

ITEM FEE BENEFITS LIST

FOR

PARTS 1 - 11

1 AUGUST 1987

**Medicare Benefits Schedule - Parts 1 - 11
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 August 1987**

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$
1	12.60	10.75	9.45	100	72.00	61.20	54.00
2	12.60	10.75	9.45	103	46.00	39.10	34.50
5	17.60	15.00	13.20	110	87.00	73.95	65.25
6	17.60	15.00	13.20	116	43.50	37.00	32.65
7	32.00	27.20	24.00	118	25.00	21.25	18.75
8	32.00	27.20	24.00	122	106.00	90.10	79.50
9	50.00	42.50	37.50	128	64.00	54.40	48.00
10	50.00	42.50	37.50	130	46.00	39.10	34.50
11	21.00	17.85	15.75	134	25.00	21.25	18.75
12	21.00	17.85	15.75	136	50.00	42.50	37.50
15	26.00	22.10	19.50	138	73.00	62.05	54.75
16	26.00	22.10	19.50	140	102.00	86.70	76.50
17	42.50	36.15	31.90	142	124.00	105.40	93.00
18	42.50	36.15	31.90	144	46.00	39.10	34.50
21	60.00	51.00	45.00	146	72.00	61.20	54.00
22	60.00	51.00	45.00	148	100.00	85.00	75.00
27	26.00	22.10	19.50	150	120.00	102.00	90.00
28	26.00	22.10	19.50	152	144.00	124.00	108.00
29	17.60	15.00	13.20	160	70.00	59.50	52.50
30	17.60	15.00	13.20	161	114.00	96.90	85.50
31	17.60	15.00	13.20	162	158.00	138.00	118.50
32	15.00	12.75	11.25	163	205.00	185.00	153.75
34	12.60	10.75	9.45	164	245.00	225.00	183.75
41	26.00	22.10	19.50	170	75.00	63.75	56.25
42	26.00	22.10	19.50	171	80.00	68.00	60.00
45	15.00	12.75	11.25	172	97.00	82.45	72.75
46	12.60	10.75	9.45	190	17.60	15.00	13.20
55	12.60	10.75	9.45	192	176.00	156.00	132.00
56	12.60	10.75	9.45	194	138.00	118.00	103.50
61	17.60	15.00	13.20	196	235.00	215.00	176.25
62	17.60	15.00	13.20	198	200.00	180.00	150.00
63	32.00	27.20	24.00	201	65.00	55.25	48.75
64	32.00	27.20	24.00	204	280.00	260.00	210.00
67	50.00	42.50	37.50	205	410.00	390.00	307.50
68	50.00	42.50	37.50	210	360.00	340.00	270.00
70	36.50	31.05	27.40	242	12.60	10.75	9.45
82	17.60	15.00	13.20	246	12.60	10.75	9.45
85	25.00	21.25	18.75	247	12.60	10.75	9.45
88	50.00	42.50	37.50	248	12.60	10.75	9.45
94	25.00	21.25	18.75	250	95.00	80.75	71.25

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/S20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/S20 maximum gap \$	Medicare Benefit @75% \$
258	126.00	107.10	94.50	472	265.00	245.00	198.75
267	36.50	31.05	27.40	473	275.00	255.00	206.25
273	12.60	10.75	9.45	474	285.00	265.00	213.75
274	138.00	118.00	103.50	475	305.00	285.00	228.75
275	170.00	150.00	127.50	476	340.00	320.00	255.00
278	36.50	31.05	27.40	477	360.00	340.00	270.00
290	21.00	17.85	15.75	478	370.00	350.00	277.50
295	36.50	31.05	27.40	479	380.00	360.00	285.00
298	66.00	56.10	49.50	480	57.00	48.45	42.75
362	44.00	37.40	33.00	481	67.00	56.95	50.25
363	44.00	37.40	33.00	482			
365	160.00	140.00	120.00	483			
383	73.00	62.05	54.75	484			
401	9.50	8.10	7.15	485			
403	19.00	16.15	14.25	486	9.50	8.10	7.15
404	28.50	24.25	21.40	487	95.00	80.75	71.25
405	38.00	32.30	28.50	488			
406	47.50	40.40	35.65	489	76.00	64.60	57.00
407	57.00	48.45	42.75	490	76.00	64.60	57.00
408	67.00	56.95	50.25	492	325.00	305.00	243.75
409	76.00	64.60	57.00	493	335.00	315.00	251.25
443	86.00	73.10	64.50	497	445.00	425.00	333.75
450	95.00	80.75	71.25	500	10.60	9.05	7.95
453	104.00	88.40	78.00	505	21.00	17.85	15.75
454	114.00	96.90	85.50	506	31.50	26.80	23.65
457	124.00	105.40	93.00	509	42.50	36.15	31.90
458	134.00	114.00	100.50	510	53.00	45.05	39.75
459	142.00	122.00	106.50	513	63.00	53.55	47.25
460	152.00	132.00	114.00	514	74.00	62.90	55.50
461	162.00	142.00	121.50	517	85.00	72.25	63.75
462	172.00	152.00	129.00	518	95.00	80.75	71.25
463	180.00	160.00	135.00	521	106.00	90.10	79.50
464	190.00	170.00	142.50	522	116.00	98.60	87.00
465	200.00	180.00	150.00	523	126.00	107.10	94.50
466	210.00	190.00	157.50	524	138.00	118.00	103.50
467	220.00	200.00	165.00	525	148.00	128.00	111.00
468	230.00	210.00	172.50	526	158.00	138.00	118.50
469	240.00	220.00	180.00	527	170.00	150.00	127.50
470	245.00	225.00	183.75	528	180.00	160.00	135.00
471	255.00	235.00	191.25	529	190.00	170.00	142.50

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531	200.00	180.00	150.00	575	106.00	90.10	79.50
533	210.00	190.00	157.50	576	67.00	56.95	50.25
535	220.00	200.00	165.00	577	74.00	62.90	55.50
537	235.00	215.00	176.25	748	53.00	45.05	39.75
538	245.00	225.00	183.75	751	23.00	19.55	17.25
539	255.00	235.00	191.25	752	29.00	24.65	21.75
540	265.00	245.00	198.75	753	29.00	24.65	21.75
541	275.00	255.00	206.25	754	23.00	19.55	17.25
542	285.00	265.00	213.75	755	80.00	68.00	60.00
543	295.00	275.00	221.25	756	88.00	74.80	66.00
544	305.00	285.00	228.75	760	40.00	34.00	30.00
545	315.00	295.00	236.25	764	51.00	43.35	38.25
546	340.00	320.00	255.00	767	78.00	66.30	58.50
547	380.00	360.00	285.00	770	40.00	34.00	30.00
548	400.00	380.00	300.00	774	80.00	68.00	60.00
549	410.00	390.00	307.50	777	130.00	110.50	97.50
550	425.00	405.00	318.75	787	108.00	91.80	81.00
551	63.00	53.55	47.25	790	160.00	140.00	120.00
552	74.00	62.90	55.50	791	28.00	23.80	21.00
553				793	80.00	68.00	60.00
554				794	48.50	41.25	36.40
556				803	79.00	67.15	59.25
557				806	96.00	81.60	72.00
558	10.60	9.05	7.95	809	132.00	112.20	99.00
559	106.00	90.10	79.50	810	65.00	55.25	48.75
560				811	87.00	73.95	65.25
561	85.00	72.25	63.75	813	130.00	110.50	97.50
562	85.00	72.25	63.75	814	87.00	73.95	65.25
563	360.00	340.00	270.00	816	66.00	56.10	49.50
564	370.00	350.00	277.50	817	97.00	82.45	72.75
565	495.00	475.00	371.25	818	112.00	95.20	84.00
566	38.00	32.30	28.50	819	110.00	93.50	82.50
567	42.50	36.15	31.90	821	79.00	67.15	59.25
568	57.00	48.45	42.75	824	41.00	34.85	30.75
569	63.00	53.55	47.25	831	70.00	59.50	52.50
570	76.00	64.60	57.00	833	132.00	112.20	99.00
571	85.00	72.25	63.75	836	79.00	67.15	59.25
572	57.00	48.45	42.75	839	43.50	37.00	32.65
573	63.00	53.55	47.25	844	40.00	34.00	30.00
574	95.00	80.75	71.25	849	23.50	20.00	17.65

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851	70.00	59.50	52.50	923	370.00	350.00	277.50
852	5.00	4.25	3.75	925	63.00	53.55	47.25
853	63.00	53.55	47.25	931	51.00	43.35	38.25
854	94.00	79.90	70.50	932	34.50	29.35	25.90
856	40.50	34.45	30.40	934	48.50	41.25	36.40
859	79.00	67.15	59.25	936	76.00	64.60	57.00
860	97.00	82.45	72.75	938	76.00	64.60	57.00
862	12.60	10.75	9.45	939	192.00	172.00	144.00
863	15.00	12.75	11.25	940	69.00	58.65	51.75
865	21.50	18.30	16.15	944	48.00	40.80	36.00
870	28.50	24.25	21.40	947	132.00	112.20	99.00
874	35.00	29.75	26.25	949	28.00	23.80	21.00
875	67.00	56.95	50.25	950	132.00	112.20	99.00
877	21.50	18.30	16.15	951	49.00	41.65	36.75
878	13.60	11.60	10.20	952	70.00	59.50	52.50
882	25.50	21.70	19.15	953	138.00	118.00	103.50
883	26.00	22.10	19.50	954	34.50	29.35	25.90
884	25.50	21.70	19.15	956	13.20	11.25	9.90
886	33.00	28.05	24.75	957	40.00	34.00	30.00
887	28.50	24.25	21.40	958	21.50	18.30	16.15
888	38.00	32.30	28.50	960	29.50	25.10	22.15
889	56.00	47.60	42.00	963	20.50	17.45	15.40
890	30.00	25.50	22.50	966	54.00	45.90	40.50
893	68.00	57.80	51.00	968	104.00	88.40	78.00
895	33.00	28.05	24.75	970	210.00	190.00	157.50
897	48.50	41.25	36.40	974	34.50	29.35	25.90
902	192.00	172.00	144.00	976	310.00	290.00	232.50
904	164.00	144.00	123.00	977	76.00	64.60	57.00
907	16.40	13.95	12.30	978	34.00	28.90	25.50
908	20.00	17.00	15.00	979	34.00	28.90	25.50
909	10.00	8.50	7.50	980	17.60	15.00	13.20
912	41.50	35.30	31.15	981	16.40	13.95	12.30
913	69.00	58.65	51.75	982	43.50	37.00	32.65
915	108.00	91.80	81.00	983	43.50	37.00	32.65
916	97.00	82.45	72.75	984	64.00	54.40	48.00
917	56.00	47.60	42.00	985	174.00	154.00	130.50
918	96.00	81.60	72.00	987	22.50	19.15	16.90
920	80.00	68.00	60.00	989	34.00	28.90	25.50
921	11.80	10.05	8.85	2400	120.00	102.00	90.00
922	255.00	235.00	191.25	2401	162.00	142.00	121.50

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2402	192.00	172.00	144.00	2442	305.00	285.00	228.75
2403	390.00	370.00	292.50	2443	430.00	410.00	322.50
2404	390.00	370.00	292.50	2444	405.00	385.00	303.75
2405	380.00	360.00	285.00	2445	430.00	410.00	322.50
2406	310.00	290.00	232.50	2446	525.00	505.00	393.75
2407	215.00	195.00	161.25	2447	215.00	195.00	161.25
2408	225.00	205.00	168.75	2448	240.00	220.00	180.00
2409	320.00	300.00	240.00	2449	335.00	315.00	251.25
2410	310.00	290.00	232.50	2450	310.00	290.00	232.50
2411	325.00	305.00	243.75	2451	335.00	315.00	251.25
2412	360.00	340.00	270.00	2452	430.00	410.00	322.50
2413	152.00	132.00	114.00	2453	120.00	102.00	90.00
2414	170.00	150.00	127.50	2454	138.00	118.00	103.50
2415	230.00	210.00	172.50	2455			
2416	215.00	195.00	161.25	2458	61.00	51.85	45.75
2417	230.00	210.00	172.50	2459	70.00	59.50	52.50
2418	325.00	305.00	243.75	2460	110.00	93.50	82.50
2419	215.00	195.00	161.25	2502	25.00	21.25	18.75
2420	215.00	195.00	161.25	2505	33.50	28.50	25.15
2421	240.00	220.00	180.00	2508	25.00	21.25	18.75
2422	305.00	285.00	228.75	2512	33.50	28.50	25.15
2423	120.00	102.00	90.00	2516	34.00	28.90	25.50
2424	138.00	118.00	103.50	2520	45.50	38.70	34.15
2425	230.00	210.00	172.50	2524	27.50	23.40	20.65
2426	184.00	164.00	138.00	2528	36.50	31.05	27.40
2427	210.00	190.00	157.50	2532	41.50	35.30	31.15
2428	305.00	285.00	228.75	2537	55.00	46.75	41.25
2429	120.00	102.00	90.00	2539	34.00	28.90	25.50
2430	138.00	118.00	103.50	2541	45.50	38.70	34.15
2431	170.00	150.00	127.50	2543	27.50	23.40	20.65
2432	152.00	132.00	114.00	2545	36.50	31.05	27.40
2433	170.00	150.00	127.50	2548	39.50	33.60	29.65
2434	230.00	210.00	172.50	2551	51.00	43.35	38.25
2435	215.00	195.00	161.25	2554	51.00	43.35	38.25
2436	230.00	210.00	172.50	2557	84.00	71.40	63.00
2437	295.00	275.00	221.25	2560	54.00	45.90	40.50
2438	215.00	195.00	161.25	2563	39.50	33.60	29.65
2439	240.00	220.00	180.00	2566	54.00	45.90	40.50
2440	305.00	285.00	228.75	2569	54.00	45.90	40.50
2441	280.00	260.00	210.00	2573	39.50	33.60	29.65

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2576	39.50	33.60	29.65	2703	39.50	33.60	29.65
2579	39.50	33.60	29.65	2706	56.00	47.60	42.00
2581	39.50	33.60	29.65	2709	77.00	65.45	57.75
2583	39.50	33.60	29.65	2711	92.00	78.20	69.00
2585	42.00	35.70	31.50	2714	66.00	56.10	49.50
2587	27.50	23.40	20.65	2716	77.00	65.45	57.75
2589	66.00	56.10	49.50	2718	92.00	78.20	69.00
2591	54.00	45.90	40.50	2720	66.00	56.10	49.50
2593	42.00	35.70	31.50	2722	64.00	54.40	48.00
2595	36.50	31.05	27.40	2724	92.00	78.20	69.00
2597	54.00	45.90	40.50	2726	75.00	63.75	56.25
2599	46.50	39.55	34.90	2728	126.00	107.10	94.50
2601	64.00	54.40	48.00	2730	55.00	46.75	41.25
2604	39.00	33.15	29.25	2732			
2607	81.00	68.85	60.75	2734	66.00	56.10	49.50
2609	110.00	93.50	82.50	2736	39.50	33.60	29.65
2611	17.40	14.80	13.05	2738	41.00	34.85	30.75
2614	39.50	33.60	29.65	2740	75.00	63.75	56.25
2617	33.50	28.50	25.15	2742	55.00	46.75	41.25
2621	75.00	63.75	56.25	2744	66.00	56.10	49.50
2625	30.00	25.50	22.50	2746	92.00	78.20	69.00
2627	39.50	33.60	29.65	2748	92.00	78.20	69.00
2630	51.00	43.35	38.25	2750	92.00	78.20	69.00
2634	33.50	28.50	25.15	2751	250.00	230.00	187.50
2638	18.40	15.65	13.80	2752	59.00	50.15	44.25
2642	38.50	32.75	28.90	2754	39.50	33.60	29.65
2646	51.00	43.35	38.25	2756	87.00	73.95	65.25
2655	36.50	31.05	27.40	2758	66.00	56.10	49.50
2656	47.50	40.40	35.65	2760	75.00	63.75	56.25
2657	59.00	50.15	44.25	2762	56.00	47.60	42.00
2665	39.50	33.60	29.65	2764	84.00	71.40	63.00
2672	110.00	93.50	82.50	2766	84.00	71.40	63.00
2676	100.00	85.00	75.00	2768	84.00	71.40	63.00
2678	126.00	107.10	94.50	2770	84.00	71.40	63.00
2681	128.00	108.80	96.00	2772	84.00	71.40	63.00
2687	84.00	71.40	63.00	2773	100.00	85.00	75.00
2690	55.00	46.75	41.25	2774	168.00	148.00	126.00
2694	66.00	56.10	49.50	2775	225.00	205.00	168.75
2697	42.00	35.70	31.50	2776	84.00	71.40	63.00
2699	30.00	25.50	22.50	2778	56.00	47.60	42.00

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2780	56.00	47.60	42.00	2865	27.50	23.40	20.65
2782				2867			
2784	42.00	35.70	31.50	2869	55.00	46.75	41.25
2786	35.50	30.20	26.65	2871			
2788	42.00	35.70	31.50	2873	31.00	26.35	23.25
2790	73.00	62.05	54.75	2875	27.50	23.40	20.65
2792	55.00	46.75	41.25	2877			
2794	51.00	43.35	38.25	2879	32.50	27.65	24.40
2796	51.00	43.35	38.25	2881			
2798				2883	69.00	58.65	51.75
2800	36.50	31.05	27.40	2885			
2802	25.00	21.25	18.75	2887	42.00	35.70	31.50
2804	17.40	14.80	13.05	2889			
2805	152.00	132.00	114.00	2891	57.00	48.45	42.75
2807	100.00	85.00	75.00	2893			
2811	142.00	122.00	106.50	2895	97.00	82.45	72.75
2813	33.50	28.50	25.15	2897			
2815	51.00	43.35	38.25	2899	162.00	142.00	121.50
2817	51.00	43.35	38.25	2901	114.00	96.90	85.50
2819	39.50	33.60	29.65	2904	230.00	210.00	172.50
2823	32.00	27.20	24.00	2907	335.00	315.00	251.25
2825	39.50	33.60	29.65	2910	265.00	245.00	198.75
2827	32.00	27.20	24.00	2913	162.00	142.00	121.50
2831	51.00	43.35	38.25	2915	67.00	56.95	50.25
2833	41.00	34.85	30.75	2917	104.00	88.40	78.00
2837	26.00	22.10	19.50	2919	44.00	37.40	33.00
2839	58.00	49.30	43.50	2922	33.50	28.50	25.15
2841	51.00	43.35	38.25	2924	110.00	93.50	82.50
2843	33.50	28.50	25.15	2926	33.50	28.50	25.15
2845	33.50	28.50	25.15	2928	67.00	56.95	50.25
2847	100.00	85.00	75.00	2931	81.00	68.85	60.75
2848	140.00	120.00	105.00	2933	23.00	19.55	17.25
2849	66.00	56.10	49.50	2935	23.50	20.00	17.65
2851	17.40	14.80	13.05	2937	97.00	82.45	72.75
2853	100.00	85.00	75.00	2939	41.50	35.30	31.15
2855	51.00	43.35	38.25	2941	41.50	35.30	31.15
2857	66.00	56.10	49.50	2951	50.00	42.50	37.50
2859	100.00	85.00	75.00	2953			
2861	23.00	19.55	17.25	2980	250.00	230.00	187.50
2863				3004	10.60	9.05	7.95

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Medicare Benefit Levels as at 1 August 1987

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$
3006	17.60	15.00	13.20	3213	215.00	195.00	161.25
3012	27.00	22.95	20.25	3217	215.00	195.00	161.25
3016	35.00	29.75	26.25	3219	56.00	47.60	42.00
3022	42.50	36.15	31.90	3220	73.00	62.05	54.75
3027	75.00	63.75	56.25	3221	146.00	126.00	109.50
3033	90.00	76.50	67.50	3222	188.00	168.00	141.00
3038	188.00	168.00	141.00	3223	194.00	174.00	145.50
3039	365.00	345.00	273.75	3224	235.00	215.00	176.25
3041	188.00	168.00	141.00	3225	290.00	270.00	217.50
3046	30.00	25.50	22.50	3226	400.00	380.00	300.00
3050	52.00	44.20	39.00	3233	82.00	69.70	61.50
3058	47.50	40.40	35.65	3237	100.00	85.00	75.00
3063	68.00	57.80	51.00	3247	114.00	96.90	85.50
3073	52.00	44.20	39.00	3253	142.00	122.00	106.50
3082	83.00	70.55	62.25	3261	188.00	168.00	141.00
3087	106.00	90.10	79.50	3265	215.00	195.00	161.25
3092	68.00	57.80	51.00	3271	230.00	210.00	172.50
3098	86.00	73.10	64.50	3276	480.00	460.00	360.00
3101	108.00	91.80	81.00	3281	290.00	270.00	217.50
3104	146.00	126.00	109.50	3289	340.00	320.00	255.00
3106	42.50	36.15	31.90	3295	480.00	460.00	360.00
3110	83.00	70.55	62.25	3301	230.00	210.00	172.50
3113	13.60	11.60	10.20	3306	265.00	245.00	198.75
3116	63.00	53.55	47.25	3307	265.00	245.00	198.75
3120	130.00	110.50	97.50	3308	400.00	380.00	300.00
3124	160.00	140.00	120.00	3310	400.00	380.00	300.00
3130	30.00	25.50	22.50	3311	570.00	550.00	427.50
3135	68.00	57.80	51.00	3314	79.00	67.15	59.25
3142	86.00	73.10	64.50	3315	142.00	122.00	106.50
3148	28.00	23.80	21.00	3320	27.50	23.40	20.65
3157	63.00	53.55	47.25	3349	36.50	31.05	27.40
3158	34.00	28.90	25.50	3350	73.00	62.05	54.75
3160	17.00	14.45	12.75	3351	184.00	164.00	138.00
3168	106.00	90.10	79.50	3352	235.00	215.00	176.25
3173	52.00	44.20	39.00	3356	25.50	21.70	19.15
3178	86.00	73.10	64.50	3363	94.00	79.90	70.50
3183	106.00	90.10	79.50	3366	15.80	13.45	11.85
3194	90.00	76.50	67.50	3371	15.80	13.45	11.85
3199	126.00	107.10	94.50	3379	68.00	57.80	51.00
3208	164.00	144.00	123.00	3384	94.00	79.90	70.50

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$
3391	86.00	73.10	64.50	3652	255.00	235.00	191.25
3399	158.00	138.00	118.50	3654	114.00	96.90	85.50
3404	130.00	110.50	97.50	3664	148.00	128.00	111.00
3407	170.00	150.00	127.50	3668	150.00	130.00	112.50
3417	86.00	73.10	64.50	3673	188.00	168.00	141.00
3425	205.00	185.00	153.75	3678	150.00	130.00	112.50
3431	205.00	185.00	153.75	3683	188.00	168.00	141.00
3437	425.00	405.00	318.75	3698	340.00	320.00	255.00
3444	720.00	700.00	540.00	3700	315.00	295.00	236.25
3450	480.00	460.00	360.00	3702	500.00	480.00	375.00
3455	255.00	235.00	191.25	3707	86.00	73.10	64.50
3459	114.00	96.90	85.50	3713	220.00	200.00	165.00
3465	34.00	28.90	25.50	3718	280.00	260.00	210.00
3468	68.00	57.80	51.00	3722	300.00	280.00	225.00
3472	86.00	73.10	64.50	3726	300.00	280.00	225.00
3477	86.00	73.10	64.50	3730	635.00	615.00	476.25
3480	170.00	150.00	127.50	3734	192.00	172.00	144.00
3495	1015.00	995.00	761.25	3739	295.00	275.00	221.25
3496	27.00	22.95	20.25	3745	365.00	345.00	273.75
3505	69.00	58.65	51.75	3750	300.00	280.00	225.00
3509	90.00	76.50	67.50	3752	100.00	85.00	75.00
3516	118.00	100.30	88.50	3754	340.00	320.00	255.00
3526	230.00	210.00	172.50	3759	865.00	845.00	648.75
3530	290.00	270.00	217.50	3764	300.00	280.00	225.00
3532	550.00	530.00	412.50	3783	340.00	320.00	255.00
3542	570.00	550.00	427.50	3789	108.00	91.80	81.00
3547	635.00	615.00	476.25	3793	340.00	320.00	255.00
3555	720.00	700.00	540.00	3798	425.00	405.00	318.75
3557	770.00	750.00	577.50	3818	108.00	91.80	81.00
3563	475.00	455.00	356.25	3820	500.00	480.00	375.00
3576	300.00	280.00	225.00	3822	585.00	565.00	438.75
3581	225.00	205.00	168.75	3825	585.00	565.00	438.75
3591	335.00	315.00	251.25	3831	500.00	480.00	375.00
3597	255.00	235.00	191.25	3834	855.00	835.00	641.25
3616	1015.00	995.00	761.25	3847	118.00	100.30	88.50
3618	215.00	195.00	161.25	3849	146.00	126.00	109.50
3622	570.00	550.00	427.50	3851	186.00	166.00	139.50
3634	142.00	122.00	106.50	3860	192.00	172.00	144.00
3638	415.00	395.00	311.25	3862	260.00	240.00	195.00
3647	188.00	168.00	141.00	3875	340.00	320.00	255.00

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$
3882	405.00	385.00	303.75	4141	415.00	395.00	311.25
3889	480.00	460.00	360.00	4144	425.00	405.00	318.75
3891	570.00	550.00	427.50	4165	635.00	615.00	476.25
3892	500.00	480.00	375.00	4173	500.00	480.00	375.00
3893	700.00	680.00	525.00	4179	500.00	480.00	375.00
3894	300.00	280.00	225.00	4185	270.00	250.00	202.50
3898	405.00	385.00	303.75	4192	126.00	107.10	94.50
3900	515.00	495.00	386.25	4193	164.00	144.00	123.00
3902	405.00	385.00	303.75	4194	235.00	215.00	176.25
3922	570.00	550.00	427.50	4197	30.00	25.50	22.50
3930	720.00	700.00	540.00	4202	713.85	693.85	535.40
3937	725.00	705.00	543.75	4209	585.00	565.00	438.75
3938	855.00	835.00	641.25	4214	255.00	235.00	191.25
3952	255.00	235.00	191.25	4217	880.00	860.00	660.00
3976	172.00	152.00	129.00	4222	205.00	185.00	153.75
3981	220.00	200.00	165.00	4227	270.00	250.00	202.50
3986	300.00	280.00	225.00	4233	300.00	280.00	225.00
4003	136.00	116.00	102.00	4238	450.00	430.00	337.50
4012	550.00	530.00	412.50	4241	550.00	530.00	412.50
4018	520.00	500.00	390.00	4242	340.00	320.00	255.00
4039	415.00	395.00	311.25	4243	520.00	500.00	390.00
4043	550.00	530.00	412.50	4244	520.00	500.00	390.00
4046	570.00	550.00	427.50	4245	620.00	600.00	465.00
4048	720.00	700.00	540.00	4246	154.00	134.00	115.50
4052	867.00	847.00	650.25	4249	205.00	185.00	153.75
4054	740.00	720.00	555.00	4251	172.00	152.00	129.00
4059	255.00	235.00	191.25	4254	235.00	215.00	176.25
4068	720.00	700.00	540.00	4258	255.00	235.00	191.25
4074	205.00	185.00	153.75	4262	300.00	280.00	225.00
4080	255.00	235.00	191.25	4265	20.50	17.45	15.40
4084	71.00	60.35	53.25	4269	136.00	116.00	102.00
4087	230.00	210.00	172.50	4273	168.00	148.00	126.00
4093	285.00	265.00	213.75	4288	172.00	152.00	129.00
4099	102.00	86.70	76.50	4293	235.00	215.00	176.25
4104	52.00	44.20	39.00	4296	300.00	280.00	225.00
4109	690.00	670.00	517.50	4307	300.00	280.00	225.00
4115	1015.00	995.00	761.25	4313	66.00	56.10	49.50
4131	295.00	275.00	221.25	4319	27.00	22.95	20.25
4133	720.00	700.00	540.00	4327	62.00	52.70	46.50
4139	520.00	500.00	390.00	4338	86.00	73.10	64.50

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$
4345	108.00	91.80	81.00	4658	116.00	98.60	87.00
4351	27.50	23.40	20.65	4662	290.00	270.00	217.50
4354	31.50	26.80	23.65	4664	310.00	290.00	232.50
4363	48.00	40.80	36.00	4665	475.00	455.00	356.25
4366	82.00	69.70	61.50	4688	176.00	156.00	132.00
4367	108.00	91.80	81.00	4690	290.00	270.00	217.50
4380	94.00	79.90	70.50	4693	415.00	395.00	311.25
4383	73.00	62.05	54.75	4695	630.00	610.00	472.50
4386	132.00	112.20	99.00	4696	685.00	665.00	513.75
4388	215.00	195.00	161.25	4699	690.00	670.00	517.50
4394	300.00	280.00	225.00	4702	415.00	395.00	311.25
4397	230.00	210.00	172.50	4705	690.00	670.00	517.50
4399	365.00	345.00	273.75	4709	630.00	610.00	472.50
4413	475.00	455.00	356.25	4715	300.00	280.00	225.00
4455	40.50	34.45	30.40	4721	405.00	385.00	303.75
4467	68.00	57.80	51.00	4733	340.00	320.00	255.00
4482	162.00	142.00	121.50	4738	415.00	395.00	311.25
4490	154.00	134.00	115.50	4744	770.00	750.00	577.50
4492	330.00	310.00	247.50	4749	745.00	725.00	558.75
4509	31.50	26.80	23.65	4754	770.00	750.00	577.50
4523	166.00	146.00	124.50	4755	870.00	850.00	652.50
4527	210.00	190.00	157.50	4756	1170.00	1150.00	877.50
4534	58.00	49.30	43.50	4762	690.00	670.00	517.50
4537	116.00	98.60	87.00	4764	1025.00	1005.00	768.75
4544	146.00	126.00	109.50	4766	770.00	750.00	577.50
4552	132.00	112.20	99.00	4778	405.00	385.00	303.75
4557	170.00	150.00	127.50	4784	520.00	500.00	390.00
4568	188.00	168.00	141.00	4789	365.00	345.00	273.75
4573	230.00	210.00	172.50	4791	855.00	835.00	641.25
4590	405.00	385.00	303.75	4792	1455.00	1435.00	1091.25
4606	255.00	235.00	191.25	4794	1015.00	995.00	761.25
4611	172.00	152.00	129.00	4798	720.00	700.00	540.00
4617	220.00	200.00	165.00	4800	290.00	270.00	217.50
4622	56.00	47.60	42.00	4801	490.00	470.00	367.50
4633	81.00	68.85	60.75	4802	620.00	600.00	465.00
4637	156.00	136.00	117.00	4806	290.00	270.00	217.50
4641	285.00	265.00	213.75	4808	138.00	118.00	103.50
4649	430.00	410.00	322.50	4812	108.00	91.80	81.00
4651	188.00	168.00	141.00	4817	570.00	550.00	427.50
4655	188.00	168.00	141.00	4822	280.00	260.00	210.00

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$
4823	186.00	166.00	139.50	5029	106.00	90.10	79.50
4824	210.00	190.00	157.50	5034	205.00	185.00	153.75
4825	210.00	190.00	157.50	5038	170.00	150.00	127.50
4832	71.00	60.35	53.25	5050	300.00	280.00	225.00
4838	118.00	100.30	88.50	5051	415.00	395.00	311.25
4844	205.00	185.00	153.75	5055	855.00	835.00	641.25
4853	205.00	185.00	153.75	5057			
4860	205.00	185.00	153.75	5059	47.50	40.40	35.65
4864	205.00	185.00	153.75	5062	138.00	118.00	103.50
4867	340.00	320.00	255.00	5066	83.00	70.55	62.25
4870	270.00	250.00	202.50	5068	94.00	79.90	70.50
4877	340.00	320.00	255.00	5069	340.00	320.00	255.00
4927	90.00	76.50	67.50	5070	220.00	200.00	165.00
4930	112.00	95.20	84.00	5072	535.00	515.00	401.25
4934	136.00	116.00	102.00	5073	570.00	550.00	427.50
4940	166.00	146.00	124.50	5074	164.00	144.00	123.00
4943	160.00	140.00	120.00	5075	340.00	320.00	255.00
4948	194.00	174.00	145.50	5078	550.00	530.00	412.50
4950	180.00	160.00	135.00	5079	660.00	640.00	495.00
4954	220.00	200.00	165.00	5080	740.00	720.00	555.00
4957	205.00	185.00	153.75	5081	630.00	610.00	472.50
4961	255.00	235.00	191.25	5085	690.00	670.00	517.50
4965	106.00	90.10	79.50	5087	300.00	280.00	225.00
4969	132.00	112.20	99.00	5091	400.00	380.00	300.00
4972	132.00	112.20	99.00	5093	920.00	900.00	690.00
4976	170.00	150.00	127.50	5094	1085.00	1065.00	813.75
4979	205.00	185.00	153.75	5095	630.00	610.00	472.50
4983	340.00	320.00	255.00	5098	690.00	670.00	517.50
4987	690.00	670.00	517.50	5100	855.00	835.00	641.25
4990	68.00	57.80	51.00	5101	630.00	610.00	472.50
4993	83.00	70.55	62.25	5102	690.00	670.00	517.50
4995	102.00	86.70	76.50	5106	595.00	575.00	446.25
4997	126.00	107.10	94.50	5108	1405.00	1385.00	1053.75
4999	118.00	100.30	88.50	5112	1405.00	1385.00	1053.75
5002	146.00	126.00	109.50	5113	1615.00	1595.00	1211.25
5006	136.00	116.00	102.00	5114	1110.00	1090.00	832.50
5009	166.00	146.00	124.50	5115	1510.00	1490.00	1132.50
5015	154.00	134.00	115.50	5116	690.00	670.00	517.50
5018	190.00	170.00	142.50	5117	900.00	880.00	675.00
5024	83.00	70.55	62.25	5118	1005.00	985.00	753.75

