<p>ALL STATES: FEE \$350.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>
6638	RUBIN TEST FOR PATENCY OF FALLOPIAN TUBES, or hydrotubation of Fallopiian tubes, as a non-repetitive procedure not associated with any other item in this Part	<p>ALL STATES: FEE \$32.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
6641	FALLOPIAN TUBES, hydrotubation of, as a repetitive post-operative procedure	<p>ALL STATES: FEE \$20.50</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
6643	LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PAROVARIAN, FIMBRIAL or BROAD LIGAMENT CYST—one such procedure, not associated with hysterectomy	G. ALL STATES: FEE \$172.00
6644		S. ALL STATES: FEE \$215.00
6648	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	G. ALL STATES: FEE \$205.00
6649		S. ALL STATES: FEE \$260.00
6655	RADICAL OR DEBULKING OPERATION for ovarian tumour including omentectomy	<p>ALL STATES: FEE \$320.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>

6677	PELVIC ABSCESS, suprapubic drainage of G. ALL STATES: FEE \$172.00
6681	S. ALL STATES: FEE \$215.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
DIVISION 6—OPHTHALMOLOGICAL	
6686	OPTHALMOLOGICAL EXAMINATION under general anaesthesia, not associated with any other item in this Part ALL STATES: FEE \$48.00 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
6688	EYE, ENUCLEATION OF, with or without sphere implant ALL STATES: FEE \$225.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6692	EYE, ENUCLEATION OF, with insertion of integrated implant ALL STATES: FEE \$285.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
6697	GLOBE, EVISCERATION OF ALL STATES: FEE \$225.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6699	GLOBE, EVISCERATION OF, AND INSERTION OF INTRASCLERAL BALL OR CARTILAGE ALL STATES: FEE \$285.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
6701	ANOPHTHALMIC ORBIT, INSERTION OF CARTILAGE OR ARTIFICIAL IMPLANT as a delayed procedure, or REMOVAL OF IMPLANT FROM SOCKET ALL STATES: FEE \$164.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

6703	<p>ORBIT, SKIN GRAFT TO, as a delayed procedure</p> <p>ALL STATES: FEE \$96.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
6705	<p>CONTRACTED SOCKET, RECONSTRUCTION INCLUDING MUCOUS MEMBRANE GRAFTING AND STENT MOULD</p> <p>ALL STATES: FEE \$192.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
6707	<p>ORBIT, EXPLORATION with or without biopsy, requiring REMOVAL OF BONE</p> <p>ALL STATES: FEE \$295.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
6709	<p>ORBIT, EXPLORATION OF, with drainage or biopsy not requiring removal of bone</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6715	<p>ORBIT, EXENTERATION OF, with or without skin graft and with or without temporalis muscle transplant</p> <p>ALL STATES: FEE \$390.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
6722	<p>ORBIT, EXPLORATION OF, with removal of tumour or foreign body, requiring removal of bone</p> <p>ALL STATES: FEE \$550.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
6724	<p>ORBIT, EXPLORATION OF, with removal of tumour or of foreign body</p> <p>ALL STATES: FEE \$235.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
6728	<p>EYEBALL, PERFORATING WOUND OF, not involving intraocular structures—repair involving suture of cornea or sclera, or both, not covered by Item 6807</p> <p>ALL STATES: FEE \$295.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>

6730	<p>EYEBALL, PERFORATING WOUND OF, with incarceration or prolapse of uveal tissue—repair</p> <p>ALL STATES: FEE \$345.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
6736	<p>EYEBALL, PERFORATING WOUND OF, with incarceration of lens or vitreous—repair</p> <p>ALL STATES: FEE \$480.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
6740	<p>INTRAOCULAR FOREIGN BODY, magnetic removal from anterior segment</p> <p>ALL STATES: FEE \$192.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
6742	<p>INTRAOCULAR FOREIGN BODY, nonmagnetic removal from anterior segment</p> <p>ALL STATES: FEE \$245.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
6744	<p>INTRAOCULAR FOREIGN BODY, magnetic removal from posterior segment</p> <p>ALL STATES: FEE \$345.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
6747	<p>INTRAOCULAR FOREIGN BODY, nonmagnetic removal from posterior segment</p> <p>ALL STATES: FEE \$480.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
6752	<p>ABSCCESS (INTRAORBITAL), drainage of</p> <p>ALL STATES: FEE \$55.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
6754	<p>TARSAL CYST, extirpation of</p> <p>ALL STATES: FEE \$39.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>

6758	TARSAL CARTILAGE, excision of ALL STATES: FEE \$215.00 ANAESTHETIC 8 UNITS — ITEM NOS 409G/517S																		
6762	ECTROPION, tarsal cauterisation for ALL STATES: FEE \$55.00																		
6766	TARSORRHAPHY ALL STATES: FEE \$128.00 ANAESTHETIC 8 UNITS — ITEM NOS 409G/517S																		
6767	ELECTROLYSIS EPILATION for trichiasis, each treatment <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%;"></th> <th style="width: 10%; text-align: center;">NSW</th> <th style="width: 10%; text-align: center;">VIC</th> <th style="width: 10%; text-align: center;">QLD</th> <th style="width: 10%; text-align: center;">SA</th> <th style="width: 10%; text-align: center;">WA</th> <th style="width: 10%; text-align: center;">TAS</th> </tr> </thead> <tbody> <tr> <td>FEE</td> <td>\$</td> <td></td> <td style="text-align: center;">24.50</td> <td style="text-align: center;">22.00</td> <td style="text-align: center;">22.00</td> <td style="text-align: center;">22.00</td> <td style="text-align: center;">22.00</td> <td style="text-align: center;">22.00</td> </tr> </tbody> </table> ANAESTHETIC 6 UNITS — ITEM NOS 407G/513S				NSW	VIC	QLD	SA	WA	TAS	FEE	\$		24.50	22.00	22.00	22.00	22.00	22.00
			NSW	VIC	QLD	SA	WA	TAS											
FEE	\$		24.50	22.00	22.00	22.00	22.00	22.00											
6768	CANTHOPLASTY, medial or lateral ALL STATES: FEE \$158.00 ANAESTHETIC 9 UNITS — ITEM NOS 443G/518S																		
6772	LACRIMAL GLAND, excision of palpebral lobe ALL STATES: FEE \$96.00 ANAESTHETIC 8 UNITS — ITEM NOS 409G/517S																		
6774	LACRIMAL SAC, excision of, or operation on ALL STATES: FEE \$235.00 ANAESTHETIC 8 UNITS — ITEM NOS 409G/517S																		
6778	DACRYOCYSTORHINOSTOMY ALL STATES: FEE \$325.00 ANAESTHETIC 11 UNITS — ITEM NOS 453G/522S																		

6786	CONJUNCTIVORHINOSTOMY including dacryocystorhinostomy and fashioning of conjunctival flaps ALL STATES: FEE \$345.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
6792	LACRIMAL CANALICULAR SYSTEM, reconstruction of ALL STATES: FEE \$295.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6796	LACRIMAL CANALICULUS, immediate repair of ALL STATES: FEE \$215.00 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 67.00 67.00 46.00 46.00 46.00 46.00 ANAESTHETIC 4 UNITS—ITEM NOS 405G / 509S
6802	LACRIMAL PASSAGES, lavage of (excluding after-care) ALL STATES: FEE \$22.50 ANAESTHETIC 4 UNITS—ITEM NOS 405G / 509S
6805	PUNCTUM SNIP operation FEE \$ NSW VIC QLD SA WA TAS 63.00 53.00 38.50 38.50 38.50 38.50 ANAESTHETIC 4 UNITS—ITEM NOS 405G / 509S
6807	CONJUNCTIVAL PERITOMY OR REPAIR OF CORNEAL LACERATION by conjunctival flap ALL STATES: FEE \$55.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G / 513S
6810	CONJUNCTIVAL GRAFT OVER CORNEA ALL STATES: FEE \$178.00 ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S

	CORNEA OR SCLERA, removal of superficial foreign body from (excluding after-care)							
6816	FEE	\$	NSW 13.20	VIC 12.40	QLD 11.60	SA 11.60	WA 11.60	TAS 12.40
	ANAESTHETIC 6 UNITS—ITEM NOS 407G / 513S							
	CORNEA OR SCLERA, removal of imbedded foreign body from (excluding after-care)							
6818	ALL STATES: FEE \$33.50							
	ANAESTHETIC 8 UNITS—ITEM NOS 409G / 517S							
	CORNEAL SCARS, removal of, by partial keratectomy							
6820	ALL STATES: FEE \$96.00							
	ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S							
	CORNEA, epithelial debridement for dendritic ulcer (excluding after-care)							
6824	ALL STATES: FEE \$33.50							
	ANAESTHETIC 8 UNITS—ITEM NOS 409G / 517S							
	CORNEA, transplantation of, full thickness, including collection of implant							
6828	ALL STATES: FEE \$625.00							
	ANAESTHETIC 13 UNITS—ITEM NOS 457G / 524S							
	CORNEA, transplantation of, superficial or lamellar, including collection of transplant							
6832	ALL STATES: FEE \$415.00							
	ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S							
	CONJUNCTIVA, CAUTERY OF, INCLUDING TREATMENT OF PANNUS—each attendance at which treatment is given including any associated consultation							
6835	ALL STATES: FEE \$28.50							
	ANAESTHETIC 4 UNITS—ITEM NOS 405G / 509S							
	PTERYGIUM, removal of							
6837	FEE	\$	NSW 118.00	VIC 126.00	QLD 110.00	SA 110.00	WA 110.00	TAS 110.00
	ANAESTHETIC 6 UNITS—ITEM NOS 407G / 513S							

6842	<p>PINGUECULA, removal of</p> <p>ALL STATES: FEE \$55.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G / 513S</p>														
6846	<p>LIMBIC TUMOUR, removal of</p> <p>ALL STATES: FEE \$128.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G / 514S</p>														
6848	<p>LENS EXTRACTION</p> <table> <thead> <tr> <th>FEE</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>555.00</td> <td>510.00</td> <td>460.00</td> <td>445.00</td> <td>445.00</td> <td>445.00</td> </tr> </tbody> </table> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G / 522S</p>	FEE	NSW	VIC	QLD	SA	WA	TAS	\$	555.00	510.00	460.00	445.00	445.00	445.00
FEE	NSW	VIC	QLD	SA	WA	TAS									
\$	555.00	510.00	460.00	445.00	445.00	445.00									
6852	<p>ARTIFICIAL LENS, insertion of</p> <p>ALL STATES: FEE \$295.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G / 522S</p>														
6857	<p>ARTIFICIAL LENS, removal of</p> <p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G / 518S</p>														
6859	<p>CATARACT, JUVENILE, removal of, including subsequent needlings</p> <p>ALL STATES: FEE \$555.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G / 522S</p>														
6861	<p>CAPSULECTOMY, OR REMOVAL OF VITREOUS via the anterior chamber</p> <p>ALL STATES: FEE \$245.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G / 518S</p>														
6863	<p>VITRECTOMY via posterior chamber sclerotomy with removal of vitreous by cutting and suction and replacement by saline, Hartmann's or similar solution</p> <p>ALL STATES: FEE \$625.00</p> <p>ANAESTHETIC 25 UNITS—ITEM NOS 469G / 540S</p>														

6865	CAPSULOTOMY, NEEDLING or PARACENTESIS for diagnosis or relief of tension ALL STATES: FEE \$142.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G / 514S														
6871	ANTERIOR CHAMBER, IRRIGATION OF BLOOD FROM, as an independent procedure ALL STATES: FEE \$295.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G / 514S														
6873	GLAUCOMA, filtering and allied operations in the treatment of <table border="0"> <thead> <tr> <th>FEE</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>445.00</td> <td>415.00</td> <td>415.00</td> <td>415.00</td> <td>415.00</td> <td>415.00</td> </tr> </tbody> </table> ANAESTHETIC 10 UNITS—ITEM NOS 450G / 521S	FEE	NSW	VIC	QLD	SA	WA	TAS	\$	445.00	415.00	415.00	415.00	415.00	415.00
FEE	NSW	VIC	QLD	SA	WA	TAS									
\$	445.00	415.00	415.00	415.00	415.00	415.00									
6879	GONIOTOMY ALL STATES: FEE \$325.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G / 521S														
6881	DIVISION OF ANTERIOR OR POSTERIOR SYNECHIAE, as an independent procedure ALL STATES: FEE \$245.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G / 518S														
6885	IRIDECTOMY (including excision of tumour of iris) OR IRIDOTOMY, as an independent procedure ALL STATES: FEE \$245.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G / 521S														
6889	IRIS, LIGHT COAGULATION OF ALL STATES: FEE \$164.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G / 513S														
6894	TUMOUR, INVOLVING CILIARY BODY OR CILIARY BODY AND IRIS, excision of ALL STATES: FEE \$510.00 ANAESTHETIC 12 UNITS—ITEMS NOS 454G / 5235														

6898	CYCLODIATHERMY OR CYCLOCRYOTHERAPY							
	ALL STATES: FEE \$138.00							
	ANAESTHETIC 8 UNITS — ITEM NOS 409G/517S							
6900	DETACHED RETINA, diathermy or cryotherapy for							
	ALL STATES: FEE \$415.00							
	ANAESTHETIC 11 UNITS — ITEM NOS 453G/522S							
6902	DETACHED RETINA, resection of, or buckling operation for, or revision operation for							
	FEE	NSW	VIC	QLD	SA	WA	TAS	
		\$ 555.00	625.00	555.00	555.00	555.00	555.00	
	ANAESTHETIC 15 UNITS — ITEM NOS 459G/526S							
6904	PHOTOCOAGULATION, each attendance at which treatment is given							
	ALL STATES: FEE \$164.00							
	ANAESTHETIC 10 UNITS — ITEM NOS 450G/521S							
6906	DETACHED RETINA, removal of encircling silicone band from							
	ALL STATES: FEE \$78.00							
	ANAESTHETIC 8 UNITS — ITEM NOS 409G/517S							
6908	RETINA, CRYOTHERAPY TO, as an independent procedure							
	ALL STATES: FEE \$275.00							
	ANAESTHETIC 13 UNITS — ITEM NOS 457G/524S							
6914	RETROBULBAR TRANSILLUMINATION, as an independent procedure							
	ALL STATES: FEE \$41.50							
	ANAESTHETIC 5 UNITS — ITEM NOS 406G/510S							
6918	RETROBULBAR INJECTION OF ALCOHOL OR OTHER DRUG, as an independent procedure							
	ALL STATES: FEE \$32.50							

SQUINT, OPERATION FOR, ON ONE OR BOTH EYES, the operation involving a total of ONE OR TWO MUSCLES

			NSW	VIC	QLD	SA	WA	TAS
6922	FEE	\$	275.00	275.00	245.00	245.00	245.00	245.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

SQUINT, OPERATION FOR, ON ONE OR BOTH EYES, the operation involving a total of THREE OR FOUR MUSCLES

			NSW	VIC	QLD	SA	WA	TAS
6924	FEE	\$	325.00	325.00	285.00	285.00	285.00	285.00

ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

SQUINT, OPERATION FOR, ON ONE OR BOTH EYES, the operation involving a total of MORE THAN FOUR MUSCLES

			NSW	VIC	QLD	SA	WA	TAS
6928	FEE	\$	345.00	345.00	325.00	325.00	325.00	325.00

ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

SQUINT, muscle transplant for (Hummelsheim type, etc.)