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$
5119	1005.00	985.00	753.75	5288	340.00	320.00	255.00
5127	690.00	670.00	517.50	5292	260.00	240.00	195.00
5131	340.00	320.00	255.00	5293	520.00	500.00	390.00
5138	630.00	610.00	472.50	5295	450.00	430.00	337.50
5143	405.00	385.00	303.75	5298	585.00	565.00	438.75
5147	630.00	610.00	472.50	5301	280.00	260.00	210.00
5148	1095.00	1075.00	821.25	5305	34.00	28.90	25.50
5152	475.00	455.00	356.25	5308	194.00	174.00	145.50
5158	690.00	670.00	517.50	5318	450.00	430.00	337.50
5162	83.00	70.55	62.25	5320	350.00	330.00	262.50
5166	300.00	280.00	225.00	5330	170.00	150.00	127.50
5172	138.00	118.00	103.50	5343	27.00	22.95	20.25
5173	660.00	640.00	495.00	5345	68.00	57.80	51.00
5174	825.00	805.00	618.75	5348	71.00	60.35	53.25
5176	27.50	23.40	20.65	5349	71.00	60.35	53.25
5177	82.00	69.70	61.50	5350	425.00	405.00	318.75
5182	63.00	53.55	47.25	5354	405.00	385.00	303.75
5186	63.00	53.55	47.25	5357	340.00	320.00	255.00
5192	41.50	35.30	31.15	5358	340.00	320.00	255.00
5196	71.00	60.35	53.25	5360	405.00	385.00	303.75
5201	45.00	38.25	33.75	5361	550.00	530.00	412.50
5205	47.50	40.40	35.65	5362	680.00	660.00	510.00
5210	100.00	85.00	75.00	5363	126.00	107.10	94.50
5214	126.00	107.10	94.50	5366	170.00	150.00	127.50
5217	280.00	260.00	210.00	5389	160.00	140.00	120.00
5229	58.00	49.30	43.50	5392	215.00	195.00	161.25
5230	52.00	44.20	39.00	5396	66.00	56.10	49.50
5233	94.00	79.90	70.50	5401	83.00	70.55	62.25
5234	68.00	57.80	51.00	5407	68.00	57.80	51.00
5235	41.50	35.30	31.15	5411	94.00	79.90	70.50
5237	79.00	67.15	59.25	5431	52.00	44.20	39.00
5241	102.00	86.70	76.50	5445	40.50	34.45	30.40
5245	18.80	16.00	14.10	5449	20.50	17.45	15.40
5254	53.00	45.05	39.75	5456	205.00	185.00	153.75
5264	15.80	13.45	11.85	5464	108.00	91.80	81.00
5268	255.00	235.00	191.25	5470	210.00	190.00	157.50
5270	300.00	280.00	225.00	5480	138.00	118.00	103.50
5277	350.00	330.00	262.50	5486	205.00	185.00	153.75
5280	170.00	150.00	127.50	5490	30.00	25.50	22.50
5284	68.00	57.80	51.00	5492	132.00	112.20	99.00

**Medicare Benefits Schedule - Parts 1 - 11
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 August 1987**

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$
5498	745.00	725.00	558.75	5721	340.00	320.00	255.00
5499	715.00	695.00	536.25	5724	400.00	380.00	300.00
5500	875.00	855.00	656.25	5726	100.00	85.00	75.00
5508	770.00	750.00	577.50	5729	205.00	185.00	153.75
5520	108.00	91.80	81.00	5732	280.00	260.00	210.00
5524	158.00	138.00	118.50	5734	550.00	530.00	412.50
5530	170.00	150.00	127.50	5737	630.00	610.00	472.50
5534	166.00	146.00	124.50	5741	550.00	530.00	412.50
5538	285.00	265.00	213.75	5744	550.00	530.00	412.50
5539	350.00	330.00	262.50	5747	450.00	430.00	337.50
5540	235.00	215.00	176.25	5753	770.00	750.00	577.50
5541	355.00	335.00	266.25	5757	1015.00	995.00	761.25
5542	265.00	245.00	198.75	5763	450.00	430.00	337.50
5545	340.00	320.00	255.00	5769	550.00	530.00	412.50
5556	340.00	320.00	255.00	5773	500.00	480.00	375.00
5557	550.00	530.00	412.50	5777	630.00	610.00	472.50
5572	106.00	90.10	79.50	5780	550.00	530.00	412.50
5598	138.00	118.00	103.50	5785	550.00	530.00	412.50
5601	102.00	86.70	76.50	5792	685.00	665.00	513.75
5605	102.00	86.70	76.50	5799	550.00	530.00	412.50
5611	136.00	116.00	102.00	5804	685.00	665.00	513.75
5613	210.00	190.00	157.50	5807	770.00	750.00	577.50
5619	142.00	122.00	106.50	5812	400.00	380.00	300.00
5636	500.00	480.00	375.00	5816	450.00	430.00	337.50
5642	855.00	835.00	641.25	5821	450.00	430.00	337.50
5644	585.00	565.00	438.75	5827	550.00	530.00	412.50
5645	485.00	465.00	363.75	5831	425.00	405.00	318.75
5647	475.00	455.00	356.25	5836	550.00	530.00	412.50
5654	450.00	430.00	337.50	5837	270.00	250.00	202.50
5661	550.00	530.00	412.50	5840	18.80	16.00	14.10
5665	630.00	610.00	472.50	5841	250.00	230.00	187.50
5667	810.00	790.00	607.50	5842	330.00	310.00	247.50
5675	695.00	675.00	521.25	5843	410.00	390.00	307.50
5679	630.00	610.00	472.50	5845	85.00	72.25	63.75
5683	425.00	405.00	318.75	5851	126.00	107.10	94.50
5691	550.00	530.00	412.50	5853	138.00	118.00	103.50
5699	635.00	615.00	476.25	5861	56.00	47.60	42.00
5700	410.00	390.00	307.50	5864	166.00	146.00	124.50
5705	500.00	480.00	375.00	5868	138.00	118.00	103.50
5715	450.00	430.00	337.50	5871	194.00	174.00	145.50

Medicare Benefits Schedule - Parts 1 - 11
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 August 1987

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/S20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/S20 maximum gap \$	Medicare Benefit @75% \$
5875	415.00	395.00	311.25	6061	102.00	86.70	76.50
5878	158.00	138.00	118.50	6066	56.00	47.60	42.00
5881	280.00	260.00	210.00	6069	138.00	118.00	103.50
5883	280.00	260.00	210.00	6077	400.00	380.00	300.00
5885	255.00	235.00	191.25	6079	340.00	320.00	255.00
5888	280.00	260.00	210.00	6083	450.00	430.00	337.50
5891	340.00	320.00	255.00	6085	150.00	130.00	112.50
5894	415.00	395.00	311.25	6086	450.00	430.00	337.50
5897	205.00	185.00	153.75	6089	415.00	395.00	311.25
5901	255.00	235.00	191.25	6092	415.00	395.00	311.25
5903	47.50	40.40	35.65	6095	166.00	146.00	124.50
5905	630.00	610.00	472.50	6098	106.00	90.10	79.50
5916	415.00	395.00	311.25	6105	220.00	200.00	165.00
5919	415.00	395.00	311.25	6107	280.00	260.00	210.00
5929	450.00	430.00	337.50	6110	425.00	405.00	318.75
5935	255.00	235.00	191.25	6118	500.00	480.00	375.00
5941	500.00	480.00	375.00	6122	166.00	146.00	124.50
5947	400.00	380.00	300.00	6130	340.00	320.00	255.00
5956	450.00	430.00	337.50	6135	550.00	530.00	412.50
5964	28.00	23.80	21.00	6140	112.00	95.20	84.00
5968	280.00	260.00	210.00	6146	112.00	95.20	84.00
5977	400.00	380.00	300.00	6152	280.00	260.00	210.00
5981	1015.00	995.00	761.25	6157	450.00	430.00	337.50
5984	550.00	530.00	412.50	6162	47.50	40.40	35.65
5993	685.00	665.00	513.75	6166	450.00	430.00	337.50
6001	630.00	610.00	472.50	6175	220.00	200.00	165.00
6005	655.00	635.00	491.25	6179	280.00	260.00	210.00
6010	280.00	260.00	210.00	6184	550.00	530.00	412.50
6017	690.00	670.00	517.50	6189	280.00	260.00	210.00
6022	170.00	150.00	127.50	6194	550.00	530.00	412.50
6027	255.00	235.00	191.25	6199	28.00	23.80	21.00
6030	83.00	70.55	62.25	6204	280.00	260.00	210.00
6033	280.00	260.00	210.00	6208	400.00	380.00	300.00
6036	28.00	23.80	21.00	6210	450.00	430.00	337.50
6039	47.50	40.40	35.65	6212	170.00	150.00	127.50
6041	550.00	530.00	412.50	6218	112.00	95.20	84.00
6044	166.00	146.00	124.50	6221	136.00	116.00	102.00
6047	85.00	72.25	63.75	6224	166.00	146.00	124.50
6053	194.00	174.00	145.50	6228	166.00	146.00	124.50
6056	138.00	118.00	103.50	6231	515.00	495.00	386.25

Medicare Benefits Schedule - Parts 1 - 11
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Medicare Benefit Levels as at 1 August 1987

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/S20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/S20 maximum gap \$	Medicare Benefit @75% \$
6232	395.00	375.00	296.25	6407	390.00	370.00	292.50
6236	188.00	168.00	141.00	6408	210.00	190.00	157.50
6245	430.00	410.00	322.50	6411	37.00	31.45	27.75
6246	112.00	95.20	84.00	6413	36.50	31.05	27.40
6247	285.00	265.00	213.75	6415	37.00	31.45	27.75
6249	112.00	95.20	84.00	6430	100.00	85.00	75.00
6253	138.00	118.00	103.50	6431	124.00	105.40	93.00
6258	47.00	39.95	35.25	6446	47.00	39.95	35.25
6262	31.00	26.35	23.25	6451	62.00	52.70	46.50
6264	31.00	26.35	23.25	6460	78.00	66.30	58.50
6271	52.00	44.20	39.00	6464	106.00	90.10	79.50
6274	104.00	88.40	78.00	6469	126.00	107.10	94.50
6277	128.00	108.80	96.00	6483	118.00	100.30	88.50
6278	67.00	56.95	50.25	6508	310.00	290.00	232.50
6280	84.00	71.40	63.00	6513	310.00	290.00	232.50
6284	33.50	28.50	25.15	6517	390.00	370.00	292.50
6290	33.50	28.50	25.15	6532	405.00	385.00	303.75
6292	67.00	56.95	50.25	6533	515.00	495.00	386.25
6296	84.00	71.40	63.00	6536	650.00	630.00	487.50
6299	156.00	136.00	117.00	6542	470.00	450.00	352.50
6302	205.00	185.00	153.75	6544	435.00	415.00	326.25
6306	685.00	665.00	513.75	6553	245.00	225.00	183.75
6308	395.00	375.00	296.25	6557	310.00	290.00	232.50
6313	25.00	21.25	18.75	6570	335.00	315.00	251.25
6321	124.00	105.40	93.00	6585	205.00	185.00	153.75
6325	395.00	375.00	296.25	6594	270.00	250.00	202.50
6327	395.00	375.00	296.25	6611	188.00	168.00	141.00
6332	230.00	210.00	172.50	6612	230.00	210.00	172.50
6336	93.00	79.05	69.75	6631	370.00	350.00	277.50
6342	71.00	60.35	53.25	6632	545.00	525.00	408.75
6347	200.00	180.00	150.00	6633	420.00	400.00	315.00
6352	245.00	225.00	183.75	6638	39.00	33.15	29.25
6358	245.00	225.00	183.75	6641	25.00	21.25	18.75
6363	310.00	290.00	232.50	6643	210.00	190.00	157.50
6367	295.00	275.00	221.25	6644	260.00	240.00	195.00
6373	390.00	370.00	292.50	6648	250.00	230.00	187.50
6389	102.00	86.70	76.50	6649	315.00	295.00	236.25
6396	310.00	290.00	232.50	6655	390.00	370.00	292.50
6401	395.00	375.00	296.25	6657	390.00	370.00	292.50
6406	390.00	370.00	292.50	6686	59.00	50.15	44.25

**Medicare Benefits Schedule - Parts 1 - 11
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 August 1987**

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$
6688	280.00	260.00	210.00	6828	770.00	750.00	577.50
6692	350.00	330.00	262.50	6832	520.00	500.00	390.00
6697	280.00	260.00	210.00	6833	520.00	500.00	390.00
6699	350.00	330.00	262.50	6835	35.00	29.75	26.25
6701	205.00	185.00	153.75	6837	158.00	138.00	118.50
6703	118.00	100.30	88.50	6842	68.00	57.80	51.00
6705	235.00	215.00	176.25	6846	160.00	140.00	120.00
6707	365.00	345.00	273.75	6848	450.00	430.00	337.50
6709	235.00	215.00	176.25	6852	250.00	230.00	187.50
6715	480.00	460.00	360.00	6857	270.00	250.00	202.50
6722	685.00	665.00	513.75	6858	460.00	440.00	345.00
6724	290.00	270.00	217.50	6859	690.00	670.00	517.50
6728	365.00	345.00	273.75	6861	300.00	280.00	225.00
6730	425.00	405.00	318.75	6862	330.00	310.00	247.50
6736	595.00	575.00	446.25	6863	770.00	750.00	577.50
6740	235.00	215.00	176.25	6864	875.00	855.00	656.25
6742	300.00	280.00	225.00	6865	176.00	156.00	132.00
6744	425.00	405.00	318.75	6871	365.00	345.00	273.75
6747	595.00	575.00	446.25	6873	550.00	530.00	412.50
6752	68.00	57.80	51.00	6879	405.00	385.00	303.75
6754	48.00	40.80	36.00	6881	300.00	280.00	225.00
6758	270.00	250.00	202.50	6885	300.00	280.00	225.00
6762	68.00	57.80	51.00	6889	205.00	185.00	153.75
6766	160.00	140.00	120.00	6894	630.00	610.00	472.50
6767	30.00	25.50	22.50	6898	170.00	150.00	127.50
6768	194.00	174.00	145.50	6900	520.00	500.00	390.00
6772	118.00	100.30	88.50	6902	770.00	750.00	577.50
6774	290.00	270.00	217.50	6904	205.00	185.00	153.75
6778	405.00	385.00	303.75	6906	96.00	81.60	72.00
6786	490.00	470.00	367.50	6908	340.00	320.00	255.00
6792	365.00	345.00	273.75	6914	52.00	44.20	39.00
6796	270.00	250.00	202.50	6918	40.50	34.45	30.40
6799	83.00	70.55	62.25	6922	340.00	320.00	255.00
6802	28.00	23.80	21.00	6924	405.00	385.00	303.75
6805	79.00	67.15	59.25	6929	110.00	93.50	82.50
6807	68.00	57.80	51.00	6930	405.00	385.00	303.75
6810	220.00	200.00	165.00	6931			
6818	41.50	35.30	31.15	6932	235.00	215.00	176.25
6820	118.00	100.30	88.50	6938	235.00	215.00	176.25
6824	41.50	35.30	31.15	6940	40.00	34.00	30.00

Medicare Benefits Schedule - Parts 1 - 11
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Medicare Benefit Levels as at 1 August 1987

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$
6942	65.00	55.25	48.75	7129	410.00	390.00	307.50
6953	65.00	55.25	48.75	7132	280.00	260.00	210.00
6955	275.00	255.00	206.25	7133	265.00	245.00	198.75
6958	530.00	510.00	397.50	7138	450.00	430.00	337.50
6962	790.00	770.00	592.50	7139	445.00	425.00	333.75
6964	570.00	550.00	427.50	7140	380.00	360.00	285.00
6966	790.00	770.00	592.50	7141	665.00	645.00	498.75
6968	410.00	390.00	307.50	7143	255.00	235.00	191.25
6972	695.00	675.00	521.25	7148	108.00	91.80	81.00
6974	164.00	144.00	123.00	7152	136.00	116.00	102.00
6980	790.00	770.00	592.50	7153	86.00	73.10	64.50
6986	790.00	770.00	592.50	7156	255.00	235.00	191.25
6988	980.00	960.00	735.00	7157	255.00	235.00	191.25
6992	235.00	215.00	176.25	7170	685.00	665.00	513.75
6995	570.00	550.00	427.50	7171	890.00	870.00	667.50
6999	790.00	770.00	592.50	7175	215.00	195.00	161.25
7001	255.00	235.00	191.25	7178	150.00	130.00	112.50
7002	365.00	345.00	273.75	7182	188.00	168.00	141.00
7003	300.00	280.00	225.00	7184	47.50	40.40	35.65
7006	365.00	345.00	273.75	7186	136.00	116.00	102.00
7011	255.00	235.00	191.25	7190	220.00	200.00	165.00
7013	425.00	405.00	318.75	7192	275.00	255.00	206.25
7021	695.00	675.00	521.25	7194	570.00	550.00	427.50
7028	345.00	325.00	258.75	7198	935.00	915.00	701.25
7033	220.00	200.00	165.00	7203	1405.00	1385.00	1053.75
7042	172.00	152.00	129.00	7204	1025.00	1005.00	768.75
7044	1110.00	1090.00	832.50	7212	275.00	255.00	206.25
7046	1110.00	1090.00	832.50	7216	630.00	610.00	472.50
7057	1605.00	1585.00	1203.75	7231	415.00	395.00	311.25
7066	1270.00	1250.00	952.50	7240	535.00	515.00	401.25
7079	158.00	138.00	118.50	7244	630.00	610.00	472.50
7081	164.00	144.00	123.00	7248	630.00	610.00	472.50
7085	44.00	37.40	33.00	7251	520.00	500.00	390.00
7089	50.00	42.50	37.50	7265	1405.00	1385.00	1053.75
7099	112.00	95.20	84.00	7270	745.00	725.00	558.75
7118	138.00	118.00	103.50	7274	365.00	345.00	273.75
7119	178.00	158.00	133.50	7279	415.00	395.00	311.25
7120	205.00	185.00	153.75	7283	825.00	805.00	618.75
7121	270.00	250.00	202.50	7287	275.00	255.00	206.25
7124	255.00	235.00	191.25	7291	415.00	395.00	311.25

SECTION 4

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

Medicare Benefits Schedule - Parts 1 - 11
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 August 1987

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$
7298	520.00	500.00	390.00	7472	158.00	138.00	118.50
7312	630.00	610.00	472.50	7480	69.00	58.65	51.75
7314	530.00	510.00	397.50	7483			
7316	530.00	510.00	397.50	7505	25.50	21.70	19.15
7318	280.00	260.00	210.00	7508	53.00	45.05	39.75
7320	415.00	395.00	311.25	7512	79.00	67.15	59.25
7324	415.00	395.00	311.25	7516	35.00	29.75	26.25
7326	585.00	565.00	438.75	7520	79.00	67.15	59.25
7328	530.00	510.00	397.50	7524	108.00	91.80	81.00
7331	550.00	530.00	412.50	7527	90.00	76.50	67.50
7336	630.00	610.00	472.50	7530	126.00	107.10	94.50
7341	630.00	610.00	472.50	7533	40.50	34.45	30.40
7346	770.00	750.00	577.50	7535	79.00	67.15	59.25
7353	935.00	915.00	701.25	7538	94.00	79.90	70.50
7355	630.00	610.00	472.50	7540	106.00	90.10	79.50
7361	330.00	310.00	247.50	7544	158.00	138.00	118.50
7365	330.00	310.00	247.50	7547	79.00	67.15	59.25
7370	550.00	530.00	412.50	7550	90.00	76.50	67.50
7373	230.00	210.00	172.50	7552	126.00	107.10	94.50
7376	410.00	390.00	307.50	7559	82.00	69.70	61.50
7381	365.00	345.00	273.75	7563	100.00	85.00	75.00
7397	27.50	23.40	20.65	7567	118.00	100.30	88.50
7410	42.50	36.15	31.90	7572	172.00	152.00	129.00
7412	52.00	44.20	39.00	7588	56.00	47.60	42.00
7416	42.50	36.15	31.90	7593	79.00	67.15	59.25
7419	34.00	28.90	25.50	7597	68.00	57.80	51.00
7423	63.00	53.55	47.25	7601	17.60	15.00	13.20
7426	40.50	34.45	30.40	7605	25.00	21.25	18.75
7430	82.00	69.70	61.50	7608	102.00	86.70	76.50
7432	102.00	86.70	76.50	7610	136.00	116.00	102.00
7435	17.20	14.65	12.90	7615	79.00	67.15	59.25
7436	52.00	44.20	39.00	7619	102.00	86.70	76.50
7440	132.00	112.20	99.00	7624	235.00	215.00	176.25
7443	170.00	150.00	127.50	7627	300.00	280.00	225.00
7446	96.00	81.60	72.00	7632	59.00	50.15	44.25
7451	118.00	100.30	88.50	7637	85.00	72.25	63.75
7457	40.50	34.45	30.40	7641	94.00	79.90	70.50
7461	68.00	57.80	51.00	7643	126.00	107.10	94.50
7464	20.50	17.45	15.40	7647	154.00	134.00	115.50
7468	52.00	44.20	39.00	7652	205.00	185.00	153.75

Medicare Benefits Schedule - Parts 1 - 11
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 August 1987

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/S20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/S20 maximum gap \$	Medicare Benefit @75% \$
7673	54.00	45.90	40.50	7855	118.00	100.30	88.50
7677	79.00	67.15	59.25	7857	164.00	144.00	123.00
7681	21.50	18.30	16.15	7861	20.50	17.45	15.40
7683	34.00	28.90	25.50	7864	17.20	14.65	12.90
7687	53.00	45.05	39.75	7868	41.50	35.30	31.15
7691	53.00	45.05	39.75	7872	96.00	81.60	72.00
7694	17.60	15.00	13.20	7878	126.00	107.10	94.50
7697	25.00	21.25	18.75	7883	71.00	60.35	53.25
7701	17.60	15.00	13.20	7886	108.00	91.80	81.00
7706	25.00	21.25	18.75	7898	570.00	550.00	427.50
7709	100.00	85.00	75.00	7902	210.00	190.00	157.50
7712	138.00	118.00	103.50	7911	66.00	56.10	49.50
7715	280.00	260.00	210.00	7915	82.00	69.70	61.50
7719	91.00	77.35	68.25	7926	106.00	90.10	79.50
7722	235.00	215.00	176.25	7928	172.00	152.00	129.00
7725	250.00	230.00	187.50	7932	172.00	152.00	129.00
7728	270.00	250.00	202.50	7934	890.00	870.00	667.50
7764	69.00	58.65	51.75	7937	290.00	270.00	217.50
7766	94.00	79.90	70.50	7938	1110.00	1090.00	832.50
7774	17.60	15.00	13.20	7939	1405.00	1385.00	1053.75
7777	25.00	21.25	18.75	7940	194.00	174.00	145.50
7781	17.60	15.00	13.20	7942	415.00	395.00	311.25
7785	25.00	21.25	18.75	7945	740.00	720.00	555.00
7789	118.00	100.30	88.50	7947	635.00	615.00	476.25
7793	205.00	185.00	153.75	7951	820.00	800.00	615.00
7798	520.00	500.00	390.00	7957	740.00	720.00	555.00
7802	69.00	58.65	51.75	7961	990.00	970.00	742.50
7803				7967	720.00	700.00	540.00
7808	69.00	58.65	51.75	7969	990.00	970.00	742.50
7809				7975	500.00	480.00	375.00
7815	69.00	58.65	51.75	7977	400.00	380.00	300.00
7817				7983	500.00	480.00	375.00
7821	69.00	58.65	51.75	7993	350.00	330.00	262.50
7823				7999	330.00	310.00	247.50
7828				8001	290.00	270.00	217.50
7834				8003	440.00	420.00	330.00
7839				8009	164.00	144.00	123.00
7844				8014	172.00	152.00	129.00
7847				8017	450.00	430.00	337.50
7853	164.00	144.00	123.00	8019	530.00	510.00	397.50

**Medicare Benefits Schedule - Parts 1 - 11
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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$
8022	190.00	170.00	142.50	8198	400.00	380.00	300.00
8024	255.00	235.00	191.25	8201	570.00	550.00	427.50
8026	53.00	45.05	39.75	8206	400.00	380.00	300.00
8028	275.00	255.00	206.25	8209	925.00	905.00	693.75
8032	300.00	280.00	225.00	8211	400.00	380.00	300.00
8036	275.00	255.00	206.25	8214	96.00	81.60	72.00
8040	194.00	174.00	145.50	8217	194.00	174.00	145.50
8044	695.00	675.00	521.25	8219	166.00	146.00	124.50
8048	480.00	460.00	360.00	8222	210.00	190.00	157.50
8053	480.00	460.00	360.00	8225	235.00	215.00	176.25
8069	685.00	665.00	513.75	8227	86.00	73.10	64.50
8070	890.00	870.00	667.50	8230	106.00	90.10	79.50
8074	350.00	330.00	262.50	8233	164.00	144.00	123.00
8080	130.00	110.50	97.50	8235	210.00	190.00	157.50
8082	235.00	215.00	176.25	8238	265.00	245.00	198.75
8085	280.00	260.00	210.00	8241	106.00	90.10	79.50
8088	430.00	410.00	322.50	8243	158.00	138.00	118.50
8090	430.00	410.00	322.50	8246	66.00	56.10	49.50
8092	550.00	530.00	412.50	8249	160.00	140.00	120.00
8105	18.80	16.00	14.10	8251	290.00	270.00	217.50
8113	235.00	215.00	176.25	8257	400.00	380.00	300.00
8116	400.00	380.00	300.00	8259	295.00	275.00	221.25
8120	210.00	190.00	157.50	8262	172.00	152.00	129.00
8131	295.00	275.00	221.25	8267	130.00	110.50	97.50
8135	400.00	380.00	300.00	8275	188.00	168.00	141.00
8151	130.00	110.50	97.50	8279	108.00	91.80	81.00
8153	160.00	140.00	120.00	8282	142.00	122.00	106.50
8158	350.00	330.00	262.50	8283	188.00	168.00	141.00
8159	490.00	470.00	367.50	8287	132.00	112.20	99.00
8161	280.00	260.00	210.00	8290	315.00	295.00	236.25
8166	210.00	190.00	157.50	8294	210.00	190.00	157.50
8169	130.00	110.50	97.50	8296	106.00	90.10	79.50
8173	160.00	140.00	120.00	8298	265.00	245.00	198.75
8179	158.00	138.00	118.50	8302	400.00	380.00	300.00
8182	194.00	174.00	145.50	8304	480.00	460.00	360.00
8185	164.00	144.00	123.00	8306	635.00	615.00	476.25
8187	172.00	152.00	129.00	8310	235.00	215.00	176.25
8190	172.00	152.00	129.00	8312	235.00	215.00	176.25
8193	210.00	190.00	157.50	8314	330.00	310.00	247.50
8195	235.00	215.00	176.25	8316	330.00	310.00	247.50

**Medicare Benefits Schedule - Parts 1 - 11
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 August 1987**

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$
8318	655.00	635.00	491.25	8440	330.00	310.00	247.50
8320	300.00	280.00	225.00	8442	400.00	380.00	300.00
8322	285.00	265.00	213.75	8444	585.00	565.00	438.75
8324	330.00	310.00	247.50	8448	220.00	200.00	165.00
8326	330.00	310.00	247.50	8449	365.00	345.00	273.75
8328	235.00	215.00	176.25	8450	275.00	255.00	206.25
8330	330.00	310.00	247.50	8452	102.00	86.70	76.50
8332	114.00	96.90	85.50	8454	230.00	210.00	172.50
8334	28.00	23.80	21.00	8458	54.00	45.90	40.50
8336	35.00	29.75	26.25	8462	79.00	67.15	59.25
8349	57.00	48.45	42.75	8466	99.00	84.15	74.25
8351	35.00	29.75	26.25	8470	126.00	107.10	94.50
8352	28.00	23.80	21.00	8472	188.00	168.00	141.00
8354	42.50	36.15	31.90	8474	330.00	310.00	247.50
8356	42.50	36.15	31.90	8476	450.00	430.00	337.50
8378	530.00	510.00	397.50	8478	275.00	255.00	206.25
8380	520.00	500.00	390.00	8480	164.00	144.00	123.00
8382	130.00	110.50	97.50	8484	235.00	215.00	176.25
8384	280.00	260.00	210.00	8485	275.00	255.00	206.25
8386	210.00	190.00	157.50	8486	136.00	116.00	102.00
8388	635.00	615.00	476.25	8487	585.00	565.00	438.75
8390	635.00	615.00	476.25	8488	265.00	245.00	198.75
8392	790.00	770.00	592.50	8490	150.00	130.00	112.50
8394	550.00	530.00	412.50	8492	68.00	57.80	51.00
8398	720.00	700.00	540.00	8494	255.00	235.00	191.25
8400	630.00	610.00	472.50	8496	136.00	116.00	102.00
8402	700.00	680.00	525.00	8498	275.00	255.00	206.25
8406	235.00	215.00	176.25	8500	215.00	195.00	161.25
8408	685.00	665.00	513.75	8502	150.00	130.00	112.50
8410	350.00	330.00	262.50	8504	118.00	100.30	88.50
8412	300.00	280.00	225.00	8508	235.00	215.00	176.25
8414	695.00	675.00	521.25	8509	172.00	152.00	129.00
8418	415.00	395.00	311.25	8510	405.00	385.00	303.75
8422	215.00	195.00	161.25	8511	365.00	345.00	273.75
8424	475.00	455.00	356.25	8512	164.00	144.00	123.00
8428	28.00	23.80	21.00	8516	340.00	320.00	255.00
8430	71.00	60.35	53.25	8518	275.00	255.00	206.25
8432	102.00	86.70	76.50	8522	126.00	107.10	94.50
8434	132.00	112.20	99.00	8524	170.00	150.00	127.50
8436	280.00	260.00	210.00	8528	520.00	500.00	390.00

Medicare Benefits Schedule - Parts 1 - 11
Showing Item Numbers , Schedule Fees and
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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$
8530	430.00	410.00	322.50	8616	188.00	168.00	141.00
8531	430.00	410.00	322.50	8618	480.00	460.00	360.00
8532	635.00	615.00	476.25	8620	140.00	120.00	105.00
8533	720.00	700.00	540.00	8622	365.00	345.00	273.75
8534	265.00	245.00	198.75	8624	500.00	480.00	375.00
8535	275.00	255.00	206.25	8628	158.00	138.00	118.50
8536	620.00	600.00	465.00	8630	295.00	275.00	221.25
8537	355.00	335.00	266.25	8632	690.00	670.00	517.50
8538	360.00	340.00	270.00	8634	205.00	185.00	153.75
8540	745.00	725.00	558.75	8636	365.00	345.00	273.75
8542	635.00	615.00	476.25	8640	475.00	455.00	356.25
8543	620.00	600.00	465.00	8644	235.00	215.00	176.25
8544	190.00	170.00	142.50	8648	340.00	320.00	255.00
8546	415.00	395.00	311.25	8652	340.00	320.00	255.00
8548	480.00	460.00	360.00	8656	425.00	405.00	318.75
8551	515.00	495.00	386.25	8658	560.00	540.00	420.00
8552	280.00	260.00	210.00	8660	710.00	690.00	532.50
8553	330.00	310.00	247.50	8662	810.00	790.00	607.50
8554	520.00	500.00	390.00	8664	930.00	910.00	697.50
8556	405.00	385.00	303.75	8666	1025.00	1005.00	768.75
8560	340.00	320.00	255.00	8668	1115.00	1095.00	836.25
8568	475.00	455.00	356.25	8670	430.00	410.00	322.50
8570	275.00	255.00	206.25	8672	250.00	230.00	187.50
8582	340.00	320.00	255.00	8675	1455.00	1435.00	1091.25
8584	136.00	116.00	102.00	8676	1110.00	1090.00	832.50
8585	188.00	168.00	141.00	8677	1010.00	990.00	757.50
8586	450.00	430.00	337.50	8678	1010.00	990.00	757.50
8588	188.00	168.00	141.00	8679	745.00	725.00	558.75
8592	275.00	255.00	206.25	8680	570.00	550.00	427.50
8594	295.00	275.00	221.25	8681	965.00	945.00	723.75
8596	340.00	320.00	255.00	8682	950.00	930.00	712.50
8598	585.00	565.00	438.75	8683	515.00	495.00	386.25
8600	740.00	720.00	555.00	8700	77.00	65.45	57.75
8601	740.00	720.00	555.00	8702	30.00	25.50	22.50
8602	85.00	72.25	63.75	8704	60.00	51.00	45.00
8604	205.00	185.00	153.75	8706	21.00	17.85	15.75
8606	290.00	270.00	217.50	8708	30.00	25.50	22.50
8608	300.00	280.00	225.00	8710	33.50	28.50	25.15
8612	405.00	385.00	303.75	8711	50.00	42.50	37.50
8614	188.00	168.00	141.00	8712	136.00	116.00	102.00

Medicare Benefits Schedule - Parts 1 - 11
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Medicare Benefit Levels as at 1 August 1987

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$
8713	120.00	102.00	90.00	8803	280.00	260.00	210.00
8716	106.00	90.10	79.50	8804	245.00	225.00	183.75
8717	91.00	77.35	68.25	8807	140.00	120.00	105.00
8720	170.00	150.00	127.50	8808	124.00	105.40	93.00
8721	91.00	77.35	68.25	8813	70.00	59.50	52.50
8723	210.00	190.00	157.50	8814	62.00	52.70	46.50
8724	106.00	90.10	79.50	8817	36.50	31.05	27.40
8730	106.00	90.10	79.50	8818	32.50	27.65	24.40
8731	91.00	77.35	68.25	8821	106.00	90.10	79.50
8736	138.00	118.00	103.50	8824	110.00	93.50	82.50
8737	124.00	105.40	93.00	8825	96.00	81.60	72.00
8738	108.00	91.80	81.00	8828	106.00	90.10	79.50
8739	94.00	79.90	70.50	8829	91.00	77.35	68.25
8742	210.00	190.00	157.50	8850	1.80	1.55	1.35
8743	180.00	160.00	135.00	9021	152.00	132.00	114.00
8746	71.00	60.35	53.25	9022	170.00	150.00	127.50
8747	64.00	54.40	48.00	9023	38.00	32.30	28.50
8750	108.00	91.80	81.00	9024	42.50	36.15	31.90
8755	108.00	91.80	81.00	9025	47.50	40.40	35.65
8756	94.00	79.90	70.50	9026	53.00	45.05	39.75
8759	138.00	118.00	103.50	9027	47.50	40.40	35.65
8760	124.00	105.40	93.00	9028	53.00	45.05	39.75
8763	73.00	62.05	54.75	9033	104.00	88.40	78.00
8764	65.00	55.25	48.75	9034	116.00	98.60	87.00
8769	140.00	120.00	105.00	9035	67.00	56.95	50.25
8770	124.00	105.40	93.00	9036	74.00	62.90	55.50
8773	108.00	91.80	81.00	9037	76.00	64.60	57.00
8774	95.00	80.75	71.25	9038	85.00	72.25	63.75
8779	41.00	34.85	30.75	9039	95.00	80.75	71.25
8780	36.50	31.05	27.40	9040	105.69	89.85	79.30
8783	138.00	118.00	103.50	9403	71.00	60.35	53.25
8784	124.00	105.40	93.00				
8787	106.00	90.10	79.50				
8788	91.00	77.35	68.25				
8793	280.00	260.00	210.00				
8794	245.00	225.00	183.75				
8797	140.00	120.00	105.00				
8798	124.00	105.40	93.00				
8799	140.00	120.00	105.00				
8800	124.00	105.40	93.00				

MEDICARE BENEFITS SCHEDULE BOOK
OPERATING FROM 1 NOVEMBER 1986

Corrigendum

The following corrections should be made to the 1 November 1986 Medicare Benefits Schedule Book:-

(i) Page 21, Section 1 - Outline

Paragraph 152 - third line - amend "must be shown" to read "should be shown".