			NSW	VIC	QLD	SA	WA	TAS
6930	FEE	\$	325.00	325.00	275.00	245.00	285.00	245.00

ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

RUPTURED MEDIAL PALPEBRAL LIGAMENT or ruptured EXTRA-OCULAR MUSCLE, repair of

6932 ALL STATES: FEE \$188.00

ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

RESUTURING OF WOUND FOLLOWING INTRAOCULAR PROCEDURES with or without excision of prolapsed iris

6938 ALL STATES: FEE \$188.00

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 \$32.00</p>
6942	<p>PERICARDIUM, paracentesis of (excluding after-care)</p> <p>ALL STATES: FEE \$52.00</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 \$52.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G / 514S</p>
6955	<p>EMPHYEMA, radical operation for, involving resection of rib</p> <p>ALL STATES: FEE \$220.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G / 524S</p>
6958	<p>THORACOTOMY, exploratory, with or without biopsy</p> <p>ALL STATES: FEE \$425.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G / 522S</p>
6962	<p>THORACOTOMY, with pulmonary decortication</p> <p>ALL STATES: FEE \$635.00</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 \$460.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G / 527S</p>
6966	<p>THORACOPLASTY (COMPLETE)</p> <p>ALL STATES: FEE \$635.00</p> <p>ANAESTHETIC 21 UNITS—ITEM NOS 465G / 535S</p>

6968	<p>THORACOPLASTY (IN STAGES)—each stage</p> <p>ALL STATES: FEE \$330.00</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 \$560.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G / 527S</p>
6974	<p>THORACOSCOPY, with or without division of pleural adhesions</p> <p>ALL STATES: FEE \$132.00</p> <p>ANAESTHETIC 7 UNITS – ITEM NOS 408G / 514S</p>
6980	<p>PNEUMONECTOMY or lobectomy</p> <p>ALL STATES: FEE \$635.00</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 \$635.00</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 \$790.00</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 \$192.00</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 \$460.00</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 \$460.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
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 any other item in this Part</p> <p>ALL STATES: FEE \$635.00</p> <p>ANAESTHETIC 28 UNITS—ITEM NOS 472G/543S</p>
7001	<p>MEASUREMENT OF INTRACARDIAC CONDUCTION TIMES OR RIGHT HEART CATHETERISATION, including fluoroscopy, oximetry, dye dilution curves, cardiac output measurement by any method, shunt detection and exercise stress test</p> <p>ALL STATES: FEE \$205.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
7002	<p>INTRACARDIAC ELECTROPHYSIOLOGICAL INVESTIGATIONS not covered by Item 7001</p> <p>ALL STATES: FEE \$295.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</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 \$245.00</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 \$295.00</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 \$205.00</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 \$345.00</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 \$560.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
7028	<p>PERMANENT TRANSVENOUS ELECTRODE, insertion or replacement of</p> <p>ALL STATES: FEE \$280.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
7033	<p>PERMANENT PACEMAKER, insertion or replacement of</p> <p>ALL STATES: FEE \$178.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
7042	<p>TEMPORARY TRANSVENOUS PACEMAKING ELECTRODE, insertion of</p> <p>ALL STATES: FEE \$140.00</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 \$895.00</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 \$895.00</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 \$1290.00</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 \$1020.00</p> <p>ANAESTHETIC 36 UNITS—ITEM NOS 476G/547S</p>
DIVISION 8—NEURO-SURGICAL	
7079	<p>INJECTION INTO TRIGEMINAL GANGLION OR PRIMARY BRANCH OF TRIGEMINAL NERVE WITH ALCOHOL</p> <p>ALL STATES: FEE \$126.00</p>
7081	<p>INTRATHECAL INJECTION OF ALCOHOL OR PHENOL</p> <p>ALL STATES: FEE \$132.00</p>
7085	<p>LUMBAR PUNCTURE, or SPINAL OR EPIDURAL INJECTION not covered by Item 748 or 752</p> <p>ALL STATES: FEE \$35.50</p>
7089	<p>CISTERNAL PUNCTURE</p> <p>ALL STATES: FEE \$40.50</p>
7099	<p>VENTRICULAR PUNCTURE (not including burr-hole)</p> <p>ALL STATES: FEE \$89.00</p>
7106	<p>CUTANEOUS OR DIGITAL NERVE, primary suture of</p> <p>G. ALL STATES: FEE \$59.00</p>
7111	<p>S. ALL STATES: FEE \$72.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
7112	<p>CUTANEOUS NERVE (other than digital nerve), primary suture of, using the OPERATING-MICROSCOPE</p> <p>ALL STATES: FEE \$102.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>

	REPAIR OF DIVIDED DIGITAL NERVE to thumb or finger	
7116	G.	ALL STATES: FEE \$94.00
7117	S.	ALL STATES: FEE \$120.00
		ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
	REPAIR OF DIVIDED DIGITAL NERVE to thumb or finger using the OPERATING MICROSCOPE—primary repair	
7120		ALL STATES: FEE \$164.00
		ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
	REPAIR OF DIVIDED DIGITAL NERVE to thumb or finger using the OPERATING MICROSCOPE—secondary repair	
7121		ALL STATES: FEE \$215.00
		ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
	NERVE TRUNK, PRIMARY suture of	
7124		ALL STATES: FEE \$205.00
		ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
	NERVE TRUNK, primary suture of, using the OPERATING MICROSCOPE	
7129		ALL STATES: FEE \$330.00
		ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
	NERVE TRUNK, SECONDARY suture of	
7132		ALL STATES: FEE \$225.00
		ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
	NEUROLYSIS OF NERVE TRUNK, INTERNAL (interfascicular), using the OPERATING MICROSCOPE	
7133		ALL STATES: FEE \$210.00
		ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S

7138	NERVE TRUNK, secondary suture of, using the OPERATING MICROSCOPE ALL STATES: FEE \$360.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
7139	NERVE GRAFT performed with magnification ALL STATES: FEE \$405.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
7143	NERVE, TRANSPOSITION of ALL STATES: FEE \$205.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
7148 G.	NEURECTOMY, NEUROTOMY or removal of tumour from superficial peripheral nerve, including multiple percutaneous neurotomy of posterior division of spinal nerves ALL STATES: FEE \$86.00
7152 S.	ALL STATES: FEE \$110.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
7156	NEURECTOMY, NEUROTOMY, OR REMOVAL OF TUMOUR FROM DEEP PERIPHERAL NERVE ALL STATES: FEE \$205.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
7157	RADIOFREQUENCY TRIGEMINAL GANGLIOTOMY ALL STATES: FEE \$205.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
7170	NEURECTOMY, INTRACRANIAL OR RADICAL as in tic douloureux ALL STATES: FEE \$550.00 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 \$720.00 ANAESTHETIC 25 UNITS—ITEM NOS 469G/540S

7175	EXPLORATION OF BRACHIAL PLEXUS, not covered by any other item in this Part								
	ALL STATES: FEE \$172.00								
	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S								
7178	G.	FEE	\$	NSW 120.00	VIC 120.00	QLD 102.00	SA 102.00	WA 102.00	TAS 102.00
7182	S.	FEE	\$	152.00	152.00	126.00	126.00	126.00	126.00
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S								
7184	SUBDURAL HAEMORRHAGE, tap for, each tap								
	ALL STATES: FEE \$38.50								
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								
7186	BURR-HOLE, single, preparatory to ventricular puncture or for inspection purpose—not included in any other items								
	ALL STATES: FEE \$110.00								
	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S								
7190	INSERTION OF VENTRICULAR RESERVOIR, OR INSERTION OF INTRACRANIAL PRESSURE MONITORING DEVICE, including burr-hole, as an independent procedure (excluding after-care)								
	ALL STATES: FEE \$178.00								
	ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S								
7192	INTRACRANIAL TUMOUR, BIOPSY OF, OR INTRACRANIAL CYST, drainage of via burr-hole - including burr-hole								
	ALL STATES: FEE \$220.00								
	ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S								
7194	INTRACRANIAL TUMOUR, biopsy or decompression of via osteoplastic flap or biopsy and decompression of via osteoplastic flap								
	ALL STATES: FEE \$460.00								
	ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S								

7198	<p>INTRACEREBRAL TUMOUR, CRANIOTOMY AND REMOVAL or TEMPORAL LOBECTOMY for any reason</p> <p>ALL STATES: FEE \$665.00</p> <p>ANAESTHETIC 25 UNITS—ITEM NOS 469G/540S</p>
7203	<p>INTRACRANIAL EXTRACEREBRAL TUMOUR, CRANIOTOMY AND REMOVAL; or HEMISPHERECTOMY for any reason, not associated with Item 7204</p> <p>ALL STATES: FEE \$1 130.00</p> <p>ANAESTHETIC 25 UNITS—ITEM NOS 469G/540S</p>
7204	<p>HYPOPHYSECTOMY OR REMOVAL OF PITUITARY TUMOUR by transcranial or transphenoidal approach</p> <p>ALL STATES: FEE \$825.00</p> <p>ANAESTHETIC 25 UNITS—ITEM NOS 469G/540S</p>
7212	<p>INTRACRANIAL HAEMORRHAGE, burr-hole craniotomy for — including burr-holes</p> <p>ALL STATES: FEE \$220.00</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 \$5 10.00</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 \$335.00</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 \$430.00</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 \$5 10.00</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 \$510.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
7251	<p>RECONSTRUCTIVE CRANIOPLASTY</p> <p>ALL STATES: FEE \$415.00</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 \$1130.00</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 \$600.00</p> <p>ANAESTHETIC 24 UNITS—ITEM NOS 468G/539S</p>
7274	<p>ANEURYSM, OR ARTERIOVENOUS FISTULA, cervical carotid ligation for ligation for</p> <p>ALL STATES: FEE \$295.00</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 \$335.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
7283	<p>INTRACRANIAL ABSCESS, excision of</p> <p>ALL STATES: FEE \$665.00</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 \$220.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>

7291	<p>CRANIECTOMY FOR OSTEOMYELITIS OF SKULL</p> <p>ALL STATES: FEE \$335.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
7298	<p>LEUCOTOMY OR LOBOTOMY for psychiatric causes</p> <p>ALL STATES: FEE \$415.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
7312	<p>INTRACRANIAL STEREOTACTIC PROCEDURE BY ANY METHOD, including burr-holes, preparation for ventriculography and localisation of lesion</p> <p>ALL STATES: FEE \$510.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>
7314	<p>VENTRICULO-CISTERNOSTOMY (TORKILDSEN'S OPERATION)</p> <p>ALL STATES: FEE \$425.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
7316	<p>VENTRICULO-ATRIAL OR VENTRICULO-PERITONEAL VALVULAR SHUNT for hydrocephalus or other lesions</p> <p>ALL STATES: FEE \$425.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
7318	<p>VENTRICULO-ATRIAL OR VENTRICULO-PERITONEAL VALVULAR SHUNT, revision or removal of</p> <p>ALL STATES: FEE \$225.00</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 \$335.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
7324	<p>CRANIOSTENOSIS, operation for—single suture</p> <p>ALL STATES: FEE \$335.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G / 528S</p>

7326	<p>CRANIOSTENOSIS, operation for — more than one suture</p> <p>ALL STATES: FEE \$470.00</p> <p>ANAESTHETIC 20 UNITS — ITEM NOS 464G / 533S</p>
7328	<p>ARACHNOIDAL CYST, operation for</p> <p>ALL STATES: FEE \$425.00</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 \$445.00</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 \$510.00</p> <p>ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S</p>
7341	<p>LAMINECTOMY FOR EXTRADURAL TUMOUR OR ABSCESS</p> <p>ALL STATES: FEE \$510.00</p> <p>ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S</p>
7346	<p>LAMINECTOMY FOR INTRADURAL LESION OR OPEN CORDOTOMY</p> <p>ALL STATES: FEE \$625.00</p> <p>ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S</p>
7353	<p>LAMINECTOMY AND RADICAL EXCISION OF INTRAMEDULLARY TUMOUR OR ARTERIOVENOUS MALFORMATION</p> <p>ALL STATES: FEE \$755.00</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 \$510.00</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 \$265.00</p> <p>LAMINECTOMY FOLLOWED BY POSTERIOR FUSION, PERFORMED BY NEUROSURGEON AND ORTHOPAEDIC SURGEON OPERATING TOGETHER—POSTERIOR FUSION, including after-care</p>
7365	<p>ALL STATES: FEE \$265.00</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 \$445.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G / 527S</p>
7376	<p>SYMPATHECTOMY (cervical, lumbar, thoracic, sacral or presacral)</p> <p>ALL STATES: FEE \$330.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G / 521S</p>
7381	<p>PERCUTANEOUS CORDOTOMY</p> <p>ALL STATES: FEE \$295.00</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 \$22.00</p> <p>ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S</p>
7410	<p>CLAVICLE</p> <p>ALL STATES: FEE \$34.50</p> <p>ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S</p>

7412	SHOULDER — first or second dislocation	ALL STATES: FEE \$41.50	ANAESTHETIC 4 UNITS — ITEM NOS 405G/509S
7416	SHOULDER — third or subsequent dislocation — requiring anaesthesia	ALL STATES: FEE \$34.50	ANAESTHETIC 4 UNITS — ITEM NOS 405G/509S
7419	SHOULDER — third or subsequent dislocation — not requiring anaesthesia	ALL STATES: FEE \$27.50	
7423	ELBOW	ALL STATES: FEE \$51.00	ANAESTHETIC 4 UNITS — ITEM NOS 405G/509S
7426	CARPUS	ALL STATES: FEE \$32.50	ANAESTHETIC 4 UNITS — ITEM NOS 405G/509S
7430	CARPUS ON RADIUS AND ULNA	ALL STATES: FEE \$66.00	
7432	S.	ALL STATES: FEE \$82.00	ANAESTHETIC 4 UNITS — ITEM NOS 405G/509S
7435	FINGER	ALL STATES: FEE \$14.00	ANAESTHETIC 4 UNITS — ITEM NOS 405G/509S
7436	METACARPO-PHALANGEAL JOINT OF THUMB	ALL STATES: FEE \$41.50	ANAESTHETIC 4 UNITS — ITEM NOS 405G/509S

	HIP	
7440	G.	ALL STATES: FEE \$106.00
7443	S.	ALL STATES: FEES \$138.00 ANAESTHETIC 5 UNITS — ITEM NOS 406G/510S
	KNEE	
7446	G.	ALL STATES: FEE \$78.00
7451	S.	ALL STATES: FEE \$96.00 ANAESTHETIC 4 UNITS — ITEM NOS 405G/509S
	PATELLA	
7457		ALL STATES: FEE \$32.50 ANAESTHETIC 4 UNITS — ITEM NOS 405G/509S
	ANKLE	
7461		ALL STATES: FEE \$55.00 ANAESTHETIC 5 UNITS — ITEM NOS 406G/510S
	TOE	
7464		ALL STATES: FEE \$16.40 ANAESTHETIC 4 UNITS — ITEM NOS 405G/509S
	TARSUS	
7468		ALL STATES: FEE \$41.50 ANAESTHETIC 4 UNITS — ITEM NOS 405G/509S
	SPINE (CERVICAL OR LUMBAR), without fracture	
7472		ALL STATES: FEE \$126.00 ANAESTHETIC 7 UNITS — ITEM NOS 408G/514S

DISLOCATIONS REQUIRING OPEN OPERATION

TREATMENT OF A DISLOCATION REQUIRING OPEN OPERATION, being a dislocation referred to in Item 7397, 7410, 7416, 7419, 7426, 7435, 7457 or 7464

7480 ALL STATES: FEE \$56.00
ANAESTHETIC — ITEM NOS 482G/553S

TREATMENT OF A DISLOCATION REQUIRING OPEN OPERATION, being a dislocation referred to in an item (other than an item referred to in Item 7480) under the heading Dislocations Not Requiring Open Operation in this Division

7483 **DERIVED FEE** — The fee for the treatment of the dislocation, had such dislocation not required open operation, plus one-half of that fee
ANAESTHETIC — ITEM NOS 482G/553S

DIVISION 10 — TREATMENT OF FRACTURES

SIMPLE AND UNCOMPLICATED FRACTURES NOT REQUIRING OPEN OPERATION

TERMINAL PHALANX of finger or thumb

7505 ALL STATES: FEE \$20.50
ANAESTHETIC 4 UNITS — ITEM NOS 405G/509S

PROXIMAL PHALANX of finger or thumb

7508 G. ALL STATES: FEE \$42.50

7512 S. ALL STATES: FEE \$63.00

ANAESTHETIC 4 UNITS — ITEM NOS 405G/509S

MIDDLE PHALANX OF FINGER

7516 ALL STATES: FEE \$28.50

ANAESTHETIC 4 UNITS — ITEM NOS 405G/509S

ONE OR MORE METACARPALS, not involving base of first carpometacarpal joint

7520 G. ALL STATES: FEE \$63.00

7524	S.	FEE	\$	NSW 86.00	VIC 86.00	QLD 86.00	SA 86.00	WA 86.00	TAS 78.00
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ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S

FIRST METACARPAL involving carpometacarpal joint (Bennett's fracture)									
7527	G.								ALL STATES: FEE \$72.00
7530	S.								ALL STATES: FEE \$102.00
ANAESTHETIC 4 UNITS — ITEM NOS 405G/509S									
CARPUS (excluding navicular)									
7533									ALL STATES: FEE \$32.50
ANAESTHETIC 5 UNITS — ITEM NOS 406G/510S									
NAVICULAR OR CARPAL SCAPHOID									
7535	G.								ALL STATES: FEE \$63.00
7538	S.								ALL STATES: FEE \$76.00
ANAESTHETIC 5 UNITS — ITEM NOS 406G/510S									
COLLES' FRACTURE OF WRIST									
7540	G.	FEE	\$	NSW 81.00	VIC 81.00	QLD 85.00	SA 81.00	WA 81.00	TAS 81.00
7544	S.	FEE	\$	112.00	102.00	126.00	112.00	112.00	102.00
ANAESTHETIC 5 UNITS — ITEM NOS 406G/510S									
DISTAL END OF RADIUS OR ULNA, involving wrist									
7547									ALL STATES: FEE \$63.00
ANAESTHETIC 5 UNITS — ITEM NOS 406G/510S									
RADIUS									
7550	G.	FEE	\$	NSW 67.00	VIC 72.00	QLD 67.00	SA 67.00	WA 72.00	TAS 67.00
7552	S.	FEE	\$	86.00	102.00	81.00	81.00	102.00	81.00
ANAESTHETIC 5 UNITS — ITEM NOS 406G/510S									

PART 10 — OPERATIONS

DIVISION 10 — FRACTURES

ULNA

7559 G. ALL STATES: FEE \$66.00

7563 S. ALL STATES: FEE \$81.00

ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

HUMERUS OR BOTH SHAFTS OF FOREARM

7567 G. ALL STATES: FEE \$96.00

7572 S. ALL STATES: FEE \$140.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

CLAVICLE OR STERNUM

7588 G. ALL STATES: FEE \$44.50

			NSW	VIC	QLD	SA	WA	TAS
7593	S.	FEE	\$ 63.00	60.00	63.00	55.00	55.00	55.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

SCAPULA

7597 ALL STATES: FEE \$55.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

ONE OR MORE RIBS—each attendance

			NSW	VIC	QLD	SA	WA	TAS
7601	G.	FEE	\$ 13.20	12.40	11.60	11.60	11.60	12.40

7605	S.	FEE	\$ 18.80	17.80	17.80	17.80	17.80	15.80
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ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

PELVIS (excluding symphysis pubis) or sacrum

7608 G. ALL STATES: FEE \$82.00

7610 S. ALL STATES: FEE \$110.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

SYMPHYSIS PUBIS

7615 G. ALL STATES: FEE \$63.00

7619 S. ALL STATES: FEE \$82.00

ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

FEMUR

7624 G. ALL STATES: FEE \$188.00

7627 S. ALL STATES: FEE \$245.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

FIBULA OR TARSUS (excepting os calcis or os talus)

7632 G. ALL STATES: FEE \$48.00

			NSW	VIC	QLD	SA	WA	TAS
7637	S.	FEE	\$ 66.00	69.00	60.00	63.00	63.00	63.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

TIBIA OR PATELLA

			NSW	VIC	QLD	SA	WA	TAS
7641	G.	FEE	\$ 72.00	75.00	66.00	63.00	70.00	63.00

			NSW	VIC	QLD	SA	WA	TAS
7643	S.	FEE	\$ 102.00	102.00	86.00	86.00	86.00	86.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

ANKLE (Pott's Fracture) with or without dislocation, OS CALCIS (calcaneus), OS TALUS or BOTH SHAFTS OF LEG

7647 G. ALL STATES: FEE \$122.00

7652 S. ALL STATES: FEE \$164.00

ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

METATARSALS— one or more

7673 G. ALL STATES: FEE \$43.00

7677 S. ALL STATES: FEE \$63.00

ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

7681	PHALANX OF TOE (other than great toe)							
	ALL STATES: FEE \$17.20							
	ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S							
7683	MORE THAN ONE PHALANX OF TOE (other than great toe)							
	ALL STATES: FEE \$27.50							
	ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S							
7687	DISTAL PHALANX of great toe							
	ALL STATES: FEE \$42.50							
	ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S							
7691	PROXIMAL PHALANX of great toe							
	ALL STATES: FEE \$42.50							
	ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S							
7694	SKULL, not requiring operation- each attendance							
			NSW	VIC	QLD	SA	WA	TAS
G.	FEE	\$	13.20	12.40	11.60	11.60	11.60	12.40
7697	SKULL, not requiring operation- each attendance							
			NSW	VIC	QLD	SA	WA	TAS
S.	FEE	\$	18.80	17.80	17.80	17.80	17.80	15.80
7701	NASAL BONES, not requiring reduction—each attendance							
			NSW	VIC	QLD	SA	WA	TAS
G.	FEE	\$	13.20	12.40	11.60	11.60	11.60	12.40
7706	NASAL BONES, not requiring reduction—each attendance							
			NSW	VIC	QLD	SA	WA	TAS
S.	FEE	\$	18.80	17.80	17.80	17.80	17.80	15.80
7709	NASAL BONES, requiring reduction							
			NSW	VIC	QLD	SA	WA	TAS
G.	FEE	\$	81.00	81.00	81.00	63.00	63.00	63.00
7712	NASAL BONES, requiring reduction							
			NSW	VIC	QLD	SA	WA	TAS
S.	FEE	\$	112.00	112.00	102.00	81.00	81.00	81.00
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							

7715	NASAL BONES, requiring reduction and involving osteotomies								
			ALL STATES: FEE \$225.00						
			ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S						
7718	G.	MAXILLA— not requiring splinting							
			ALL STATES: FEE \$52.00						
7721	S.	MAXILLA— with external fixation, wiring of teeth or internal fixation							
			ALL STATES: FEE \$152.00						
			ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S						
7739	G.	MANDIBLE— not requiring splinting							
			ALL STATES: FEE \$63.00						
7743	S.	MANDIBLE— with wiring of teeth, internal fixation, or skeletal pinning with external fixation							
			ALL STATES: FEE \$82.00						
7749			MANDIBLE— with wiring of teeth, internal fixation, or skeletal pinning with external fixation						
			ALL STATES: FEE \$205.00						
			ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S						
7764	G.	ZYGOMA							
			ALL STATES: FEE \$56.00						
7766	S.	ZYGOMA							
			ALL STATES: FEE \$76.00						
			ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S						
7774	G.	FEE	\$	NSW 13.20	VIC 12.40	QLD 11.60	SA 11.60	WA 11.60	TAS 12.40
7777	S.	FEE	\$	18.80	17.80	17.80	17.80	17.80	15.80

	SPINE (excluding sacrum), VERTEBRAL BODY, without involvement of cord, not requiring immobilisation in plaster—each attendance								
7781	G.	FEE	\$	NSW 13.20	VIC 12.40	QLD 11.60	SA 11.60	WA 11.60	TAS 12.40
7785	S.	FEE	\$	18.80	17.80	17.80	17.80	17.80	15.80
7789	SPINE (excluding sacrum), transverse process or bone OTHER THAN VERTEBRAL BODY requiring immobilisation in plaster or traction by skull calipers								
	ALL STATES: FEE \$96.00								
	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 \$164.00								
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S								
7798	SPINE (excluding sacrum), VERTEBRAL BODY, with involvement of cord								
	ALL STATES: FEE \$415.00								
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S								
7802	SIMPLE AND UNCOMPLICATED FRACTURES REQUIRING OPEN OPERATION								
	TREATMENT OF A SIMPLE AND UNCOMPLICATED FRACTURE REQUIRING OPEN OPERATION, being a fracture referred to in Item—7505, 7508, 7516, 7533, 7601, 7605, 7681, 7683, 7687, 7691, 7694, 7697, 7701, 7706, 7774, 7777, 7781 or 7785								
	ALL STATES: FEE \$56.00								
	ANAESTHETIC—ITEM NOS 483G/554S								
7803	TREATMENT OF A SIMPLE AND UNCOMPLICATED FRACTURE REQUIRING OPEN OPERATION, being a fracture referred to in an item (other than an item referred to in Item 7802) under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division								
	DERIVED FEE —The fee for the treatment of the fracture, had such fracture not required open operation, plus one-third of that fee.								
	ANAESTHETIC—ITEM NOS 483G/554S								

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 \$56.00</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 (other than an item referred to in Item 7808) under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division</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 \$56.00</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 (other than an item referred to in Item 7815) under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division</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 \$56.00</p> <p>ANAESTHETIC—ITEM NOS 485G/557S</p>

TREATMENT OF A COMPLICATED FRACTURE INVOLVING VISCERA, BLOOD VESSELS OR NERVES AND REQUIRING OPEN OPERATION, being a fracture referred to in an item (other than an item referred to in Item 7821) under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation to this Division

7823

DERIVED FEE—The fee for the treatment of the fracture, had such fracture not required open operation, plus three-quarters of that fee.

ANAESTHETIC—ITEM NOS 485G/557S

GENERAL

INITIAL REDUCTION (without full post-operative treatment) in a series of two or more reductions of a fracture, being a reduction that would, but for this item, be covered by an item under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division

7828

DERIVED FEE—One-half of the amount of the fee specified for the reduction of the fracture.

Administration of anaesthetic in connection with the treatment of the initial reduction in a series of two or more reductions of a fracture, being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division

DERIVED FEE—The fee specified for the administration of the anaesthetic for the reduction of the fracture.

EACH SUBSEQUENT REDUCTION (without full post-operative treatment) in a series (other than the final reduction), being a reduction that would, but for this item, be covered by an item under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division

7834

DERIVED FEE—One-half of the amount of the fee specified for the reduction of the fracture.

Administration of anaesthetic in connection with the treatment of each subsequent reduction in the series (other than the final reduction) being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division

DERIVED FEE—The fee specified for the administration of the anaesthetic for the reduction of the fracture.

FINAL REDUCTION (including full post-operative treatment) in a series being a reduction that would, but for this item, be covered by an item under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division

7839

DERIVED FEE—The fee specified for the reduction of the fracture.

Administration of anaesthetic in connection with the treatment of the final reduction in the series, being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division

DERIVED FEE—The fee specified for the administration of the anaesthetic for the reduction of this fracture

TREATMENT OF AVULSION OF EPIPHYSIS of any part referred to in an item under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division

7844

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.

TREATMENT OF A CLOSED FRACTURE, INVOLVING A JOINT SURFACE, being a fracture referred to in an item under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division

7847

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

DIVISION 11—ORTHOPAEDIC

ACCESSORY OR SESAMOID BONE, removal of

7853

ALL STATES: FEE \$132.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G / 513S

EPICONDYLITIS, open operation for

7857

ALL STATES: FEE \$132.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G / 513S

DIGITAL NAIL, removal of

7861

FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		16.40	16.40	13.20	13.20	13.20	13.20

ANAESTHETIC 5 UNITS—ITEM NOS 406G / 510S

INCISION FOR PULP SPACE INFECTION, PARONYCHIA OR OTHER ACUTE INFECTION OF HANDS OR FEET, not covered by any other item in this Part (excluding after-care)

7864

ALL STATES: FEE \$14.00

ANAESTHETIC 5 UNITS—ITEM NOS 406G / 510S

7868	MIDDLE PALMAR, THENAR OR HYPOTHENAR SPACES, drainage of								
			ALL STATES: FEE \$33.50						
			ANAESTHETIC 6 UNITS—ITEM NOS 407G / 513S						
7872	INGROWING TOENAIL, excision of nail bed								
			NSW	VIC	QLD	SA	WA	TAS	
	G. FEE	\$	78.00	58.00	58.00	58.00	58.00	58.00	
7878	S. FEE	\$	102.00	6.00	76.00	72.00	76.00	72.00	
			ANAESTHETIC 6 UNITS—ITEM NOS 407G / 513S						
7883	INSERTION OF ORTHOPAEDIC PIN OR WIRE, as an independent procedure								
			ALL STATES: FEE \$58.00						
			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 \$86.00						
			ANAESTHETIC 8 UNITS- ITEM NOS 409G / 517S						
7898	OSTEOSYNTHESIS by Smith-Petersen nail								
			ALL STATES: FEE \$460.00						
			ANAESTHETIC 11 UNITS—ITEM NOS 453G/ 522S						
7902	TEMPORO-MANDIBULAR MENISCECTOMY								
			ALL STATES: FEE \$170.00						
			ANAESTHETIC 9 UNITS—ITEM NOS 443G / 518S						
7911	MANIPULATION OF JOINT, JOINTS, SPINE, JOINT AND SPINE OR JOINTS AND SPINE, under general anaesthesia, not associated with any other Item in this Part	G.							
			ALL STATES: FEE \$53.00						
7915		S.							
			ALL STATES: FEE \$66.00						
			ANAESTHETIC 4 UNITS—ITEM NOS 405G / 509S						

7926	<p>SPINE, APPLICATION OF PLASTER JACKET</p> <p>ALL STATES: FEE \$85.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G / 513S</p>
7928	<p>RISSEK JACKET, localiser or turn-buckle jacket, application of, body only</p> <p>ALL STATES: FEE \$140.00</p>
7932	<p>RISSEK JACKET, localiser or turn-buckle jacket, application of, body and head</p> <p>ALL STATES: FEE \$140.00</p>
7934	<p>SCOLIOSIS, spinal fusion for</p> <p>ALL STATES: FEE \$720.00</p> <p>ANAESTHETIC 23 UNITS—ITEM NOS 467G/538S</p>
7937	<p>SCOLIOSIS, re-exploration for adjustment or removal of Harrington rods or similar devices</p> <p>ALL STATES: FEE \$235.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
7938	<p>SCOLIOSIS, anterior correction of (Dwyer procedure), not more than four spaces; OR SPINAL FUSION FOR SCOLIOSIS OR KYPHOSIS with use of Harrington distraction rod</p> <p>ALL STATES: FEE \$895.00</p> <p>ANAESTHETIC 23 UNITS—ITEM NOS 467G/538S</p>
7939	<p>SCOLIOSIS, anterior correction of (Dwyer procedure), more than four spaces; OR SPINAL FUSION FOR SCOLIOSIS OR KYPHOSIS with the use of Harrington distraction and compression rods</p> <p>ALL STATES: FEE \$1130.00</p> <p>ANAESTHETIC 29 UNITS- ITEM NOS 473G/544S</p>
7940	<p>APPLICATION OF HALO for spinal fusion in the treatment of scoliosis, not covered by Item 7934</p> <p>ALL STATES: FEE \$158.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>

7942	<p>BONE GRAFT TO SPINE, POSTERIOR, not covered by Item 7945, 7967 or 7969</p> <p>ALL STATES: FEE \$335.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
7945	<p>BONE GRAFT TO SPINE, POSTERO-LATERAL fusion</p> <p>ALL STATES: FEE \$595.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
7947	<p>ANTERIOR INTERBODY SPINAL FUSION TO CERVICAL SPINE—ONE LEVEL</p> <p>ALL STATES: FEE \$515.00</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 \$660.00</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 \$595.00</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 \$795.00</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 \$580.00</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 \$795.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>

7975	<p>BONE GRAFT TO FEMUR</p> <p>ALL STATES: FEE \$405.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
7977	<p>BONE GRAFT TO TIBIA</p> <p>ALL STATES: FEE \$320.00</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 \$405.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
7993	<p>BONE GRAFT TO RADIUS OR ULNA</p> <p>ALL STATES: FEE \$285.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
7999	<p>BONE GRAFT TO SCAPHOID</p> <p>ALL STATES: FEE \$265.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
8001	<p>BONE GRAFT TO OTHER BONES, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$235.00</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 \$355.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
8009	<p>SHOULDER—removal of calcium deposit from cuff</p> <p>ALL STATES: FEE \$132.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>

8014	SHOULDER—arthrotomy ALL STATES: FEE \$140.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S																
8017	SHOULDER — arthroplasty or plastic reconstruction ALL STATES: FEE \$360.00 ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S																
8019	SHOULDER — arthrodesis or arthrectomy ALL STATES: FEE \$425.00 ANAESTHETIC 11 UNITS— ITEM NOS 453G/522S																
8022	FINGER OR OTHER SMALL JOINT— arthrodesis, arthrectomy, or arthroplasty <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%; text-align: center;">NSW</th> <th style="width: 10%; text-align: center;">VIC</th> <th style="width: 10%; text-align: center;">QLD</th> <th style="width: 10%; text-align: center;">SA</th> <th style="width: 10%; text-align: center;">WA</th> <th style="width: 10%; text-align: center;">TAS</th> </tr> </thead> <tbody> <tr> <td>FEE</td> <td>\$</td> <td style="text-align: right;">154.00</td> <td style="text-align: right;">154.00</td> <td style="text-align: right;">128.00</td> <td style="text-align: right;">116.00</td> <td style="text-align: right;">116.00</td> <td style="text-align: right;">116.00</td> </tr> </tbody> </table> ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	154.00	154.00	128.00	116.00	116.00	116.00
		NSW	VIC	QLD	SA	WA	TAS										
FEE	\$	154.00	154.00	128.00	116.00	116.00	116.00										
8024	METACARPO PHALANGEAL JOINT, prosthetic arthroplasty ALL STATES: FEE \$205.00 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S																
8026	SMALL JOINT—arthrotomy ALL STATES: FEE \$42.50 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S																
8028	ZYGAPOPHYSEAL JOINTS, arthrectomy ALL STATES: FEE \$220.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S																
8032	SACRO-ILIAC JOINT— arthrodesis ALL STATES: FEE \$245.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S																

8036	<p>OTHER LARGE JOINT—arthrodesis, arthrectomy, arthroplasty or total synovectomy of</p> <p>ALL STATES: FEE \$220.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8040	<p>OTHER LARGE JOINT- arthrotomy</p> <p>ALL STATES: FEE \$158.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8044	<p>HIP—ARTHRODESIS</p> <p>ALL STATES: FEE \$560.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
8048	<p>HIP—ARTHRECTOMY</p> <p>ALL STATES: FEE \$390.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
8053	<p>HIP—ARTHROPLASTY (Austin Moore, Girdlestone or similar procedure)</p> <p>ALL STATES: FEE \$390.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8069	<p>JOINT—ARTHROPLASTY, total replacement of hip (McKee-Farrer, Charnley or similar procedure), knee, elbow, shoulder or ankle</p> <p>ALL STATES: FEE \$550.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>
8070	<p>JOINT—ARTHROPLASTY, revision operation for total replacement of hip, knee, elbow, shoulder or ankle with removal of prosthesis and replacement with new prosthesis</p> <p>ALL STATES: FEE \$720.00</p> <p>ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S</p>
8074	<p>HIP—ARTHROTOMY (including removal of prosthesis)</p> <p>ALL STATES: FEE \$285.00</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 \$104.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</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 \$188.00</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 \$225.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</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 \$350.00</p> <p>ANAESTHETIC9 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 \$350.00</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 \$445.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
8105	<p>JOINT, or other SYNOVIAL CAVITY—aspiration of, injection into, or both of these procedures</p> <p>ALL STATES: FEE \$15.20</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>

8113	JOINT, repair of capsule or ligament of, or INTERNAL FIXATION of, to stabilize joint							
	ALL STATES: FEE \$192.00							
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
8116	FOOT OR ANKLE REGION—triple arthrodesis							
	FEE	\$	NSW 285.00	VIC 320.00	QLD 285.00	SA 285.00	WA 285.00	TAS 285.00
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							
8120	CALCANEAN SPUR, removal of							
	ALL STATES: FEE \$170.00							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
8131	HALLUX VALGUS OR RIGIDUS, correction of, with osteotomy or osteectomy of phalanx or metatarsal (Keller's arthroplasty); OR TOTAL REPLACEMENT OF FIRST METATARSOPHALAN-GEAL JOINT							
	FEE	\$	NSW 240.00	VIC 240.00	QLD 215.00	SA 215.00	WA 225.00	TAS 215.00
	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 320.00	VIC 295.00	QLD 275.00	SA 275.00	WA 275.00	TAS 275.00
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
8151	HAMMER TOE, correction of							
G.	ALL STATES: FEE \$104.00							
8153	S.							
	ALL STATES: FEE \$128.00							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
8158	CERVICAL RIB, removal of							
	ALL STATES: FEE \$285.00							
	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S							

SCALENOTOMY

8161

ALL STATES: FEE \$225.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

ACROMION OR CORACO-ACROMION LIGAMENT, removal of

8166

ALL STATES: FEE \$170.00

ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

EXCISION OF EXOSTOSIS OF SMALL BONE including simple removal of bunion

8169

G.