(ii) Page xiv of Item/Fee/Benefit List -

After Item 5108 add -
5112 (Schedule Fee) \$1330.00 (Medicare Benefit)
\$1310.00

(iii) Page 19, Section 2 - Schedule

Items 2516/2520 - Amend description to read -

"HAND, WRIST AND LOWER FOREARM; UPPER FOREARM AND ELBOW; OR ELBOW AND ARM (elbow to shoulder)"

(iv) Page 30, Section 2 - Schedule

Items 2960/2961 - Amend description to read -

"COMPUTERISED AXIAL TOMOGRAPHY (excluding magnetic resonance imaging) - brain scan on a brain scanner, plain study"

(v) Page 38, Section 2 - Schedule

Item 3820 - Amend description to read -

"CHOLEDOCHOTOMY (WITH OR WITHOUT CHOLECYSTECTOMY), including dilatation of sphincter of Oddi and removal of calculi"

(vi) Page 73, Section 2 - Schedule

Item 7139 - Please note that there has been a decrease in the fee for this service from 1 November, in addition to the description amendment (refer to Item/Fee/Benefit List at front of Section 2 for new fee).

Item 4825 - fee amendment

Please note that the fee for item 4825 has been increased from \$156.00 to \$200.00 as from 19 December 1986.

Commonwealth Department of Health
MEDICARE BENEFITS SCHEDULE BOOK

**MEDICARE BENEFITS SCHEDULE BOOK
REPRINT — 1 NOVEMBER 1986**

Corrigendum

The explanatory notes and schedule pages contained in Section 2A have not been reprinted at this stage basically because the entire section was only introduced on 1 August 1986, and also, because the majority of the new pathology arrangements will not come into operation until early 1987. However, it is desired to advise the following amendments to the "pathology notes":-

(i) replace paragraph 11 with the following: —

"11. Applications and forms of undertakings are available from the Central Office of the Health Insurance Commission. Requests should be made in writing and addressed to the Medical Director, Health Insurance Commission, PO Box 40, Woden ACT, 2606. To allow time for processing so that benefits can be paid for services rendered after 31 December 1986, completed forms, accompanied by a fee of \$100 (payable to the Health Insurance Commission) need to be lodged immediately.

(ii) replace paragraph 28 with the following: —

"28. New South Wales and Victoria are the only two States which have legislation to implement a programme for the accreditation of pathology laboratories. The Commonwealth will accept accreditation by these two States for the purpose of paying Medicare benefits. Laboratories will be required to formally notify the Commonwealth of any change to their accreditation status under State legislation. However, automatic acceptance will depend on these States continuing to adopt the guidelines prepared by the National Pathology Accreditation Advisory Council (NPAAC) as the minimum standards."

(iii) the following sentence should be added to paragraph 29: —

" Full accreditation will not be granted to a laboratory unless the proprietor is able to forward to the Chief Commonwealth Medical Officer a report by an approved inspection agency indicating that the laboratory complies with the guidelines developed by NPAAC."

(iv) replace paragraph 30 with the following: —

"30. Commonwealth accreditation in connection with the payment of Medicare benefits will be reviewed on an annual basis. Accreditation will normally be granted for a period of 12 months after which time the laboratory must re-apply to the Chief Commonwealth Medical Officer, PO Box 658, Woden, ACT, 2606 using the appropriate application form and enclosing the prescribed fee of \$200. Applications should be lodged with the Chief Commonwealth Medical Officer no later than three months prior to the expiry date shown on the certificate of accreditation or provisional accreditation. The annual renewal of accreditation does not imply an annual inspection of pathology laboratories; it is envisaged that laboratory inspections would generally not be required more frequently than once each two years".

(v) replace paragraph 31 with the following:

"31. Since it would not be possible for all laboratories seeking accreditation to be inspected before the accreditation provisions come into force, a system of provisional accreditation has been provided. Application forms for accreditation are available on request from the Chief Commonwealth Medical Officer, PO Box 658, Woden, ACT, 2606. Applications should be returned to the Chief Commonwealth Medical Officer at that address and should be accompanied by the prescribed fee (payable to the Commonwealth Department of Health). One of the conditions for approval of provisional accreditation is that an application for full accreditation has already been made. Provisional accreditation may be withdrawn if full accreditation has not been obtained within a reasonable period following the date provisional accreditation is granted (except in exceptional cases, the maximum period allowed is 3 years)."

The following update should be applied to Group B — "Group Tests which are acceptable" of section 3C of the book.

1 NOVEMBER 1986

GROUPS OF TESTS WHICH ARE ACCEPTABLE

<i>Request</i>	<i>Test Included</i>
Complete blood examination (CBE, CBP, FBE, FBC)	Includes only items chosen from 1006-1015
Cross Matching	Includes a screening text for Rh and/or other antibodies, items 1121/1122
Blood Group and hold serum (for potential cross match)	Includes a screening test for Rh and/or other antibodies, items 1121/1122
Thalassaemia Screening	Includes haemoglobin, mean cell volume, blood film examination and where indication from the results of these, an appropriate selection of haemoglobin electrophoresis (item 1360/1362), iron studies (items 1345/1346 and 2294(1)/2295(1)) haemoglobin F (items 1342/1343) and HbH (items 1019/1020)
Coagulation Studies	Includes items chosen from 1234-1239 and 1247-1248 and full blood examination (items 1006-1015) where indicated
Bone marrow examination	Includes items chosen from 1062-1065
Calcium studies	Includes albumin and phosphate
Cardiac enzymes	Includes only tests chosen from items 1301-1311
Estimation of substance in 24 hour urine collection	Includes an estimation of creatinine
Electrolytes Multiple Biochemical Analysis Liver Function Tests	Includes only tests chosen from items 1301-1311
Lipid studies	Includes only cholesterol and triglycerides. HDL cholesterol must be specifically requested
Iron studies	Includes iron, iron binding capacity or transferrin, and ferritin (items 1345/1346, 2294(1)/2295(1)).
Thyroid hormones Thyroid function tests	FTI or ETR or TSH, and if such test is ambiguous, appropriate additional thyroid test or tests, chosen from Items 1421/1422, 1424/1425, 1452/1453
Folate	Includes serum folate and/or red cell folate
Syphilis serology	Includes one test chosen from items 1772/1773, and treponema pallidum haemagglutination test (item 1805/1806)
ASOT test	May include items chosen from 1839-1847
Microbial antibody testing Viral serology Febrile agglutinins	Should include no more than six tests for antibodies, at one episode, unless individually specified. Tests may be chosen from items 1756-1847 and Elisa tests.

Rheumatoid factor
R.A. Latex

Includes screening test (item 1935/1936) and if positive
Rose Waaler test (items 1941-1944)

Immunoglobulins
Immunoglobulins studies

May include protein electrophoresis items 1333/1334 or
1360/1362 and IgG, IgA and IgM
If a paraprotein is detected then this may be identified
(item 1884/1885)

Histopathological examination

Includes items 2041/2042, or where necessary 2060/2061

Commonwealth Department of Health

MEDICARE BENEFITS SCHEDULE BOOK

**OPERATING FROM
1 NOVEMBER 1986**

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COMMONWEALTH DEPARTMENT OF HEALTH

Preface

1. This Book provides information on the arrangements, which operate under the Health Insurance Act 1973 (as amended) for the payment of Medicare benefits for professional services rendered by registered medical practitioners. Separate books are provided in relation to (i) prescribed medical services rendered by approved dental practitioners, (ii) consultations by participating optometrists and (iii) services by accredited dental practitioners in the treatment of cleft lip and cleft palate conditions.

2. The Book is divided into four basic sections, as follows:-

Section	Content
1	Outline of the Medicare Benefits and Notes for the Guidance of Medical Practitioners:- Part A — Explanatory Notes Part B — Outline of Medicare benefit arrangements Part C — Information on the Interpretation of the Medicare Benefits Schedule
2	The Schedule of General Medical Services.
2A	Outline of the Pathology Services Arrangements; and The Schedule of Pathology Services.
3A	Index to Parts 1 to 6, 9 and 10 of the Schedule of General Medical Services
3B	Index to Parts 8, 8A, 9A and 11 of the Schedule of General Medical Services and the Schedule of Pathology services
3C	List of Acceptable Terms and Abbreviations in Pathology
4	Addresses of the Regional Offices of the Commonwealth Department of Health and State Offices of the Health Insurance Commission

3. The Book has been designed primarily for use by medical practitioners and Medicare assessors and has been structured to group professional services according to the general nature of the services. Within some Parts the services have been further grouped into divisions according to the particular nature of the services concerned. For example, Part 10 covering operations has been divided into thirteen divisions corresponding generally to the usual classifications of surgical procedures. Certain divisions contain sections under sub-headings, e.g., vascular surgery, operations on the prostate, etc., which allow for suitable grouping of specific services. A Table of Contents appears in the front of Section 1.

4. 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.

5. Information on the Item Number, Schedule fees (i.e., the fee on which Medicare benefits are based), and the appropriate levels of Medicare benefits for each medical service attracting Medicare benefits is set out in the "Item, Fee and Benefit Lists" located at the beginning of Sections 2 and 2A.

6. The fees and benefits shown in this edition of the Book are the Schedule fees and benefits in force at 1 November 1986 and apply to medical services rendered on and after that date. Medicare benefits are equal to 85% of the Schedule fee or the Schedule fee less \$20 whichever is the greater.

7. In Section 2 (General Medical Services) and Section 2A (Pathology Services) details are shown in relation to the item number, the description of the service and, where appropriate, the relevant number of anaesthetic units together with the anaesthetic item number. Details of the Schedule fee and the relevant Medicare benefit are located in a separate list — see paragraph 5 above.

8. In some cases two levels of fees (special arrangements apply in respect of Pathology services — see Section 2A, Computerised Axial Tomography — see paragraphs 214 to 220 and Nuclear Medicine — see paragraphs 292 to 297) are apportioned for the same service with each level being allocated separate item numbers in the Medicare 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 208).

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

10. Conditions of referral for Medicare benefit purposes are set out in paragraphs 302 to 311.

11. An index to the Book is included in Section 3 and is divided into two sections. Section 3A provides an index to items in Parts 1 to 6, 9 and 10 of the Schedule of General Medical services while Section 3B provides an index to Part 8 Radiological Services, Part 8A Radiotherapy, Part 9A Computerised Axial Tomography, Part 11 Nuclear Medicine, and the Schedule of Pathology Services (contained in Section 2A)

Medical Services not listed in the Schedule.

12. 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, six non-specific items are included in the Medicare Benefits Schedule i.e., Item Nos. 486, 558, 2294, 2295, 2804 and 3004.

13. 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 "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 61 to 67 Part B, Section 1, Outline of the Medicare Benefits Scheme.

14. 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.

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

Ministerial Determinations

16. Determinations under the provisions of Section 3C of the Health Insurance Act have been made by the Minister for Health in respect of a number of professional services which are not listed in the Medicare Benefits Schedule. Section 3C of the Act empowers the Minister to determine the Schedule fee for such services. A list of the Services for which a fee has been so determined is located at the front of the Schedule pages, i.e., Section 2 of this Book.

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

1 NOVEMBER 1986

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SECTION 1

OUTLINE OF THE

MEDICARE BENEFITS SCHEME

AND

NOTES FOR THE GUIDANCE

OF MEDICAL PRACTITIONERS

**SECTION 1
PART A
AMENDMENTS TO THE 1 NOVEMBER 1986 MEDICARE
BENEFITS SCHEDULE BOOK**

1. This edition of the Medicare Benefits Schedule represents a complete reprint incorporating all amendments introduced since 1 November 1984 with the exception of those sections relating solely to pathology services (i.e., Sections 2A and 3C). These latter two sections should be retained but the other sections (namely Sections 1, 2, 3A, 3B and 4) should be discarded and replaced with the attached pages.
2. It will be noted that a number of structural changes have been made to the format of the Schedule book. The major change has been the deletion of details of the Schedule fees from the descriptions of items in Section 2. The Schedule fees and appropriate benefit levels are contained in a special list located at the front of Sections 2 and 2A. This change will facilitate regular up-dates of Schedule fees and benefits without the current unsatisfactory situation whereby more than one level of fees is quoted in the book. It will also enhance the issue of amendment pages to Section 2 and 2A. Other changes include a revision of the "Notes for Guidance" (Section 1) and the "Table of Contents".
3. In accordance with the Government's announcements on 6 May and 1 July 1986 Schedule fees and benefits for all attendance items have been increased by 6% effective from 1 November 1986. Also, as announced by the Government on the above dates, Schedule fees in the Medicare Benefits Schedule will become uniform (at the level of the highest current rate) as from 1 November 1986.
4. A number of additions, deletions and amendments have been made in this edition of the Medicare Benefits Schedule Book as a result of recommendations by the Medicare Benefits Review (Layton) Committee and the Medical Benefits Schedule Revision Committee. These adjustments become effective from 1 NOVEMBER 1986 and apply to services rendered on and after that date.
5. New and amended services are identified in the Schedule in Section 2 by the following symbols in the margin:-

(a) New services	†
(b) Description of service amended	‡
(c) Fees amended	+
6. While the majority of the amendments are self-explanatory some items require clarification. Accordingly the following notes have been prepared for guidance.

Items 2951 and 2953 — Assistance at Operations

7. Attention is drawn to the new requirement for benefits for assistance at operations. In the case of multiple operations, the Schedule fee for at least one of the operations must exceed \$138.00 before benefits are attracted.

Item 3937 — Gastrectomy, sub-total radical

8. The item differs from total radical Gastrectomy (Item 3938) in that a small part of the stomach is left behind. It involves resection of the greater omentum and posterior abdominal wall lymph nodes with or without splenectomy.

Items 6861-6864 — Capsulectomy or Vitrectomy

9. In relation to vitreous surgery the following items would be regarded as referring to intraocular operations and should not be itemised in association with items 6861-6864:

6728	6742	6832	6858	6873	6938
6730	6744	6848	6859	6881	
6736	6747	6852	6865	6885	
6740	6828	6857	6871	6894	

Item 8532 — Breast reconstruction, myocutaneous flap

10. When a prosthesis is inserted in conjunction with this operation, benefit would be attracted under Item 8531, the multiple operation rule applying. Benefits would also be payable for nipple reconstruction (Item 8538) when performed.

11. When a rectus abdominus flap is used, secondary repair of the muscle defect by an external oblique muscle flap would be covered by Item 8449. However, where the repair is by Teflon or similar mesh, Item 4262 should be itemised.

Item 8538 — Nipple and/or areola reconstruction

12. This item involves the taking of tissue from, for example, the other breast, the ear lobe and the inside of the upper thigh, with or without local flap.

New Items

13. The following new items have been introduced into the Schedule:

488	4825	8531	8536	8601
560	5057	8532	8537	
3315	6413	8533	8538	
3937	7141	8534	8543	

Amended Items

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

932	998	3468	4822	8478
976	2951	3472	4824	8530
996	2953	4744	6411	8600
997	3041	4755	7139	

Amended Fees

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

2877	2893	8243
2881	2897	8466
2885	7139	
2889	8241	

Special Arrangements — Transitional Period

16. Where an item refers to a service in which treatment continues over a period of time in excess of one day and the treatment commenced before 1 November 1986 and continues beyond that date, the general rule is that the 1 July 1985 level of fees and benefits would apply.

17. However, in the case of the relevant obstetric items a special rule will apply in that the fee and benefit will depend on the date of the actual confinement. If the confinement takes place before 1 November 1986, fees and benefits at the 1 July 1985 level will apply. If the confinement takes place on or after 1 November 1986, fees and Medicare benefits at the new 1 November 1986 level will apply.

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SECTION 1
PART B
OUTLINE OF THE MEDICARE BENEFITS ARRANGEMENTS

Medicare.

18. The Australian Medicare Program, which came into operation on 1 February 1984, provides access to medical and hospital services for all Australian residents and certain categories of visitors to Australia.

19. The Health Insurance Commission is responsible for the operation of Medicare and Medicare benefits based on the services and fees contained in this book will be paid only by Medicare.

20. Where an eligible person incurs medical expenses in respect of a professional service Medicare will pay benefits for that service as outlined in the following paragraphs.

Eligible Persons.

21. An "eligible person" means all permanent Australian residents, any other person who has approval to remain in Australia for more than six months (with the exception of foreign diplomats and their families, and staff of diplomatic missions), and those persons covered by reciprocal health care agreements.

22. 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.

23. Eligible persons must enrol with Medicare before benefits can be paid.

Medicare Cards

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

Medical Expenses Incurred Overseas

25. 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 service was rendered will rank for benefit as if that medical service had been rendered in Australia by a medical practitioner.

26. Medicare does not cover hospital expenses incurred outside Australia. It is recommended that Australian residents travelling overseas take out private traveller's or health insurance which offers adequate coverage for the countries to be visited. (See also Reciprocal Health Care Agreements).

Visitors to Australia

27. Medicare benefits are generally not payable to persons visiting Australia for six months or less, although the Minister for Health has power to extend eligibility to certain categories of short term visitors. People visiting Australia specifically for medical or hospital treatment are not eligible for Medicare benefits. (See also Reciprocal Health Care Agreements).

28. 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 had 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.

29. All eligible visitors must enrol with Medicare to receive benefits.

Reciprocal Health Care Agreements

30. From 1 July 1986, visitors from countries with which Australia has signed reciprocal health care agreements will be eligible for benefits under the Medicare program for the first six months they are in Australia. Likewise, Australians visiting these countries will be entitled to health care under the particular country's public health scheme.

31. Health care provided under these agreements includes treatment of immediate medical necessity, and does not include pre-arranged or elective treatment, or treatment as a private inpatient of a public or private hospital.

Schedule Fees and Medicare Benefits

32. Medicare benefits are based on fees determined for each medical service, with uniform fees for each service in each State applying from 1 November 1986. The fee for each service is referred to in these notes as the "Schedule fee".

33. A list showing Item number, Schedule fee and Medicare benefit (85%/\$20 Maximum Gap) is located at the front of Sections 2 and 2A of this book. 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.

34. It should be noted that the Health Insurance Act now makes provision for private medical insurance to cover the "patient gap" for services rendered in hospital.

35. Where it can be established that payments of \$150 have been made for a patient during a 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

36. 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 a portion of the service is performed by a technician employed by the medical practitioner.

37. The health insurance regulations specify that 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 can not 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 (except item 290),
- (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, 851, 856,
886, 890, 893, 895, 897, 902, 904, 907, 916, 917, 918, 922, 923, 925, 927, 929, 931,
932, 934, 936, 938, 939, 940, 944, 947, 949, 950, 951, 953, 954, 956, 957, 960, 963,
968, 970, 974, 976, 977, 980, 987, 989.

38. 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.

39. 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.

Services Rendered "On Behalf Of" Medical Practitioners (provisions relating to pathology services apply till 31 December 1986 only)

40. 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 Medicare 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.

Services Not Attracting Benefits

41. Medicare benefits are not payable for telephone 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.

42. 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.

Where Medicare Benefits are not payable

43. 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.
- (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, an appropriate portion of Medicare benefit is payable;
- (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.

44. 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).

45. 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.

46. Regulations are currently in force to preclude the payment of Medicare benefits for professional services rendered in association with the following:-

- injection of human chorionic gonadotrophin (HCG) in the management of obesity;
- chelation therapy; and
- hyperbaric oxygen therapy in the treatment of multiple sclerosis.

Health Screening Services

47. Unless the Minister for Health otherwise directs Medicare benefits are not payable for health screening services.

48. A health screening service is defined as a medical examination or test that is not reasonably required for the management of the medical condition of the patient. Services covered by this proscription include such items as — multiphasic health screening; testing of fitness to undergo physical training programs, vocational activities or weight reduction programs; compulsory examinations and tests to obtain a flying, commercial driving or other licence, 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 pensions and allowances; compulsory examinations for admission to aged persons' accommodation and pathology tests associated with orthomolecular medicine.

49. Ministerial directions have been issued in respect of the following categories of health screening services that enable Medicare benefits to be payable:-

- a medical examination or a test on a symptomless patient by that patient's own medical practitioner in the course of normal medical practice, to ensure the patient receives any medical advice or treatment necessary to maintain his state of health. In such cases benefits would be payable for the attendance and such tests which would be considered reasonably necessary according to the circumstances of the patient such as age, physical condition, past personal and family history. Examples would be Papanicolaou test in a woman, blood lipid estimation in an overweight person, a chest X-ray where one has not been recently performed. However, it would not be accepted that a routine check up would necessarily be accompanied by an extensive battery of diagnostic investigations.
- a service rendered either by the Medichcek Referral Centre, Sydney, or the Shepherd Foundation, Melbourne (on condition that their patient records be used for research studies designed to establish the value of health screening services).
- a pathology service requested by the National Heart Foundation of Australia, Risk Evaluation Service.

- medical examinations for reason of age or medical condition, for drivers to obtain or renew a licence to drive a private motor vehicle.
- medical examinations to obtain a certificate of hearing disability required for sales tax exemption for a television decoding device.
- a medical examination provided to an unemployed person at the request of a person to whom the unemployed person has applied for employment.
- a medical examination of, and/or the collection of blood for testing from, persons occupationally exposed to sexual transmission of disease where the purpose of such an examination or collection is the collection of specimens for testing in accordance with conditions determined by the health authority of the State or Territory in which the service is performed, (one examination/collection per person per week).

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

50. 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.

51. 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 benefit is not payable in respect of that service.

52. 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.

53. Where a settlement has been made and the Minister or his delegate considers that the settlement has had or should have 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.

54. 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 or damages, the Minister or his delegate may direct that no benefit be paid but that there be a provisional payment made of an amount equal to whatever part of the benefit is considered appropriate. If the claimant subsequently receives compensation or damages payment in respect of the medical expenses, he will be required to refund all or part of the provisional payment made.

Provision of Excessive Services

55. Medicare benefits are only payable in respect of professional services listed in the Schedule to the Health Insurance Act and then, only when those services are reasonably necessary for the adequate medical care of the patient concerned.

56. It is recognised that medical practitioners will sometimes be called upon to provide services which cannot be considered as being medically necessary. Accounts for these services should not be itemised as attracting Medicare benefits. The fee charged for such services is a private matter between the practitioner and the patient.

57. The Health Insurance Commission has a computerised monitoring program which records the types and number of services attracting Medicare benefits provided by every practitioner. A doctor whose practice pattern demonstrates a higher than usual servicing rate when compared with his professional colleagues, is visited by a medical adviser from the Commission who will discuss this servicing pattern with the practitioner. Where it appears that excessive medical services may have been rendered, the adviser will point out to the practitioner aspects of his servicing which could result in the practitioner having to explain the need for each service to a Medical Services Committee of Inquiry. These are committees of medical practitioners established in each State under the Health Insurance Act for the purpose of inquiring into matters including the possible provision of excessive services.

58. If a Medical Services Committee of Inquiry is satisfied that excessive services have been provided it may make one or more of the following recommendations to the Minister:-

- that the practitioner be reprimanded;
- that the practitioner be counselled;
- that the practitioner reimburse the Commonwealth an amount equal to the Medicare benefits paid in respect of services identified as excessive.

It should be noted that under the provisions of the Act:-

- a practitioner can be required to reimburse the Commonwealth for part of Medicare benefits paid, when a practitioner has been paid benefit for a particular service he has claimed to have rendered and a Committee is of the opinion that a less costly service would have been satisfactory e.g. an "after hours" consultation claimed and paid for in lieu of an "in hours" consultation or a long consultation in lieu of a standard consultation.

59. The Act also provides a means by which the Minister's decision on the recommendation may be reviewed by the Medical Services Review Tribunal which is established under the Health Insurance Act for this specific purpose.

60. Where a determination becomes effective, the Act provides for the details of the determination to be tabled in Parliament and to be published in the Commonwealth of Australia Gazette.

Service of Unusual Length or Complexity

61. 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.

62. 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 direct-bills the Health Insurance Commission, his statement should be attached to the assignment form.

63. 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 which caused 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.

64. 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.

65. 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.

66. 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.

67. 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.

Billing of the Patients (provisions in respect to pathology services apply until 31 December 1986 only)

Itemised Accounts

68. 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.

69. 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) Patient's 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) The name and practice address or 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 Section 2A — Pathology (other than Division 9) and Parts 8, 8A, 9A or 11 of the Schedule — the name and address or provider number of the practitioner who actually rendered the service need not be included;

- (v) The name and practice address or provider number of the practitioner claiming or receiving payment of fees, or assignment of benefit, is to be shown:-
 - for services in Parts 1-6, Section 2A — Pathology (Division 9), and Parts 9 and 10 — where the person claiming payment is NOT the person who rendered the service;
 - for services in Section 2A — Pathology (Divisions 1-8) and Parts 8, 8A, 9A and 11 — for every service;
- (vi) If the service was a Specified Simple Basic Pathology Test (listed in Section 2A — Pathology, 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;
- (vii) 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 Medicare Benefits Schedule relates (i.e. professional attendances), the time at which each such attendance commenced;

- (viii) 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 date of the referral;
- (ix) 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;
- (x) 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 address or provider number of that medical practitioner must be included;
- (xi) 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 address or provider number must be included;
- (xii) 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.

70. Practitioners should note that payment of claims could be delayed or disallowed where it is not possible from account details to clearly identify the service as one which qualifies for Medicare benefits, or the practitioner as a registered medical practitioner at the address the service was rendered. Practitioners are therefore encouraged to provide as much detail as possible on their accounts, including Medicare Benefits Schedule item number and provider number.

Claiming of Benefits

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

Paid Accounts

72. The patient may pay the account and subsequently present the account, supporting receipt and a covering Medicare claim form to Medicare for assessment and payment of Medicare benefit.

Unpaid Accounts

73. Where the patient has not paid the account he may present the unpaid account to Medicare with a Medicare claim form. In this case Medicare will forward to the claimant a benefit cheque made payable to the doctor.

74. 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.

75. 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

76. Under the Health Insurance Act an Assignment of Benefit (direct-billing) facility for professional services is available to 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.

Direct-Billing on Medicare

77. The administration of the direct-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.

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

79. It should be noted that when a doctor direct-bills he undertakes to accept the relevant Medicare benefits 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.

Medicare Cards

80. 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.

81. Medicare cards issued to visitors to Australia will show the period for which each person on the card is eligible for Medicare benefits.

82. 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 direct-billing forms. A special Medicare imprinter has been developed for the purpose and is available free of charge, on request, from Medicare.

83. The patient details can of course be entered on the direct-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.

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

Assignment of Benefits Arrangements

85. The Health Insurance Commission has responsibility for administering Medicare including the Assignment of Benefits Arrangements. Under these arrangements:-

- Practitioners may direct-bill for all persons eligible for Medicare benefits.
- The patient's Medicare Card number must be quoted on all direct-bill forms for that patient.
- The basic forms provided are loose leaf to enable the patient details to be imprinted from the Medicare Card.
- The forms include information 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 (other than the doctor, doctor's staff, hospital proprietor, hospital staff, nursing home proprietor or nursing home staff) is acceptable. In the absence of a "responsible person" the patient signature section should be left blank and in the section headed

'Practitioner's Use' or on the back of the assignment form, an explanation should be given as to why the patient was unable to sign (e.g. unconscious, injured hand etc.) and this note should be signed or initialled by the doctor. If in the opinion of the practitioner the reason is of such a "sensitive" nature that revealing it would constitute an unacceptable breach of patient confidentiality or unduly embarrass or distress the recipient of the patient's copy of the assignment of benefits form, a concessional reason "due to medical condition" to signify that such a situation exists may be substituted for the actual reason. However, this should not be used routinely and in most cases it is expected that the reason given will be more specific.

Assignment of Benefit Forms

86. 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) or other form approved by the Health Insurance Commission for that purpose.

The Medicare Card Number

87. This number must be quoted on direct-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.

88. Where a patient presents without a Medicare Card (and a card number is not recorded on patient records) and indicates that he/she has been issued with a card but does not know the details, the practitioner may contact a Medicare telephone enquiry number to obtain the number.

The Claim for Assigned Benefits (Form DB1)

89. Practitioners who accept assigned benefits must claim on Medicare using Form DB1, the Claim for Assigned Benefits. Form DB1 has been redesigned to enable benefit for a claim to be directed to a practitioner other than the one who rendered the services. The new facility is intended for use in situations such as where a short term locum is acting on behalf of the principal doctor and setting the locum up with a provider number and pay-group link for the principal doctors practice is impractical. Practitioners should note that this facility cannot be used to generate payments to or through a person who does not have a provider number.

90. The claim form must be accompanied by the Assignment forms to which the claim relates.

91. 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.

Direct-Bill Stationery

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

Time Limits Applicable to Lodgement of Claims for Medicare Benefits

93. A time limit of six months applies to the lodgement of claims with Medicare under the direct-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.

94. 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.

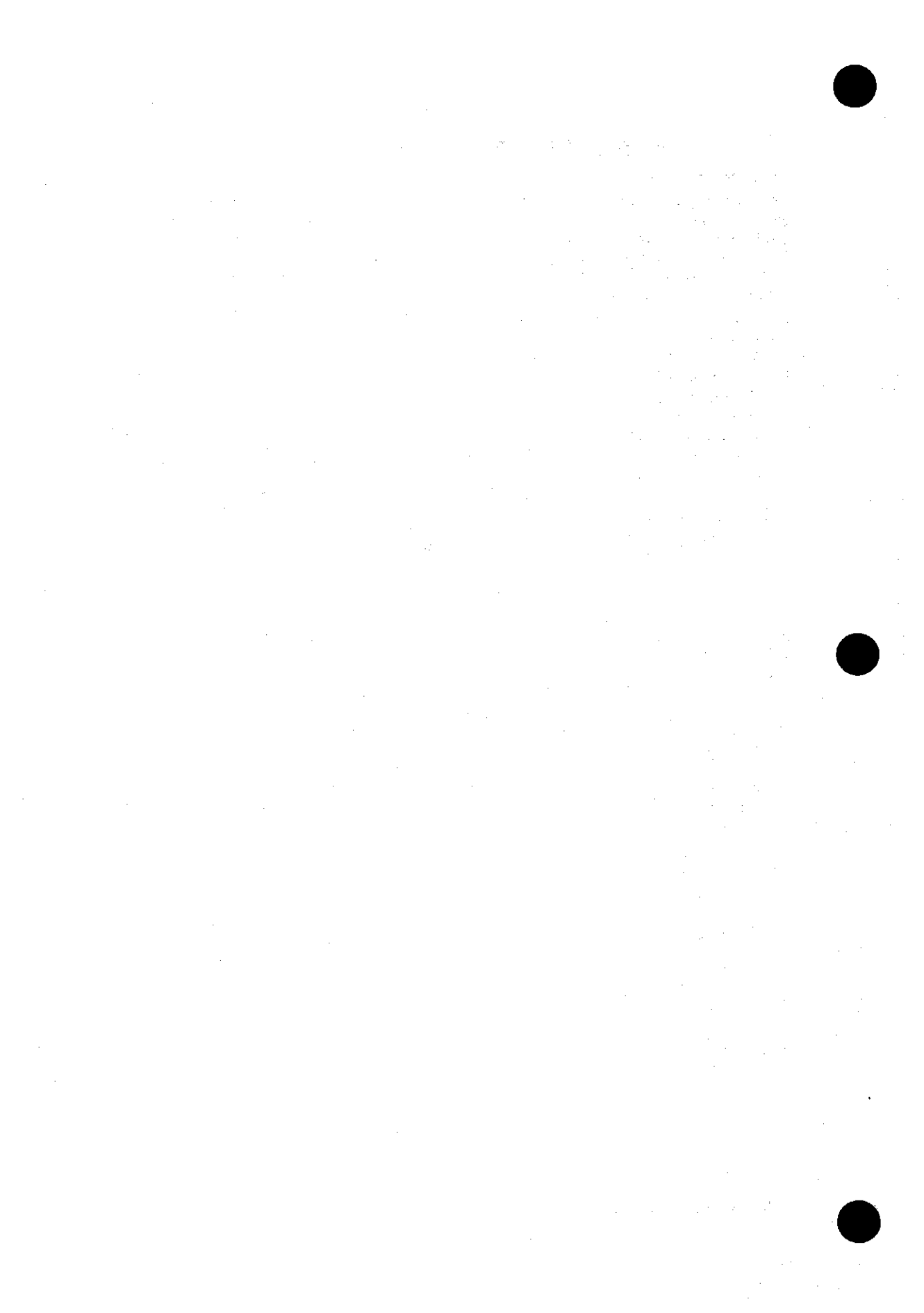
95. A provision exists under both arrangements whereby in certain circumstances (e.g. hardship cases, third party workers' compensation cases), the Minister may waive the time limits. Special forms for this purpose are available, if required, from the processing centre to which you direct your assigned claims.