ALL STATES: FEE \$104.00

8173

S.

ALL STATES: FEE \$128.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

EXCISION OF EXOSTOSIS OF LARGE BONE

8179

G.

ALL STATES: FEE \$126.00

8182

S.

ALL STATES: FEE \$158.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

OSTEOTOMY OR OSTEECTOMY OF PHALANX, METACARPAL OR METATARSAL

8185

FEE

	NSW	VIC	QLD	SA	WA	TAS
\$	132.00	132.00	120.00	120.00	132.00	120.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

OSTEOTOMY OF PHALANX, METACARPAL OR METATARSAL, with internal fixation

8187

ALL STATES: FEE \$140.00

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 \$140.00

ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

8193	<p>OSTEOTOMY OF FIBULA, RADIUS, ULNA, CLAVICLE, SCAPULA (OTHER THAN ACROMION), RIB, TARSUS OR CARPUS, with internal fixation</p> <p>ALL STATES: FEE \$170.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
8195	<p>OSTEOTOMY OR OSTEECTOMY OF TIBIA OR HUMERUS</p> <p>ALL STATES: FEE \$192.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
8198	<p>OSTEOTOMY OR OSTEECTOMY OF FEMUR OR PELVIC BONE</p> <p>ALL STATES: FEE \$320.00</p> <p>ANAESTHETIC 8 UNITS- ITEM NOS 409G/517S</p>
8201	<p>OSTEOTOMY OF TIBIA, HUMERUS, FEMUR OR PELVIC BONE, with internal fixation</p> <p>ALL STATES: FEE \$460.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
8206	<p>OSTEOTOMY OF FEMUR—sub-trochanteric</p> <p>ALL STATES: FEE \$320.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
8209	<p>OSTEECTOMY OF VERTEBRAL BODIES</p> <p>ALL STATES: FEE \$295.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8211	<p>OSTEOTOMY AND DISTRACTION FOR LENGTHENING OF LIMB</p> <p>ALL STATES: FEE \$320.00</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 \$78.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>

8217	REMOVAL OF DISTRACTING APPARATUS FROM LIMB, with internal fixation ALL STATES: FEE \$158.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
8219	FLEXOR TENDON OF HAND, primary suture of G. ALL STATES: FEE \$134.00
8222	S. ALL STATES: FEE \$170.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
8225	FLEXOR TENDON OF HAND, secondary suture of ALL STATES: FEE \$192.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
8227	EXTENSOR TENDON OF HAND, primary suture of G. ALL STATES: FEE \$70.00
8230	S. ALL STATES: FEE \$85.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
8233	EXTENSOR TENDON OF HAND, secondary suture of ALL STATES: FEE \$132.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
8235	ACHILLES TENDON or other large tendon, suture of G. ALL STATES: FEE \$166.00
8238	S. ALL STATES: FEE \$210.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
8241	TENDON OF FOOT, primary suture of ALL STATES: FEE \$58.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

8243	<p>TENDON OF FOOT, secondary suture of</p> <p>ALL STATES: FEE \$85.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8246	<p>TENOTOMY, SUBCUTANEOUS, one or more tendons</p> <p>ALL STATES: FEE \$53.00</p> <p>ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S</p>
8249	<p>TENOTOMY, OPEN, with or without tenoplasty</p> <p>ALL STATES: FEE \$128.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
8251	<p>TENDON OR LIGAMENT TRANSPLANTATION, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$235.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8257	<p>TENDON GRAFT</p> <p>ALL STATES: FEE \$320.00</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 \$240.00</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 \$140.00</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 \$104.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>

8275	<p>TENOLYSIS OF FLEXOR TENDON following tendon injury, repair or graft</p> <p>ALL STATES: FEE \$152.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8279	<p>TENOLYSIS OF EXTENSOR TENDON following tendon injury, repair or graft</p> <p>ALL STATES: FEE \$86.00</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 \$116.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8283	<p>SYNOVECTOMY of metacarpophalangeal joint</p> <p>ALL STATES: FEE \$152.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8287	<p>SYNOVECTOMY of interphalangeal joint</p> <p>ALL STATES: FEE \$106.00</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 \$255.00</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 \$170.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
8296	<p>DUPUYTREN'S CONTRACTURE, subcutaneous fasciotomy</p> <p>ALL STATES: FEE \$85.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>

8298	DUPUYTREN'S CONTRACTURE, radical operation for ALL STATES: FEE \$210.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
8302	FRAGMENTATION AND RODDING IN FRAGILITAS OSSIIUM—HUMERUS, RADIUS OR ULNA ALL STATES: FEE \$320.00 ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
8304	FRAGMENTATION AND RODDING IN FRAGILITAS OSSIIUM—TIBIA ALL STATES: FEE \$390.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
8306	FRAGMENTATION AND RODDING IN FRAGILITAS OSSIIUM—FEMUR ALL STATES: FEE \$515.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G / 523S
8310	EPIPHYSEODESIS—FEMUR ALL STATES: FEE \$192.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G / 514S
8312	EPIPHYSEODESIS—TIBIA AND FIBULA ALL STATES: FEE \$192.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G / 514S
8314	EPIPHYSEODESIS—FEMUR, TIBIA AND FIBULA ALL STATES: FEE \$265.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G / 521S
8316	STAPLE ARREST OF HEMI-EPIPHYSIS ALL STATES: FEE \$265.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G / 514S

8318	Operation for the prevention of closure of epiphysial plate ALL STATES: FEE \$525.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G / 517S																
8320	RADICAL PLANTAR FASCIOTOMY (STEINDLER'S OPERATION) ALL STATES: FEE \$245.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G / 514S																
8322	TALIPES EQUINOVARUS—POSTERIOR RELEASE PROCEDURE ALL STATES: FEE \$230.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G / 514S																
8324	TALIPES EQUINOVARUS—MEDIAL RELEASE PROCEDURE ALL STATES: FEE \$265.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G / 514S																
8326	SUBTALAR ARTHRODESIS (EXTRA-ARTICULAR) ALL STATES: FEE \$265.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G / 521S																
8328	CALCANEAL OSTEOTOMY ALL STATES: FEE \$192.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G / 517S																
8330	CALCANEAL OSTEOTOMY WITH BONE GRAFT ALL STATES: FEE \$265.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G / 521S																
8332	CONGENITAL DISLOCATION OF HIP—manipulation and plaster (one hip) <table border="0" data-bbox="204 1532 1131 1585"> <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;">92.00</td> <td style="text-align: center;">67.00</td> <td style="text-align: center;">67.00</td> <td style="text-align: center;">67.00</td> <td style="text-align: center;">67.00</td> <td style="text-align: center;">67.00</td> </tr> </tbody> </table> ANAESTHETIC 6 UNITS—ITEM NOS 407G / 513S	FEE	\$	NSW	VIC	QLD	SA	WA	TAS			92.00	67.00	67.00	67.00	67.00	67.00
FEE	\$	NSW	VIC	QLD	SA	WA	TAS										
		92.00	67.00	67.00	67.00	67.00	67.00										

8334	<p>TALIPES EQUINOVARUS, CALCANEUS VALGUS, PES PLANUS, METATARSUS VARUS, GENU VARUM OR GENU VALGUM—manipulation under general anaesthesia</p> <p>ALL STATES: FEE \$22.50</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 \$28.50</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 \$46.00</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 \$28.50</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G / 501S</p>
8352	<p>CONTRACTURES, manipulation under general anaesthesia, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$22.50</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
8354	<p>CONTRACTURES, manipulation and plaster under general anaesthesia, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$34.50</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
8356	<p>SPASTIC PARALYSIS—manipulation and plaster (one limb)</p> <p>ALL STATES: FEE \$34.50</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>

DIVISION 12—PAEDIATRIC

OPERATIONS FOR CORRECTION OF CONGENITAL ABNORMALITIES

HYPERTELORISM, correction of

8378

ALL STATES: FEE \$425.00

ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S

CHOANAL ATRESIA, plastic repair of

8380

ALL STATES: FEE \$415.00

ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S

CHOANAL ATRESIA, repair of by puncture and dilatation

8382

ALL STATES: FEE \$104.00

ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S

MACROCHEILIA, MACROGLOSSIA OR MACROSTOMIA, operation for

8384

ALL STATES: FEE \$225.00

ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S

TORTICOLLIS, operation for

8386

ALL STATES: FEE \$170.00

ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

OESOPHAGUS, correction of congenital stenosis by oesophagectomy and anastomosis

8388

ALL STATES: FEE \$515.00

ANAESTHETIC 21 UNITS—ITEM NOS 465G/535S

TRACHEO-OESOPHAGEAL FISTULA (with or without atresia), ligation and division of

8390

ALL STATES: FEE \$515.00

ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S

8392	<p>OESOPHAGEAL ATRESIA, with or without fistula, correction of</p> <p>ALL STATES: FEE \$635.00</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 \$445.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
8398	<p>HIRSCHSPRUNG'S DISEASE, rectosigmoidectomy for</p> <p>ALL STATES: FEE \$580.00</p> <p>ANAESTHETIC 22 UNITS—ITEM NOS 466G/537S</p>
8400	<p>EXOMPHALOS OR GASTROSCHISIS, operation for</p> <p>ALL STATES: FEE \$510.00</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 \$565.00</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 \$188.00</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 \$550.00</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 \$285.00</p> <p>ANAESTHETIC 11 UNITS-ITEM NOS 453G/522S</p>

8412	URACHAL FISTULA, operation for ALL STATES: FEE \$245.00 ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
8414	SPHINCTER RECONSTRUCTION for ectopia vesicae, ectopia cloacae or congenital incontinence ALL STATES: FEE \$560.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
8418	URETHRAL VALVES OR URETHRAL MEMBRANE, open removal of ALL STATES: FEE \$335.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
8422	LYMPHANGIECTASIS OF LIMB (Milroy's disease)—limited excision of ALL STATES: FEE \$172.00 ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
8424	LYMPHANGIECTASIS OF LIMB (Milroy's disease)—radical excision of ALL STATES: FEE \$385.00 ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
8428	EXTRA DIGIT, ligation of pedicle ALL STATES: FEE \$22.50 ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
8430	EXTRA DIGIT, amputation of ALL STATES: FEE \$58.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
8432	DERMOID, periorbital or superficial nasal, excision of ALL STATES: FEE \$82.00
8434	S. ALL STATES: FEE \$106.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

8436	DERMOID, ORBITAL, excision of ALL STATES: FEE \$225.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
8440	DERMOID OF NOSE, excision of, with intranasal extension ALL STATES: FEE \$265.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
8442	MYELOMENINGOCELE—excision of sac ALL STATES: FEE \$320.00 ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
8444	MYELOMENINGOCELE EXTENSIVE requiring formal repair with skin flaps or Z plasty ALL STATES: FEE \$470.00 ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S
DIVISION 13—PLASTIC AND RECONSTRUCTIVE	
METICULOUS PLASTIC REPAIR DESIGNED TO OBTAIN MAXIMUM FUNCTIONAL OR COSMETIC RESULTS INCLUDING THE PREPARATION OF THE DEFECT REQUIRING REPAIR	
8448	SINGLE STAGE LOCAL MUSCLE FLAP REPAIR, simple, small ALL STATES: FEE \$176.00 ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
+ 8449	SINGLE STAGE LARGE MUSCLE FLAP REPAIR (pectoralis major, gastrocnemius, gracilis or similar large muscle) ALL STATES: FEE \$295.00 ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S
8450	DERMO-FAT OR FASCIA GRAFT (including transplant or muscle flap) ALL STATES: FEE \$220.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S

8452	<p>ABRASIVE THERAPY, limited area</p> <p>ALL STATES: FEE \$82.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>														
8454	<p>ABRASIVE THERAPY, extensive area</p> <p>ALL STATES: FEE \$184.00</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 \$43.00</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> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">FEE</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 style="text-align: left;">\$</td> <td style="text-align: center;">63.00</td> <td style="text-align: center;">63.00</td> <td style="text-align: center;">51.00</td> <td style="text-align: center;">51.00</td> <td style="text-align: center;">51.00</td> <td style="text-align: center;">43.00</td> </tr> </tbody> </table> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>	FEE	NSW	VIC	QLD	SA	WA	TAS	\$	63.00	63.00	51.00	51.00	51.00	43.00
FEE	NSW	VIC	QLD	SA	WA	TAS									
\$	63.00	63.00	51.00	51.00	51.00	43.00									
8466	<p>ANGIOMA OF SKIN and subcutaneous tissue or mucous surface, large, excision and repair of</p> <p>ALL STATES: FEE \$76.00</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 \$102.00</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 \$152.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>														
8474	<p>HAEMANGIOMA OF NECK, deep-seated, excision of</p> <p>ALL STATES: FEE \$265.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>														

8476	<p>MAJOR EXCISION AND GRAFTING FOR LYMPHOEDEMA</p> <p>ALL STATES: FEE \$360.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
8478	<p>FOREIGN IMPLANTS FOR CONTOUR RECONSTRUCTION</p> <p>ALL STATES: FEE \$220.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
	<p style="text-align: center;">SKIN FLAP SURGERY</p> <p>SINGLE STAGE LOCAL FLAP REPAIR, simple, small, excluding flap for male pattern baldness</p>
8480	<p>ALL STATES: FEE \$132.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
8484	<p>SINGLE STAGE LOCAL FLAP REPAIR, complicated or large, excluding flap for male pattern baldness</p> <p>ALL STATES: FEE \$192.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8485	<p>DIRECT FLAP REPAIR (cross arm, abdominal or similar), first stage</p> <p>ALL STATES: FEE \$220.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
8486	<p>DIRECT FLAP REPAIR (cross arm, abdominal or similar), second stage</p> <p>ALL STATES: FEE \$110.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
8487	<p>DIRECT FLAP REPAIR, cross leg, first stage</p> <p>ALL STATES: FEE \$470.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/521S</p>
8488	<p>DIRECT FLAP REPAIR, cross leg, second stage</p> <p>ALL STATES: FEE \$210.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>

8490	<p>DIRECT FLAP REPAIR, small (cross finger or similar), first stage</p> <p>ALL STATES: FEE \$120.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
8492	<p>DIRECT FLAP REPAIR, small (cross finger or similar), second stage</p> <p>ALL STATES: FEE \$55.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
8494	<p>INDIRECT FLAP OR TUBED PEDICLE, formation of</p> <p>ALL STATES: FEE \$205.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8496	<p>INDIRECT FLAP OR TUBED PEDICLE, delay of</p> <p>ALL STATES: FEE \$110.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8498	<p>INDIRECT FLAP OR TUBED PEDICLE, preparation of intermediate or final site and attachment to the site</p> <p>ALL STATES: FEE \$220.00</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 \$172.00</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 \$120.00</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 \$96.00</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 \$192.00</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 2.5 per centum of total body surface</p> <p>ALL STATES: FEE \$140.00</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 2.5 per centum of total body surface</p> <p>ALL STATES: FEE \$325.00</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 2.5 per centum of total body surface</p> <p>ALL STATES: FEE \$295.00</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 \$132.00</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 \$275.00</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 \$220.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G / 518S</p>

OTHER GRAFTS AND MISCELLANEOUS PROCEDURES

REVISION under general anaesthesia of facial or neck scar NOT MORE THAN 3 cm. IN LENGTH

8522

ALL STATES: FEE \$102.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G / 517S

REVISION under general anaesthesia of facial or neck scar MORE THAN 3 cm. IN LENGTH

8524

ALL STATES: FEE \$138.00

ANAESTHETIC 9 UNITS—ITEM NOS 443G / 518S

MAMMAPLASTY, reduction (unilateral), with or without repositioning of nipple

8528

ALL STATES: FEE \$415.00

ANAESTHETIC 10 UNITS—ITEM NOS 450G / 521S

AUGMENTATION MAMMAPLASTY for significant breast asymmetry or following mastectomy, where the mammoplasty is limited to one breast

8530

ALL STATES: FEE \$345.00

ANAESTHETIC 10 UNITS—ITEM NOS 450G / 521S

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

8535

ALL STATES: FEE \$220.00

ANAESTHETIC 11 UNITS—ITEM NOS 453G / 522S

DIGIT, transplantation of — complete procedure

8540

ALL STATES: FEE \$600.00

ANAESTHETIC 16 UNITS—ITEM NOS 460G / 527S

NEUROVASCULAR ISLAND FLAP, including repair of secondary defect, excluding flap for male pattern baldness

8542

ALL STATES: FEE \$515.00

ANAESTHETIC 15 UNITS—ITEM NOS 459G / 526S

8544	MACRODACTYLY, plastic reduction of, each finger
	ALL STATES: FEE \$154.00
	ANAESTHETIC 8 UNITS—ITEM NOS 409G / 517S
8546	FACIAL NERVE PARALYSIS, free fascia graft for
	ALL STATES: FEE \$335.00
	ANAESTHETIC 12 UNITS—ITEM NOS 454G / 523S
8548	FACIAL NERVE PARALYSIS, muscle transfer or graft for
	ALL STATES: FEE \$390.00
	ANAESTHETIC 13 UNITS—ITEM NOS 457G / 524S
8551	MELOPLASTY for correction of facial asymmetry due to soft tissue abnormality where the meloplasty is limited to one side of the face.
	ALL STATES: FEE \$410.00
	ANAESTHETIC 14 UNITS—ITEM NOS 458G / 525S
8552	ORBITAL CAVITY, reconstruction of floor or roof of
	ALL STATES: FEE \$225.00
	ANAESTHETIC 12 UNITS—ITEM NOS 454G / 523S
8554	MAXILLA, resection of
	ALL STATES: FEE \$415.00
	ANAESTHETIC 17 UNITS—ITEM NOS 461G / 528S
8556	MANDIBLE, resection of
	ALL STATES: FEE \$325.00
	ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S
8560	MANDIBLE, segmental resection of, for tumours
	ALL STATES: FEE \$275.00
	ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S

8564	<p>MANDIBLE, section-fixation for prognathism or retrognathism</p> <p>ALL STATES: FEE \$275.00</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 \$385.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
8570	<p>MANDIBLE, condylectomy</p> <p>ALL STATES: FEE \$220.00</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 any other item in this Part</p> <p>ALL STATES: FEE \$240.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
8578	<p>OSTEOTOMY OR OSTEECTOMY OF MAXILLA (other than alveolar margins) or zygoma or both for congenital or post-traumatic malformation, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
8582	<p>WHOLE THICKNESS RECONSTRUCTION OF EYELID other than by direct suture only</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8584	<p>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</p> <p>ALL STATES: FEE \$110.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>

8585	<p>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</p> <p>ALL STATES: FEE \$152.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>																
8586	<p>CORRECTION OF PTOSIS (unilateral)</p> <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%; text-align: center;">NSW</th> <th style="width: 10%; text-align: center;">VIC</th> <th style="width: 10%; text-align: center;">QLD</th> <th style="width: 10%; text-align: center;">SA</th> <th style="width: 10%; text-align: center;">WA</th> <th style="width: 10%; text-align: center;">TAS</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">FEE</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">360.00</td> <td style="text-align: right;">320.00</td> <td style="text-align: right;">320.00</td> <td style="text-align: right;">320.00</td> <td style="text-align: right;">320.00</td> <td style="text-align: right;">320.00</td> </tr> </tbody> </table> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	360.00	320.00	320.00	320.00	320.00	320.00
		NSW	VIC	QLD	SA	WA	TAS										
FEE	\$	360.00	320.00	320.00	320.00	320.00	320.00										
8588	<p>ECTROPION OR ENTROPION, correction of (unilateral)</p> <p>ALL STATES: FEE \$152.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>																
8592	<p>SYMBLEPHARON, grafting for</p> <p>ALL STATES: FEE \$220.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>																
8594	<p>RHINOPLASTY, correction of lateral or alar cartilages or both</p> <p>ALL STATES: FEE \$240.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>																
8596	<p>RHINOPLASTY, correction of bony vault only</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G / 521S</p>																
8598	<p>RHINOPLASTY—TOTAL, including correction of all bony and cartilaginous elements of the external nose</p> <p>ALL STATES: FEE \$470.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G / 523S</p>																

8600	<p>RHINOPLASTY OR SIMILAR CONTOUR RESTORATION OF THE FACE, involving autogenous bone or costal cartilage graft</p> <p>ALL STATES: FEE \$595.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G / 524S</p>
8602	<p>RHINOPLASTY, secondary revision of</p> <p>ALL STATES: FEE \$69.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G / 521S</p>
8604	<p>RHINOPHYMA, correction of</p> <p>ALL STATES: FEE \$164.00</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 \$235.00</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 \$245.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G / 517S</p>
8612	<p>CONGENITAL ATRESIA, reconstruction of external auditory canal</p> <p>ALL STATES: FEE \$325.00</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 \$152.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G / 517S</p>
8616	<p>VERMILIONECTOMY</p> <p>ALL STATES: FEE \$152.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G / 517S</p>

8618	LIP OR EYELID RECONSTRUCTION using full thickness flap (Abbe or similar) first stage ALL STATES: FEE \$390.00 ANAESTHETIC 11 UNITS— ITEM NOS 453G / 522S
8620	LIP OR EYELID RECONSTRUCTION using full thickness flap (Abbe or similar), second stage ALL STATES: FEE \$ 114.00 ANAESTHETIC 4 UNITS— ITEM NOS 405G / 509S
8622	CLEFT LIP, unilateral— primary repair ALL STATES: FEE \$295.00 ANAESTHETIC 12 UNITS— ITEM NOS 454G / 523S
8624	CLEFT LIP, complete primary repair, one stage, bilateral ALL STATES: FEE \$405.00 ANAESTHETIC 14 UNITS— ITEM NOS 458G / 525S
8628	CLEFT LIP, secondary correction, partial or incomplete ALL STATES: FEE \$ 126.00 ANAESTHETIC 10 UNITS— ITEM NOS 450G / 521S
8630	CLEFT LIP, secondary correction, complete revision ALL STATES: FEE \$240.00 ANAESTHETIC 12 UNITS— ITEM NOS 454G / 523S
8632	CLEFT LIP, secondary correction, Abbe flap ALL STATES: FEE \$555.00 ANAESTHETIC 12 UNITS— ITEM NOS 454G / 523S
8634	CLEFT LIP, secondary correction of nostril or nasal tip ALL STATES: FEE \$ 164.00 ANAESTHETIC 10 UNITS— ITEM NOS 450G / 521S

8636	<p>CLEFT PALATE, primary repair, partial cleft</p> <p>ALL STATES: FEE \$295.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G / 524S</p>
8640	<p>CLEFT PALATE, primary repair, complete cleft or cleft requiring major repair</p> <p>ALL STATES: FEE \$385.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G / 525S</p>
8644	<p>CLEFT PALATE, secondary repair, closure of fistula</p> <p>ALL STATES: FEE \$192.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G / 524S</p>
8648	<p>CLEFT PALATE, secondary repair, lengthening procedure</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G / 523S</p>
8652	<p>CLEFT PALATE, partial repair, complex cleft</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G / 524S</p>
8656	<p>PHARYNGEAL FLAP OR PHARYNGOPLASTY</p> <p>ALL STATES: FEE \$345.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G / 526S</p>

Item No.	Medical Service																		
	<p style="text-align: center;">PART 11—NUCLEAR MEDICINE</p> <p>NOTE</p> <p>(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).</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>ERYTHROCYTE RADIOACTIVE UPTAKE SURVIVAL TIME TEST</p> <p>8700 ALL STATES: FEE \$61.00</p>																		
8702	<p>BLOOD VOLUME ESTIMATION USING RADIOACTIVE CHROMIUM</p> <table border="0" 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%; text-align: center;">NSW</th> <th style="width: 10%; text-align: center;">VIC</th> <th style="width: 10%; text-align: center;">QLD</th> <th style="width: 10%; text-align: center;">SA</th> <th style="width: 10%; text-align: center;">WA</th> <th style="width: 10%; text-align: center;">TAS</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">FEE</td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: center;">24.50</td> <td style="text-align: center;">24.50</td> <td style="text-align: center;">24.50</td> <td style="text-align: center;">24.50</td> <td style="text-align: center;">21.50</td> <td style="text-align: center;">24.50</td> </tr> </tbody> </table>				NSW	VIC	QLD	SA	WA	TAS	FEE	\$		24.50	24.50	24.50	24.50	21.50	24.50
			NSW	VIC	QLD	SA	WA	TAS											
FEE	\$		24.50	24.50	24.50	24.50	21.50	24.50											
8704	<p>GASTROINTESTINAL BLOOD LOSS ESTIMATION with radioactive chromium involving serial examination of stool specimens</p> <p>ALL STATES: FEE \$49.00</p>																		
8706	<p>RADIOIODINE, URINARY ESTIMATION</p> <p>ALL STATES: FEE \$16.60</p>																		
8708	<p>PROTEIN BOUND RADIOACTIVE IODINE TEST</p> <p>ALL STATES: FEE \$24.50</p>																		
8710	<p>RADIOACTIVE B12 ABSORPTION TEST (Schilling test) — One isotope</p> <p>ALL STATES: FEE \$27.00</p> <p>8711 RADIOACTIVE B12 ABSORPTION TEST (Schilling test) — Two isotopes</p> <p>ALL STATES: FEE \$40.50</p>																		

	THALLIUM MYOCARDIAL STUDY or THALLIUM MYOCARDIAL REDISTRIBUTION STUDY	
8712	C.	ALL STATES: FEE \$110.00
8713	NC.	ALL STATES: FEE \$97.00
	MYOCARDIAL INFARCT AVID IMAGING STUDY, CARDIAC BLOOD POOL STUDY or CARDIAC OUTPUT ESTIMATION	
8716	C.	ALL STATES: FEE \$84.00
8717	NC.	ALL STATES: FEE \$73.00
	GATED CARDIAC BLOOD POOL (equilibrium) STUDY	
8720	C.	ALL STATES: FEE \$138.00
8721	NC.	ALL STATES: FEE \$73.00
	GATED CARDIAC BLOOD POOL STUDY WITH INTERVENTION	
8723	C.	ALL STATES: FEE \$166.00
	CARDIAC FIRST PASS BLOOD FLOW STUDY (gated or ungated) or CARDIAC SHUNT STUDY	
8724	C.	ALL STATES: FEE \$84.00
	LUNG PERFUSION STUDY, LUNG VENTILATION STUDY or LUNG AEROSOL STUDY	
8730	C.	ALL STATES: FEE \$84.00
8731	NC.	ALL STATES: FEE \$73.00
	LIVER AND SPLEEN STUDY, HEPATO BILIARY STUDY or MECKEL'S DIVERTICULUM STUDY	
8736	C.	ALL STATES: FEE \$112.00
8737	NC.	ALL STATES: FEE \$100.00
	SPLEEN STUDY, RED BLOOD CELL SPLEEN STUDY, PANCREAS STUDY, GASTRO-OESOPHAGEAL REFLUX STUDY, SALIVARY STUDY, or BOWEL HAEMORRHAGE STUDY	
8738	C.	ALL STATES: FEE \$86.00
8739	NC.	ALL STATES: FEE \$76.00
	LIVER AND LUNG STUDY	
8742	C.	ALL STATES: FEE \$166.00
8743	NC.	ALL STATES: FEE \$144.00

	LE VEEN SHUNT STUDY	
8746	C.	ALL STATES: FEE \$58.00
8747	NC.	ALL STATES: FEE \$51.00
	GASTRIC EMPTYING STUDY	
8750	C.	ALL STATES: FEE \$86.00
	RENAL STUDY (static) or PLACENTAL STUDY	
8755	C.	ALL STATES: FEE \$86.00
8756	NC.	ALL STATES: FEE \$76.00
	CYSTOURETEROGRAM or QUANTITATIVE RENOGRAM	
8759	C.	ALL STATES: FEE \$112.00
8760	NC.	ALL STATES: FEE \$99.00
	TESTICULAR STUDY	
8763	C.	ALL STATES: FEE \$59.00
8764	NC.	ALL STATES: FEE \$52.00
	BRAIN STUDY (static) or CEREBRO SPINAL FLUID STUDY (static)	
8769	C.	ALL STATES: FEE \$114.00
8770	NC.	ALL STATES: FEE \$100.00
	SHUNT PATENCY STUDY	
8773	C.	ALL STATES: FEE \$86.00
8774	NC.	ALL STATES: FEE \$77.00
	DYNAMIC FLOW STUDY or REGIONAL BLOOD VOLUME QUANTITATIVE STUDY	
8779	C.	ALL STATES: FEE \$33.00
8780	NC.	ALL STATES: FEE \$29.50

VENOGRAPHY, LYMPHOSCINTIGRAPHY, LABELLED PLATELETS THROMBUS STUDY or LABELLED WHITE CELL STUDY

8783 C. ALL STATES: FEE \$112.00

8784 NC. ALL STATES: FEE \$99.00

PERIPHERAL PERFUSION STUDY

8787 C. ALL STATES: FEE \$84.00

8788 NC. ALL STATES: FEE \$73.00

BONE STUDY—four or more areas

8793 C. ALL STATES: FEE \$225.00

8794 NC. ALL STATES: FEE \$196.00

BONE STUDY—less than four areas

8797 C. ALL STATES: FEE \$114.00

8798 NC. ALL STATES: FEE \$100.00

JOINT STUDY of two or more joints

8799 C. ALL STATES: FEE \$114.00

8800 NC. ALL STATES: FEE \$100.00

TUMOUR SEEKING STUDY—three or more areas

8803 C. ALL STATES: FEE \$225.00

8804 NC. ALL STATES: FEE \$196.00

TUMOUR SEEKING STUDY—less than three areas

8807 C. ALL STATES: FEE \$114.00

8808 NC. ALL STATES: FEE \$100.00

THYROID STUDY (using technetium, iodine or caesium) or PERCHLORATE DISCHARGE STUDY

8813 C. ALL STATES: FEE \$57.00

8814 NC. ALL STATES: FEE \$50.00

THYROID UPTAKE

8817	C.	ALL STATES: FEE \$29.50
8818	NC.	ALL STATES: FEE \$26.00

PARATHYROID STUDY

8821	C.	ALL STATES: FEE \$84.00
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ADRENAL STUDY

8824	C.	ALL STATES: FEE \$88.00
8825	NC.	ALL STATES: FEE \$78.00

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

8828	C.	ALL STATES: FEE \$84.00
8829	NC.	ALL STATES: FEE \$73.00

SECTION 3A

INDEX TO MEDICAL BENEFITS SCHEDULE

- PART 1 — PROFESSIONAL ATTENDANCES**
- PART 2 — OBSTETRICS**
- PART 3 — ANAESTHETICS**
- PART 4 — REGIONAL NERVE OR FIELD BLOCK**
- PART 5 — ASSISTANCE IN ADMINISTRATION OF ANAESTHETIC**
- PART 6 — MISCELLANEOUS PROCEDURES**
- PART 9 — ASSISTANCE AT OPERATIONS**
- PART 10 — OPERATIONS**

Service	Item
A	
Abbe flap, full thickness, for reconstruction of lip or eyelid	8618,8620
transplant or flap, secondary correction of, for cleft lip	8632
Abdomen, burst, repair of, with extrusion of abdominal viscera	4258/4262
Abdominal approach for repair of enterocele and/or suspension	
of vaginal vault	6396
apron or similar condition, transverse wedge excision	3306-3308
lipectomy for	3306-3308
block, initial	748
subsequent	752
cervicectomy	3739/3745
drainage of liver abscess	3764
hydatid cyst, excision of	3783
hysterectomy, with enucleation of ovarian cysts, one or	
both sides	6532/6533
viscera—operations involving	3739/3745
Abdominis, paracentesis	4197
Abdomino-perineal pull through resection	4217
resection	4202-4214
-vaginal operation for stress incontinence	6407,6408
Aberrant renal artery, operation for	5683
Abortion, induced, vacuum aspiration	6469
induced curettage	6469
missed, curettage for	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
scaphoid, removal of	7853

Service	Item
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	5 108, 5 112, 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
Acupuncture, performed by a medical practitioner	980
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 requiring open operation	485, 557
— dislocation requiring open operation	482, 553
— simple and uncomplicated fracture requiring open operation	483, 554
— simple and uncomplicated fracture requiring internal fixation or with the treatment of a compound fracture requiring open operation	484, 556
— separate pre-operative examination for	82/85
Adrenal gland, biopsy of	5636
removal of	5636
Alcohol, injection of trigeminal ganglion or primary branch of trigeminal nerve with	7079
intrathecal injection	7081
local infiltration around nerve or in muscle with	*
nerve blocking with, following localisation by electrical stimulator	756
retrobulbar injection of	6918
Alimentary continuity, primary restoration	5508
obstruction, neonatal, laparotomy for	8394

*Payable on attendance basis

Service	Item
Allergens, skin sensitivity for	987, 989
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
clitoris	6299
extra digit, congenital	8430
finger or thumb	4927-4969
foot at ankle (Syme, Pirogoff types)	5034
midtarsal or transmetatarsal	5038
hand	4972-4979
hindquarter	5055
hip	5051
interscapulothoracic	4987
penis, complete or radical	6184
partial	6179
shoulder	4983
stump, trimming of	*
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
Anal incontinence, operation for,	4492

*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
stricture, repair of	4482
tags or external haemorrhoids, removal of	4534
Anastomosis, arterial	4762
arteriovenous, direct, of upper or lower limb	4817
bowel	4133
hepatic duct with gallbladder or intestine	3834
ileo-rectal, with total colectomy	4048
nerve	7139
portal, hypertension, vascular	4766
spino-ureteral, spino-peritoneal or spino-pleural of, for hydrocephalus, congenital	7320
Anderson-Hynes operation	5734
Aneurysm, abdominal aortic, excision of and insertion of graft	4791, 4794
intracranial, operation for	7265-7274
ligation of great vessels for	4690, 7265-7274
major artery, excision of	4798
Angioma, cauterisation or injection of, under general anaesthesia	8458
involving deep tissue, excision and repair of	8470, 8472
of skin and subcutaneous tissue or mucous surface, excision and repair of	8462, 8466
excision of, and direct repair	8462, 8472
Ankle, arthroplasty, total replacement	8069
revision operation	8070
dislocation of	7461
fracture of	7647/7652
region, triple arthrodesis of	8116
total replacement, revision operation	8070
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, breach 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
vaginal repair	6347/6352, 6358/6363
Antrobuccal fistula operation	5288
Antrostomy (radical)	5270
with transantral ethmoidectomy	5277

Service	Item
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 (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
puncture	956
Arteriography, selective coronary, preparation for	7011, 7013
Arterioplasty, transluminal, including associated radiological services and preparation	4800
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

Service	Item
Artery of trunk, removal of embolus from	4784
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
subtalar	8326
triple, of foot or ankle region	8116
other large joint	8036
small joint	8022
Arthroplasty, ankle	8069
elbow	8069
finger	8022
hip	8053-8070
knee	8070-8092
shoulder	8017
other large joint	8036
small joint	8022
prosthetic, metacarpo phalangeal joint	8024
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	810E
paracentesis, or both, of thoracic cavity	6940
vacuum induced abortion	6465
non gravid uterus	6460/6464
Assistance at operations	2951,2953
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