Penalties

96. Penalties of up to \$10,000 or imprisonment for up to five years, or both, 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 guilty of such offences by a court (on or after 22 February 1986) shall be subject to examination by a Medicare Participation Review Committee and may be counselled or reprimanded or may have services wholly or partially disqualified from the Medicare benefit arrangements. (This replaces the former disqualification provisions which applied from 1 November 1982).

97. 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 direct-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.

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SECTION 1 PART C

INTERPRETATION OF THE SCHEDULE

Principles of Interpretation

98. 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.

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

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

101. There are some services which are not listed in the Schedule because they are regarded as forming part of a consultation or else attract benefits on an attendance basis. 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
- Ileostomy, trimming of
- Proctoscopy
- Resuturing of surgical wounds (excluding repair of burst abdomen)
- Venepuncture and the collection of blood (for forwarding to an Approved Pathology Practitioner)

Medical Services Not Listed in the Medicare Benefits Schedule

102. From time to time practitioners discover that services which they are carrying out do not fit precisely within the definitions of items contained in the Schedule. It is emphasised that under these circumstances practitioners should not incorrectly describe the service they have performed, for example by choosing the item number which most nearly fits the service.

103. The procedures to be followed in these circumstances are outlined in paragraphs 12 to 15 of the Notes for Guidance of Medical Practitioners (pages 1C-1 and 1C-2 of Section 1 of the Medicare Benefits Schedule Book). Enquiries concerning services not listed or on matters of interpretation should be directed to the appropriate office of the Health Insurance Commission. Postal addresses are on the last page of this Book. Telephone enquiries should be directed to the numbers below; these numbers are reserved for enquiries concerning the Schedule:

NSW — 02 7639277 or 7639279

Vic — 03 6079273

Qld — 07 2285258

SA — 08 2746629

WA — 09 3220044

Tas — 002 347920

ACT — 062 835618

NT — use either Queensland or South Australian enquiry number.

Consultation and Procedures Rendered at the One Attendance

104. Where there are rendered, during the course of a single attendance, a consultation (under Part 1 of the Medicare 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. Medicare benefits are not payable for the consultation in addition to the following items rendered on the same occasion:-

- (i) items with descriptions qualified by the words
(a) "Each Attendance.....," "At an Attendance" or "Attendance at which," e.g.
Items

920	2871	2883	2895	3338	7697	7785
*2861	2873	2885	2897	3342	7701	
2863	2875	2887	2926	3346	7706	
2865	2877	2889	2933	7601	7774	
2867	2879	2891	3330	7605	7777	
2969	2881	2893	3332	7694	7781	

(* see para. 210 in relation to radiotherapy);

- (b) "including all related attendances" Item 198; and
(c) "including associated consultation" Items 836, 886, 887, 888, 889, 980, 994, 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.

105. Where a service listed in paragraph 104 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.

106. 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, which is covered by another item in the Schedule, must not be included in the consultation time.

107. 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.

108. In relation to a consultation when performed in association with diathermy — Item 3330, benefits are not payable for a consultation irrespective of whether it is related to the same condition or not, in addition to the item covering the diathermy procedure.

Aggregate Items

109. 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.

110. 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, Medicare benefits applicable may be ascertained by reference to the "Ready Reckoner" located at the front of Section 2.

111. Examples of the services to which this aggregation principle applies are items

482	554	2798	2885	7809	7844
483	556	2863	2889	7817	7847
484	557	2867	2893	7823	
485	560	2871	2897	7828	
488	2732	2877	7483	7834	
553	2782	2881	7803	7839	

PART 1 — PROFESSIONAL ATTENDANCES

112. 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 covered by an item which refers to a period of time (e.g., general practitioner attendances, consultations by consultant psychiatrists) 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.

113. Telephone consultations, letters of advice by medical practitioners, the issue of repeat prescriptions when the patient is not in attendance, post mortem examinations, the issue of death or cremation certificates, counselling of relatives (Note — Items 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.

114. 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.

115. 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. (Note — services should not attract the after hours rate of benefit if they were provided routinely after hours for the convenience of either the practitioner or the patient).

116. 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.

117. 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 Medicare Benefits Schedule item number.

Multiple Attendances

118. 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.

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

120. 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.

121. 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)

122. 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)

123. 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)

124. 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.

125. 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.

126. 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.

127. 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.

128. 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)

129. 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.

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

131. 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 (Items 160-164)

132. 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 continuous life-saving emergency treatment;
- (iii) the constant presence of the medical practitioner must be necessary for the treatment to be maintained; and
- (iv) the attention rendered in that period must be to the exclusion of all other patients.

PART 2 — OBSTETRICS

General

133. 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

134. 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

135. 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.

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

137. 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.

138. 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.

139. Furthermore, where during the course of pregnancy it is necessary for a medical practitioner to hand the patient over to another medical practitioner (e.g., because he goes on leave) benefit is payable once only, and the fee charged is a matter between the doctors and the patient.

140. 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

141. 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; or
- (iv) in 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.

142. Examinations of apparently normal newborn infants by consultant or specialist paediatricians do not attract Medicare benefits.

Other Services

143. 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.

144. Item 290 relates to antenatal cardiotocography in the management of high risk pregnancy. Benefits for this service are not attracted when performed during the course of the confinement.

PART 3 — ADMINISTRATION OF ANAESTHETICS

145. 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.

146. 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.

147. 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 item numbers and appropriate anaesthetic units. The Schedule fees are included in the 'Item-fee- benefit' list located at the front of the Schedule. (The appropriate anaesthetic units and item numbers are also shown below each procedure likely to be performed under anaesthesia).

148. 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.

149. 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.

150. 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 anaesthetic units.

151. 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.

152. 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.

153. 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 146. 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.

154. 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.

155. 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.

156. 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 Letter of Referral by the referring doctor.

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

158. The administration of epidural anaesthesia during labour is covered by Item 753 in Part 4 of the Schedule whether administered by the medical practitioner undertaking the confinement or by another medical practitioner.

Multiple Anaesthetic Rule

159. 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.

160. 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.

Administration of an Anaesthetic for a service not listed in the the Schedule (Items 486/558).

161. These are non-specific items for the purpose of permitting payment of benefit for an anaesthetic for a professional service not listed in the Schedule or a service in the Schedule which has not been allotted anaesthetic units.

162. For the application of these items, see paras. 12 to 15 of the Preface.

Anaesthetic Services of Unusual Length

163. 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.

164. 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.

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

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)).

(iii) if the claim is in respect of an anaesthetic where the time involved is in excess of six hours, the appropriate units should be assessed on a time basis (see Explanatory Note (d))

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 (see Explanatory Note (d));

(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 37 units would be calculated as follows:
Item 547 (36 units) — \$335.00
Item 500 (1 unit) — \$ 9.30
\$344.30 (Total fee)
- (d) In the case of prolonged anaesthetics in excess of six hours one time unit will be regarded as being 10 minutes rather than 15 minutes.

166. 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 165 applies.

167. 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

168. 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 OR FIELD BLOCK

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

170. Digital ring analgesia, local infiltration into tissue surrounding a lesion or paracervical (uterine) analgesia are not regarded as major nerve or field blocks and therefore are not eligible for payment of Medicare benefits under Items 748 or 751.

171. 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.

172. Those field blocks to which the fee and benefit applies are listed in the description for Item 748. So that when a block covered by Item 748 is repeated, other than by 'topping up', benefit is attracted again under Item 748.

Maintenance of Regional or Field Block (Item 751)

173. Medicare benefit is attracted under this item only when the service is performed other than by the operating surgeon. This does not preclude benefits for an obstetrician performing an epidural block during labour.

174. When the service is performed by the surgeon during the post-operative period of an operation it is considered to be part of the normal after-care. In these circumstances benefit is not attracted.

Epidural Injection for Control of Post-operative Pain (Item 753)

175. This item provides benefit for the epidural injection of a narcotic or local anaesthetic in the caudal, lumbar or thoracic region administered at the end of an operation for the purpose of controlling pain in the post-operative period.

PART 6 — MISCELLANEOUS PROCEDURES

Ultrasonic Cross-sectional Echography (Items 791 and 793)

176. 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.

177. Benefit is payable once only for ultrasonic examination, at the one attendance, irrespective of the areas involved.

Routine Ultrasonic Scanning

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

Investigation of Central Nervous System Evoked Responses (Items 816 and 817)

179. In the context of these items a study refers to one or more averaged samples of electrical activity recorded from one or more sites in the central nervous system in response to the same stimulus.

180. Second or subsequent studies refer to either stimulating the point of stimulation (e.g. right eye or left median nerve) with a different stimulus or stimulating another point of stimulation (e.g. left eye or right median nerve).

181. Items 816 and 817 are not intended to cover bio-feedback techniques.

Electrocochleography (Item 818)

182. Electrocochleography is covered by this item while the insertion of electrodes (both ears) attracts benefits under item 3004(72) with a Schedule fee of \$104.00.

Haemodialysis (Items 821, 824)

183. Item 821 covers the supervision in hospital by a medical specialist for the management of dialysis, haemofiltration, haemoperfusion or peritoneal dialysis in the patient who is not stabilised where the total attendance time by the supervising medical specialist exceeds 45 minutes.

184. Item 824 covers the supervision in hospital by a medical specialist for the management of dialysis, haemofiltration, haemoperfusion or peritoneal dialysis in a stabilised patient, or in the case of an unstabilised patient, where the total attendance time by the supervising medical specialist does not exceed 45 minutes.

Contact Lenses (Item 851)

185. 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.

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

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

Non-determinate Audiometry (Item 862)

188. This refers to screening audiometry covering those services, one or more, referred to in Items 863-878 when not performed in a sound attenuated environment in accordance with conditions set out in the Standards Association of Australia AS2586-1983.

Audiology Services (Items 863-878)

189. See preamble to these items for conditions to be fulfilled in order for benefits to be attracted for these items.

Twelve-lead Electrocardiography (Item 908)

190. 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)

191. 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)

192. 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.

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

Electrocardiographic Monitoring During Exercise (Item 916)

194. The requirements for the payment of benefits under this item is the presence of the medical practitioner with the patient for not less than twenty minutes and the premises to be equipped with mechanical respirator and defibrillator.

Note — Items 915 and 916 also includes resting ECG and the recording of other parameters.

Estimation of Respiratory Function (Item 921)

195. Medicare benefit is attracted under this 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)

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

Administration of Cytotoxic Agent (Item 932)

197. Intravenous drip infusion includes injection into tubing of running intravenous drip and administration through a Y connection.

Collection of Blood (Item 949)

198. The collection of blood from relatives (or other persons) of a patient for storage prior to an operation (directed blood donations) does not attract benefit under this item.

Acupuncture (Item 980)

199. 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.

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

201. 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)

202. This item covers multiphasic screening services rendered only by the Medichcek 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)

203. 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 as from 1 November 1986 only one fee applies in respect of each group of patients.

PART 8 — RADIOLOGY

204. A "Letter 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.

Films — exposure of more than one

205. Where the radiographic examination of a specific area, involves the exposure of more than one film, benefits are payable once only except where special provision is made in the description of the item for the inclusion of all films taken for the purpose of the examination.

Comparison X-rays — Limbs

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

Plain Abdominal Film (Items 2699/2703)

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

Radiography of the Breast (Items 2734 and 2736)

208. Benefits under these items are attracted only where the patient has been referred in specific circumstances. To facilitate these requirements the Regulations to the Health Insurance Act require the referring medical practitioner to complete a Letter 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 description of the items.

PART 8A — RADIOTHERAPY

209. 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.

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

PART 9 — ASSISTANCE AT OPERATIONS

211. For an operation (or combination of operations) for which the Schedule fee exceeds \$138.00 but does not exceed \$245.00 benefits for assistance have been based on a fee of \$45.50. Where the Schedule fee for the operation (or combination of operations) exceeds \$245.00 an assistance fee of one-fifth of the Schedule fee has been determined for benefit purposes. In the case of multiple operations, the Schedule fee for at least one of the operations must exceed \$138.00 before benefits are attracted.

212. 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.

213. 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

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

215. 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.

216. 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.

217. 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 Authority;
- and
- (e) radiology units operated by an Australian University.

Scan of more than one area

218. Benefits are payable once only even though two or more body areas may be scanned.

Plain Study — Contrast Medium Study

219. Additional benefits are not payable under an item which covers a plain study only, when performed in association with an item relating to a contrast medium study, as these items also include a plain study.

Magnetic Resonance Imaging (Item 2980)

220. Benefits under this item are restricted to services rendered in specific recognised hospitals.

PART 10 — OPERATIONS

221. Many items in Part 10 of the Schedule are qualified by one of the following phrases:

- “as an independent procedure”;
- “not associated with any other item in this Part”; or
- “not covered by a specific item in this Part” An explanation of each of these phrases is contained in the following paragraphs.

As an Independent Procedure

222. The inclusion of this phrase in the description of an item precludes payment of benefits when —

- (i) a procedure so qualified is associated with another procedure that is performed through the same incision, e.g. removal of a calculus (Item 5968) in the course of an open operation on the bladder for another purpose;
- (ii) such procedure is combined with another in the same body area, e.g. direct examination of larynx (Item 5520) with another operation on the larynx or trachea;
- (iii) the procedure is an integral part of the performance of another procedure, e.g. removal of foreign body (Item 3120/3124) in conjunction with debridement of deep or extensive contaminated wound of soft tissue, including suturing of that wound when performed under general anaesthetic (Item 3041).

Not Associated with any other item in this Part

223. “Not associated with any other item in this Part” means that benefit is not attracted for that item when the service is performed on the same occasion as any other Part 10 service.

Not covered by a Specific Item in this Part

224. “Not covered by a specific item in this Part” means that this item may be itemised if there is no specific item relating to the service performed in the Schedule, e.g., Items 3739/3745 (Laparotomy involving operation on abdominal viscera, not covered by any other item in this Part). Benefits may be attracted for an item with this qualification as well as benefits for another service during the course of the same operation.

Multiple Operation Formula

225. The fees for two or more operations, other than amputations, performed on a patient on the one occasion (except as provided in paragraph 227) 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.

226. 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.

227. 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.

228. Where two medical practitioners operate independently and either performs more than one operation, the method of assessment outlined in paragraph 225 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.

229. 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

230. 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.

231. 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.

232. 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.

233. Attendances which form part of normal after-care, whether at hospitals, rooms, or at 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".

234. 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.

235. 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, 4131, 4633, 4822, 4823, 5162, 5196, 6802, 6818, 6824, 6940, 6942, 6953, 7190 and 7864.

236. Where a patient has been operated on in a recognised hospital as a hospital patient (as defined in Section 3(i) of the Health Insurance Act), post-operative attendances by a medical practitioner in the patient's home or the practitioner's rooms, attract Medicare benefits on an attendance basis.

237. When a surgeon delegates aftercare to a local doctor, Medicare benefit may be apportioned on the basis of 75% for the operation and 25% for the aftercare. Where the benefit is apportioned between two or more medical practitioners, no more than 100% of the benefit for the procedure will be paid.

238. In respect of fractures, where the after-care is delegated to a doctor at a place other than the place where the initial reduction is carried out, benefit may be apportioned on a 50:50 basis rather than on the 75:25 basis suggested for surgical operations.

239. Where the reduction of a fracture (Items 7505 — 7847) is carried out by hospital staff in the out-patient or casualty department of a recognised hospital and the patient is then referred to a private practitioner for supervision of the after-care, Medicare benefits are payable for the after-care treatment on an attendance basis.

240. However, these arrangements do not over-ride the provisions of Items 7828, 7834 or 7839, which normally apply where the initial or subsequent attempts at reducing a fracture are not successful.

241. 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 "
7719	Maxilla or mandible, unilateral or bilateral, not requiring splinting	6 "
7722	Maxilla or mandible, requiring splinting or wiring of teeth	3 months
7725	Maxilla or mandible, circumosseous fixation of	3 "
7728	Maxilla or mandible, external skeletal fixation of	3 "
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

242. 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.

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

Drill Biopsy (Item 3148)

244. Needle aspiration biopsy attracts benefit on an attendance basis and not under this item.

Lipectomy, Wedge Excision — Two or More Excisions (Item 3308)

245. 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. Medicare benefits are not payable in respect of liposuction.

Treatment of Keratoses, Warts etc. (Items 3330-3346)

246. 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)

247. 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)

248. When, after completing a subcutaneous mastectomy a prosthesis is inserted, benefits are payable for the latter procedure under Item 8531, the multiple operation formula applying.

Laparotomy and Other Procedures (Item 3722)

249. 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)

250. Although the division of peritoneal adhesions carries the restriction "where no other listed intra-abdominal procedure is performed", benefits on the multiple operation basis will be attracted under Item 3726 when itemised in association with another intra-abdominal operation where:-

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

Anti-reflux Operations (Items 4241-4245)

251. These items cover various operations for reflux oesophagitis. Where the only procedure performed is the simple closure of a diaphragmatic hiatus benefit would be attracted under Items 3739/3745 (Laparotomy involving operation on abdominal viscera, not covered by any other item in this Part).

Meatoplasty (Item 5070)

252. When this procedure is associated with Item 5078, 5091, 5095, 5098 or 5100 the multiple operation rule applies.

Reconstruction of Auditory Canal (Item 5074)

253. When associated with Item 5095, 5098 or 5100 the multiple operation rule applies.

Larynx, direct examination (Item 5520)

254. Benefit is not attracted under this item when an anaesthetist examines the larynx during the course of administration of a general anaesthetic.

Microlaryngoscopy (Item 5538)

255. This item covers the removal of papillomata, in children, by mechanical means, e.g. cup forceps. Item 5539 refers to the removal by laser beams.

Clitoris, amputation of (Item 6299)**Vulvectomy (simple), vulvoplasty or labioplasty (Item 6302)**

256. Medicare benefit is attracted under these items only when the procedure is medically indicated.

Colposcopic Examination (Item 6415)

257. It should be noted that colposcopic examination (screening) of women during the course of a consultation does not attract Medicare 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)**

258. 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)

259. 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.

Refractive Keratoplasty (Item 6833)

260. The description of this item refers to two sets of calculations, one performed some time prior to the operation, the other during the course of the operation. Both of these measurements are included in the Schedule fee and benefit for Item 6833.

Vitreotomy (Items 6861-6864)

261. In relation to vitreous surgery the following items would be regarded as intraocular operations and should not be used in combination with Items 6861-6864:

6728	6742	6832	6858	6873	6938
6730	6744	6848	6859	6881	
6736	6747	6852	6865	6885	
6740	6828	6856	6871	6894	

Readjustment of adjustable sutures (Item 6929)

262. This item refers to the occasion when readjustment has to be made to the sutures to vary the angle of deviation of the eye. It does not cover the mere tightening of the loosely tied sutures without repositioning.

Intrathoracic Operation on Heart, Lungs, etc. (Item 6999)

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

Measurement of Intracardiac Conduction Times (Item 7001)

264. 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)

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

Laminectomy (Items 7331-7365)

266. Benefit is payable once only on each occasion the procedure is performed irrespective of the number of levels involved.

Bone Grafts Following a Fracture

267. Where a fracture is treated by bone graft, the relevant bone graft item in Division 11 only applies. Additional benefits are not payable for the fracture item.

Fracture of Mandible or Maxilla (Item 7719-7728)

268. If both mandible and maxilla are fractured benefit would be attracted under this item twice with the multiple operation formula applying.

269. There are two maxillae in the skull and for the purposes of these items the mandible is regarded as comprising two bones. Hence a bilateral fracture of the mandible would be assessed as, say Item 7722x1 1/2; two maxillae and one side of the mandible as Item 7722x1 3/4.

270. Splinting in Item 7722 refers to cap splints, arch bars, silver (cast metal) or acrylic splints.

271. Item 7728 may be associated with Item 7722 or Item 7725. Item 7722 would not be expected to be combined with Item 7725.

272. Open reduction and internal fixation (Item 7809) may be applied in association with Item 7722, 7725 or 7728.

Joint Arthroplasty, total replacement of hip (Item 8069)

273. This item is intended to include all variations of the operation involving total hip replacement, e.g. osteotomy, bone graft to the neck of the femur, tenotomy etc. Additional benefits are not attracted for these procedures. Where bone graft to the acetabulum is involved, application should be made under Section 11 (see paragraphs 61-67).

Joint Replacement, Revision Operation (Item 8070)

274. 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

275. 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.

276. 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.

277. 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.

278. 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.

279. 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)

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

281. Where bilateral mammoplasty is indicated because of disease, trauma or congenital malformation (other than covered under Item 8531), details of such cases including, where possible, colour photographs taken before treatment, should be submitted to the local Medicare office for forwarding to the Medicare Benefits Advisory Committee for consideration. The photographs should be forwarded in a sealed envelope marked "Medical — In Confidence".

Myocutaneous Flap (Item 8532)

282. A prosthesis is usually inserted in association with this reconstruction and would attract benefit under Item 8531, the multiple operation rule applies. Where performed, benefits would be payable for a nipple reconstruction (Item 8538).

283. When a rectus abdominus flap is used, secondary repair of the muscle defect is necessary and would be covered under Item 8449.

284. If Teflon or similar mesh is used, then Item 4262 should be used.

Nipple and/or areola reconstruction (Item 8538)

285. This item involves the taking of tissue from, for example, the other breast, the ear lobe and the inside of the upper thigh with or without local flap.

Meloplasty for Correction of Facial Asymmetry (Item 8551)

286. 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.

287. 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 including, where possible, colour photographs of the condition taken before treatment, should be submitted to the local Medicare office for forwarding to the Medicare Benefits Advisory Committee for consideration. The photographs should be forwarded in a sealed envelope marked "Medical — in Confidence".

Reduction of Eyelids (Items 8548, 8585)

288. 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.

Osteotomy of Jaw (Items 8658 — 8668)

289. The fee and benefit for these items include the various forms of internal or dental fixation, jaw immobilisation, the transposition of nerves and vessels and bone grafts taken from the same site. Bone grafts taken from a separate site, e.g. iliac crest, would attract additional benefit under Item 8001 in accordance with the multiple operation rule. The items cover a post-operative period of twelve weeks.

290. It should be noted the "Rules of Interpretation of the Schedule" provide that for the purposes of these items (i.e., Items 8658 — 8668) a reference to maxilla includes the zygoma.

Genioplasty (Items 8670 and 8672)

291. Genioplasty attracts benefit once only although a section is made on both sides of the symphysis of the mandible.

PART 11 — NUCLEAR MEDICINE

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

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

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

295. 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.

296. 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.

297. 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 Letter of Referral.

RECOGNITION AS A SPECIALIST OR CONSULTANT PHYSICIAN

298. A medical practitioner who, having made formal application and paid the prescribed fee, and —

- is registered as a specialist or consultant physician under State or Territory law; or
- holds a fellowship of a specified specialist College; or
- is considered eligible for recognition by a Specialist Recognition Advisory Committee;

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

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

300. Where a medical practitioner has been recognised as a specialist or consultant physician for the purposes of the Health Insurance Act, Medicare 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 308) the patient has been referred in accordance with paragraphs 302 to 311.

301. All enquires concerning the recognition of specialists and consultant physicians should be directed to the local Commonwealth Director of Health. (The addresses of Regional Offices of the Department are contained in Section 4A).

REFERRAL OF PATIENTS TO SPECIALISTS OR CONSULTANT PHYSICIANS

302. For the purpose of payment of Medicare 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.

303. 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.

304. The referral system involves the receipt by a specialist or consultant of a written referral from a medical or dental practitioner, or optometrist.

NOTE: Paragraphs 305 to 310 withdrawn — see separate instructions (to be provided) relating to procedures for the referral of patients to specialists and consultant physicians.

311. It should be noted that where a general practitioner acts as a locum-tenens for a specialist or a consultant physician, or where a specialist acts as a locum-tenens for a consultant physician, Medicare benefit is only payable at the level appropriate for the particular locum-tenens, e.g. general practitioner level for a general practitioner locum-tenens and specialist level for a referred service rendered by a specialist.

**MINISTERIAL DETERMINATIONS UNDER SECTION 3C
OF THE HEALTH INSURANCE ACT, 1973**

**ITEM
NO**

MEDICAL SERVICE

OBSTETRICS

- 9011 ANTENATAL CARDIOTOGRAPHY in the management of high risk pregnancy
ALL STATES : FEE \$20.00
(FOR SERVICES FROM 1 JULY 1985 TO 31 JULY 1986)

ANAESTHETICS

- ADMINISTRATION OF AN ANAESTHETIC ASSOCIATED with removal of phaeochromocytoma
— SIXTEEN UNITS
9021 G ALL STATES : FEE \$124.00
9022 S ALL STATES : FEE \$150.00
- ADMINISTRATION OF AN ANAESTHETIC ASSOCIATED with insertion of peripheral venous cannula
— FOUR UNITS
9023 G ALL STATES : FEE \$31.00
9024 S ALL STATES : FEE \$37.50
- ADMINISTRATION OF AN ANAESTHETIC ASSOCIATED with peripheral venous cannulation by open exposure
— FIVE UNITS
9025 G ALL STATES : FEE \$38.50
9026 S ALL STATES : FEE \$46.50
- ADMINISTRATION OF AN ANAESTHETIC ASSOCIATED with percutaneous central venous cannulation
— FIVE UNITS
9027 G ALL STATES : FEE \$38.50
9028 S ALL STATES : FEE \$46.50
- ADMINISTRATION OF AN ANAESTHETIC ASSOCIATED with open exposure central venous cannulation OVER TWELVE YEARS of age
— EIGHT UNITS
9029 G ALL STATES : FEE \$62.00
9030 S ALL STATES : FEE \$75.00
- ADMINISTRATION OF AN ANAESTHETIC ASSOCIATED with open exposure central venous cannulation UNDER TWELVE YEARS of age
— TWELVE UNITS
9031 G ALL STATES : FEE \$93.00
9032 S ALL STATES : FEE \$112.00

MISCELLANEOUS PROCEDURES

- 9061 ADMINISTRATION OF CYTOTOXIC AGENT by intravenous drip infusion
ALL STATES : FEE \$32.50
(FOR SERVICES FROM 1 JULY 1985 TO 31 JULY 1986)

OPERATIONS

- 9401 HAEMORRHAGE, arrest of, following circumcision requiring general anaesthesia
ALL STATES : FEE \$79.00
ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S

- 9402 AMPUTATION STUMP, reamputation of, to provide adequate skin and muscle cover
DERIVED FEE : Three-quarters of the fee specified for the amputation
ANAESTHETIC — ITEM NOS 488G / 560S
(FOR SERVICES FROM 31 JULY 1986 TO 31 OCTOBER 1986)
- 9403 NASAL SEPTUM BUTTON, insertion of
ALL STATES : FEE \$67.00
ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S 02774000

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

NOTE

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

(2) An AFTER HOURS consultation or visit is a reference to an attendance on a public holiday, on a Sunday, before 8 a.m. or after 1 p.m. on a Saturday, or at any time other than between 8 a.m. and 8 p.m. on a week day not being a public holiday.

GENERAL PRACTITIONER — SURGERY CONSULTATIONS

Professional attendance at consulting rooms

BRIEF CONSULTATION of not more than 5 minutes duration

- 1 — IN HOURS
2 — AFTER HOURS

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

- 5 — IN HOURS
6 — AFTER HOURS

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

- 7 — IN HOURS
8 — AFTER HOURS

PROLONGED CONSULTATION of more than 45 minutes duration

- 9 — IN HOURS
10 — AFTER HOURS

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

- 11 — IN HOURS
12 — AFTER HOURS

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

- 15 — IN HOURS
16 — AFTER HOURS

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

- 17 — IN HOURS
18 — AFTER HOURS

PROLONGED "HOME VISIT" of more than 45 minutes duration

- 21 — IN HOURS
22 — AFTER HOURS

PART 1 ATTENDANCES

GENERAL PRACTITIONERS

27 28	<p style="text-align: center;">GENERAL PRACTITIONER — CONSULTATION AT HOSPITAL (one in-patient)</p> <p>Professional attendance at a HOSPITAL where only one in-patient is seen — EACH ATTENDANCE</p> <p>— IN HOURS — AFTER HOURS</p>
29 30	<p style="text-align: center;">GENERAL PRACTITIONER — CONSULTATION AT HOSPITAL (two in-patients)</p> <p>Professional attendance on two in-patients in the one HOSPITAL on the one occasion — EACH PATIENT who is not a nursing-home type patient</p> <p>— IN HOURS — AFTER HOURS</p>
31	<p style="text-align: center;">GENERAL PRACTITIONER — CONSULTATION AT HOSPITAL (three or more in-patients)</p> <p>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.</p>
32	<p style="text-align: center;">GENERAL PRACTITIONER — CONSULTATION AT HOSPITAL (two in-patients where at least one is a nursing-home type patient)</p> <p>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</p>
34	<p style="text-align: center;">GENERAL PRACTITIONER — CONSULTATION AT HOSPITAL (three or more in-patients where at least one is a nursing-home type patient)</p> <p>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</p>
41 42	<p style="text-align: center;">GENERAL PRACTITIONER — CONSULTATION AT NURSING HOME (one patient)</p> <p>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 (but excluding a professional attendance at a self-contained unit) or attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (excluding accommodation in a self-contained unit) where only ONE PATIENT is seen — EACH ATTENDANCE</p> <p>— IN HOURS — AFTER HOURS</p>
45	<p style="text-align: center;">GENERAL PRACTITIONER — CONSULTATION AT NURSING HOME (two patients)</p> <p>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 (but excluding a professional attendance at a self-contained unit) or attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (excluding accommodation in a self-contained unit) — an attendance on TWO PATIENTS in the one nursing home or aged persons' accommodation ON THE ONE OCCASION</p> <p>— EACH PATIENT</p>

46	<p style="text-align: center;">GENERAL PRACTITIONER — CONSULTATION AT NURSING HOME (three or more patients)</p> <p>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 (but excluding a professional attendance at a self-contained unit) or attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (excluding 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</p>
55 56	<p style="text-align: center;">GENERAL PRACTITIONER — CONSULTATION AT AN INSTITUTION (two or more patients)</p> <p>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 — AFTER HOURS</p>
61 62	<p>STANDARD CONSULTATION of more than 5 minutes duration but not more than 25 minutes duration — IN HOURS — AFTER HOURS</p>
63 64	<p>LONG CONSULTATION of more than 25 minutes duration but not more than 45 minutes duration — IN HOURS — AFTER HOURS</p>
67 68	<p>PROLONGED CONSULTATION of more than 45 minutes duration — IN HOURS — AFTER HOURS</p>
82 G 85 S	<p style="text-align: center;">PRE-OPERATIVE EXAMINATION BY ANAESTHETIST</p> <p>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</p>
88	<p style="text-align: center;">SPECIALIST, REFERRED CONSULTATION — SURGERY, HOSPITAL OR NURSING HOME</p> <p>Professional attendance at consulting rooms, hospital or nursing home by a specialist in the practice of his speciality where the patient is referred to him — INITIAL attendance in a single course of treatment</p>
94	<p>— Each attendance SUBSEQUENT to the first in a single course of treatment</p>
100	<p style="text-align: center;">SPECIALIST, REFERRED CONSULTATION — "HOME VISITS"</p> <p>Professional attendance at a place other than consulting rooms, hospital or nursing home by a specialist in the practice of his speciality where the patient is referred to him — INITIAL attendance in a single course of treatment</p>
103	<p>— Each attendance SUBSEQUENT to the first in a single course of treatment</p>
110	<p style="text-align: center;">CONSULTANT PHYSICIAN (OTHER THAN IN PSYCHIATRY), REFERRED CONSULTATION — SURGERY, HOSPITAL OR NURSING HOME</p> <p>Professional attendance at consulting rooms, hospital or nursing home by a consultant physician in the practice of his speciality (other than in psychiatry) where the patient is referred to him by a medical practitioner — INITIAL attendance in a single course of treatment</p>

PART 1 ATTENDANCES	SPECIALISTS
116	— Each attendance SUBSEQUENT to the first in a single course of treatment
122	<p align="center">CONSULTANT PHYSICIAN (OTHER THAN IN PSYCHIATRY), REFERRED CONSULTATION — “HOME VISITS”</p> <p>Professional attendance at a place other than consulting rooms, hospital or nursing home by a consultant physician in the practice of his specialty (other than in psychiatry) where the patient is referred to him by a medical practitioner</p> <p>— INITIAL attendance in a single course of treatment</p>
128	— Each attendance SUBSEQUENT to the first in a single course of treatment
134	<p align="center">CONSULTANT PSYCHIATRIST, REFERRED CONSULTATION — SURGERY, HOSPITAL OR NURSING HOME</p> <p>Professional attendance at consulting rooms, hospital or nursing home by a consultant psychiatrist in the practice of his recognised specialty of PSYCHIATRY where the patient is referred to him by a medical practitioner</p> <p>— An attendance of not more than 15 minutes duration</p>
136	— An attendance of more than 15 minutes duration but not more than 30 minutes duration
138	— An attendance of more than 30 minutes duration but not more than 45 minutes duration
140	— An attendance of more than 45 minutes duration but not more than 75 minutes duration
142	— An attendance of more than 75 minutes duration
144	<p align="center">CONSULTANT PSYCHIATRIST, REFERRED CONSULTATION — “HOME VISITS”</p> <p>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— where that attendance is at a place other than consulting rooms, hospital or nursing home</p> <p>— An attendance of not more than 15 minutes duration</p>
146	— An attendance of more than 15 minutes duration but not more than 30 minutes duration
148	— An attendance of more than 30 minutes duration but not more than 45 minutes duration
150	— An attendance of more than 45 minutes duration but not more than 75 minutes duration
152	— An attendance of more than 75 minutes duration
160	<p align="center">PROLONGED PROFESSIONAL ATTENDANCE</p> <p>Professional attendance (not covered by any other item in this Part) on a patient in imminent danger of death requiring continuous life saving emergency treatment (not being treatment of a counselling nature) to the exclusion of all other patients</p> <p>— For a period of not less than ONE hour but less than TWO hours</p>
161	— For a period of not less than TWO hours but less than THREE hours
162	— For a period of not less than THREE hours but less than FOUR hours
163	— For a period of not less than FOUR hours but less than FIVE hours
164	— For a period of FIVE hours or more
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46	<p align="center">GENERAL PRACTITIONER—CONSULTATION AT NURSING HOME (three or more patients)</p> <p>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 (but excluding a professional attendance at a self-contained unit) or attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (excluding 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</p>
55 56	<p align="center">GENERAL PRACTITIONER — CONSULTATION AT AN INSTITUTION (two or more patients)</p> <p>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 — AFTER HOURS</p>
61 62	<p>STANDARD CONSULTATION of more than 5 minutes duration but not more than 25 minutes duration — IN HOURS — AFTER HOURS</p>
63 64	<p>LONG CONSULTATION of more than 25 minutes duration but not more than 45 minutes duration — IN HOURS — AFTER HOURS</p>
67 68	<p>PROLONGED CONSULTATION of more than 45 minutes duration — IN HOURS — AFTER HOURS</p>
70 †	<p align="center">GENERAL PRACTITIONER—EMERGENCY ATTENDANCE—AFTER HOURS (on not more than one patient on the one occasion)</p> <p>Professional attendance after hours AT A PLACE OTHER THAN SURGERY on not more than one patient on the one occasion where the attendance is initiated by or on behalf of the patient in the same unbroken after hours period and where the patient's medical condition requires immediate treatment—each attendance</p>
82 G 85 S	<p align="center">PRE-OPERATIVE EXAMINATION BY ANAESTHETIST</p> <p>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</p>
38	<p align="center">SPECIALIST, REFERRED CONSULTATION — SURGERY, HOSPITAL OR NURSING HOME</p> <p>Professional attendance at consulting rooms, hospital or nursing home by a specialist in the practice of his speciality where the patient is referred to him — INITIAL attendance in a single course of treatment</p>
94	<p>— Each attendance SUBSEQUENT to the first in a single course of treatment</p>
100	<p align="center">SPECIALIST, REFERRED CONSULTATION — "HOME VISITS"</p> <p>Professional attendance at a place other than consulting rooms, hospital or nursing home by a specialist in the practice of his speciality where the patient is referred to him — INITIAL attendance in a single course of treatment</p>