*Payable on attendance basis

Service	Item
Atresia, oesophagus, dilation for	5470-5492
operation for	8392
tracheal, dilatation of, with bronchoscopy	5619, 5624
Attendance, at which acupuncture is performed by a medical practitioner	980
by a medical practitioner for the investigation and evaluation	
of a patient for the fitting of CONTACT LENSES	851
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
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
of endometrium	*
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

*Payable on attendance basis

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 (closed), operations on	5840
cystostomy or cystotomy	5840-5888
diverticulum of, excision or obliteration of	5897/5901
ectopic—'turning-in' operation	5929
enlargement of, using intestine	8414
evacuation of clot from, by cystoscopy	5981
excision of	5845
neck closure, including repair of epispadias	5891/5894, 5905
contracted, congenital, wedge excision or perurethral resection of	6135
contracture, operation for	8410
resection, endoscopic, with cystoscopy	5916
(open), operations on	5881
prolapse of (gynaecological), repair of	5891-5935
repair of rupture of	6347-6373
with complete or partial uterectomy	5891/5894
suprapubic stab cystotomy	5747
transection of for urge incontinence of urine	5903
tumour of, biopsy of, with cystoscopy	5941
diathermy or resection of, with cystoscopy	5868
suprapubic diathermy of	5871, 5875
washout test of	5919
Block, field or major regional, required with surgical induction of labour and antenatal care confinement and postnatal care for nine days	839
regional nerve or field, initial	216/217
subsequent	748
Blocking, nerve, with alcohol or other agent following localisation by electrical stimulator	752
Blood, administration of	756
cell separation (limited to one attendance per procedure)	940, 944
collection of, for pathology test	*
transfusion	907, 956
dye—dilution indicator test	949
pressure recording by intravascular cannula	952
the collection of, venepuncture for, sending to Approved Pathology Practitioner	770
transfusion	955
intrauterine foetal, including necessary amniocentesis	902, 904, 940-947
vessels in nose, cautery to during episode of epistaxis	947
Bone, accessory, removal of	5230
carpal, replacement of by silicone or other implant including any necessary tendon transfers	7853
graft to femur	8003
humerus	7975
	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 osteomy	8330
lunate, excision of	819C
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 general anaesthetic	3106
without general anaesthetic	*
operations on	3647-3702
partial mastectomy involving more than one quarter of breast tissue	3678/3683
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 of	4864
Bronchial tree, intrathoracic operation on	6999
Bronchoscopy, as an independent procedure	5605
with biopsy or other diagnostic or therapeutic procedure	5611
dilatation of tracheal stricture	5619
Bronchspirometry	918
Bronchus, operations on	5605, 5613

* Payable on attendance basis

Service	Item
Bronchus, removal of foreign body in	5613
Bubonocoele 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
internal, repositioning of	4733
ligation of, for aneurysm or arteriovenous fistula	7274
involving gradual occlusion by mechanical device	4715

* Payable on attendance basis

Service	Item
Carotid body or carotid body tumour, removal of	3295
without anastomosis	4762
with anastomosis	7426
Carpal bone, dislocation of	7533
fracture of, excluding navicular	8003
replacement of, by silicone or other implant including any necessary tendon transfers	7535/7538
scaphoid, fracture of	7178/7182
tunnel syndrome, radical operation for	8290
Carpometacarpal joint, synovectomy of	7430/7432
Carpus on radius and ulna, dislocation of	4838
operation on, for acute osteomyelitis	4860
chronic osteomyelitis	8190
osteectomy or osteotomy of	8193
of with internal fixation	7911/7915
Cartilage, knee, displaced, reduction of	8085-8092
removal of	6758
tarsal, excision of	6290
Caruncle, urethral, cauterisation of	6292/6296
excision of	6859
Cataract, juvenile, removal of, including subsequent needlings	833
Catheter, peritoneal insertion and fixation of	5840
Catheterisation, bladder — where no other procedure is performed	7001-7013
cardiac	950, 951
central vein	5343
eustachian tube	5305
frontal sinus	895
scalp vein	897
umbilical artery	895
vein	5851
ureteric, with cystoscopy	748
Caudal block, initial	752
subsequent	8458
Cauterisation, angioma, congenital, under general anaesthesia	6411
cervix	8458
haemangioma, congenital, under general anaesthesia	4523/4527
haemorrhoids	3330-3346
keratoses or hyperkeratoses	6762
of tarsus for ectropion	5176
perforation of tympanum	3330-3346
pyogenic granulation	5229
septum or turbinates or pharynx	6290
urethra or urethral caruncle	6835
Cautery, conjunctiva, including treatment of pannus	6278/6280
destruction of Bartholin's cyst or gland	5230
to blood vessels in nose during an episode of epistaxis	5192
Cavity, nasal, and/or post-nasal space, examination of, under general anaesthesia as an independent procedure	8552
orbital, reconstruction of roof or floor of	8108
synovial, aspiration and/or intrasynovial injection of	6940
thoracic, aspiration or paracentesis of, or both	3379/3384
Cellulitis, incision with drainage of, requiring a general anaesthetic	950, 951
Central vein catheterisation	.
Cerebello-pontine angle tumour	7203
—suboccipital removal of	5108, 5112
—transmastoid, translabyrinthine removal of	

Service	Item
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, 6430/6431
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
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
Cholecystoduodenostomy	3831
Cholecystoenterostomy	3831
Cholecystoenterostomy	3831
Cholecystogastrostomy	3831
Cholecystostomy	3722
Choledochoduodenostomy	3834
with choledochotomy	3822
Choledochoenterostomy	3834
with choledochotomy	3822
Choledochogastrostomy	3834
Choledochotomy with or without choecystectomy	3820-3822
Cholera, inoculation against	*
Chondro-cutaneous or chondro-mucosal graft	8606
Chondroma, removal of	3219-3253
Chordee, correction of—hypospadias	6105,6107

* Payable on attendance basis.

Service	Item
Chronic osteomyelitis, operation on scapula, sternum, clavicle, rib, ulna, radius, metacarpus, carpus, phalanx, tibia, fibula, metatarsus, tarsus, mandible or maxilla	4860
Cicatricial flexion contracture of joint, correction of	8294
Ciliary body and/or iris, excision of tumour	6894
Cingulotomy	7298
Cingulotractotomy	7298
Circum-anal suture for anal prolapse	4467
Circumcision	4319-4345
arrest of post-operative haemorrhage 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
intra-peritoneal of colostomy or enterostomy	3986
of bladder neck including repair of epispadias	6135
cervical oesophagostomy	3597
cutaneous ureterostomy	5837
urethral fistula	6044
Clot, evacuation of, from bladder by cystoscopy	5845
surgical removal from large vein	4789
small or medium vein	4676
Coagulation, laser beam	6904
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
venepuncture for sending to	
Approved Pathology Practitioner	955
specimen of sweat by iontophoresis	958
Colles' fracture of wrist	7540/7544

* Payable on attendance basis

Service	Item
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, 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
attendance by specialist at	198

*Payable on attendance basis

Service	Item
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, cauterly 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
Contact lenses, attendance by a medical practitioner for the	
investigation and evaluation of a patient for the fitting of	851
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 of	6262
removal of under general anaesthesia	6264
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

Service	Item
Contracture manipulation under general anaesthesia	8352
Contractures, manipulation and plaster for, under general anaesthesia	8354
Cooling, gastric (by lavage with ice-cold water)	*
Coraco-acromion ligament, removal of	8166
Cordotomy, laminectomy for	7346
percutaneous	7381
Corn, radical treatment of	3219-3253
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	92C
Counterpulsation by intra-aortic balloon	
—insertion by arteriotomy, orremoval 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
nose in the treatment of nasal haemorrhage	5233
retina	6908
Culdoscopy	6451
Curettag, or suction curettag for evacuation of the contents of the gravid uterus	6469
uterus (D. and C.)	6460/6464
including curettag 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
epididyma., 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	3509/3513
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 ureteric meatotomy	5878
urethroscopy	6061
Cystostomy, suprapubic	5897/5901
change of tube	*
Cystotomy, suprapubic	5897/5901
stab	5903
with removal of calculus	5968
Cystourethrography, ascending	5861
preparation for	5840
Cytotoxic agent, infusion of	932-936
intra-arterial infusion of, preparation for	934
intralymphatic infusion of fluid containing	936

*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 general anaesthesia 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
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
periorbital, congenital, excision of	8432/8434
Desiccation of mole by diathermy	3330-3346
Detached retina, diathermy or cryotherapy for	6900
light coagulation for	6904
removal of encircling silicone band from	6906
resection or buckling operation for	6902
Detachment of indirect flap or tubed pedicle, delay	8496
testis from thigh, secondary	4313
Dextrose, intravenous infusion of	927, 929
Dialysis, peritoneal	836
renal, in hospital	821-824
Diaphragmatic hernia, other than traumatic, repair of (abdominal approach)	4241
transthoracic repair of	6997
traumatic, repair of	4238
Diathermy, and laparoscopy of Fallopian tubes	6611/6612
and anyone 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
or resection of rectal tumour with sigmoidoscopy	4366/4367
perforation of tympanum, for	5176

Service	Item
Diathermy, pharynx	5229
plantar wart	3320
salivary gland duct	3465
septum	5229
turbينات	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
recurrent, patella, operation for	8085
requiring open operation and internal fixation	8113

*Payable on attendance basis

Service	tem
Dislocation, shoulder	7412-7419
treatment of	7397-7483, 8332
turbinate	5235
Displaced patella, fixation of	8085
Dissection and repair of arteriovenous fistula	4699
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
Dohman'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
hepatic, reconstruction of	3834
naso-lacrimal, probing of	6799
salivary gland, diathermy or dialation 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, 915, 916
E.C. T.	886
E. E. G.	803, 806
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	791, 793, 794
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, report only	909
tracing and report	908
tracing only	909
Electrocauterisation of cysts, tumours, warts, etc.	3330-3346
Electroconvulsive therapy	886
Electrocorticography	809
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
Electrodiagnosis, neuromuscular	810, 811, 813, 814
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
Electro-oculography	853
and electroretinography	854
Electrophysiological investigations, intra cardiac	7002
Electroplexy	886
Electroretinography	853
and electro-oculography	854
Electrosurgery of keratoses, warts or similar lesions	3330-3346
Elevation of funnel chest	6972
Embolus, removal of, from artery of neck	4778
extremities	4778
trunk	4784
Empyema, intercostal drainage of, not involving resection of rib	6953
radical operation for, involving resection of rib	6955
Encircling silicone band, removal from detached retina	6906
Enderterectomy of aorta or innominate artery	4705
artery of neck or extremities	4709
intra-thoracic artery	4705
Endolymphatic sac, transmastoid decompression	5116
Endometriosis, diathermy via laparoscope	6607
Endometrium, biopsy of	*
Endoscopic biopsy of prostate with or without cystoscopy	6027
bladder neck resection with cystoscopy	5881
external sphincterotomy	5883
pancreatocholangiography	3860
pharyngeal pouch (Dohlman's operation)	5357
prostatectomy with or without cystoscopy	6005
removal or manipulation of ureteric calculus with cystoscopy	5885
resection of median bar, with or without cystoscopy	6010
Endotracheal anaesthetic in connection with dental operation	568-575
Enterocoele, repair of by abdominal approach	6396
vaginal approach	6347/6352
Entero-colostomy	3894/3898
Entero-enterostomy	3894/3898
Enterolysis with intestinal plication, Noble type	3722
Enterostomy	3722
entero-	3894/3898
extra-peritoneal closure of	3976/3981
following exploratory laparotomy	3722
gastro-	3894/3898
or pyloroplasty with vagotomy	3889
Enterotomy	3722
Entropion, correction of	8588
Enucleation of eye with or without sphere implant	6688
and insertion of integrated implant	6692
hydatid cysts of lung	6964
Epicondylitis, open operation for	7857
Epididymal cyst, removal of	6221/6224
Epididymectomy	6236
Epidural block, initial	748
subsequent	752
implant for chronic pain control including insertion of	
subcutaneous battery—one or two stages	7381
(lumbar or thoracic) for control of post-operative pain	753
injection for neurological diagnosis or for therapeutic reasons	7085

*Payable on attendance basis

Service	Item
Exenteration of orbit of eye	6715
Exercise tests in association with electrocardiography	516
Exomphalos, congenital, operation for	8400
by plastic flap	8402
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
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 tarsi cyst	6754
Extra digit, amputation of	8430
ligation of pedicle	8428
Extremities, artery of, endarterectomy of	4709
Extremity, or neck, major artery of, repair of wound of, with restoration of continuity	4693
Eye, artificial lens, insertion of	6852
removal of	6857
ball, repair of perforating wound of	6728, 6730, 6736
carbolicisation of	*
dermoid, excision of	8432/8434, 8436
enucleation of with or without sphere implant	6688
insertion of integrated implant	6692
extraction of lens	6848
foreign body in, removal of	6740, 6742, 6744, 6747, 6816, 6818
globe of, evisceration of	6697
paracentesis, in relation to	6865
trephining of	6873
Eyelashes, ingrowing, operation for	8588
Eyelid, correction of ectropion or entropion	8588
ptosis (unilateral)	8586
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
Eyes, laser beam, application to	6904

*Payable on attendance basis

Service	Item
F	
Facetectomy, lumbar	8028
Facial nerve, decompression of	5102, 5104
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
unilateral microsurgical anastomosis of	6633
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
puncture in infants	907
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 antrobuccal, operation for	5288
arteriovenous, cervical carotid ligation for dissection and repair of ligation of excision of, from major bloodvessels	7274 4699 4702 4690
artificial, arteriovenous, 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) subcutaneous, excision of	4568/4573 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

Service	Item
Flap indirect, or tubed pedicle, —delay, intermediate transfer or detachment of	8496
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
Oretained, 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 arthroscopy)
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

* Payable on attendance basis.

Service	Item
Foreign body, urethra, removal of	6056
implants for contour reconstruction	8478
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
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, 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 for obesity	3893
cooling (by lavage with ice-coldwater)	*
hypothermia	968,970
lavage in the treatment of ingested poison	974
reduction for obesity	3892
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
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 osteoclasia	8350
manipulation under general anaesthesia	8346
Genu varum, manipulation and plaster under general anaesthesia	8336
manipulation under general anaesthesia	8334
Gestation, ectopic, removal of	6553/6557
Gilliam's operation	6585/6594
Girdlestone arthroplasty of hip	8053
Gland, adrenal, biopsy of	5636
removal of	5636
Bartholin's, marsupialisation or cautery destruction of	6278/6280
groin, dissection of	3261/3265
lacrimal, excision of palpebral lobe	6772
lymph, aspiration biopsy of	3148
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

*Payable on attendance basis

Service	Item
Gland, 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, one or both eyes	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 of	6262
removal of under general anaesthesia	6264
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	(Div 13, Part 10)
revision of, direct, indirect or local flap repair	8502
skin, to orbit	6703
tendon	8257

Service	Item
Graft 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
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,	
without general anaesthesia	*
intracranial, burr-hole craniotomy for	7212
nasal, cryotherapy to nose in treatment of	5233
posterior, arrest of	5196
post-operative, control of	3110
laparotomy for	3734
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 (1/2) 7940
— for a period beyond six weeks	7942 (1/2) 7940
removal of	8214
Hammer toe, correction of	8151/8153
Hand, amputation or disarticulation of	4979
through metacarpals	4972/4976
extensor tendon of, primary suture of	8227/8230
secondary suture of	8233
flexor tendon of, primary suture of	8219/8222
secondary suture of	8225
incision of pulp space for paronychia or other acute infection of	7864
Harrington rods or similar devices, re-exploration for adjustment or	
removal of	7937
used in treatment of scoliosis or kyphosis	7938, 7939

*Payable on attendance basis

Service	Item
Health screening services, multiphasic	994
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, other than traumatic, repair of: (abdominal approach)	4241
transthoracic repair of	6997
traumatic, repair of	4238
(double) direct and indirect	4222/4227
epigastric	4246/4254
femoral or inguinal, repair	4222/4227
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
Herniated muscle, fascia, deep, repair of	3417
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
operation on, for chronic osteomyelitis	4864
osteectomy or osteotomy of	8195, 8198
of, with internal fixation	8201

Service	Item
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 Torkiassen's operation	7314
—ventriculo-atrial or ventriculo-peritoneal shunt for revision or removal of	7316 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
—inconjunction 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	7204
Hypospadias, correction of chordee	6105, 6107
meatotomy and hemi-circumcision	6098
secondary correction of	6122
urethral reconstruction for	6110, 6113
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
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
Implantation, Fallopian tubes into uterus	6631
hormone, by cannula	963
incision	960
living tissue, by cannula	963
incision	960
plastic, of penis	6208
Implants, foreign, for contour reconstruction	8478
Incidental appendectomy	4084
Incision of peritonsillar abscess (quinsy)	5445
Incisional hernia, repair of	4258/4262
Incontinence, anal, operation for	4492
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	3494
—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, 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
Infusion, intra-arterial, of substance incorporating a cytotoxic agent, preparation for	934
arteries of neck, thorax or abdomen	4822

*Payable on attendance basis

Service	Item
Infusion 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
Intervertebral disc, laminectomy for removal of lesion, laminectomy for	7331
	7336
Intestinal loop, isolated, transplantation of ureter into	5804, 5807
obstruction, surgical relief of	3739/3745
plication, Noble type, with enterolysis	3722
Intra-aortic balloon for counterpulsation	
— insertion by arteriotomy, or removal and arterioplasty	4806
— management of	976, 977

* Payable on attendance basis

Service	Item
Intra-arterial—arterial cannulisation	957
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
-cardiac conduction times	7001
electrophysiological investigations	7002
-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
pressure monitoring device, insertion of	7190
stereotactic procedure by any method	7312
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 of	6262
removal of under general anaesthesia	6264
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 of intra-uterine contraceptive device	6262
Intubation, small bowel	4104
with biopsy	4099
Inuissusception, laparotomy and reduction of	3722
resection of	4012
reduction of, by fluid	4003

*Payable on attendance basis

Service	Item
Inversion of uterus, acute, manipulative correction of	365, 368
Inverted nipple, surgical eversion of	3707
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

Service	Item
J	
Jacket, plaster, application of, to spine	7926
rissler, 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
Joint, aspiration of	8105
cicatrical flexioncontracture 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
metacarpo phalangeal, prosthetic, arthroplasty	8024
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 + (1/2) 6389
Keloid, excision of	3215-3253
extensive, multiple injections of hydrocortisone under general anaesthesia	3363
Keratectomy, partial—corneal scars	6820
Keratoplasty	6828, 6832
Keratoses, treatment of by electrosurgical destruction 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, pneloplasty 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(+7809)
Kyphosis, spinal fusion with the use of Harrington rods	7938, 7939
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
Laceration, full thickness, of nose, ear or eyelid, repair of	3104
Lacerations, repair and suturing of	3046-310*
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 disclesion	7336
removal of discs	7331
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
for grading of lymphoma	3730
for control of post-operative haemorrhage	3734
for neonatal alimentary obstruction	8394
involving oophorectomy, salpingectomy, salpingo-oophorectomy,	
removal of ovarian, parovarian, fimbrial or broad ligament	
cyst, not associated with hysterectomy	6643/6644, 6648/6649
operation on abdominal viscera	3739/3745
with reduction of volvulus	3722
Large bone, exostosis of, excision of	8179/8182
joint, arthrorectomy	8036
arthrodesis	8036
arthroplasty	8036
arthrotomy	8040

* Payable on attendance basis

Service	Item
Large 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, application to eyes	6904
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
lacrimonasal	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
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
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

*Payable on attendance basis

Service	Item
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 of	6262
removal of under general anaesthesia	6264
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	7158
Lobotomy for psychiatric causes	7298
Local flap repair, plastic, revision of graft	8502
single stage	8480, 8484
Local infiltration around nerve or in muscle with alcohol, novocaine or similar preparation	*
Localisation by electrical stimulator with nerve blocking by alcohol or other agent	756
Localiser, application of, body and head	7932
body only	7928
Loose bodies in joint	(see arthrotomy)
Lop ear or similar deformity, correction of	8608
Lord's procedure—massive dilatation of anus	4455
Lumbar facetectomy	8028
hernia, repair of	4258/4262
or thoracic spine, anterior interbody spinal fusion to	7957, 7961

* Payable on attendance basis

Service	Item
Lumbar 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	£458-8472
Lymphoedema, major excision and grafting for	8476
Lymphoid patches, removal of	£219-3253

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, electro-surgical destruction 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
Mammoplasty, augmentation, prosthetic	8530
reduction	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
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
pneumocentesis 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	5068
pinhole urinary, dilatation of	6036
urinary, meatotomy of	6066
Mechanical efficiency of breathing apparatus, estimation of	920
Meckel's diverticulum, removal of	3722
Medial meniscus, removal of	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
prosthetic arthroplasty	8024
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

*Payable on attendance basis

Service	Item
Metatarsus, amputation or disarticulation of	5024/5029
fracture of	7673/7677
operation on, for acute osteomyelitis	4832
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8187
or osteotomy of	8185
varus, manipulation	8334
and plaster	8336
Micro-laryngoscopy	5534
with removal of tumour	5540
Micro-surgical techniques	
— anastomosis of, fallopian tubes	6633
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
— neurolysis of nerve trunk	7133
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 treatment of	250/258
	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	3043-3101
Multiphasic health screening service	994
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

Service	Item
Muscle, extra-ocular, torn repair of	6932
eye, myotomy of	6922-6928
flap repair, large, single stage	8449
local, single stage, simple, small	8448
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
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

*Payable on attendance basis

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
Nasendoscopy	5348
Naso-lacrimal duct, probing for obstruction of	6799
Navicularbone, 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
exploration of	7178/7182
fifth cranial, avulsion of branch of	7170

* Payable on attendance basis.

Service	Item
Nerve 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
trigemina, primary branch of, injection with alcohol	7079
trunk, neurolysis of, internal (interfascicular)	7133
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 of	3330-3346
vocal cord, removal of, not covered by Item 5721	5530
Non-gravid uterus, suction curettage of	6460/6464
Non-magnetic intraocular foreign body, removal of	6742, 6747
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	
Obesity, gastric, by-pass for	3893
reduction for	3892
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
— with polypectomy, removal of foreign body	3851
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	2951/2953
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
Orbit, anophthalmic insertion of cartilage or artificial implant	6701
of eye, exenteration of	6715
exploration of	6709, 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
simple	4288/4293
Orchidopexy	4307, 4313
Orchidoplasty	6233
Oro-antral fistula, plastic closure of	5288

*Payable on attendance basis

Service	Item
Orthopaedic operations	7853-8356
pin or wire, insertion of	7883
removal of under regional or general anaesthesia, requiring incision	7886
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

Service	Item
Osteotomy femur	8198
with internal fixation	8201
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 osteotomy 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
Pancreaticholangiography, 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 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
Parkes intersphincteric operation for anal incontinence	4492
Paronychia, incision for	7864
Parotid duct, diathermy of	3465
dilatation of	3465
removal of calculus from	3468/3472
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
excision of scrotum	6212

*Payable on attendance basis

Service	Item
Partial 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	6638
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
—with out general anaesthesia	*
Pericardial tapping	6940
Pericardium, drainage of, transthoracic	6995
paracentesis of	6942

*Payable on attendance basis

Service	Item
Peridural block, initial	748
subsequent	752
Perimetry, quantitative	*
Perineal-abdomino resection	4202-4214
anoplasty, ano-rectal malformation	8406
biopsy of prostate	6022
operation, post-operative haemorrhage, control of	3110
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
acute osteomyelitis	4832
operation on, for chronic osteomyelitis	4860
osteectomy or osteotomy of	8185
— with internal fixation	8187
operation on, for acute osteomyelitis	4832
chronic osteomyelitis	4860
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

* Payable on attendance basis

Service	Item
Phenol, intrathecal injection of	7081
Phlebotomy	*
Phonocardiography	9.2
Photocoagulation of iris	6889
xenon arc	6904
Photography, retinal	859/860
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
Pituitary tumour, removal of,	7204
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 Schlatler's	8351
jacket, application of, to spine	7926
Plastic and reconstructive operations	8450-8656
flap operation for exomphalus, congenita	8402
implantation of penis	6208
procedures to pelvi-ureteric junction	5734
reconstruction: for bicornuate uterus	6570
of lacrimal canaliculus	6792
shoulder (orthopaedic)	8C17
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
Pleura, punch biopsy of	3160
Pleurectomy or pleurodesis with thoracotomy	6964

*Payable on attendance basis

Service	Item
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
vaginal repair	6347/6352, 6358/6363
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 for vacuum extraction, breech delivery or management of multiple delivery	208/209
Post-operative haemorrhage, control of, following perineal or vaginal	
operations	3110
laparotomy for	3734
tonsils or tonsils and adenoids, requiring	
general anaesthesia, arrest of	5396/5401
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

*Payable on attendance basis

Service	Item
Primary branch of trigeminal nerve, injection of with alcohol	7079
repair, complete, of cleft lip	8622, 8624
restoration of alimentary continuity after laryngopharyngectomy	5508
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	27-34
institution	55-68
nursing home	41-46
—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
Prostate, biopsy of, perineal	6022
endoscopic biopsy of, with or without cystoscopy	6027

*Payable on attendance basis

Service	Item
Prostate, needle biopsy of, or injection into	6030
total excision of	6017
Prostatectomy, endoscopic, with or without cystoscopy	6005
suprapubic, perineal or retropubic	6001
Prostatic abscess, retropubic drainage of	6033
Prosthesis, breast, 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
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
Ranu.a, 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, excision of via trans-sphincteric approach	4399
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

* Payable on attendance basis

Service	Item
Reduction, dislocation	7397-7483
eyelid, unilateral	8584-8585
fracture	7505-7839
in excess of one reduction	7828-7839
intussusception by fluid	4003
with laparotomy	3722
mammoplasty	8528
of volvulus, with laparotomy	3722
paraphimosis under anaesthesia	4351
plastic, for macrodactyly, each finger	8544
ureterplasty bilateral	5836
unilateral	5831
Redundant tissue, removal of	3219-3253
Re-exploration for adjustment or removal of Harrington rods or similar devices	7937
Reflux, vesico-ureteric	5984, 5993
Refrigerant, closed circuit circulation of for gastric hypothermia	968, 970
Regional anaesthesia, intravenous, of limb by retrograde perfusion	760/764
major, or field block with surgical induction of labour and antenatal care, confinement and postnatal care for a period of nine days	216/217
nerve block, initial	748
subsequent	752
Regitine phentolamine test—for phaeochromocytoma	*
Removal of intra-uterine contraceptive device, under general anaesthesia	6264
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, 860
Retrobulbar abscess, operation for	6752
injection of alcohol	6918
transillumination	6914
Retrognathism, correction of	8564

*Payable on attendance basis

Service	Item
Retrograde pyelography including cystoscopy with ureteric catheterisation, preparation for	5851
Retroperitoneal abscess, drainage of	4185
lymph node dissection, following nephrectomy	6232
tumour, removal of	6231
following orchidectomy	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
Rod, removal of, requiring incision under regional or general anaesthesia	7886
Rodent ulcer, operation for	3219-3253
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
Round window repair	5147
Rovsing's operation	5683
Rubber band ligation of haemorrhoids	4509
Rubin test for patency of Fallopian tubes	6638
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
spinal fusion for	7934
with use of Harrington rod	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
detachment of testis from thigh	4313
revision of rhinoplasty	8602

*Payable on attendance basis

Service	Item
Secondary suture, extensor tendon of hand	8233
flexor tendon of hand	8225
nerve trunk	7132
tendon of foot	8243
Section of peripheral nerve including multiple percutaneous neurotomy of posterior division of spinal nerves	7148/7152, 7156
Segmental resection of mandible for tumours	8560
Selective coronary arteriography, preparation for	7011, 7013
Semimembranosus bursa, coronary excision of	3217
Separation of labial adhesions	*
peritoneal adhesions and laparotomy, operation for	3722
Septoplasty of nasal septum	5217
Septum, cauterisation or diathermy of	5229
nasal, septoplasty or submucous resection of	5217
vaginal, excision of, for correction of double vagina	6332
Sequestrectomy	4860-4877
Sesamoid bone, removal of	7853
Sever's epiphysitis, plaster for	8351
Shafts, forearm, fracture of	7567/7572
leg, fracture of	7647/7652
Sheath, tendon, incision of	8267
of finger, synovectomy of	8282
thumb, synovectomy of	8282
Shirodkar suture	250/258
Shock, post-anaphylactic treatment of	*
Shortwave therapy	*
Shoulder, amputation or disarticulation at	4983
arthrectomy	8019
arthrodesis	8019
arthroplasty	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
Simultaneous injections, multiple, by continuous compression	
techniques for varicose veins	4633
Single stage local flap repair, plastic	8480, 8484
Sinoscopy	5348

*Payable on attendance basis

Service	Item
Sinus, curettage of	3173
diathermy of	3330-3346
excision of	3173-3183
frontal, catheterisation of	5305
radical obliteration of	5318
trephine of	5308
intranasal operation on	5301
maxillary, drainage of, through tooth socket	5284
pilonidal, excision of	4611/4617
in a child under 10 years	4552/4557
injection of sclerosant fluid under anaesthesia	4622
sphenoidal, intranasal operation on	5330
urogenital, vaginal reconstruction for	6327
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	4873
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	85
attendance	88-103
Specimen of sweat, collection of, by iontophoresis	958
Spermatic cord, complete excision of with orchidectomy	4296
Spermatocele, excision of	6221/6224
Sphenoidal sinus, intranasal operation on	5330
Sphincter, anal, stretching of	4455
of Oddi, direct operation on	3820-3825
Sphincterotomy, anal, as an independent procedure (Hirschsprung's disease)	4490

*Payable on attendance basis

Service	Item
Sphincterotomy, endoscopic, external	5883
with extraction of stones from common bile duct	3860
Spinal block, initial	748
subsequent	752
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
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

Service	Item
Stethography	908
Stimulating response recording (electromyography)	810, 811, 813, 814
Stimulation, electrical, for restoration of cardiac rhythm	917
maximal perineal	*
Stimulator, electrical, localisation by, with nerve blocking by alcohol or other agent	756
Stomach lavage	*
in the treatment of ingested poison	974
transposition with oesophagectomy	6986
washout	*
in the treatment of ingested poison	974
Stone, removal of, by urethroscopy	5691
Strabismus, operation for	6922-6928
Stress incontinence, abdomino-vaginal operation for	6407, 6408
Marshall-Marchetti, urethropexy for	5977
repair of, Kelly type operation	6347/6352 + (1/2)6389
sling operation for	6406
treatment by maximal perineal stimulation	*
Stricture, anal, repair of	4482
oesophagus or bronchii, cicatricial and malignant, dilatation of, and similar procedures	5470-5492
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)
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

* Payable on attendance basis

Service	Item
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
Supracondylar fracture of humerus	7567/7572
Suprapubic cystostomy or cystotomy	5897/5901
tube, change of	*
drainage of pelvic abscess	6677/6681
prostatectomy	6001
stab, cystotomy	5903
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
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.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	6739
Tear, third degree, repair of	383
Teflon injection into vocal cord	5542
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 osseotomy 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
large, suture of	8235/8238

*Payable on attendance basis

Service	Item
Tendon, 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
Tensilon test	*
Test, for glaucoma, provocative, including water drinking	849
oesophageal motility, manometric	966
Testicular biopsy	6218
Testis, exploration of, with or without fixation	6228
secondary detachment of, from thigh	4313
transplantation of	4307-4313
undescended, transplantation of	4307
Testopexy	4307-4313
Tetanus immunisation	*
Tetralogy of Fallot, congenital, operation for	6999,7046
Thenar spaces, drainage of	7868
Therapy, abrasive	8452,8454
Thickened tendon, excision of	8249
Thiersh operation for rectal prolapse	4467
Thigh, amputation through	5048
Third degree tear, repair of	383
Thompson arthroplasty of hip	8053
Thoracic block, initial	748
subsequent	752
cavity, aspiration or paracentesis of, or both	6940
or lumbar spine, anterior interbody spinal fusion to	7957, 7961
paravertebral block, initial	748
subsequent	752
sympathectomy	7376
Thoracoplasty (complete)	6966
(in stages)—each stage	6968
Thoracoscopy with or without division of pleural adhesions	6974
Thoracotomy, exploratory	6958
with pleurectomy or pleurodesis	6964
pulmonary decortication	6962
Threatened abortion, treatment of	246
miscarriage, purse string ligation of cervix for	250/258
treatment of	246
Three snip operation	6805
Thrombectomy of femoral, iliac or other similar large vein	4789
Thromboendarterectomy of artery of neck or extremities	4709
Thrombus, removal of, from femoral, iliac or other similar large vein	4789

*Payable on attendance basis

Service	Item
Thumb, amputation of, including metacarpal or part of metacarpal or disarticulation of	4965/4969 4927-4969
fractures of	7505-7512
metacarpophalangeal 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, one or both eyes	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 aged less than twelve years	5363/5366
—removal of in a person twelve years of age or over	5389/5392
Torek (testis) operations	4307-4313
Torkildsen's operation	8362
Torn extra-ocular muscle, repair of	6934

Service	Item
Torticollis, congenital, operation for	8386
Total lung volume, estimation of	921
replacement of first metatarso-phalangeal joint	8131
synovectomy of knee	8079
Trachea, removal of foreign body from	5601
Trachelorrhaphy	6430/6431
Tracheo-oesophagealfistula, 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
Transluminal arterioplasty including associated radiological services and preparation	4800
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	8632
muscle, (Hummelshheim type, etc.) for squint	6930
renal	5642-5645
Transplantation, adductor hallucis tendon with osteotomy or osteectomy of phalanx or metatarsal for correction of hallux valgus	8135
cornea, including collection of implant	6828, 6832
digit, plastic — complete procedure	8540
ligament	8251
tendon	8251
undescended testis	4307-4313
ureter	5763-5807
Transplants, hair	8535
Transposition of nerve	7143
stomach, with oesophagectomy	6986
Transthoracic drainage, of pericardium	6995
repair of hernia	6997
Transtympanic excision of glomus tumour	5152
Transvenous electrode, insertion or replacement of	7028
pacemaking electrode, temporary, insertion of	7042
Transverse process, spine, fracture of	7774/7777, 7789
Traumatic diaphragmatic hernia, repair of	4238
wounds, repair of	3046-3101
Treadmill, exercise test during electrocardiographic monitoring	916
Trephine of frontal sinus	5308
Trephining of eye	6873
Trichiasis, electrolysis epilation for	6767

Service	Item
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
Trochanteric, sub-, osteotomy of femur	8206
Trunk, major artery of, repair of wound of, with restoration of continuity	4696
nerve, neurolysis of, internal (interfascicular)	7133
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
microaryngoscopy with removal of	5540
ovarian, radical or debulking operation for	6655
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*Payable on attendance basis

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* Payable on attendance basis

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* Payable on attendance basis.