PART 1 ATTENDANCES	SPECIALISTS
103	— Each attendance SUBSEQUENT to the first in a single course of treatment
110	<p align="center">CONSULTANT PHYSICIAN (OTHER THAN IN PSYCHIATRY), REFERRED CONSULTATION—SURGERY, HOSPITAL OR NURSING HOME</p> <p>Professional attendance at consulting rooms, hospital or nursing home by a consultant physician in the practice of his speciality (other than in psychiatry) where the patient is referred to him by a medical practitioner</p> <p>— INITIAL attendance in a single course of treatment</p>
116	<p>— SECOND OR THIRD attendance in a single course of treatment</p> <p>— EACH ATTENDANCE</p>
118	<p>— FOURTH OR SUBSEQUENT attendance in a single course of treatment</p> <p>— EACH ATTENDANCE</p>
122	<p align="center">CONSULTANT PHYSICIAN (OTHER THAN IN PSYCHIATRY), REFERRED CONSULTATION — "HOME VISITS"</p> <p>Professional attendance at a place other than consulting rooms, hospital or nursing home by a consultant physician in the practice of his speciality (other than in psychiatry) where the patient is referred to him by a medical practitioner</p> <p>— INITIAL attendance in a single course of treatment</p>
128	<p>— SECOND OR THIRD attendance in a single course of treatment</p> <p>— EACH ATTENDANCE</p>
130	<p>— FOURTH OR SUBSEQUENT attendance in a single course of treatment</p> <p>— EACH ATTENDANCE</p>
134	<p align="center">CONSULTANT PSYCHIATRIST, REFERRED CONSULTATION — SURGERY, HOSPITAL OR NURSING HOME</p> <p>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</p> <p>— An attendance of not more than 15 minutes duration</p>
136	— An attendance of more than 15 minutes duration but not more than 30 minutes duration
138	— An attendance of more than 30 minutes duration but not more than 45 minutes duration
140	— An attendance of more than 45 minutes duration but not more than 75 minutes duration
142	— An attendance of more than 75 minutes duration
144	<p align="center">CONSULTANT PSYCHIATRIST, REFERRED CONSULTATION — "HOME VISITS"</p> <p>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</p> <p>— An attendance of not more than 15 minutes duration</p>
146	— An attendance of more than 15 minutes duration but not more than 30 minutes duration
148	— An attendance of more than 30 minutes duration but not more than 45 minutes duration
150	— An attendance of more than 45 minutes duration but not more than 75 minutes duration

PART 1 ATTENDANCES

SPECIALISTS

152	— An attendance of more than 75 minutes duration
160	<p style="text-align: center;">PROLONGED PROFESSIONAL ATTENDANCE</p> <p>Professional attendance (not covered by any other item in this Part) on a patient in imminent danger of death requiring continuous life saving emergency treatment (not being treatment of a counselling nature) to the exclusion of all other patients</p> <p>— For a period of not less than ONE hour but less than TWO hours</p>
161	— For a period of not less than TWO hours but less than THREE hours
162	— For a period of not less than THREE hours but less than FOUR hours
163	— For a period of not less than FOUR hours but less than FIVE hours
164	— For a period of FIVE hours or more
170	<p style="text-align: center;">FAMILY GROUP THERAPY</p> <p>Professional attendance for the purpose of group therapy 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 speciality of psychiatry, involving members of a family and persons with close personal relationships with that family</p> <p>— each group of two patients</p>
171	— each group of three patients
172	— each group of four or more patients

PART 2 — OBSTETRICS DIVISION 1 — GENERAL	
190	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
192	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
194 G 196 S	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
198	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
200 G 207 S	ANTENATAL CARE, CONFINEMENT AND POSTNATAL CARE for nine days (not including any service or services covered by Division 2 of this Part)
208 G 209 S	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)
DIVISION 2 — SPECIAL SERVICES	
211 G 213 S	ANTENATAL CARE, CONFINEMENT AND POSTNATAL CARE for nine days WITH SURGICAL INDUCTION OF LABOUR
216 G 217 S	ANTENATAL CARE, CONFINEMENT AND POSTNATAL CARE for nine days WITH SURGICAL INDUCTION OF LABOUR INCLUDING MAJOR REGIONAL OR FIELD BLOCK
234 G 241 S	CAESAREAN SECTION and postnatal care for nine days ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
242	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
246	THREATENED ABORTION, THREATENED MISCARRIAGE OR HYPEREMESIS GRAVIDARUM, requiring admission to hospital, treatment of — each attendance that is not a routine antenatal attendance
250 G 258 S	CERVIX, purse string ligation of, for threatened miscarriage ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
267	CERVIX, removal of purse string ligature of, under general anaesthesia ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
273	PRE-ECLAMPSIA, ECLAMPSIA OR ANTEPARTUM HAEMORRHAGE, treatment of — each attendance that is not a routine antenatal attendance
274 G 275 S	INDUCTION and MANAGEMENT of SECOND TRIMESTER LABOUR

PART 2—OBSTETRICS

DIVISION 2—SPECIAL SERVICES

278	AMNIOSCOPY or AMNIOCENTESIS
284	AMNIOSCOPY with surgical induction of labour ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
290	ANTENATAL CARDIOTOCOGRAPHY in the management of high risk pregnancy
295	VERSION, EXTERNAL, under general anaesthesia, not covered by Items 208/209 ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
298	VERSION, INTERNAL, under general anaesthesia, not covered by Items 208/209 ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
354	SURGICAL INDUCTION of labour 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 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 ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
365	MANIPULATIVE CORRECTION OF ACUTE INVERSION OF UTERUS, by vaginal approach, with or without incision of cervix ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
368	MANIPULATIVE CORRECTION OF ACUTE INVERSION OF UTERUS, by abdominal approach, with or without incision of cervix ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
383	THIRD DEGREE TEAR, repair of, involving anal sphincter muscles ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S

PART 2 — OBSTETRICS DIVISION 1—GENERAL	
	<p>NOTE</p> <p><i>Items 194 to 205 refer to delivery by any means (including Caesarean Section) and include the following (where indicated)</i></p> <ul style="list-style-type: none"> • <i>Surgical and/or intravenous infusion induction of labour</i> • <i>forceps or vacuum extraction</i> • <i>breech delivery or management of multiple delivery</i> • <i>episiotomy or repair of tears</i> • <i>any service or services covered by item 295 or 298 when performed at time of confinement but not including any other service or services covered by Division 2 of this Part.</i>
190	ANTENATAL CARE (not including any service or services covered by Item 204 or 205 or by any item in Division 2 of this Part) where the attendances do not exceed ten — each attendance
192	ANTENATAL CARE (not including any service or services covered by Item 204 or 205 or by any item in Division 2 of this Part) where attendances exceed ten
194 G 196 S	CONFINEMENT AND POSTNATAL CARE for nine days (not including any service or services covered by Item 204 or 205 or by any item in Division 2 of this Part) where the medical practitioner has not given the antenatal care
198	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
201	CONFINEMENT, incomplete, with or without postnatal care for nine-days where the patient is referred to a specialist for completion of the confinement
204 G 205 S	ANTENATAL CARE, CONFINEMENT AND POSTNATAL CARE for nine days
DIVISION 2—SPECIAL SERVICES	
210	CAESAREAN SECTION and postnatal care for nine days where the patient has been referred for management of the confinement and the practitioner does not provide the antenatal care
242	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
246	THREATENED ABORTION, THREATENED MISCARRIAGE OR HYPEREMESIS GRAVIDARUM, requiring admission to hospital, treatment of — each attendance that is not a routine antenatal attendance
247 †	Intra-uterine growth retardation, polyhydramnios, unstable lie, multiple pregnancy, pregnancy complicated by diabetes or anaemia, threatened premature labour treated by bed rest only or oral medication, requiring admission to hospital — each attendance that is not a routine antenatal attendance, to a maximum of two attendances in any seven day period
248 †	Pregnancy complicated by acute intercurrent infection, threatened premature labour with ruptured membranes or threatened premature labour treated by intravenous therapy, requiring admission to hospital — each attendance that is not a routine antenatal attendance, to a maximum of one visit per day
250 G 258 S	CERVIX, purse string ligation of, for threatened miscarriage ANAESTHETIC 6 UNITS — ITEM NOS 407G/513S
267	CERVIX, removal of purse string ligature of, under general anaesthesia ANAESTHETIC 5 UNITS — ITEM NOS 406G/510S

PART 2—OBSTETRICS**DIVISION 2—SPECIAL SERVICES**

273	PRE-ECLAMPSIA, ECLAMPSIA OR ANTEPARTUM HAEMORRHAGE, treatment of — each attendance that is not a routine antenatal attendance
274 G 275 S	INDUCTION and MANAGEMENT of SECOND TRIMESTER LABOUR
278	AMNIOSCOPY or AMNIOCENTESIS
290	ANTENATAL CARDIOTOGRAPHY in the management of high risk pregnancy (not during the course of the confinement)
295	VERSION, EXTERNAL, under general anaesthesia, not covered by Items 194-205 ANAESTHETIC 6 UNITS — ITEM NOS 407G/513S
298	VERSION, INTERNAL, under general anaesthesia, not covered by Items 194-205 ANAESTHETIC 6 UNITS — ITEM NOS 407G/513S
362	Evacuation of products of conception (such as retained foetus, placenta, membranes or mole) by intrauterine manual removal as an independent procedure where the patient has been referred by another medical practitioner for this procedure
363 †	Treatment of post-partum haemorrhage by special procedures such as packing of uterus as an independent procedure where the patient has been referred by another medical practitioner for this procedure
365	Manipulative correction of acute inversion of uterus, by vaginal approach, with or without incision of cervix as an independent procedure where the patient has been referred by another medical practitioner for this procedure
383	Third degree tear, repair of, involving anal sphincter muscles as an independent procedure where the patient has been referred by another medical practitioner for this procedure

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.

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

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

- 401 — ONE UNIT
- 403 — TWO UNITS
- 404 — THREE UNITS
- 405 — FOUR UNITS
- 406 — FIVE UNITS
- 407 — SIX UNITS
- 408 — SEVEN UNITS
- 409 — EIGHT UNITS
- 443 — NINE UNITS
- 450 — TEN UNITS
- 453 — ELEVEN UNITS
- 454 — TWELVE UNITS
- 457 — THIRTEEN UNITS
- 458 — FOURTEEN UNITS
- 459 — FIFTEEN UNITS
- 460 — SIXTEEN UNITS
- 461 — SEVENTEEN UNITS
- 462 — EIGHTEEN UNITS
- 463 — NINETEEN UNITS
- 464 — TWENTY UNITS
- 465 — TWENTY-ONE UNITS
- 466 — TWENTY-TWO UNITS
- 467 — TWENTY-THREE UNITS
- 468 — TWENTY-FOUR UNITS
- 469 — TWENTY-FIVE UNITS
- 470 — TWENTY-SIX UNITS
- 471 — TWENTY-SEVEN UNITS
- 472 — TWENTY-EIGHT UNITS
- 473 — TWENTY-NINE UNITS
- 474 — THIRTY UNITS
- 475 — THIRTY-TWO UNITS
- 476 — THIRTY-SIX UNITS
- 477 — THIRTY-EIGHT UNITS
- 478 — THIRTY-NINE UNITS
- 479 — FORTY UNITS

PART 3 — ANAESTHETICS

DIVISION 1 — GENERAL PRACTITIONERS

480	— In connection with radio-therapy (based on 6 units)
481	— In connection with forceps delivery, vacuum extraction delivery, breech delivery by manipulation, delivery of second twin by manipulation, rotation of head followed by delivery — where an epidural needle or catheter has not been inserted earlier in labour
482	— In connection with the treatment of a dislocation requiring open operation, being a dislocation referred to in Items 7397 to 7472 DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the dislocation plus one-half of that fee.
483	— In connection with the treatment of a simple and uncomplicated fracture requiring open operation, being a fracture referred to in Items 7505 to 7798 DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the fracture plus one-third of that fee.
484	— In connection with the treatment of a simple and uncomplicated fracture requiring internal fixation or with the treatment of a compound fracture requiring open operation, being in either case a fracture referred to in Items 7505 to 7798 DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the fracture plus one-half of that fee.
485	— In connection with the treatment of a complicated fracture involving viscera, blood vessels or nerves and requiring open operation, being a fracture referred to in Items 7505 to 7798 DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the fracture plus three-quarters of that fee.
486	— In connection with a medical service, being a medical service which does not contain a reference to a number of anaesthetic units
487	— Where the anaesthetic is administered as a therapeutic procedure
488 †	— In connection with reamputation of amputation stump referred to in item 5057 DERIVED FEE — 85% of the fee specified for the anaesthetic for the amputation
489	— In connection with computerised axial tomography — brain scan, plain study with or without contrast medium study
490	— In connection with computerised axial tomography — body scan, plain study with or without contrast medium study
492	— In connection with a medical service which has been assigned an anaesthetic unit value of — THIRTY-FOUR UNITS
493	— In connection with a medical service which has been assigned an anaesthetic unit value of — THIRTY-FIVE UNITS
497	— In connection with a medical service which has been assigned an anaesthetic unit value of — FORTY-SEVEN UNITS

	<p>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</p>
500	— ONE UNIT
505	— TWO UNITS
506	— THREE UNITS
509	— FOUR UNITS
510	— FIVE UNITS
513	— SIX UNITS
514	— SEVEN UNITS
517	— EIGHT UNITS
518	— NINE UNITS
521	— TEN UNITS
522	— ELEVEN UNITS
523	— TWELVE UNITS
524	— THIRTEEN UNITS
525	— FOURTEEN UNITS
526	— FIFTEEN UNITS
527	— SIXTEEN UNITS
528	— SEVENTEEN UNITS
529	— EIGHTEEN UNITS
531	— NINETEEN UNITS
533	— TWENTY UNITS
535	— TWENTY-ONE UNITS
537	— TWENTY-TWO UNITS
538	— TWENTY-THREE UNITS
539	— TWENTY-FOUR UNITS
540	— TWENTY-FIVE UNITS
541	— TWENTY-SIX UNITS
542	— TWENTY-SEVEN UNITS
543	— TWENTY-EIGHT UNITS
544	— TWENTY-NINE UNITS
545	— THIRTY UNITS
546	— THIRTY-TWO UNITS
547	— THIRTY-SIX UNITS
548	— THIRTY-EIGHT UNITS
549	— THIRTY-NINE UNITS
550	— FORTY UNITS
551	— In connection with radio-therapy (based on 6 units)
552	— In connection with forceps delivery, vacuum extraction delivery, breech delivery by manipulation, delivery of second twin by manipulation, rotation of head followed by delivery — where an epidural needle or catheter has not been inserted earlier in labour
553	<p>— In connection with the treatment of a dislocation requiring open operation, being a dislocation referred to in Items 7397 to 7472</p> <p>DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the dislocation plus one-half of that fee.</p>
554	<p>— In connection with the treatment of a simple and uncomplicated fracture requiring open operation being a fracture referred to in Items 7505 to 7798</p> <p>DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the fracture plus one-third of that fee.</p>
556	<p>— 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 —</p> <p>DERIVED FEE — The fee for the administration of the anaesthetic for the treatment of the fracture plus one-half of that fee.</p>
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PART 3 — ANAESTHETICS

DIVISION 2 — SPECIALIST

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
558	Administration of an anaesthetic in connection with a medical service, being a medical service which does not contain a reference to a number of anaesthetic units.
559	— Where the anaesthetic is administered as a therapeutic procedure
560	— In connection with reamputation of amputation stump referred to in item 5057 DERIVED FEE — 85% of the fee specified for the anaesthetic for the amputation
561	— In connection with computerised axial tomography — brain scan, plain study with or without contrast medium study
562	— In connection with computerised axial tomography — body scan, plain study with or without contrast medium study
563	— In connection with a medical service which has been assigned an anaesthetic unit value of — THIRTY-FOUR UNITS
564	— In connection with a medical service which has been assigned an anaesthetic unit value of — THIRTY-FIVE UNITS
565	— In connection with a medical service which has been assigned an anaesthetic unit value of — FORTY-SEVEN UNITS
	DIVISION 3 — DENTAL ANAESTHETICS (IN CONNECTION WITH A DENTAL SERVICE NOT BEING A MEDICAL SERVICE PRESCRIBED FOR THE PAYMENT OF MEDICARE BENEFITS.)
566 G 567 S	ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ANAESTHETIC, OTHER THAN AN ENDOTRACHEAL ANAESTHETIC, in connection with a dental operation Anaesthetic 4 units
568 G 569 S	ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC FOR EXTRACTION OF A TOOTH OR TEETH NOT COVERED BY ITEM 570 OR 571 Anaesthetic 6 units
570 G 571 S	ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC FOR REMOVAL OF A TOOTH OR TEETH REQUIRING INCISION OF SOFT TISSUE AND REMOVAL OF BONE Anaesthetic 8 units
572 G 573 S	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
574 G 575 S	ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC FOR RESTORATIVE DENTAL WORK WHERE THE PROCEDURE IS OF MORE THAN 30 MINUTES MINUTES DURATION Anaesthetic 10 units
576 G 577 S	ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC in connection with a dental operation, not covered by any other item in this Part. Anaesthetic 7 units

PART 4 — REGIONAL OR FIELD NERVE BLOCK

PART 4 REGIONAL OR FIELD NERVE BLOCK	
748	REGIONAL OR FIELD NERVE BLOCK, being one of the following nerve blocks — abdominal (in association with an intra-peritoneal operation), brachial plexus, caudal, cervical plexus (not including the uterine cervix), epidural (peridural), ilio inguinal-ilio hypogastric-genitofemoral, intercostal (involving any four or more nerves, one or both sides), paravertebral (thoracic or lumbar), pudendal; retrobulbar with facial nerve; sacral or spinal (intrathecal)
751	MAINTENANCE OF A REGIONAL OR FIELD NERVE BLOCK referred to in Item 748 by the administration of local anaesthetic through an in situ needle or catheter when performed other than by the operating surgeon
753	INTRODUCTION at the end of an operation OF A NARCOTIC OR LOCAL ANAESTHETIC into the caudal, lumbar or thoracic epidural space for the control of post-operative pain, in association with general anaesthesia
755	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 ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
756	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 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 ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
760 G 764 S	INTRAVENOUS REGIONAL ANAESTHESIA OF LIMB BY RETROGRADE PERFUSION

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

767

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

PART 4—REGIONAL OR FIELD NERVE BLOCK

PART 4 REGIONAL OR FIELD NERVE BLOCK	
748	REGIONAL OR FIELD NERVE BLOCK, being one of the following nerve blocks—abdominal (in association with an intra-peritoneal operation), brachial plexus, caudal, cervical plexus (not including the uterine cervix), epidural (peridural), ilio inguinal-ilio hypogastric-genitofemoral, intercostal (involving any four or more nerves, one or both sides), paravertebral (thoracic or lumbar), pudendal; retrobulbar with facial nerve; sacral or spinal (intrathecal)
751	MAINTENANCE OF A REGIONAL OR FIELD NERVE BLOCK referred to in Item 748 by the administration of local anaesthetic through an in situ needle or catheter when performed other than by the operating surgeon
752 †	INTRODUCTION OF A NARCOTIC, for the control of post-operative pain, into the epidural or intrathecal space in association with an operation
753 ‡	INTRODUCTION at the end of an operation of a local anaesthetic into the caudal, lumbar or thoracic epidural space for the control of post-operative pain, in association with general anaesthesia
754 †	MAINTENANCE of narcotic analgesia referred to in Item 752 by the administration of a narcotic through an in situ needle or catheter, when performed other than by the operating surgeon
755	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 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
756	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 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 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
760 G 764 S	INTRAVENOUS REGIONAL ANAESTHESIA OF LIMB BY RETROGRADE PERFUSION

PART 5—ASSISTANCE IN THE ADMINISTRATION OF AN ANAESTHETIC

767	<p style="text-align: center;">PART 5 ASSISTANCE IN THE ADMINISTRATION OF AN ANAESTHETIC</p> <p>Assistance in the administration of an anaesthetic for which the anaesthetic unit value is not less than 21 units</p>
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PART 6 MISCELLANEOUS PROCEDURES DIVISION 1	
770	BLOOD PRESSURE RECORDING by intravascular cannula ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
774	HYPERBARIC OXYGEN THERAPY where the medical practitioner is NOT in the chamber
777	HYPERBARIC OXYGEN THERAPY where the medical practitioner is confined in the chamber
787	ADMINISTRATION OF A GENERAL ANAESTHETIC (including the administration of oxygen) during HYPERBARIC THERAPY where the medical practitioner is NOT confined in the chamber
790	ADMINISTRATION OF A GENERAL ANAESTHETIC (including the administration of oxygen) during HYPERBARIC THERAPY where the medical practitioner is confined in the chamber
DIVISION 2	
791	ULTRASONIC CROSS-SECTIONAL ECHOGRAPHY, not associated with Item 793, 794 or 913 where the patient is not referred by a medical practitioner for ultrasonic examination—each ultrasonic examination not exceeding two examinations in any one pregnancy
793	ULTRASONIC CROSS-SECTIONAL ECHOGRAPHY, performed by, or on behalf of, a medical practitioner where the patient is referred by a medical practitioner for ultrasonic examination not associated with Item 791, 794 or 913 and where the referring medical practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member
794	ULTRASONIC ECHOGRAPHY, UNIDIMENSIONAL, not associated with Item 791, 793 or 913
803	ELECTROENCEPHALOGRAPHY, not associated with Item 793, 794, 806 or 809 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
806	ELECTROENCEPHALOGRAPHY, temporosphenoidal
809	ELECTROCORTICOGRAPHY
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)
811	NEUROMUSCULAR ELECTRODIAGNOSIS—conduction studies on two or three nerves with or without electromyography (not associated with Item 810 or 813)
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)
814	NEUROMUSCULAR ELECTRODIAGNOSIS—repetitive stimulation for study of neuromuscular conduction OR electromyography with quantitative computerised analysis OR both of these examinations
816	INVESTIGATION OF CENTRAL NERVOUS SYSTEM EVOKED RESPONSES by computerised averaging techniques—one or two studies
817	INVESTIGATION OF CENTRAL NERVOUS SYSTEM EVOKED RESPONSES by computerised averaging techniques—three or more studies
818 a	BRAIN stem evoked response audiometry ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

DIVISION 3

821 SUPERVISION IN HOSPITAL by a medical specialist of—haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist exceeds 45 minutes in the one day

824 SUPERVISION IN HOSPITAL by a medical specialist of—haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist does not exceed 45 minutes in the one day

831 DECLOTTING OF AN ARTERIOVENOUS SHUNT

833 INDWELLING PERITONEAL CATHETER (Tenckhoff or similar) FOR DIALYSIS—INSERTION AND FIXATION OF
ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

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

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

DIVISION 4

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

849 PROVOCATIVE TEST OR TESTS FOR GLAUCOMA, including water drinking

851 ‡ 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 SERVICE IN ANY PERIOD OF THIRTY-SIX CONSECUTIVE MONTHS

852 † REFITTING OF CONTACT LENSES with keratometry and testing with trial lenses and the issue of a prescription being a subsequent fitting of CONTACT LENSES WITHIN A PERIOD OF THIRTY-SIX MONTHS OF THE INITIAL FITTING WHICH IS COVERED BY ITEM 851

853 ELECTRORETINOGRAPHY of one or both eyes OR ELECTRO-OCULOGRAPHY of one or both eyes

854 ELECTRORETINOGRAPHY of one or both eyes AND ELECTRO-OCULOGRAPHY of one or both eyes

856 OPTIC FUNDI, examination of, following intravenous dye injection

859 RETINAL PHOTOGRAPHY, multiple exposures of one eye with intravenous dye injection

860 RETINAL PHOTOGRAPHY, multiple exposures of both eyes with intravenous dye injection

DIVISION 5

NOTE: "A medical service specified in items 863 to 875 shall be rendered under conditions which allow the establishment of determinate thresholds and shall be rendered in a sound attenuated environment using calibrated equipment which complies with Australian Standard No. AS 2586-1983."

862 Non-determinate AUDIOMETRY

863 AUDIOGRAM, air conduction

865 AUDIOGRAM, air and bone conduction or air conduction and speech discrimination

PART 6 MISCELLANEOUS PROCEDURES DIVISION 1	
770	BLOOD PRESSURE RECORDING by intravascular cannula ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
774	HYPERBARIC OXYGEN THERAPY where the medical practitioner is NOT in the chamber
777	HYPERBARIC OXYGEN THERAPY where the medical practitioner is confined in the chamber
787	ADMINISTRATION OF A GENERAL ANAESTHETIC (including the administration of oxygen) during HYPERBARIC THERAPY where the medical practitioner is not confined in the chamber
790	ADMINISTRATION OF A GENERAL ANAESTHETIC (including the administration of oxygen) during HYPERBARIC THERAPY where the medical practitioner is confined in the chamber
DIVISION 2	
791	ULTRASONIC CROSS-SECTIONAL ECHOGRAPHY, not associated with Item 793, 794 or 913 where the patient is not referred by a medical practitioner for ultrasonic examination — each ultrasonic examination not exceeding two examinations in any one pregnancy
793	ULTRASONIC CROSS-SECTIONAL ECHOGRAPHY, performed by, or on behalf of, a medical practitioner where the patient is referred by a medical practitioner for ultrasonic examination not associated with Item 791, 794 or 913 and where the referring medical practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member
794	ULTRASONIC ECHOGRAPHY, UNIDIMENSIONAL, not associated with Item 791, 793 or 913
803	ELECTROENCEPHALOGRAPHY, not associated with Item 793, 794, 806 or 809 ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
806	ELECTROENCEPHALOGRAPHY, temporosphenoidal
809	ELECTROCORTICOGRAPHY
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)
811	NEUROMUSCULAR ELECTRODIAGNOSIS — conduction studies on two or three nerves with or without electromyography (not associated with Item 810 or 813)
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)
814	NEUROMUSCULAR ELECTRODIAGNOSIS — repetitive stimulation for study of neuromuscular conduction OR electromyography with quantitative computerised analysis OR both of these examinations
816	INVESTIGATION OF CENTRAL NERVOUS SYSTEM EVOKED RESPONSES by computerised averaging techniques — one or two studies

PART 6— MISCELLANEOUS PROCEDURES		DIVISION 2
817	INVESTIGATION OF CENTRAL NERVOUS SYSTEM EVOKED RESPONSES by computerised averaging techniques — three or more studies	
818	DIVISION 3	
	BRAIN stem evoked response audiometry	
821	SUPERVISION IN HOSPITAL by a medical specialist of — haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist exceeds 45 minutes in the one day	
824	SUPERVISION IN HOSPITAL by a medical specialist of — haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist does not exceed 45 minutes in the one day	
831	DECLOTTING OF AN ARTERIOVENOUS SHUNT	
833	INDWELLING PERITONEAL CATHETER (Tenckhoff or similar) FOR DIALYSIS — INSERTION AND FIXATION OF ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S	
836	PERITONEAL DIALYSIS, establishment of by abdominal puncture and insertion of temporary catheter (including associated consultation)	
839	BLADDER WASHOUT TEST for localisation of urinary infection — not including bacterial counts for organisms in specimens	
844	DIVISION 4	
	TONOGRAPHY — in the investigation or management of glaucoma, one or both eyes — using an electrical tonography machine producing a directly recorded tracing	
849	PROVOCATIVE TEST OR TESTS FOR GLAUCOMA, including water drinking	
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	
853	ELECTRORETINOGRAPHY of one or both eyes OR ELECTRO-OCULOGRAPHY of one or both eyes	
854	ELECTRORETINOGRAPHY of one or both eyes AND ELECTRO-OCULOGRAPHY of one or both eyes	
856	OPTIC FUNDI, examination of, following intravenous dye injection	
859	RETINAL PHOTOGRAPHY, multiple exposures of one eye with intravenous dye injection	
860	RETINAL PHOTOGRAPHY, multiple exposures of both eyes with intravenous dye injection	
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ERRATA

PLEASE NOTE

The following item inadvertently omitted from amendment pages --

819 1	INSERTION OF ELECTRODES FOR THE PURPOSE OF ELECTROCOCHLEOGRAPHY
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DIVISION 5	
862	NOTE: "A medical service specified in items 863 to 878 shall be rendered under conditions which allow the establishment of determinate thresholds and shall be rendered in a sound attenuated environment using calibrated equipment which complies with Australian Standard No. AS 2586-1983." Non-determinate AUDIOMETRY
863	AUDIOGRAM, air conduction
865	AUDIOGRAM, air and bone conduction or air conduction and speech discrimination
870	AUDIOGRAM, air and bone conduction and speech
874	AUDIOGRAM, air and bone conduction and speech, with other Cochlear tests
875	GLYCEROL INDUCED COCHLEAR FUNCTION CHANGES assessed by a minimum of four air conduction and speech discrimination tests (Klockoff's tests)
877	IMPEDANCE AUDIOGRAM not associated with a service covered by Item 863, 865, 870 or 874
878	IMPEDANCE AUDIOGRAM in association with a service covered by Item 863, 865, 870 or 874
882	CALORIC TEST OF LABYRINTH OR LABYRINTHS
883	SIMULTANEOUS BITHERMAL CALORIC TEST OF LABYRINTHS
884	ELECTRONYSTAGMOGRAPHY
DIVISION 6	
886	ELECTROCONVULSIVE THERAPY, including associated consultation ANAESTHETIC 3 UNITS — ITEM NOS 404G / 506S
887	CONSULTANT PSYCHIATRIST — GROUP PSYCHOTHERAPY Group psychotherapy (including associated consultation) of not less than ONE hour's duration given under the continuous direct supervision of a consultant psychiatrist in the practice of his recognised specialty of psychiatry where the patients are referred to him by a medical practitioner GROUP PSYCHOTHERAPY on a group of 2-9 patients OR FAMILY GROUP psychotherapy on a group of more than THREE patients, EACH PATIENT
888	CONSULTANT PSYCHIATRIST — FAMILY GROUP PSYCHOTHERAPY on a group of three patients, EACH PATIENT
889	CONSULTANT PSYCHIATRIST — FAMILY GROUP PSYCHOTHERAPY on a group of two patients, EACH PATIENT
890	CONSULTANT PSYCHIATRIST — INTERVIEW OF A PERSON OTHER THAN A PATIENT — SURGERY, HOSPITAL OR NURSING HOME Professional attendance by a consultant psychiatrist in the practice of his recognised specialty of psychiatry, where the patient is referred to him by a medical practitioner involving an interview of a person other than the patient of not less than 20 minutes duration but less than 45 minutes duration, in the course of initial diagnostic evaluation of a patient, where that interview is at consulting rooms, hospital or nursing home

PART 6 — MISCELLANEOUS PROCEDURES**DIVISION 6**

893 CONSULTANT PSYCHIATRIST — INTERVIEW OF A PERSON OTHER THAN A PATIENT — SURGERY, HOSPITAL OR NURSING HOME
Professional attendance by a consultant psychiatrist in the practice of his recognised speciality of psychiatry where the patient is referred to him by a medical practitioner involving an interview of a person other than the patient of not less than 45 minutes duration, in the course of initial diagnostic evaluation of a patient, where that interview is at consulting rooms, hospital or nursing home

DIVISION 7

895 UMBILICAL OR SCALP VEIN CATHETERISATION with or without infusion

897 UMBILICAL ARTERY CATHETERISATION with or without infusion

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

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

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

DIVISION 8

908 TWELVE-LEAD ELECTROCARDIOGRAPHY, tracing and report

909 TWELVE-LEAD ELECTROCARDIOGRAPHY, report only where the tracing has been forwarded to another medical practitioner, not associated with an attendance item in Part 1, or twelve lead electrocardiography, tracing only

912 PHONOCARDIOGRAPHY with electrocardiograph lead with indirect arterial or venous pulse tracing, with or without apex cardiogram interpretation and report

913 ECHOCARDIOGRAPHY, not covered by Item 791 or 793

915 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

916 ELECTROCARDIOGRAPHIC MONITORING during exercise (bicycle ergometer or treadmill) involving the continuous attendance of a medical practitioner for not less than 20 minutes, with resting ECG and with or without recording of other parameters, on premises equipped with mechanical respirator and defibrillator.

917 RESTORATION OF CARDIAC RHYTHM by electrical stimulation (cardioversion), other than in the course of cardiac surgery
ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S

918 BRONCHOSPIROMETRY, including gas analysis

920 ESTIMATION OF RESPIRATORY FUNCTION requiring complicated techniques — each attendance at which one or more tests are performed

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

922 PERFUSION OF LIMB OR ORGAN using heart-lung machine or equivalent

923 WHOLE BODY PERFUSION, CARDIAC BY-PASS, using heart-lung machine or equivalent

925 INDUCED CONTROLLED HYPOTHERMIA — total body

927	FLUIDS, intravenous drip infusion of — PERCUTANEOUS
929	FLUIDS, intravenous drip infusion of — BY OPEN EXPOSURE
931	INTRA-ARTERIAL INFUSION or retrograde intra-venous perfusion of a sympatholytic agent
932 ‡	ADMINISTRATION OF CYTOTOXIC AGENT by intravenous drip infusion or by introduction into the bladder.
934	INTRA-ARTERIAL INFUSION or INJECTION of a substance incorporating a CYTOTOXIC AGENT, PREPARATION FOR
936	INTRALYMPHATIC INFUSION or INJECTION of a fluid containing a CYTOTOXIC AGENT, with or without the incorporation of an opaque medium
938	INTRALYMPHATIC INSERTION OF NEEDLE OR CANNULA for the introduction of radio-active material
939	HARVESTING OF HOMOLOGOUS (including allogeneic) bone marrow for the purpose of transplantation ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
940	ADMINISTRATION OF BLOOD, including collection from donor
944	ADMINISTRATION OF BLOOD or bone marrow already collected
947	INTRA-UTERINE FOETAL BLOOD TRANSFUSION using blood already collected, INCLUDING NECESSARY AMNIOCENTESIS
949	COLLECTION OF BLOOD for autologous transfusion or when homologous blood is required for immediate transfusion in emergency situation
950	CENTRAL VEIN CATHETERISATION (via jugular or subclavian vein) by open exposure for parenteral alimentation in a person under twelve years of age ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
951	CENTRAL VEIN CATHETERISATION (via jugular or subclavian vein) by percutaneous or open exposure for parenteral alimentation not covered by Item 950 ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
952	BLOOD DYE — DILUTION INDICATOR TEST
953	RIGHT HEART BALLOON FLOTATION (Swann-Ganz) catheterisation, insertion of catheter and monitoring of right heart and pulmonary wedge pressures, cardiac output and blood oximetry — management on the first day
954	RIGHT HEART BALLOON FLOTATION (Swann-Ganz) catheterisation, monitoring of right heart and pulmonary wedge pressures, cardiac output and blood oximetry — management on each day subsequent to the first
956	ARTERIAL PUNCTURE and collection of blood for diagnostic purposes
957	INTRA-ARTERIAL CANNULISATION for purpose of taking multiple arterial blood samples for blood gas analysis
958	COLLECTION OF SPECIMEN OF SWEAT by iontophoresis

PART 6 — MISCELLANEOUS PROCEDURES**DIVISION 8**

960	HORMONE OR LIVING TISSUE IMPLANTATION — by incision
963	HORMONE OR LIVING TISSUE IMPLANTATION — by cannula
966	OESOPHAGEAL MOTILITY TEST, manometric
968	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant IN THE ABSENCE OF GASTROINTESTINAL HAEMORRHAGE
970	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant FOR UPPER GASTROINTESTINAL HAEMORRHAGE
974	GASTRIC LAVAGE in the treatment of ingested poison
976 ‡	COUNTERPULSATION BY INTRA-AORTIC BALLOON — management on the first day, including percutaneous insertion, initial and subsequent consultations and monitoring of parameters.
977	COUNTERPULSATION BY INTRA-AORTIC BALLOON — management on each day subsequent to the first, including associated consultations and monitoring of parameters
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
981	URINARY FLOW STUDY
982	CYSTOMETROGRAPHY
983	URETHRAL PRESSURE PROFILE MEASUREMENT
984	CYSTOMETROGRAPHY with rectal pressure measurement or bladder sphincter electromyography
985	CYSTOMETROGRAPHY, rectal pressure measurement or sphincter electromyography, urinary flow and retrograde micturating cystourethrography including all associated radiological services
DIVISION 9	
987	SKIN SENSITIVITY TESTING for allergens, USING ONE TO TWENTY ALLERGENS
989	SKIN SENSITIVITY TESTING for allergens, USING MORE THAN TWENTY ALLERGENS
DIVISION 10	
994	MULTIPHASIC HEALTH SCREENING SERVICE involving the performance of 10 or more medical services specified in items in Parts 6, 7 and 8 (including any associated consultation)
DIVISION 11	
996	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 — each group of two patients
997	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 — each group of three patients
998	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 — each group of four or more patients

PART 6—MISCELLANEOUS PROCEDURES**DIVISION 5**

870	AUDIOGRAM, air and bone conduction and speech
874	AUDIOGRAM, air and bone conduction and speech, with other Cochlear tests
875	GLYCEROL INDUCED COCHLEAR FUNCTION CHANGES assessed by a minimum of four air conduction and speech discrimination tests (Klockoff's tests)
877	IMPEDANCE AUDIOGRAM not associated with a service covered by Item 863, 865, 870 or 874
878	IMPEDANCE AUDIOGRAM in association with a service covered by Item 863, 865, 870 or 874
882	CALORIC TEST OF LABYRINTH OR LABYRINTHS
883	SIMULTANEOUS BITHERMAL CALORIC TEST OF LABYRINTHS
884	ELECTRONYSTAGMOGRAPHY
DIVISION 6	
886	ELECTROCONVULSIVE THERAPY, including associated consultation ANAESTHETIC 3 UNITS—ITEM NOS 404G/506S
	CONSULTANT PSYCHIATRIST—GROUP PSYCHOTHERAPY Group psychotherapy (including associated consultation) of not less than ONE hour's duration given under the continuous direct supervision of a consultant psychiatrist in the practice of his recognised speciality of psychiatry where the patients are referred to him by a medical practitioner
887	GROUP PSYCHOTHERAPY on a group of 2-9 patients OR FAMILY GROUP psychotherapy on a group of more than THREE patients, EACH PATIENT
888	CONSULTANT PSYCHIATRIST—FAMILY GROUP PSYCHOTHERAPY on a group of three patients, EACH PATIENT
889	CONSULTANT PSYCHIATRIST—FAMILY GROUP PSYCHOTHERAPY on a group of two patients, EACH PATIENT
890	CONSULTANT PSYCHIATRIST—INTERVIEW OF A PERSON OTHER THAN A PATIENT—SURGERY, HOSPITAL OR NURSING HOME Professional attendance by a consultant psychiatrist in the practice of his recognised speciality of psychiatry, where the patient is referred to him by a medical practitioner involving an interview of a person other than the patient of not less than 20 minutes duration but less than 45 minutes duration, in the course of initial diagnostic evaluation of a patient, where that interview is at consulting rooms, hospital or nursing home
893	CONSULTANT PSYCHIATRIST—INTERVIEW OF A PERSON OTHER THAN A PATIENT—SURGERY, HOSPITAL OR NURSING HOME Professional attendance by a consultant psychiatrist in the practice of his recognised speciality of psychiatry where the patient is referred to him by a medical practitioner involving an interview of a person other than the patient of not less than 45 minutes duration, in the course of initial diagnostic evaluation of a patient, where that interview is at consulting rooms, hospital or nursing home
DIVISION 7	
895 ‡	UMBILICAL OR SCALP VEIN CATHETERISATION with or without infusion; or cannulation of a vein in a neonate
897	UMBILICAL ARTERY CATHETERISATION with or without infusion

PART 6—MISCELLANEOUS PROCEDURES**DIVISION 7**

902	BLOOD TRANSFUSION with venesection and complete replacement of blood, including collection from donor
904	BLOOD TRANSFUSION with venesection and complete replacement of blood, using blood already collected
907	BLOOD for pathology test, collection of, BY FEMORAL OR EXTERNAL JUGULAR VEIN PUNCTURE IN INFANTS
DIVISION 8	
908	TWELVE-LEAD ELECTROCARDIOGRAPHY, tracing and report
909	TWELVE-LEAD ELECTROCARDIOGRAPHY, report only where the tracing has been forwarded to another, medical practitioner, not associated with an attendance item in Part 1, or twelve lead electrocardiography, tracing only
912	PHONOCARDIOGRAPHY with electrocardiograph lead with indirect arterial or venous pulse tracing, with or without apex cardiogram interpretation and report
913	ECHOCARDIOGRAPHY, not covered by Item 791 or 793
915	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
916	ELECTROCARDIOGRAPHIC MONITORING during exercise (bicycle ergometer or treadmill) involving the continuous attendance of a medical practitioner for not less than 20 minutes, with resting ECG and with or without recording of other parameters, on premises equipped with mechanical respirator and defibrillator.
917	RESTORATION OF CARDIAC RHYTHM by electrical stimulation (cardioversion), other than in the course of cardiac surgery ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
918	BRONCHOSPIROMETRY, including gas analysis
920	ESTIMATION OF RESPIRATORY FUNCTION requiring complicated techniques—each attendance at which one or more tests are performed
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
922	PERFUSION OF LIMB OR ORGAN using heart-lung machine or equivalent
923	WHOLE BODY PERFUSION, CARDIAC BY-PASS, using heart-lung machine or equivalent
925	INDUCED CONTROLLED HYPOTHERMIA—total body
931	INTRA-ARTERIAL INFUSION or retrograde intra-venous perfusion of a sympatholytic agent
932	ADMINISTRATION OF CYTOTOXIC AGENT by intravenous drip infusion or by introduction into the bladder
934	INTRA-ARTERIAL INFUSION or INTRA-ARTERIAL INJECTION of a substance incorporating a CYTOTOXIC AGENT, PREPARATION FOR

PART 6—MISCELLANEOUS PROCEDURES**DIVISION 8**

936	INTRALYMPHATIC INFUSION or INTRALYMPHATIC INJECTION of a fluid containing a CYTOTOXIC AGENT, with or without the incorporation of an opaque medium
938	INTRALYMPHATIC INSERTION OF NEEDLE OR CANNULA for the introduction of radio-active material
939 ‡	HARVESTING OF HOMOLOGOUS (including allogeneic) or AUTOLOGOUS bone marrow for the purpose of transplantation ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
940	ADMINISTRATION OF BLOOD, including collection from donor
944	ADMINISTRATION OF BLOOD or bone marrow already collected
947	INTRA-UTERINE FOETAL BLOOD TRANSFUSION using blood already collected; INCLUDING NECESSARY AMNIOCENTESIS
949	COLLECTION OF BLOOD for autologous transfusion or when homologous blood is required for immediate transfusion in emergency situation
950	CENTRAL VEIN CATHETERISATION (via jugular or subclavian vein) by open exposure for parenteral alimentation in a person under twelve years of age ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
951	CENTRAL VEIN CATHETERISATION (via jugular or subclavian vein) by percutaneous or open exposure for parenteral alimentation not covered by Item 950 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
952	BLOOD DYE—DILUTION INDICATOR TEST
953	RIGHT HEART BALLOON FLOTATION (Swann-Ganz) catheterisation, insertion of catheter and monitoring of right heart and pulmonary wedge pressures, cardiac output and blood oximetry—management on the first day
954	RIGHT HEART BALLOON FLOTATION (Swann-Ganz) catheterisation, monitoring of right heart and pulmonary wedge pressures, cardiac output and blood oximetry—management on each day subsequent to the first
956	ARTERIAL PUNCTURE and collection of blood for diagnostic purposes
957	INTRA-ARTERIAL CANNULISATION for purpose of taking multiple arterial blood samples for blood gas analysis
958	COLLECTION OF SPECIMEN OF SWEAT by iontophoresis
960	HORMONE OR LIVING TISSUE IMPLANTATION—by incision
963	HORMONE OR LIVING TISSUE IMPLANTATION—by cannula
966	OESOPHAGEAL MOTILITY TEST, manometric
968	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant IN THE ABSENCE OF GASTROINTESTINAL HAEMORRHAGE
970	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant FOR UPPER GASTROINTESTINAL HAEMORRHAGE
974	GASTRIC LAVAGE in the treatment of ingested poison

PART 6—MISCELLANEOUS PROCEDURES**DIVISION 8**

976	COUNTERPULSATION BY INTRA-AORTIC BALLOON—management on the first day, including percutaneous insertion, initial and subsequent consultations and monitoring of parameters
977	COUNTERPULSATION BY INTRA-AORTIC BALLOON—management on each day subsequent to the first, including associated consultations and monitoring of parameters
978 †	PUVA THERAPY or UVB THERAPY administered in whole body cabinet, not associated with item 979 including associated consultations other than an initial consultation
979 †	PUVA THERAPY or UVB THERAPY administered to localised body areas in a hand and foot cabinet not associated with item 978 including associated consultations other than an initial consultation
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
981	URINARY FLOW STUDY
982	CYSTOMETROGRAPHY
983	URETHRAL PRESSURE PROFILE MEASUREMENT
984 a	CYSTOMETROGRAPHY with rectal pressure measurement or bladder sphincter electromyography ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
985	CYSTOMETROGRAPHY, rectal pressure measurement or sphincter electromyography, urinary flow and retrograde micturating cystourethrography including <i>all</i> associated radiological services
DIVISION 9	
987	SKIN SENSITIVITY TESTING for allergens, USING ONE TO TWENTY ALLERGENS
989	SKIN SENSITIVITY TESTING for allergens, USING MORE THAN TWENTY ALLERGENS

PART 7A—COMPUTERISED TOMOGRAPHY (EXCLUDING MAGNETIC RESONANCE IMAGING) DIVISION 1 COMPUTERISED TOMOGRAPHY ON A BODY SCANNER	
2400	COMPUTERISED TOMOGRAPHY—SCAN OF BRAIN with or without scan of internal auditory meatus without intravenous contrast medium (not covered by item 2447 or 2450)
2401	COMPUTERISED TOMOGRAPHY—SCAN OF BRAIN with or without scan of internal auditory meatus with intravenous contrast medium (not covered by item 2448 or 2451)
2402	COMPUTERISED TOMOGRAPHY—SCAN OF BRAIN with or without scan of internal auditory meatus without intravenous contrast medium (minimum of 8 slices) and with intravenous contrast medium (not covered by item 2449 or 2452)
2403	COMPUTERISED TOMOGRAPHY—SCAN OF PITUITARY FOSSA by multiple thin slices (including reconstructions) without or with intravenous contrast medium and with or without brain scan
2404	COMPUTERISED TOMOGRAPHY—SCAN OF ORBITS by multiple thin slices (including reconstructions) without or with intravenous contrast medium and with or without brain scan
2405	COMPUTERISED TOMOGRAPHY—SCAN OF MIDDLE EAR AND TEMPORAL BONE, unilateral or bilateral, detailed study by multiple thin slices (including reconstructions) without or with intravenous contrast medium and with or without brain scan
2406	COMPUTERISED TOMOGRAPHY—SCAN OF TEMPORAL BONES WITH AIR STUDY (including reconstructions) and including intrathecal injection, not including an associated brain scan
2407	COMPUTERISED TOMOGRAPHY—SCAN OF FACIAL BONES, sinuses and salivary glands—scan of one or more regions without intravenous contrast medium
2408	COMPUTERISED TOMOGRAPHY—SCAN OF FACIAL BONES, sinuses and salivary glands—scan of one or more regions with intravenous contrast medium
2409	COMPUTERISED TOMOGRAPHY—SCAN OF FACIAL BONES, sinuses and salivary glands—scan of one or more regions without and with intravenous contrast medium
2410	COMPUTERISED TOMOGRAPHY—SCAN OF SOFT TISSUES OF NECK, including larynx, pharynx and upper oesophagus (not associated with cervical spine)—scan of one or more regions without intravenous contrast medium (not covered by item 2444)
2411	COMPUTERISED TOMOGRAPHY—SCAN OF SOFT TISSUES OF NECK including larynx, pharynx and upper oesophagus (not associated with cervical spine)—scan of one or more regions with intravenous contrast medium (not covered by item 2445)
2412	COMPUTERISED TOMOGRAPHY—SCAN OF SOFT TISSUES OF NECK including larynx, pharynx and upper oesophagus (not associated with cervical spine)—scan of one or more regions without and with intravenous contrast medium (not covered by item 2446)
2413	COMPUTERISED TOMOGRAPHY—SCAN OF SPINE, one or more regions—25 slices or less without intravenous contrast medium
2414	COMPUTERISED TOMOGRAPHY—SCAN OF SPINE, one or more regions—25 slices or less with intravenous contrast medium
2415	COMPUTERISED TOMOGRAPHY—SCAN OF SPINE, one or more regions—25 slices or less without and with intravenous contrast medium
2416	COMPUTERISED TOMOGRAPHY—SCAN OF SPINE, one or more regions—26 or more slices without intravenous contrast medium

PART 7A—COMPUTERISED TOMOGRAPHY		DIVISION 1
2417	COMPUTERISED TOMOGRAPHY—SCAN OF SPINE, one or more regions—26 or more slices with intravenous contrast medium	
2418	COMPUTERISED TOMOGRAPHY—SCAN OF SPINE, one or more regions—26 or more slices without and with intravenous contrast medium	
2419	COMPUTERISED TOMOGRAPHY—SCAN OF SPINE, one or more regions with intrathecal contrast medium (not including the preparation by intrathecal injection of contrast medium)	
2420	COMPUTERISED TOMOGRAPHY—SCAN OF CHEST (including lungs, mediastinum and pleura) without intravenous contrast medium (not covered by item 2438, 2441, 2444, 2447 or 2450)	
2421	COMPUTERISED TOMOGRAPHY—SCAN OF CHEST (including lungs, mediastinum and pleura) with intravenous contrast medium (not covered by item 2439, 2442, 2445, 2448 or 2451)	
2422	COMPUTERISED TOMOGRAPHY—SCAN OF CHEST (including lungs, mediastinum and pleura) without intravenous contrast medium (minimum of 8 slices) and with intravenous contrast medium (not covered by item 2440, 2443, 2446, 2449 or 2452)	
2423	COMPUTERISED TOMOGRAPHY—SCAN OF UPPER ABDOMEN (diaphragm to iliac crest) or PELVIS without intravenous contrast medium (not covered by item 2438, 2441, 2444 or 2450)	
2424	COMPUTERISED TOMOGRAPHY—SCAN OF UPPER ABDOMEN (diaphragm to iliac crest) or PELVIS with intravenous contrast medium (not covered by item 2439, 2442, 2445 or 2451)	
2425	COMPUTERISED TOMOGRAPHY—SCAN OF UPPER ABDOMEN (diaphragm to iliac crest) or PELVIS without intravenous contrast medium (minimum of 8 slices) and with intravenous contrast medium (not covered by item 2440, 2443, 2446 or 2452)	
2426	COMPUTERISED TOMOGRAPHY—SCAN OF UPPER ABDOMEN AND PELVIS without intravenous contrast medium (not covered by item 2438, 2441, 2444 or 2450)	
2427	COMPUTERISED TOMOGRAPHY—SCAN OF UPPER ABDOMEN AND PELVIS with intravenous contrast medium (not covered by item 2439, 2442, 2445 or 2451)	
2428	COMPUTERISED TOMOGRAPHY—SCAN OF UPPER ABDOMEN AND PELVIS without intravenous contrast medium (minimum of 8 slices) and with intravenous contrast medium (not covered by item 2440, 2443, 2446 or 2452)	
2429	COMPUTERISED TOMOGRAPHY—SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving up to 20 slices without intravenous contrast medium	
2430	COMPUTERISED TOMOGRAPHY—SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving up to 20 slices with intravenous contrast medium	
2431	COMPUTERISED TOMOGRAPHY—SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving up to 20 slices without and with intravenous contrast medium	
2432	COMPUTERISED TOMOGRAPHY—SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving more than 20 slices but not more than 40 slices without intravenous contrast medium	
2433	COMPUTERISED TOMOGRAPHY—SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving more than 20 slices but not more than 40 slices with intravenous contrast medium	
2434	COMPUTERISED TOMOGRAPHY—SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving more than 20 slices but not more than 40 slices without and with intravenous contrast medium	

PART 7A—COMPUTERISED TOMOGRAPHY**DIVISION 1**

2435	COMPUTERISED TOMOGRAPHY—SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving more than 40 slices without intravenous contrast medium
2436	COMPUTERISED TOMOGRAPHY—SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving more than 40 slices with intravenous contrast medium
2437	COMPUTERISED TOMOGRAPHY—SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving more than 40 slices without and with intravenous contrast medium
2438	COMPUTERISED TOMOGRAPHY—SCAN OF CHEST AND UPPER ABDOMEN (from lung apices to iliac crest) without intravenous contrast medium (not covered by item 2441, 2444 or 2450)
2439	COMPUTERISED TOMOGRAPHY—SCAN OF CHEST AND UPPER ABDOMEN (from lung apices to iliac crest) with intravenous contrast medium (not covered by item 2442, 2445 or 2451)
2440	COMPUTERISED TOMOGRAPHY—SCAN OF CHEST AND UPPER ABDOMEN (from lung apices to iliac crest) without and with intravenous contrast medium (not covered by item 2443, 2446 or 2452)
2441	COMPUTERISED TOMOGRAPHY—SCAN OF CHEST, ABDOMEN AND PELVIS without intravenous contrast medium (not covered by item 2444)
2442	COMPUTERISED TOMOGRAPHY—SCAN OF CHEST, ABDOMEN AND PELVIS with intravenous contrast medium (not covered by item 2445)
2443	COMPUTERISED TOMOGRAPHY—SCAN OF CHEST, ABDOMEN AND PELVIS without and with intravenous contrast medium (not covered by item 2446)
2444	COMPUTERISED TOMOGRAPHY—SCAN OF NECK, CHEST, ABDOMEN AND PELVIS without intravenous contrast medium
2445	COMPUTERISED TOMOGRAPHY—SCAN OF NECK, CHEST, ABDOMEN AND PELVIS with intravenous contrast medium
2446	COMPUTERISED TOMOGRAPHY—SCAN OF NECK, CHEST, ABDOMEN AND PELVIS without and with intravenous contrast medium
2447	COMPUTERISED TOMOGRAPHY—SCAN OF BRAIN AND CHEST without intravenous contrast medium
2448	COMPUTERISED TOMOGRAPHY—SCAN OF BRAIN AND CHEST with intravenous contrast medium
2449	COMPUTERISED TOMOGRAPHY—SCAN OF BRAIN AND CHEST without and with intravenous contrast medium
2450	COMPUTERISED TOMOGRAPHY—SCAN OF CHEST AND UPPER ABDOMEN (from lung apices to iliac crest) and SCAN OF BRAIN without intravenous contrast medium
2451	COMPUTERISED TOMOGRAPHY—SCAN OF CHEST AND UPPER ABDOMEN (from lung apices to iliac crest) and SCAN OF BRAIN with intravenous contrast medium
2452	COMPUTERISED TOMOGRAPHY—SCAN OF CHEST AND UPPER ABDOMEN (from lung apices to iliac crest) and SCAN OF BRAIN without and with intravenous contrast medium
2453	COMPUTERISED TOMOGRAPHY—PELVIMETRY
2454	COMPUTERISED TOMOGRAPHY—DYNAMIC SCAN OF REGION not associated with any other item in this part

2455	COMPUTERISED TOMOGRAPHY—DYNAMIC SCAN OR REGION when associated with another item in this part DERIVED FEE —The fee for computerised tomography of the area and report plus an amount of \$88
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DIVISION 2 COMPUTERISED TOMOGRAPHY ON A BRAIN SCANNER	
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2458	COMPUTERISED TOMOGRAPHY—SCAN OF BRAIN without intravenous contrast medium
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2459	COMPUTERISED TOMOGRAPHY—SCAN OF BRAIN with intravenous contrast medium
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2460	COMPUTERISED TOMOGRAPHY—SCAN OF BRAIN without and with intravenous contrast medium
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COMMONWEALTH DEPARTMENT OF HEALTH
SECTION 2A

PATHOLOGY SERVICES SCHEDULE

The Explanatory Notes in Section 2A of the Medicare Benefits Schedule Book (issued on 1 August 1986) foreshadowed further changes to the pathology benefits arrangements. These changes are to apply from 1 August 1987.

The following information, which should be read in conjunction with the Explanatory Notes of 1 August 1986, is mainly provided for the guidance of practitioners who request pathology services. It is intended that a full replacement set of Explanatory Notes will be available for use by all practitioners by 1 November 1987.

Basically, on and from 1 August 1987, for a pathology service to attract a Medicare benefit -

- it must be determined to be necessary by the treating practitioner and must be rendered in a laboratory accredited for that service
- it must be rendered by or on behalf of and under the personal supervision of an Approved Pathology Practitioner (APP) as specified in the APP undertaking
- the owner of the laboratory (the Approved Pathology Authority - APA) must abide by the conditions specified in the APA undertaking

Services in Division 9 of the Pathology Services Schedule will continue to be restricted to practitioners who are not Approved Pathology Practitioners. These services will not be subject to Commonwealth accreditation requirements.

The APP and APA arrangements are administered by the Health Insurance Commission (see Section 4 for addresses and telephone numbers of State Headquarters).

The laboratory accreditation arrangements are administered by the Commonwealth Department of Health.

Pathologist-Determinable Services

Under the new arrangements tests that may be self determined by an Approved Pathology Practitioner will be restricted to a list agreed with the Royal College of Pathologists of Australasia.

The agreed list is as below. Column 1 of the list identifies the item requested by the treating practitioner. Column 2 identifies the items that may be determined to be necessary by the APP as a consequence of the results obtained following the rendering of the tests specified in Column 1. Column 3 identifies the limitations that apply in respect of Columns 1 and 2. Pathologist-determinable (formerly self determined) services must be identified on accounts, receipts and assignment of benefit forms by the initials "pd" or "sd" and will attract Medicare benefits at the "OP" rate.

COLUMN 1 Pathology Service Requested Item No.	COLUMN 2 Pathologist- determinable services Item No.	COLUMN 3 Limitations
1006/1007	1009, 1012, 1015	1009 & 1012 are mutually exclusive
1014/1015	1020, 1022, 1029 1032, 1137, 1191	1020 & 1022 are mutually exclusive 1029 & 1032 are mutually exclusive
1014/1015	1343	An estimation of haemoglobin F in relation to screening for Thalassaemia
1014/1015	1346	A quantitative estimation of iron (including iron-binding capacity) in relation to screening for Thalassaemia
1014/1015	1362	Electrophoresis, quantitative (including qualitative test) of Haemoglobin A2 in relation to screening for Thalassaemia
1014/1015	2295	Ferritin estimation in relation to screening for Thalassaemia

COLUMN 1 Pathology Service Requested Item No.	COLUMN 2 Pathologist- determinable services Item No.	COLUMN 3 Limitations
1452/1453	2273	Where the service requested relates to an estimation of LH only
1609/1610	1733	Where the service requested relates to CSF only
1612/1613	1733	Where the service requested relates to CSF only
1615/1616	1733	Where the service requested relates to CSF only
1619/1620	1733	Where the service requested relates to CSF only
1918/1919	1337 or 1919	Where the service requested relates to anti-nuclear factor and the pathologist-determinable service relates to the detection and estimation of anti-DNA antibody only
1918/1919	1912, 1914	Where the service requested relates to anti-nuclear factor and the pathologist-determinable service relates to the detection of antibodies to extractable nuclear antigens only
2091/2092	2042	

Practitioners may request that pathology tests be carried out by sending a letter to the APA or individual APP or by the use of an approved pathology request form made available by the APA or APP. Pathology request forms require the prior approval of the Health Insurance Commission.

Listed below is information which must appear on the request:

- the individual pathology services, or recognised groups of pathology tests to be rendered (see Section 3C of the Medicare Benefits Schedule Book for the list of acceptable terms and abbreviations). This must be in the requesting practitioner's own handwriting.

4.

- the requesting practitioner's signature and date of request.
- the surname, initials of given names, practice address and provider number of the requesting practitioner.
- the patient's surname, given name, initials and address.
- details of the hospital status of the patient, as follows (for benefit rate assessment). That is, whether the patient was or will be, at the time of the service or when the specimen is obtained:
 - a. a private patient in a private hospital, or approved day hospital facility,
 - b. a private patient in a recognised hospital,
 - c. a hospital patient in a recognised hospital,
 - d. an outpatient of a recognised hospital.
- the full name and address of the APA, if applicable. If the request is not addressed to an APA but rather to a specific APP, the surname, initials of given names and place of practice of the APP to whom the request is addressed.

COMMONWEALTH DEPARTMENT OF COMMUNITY SERVICES
AND HEALTH

SECTION 2A

PATHOLOGY SERVICES SCHEDULE

AMENDMENT 1 DECEMBER 1987

1. The Government has accepted the recommendation of the Pathology Services Advisory Committee to increase the Schedule fees of pathology services by 6.62%.
2. Appropriately increased Medicare benefits apply automatically under the provisions of the Act.
3. The increased fees and benefits will apply to all pathology services rendered on or after 1 December 1987.
4. To facilitate the implementation of the new fees and benefits the enclosed 'Item-Fee-Benefit List' has been prepared for use by medical practitioners, the Health Insurance Commission and other interested parties.

1 December 1987

Medicare Benefits for Pathology Services
 Showing Item Numbers , Schedule Fees and
 Medicare Benefit Levels as at 1 December 1987

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$
1006	6.10	5.20	4.60	1102	18.40	15.65	13.80
1007	4.60	3.95	3.45	1104	49.00	41.65	36.75
1008	7.40	6.30	5.55	1105	36.80	31.30	27.60
1009	5.55	4.75	4.20	1106	12.20	10.40	9.15
1011	11.00	9.35	8.25	1108	9.15	7.80	6.90
1012	8.35	7.10	6.30	1111	37.00	31.45	27.75
1014	9.10	7.75	6.85	1112	27.65	23.55	20.75
1015	6.90	5.90	5.20	1114	13.80	11.75	10.35
1019	4.90	4.20	3.70	1116	10.35	8.80	7.80
1020	3.70	3.15	2.80	1121	18.40	15.65	13.80
1021	7.40	6.30	5.55	1122	13.80	11.75	10.35
1022	5.55	4.75	4.20	1124	49.00	41.65	36.75
1028	7.40	6.30	5.55	1125	36.80	31.30	27.60
1029	5.55	4.75	4.20	1126	37.00	31.45	27.75
1030	12.20	10.40	9.15	1128	27.60	23.50	20.70
1032	9.15	7.80	6.90	1129	24.50	20.85	18.40
1036	12.20	10.40	9.15	1130	18.40	15.65	13.80
1037	9.15	7.80	6.90	1136	12.20	10.40	9.15
1038	24.50	20.85	18.40	1137	9.15	7.80	6.90
1040	18.40	15.65	13.80	1144	18.40	15.65	13.80
1044	24.50	20.85	18.40	1145	13.80	11.75	10.35
1045	18.40	15.65	13.80	1152	24.50	20.85	18.40
1048	49.00	41.65	36.75	1153	18.40	15.65	13.80
1049	36.80	31.30	27.60	1159	24.50	20.85	18.40
1052	9.70	8.25	7.30	1160	18.40	15.65	13.80
1053	7.40	6.30	5.55	1166	24.50	20.85	18.40
1062	74.00	62.90	55.50	1167	18.40	15.65	13.80
1063	55.20	46.95	41.40	1190	9.80	8.35	7.35
1064	122.00	103.70	91.50	1191	7.40	6.30	5.55
1065	91.20	77.55	68.40	1194	24.50	20.85	18.40
1080	12.20	10.40	9.15	1195	18.40	15.65	13.80
1081	9.15	7.80	6.90	1202	9.80	8.35	7.35
1089	22.00	18.70	16.50	1203	7.40	6.30	5.55
1090	16.40	13.95	12.30	1206	24.50	20.85	18.40
1101	24.50	20.85	18.40	1207	18.40	15.65	13.80

Medicare Benefits for Pathology Services
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 December 1987

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit maximum gap \$	Benefit @75% \$
1212	9.15	7.80	6.90	1301	13.80	11.75	10.35
1215	12.20	10.40	9.15	1302	10.35	8.80	7.80
1216	9.15	7.80	6.90	1304	18.40	15.65	13.80
1234	12.20	10.40	9.15	1305	13.85	11.80	10.40
1235	9.15	7.80	6.90	1307	23.00	19.55	17.25
1236	18.40	15.65	13.80	1308	17.15	14.60	12.90
1237	13.80	11.75	10.35	1310	25.00	21.25	18.75
1238	24.50	20.85	18.40	1311	18.95	16.15	14.25
1239	18.40	15.65	13.80	1313	22.00	18.70	16.50
1242	12.20	10.40	9.15	1314	16.40	13.95	12.30
1243	9.15	7.80	6.90	1319	6.10	5.20	4.60
1244	12.20	10.40	9.15	1320	4.60	3.95	3.45
1246	9.15	7.80	6.90	1322	12.20	10.40	9.15
1247	12.20	10.40	9.15	1323	9.15	7.80	6.90
1248	9.15	7.80	6.90	1324	37.00	31.45	27.75
1251	18.40	15.65	13.80	1325	27.65	23.55	20.75
1252	13.80	11.75	10.35	1327	24.50	20.85	18.40
1255	18.40	15.65	13.80	1328	18.40	15.65	13.80
1256	13.80	11.75	10.35	1330	24.50	20.85	18.40
1259	18.40	15.65	13.80	1331	18.40	15.65	13.80
1260	13.80	11.75	10.35	1333	24.50	20.85	18.40
1261	14.80	12.60	11.10	1334	18.40	15.65	13.80
1262	11.05	9.40	8.30	1336	24.50	20.85	18.40
1263	18.40	15.65	13.80	1337	18.40	15.65	13.80
1264	13.80	11.75	10.35	1339	24.50	20.85	18.40
1267	37.00	31.45	27.75	1340	18.40	15.65	13.80
1268	27.60	23.50	20.70	1342	24.50	20.85	18.40
1271	37.00	31.45	27.75	1343	18.40	15.65	13.80
1272	27.60	23.50	20.70	1345	37.00	31.45	27.75
1277	37.00	31.45	27.75	1346	27.60	23.50	20.70
1278	27.60	23.50	20.70	1348	37.00	31.45	27.75
1279	74.00	62.90	55.50	1349	27.60	23.50	20.70
1280	55.20	46.95	41.40	1351	37.00	31.45	27.75
1296	13.80	11.75	10.35	1352	27.60	23.50	20.70