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*Payable on attendance basis

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*Payable on attendance basis

SECTION 3B

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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
Heart, measurement (X-ray) and kymography	2642/2646
Heinz bodies, examination of blood film for	1028-1032
Helminths, identification of	1693/1694
Herpes, cytological examination for	2081/2082
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	1421-1485
using beta emitting labels or by bioassay	1475-1485
gamma emitting labels or any other unspecified technique	1452-1462
Huhner's test	2211/2212
Hydroxy butyric dehydrogenase, estimation of	1301-1312
—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
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	2831
opaque or contrast media for radiological procedures	2805-2859
Inlet, thoracic, X-ray of	2634
Insufflation, adrenal and X-ray	2697
with lipiodol	2762
perirenal for radiography, preparation for	2825
X-ray of	2697
Insulin hypoglycaemia stimulation test (procedural service)	1511/1512
Intra-osseous venography, preparation for	2845
— 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 joints	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
L-dopa stimulation test (procedural service)	1504/1505
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
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
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 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	1545/1546
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	1421-1425
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 Veen 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
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	1324-1326

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
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	1324-1326
Porphobilinogen, qualitative estimation of	1319-1323
quantitative estimation of	1345/1346
Porphyrim factors	1345/1346
Porphyrim, qualitative test for	1327/1328
Potassium, estimation of	1301-1312
Precipitin (Lancefield) test for streptococcal grouping	1661/1662

Service	Item
Pregnancy test	2272/2273
(Division 9)	2346
X-ray	2738, 2740
Pregnanetriol, estimation of	1364/1366
Procainamide, estimation of	1392-1398
Procedural services	1504-1517
Protamine sulphate titration	1263/1264
Protein bound, radio-active iodine-test	8708
specific, assay of	1342/1343
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
kinasa 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
chorionic gonadotrophin	1452/1453
Fibrin degeneration products	1261/1262
Quantitative estimation of a substance not specified in any other item	1345/1346
any substance by reagent strip	1296-1298
blood gases	1324-1326
chorionic gonadotrophin	1452/1453
Fibrin degeneration products	1261/1262
Quinidine, assay of	1392-1398

Service	Item
R	
Radio-active B 12 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	2491
intravenous	2939
Radioallergosorbent tests	1903-1906
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
Rapid plasma Reagin (R.P.R.)	1772/1773
Recalcified plasma clotting time	1244/1246
Red cell morphology	1014-1016
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	2655-2657
Rose Waaler test, modified	1943/1944
quantitative	1941/1942
Rubella antibody test	1823/1824

Service	Item
Spine, X-ray of thoracic region	2599
two regions	2607
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	2655-2657
Steroid fractions, quantitative estimation of	1364/1366
Steroids, oxogenic, estimation of	1345/1346
Stontium, estimation of	1345/1346
Sudan black positive granules, examination of blood film for	1028-1032
Sugar, examination of urine for	1536/1537, 1673-1676
water tests for paroxysmal nocturnal haemoglobinuria	1036-1040
Sweet's method (localisation of foreign body in eye) — X-ray	2730

Service	Item
T	
Tanned erythrocyte haemagglutination test for tissue antibodies	1955-1958
Teeth, X-ray of	
— full mouth	2589
— single area	2587
Temporomandible joints, X-ray of	2585
Thermography of breasts	2736
Thigh (femur), X-ray of	2524/2528
Thoracic inlet, X-ray of	2634
region, X-ray of	2625-2638
Thoracography	2625/2627
Thorax, X-ray of	2625-2638
Thrombin time, determination of	1244/1246
Thromboplastin generation screening test	1255/1256
time (partial)	1234-1239
Thyroid stimulation hormone, administration of (procedural service)	1516/1517
stimulation test (procedural service)	1504/1505
test—estimation of	1452/1453
uptake	8817/8818
Thyrotrophin releasing hormone administration of (procedural service)	1516/1517
stimulation test (procedural service)	1511/1512
Thyroxine, (T4)—normalised (ETR)	1421-1425
— free or total	1421-1425
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
Treponema pallidum haemagglutination tests (TPHA)	1805-1809
Trichomonas, culture for	1609/1614
Triglycerides, estimation of	1301-1312
Triiodothyronine (T3)—resin uptake	1421-1425
— total	1452/1453

Service	Item
U	
Upper forearm and elbow, X-ray of	2516/2520
leg and knee, X-ray of	2524-2537
Urate, estimation of	1301-1312
Urea, clearance test (procedural service)	1504-1505
concentration test (procedural service)	1504/1505
estimation of	1301-1312
Ureaplasma, screening test for	1637/1638
Urethrography	2690
cysto-micturating	2694
preparation for	2839
Uric acid, estimation of	1301-1312
Urinary, estimation, radio-iodine	8706
tract, X-ray of	2665-2697
preparation for	2825, 5851
Urine, acidification test (procedural service)	1511/1512
assay of an antibiotic or chemotherapeutic agent, quantitative	1743/1744
examination for malignant cells	2091/2092
microscopical examination of	1536/1537, 1673-1683
(Division 9)	2342
oestriol, quantitative estimation of	1345/1346
Urobilinogen, examination of urine for	1536/1537, 1673-1676
qualitative estimation of	1319-1323
Uroporphyrin, estimation of	1345/1346
Uterine lipiodol X-ray	2762
preparation for	2841
Uterus, pregnant, X-ray of	2738

Service	Item
V	
Vaginal epithelium, hormonal assessment by cytological	
examination of	2104/2105, 2111/2112
smears, examination for pathological change	2081/2082, 2111/2112
Vasoepididymography	2780
Vasopressin, stimulation test (procedural service)	1504/1505
V.D.R.L. (Venereal Disease Research Laboratory) flocculation tests	1772-1776
Venography, intraosseous, preparation for	2845
Ventriculography, cerebral	2760
preparation for	2811
Vertebral angiography	2758
Vesiculography	2780
Vitamin B 12, estimation of	1345/1346
Vitamins, unspecified, estimation of	1345/1346

Service	Item
W	
Wet film, microscopical examination	1529/1530
(Division 9)	2352
White cell count	1006-1013
Wrist, and knee, bone age study of	2614
bone age study of	2617
X-ray of	2508/2512

Service	Item
X	
X-ray image intensification services	2800, 2802 2502-2802
Xylose, absorption test (procedural service) estimation of	1504/1505 1342/1343

SECTION 3C

List of Acceptable

Terms & Abbreviations

in Paragraph

Service	Item
Z	
Ziehl-Neelsen stain of body fluids	1556/1557
Zinc, estimation of	1345/1346

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
 D; sproteinaemia 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 1006-1016*
 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*
 Syphilis Serology or Serological Tests for Syphilis (STS)—*refer only to the screening tests—Rapid Plasma Reagin (RPR)(Items 1772/1773) or VDRL (Items 1772/1773)—one only—and Treponema pallidum haemagglutination (TPHA)(Items 1805/1806) tests.*
 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 1360/1362)*
 Thyroid Hormones—*includes only FTI or ETR. When such test is ambiguous either T3 or TSH may be proceeded with as required.*

NOTE: Medically useful profiles and individual tests from various divisions of Pathology are commonly grouped as renal function studies and antenatal studies etc. When such studies are required the separate acceptable groups or tests need to be separately specified.

C. Approved abbreviations for common procedural tests

Adrenaline Tolerance Test	Adren. T.T.
Arginine Infusion Test	Arg. Inf.
Bromsulphthalein Test	B.S.P.
Carbohydrate Tolerance Test	C.T.T.
Creatinine Clearance Test	Creat. Cl.
Gastric Function Test	Gastric Stim.
Glucagon Stimulation Test	Gluc. Stim.
Glucose Tolerance Test	G.T.T.
Histidine Loaded Figlu Test	Figlu.
Phenosulphthalein Excretion Test	P.S.P. Ex.
T.S.H. Stimulation Test	T.S.H. Stim.
Urea Clearance Test	Urea Cl.
Urea Concentration Test	Urea Conc.
Vasopressin Stimulation Test	Vaso Stim.
Xylose Absorption Test	Xylose Abs.
Tolbutamide Test	Tol. T.T.
Insulin Hypoglycaemic Stimulation Test	Insulin Stim.
Urine Acidification Test	Urine Acid T.

D. Approved abbreviations for other tests

1. HAEMATOLOGY

<i>Name of Test in Schedule</i>	<i>Abbreviation</i>
Haemoglobin Estimation	Hb
Haematocrit, Packed Cell Volume	PCV
Erythrocyte Count	RBC
Leucocyte Count	WBC
Erythrocyte Sedimentation Rate	ESR
Complete Blood Examination	CBE or CBP or FBE or FBC
Neutrophil Alkaline Phosphatase	NAP
Foetal Haemoglobin	HbF
Glucose 6 Phosphate Dehydrogenase	G6PD
Pyruvate Kinase	PK

<i>Name of Test in Schedule</i>	<i>Abbreviation</i>	<i>Other Alternatives Abbreviations or Names not recommended</i>
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	Acid Phos, Acid P'ase
Alanine Aminotransferase	ALT	GPT
Albumin	ALB	
Alcohol (Ethanol)	ETOH	
Alkaline Phosphatase	ALP	Alk Phos, Alk P'ase
Amylase	AMS	
Arsenic	As	
Aspartate Aminotransferase	AST	GOT
Bicarbonate	HCO ³	Bicarb
Bilirubins (Conjugated)	BILLI.C.	B'rubin direct
Bilirubins (Total)	BILLI.T.	B'rubin total
Bromsulphthalein	BSP	
Calcium	Ca	
Carbamazepine	TEGR	Tegretol
Catecholamines	CAT	Adrenalin, nor adrenalin
Chloride	Cl-	
Cholesterol	CHOL	Cholest
Copper	Cu	
Cortisol	CORT	Hydrocortisone
Creatine Kinase	CK	CPK
Creatinine	CREAT	
Delta ALA (Δ - α -aminolevulinic acid)	ALA	
Digoxin	DIG	
Effective Thyroid Ratio	ETR	
Faecal Fat	FFAT	
Folic Acid	Folate	
Free Thyroxine Index	FTI	
γ -Glutamyltransferase	GGT	GGTP

<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	α HBD
5HIAA (5 Hydroxyindoleacetic acid)	5HIAA	5 Hydroxyindoles
HMMA (3 Methoxy, 4 Hydroxymandelic acid)	HMMA	VMA, Vanillyl mandelic acid
Iron	Fe	
Iron Binding Capacity	IBC	
Lactate Dehydrogenase	LD	LDH
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	Oestrogens
Oxogenic Steroids	17OGS	17-Ketogenic Steroids, 17KGS
Oxosteroids	17OS	17-Katosteroids, 17KS
Oxygen Saturation	OSAT	
PBG (Porphobilinogen)	PBG	
PaCO ₂	PCO ₂	Arterial CO ₂
PaO ₂	PO ₂	Arterial Oxygen
Phenytoin	DIL	Dilantin, Diphenyl hydantoin
Phosphate	PHOS	PO ₄ Pi
Potassium	K	
Pregnanediol	P-DIOL	
Pregnanetriol	P-TRIOL	
Protein (Total)	PROT	T Prot
Sodium	Na	
Strontium	Sr	
T ₃ Resin Uptake	T ₃ RU	
Thyroxine	T ₄	PBI
Triglycerides	TRIG	Triglyc
Tri-iodothyronine	T ₃	
UBG (urobilinogen)	UBG	

<i>Name of Test in Schedule</i>	<i>Abbreviation</i>	<i>Other Alternatives Abbreviations or Names not recommended</i>
CHEMICAL PATHOLOGY (Contd.)		
Urate	Urate	<i>Uric ac, UA</i>
Urea	Urea	
Vitamin B12	B12	<i>Cyanocobalamin</i>
Zinc	Zn	
Follicular Stimulating Hormone	h—FSH	
Luteinizing Hormone	h—LH	
Growth Hormone	h—GH	
Human Placental Lactogen	h—PL	
Chorionic Gonadotrophin	h—CG	
3. MICROBIOLOGY		
(a) Specimen Collection:		
i. Swabs—		
Nasal Swab	N/S	
Throat Swab	T/S	
Urethral Swab	Ur/S	
Vaginal Swab	Vg/S	
Cervical Swab	Cx/S	
ii. Urine—		
Catheter Specimen	CSU	
Early Morning Specimen	EMU	
Midstream Specimen	MSU	
Suprapubic Aspirate	SPAU	
(b) Organisms and stains:		
Acid Fast Bacilli	AFB	
Cytomegalovirus	CMV	
Herpes Simplex Virus	HSV	
Tuberculosis	TB	
Ziehl-Neelsen Stain	ZN	
Pleuro-pneumonia Like Organism	PPLO	
(c) Investigations:		
Microscopy and Culture including organism identification when required	M & C	
Minimum Bacteriocidal Concentration	MBC	
Minimum Inhibitory Concentration	MIC	
Venereal Disease—		
Dark Ground Illumination	DGI	
Fluorescent Treponemal Antibody	FTA	
Fluorescent Treponemal Antibody (absorbed)	FTA—ABS	
Gonococcal Complement Fixation Test	GCFT	

<i>Name of Test in Schedule</i>	<i>Abbreviation</i>	<i>Other Alternatives Abbreviations or Names not recommended</i>
CHEMICAL PATHOLOGY (Contd.)		
Lymphogranuloma Venereum	LGV	
Reiter Protein Complement Fixation Test	RPCFT	
Treponema Pallidum Haemagglutination Test	TPHA	
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 HAg	
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 Erythematusis	LE	
Radio-allergosorbent Test	RAST	

SECTION 4A

ADDRESSES
of
DEPARTMENT OF HEALTH
STATE HEADQUARTERS,
HEALTH BENEFITS AND SERVICES
BRANCHES
and
PROCESSING CENTRES

COMMONWEALTH DEPARTMENT OF HEALTH ADDRESSES

NEW SOUTH WALES

State Headquarters, Commonwealth Government Centre, Chifley Square, Sydney. 2000	Health Benefits & Services Branch, 220 George Street, Sydney. 2000
Tel. 232-8000	Tel. 20564

VICTORIA

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

QUEENSLAND

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

SOUTH AUSTRALIA

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

WESTERN AUSTRALIA

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

TASMANIA

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

AUSTRALIAN CAPITAL TERRITORY

Department of Health, Alexander Building, Furzer Street, Phillip. 2606	Tel. 891555
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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
171 Bigge 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, Crn. 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 N.S.W., 147-149 Castlereagh Street Sydney, 2000
 Hospitals Contribution Fund of Australia, 403 George Street, Sydney, 2000
 Independent Order of Oddfellows of the State of New South Wales, 123 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, 307 Pitt Street, Sydney, 2000
 Medibank Private, Medibank House, 17 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
 Reserve Bank Health Society, C/o Reserve Bank of Australia, 65 Martin Place, Sydney, 2000
 United Ancient Order of Druids', Registered Friendly Society, Grand Lodge of New South Wales, Druid's House, 340 Pitt Street, Sydney, 2000
 Western District Health Fund Limited, Railway Parade, Lithgow, 2790
 Wollongong Hospital and Medical Benefits Contribution Fund, Crown Street, Wollongong, 2500

VICTORIA

- A.M.W.S.U. Health Care Limited, 174 Victoria Parade, East Melbourne, 3002
 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, 114-124 Albert Road, South Melbourne, 3205
 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, 7th Floor, 140 Bourke 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
 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
 Medibank Private, 29 Ellingworth Parade, Box Hill, 3128
 Mildura District Hospital and Medical Fund, 79 Deakin Avenue, Mildura, 3500
 Naval Health Benefits Society, Room 108, Block 'D', Victoria Barracks, 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 Friendly Society, 7th Floor, 140 Bourke Street, Melbourne, 3000

Tramways Benefit Society, 5 Studley Avenue, Kew, 3101
 United Ancient Order of Druids, Druids House, 407-409 Swanston Street, Melbourne, 3000
 Victorian District Independent Order of Rechabites Friendly Society, 2nd Floor, 47 Wellington Street, Windsor, 3181
 Yallourn Medical and Hospital Society, 34 Darlimurla Avenue, Newborough, 3828

QUEENSLAND

C.P.S. 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
 Independent Order of Rechabites, Friendly Society, Queensland District No. 87, Rechabite House, 57 Edward Street, Brisbane, 4000
 Medibank Private, Medibank House, 82 Ann 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/o M.I.M. Holdings Ltd., G.P.O. Box 1433, Brisbane, 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

Independent Order of Rechabites, Salford Unity, Albert District No. 83, Rechabite Chambers, 195 Victoria Square, Adelaide, 5000
 Medibank Private, 209 Greenhill Road, Eastwood, 5063
 Mutual Health Association Ltd., 41-43 Rundle Mall, Adelaide, 5000
 National Health Services Association of South Australia, 10 Dequetteville Terrace, Kent Town, 5067

WESTERN AUSTRALIA

Friendly Societies Health Services, Friendly Societies House, 98 William Street, Perth, 6000
 Goldfields Medical Fund (Incorporated), Cnr. Hannan & Cassidy Streets, Kalgoorlie, 6430
 Health Insurance Fund of W.A., 60-62 Stirling Street, Perth, 6000
 Hospital Benefit Fund of Western Australia Inc., 125 Murray Street, Perth, 6000
 Medibank Private, 7th Floor, City Mutual Building, 5 Mill Street, 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, Glen Dhu Mills, Launceston, 7250
 Medibank Private, 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, Hospital Road, Rosebery, 7470
 St. Luke's Medical and Hospital Benefit Association, 3 The Quadrant, Launceston, 7250