Medicare Benefits for Pathology Services
 Showing Item Numbers , Schedule Fees and
 Medicare Benefit Levels as at 1 December 1987

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$
1354	37.00	31.45	27.75	1456	41.60	35.40	31.20
1355	27.60	23.50	20.70	1458	74.00	62.90	55.50
1357	37.00	31.45	27.75	1459	55.20	46.95	41.40
1358	27.60	23.50	20.70	1461	7.40	6.30	5.55
1360	37.00	31.45	27.75	1462	5.55	4.75	4.20
1362	27.60	23.50	20.70	1469	98.00	83.30	73.50
1364	49.00	41.65	36.75	1470	73.60	62.60	55.20
1366	36.80	31.30	27.60	1475	61.00	51.85	45.75
1368	49.00	41.65	36.75	1476	45.60	38.80	34.20
1370	36.80	31.30	27.60	1478	98.00	83.30	73.50
1372	49.00	41.65	36.75	1479	73.60	62.60	55.20
1374	36.80	31.30	27.60	1481	122.00	103.70	91.50
1376	12.20	10.40	9.15	1482	91.20	77.55	68.40
1378	9.15	7.80	6.90	1484	12.20	10.40	9.15
1380	30.50	25.95	22.90	1485	9.15	7.80	6.90
1381	22.80	19.40	17.10	1504	12.20	10.40	9.15
1382	49.00	1.65	36.75	1505	9.15	7.80	6.90
1384	36.80	31.30	27.60	1511	37.00	31.45	27.75
1385	61.00	51.85	45.75	1512	27.60	23.50	20.70
1387	45.60	38.80	34.20	1516	30.50	25.95	22.90
1392	37.00	31.45	27.75	1517	22.80	19.40	17.10
1393	27.60	23.50	20.70	1529	7.40	6.30	5.55
1394	61.00	51.85	45.75	1530	5.55	4.75	4.20
1395	45.60	38.80	34.20	1536	9.80	8.35	7.35
1397	74.00	62.90	55.50	1537	7.40	6.30	5.55
1398	55.20	46.95	41.40	1545	9.80	8.35	7.35
1401	24.50	20.85	18.40	1546	7.40	6.30	5.55
1402	18.40	15.65	13.80	1548	12.20	10.40	9.15
1421	18.40	15.65	13.80	1549	9.15	7.80	6.90
1422	13.80	11.75	10.35	1556	12.20	10.40	9.15
1424	30.50	25.95	22.90	1557	9.15	7.80	6.90
1425	22.80	19.40	17.10	1566	18.40	15.65	13.80
1452	37.00	31.45	27.75	1567	13.80	11.75	10.35
1453	27.60	23.50	20.70	1586	12.20	10.40	9.15
1455	55.00	46.75	41.25	1587	9.15	7.80	6.90

Medicare Benefits for Pathology Services
 Showing Item Numbers , Schedule Fees and
 Medicare Benefit Levels as at 1 December 1987

Item No.	Schedule Fee (All States) \$	Medicare Benefit		Fee Item No.	Schedule Fee (All States) \$	Medicare Benefit	
		@85%/\$20 maximum gap \$	Medicare Benefit @75% \$			@85%/\$20 maximum gap \$	Benefit @75% \$
1588	24.50	20.85	18.40	1688	13.80	11.75	10.35
1589	18.40	15.65	13.80	1693	12.20	10.40	9.15
1604	30.50	25.95	22.90	1694	9.15	7.80	6.90
1606	22.80	19.40	17.10	1702	24.50	20.85	18.40
1609	18.40	15.65	13.80	1703	18.40	15.65	13.80
1610	13.85	11.80	10.40	1705	42.50	36.15	31.90
1612	32.00	27.20	24.00	1706	32.00	27.20	24.00
1613	24.00	20.40	18.00	1721	24.50	20.85	18.40
1615	27.50	23.40	20.65	1722	18.40	15.65	13.80
1616	20.75	17.65	15.60	1724	30.50	25.95	22.90
1619	48.00	40.80	36.00	1725	22.80	19.40	17.10
1620	36.00	30.60	27.00	1732	6.10	5.20	4.60
1622	24.50	20.85	18.40	1733	4.60	3.95	3.45
1623	18.40	15.65	13.80	1743	24.50	20.85	18.40
1633	27.50	23.40	20.65	1744	18.40	15.65	13.80
1634	20.75	17.65	15.60	1747	24.50	20.85	18.40
1637	6.10	5.20	4.60	1748	18.40	15.65	13.80
1638	4.60	3.95	3.45	1756	6.10	5.20	4.60
1640	6.10	5.20	4.60	1757	4.60	3.95	3.45
1641	4.60	3.95	3.45	1758	7.40	6.30	5.55
1644	12.20	10.40	9.15	1759	5.55	4.75	4.20
1645	9.15	7.80	6.90	1760	18.40	15.65	13.80
1647	24.50	20.85	18.40	1761	13.80	11.75	10.35
1648	18.40	15.65	13.80	1763	9.80	8.35	7.35
1661	12.20	10.40	9.15	1764	7.40	6.30	5.55
1662	9.15	7.80	6.90	1766	4.90	4.20	3.70
1664	18.40	15.65	13.80	1767	3.70	3.15	2.80
1665	13.80	11.75	10.35	1772	6.10	5.20	4.60
1668	35.00	29.75	26.25	1773	4.60	3.95	3.45
1669	26.15	22.25	19.65	1775	7.40	6.30	5.55
1673	25.50	21.70	19.15	1776	5.55	4.75	4.20
1674	19.20	16.35	14.40	1781	24.50	20.85	18.40
1682	12.20	10.40	9.15	1782	18.40	15.65	13.80
1683	9.15	7.80	6.90	1784	6.10	5.20	4.60
1687	18.40	15.65	13.80	1785	4.60	3.95	3.45

Medicare Benefits for Pathology Services
 Showing Item Numbers , Schedule Fees and
 Medicare Benefit Levels as at 1 December 1987

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$
1793	18.40	15.65	13.80	1906	4.60	3.95	3.45
1794	13.80	11.75	10.35	1911	24.50	20.85	18.40
1796	9.80	8.35	7.35	1912	18.40	15.65	13.80
1797	7.40	6.30	5.55	1913	12.20	10.40	9.15
1805	12.20	10.40	9.15	1914	9.15	7.80	6.90
1806	9.15	7.80	6.90	1918	30.50	25.95	22.90
1808	6.10	5.20	4.60	1919	22.80	19.40	17.10
1809	4.60	3.95	3.45	1924	24.50	20.85	18.40
1823	12.20	10.40	9.15	1925	18.40	15.65	13.80
1824	9.15	7.80	6.90	1926	12.20	10.40	9.15
1826	6.10	5.20	4.60	1927	9.15	7.80	6.90
1827	4.60	3.95	3.45	1935	12.20	10.40	9.15
1839	6.10	5.20	4.60	1936	9.15	7.80	6.90
1840	4.60	3.95	3.45	1941	24.50	20.85	18.40
1843	18.40	15.65	13.80	1942	18.40	15.65	13.80
1844	13.80	11.75	10.35	1943	12.20	10.40	9.15
1846	27.50	23.40	20.65	1944	9.15	7.80	6.90
1847	20.80	17.70	15.60	1948	18.40	15.65	13.80
1851	12.20	10.40	9.15	1949	13.80	11.75	10.35
1852	9.15	7.80	6.90	1955	24.50	20.85	18.40
1858	49.00	41.65	36.75	1956	18.40	15.65	13.80
1859	36.80	31.30	27.60	1957	12.20	10.40	9.15
1877	37.00	31.45	27.75	1958	9.15	7.80	6.90
1878	27.60	23.50	20.70	1965	37.00	31.45	27.75
1884	6.10	5.20	4.60	1966	27.60	23.50	20.70
1885	4.60	3.95	3.45	1971	37.00	31.45	27.75
1888	24.50	20.85	18.40	1972	27.60	23.50	20.70
1889	18.40	15.65	13.80	1973	61.00	51.85	45.75
1891	12.20	10.40	9.15	1974	45.60	38.80	34.20
1892	9.15	7.80	6.90	1981	49.00	41.65	36.75
1897	37.00	31.45	27.75	1982	36.80	31.30	27.60
1898	27.60	23.50	20.70	1987	49.00	41.65	36.75
1903	12.20	10.40	9.15	1988	36.80	31.30	27.60
1904	9.15	7.80	6.90	1995	49.00	41.65	36.75
1905	6.10	5.20	4.60	1996	36.80	31.30	27.60

**Medicare Benefits for Pathology Services
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 December 1987**

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit maximum gap \$	Benefit @75% \$
1997	74.00	62.90	55.50	2171	91.20	77.55	68.40
1998	55.20	46.95	41.40	2173	184.00	164.00	138.00
2006	61.00	51.85	45.75	2174	137.55	117.55	103.20
2007	45.60	38.80	34.20	2201	7.40	6.30	5.55
2013	12.20	10.40	9.15	2202	5.55	4.75	4.20
2014	9.15	7.80	6.90	2211	24.50	20.85	18.40
2022	24.50	20.85	18.40	2212	18.40	15.65	13.80
2023	18.40	15.65	13.80	2215	37.00	31.45	27.75
2041	85.00	72.25	63.75	2216	27.60	23.50	20.70
2042	64.00	54.40	48.00	2225	18.40	15.65	13.80
2048	110.00	93.50	82.50	2226	13.80	11.75	10.35
2049	83.20	70.75	62.40	2227	30.50	25.95	22.90
2056	158.00	138.00	118.50	2228	22.80	19.40	17.10
2057	118.35	100.60	88.80	2247	18.40	15.65	13.80
2060	110.00	93.50	82.50	2248	13.80	11.75	10.35
2061	83.20	70.75	62.40	2249	24.50	20.85	18.40
2062	128.00	108.80	96.00	2250	18.40	15.65	13.80
2063	96.00	81.60	72.00	2264	24.50	20.85	18.40
2081	18.40	15.65	13.80	2265	18.40	15.65	13.80
2082	13.80	11.75	10.35	2272	12.20	10.40	9.15
2091	37.00	31.45	27.75	2273	9.15	7.80	6.90
2092	27.60	23.50	20.70	2285	37.00	31.45	27.75
2093	49.00	41.65	36.75	2286	27.60	23.50	20.70
2094	36.80	31.30	27.60	2287	77.00	65.45	57.75
2104	18.40	15.65	13.80	2288	57.60	49.00	43.20
2105	13.80	11.75	10.35	2294	4.90	4.20	3.70
2111	30.50	25.95	22.90	2295	3.70	3.15	2.80
2112	22.80	19.40	17.10	2334	3.70	3.15	2.80
2148	184.00	164.00	138.00	2335	5.55	4.75	4.20
2149	137.55	117.55	103.20	2336	7.40	6.30	5.55
2155	122.00	103.70	91.50	2342	3.70	3.15	2.80
2156	91.20	77.55	68.40	2346	9.15	7.80	6.90
2161	148.00	128.00	111.00	2352	5.55	4.75	4.20
2162	110.40	93.85	82.80	2357	7.40	6.30	5.55
2170	122.00	103.70	91.50	2362	1.85	1.60	1.40

**Medicare Benefits for Pathology Services
 Showing Item Numbers , Schedule Fees and
 Medicare Benefit Levels as at 1 December 1987**

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$	Fee Item No.	Schedule @85%/\$20 (All States) \$	Medicare Benefit maximum gap \$	Benefit @75% \$
2369	5.55	4.75	4.20				
2374	9.15	7.80	6.90				
2382	9.15	7.80	6.90				
2388	9.15	7.80	6.90				
2392	5.55	4.75	4.20				

PART 8 — RADIOLOGICAL SERVICES

NOTE: In this Part "S." denotes a service rendered by a specialist radiologist.

DIVISION 1 — RADIOGRAPHIC EXAMINATION OF EXTREMITIES AND REPORT (WITH OR WITHOUT FLUOROSCOPY)

2502 G 2505 S	DIGITS OR PHALANGES — all or any of either hand or either foot
2508 G 2512 S	HAND, WRIST, FOREARM, ELBOW OR ARM (elbow to shoulder)
2516 G 2520 S	HAND, WRIST AND LOWER FOREARM; UPPER FOREARM AND ELBOW; OR ELBOW
2524 G 2528 S	FOOT, ANKLE, LOWER LEG, UPPER LEG, KNEE OR THIGH (femur)
2532 G 2537 S	FOOT, ANKLE AND LOWER LEG; OR UPPER LEG AND KNEE
2539 G 2541 S	DIVISION 2 — RADIOGRAPHIC EXAMINATION OF SHOULDER OR HIP JOINT AND REPORT SHOULDER OR SCAPULA
2543 G 2545 S	CLAVICLE
2548	HIP JOINT
2551	PELVIC GIRDLE
2554	SACRO-ILIAC JOINTS
2557	FEMUR, internal fixation of neck or intertrochanteric (perthrochanteric) fracture
2560	DIVISION 3 — RADIOGRAPHIC EXAMINATION OF HEAD AND REPORT SKULL (calvarium)
2563	SINUSES
2566	MASTOIDS
2569	PETROUS TEMPORAL BONES
2573	FACIAL BONES — orbit, maxilla or malar, any or all
2576	MANDIBLE
2579	SALIVARY CALCULUS
2581	NOSE
2583	EYE
2585	TEMPORO-MANDIBULAR JOINTS

2587	TEETH — SINGLE AREA
2589	TEETH — FULL MOUTH
2591	PALATO-PHARYNGEAL STUDIES with fluoroscopic screening
2593	PALATO-PHARYNGEAL STUDIES without fluoroscopic screening
2595	LARYNX
DIVISION 4 — RADIOGRAPHIC EXAMINATION OF SPINE AND REPORT	
2597	SPINE — CERVICAL
2599	SPINE — THORACIC
2601	SPINE — LUMBO-SACRAL
2604	SPINE — SACRO-COCCYGEAL
2607	SPINE — TWO REGIONS
2609	SPINE — THREE OR MORE REGIONS
2611	SPINE — FUNCTIONAL VIEWS OF ONE AREA
DIVISION 5 — BONE AGE STUDY AND SKELETAL SURVEYS	
2614	BONE AGE STUDY, WRIST AND KNEE
2617	BONE AGE STUDY, WRIST
2621	SKELETAL SURVEY INVOLVING FOUR OR MORE REGIONS
DIVISION 6 — RADIOGRAPHIC EXAMINATION OF THORACIC REGION AND REPORT	
2625 G 2627 S	CHEST (lung fields) by direct radiography
2630	CHEST (lung fields) by direct radiography WITH FLUOROSCOPIC SCREENING
2634	THORACIC INLET OR TRACHEA
2638	CHEST, BY MINIATURE RADIOGRAPHY
2642 G 2646 S	CARDIAC EXAMINATION (including barium swallow)
2655	STERNUM OR RIBS ON ONE SIDE
2656	STERNUM AND RIBS ON ONE SIDE, OR RIBS ON BOTH SIDES
2657	STERNUM AND RIBS ON BOTH SIDES

	DIVISION 7 — RADIOGRAPHIC EXAMINATION OF URINARY TRACT AND REPORT
2665	PLAIN RENAL ONLY
2672	DRIP-INFUSION PYELOGRAPHY
2676	INTRAVENOUS PYELOGRAPHY, including preliminary plain film
2678	INTRAVENOUS PYELOGRAPHY, including preliminary plain film and limited tomography involving up to three tomographic cuts
2681	INTRAVENOUS PYELOGRAPHY, including preliminary plain film with delayed examination for the CYSTO-URETERIC REFLEX
2687	ANTEGRADE OR RETROGRADE PYELOGRAPHY — including preliminary plain film
2690	RETROGRADE CYSTOGRAPHY OR RETROGRADE URETHROGRAPHY
2694	RETROGRADE MICTURATING CYSTO-URETHROGRAPHY
2697	RETRO-PERITONEAL PNEUMOGRAM
	DIVISION 8 — RADIOGRAPHIC EXAMINATION OF ALIMENTARY TRACT AND BILIARY SYSTEM (WITH OR WITHOUT FLUOROSCOPY) AND REPORT
2699 G 2703 S	PLAIN ABDOMINAL ONLY, not associated with Item 2709, 2711, 2714 or 2720
2706	OESOPHAGUS, with or without examination for foreign body or barium swallow
2709	BARIUM or other opaque meal OF OESOPHAGUS, STOMACH AND DUODENUM, with or without screening of chest, with or without preliminary plain film
2711	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
2714	BARIUM or other opaque meal, SMALL BOWEL SERIES ONLY, with or without preliminary plain film
2716	OPAQUE ENEMA
2718	OPAQUE ENEMA, including air contrast study
2720	GRAHAM'S TEST (cholecystography), including preliminary abdominal radiograph
2722	CHOLEGRAPHY DIRECT — operative or post operative
2724	CHOLEGRAPHY — intravenous
2726	CHOLEGRAPHY — percutaneous transhepatic
2728	CHOLEGRAPHY — drip infusion
	DIVISION 9 — RADIOGRAPHIC EXAMINATION FOR LOCALISATION OF FOREIGN BODIES AND REPORT
2730	FOREIGN BODY IN EYE (special method, Sweet's or other)

2732	FOREIGN BODY, LOCALISATION OF AND REPORT, not covered by any other item in this Part DERIVED FEE — The fee for the radiographic examination of the area and report plus an amount of \$17.20.
2734	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
2736	RADIOGRAPHIC EXAMINATION OF ONE BREAST (with or without thermography) AND REPORT where the patient is referred with a specific request for this procedure and there is reason to suspect the presence of malignancy in the breast because of the past occurrence of breast malignancy in the patient or members of the patient's family or because symptoms or indications of malignancy were found on an examination of the patient by a medical practitioner
2738	DIVISION 11 — RADIOGRAPHIC EXAMINATION IN CONNECTION WITH PREGNANCY AND REPORT PREGNANT UTERUS
2740	PELVIMETRY OR PLACENTOGRAPHY
2742	CONTROL X-RAYS ASSOCIATED WITH INTRAUTERINE FOETAL BLOOD TRANSFUSION
2744	DIVISION 12 — RADIOGRAPHIC EXAMINATION WITH OPAQUE OR CONTRAST MEDIA, AND REPORT SERIAL ANGIOCARDIOGRAPHY (rapid cassette changing) — each series ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
2746	SERIAL ANGIOCARDIOGRAPHY (SINGLE PLAIN — direct roll-film method) — each series ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
2748	SERIAL ANGIOCARDIOGRAPHY (BI-PLANE — direct roll-film method) — each series ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
2750	SERIAL ANGIOCARDIOGRAPHY (indirect roll-film method) — each series ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
2751	SELECTIVE CORONARY ARTERIOGRAPHY
2752	DISCOGRAPHY — one disc
2754	DACRYOCYSTOGRAPHY — one side
2756	ENCEPHALOGRAPHY
2758	CEREBRAL ANGIOGRAPHY — one side
2760	CEREBRAL VENTRICULOGRAPHY
2762	HYSTEROSALPINGOGRAPHY
2764	BRONCHOGRAPHY — one side

2766	ARTERIOGRAPHY, PERIPHERAL — one side
2768	PHLEBOGRAPHY — one side
2770	AORTOGRAPHY
2772	SPLENOGRAPHY
2773	MYELOGRAPHY, one region
2774	MYELOGRAPHY, two regions
2775	MYELOGRAPHY, three regions
2776	SELECTIVE ARTERIOGRAPHY — per injection and film run
2778	SIALOGRAPHY — one gland
2780	VASOEPIDIDYMOGRAPHY — one side
2782	SINUSES AND FISTULAE DERIVED FEE — The fee for the radiographic examination of the area and report plus an amount of \$18.20.
2784	LARYNGOGRAPHY with contrast media
2786	PNEUMOARTHROGRAPHY
2788	ARTHROGRAPHY — contrast
2790	ARTHROGRAPHY — double contrast
2792	LYMPHANGIOGRAPHY, including follow up radiography
2794	PNEUMOMEDIASTINUM
	DIVISION 13 — TOMOGRAPHY AND REPORT
2796	TOMOGRAPHY OF ANY PART AND REPORT
	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 \$10.80
	DIVISION 15 — FLUOROSCOPIC EXAMINATION AND REPORT <i>(Fluoroscopic examination and report not covered by any other item in this Part — where radiograph is not taken)</i>
2800	EXAMINATION WITH GENERAL ANAESTHESIA ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S

2802	EXAMINATION WITHOUT GENERAL ANAESTHESIA
2804	DIVISION 15A — EXAMINATION NOT OTHERWISE COVERED Radiographic examination of any part and report not covered by any item in this Part
2805	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 ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
2807	CEREBRAL ANGIOGRAPHY (one side) — percutaneous, catheter or open exposure ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
2811	CEREBRAL VENTRICULOGRAPHY ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
2813	DACRYOCYSTOGRAPHY — one side
2815	BRONCHOGRAPHY — one or both sides ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
2817	AORTOGRAPHY ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
2819	ARTERIOGRAPHY (peripheral) or PHLEBOGRAPHY — one vessel ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
2823	SPLENOGRAPHY ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
2825	RETROPERITONEAL PNEUMOGRAM
2827	SELECTIVE ARTERIOGRAM or PHLEBOGRAM ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
2831	PERCUTANEOUS INJECTION of radio-opaque material into RENAL CYST (including aspiration) or RENAL PELVIS for antegrade pyelography
2833	PNEUMOARTHROGRAPHY or PNEUMOPERITONEUM
2837	DRIP-INFUSION PYELOGRAPHY OR CHOLEGRAPHY
2839	RETROGRADE MICTURATING CYSTOURETHROGRAPHY
2841	HYSTEOSALPINGOGRAPHY ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
2843	DISCOGRAPHY — one disc ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
2845	INTRA-OSSEOUS VENOGRAPHY
2847	MYELOGRAPHY, not covered by Item 2848 ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S

2848	MYELOGRAPHY, using Metrizamide (Amipaque) contrast medium ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
2849	CISTERNAL PUNCTURE
2851	SINUS OR FISTULA, INJECTION INTO
2853	LYMPHANGIOGRAPHY — one side
2855	LARYNGOGRAPHY
2857	PNEUMOMEDIASTINUM
2859	CHOLEGRAM (CHOLANGIOGRAM) — percutaneous transhepatic ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S

PART 8A — RADIOTHERAPY

PART 8A — RADIOTHERAPY	
2861	<i>(Benefits for administration of general anaesthetic for radiotherapy are payable under Items 480/551)</i> 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
2863	— two or more fields up to a maximum of five additional fields DERIVED FEE — The fee for Item 2861 plus for each field in excess of one an amount of \$4.20.
2865	RADIOTHERAPY, SUPERFICIAL, each attendance at which fractionated treatment is given at 2 treatments per week or less frequently — one field
2867	— two or more fields up to a maximum of five additional fields DERIVED FEE — The fee for Item 2865 plus for each field in excess of one an amount of \$5.20.
2869	RADIOTHERAPY, SUPERFICIAL, attendance at which single dose technique is applied — one field
2871	— two or more fields up to a maximum of five additional fields DERIVED FEE — The fee for Item 2869 plus for each field in excess of one an amount of \$10.20
2873	RADIOTHERAPY, SUPERFICIAL — Each attendance at which treatment is given to the eye
2875	RADIOTHERAPY, DEEP OR ORTHOVOLTAGE — each attendance at which fractionated treatment is given at 3 or more treatments per week — one field
2877	— two or more fields up to a maximum of five additional fields (rotational therapy being three fields) DERIVED FEE — The fee for Item 2875 plus for each field in excess of one an amount of \$10.40.
2879	RADIOTHERAPY, DEEP OR ORTHOVOLTAGE — each attendance at which fractionated treatment is given at 2 treatments per week or less frequently — one field
2881	— two or more fields up to a maximum of five additional fields (rotational therapy being three fields) DERIVED FEE — The fee for Item 2879 plus for each field in excess of one an amount of \$12.20.
2883	RADIOTHERAPY, DEEP OR ORTHOVOLTAGE — attendance at which single dose technique is applied — one field
2885	— two or more fields up to a maximum of five additional fields (rotational therapy being three fields) DERIVED FEE — The fee for Item 2883 plus for each field in excess of one an amount of \$26.00.
2887	RADIOTHERAPY, MEGAVOLTAGE OR TELETHERAPY — each attendance at which fractionated treatment is given at 3 or more treatments per week — one field
2889	— two or more fields up to a maximum of five additional fields (rotational therapy being three fields) DERIVED FEE — The fee for Item 2887 plus for each field in excess of one an amount of \$15.80.
2891	RADIOTHERAPY, MEGAVOLTAGE OR TELETHERAPY — each attendance at which fractionated treatment is given at 2 treatments per week or less frequently — one field

PART 8A — RADIOTHERAPY

2893	— two or more fields up to a maximum of five additional fields (rotational therapy being three fields) DERIVED FEE — The fee for Item 2891 plus for each field in excess of one an amount of \$21.50
2895	RADIOTHERAPY, MEGAVOLTAGE OR TELETHERAPY — attendance at which single dose technique is applied — one field
2897	— two or more fields up to a maximum of five additional fields (rotational therapy being three fields) DERIVED FEE — The fee for Item 2895 plus for each field in excess of one an amount of \$36.50.
SEALED RADIOACTIVE SOURCES	
2899	INTRAUTERINE INSERTION ALONE ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
2901	INTRAVAGINAL INSERTION ALONE ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
2904	COMBINED INTRAUTERINE AND INTRAVAGINAL INSERTION ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
2907	IMPLANTATION OF A REGION necessitating a major anaesthetic and surgical exposure, including the eye, intra-abdominal organs, bladder or prostate ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
2910	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 ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
2913	SIMPLE IMPLANTATION OF A SITE not requiring separate surgical exposure, but necessitating a major anaesthetic ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
2915	IMPLANTATION OF A SITE not requiring separate surgical exposure or a major anaesthetic, including skin or lip ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
2917	PREPARATION AND SUPERVISION (but not insertion) of sources for gynaecological irradiation
2919	REMOVAL OF SEALED RADIOACTIVE SOURCES under a major anaesthetic ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
2922	REMOVAL OF SEALED RADIOACTIVE SOURCES without major anaesthetic
2924	CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD to intracavitary, intraoral or intranasal site
2926	SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD referred to in Item 2924 — each attendance
2928	CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD not exceeding 5 cm. diameter to an external surface
2931	CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD 5 cm. or more in diameter to an external surface
2933	SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD referred to in Item 2928 or 2931 — each attendance

PART 8A — RADIOTHERAPY

UNSEALED RADIOACTIVE SOURCES

2935 ORAL ADMINISTRATION of a therapeutic dose of a radioisotope — not covered by Item 2937

2937 ORAL ADMINISTRATION of a therapeutic dose of radio-iodine for hyperthyroidism or thyroid cancer by single dose technique

2939 INTRAVENOUS ADMINISTRATION of a therapeutic dose of a radioisotope

2941 INTRA-CAVITARY ADMINISTRATION OF A THERAPEUTIC DOSE OF A RADIOISOTOPE (NOT INCLUDING PRELIMINARY PARACENTESIS)
ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S

PART 9 — ASSISTANCE AT OPERATIONS

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.*

2951
‡

Assistance at any operation for which the fee exceeds \$138 but does not exceed \$245 or at a series or a combination of operations where the fee for at least one of the operations exceeds \$138 but where the fee for the series or combination of operations does not exceed \$245.

2953
‡

Assistance at any operation for which the fee exceeds \$245 or at a combination of operations for which the aggregate fee exceeds \$245 provided that the fee for at least one of the operations exceeds \$138.
DERIVED FEE — One fifth of the established fee for the operation or combination of operations.

PART 9A — COMPUTERISED AXIAL TOMOGRAPHY

PART 9A — COMPUTERISED AXIAL TOMOGRAPHY	
2960 OR 2961 HR	COMPUTERISED AXIAL TOMOGRAPHY (excluding magnetic resonance imaging)
2962 OR 2963 HR	COMPUTERISED AXIAL TOMOGRAPHY (excluding magnetic resonance imaging) — brain scan on a brain scanner, plain study and contrast medium study
2964 OR 2965 HR	COMPUTERISED AXIAL TOMOGRAPHY (excluding magnetic resonance imaging) — brain scan on a body scanner, plain study
2966 OR 2967 HR	COMPUTERISED AXIAL TOMOGRAPHY (excluding magnetic resonance imaging) — brain scan on a body scanner, plain study and contrast medium study
2968 OR 2969 HR	COMPUTERISED AXIAL TOMOGRAPHY (excluding magnetic resonance imaging) — body scan on a body scanner, plain study
2970 OR 2971 HR	COMPUTERISED AXIAL TOMOGRAPHY (excluding magnetic resonance imaging) — body scan on a body scanner, plain study and intravenous contrast medium study
2980 HR	MAGNETIC RESONANCE IMAGING — examination of any parts or parts of the body

PART 9A—MAGNETIC RESONANCE IMAGING

9A—MAGNETIC RESONANCE IMAGING

2980 HR MAGNETIC RESONANCE IMAGING—examination of any part or parts of the body

PART 10 — OPERATIONS DIVISION 1 — GENERAL SURGICAL	
3004	Operative procedure on tissue, organ or region not covered by any other item in this Part, including any consultation on the same occasion
3006	NOTE: 'Extensive' in relation to burns means more than 20% of the total body surface. DRESSING OF LOCALISED BURNS (not involving grafting) — each attendance at which the procedure is performed, including any associated consultation
3012	DRESSING OF BURNS, EXTENSIVE, without anaesthesia (not involving grafting) — each attendance at which the procedure is performed, including any associated consultation
3016 G 3022 S	DRESSING OF LOCALISED BURNS UNDER GENERAL ANAESTHESIA (not involving grafting) — each attendance at which the procedure is performed, including any associated consultation ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3027 G 3033 S	DRESSING OF BURNS, EXTENSIVE, UNDER GENERAL ANAESTHESIA (not involving grafting) — each attendance at which the procedure is performed, including any associated consultation 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 ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
3039	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 ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
3041 ‡	DEBRIDEMENT, under general anaesthesia or major regional or field block, of deep or extensive contaminated wound of soft tissue, including suturing of that wound when performed ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
3046	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), superficial, not covered by any item in Part 2 ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
3050	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), involving deeper tissue, not covered by any item in Part 2 ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
3058	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), superficial ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3063	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), involving deeper tissue ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3073	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, large (MORE THAN 7 CENTIMETRES LONG), superficial, not covered by any item in Part 2 ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
3082 G 3087 S	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 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 ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3098 G 3101 S	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 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 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 ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
3110	Control of post-operative haemorrhage, under general anaesthesia following perineal or vaginal operations ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
3113	SUPERFICIAL FOREIGN BODY, REMOVAL OF, as an independent procedure ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
3116	SUBCUTANEOUS FOREIGN BODY, REMOVAL OF, requiring incision and suture, as an independent procedure ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
3120 G 3124 S	FOREIGN BODY IN MUSCLE, TENDON OR OTHER DEEP TISSUE, removal of, as an independent procedure ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3130	BIOPSY OF SKIN OR MUCOUS MEMBRANE, as an independent procedure ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
3135 G 3142 S	BIOPSY OF LYMPH GLAND, MUSCLE OR OTHER DEEP TISSUE OR ORGAN, as an independent procedure ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
3148	DRILL BIOPSY OF LYMPH GLAND, DEEP TISSUE OR ORGAN, as an independent procedure ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
3157	BIOPSY OF BONE MARROW by trephine using open approach ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
3158	BIOPSY OF BONE MARROW by trephine using percutaneous approach with a Jamshidi needle or similar device
3160	BIOPSY OF BONE MARROW by aspiration or PUNCH BIOPSY OF SYNOVIAL MEMBRANE or PLEURA ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
3168	SCALENE NODE BIOPSY ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
3173	SINUS, excision of, involving superficial tissue only ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
3178 G 3183 S	SINUS, excision of, involving muscle and deep tissue ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3194 G 3199 S	GANGLION OR SMALL BURSA, excision of ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
3208 G 3213 S	BURSA (LARGE), INCLUDING OLECRANON, CALCANEUM OR PATELLA, excision of ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S

3217	BURSA, SEMIMEMBRANOSUS (Baker's cyst), excision of ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3219 G 3220 S	TUMOUR, CYST, ULCER OR SCAR, (excluding 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, 3326, 3330, 3332, 3338, 3342, 3346 or 3349 ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
3221 G 3222 S	TUMOURS, CYSTS, ULCERS OR SCARS, (excluding 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 ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
3223 G 3224 S	TUMOURS, CYSTS, ULCERS OR SCARS, (excluding 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 ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
3225	TUMOURS, CYSTS, ULCERS OR SCARS, (excluding 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 ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
3226	TUMOURS, CYSTS, ULCERS OR SCARS, (excluding 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 ANAESTHETIC 17 UNITS — ITEM NOS 461G / 528S
3233 G 3237 S	TUMOUR, CYST, ULCER OR SCAR, (excluding 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 ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
3247 G 3253 S	TUMOUR, CYST (excluding 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, (excluding a scar removed during the surgical approach at an operation), not covered by any other item in this Part, involving muscle, bone or other deep tissue ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
3261 G 3265 S	TUMOUR OR DEEP CYST (excluding a cyst associated with a tooth or tooth fragment), removal of, requiring wide excision, not covered by any other item in this Part ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
3271	MALIGNANT TUMOUR, removal of, from skin, requiring wide and deep excision, excluding removal of basal cell carcinoma ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
3276	MALIGNANT TUMOUR, removal of, from skin, requiring wide and deep excision with immediate block dissection of lymph glands ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S

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

3281	TUMOUR, removal of, from SOFT TISSUE (INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE), EXTENSIVE EXCISION OF, WITHOUT SKIN GRAFT ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
3289	TUMOUR, removal of, from SOFT TISSUE (INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE), EXTENSIVE EXCISION OF, WITH SKIN GRAFT ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
3295	MALIGNANT TUMOUR, removal of, from any region involving a RADICAL OPERATION (not being an operation covered by any other item in this Part) ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
3301	MALIGNANT TUMOUR, removal of, from any region involving a LIMITED OPERATION, excluding removal of basal cell carcinoma (not being an operation covered by any other item in this Part) ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
3306	LIPECTOMY — transverse wedge excision of abdominal apron ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
3307	LIPECTOMY — wedge excision of skin or fat not covered by Item 3306 — ONE EXCISION ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
3308	LIPECTOMY — wedge excision of skin or fat not covered by Item 3306 — TWO OR MORE EXCISIONS ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
3310	LIPECTOMY — subumbilical excision with undermining of skin edges and strengthening of musculo-aponeurotic wall ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
3311	LIPECTOMY — radical abdominoplasty (Pitanguy type or similar) with excision of skin and subcutaneous tissue, repair of musculo-aponeurotic layer and transposition of umbilicus ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S
3314	AXILLARY HYPERHIDROSIS, wedge excision for ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3315 †	AXILLARY HYPERHIDROSIS, total excision of sweat gland bearing area ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
3320	PLANTAR WART, removal of 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) 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) 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) 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) ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S

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3217	BURSA, SEMIMEMBRANOSUS (Baker's cyst), excision of ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3219 G 3220 S	TUMOUR, CYST, ULCER OR SCAR, (excluding 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 or 3349 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
3221 G 3222 S	TUMOURS, CYSTS, ULCERS OR SCARS, (excluding 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 3349 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
3223 G 3224 S	TUMOURS, CYSTS, ULCERS OR SCARS, (excluding 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 3349 ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
3225	TUMOURS, CYSTS, ULCERS OR SCARS, (excluding 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 3349 ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S
3226	TUMOURS, CYSTS, ULCERS OR SCARS, (excluding 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 3349 ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S
3233 G 3237 S	TUMOUR, CYST, ULCER OR SCAR, (excluding 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 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
3247 G 3253 S	TUMOUR, CYST (excluding 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, (excluding a scar removed during the surgical approach at an operation), not covered by any other item in this Part, involving muscle, bone or other deep tissue ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
3261 G 3265 S	TUMOUR OR DEEP CYST (excluding a cyst associated with a tooth or tooth fragment), removal of, requiring wide excision, not covered by any other item in this Part ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
3271	MALIGNANT TUMOUR, removal of, from skin, requiring wide and deep excision, excluding removal of basal cell carcinoma ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
3276	MALIGNANT TUMOUR, removal of, from skin, requiring wide and deep excision with immediate block dissection of lymph glands. ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S

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

3281	TUMOUR, removal of, from SOFT TISSUE (INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE), EXTENSIVE EXCISION OF, WITHOUT SKIN GRAFT ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
3289	TUMOUR, removal of, from SOFT TISSUE (INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE), EXTENSIVE EXCISION OF, WITH SKIN GRAFT ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
3295	MALIGNANT TUMOUR, removal of, from any region involving a RADICAL OPERATION (not being an operation covered by any other item in this Part) ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
3301	MALIGNANT TUMOUR, removal of, from any region involving a LIMITED OPERATION, excluding removal of basal cell carcinoma (not being an operation covered by any other item in this Part) ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
3306	LIPECTOMY—transverse wedge excision of abdominal apron ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
3307	LIPECTOMY—wedge excision of skin or fat not covered by Item 3306—ONE EXCISION ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
3308	LIPECTOMY—wedge excision of skin or fat not covered by Item 3306—TWO OR MORE EXCISIONS ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
3310	LIPECTOMY—subumbilical excision with undermining of skin edges and strengthening of musculo-aponeurotic wall ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
3311	LIPECTOMY—radical abdominoplasty (Pitanguy type or similar) with excision of skin and subcutaneous tissue, repair of musculo-aponeurotic layer and transposition of umbilicus ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
3314	AXILLARY HYPERHIDROSIS, wedge excision for ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3315	AXILLARY HYPERHIDROSIS, total excision of sweat gland bearing area ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
3320	PLANTAR WART, removal of ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
3349	CUTANEOUS NEOPLASTIC LESIONS, treatment by electrosurgical destruction, chemotherapy, simple curettage or shaving, not covered by Item 3350, 3351 or 3352—one or more lesions ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
3350	CANCER OF SKIN OR MUCOUS MEMBRANE, removal by serial curettage excision or cryosurgery using liquid nitrogen (not covered by Item 3349) ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
3351	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 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
3352	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 ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
3356	SKIN LESIONS, multiple injections with hydrocortisone or similar preparations

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3346	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) ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
3349	CUTANEOUS NEOPLASTIC LESIONS, treatment by electrosurgical destruction, chemotherapy, simple curettage or shaving, not covered by Item 3350, 3351 or 3352 — one or more lesions ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
3350	CANCER OF SKIN OR MUCOUS MEMBRANE, removal by serial curettage excision or cryosurgery using liquid nitrogen (not covered by Item 3349) ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
3351	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 ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
3352	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 ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
3356	SKIN LESIONS, multiple injections with hydrocortisone or similar preparations
3363	KELOID, EXTENSIVE, MULTIPLE INJECTIONS OF HYDROCORTISONE or similar preparations under general anaesthesia ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
3366	HAEMATOMA, aspiration of ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
3371	HAEMATOMA, FURUNCLE, SMALL ABSCESS OR SIMILAR LESION not requiring a general anaesthetic, INCISION WITH DRAINAGE OF (excluding after-care)
3379 G 3384 S	LARGE HAEMATOMA, LARGE ABSCESS (including ischio-rectal abscess), CARBUNCLE, CELLULITIS or similar lesion requiring a general anaesthetic, INCISION WITH DRAINAGE OF (excluding after-care) ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
3391	MUSCLE, excision of (LIMITED) ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
3399	MUSCLE, excision of (EXTENSIVE) ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3404	MUSCLE, RUPTURED, repair of (limited), not associated with external wound ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3407	MUSCLE, RUPTURED, repair of (extensive), not associated with external wound ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3417	FASCIA, DEEP, repair of, FOR HERNIATED MUSCLE ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3425	BONE TUMOUR, INNOCENT, excision of, not covered by any other item in this Part ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3431	STYLOID PROCESS OF TEMPORAL BONE, removal of ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3437	PAROTID GLAND, total extirpation of ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S

PART 10—OPERATIONS

DIVISION 1—GENERAL SURGICAL

3444	PAROTID GLAND, total extirpation of, with preservation of facial nerve ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S
3450	PAROTID GLAND, SUPERFICIAL LOBECTOMY OR REMOVAL OF TUMOUR FROM, with exposure of facial nerve ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
3455	SUBMANDIBULAR GLAND, extirpation of ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
3459	SUBLINGUAL GLAND, extirpation of ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3465	SALIVARY GLAND, DILATATION OR DIATHERMY of duct ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
3468 G 3472 S ‡	SALIVARY GLAND, removal of CALCULUS from duct or meatotomy or marsupialisation, one or more such procedures. ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3477	SALIVARY GLAND, repair of CUTANEOUS FISTULA OF ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3480	TONGUE, partial excision of ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3495	RADICAL EXCISION OF INTRA-ORAL TUMOUR INVOLVING RESECTION OF MANDIBLE AND LYMPH GLANDS OF NECK (commando-type operation) ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S
3496	TONGUE TIE, repair of, not covered by any other item in this Part ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
3505	TONGUE TIE, MANDIBULAR FRENULUM or MAXILLARY FRENULUM, repair of, in a person aged not less than two years, under general anaesthesia ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
3509 G 3516 S	RANULA OR MUCOUS CYST OF MOUTH, removal of ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
3526	BRANCHIAL CYST, removal of ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
3530	BRANCHIAL FISTULA, removal of ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
3532	CYSTIC HYGROMA, removal of massive lesion requiring extensive excision — with or without thoracotomy ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
3542	THYROIDECTOMY, total ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
3547	PARATHYROID TUMOUR, removal of ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
3555	PARATHYROID GLANDS, removal of, other than for tumour ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S
3563	HEMITHYROIDECTOMY or SUB-TOTAL THYROIDECTOMY, with or without exposure of recurrent laryngeal nerve ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S

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

3363	KELOID, EXTENSIVE, MULTIPLE INJECTIONS OF HYDROCORTISONE or similar preparations under general anaesthesia ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
3366	HAEMATOMA, aspiration of ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
3371	HAEMATOMA, FURUNCLE, SMALL ABSCESS OR SIMILAR LESION not requiring a general anaesthetic, INCISION WITH DRAINAGE OF (excluding after-care)
3379 G 3384 S	LARGE HAEMATOMA, LARGE ABSCESS (including ischio-rectal abscess), CARBUNCLE, CELLULITIS or similar lesion requiring a general anaesthetic, INCISION WITH DRAINAGE OF (excluding after-care) ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
3391	MUSCLE, excision of (LIMITED) ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
3399	MUSCLE, excision of (EXTENSIVE) ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3404	MUSCLE, RUPTURED, repair of (limited), not associated with external wound ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3407	MUSCLE, RUPTURED, repair of (extensive), not associated with external wound ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3417	FASCIA, DEEP, repair of, FOR HERNIATED MUSCLE ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3425	BONE TUMOUR, INNOCENT, excision of, not covered by any other item in this Part ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3431	STYLOID PROCESS OF TEMPORAL BONE, removal of ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3437	PAROTID GLAND, total extirpation of ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S
3444	PAROTID GLAND, total extirpation of, with preservation of facial nerve ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
3450	PAROTID GLAND, SUPERFICIAL LOBECTOMY OR REMOVAL OF TUMOUR FROM, with exposure of facial nerve ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
3455	SUBMANDIBULAR GLAND, extirpation of ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
3459	SUBLINGUAL GLAND, extirpation of ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3465	SALIVARY GLAND, DILATATION OR DIATHERMY of duct ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
3468 G 3472 S	SALIVARY GLAND, removal of CALCULUS from duct or meatotomy or marsupialisation, one or more such procedures ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

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

3477	SALIVARY GLAND, repair of CUTANEOUS FISTULA OF ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3480	TONGUE, partial excision of ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3495	RADICAL EXCISION OF INTRA-ORAL TUMOUR INVOLVING RESECTION OF MANDIBLE AND LYMPH GLANDS OF NECK (commando-type operation) ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
3496	TONGUE TIE, repair of, not covered by any other item in this Part ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
3505	TONGUE TIE, MANDIBULAR FRENULUM or MAXILLARY FRENULUM, repair of, in a person aged not less than two years, under general anaesthesia ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
3509 G 3516 S	RANULA OR MUCOUS CYST OF MOUTH, removal of ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
3526	BRANCHIAL CYST, removal of ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
3530	BRANCHIAL FISTULA, removal of ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
3532	CYSTIC HYGROMA, removal of massive lesion requiring extensive excision—with or without thoracotomy ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
3542 ‡	THYROIDECTOMY, total or THYROIDECTOMY following previous total hemithyroidectomy or following previous unilateral or bilateral sub-total thyroidectomy ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
3547	PARATHYROID TUMOUR, removal of ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
3555	PARATHYROID GLANDS, removal of, other than for tumour ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S
3557 †	CERVICAL RE-EXPLORATION for recurrent or persistent hyperparathyroidism ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S
3563 ‡ +	TOTAL HEMITHYROIDECTOMY or BILATERAL SUB-TOTAL THYROIDECTOMY, with or without ex- posure of recurrent laryngeal nerve ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
3576 ‡	THYROID, excision of localised tumour of, or unilateral sub-total thyroidectomy ANAESTHETIC 10 UNITS—ITEM NOS 454G/521S
3581	THYROGLOSSAL CYST, removal of ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
3591	THYROGLOSSAL CYST AND FISTULA, removal of ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
3597	CERVICAL OESOPHAGOSTOMY or CLOSURE OF CERVICAL OESOPHAGOSTOMY with or without plastic repair ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3576	THYROID, <i>excision of localised tumour of</i> ANAESTHETIC 10 UNITS — ITEM NOS 4540 / 5215
3581	THYROGLOSSAL CYST, <i>removal of</i> ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
3591	THYROGLOSSAL CYST AND FISTULA, <i>removal of</i> ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
3597	CERVICAL OESOPHAGOSTOMY or CLOSURE OF CERVICAL OESOPHAGOSTOMY with or without plastic repair 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 ANAESTHETIC 22 UNITS — ITEM NOS 466G / 537S
3618	LYMPH GLANDS OF NECK, <i>limited excision of</i> ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
3622	LYMPH GLANDS OF NECK, <i>radical excision of</i> ANAESTHETIC 20 UNITS — ITEM NOS 464G / 533S
3634	LYMPH GLANDS OF GROIN OR AXILLA, <i>limited excision of</i> ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
3638	LYMPH GLANDS OF GROIN OR AXILLA, <i>radical excision of</i> ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
3647 G 3652 S	SIMPLE MASTECTOMY with or without frozen section biopsy ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
3654 G 3664 S	BREAST, <i>excision of CYST, fibro adenoma or other local lesion or segmental resection for any other reason</i> ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3668 G 3673 S	BREAST, <i>excision of CYST, fibro adenoma or other local lesion or segmental resection for any other reason, where frozen section biopsy is performed or where specimen radiography is used</i> ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
3678 G 3683 S	PARTIAL MASTECTOMY, <i>involving more than one quarter of the breast tissue with or without frozen section biopsy</i> ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
3698	BREAST, <i>extended simple mastectomy with or without frozen section biopsy</i> ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
3700	SUBCUTANEOUS MASTECTOMY with or without frozen section biopsy ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
3702	BREAST, <i>radical or modified radical mastectomy with or without frozen section biopsy</i> ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S
3707	NIPPLE, INVERTED, <i>surgical eversion of</i> ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3713 G 3718 S	LAPAROTOMY (<i>exploratory</i>), including associated biopsies, where no other intra-abdominal procedure is performed ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S

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

3722	LAPAROTOMY involving Caecostomy, Enterostomy, Colostomy, Enterotomy, Colotomy, Cholecystostomy, Gastrostomy, Gastrotomy, Reduction of intussusception, Removal of Meckel's diverticulum, Suture of perforated peptic ulcer, Simple repair of ruptured viscus, Reduction of volvulus Pyloroplasty (adult) or Drainage of pancreas ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
3726	LAPAROTOMY INVOLVING DIVISION OF PERITONEAL ADHESIONS (where no other listed intra abdominal procedure is performed) (See Explanatory Notes covering this item) ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
3730	LAPAROTOMY FOR GRADING OF LYMPHOMA, including splenectomy, liver biopsies, lymph node biopsies and oophorepexy ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
3734	LAPAROTOMY FOR CONTROL OF POST-OPERATIVE HAEMORRHAGE, where no other procedure is performed ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
3739 G 3745 S	LAPAROTOMY INVOLVING OPERATION ON ABDOMINAL VISCERA, not covered by any other item in this Part ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
3750	SUBPHRENIC ABSCESS, drainage of ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
3752	LIVER BIOPSY, percutaneous ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
3754	LIVER TUMOUR, removal of other than by biopsy ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
3759	LIVER, MASSIVE RESECTION OF, or LOBECTOMY ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S
3764	LIVER ABSCESS, ABDOMINAL drainage of ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
3783	HYDATID CYST OF LIVER, PERITONEUM OR VISCUS, drainage procedure for ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
3789	OPERATIVE CHOLANGIOGRAPHY (including one or more cholegrams performed during the one operation) OR OPERATIVE PANCREATOGRAPHY ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
3793 G 3798 S	CHOLECYSTECTOMY ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
3818	CHOLEDOCHOSCOPY ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3820	CHOLEDOCHOSCOPY WITH OR WITHOUT CHOLECYSTECTOMY), including dilatation of sphincter of Oddi and removal of calculi ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
3822	CHOLEDOCHOTOMY (WITH OR WITHOUT CHOLECYSTECTOMY), including dilatation of sphincter of Oddi and removal of calculi WITH CHOLEDOCHODUODENOSTOMY, CHOLEDOCHOGASTROSTOMY OR CHOLEDOCHOENTEROSTOMY ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S

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

3616	CERVICAL OESOPHAGECTOMY with tracheostomy and oesophagostomy, with or without plastic reconstruction; or LARYNGOPHARYNGECTOMY with tracheostomy and plastic reconstruction ANAESTHETIC 22 UNITS—ITEM NOS 466G/537S
3618	LYMPH GLANDS OF NECK, limited excision of ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
3622	LYMPH GLANDS OF NECK, radical excision of ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S
3634	LYMPH GLANDS OF GROIN OR AXILLA, limited excision of ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
3638	LYMPH GLANDS OF GROIN OR AXILLA, radical excision of ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
3647 G 3652 S	SIMPLE MASTECTOMY with or without frozen section biopsy ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
3654 G 3664 S	BREAST, excision of CYST, fibro adenoma or other local lesion or segmental resection for any other reason ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3668 G 3673 S	BREAST, excision of CYST, fibro adenoma or other local lesion or segmental resection for any other reason, where frozen section biopsy is performed or where specimen radiography is used ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
3678 G 3683 S	PARTIAL MASTECTOMY, involving more than one quarter of the breast tissue with or without frozen section biopsy ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
3698	BREAST, extended simple mastectomy with or without frozen section biopsy ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
3700	SUBCUTANEOUS MASTECTOMY with or without frozen section biopsy ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
3702	BREAST, radical or modified radical mastectomy with or without frozen section biopsy ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S
3707	NIPPLE, INVERTED, surgical eversion of ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3713 G 3718 S	LAPAROTOMY (exploratory), including associated biopsies, where no other intra-abdominal procedure is performed ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
3722	LAPAROTOMY involving Caecostomy, Enterostomy, Colostomy, Enterotomy, Colotomy, Cholecystostomy, Gastrostomy, Gastrotomy, Reduction of intussusception, Removal of Meckel's diverticulum, Suture of perforated peptic ulcer, Simple repair of ruptured viscus, Reduction of volvulus, Pyloroplasty (adult) or Drainage of pancreas ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
3726	LAPAROTOMY INVOLVING DIVISION OF PERITONEAL ADHESIONS (where no other listed intra-abdominal procedure is performed) (See Explanatory Notes covering this item) ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S

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

3730	LAPAROTOMY FOR GRADING OF LYMPHOMA, including splenectomy, liver biopsies, lymph node biopsies and oophorectomy ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
3734	LAPAROTOMY FOR CONTROL OF POST-OPERATIVE HAEMORRHAGE, where no other procedure is performed ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
3739 G 3745 S	LAPAROTOMY INVOLVING OPERATION ON ABDOMINAL VISCERA, not covered by any other item in this Part ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
3750	SUBPHRENIC ABSCESS, drainage of ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
3752	LIVER BIOPSY, percutaneous ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
3754	LIVER TUMOUR, removal of other than by biopsy ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
3759	LIVER, MASSIVE RESECTION OF, or LOBECTOMY ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
3764	LIVER ABSCESS, ABDOMINAL, drainage of ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
3783	HYDATID CYST OF LIVER, PERITONEUM OR VISCUS, drainage procedure for ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
3789	OPERATIVE CHOLANGIOGRAPHY (including one or more cholegrams performed during the one operation) OR OPERATIVE PANCREATOGRAPHY ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
3793 G 3798 S	CHOLECYSTECTOMY ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
3818	CHOLEDOCHOSCOPY ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3820	CHOLEDOCHOTOMY (WITH OR WITHOUT CHOLECYSTECTOMY), including dilatation of sphincter of Oddi and removal of calculi ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
3822	CHOLEDOCHOTOMY (WITH OR WITHOUT CHOLECYSTECTOMY), including dilatation of sphincter of Oddi and removal of calculi WITH CHOLEDOCHODUODENOSTOMY, CHOLEDOCHOGASTROSTOMY OR CHOLEDOCHOENTEROSTOMY ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
3825	TRANSDUODENAL OPERATION ON SPHINCTER OF ODDI, including dilatation, removal of calculi, sphincterotomy and sphincteroplasty with or without choledochotomy, with or without cholecystectomy ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S
3831	CHOLECYSTODUODENOSTOMY, CHOLECYSTOGASTROSTOMY OR CHOLECYSTOENTEROSTOMY with or without enteroenterostomy ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S

PART 10—OPERATIONS

DIVISION 1—GENERAL SURGICAL

3834	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 ANAESTHETIC 19 UNITS—ITEM NOS 463G/531S
3847	OESOPHAGOSCOPY (not covered by Item 5464), GASTROSCOPY, DUODENOSCOPY OR PANENDOSCOPY (one or more such procedures), with or without biopsy ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
3849	OESOPHAGOSCOPY (not covered by Item 5464), GASTROSCOPY, DUODENOSCOPY OR PANENDOSCOPY (one or more such procedures), with endoscopic sclerosing injection of oesophageal or gastric varices ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3851	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 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3860	ENDOSCOPIC PANCREATOCHOLANGIOGRAPHY ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
3862	ENDOSCOPIC SPHINCTEROTOMY with or without extraction of stones from common bile duct ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
3875	VAGOTOMY—TRUNKAL ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
3882	VAGOTOMY—SELECTIVE ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
3889	VAGOTOMY, HIGHLY SELECTIVE; or VAGOTOMY, TRUNKAL OR SELECTIVE, with pyloroplasty or gastro-enterostomy ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
3891 ‡	VAGOTOMY, HIGHLY SELECTIVE with pyloroplasty or gastroenterostomy or dilatation of pylorus ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
3892	GASTRIC REDUCTION OR GASTROPLASTY for obesity, by any method ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
3893	GASTRIC BY-PASS FOR OBESITY, including anastomosis, by any method ANAESTHETIC 21 UNITS—ITEM NOS 465G/535S
3894 G 3898 S	GASTROENTEROSTOMY (INCLUDING GASTRODUODENOSTOMY) OR ENTERO-COLOSTOMY OR ENTEROENTEROSTOMY ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
3900	GASTRO-ENTEROSTOMY or GASTRO-DUODENOSTOMY, reconstruction of ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
3902	PANCREATIC CYST—ANASTOMOSIS TO STOMACH OR DUODENUM ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
3922	PARTIAL GASTRECTOMY, with or without gastro-jejunostomy ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S
3930	GASTRECTOMY, TOTAL, FOR BENIGN DISEASE ANAESTHETIC 19 UNITS—ITEM NOS 463G/531S

PART 10—OPERATIONS		DIVISION 1—GENERAL SURGICAL
3937	GASTRECTOMY, RADICAL SUB-TOTAL, for carcinoma ANAESTHETIC 19 UNITS—ITEM NOS 463G/531S	
3938	GASTRECTOMY, RADICAL TOTAL, for carcinoma ANAESTHETIC 21 UNITS—ITEM NOS 465G/535S	
3952	PYLOROPLASTY, INFANT, OR PYLOROMYOTOMY (RAMSTEDT'S operation) ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S	
3976 G 3981 S	ENTEROSTOMY or COLOSTOMY, extraperitoneal closure of ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S	
3986	ENTEROSTOMY or COLOSTOMY, intraperitoneal closure, not involving resection ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S	
4003	INTUSSUSCEPTION, reduction of, by fluid	
4012	INTUSSUSCEPTION, LAPAROTOMY and resection of ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S	
4018	TRANSVERSE OR SIGMOID COLECTOMY WITH OR WITHOUT ANASTOMOSIS ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S	
4039 G 4043 S	BOWEL, SEGMENTAL RESECTION OF, WITH OR WITHOUT ANASTOMOSIS, not covered by any other item in this Part ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S	
4046	HEMICOLECTOMY, right or left ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S	
4048	TOTAL COLECTOMY WITH ILEORECTAL ANASTOMOSIS OR ILEOSTOMY ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S	
4052	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY—one surgeon ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S	
4054	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, COMBINED SYNCHRONOUS OPERATION; ABDOMINAL RESECTION (including after care) ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S	
4059	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, COMBINED SYNCHRONOUS OPERATION; PERINEAL RESECTION	
4068	RECTUM, RESTORATIVE ANTERIOR RESECTION OF, WITH RECTOSIGMOIDECTOMY ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S	
4074 G 4080 S	APPENDICECTOMY, not covered by Item 4084 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S	

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3825	TRANSDUODENAL OPERATION ON SPHINCTER OF ODDI, including dilatation, removal of calculi, sphincterotomy and sphincteroplasty with or without choledochotomy, with or without cholecystectomy ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
3831	CHOLECYSTODUODENOSTOMY, CHOLECYSTOGASTROSTOMY OR CHOLECYSTOENTEROSTOMY with or without enteroenterostomy ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
3834	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 ANAESTHETIC 19 UNITS — ITEM NOS 463G / 531S
3847	DESOPHAGOSCOPY (not covered by Item 5464), GASTROSCOPY, DUODENOSCOPY OR PANENDOSCOPY (one or more such procedures) ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
3849	DESOPHAGOSCOPY (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 ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3851	DESOPHAGOSCOPY (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 ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
3860	ENDOSCOPIC PANCREATOCOLANGIOGRAPHY ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
3862	ENDOSCOPIC SPHINCTEROTOMY with or without extraction of stones from common bile duct ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
3875	VAGOTOMY — TRUNKAL ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
3882	VAGOTOMY — SELECTIVE ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
3889	VAGOTOMY, HIGHLY SELECTIVE; or VAGOTOMY, TRUNKAL OR SELECTIVE, with pyloroplasty or gastro-enterostomy ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
3891	VAGOTOMY, HIGHLY SELECTIVE with pyloroplasty or gastroenterostomy ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
3892	GASTRIC REDUCTION OR GASTROPLASTY for obesity, by any method ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
3893	GASTRIC BY-PASS FOR OBESITY, including anastomosis, by any method ANAESTHETIC 21 UNITS — ITEM NOS 465G / 535S
3894 G 3898 S	GASTROENTEROSTOMY (INCLUDING GASTRODUODENOSTOMY) OR ENTERO-COLOSTOMY OR ENTEROENTEROSTOMY ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
3900	GASTRO-ENTEROSTOMY or GASTRO-DUODENOSTOMY, reconstruction of ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

3902	PANCREATIC CYST — ANASTOMOSIS TO STOMACH OR DUODENUM ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
3922	PARTIAL GASTRECTOMY, with or without gastro-jejunostomy ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
3930	GASTRECTOMY, TOTAL, FOR BENIGN DISEASE ANAESTHETIC 19 UNITS — ITEM NOS 463G / 531S
3937 †	GASTRECTOMY, SUB-TOTAL RADICAL, for carcinoma ANAESTHETIC 19 UNITS — ITEM NOS 463G / 531S
3938	GASTRECTOMY, TOTAL RADICAL, for carcinoma ANAESTHETIC 21 UNITS — ITEM NOS 465G / 535S
3952	PYLOROPLASTY, INFANT, OR PYLOROMYOTOMY (RAMSTEDT'S operation) ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
3976 G 3981 S	ENTEROSTOMY or COLOSTOMY, extraperitoneal closure of ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
3986	ENTEROSTOMY OR COLOSTOMY, intraperitoneal closure, not involving resection ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
4003	INTUSSUSCEPTION, reduction of, by fluid
4012	INTUSSUSCEPTION, LAPAROTOMY and resection of ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
4018	TRANSVERSE OR SIGMOID COLECTOMY WITH OR WITHOUT ANASTOMOSIS ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
4039 G 4043 S	BOWEL, SEGMENTAL RESECTION OF, WITH OR WITHOUT ANASTOMOSIS, not covered by any other item in this Part ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
4046	HEMICOLECTOMY, right or left ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
4048	TOTAL COLECTOMY WITH ILEORECTAL ANASTOMOSIS OR ILEOSTOMY ANAESTHETIC 20 UNITS — ITEM NOS 464G / 533S
4052	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY — one surgeon ANAESTHETIC 20 UNITS — ITEM NOS 464G / 533S
4054	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, COMBINED SYNCHRONOUS OPERATION; ABDOMINAL RESECTION (including after care) ANAESTHETIC 17 UNITS — ITEM NOS 461G / 528S
4059	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, COMBINED SYNCHRONOUS OPERATION; PERINEAL RESECTION
4068	RECTUM, RESTORATIVE ANTERIOR RESECTION OF, WITH RECTOSIGMOIDECTOMY ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S
4074 G 4080 S	APPENDICECTOMY, not covered by Item 4084 ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

4084	NOTE: <i>Multiple Operation and Multiple Anaesthetic rules apply to this Item</i> APPENDICECTOMY, when performed in conjunction with any other intra-abdominal procedure through the same incision ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
4087 G 4093 S	LAPAROTOMY, for drainage of pelvic abscess, appendiceal abscess, ruptured appendix or for peritonitis from any cause, with or without appendicectomy ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
4099	SMALL BOWEL INTUBATION with biopsy
4104	SMALL BOWEL INTUBATION — as an independent procedure
4109	PANCREATECTOMY, PARTIAL ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
4115	PANCREATICO-DUODENECTOMY, WHIPPLE'S OPERATION ANAESTHETIC 30 UNITS — ITEM NOS 474G / 545S
4131	PANCREATIC ABSCESS, drainage of, excluding after-care ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
4133	ANASTOMOSIS OF PANCREATIC DUCT TO BOWEL ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S
4139	SPLENORRHAPHY OR PARTIAL SPLENECTOMY FOR TRAUMA ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
4141	SPLENECTOMY FOR TRAUMA ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
4144	SPLENECTOMY, OTHER THAN FOR TRAUMA ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
4165	MULTIPLE RUPTURED VISCERA (INCLUDING LIVER, KIDNEY, SPLEEN OR HOLLOW VISCUS) major repair or removal of ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S
4173	RETROPERITONEAL TUMOUR, removal of ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
4179	SACROCOCCYGEAL AND PRESACRAL TUMOUR — excision of ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
4185	RETROPERITONEAL ABSCESS, drainage of, not involving laparotomy ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
4192	LAPAROSCOPY, diagnostic ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
4193	LAPAROSCOPY with biopsy ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
4194	LAPAROSCOPY, involving puncture of cysts, diathermy of endometriosis, ventrosuspension, division of adhesions or any other procedure — one or more procedures with or without biopsy — not associated with item 4193, 6611 or 6612 ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

4197	PARACENTESIS ABDOMINIS
4202	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF — one surgeon ANAESTHETIC 17 UNITS — ITEM NOS 461G / 528S
4209	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF, COMBINED SYNCHRONOUS OPERATION abdominal resection ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S
4214	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF, COMBINED SYNCHRONOUS OPERATION perineal resection
4217	ABDOMINO-PERINEAL PULL THROUGH RESECTION with colo-anal anastomosis (one or two stages), including associated colostomy ANAESTHETIC 30 UNITS — ITEM NOS 474G / 545S
4222 G 4227 S	FEMORAL OR INGUINAL HERNIA OR INFANTILE HYDROCELE, repair of, not covered by Items 4233, 4258 or 4262 ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
4233	STRANGULATED, INCARCERATED OR OBSTRUCTED HERNIA, repair of, without bowel resection ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
4238	DIAPHRAGMATIC HERNIA, TRAUMATIC, repair of ANAESTHETIC 17 UNITS — ITEM NOS 461G / 528S
4241	DIAPHRAGMATIC HERNIA, CONGENITAL repair of, by thoracic or abdominal approach ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
4242	ANTIREFLUX OPERATION involving insertion of prosthetic device including Angelchik prosthesis, not associated with Item 4241, 4243, 4244 or 4245 ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
4243	ANTIREFLUX OPERATION by fundoplasty, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus — not covered by Item 4241 or 4242 ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S
4244	OESOPHAGOGASTRIC MYOTOMY (Heller's operation) via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus ANAESTHETIC 17 UNITS — ITEM NOS 461G / 528S
4245	OESOPHAGOGASTRIC MYOTOMY (Heller's operation) via abdominal or thoracic approach, WITH FUNDOPLASTY, with or without closure of the diaphragmatic hiatus ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S
4246 G 4249 S	UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, in a person under ten years of age ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
4251 G 4254 S	UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, in a person ten years of age or over ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
4258 G 4262 S	VENTRAL, INCISIONAL, LUMBAR OR RECURRENT HERNIA OR BURST ABDOMEN, repair of ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
4265	HYDROCELE, tapping of
4269 G 4273 S	REMOVAL OF VARICOCELE, REMOVAL OF HYDROCELE, or INSERTION OF TESTICULAR PROSTHESIS when not associated with Item 4288, 4293 or 4296 — One procedure ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S

PART 10—OPERATIONS

DIVISION 1—GENERAL SURGICAL

4288 G 4293 S	ORCHIDECTOMY, simple or subscapsular, unilateral with or without insertion of testicular prosthesis ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
4296	ORCHIDECTOMY AND COMPLETE EXCISION OF SPERMATIC CORD ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
4307	UNDESCENDED TESTIS, orchidopexy or transplantation of, with or without associated hernial repair ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
4313	SECONDARY DETACHMENT OF TESTIS FROM THIGH ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
4319	CIRCUMCISION of person UNDER SIX MONTHS of age ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
4327	CIRCUMCISION of person UNDER TEN YEARS of age but not less than six months of age ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
4338 G 4345 S	CIRCUMCISION of person TEN YEARS OF AGE OR OVER ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
4351	PARAPHIMOSIS, reduction of, under general anaesthesia, with or without dorsal incision, not associated with any other item in this Part ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
4354	SIGMOIDOSCOPIC EXAMINATION (with rigid sigmoidoscope), with or without biopsy
4363	SIGMOIDOSCOPIC EXAMINATION (with rigid sigmoidoscope), UNDER GENERAL ANAESTHESIA, with or without biopsy, not associated with any other item in this Part ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
4366 G 4367 S	SIGMOIDOSCOPIC EXAMINATION with diathermy OR resection of one or more rectal polyps or tumours ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
4380	FULL OR PARTIAL THICKNESS RECTAL BIOPSY under general anaesthesia ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
4383	FLEXIBLE FIBROPTIC SIGMOIDOSCOPY or FIBROPTIC COLONOSCOPY up to the hepatic flexure, WITH or WITHOUT BIOPSY ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
4386	FLEXIBLE FIBROPTIC SIGMOIDOSCOPY or FIBROPTIC COLONOSCOPY up to the hepatic flexure WITH REMOVAL OF ONE OR MORE POLYPS — not covered by Item 4366 or 4367 ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
4388	FIBROPTIC COLONOSCOPY — examination of colon beyond the hepatic flexure WITH or WITHOUT BIOPSY ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
4394	FIBROPTIC COLONOSCOPY — examination of colon beyond the hepatic flexure WITH REMOVAL OF ONE OR MORE POLYPS ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
4397	VILLOUS TUMOUR OF RECTUM, greater than 3 centimetres, local excision ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
4399	RECTAL TUMOUR, excision of, via trans-sphincteric approach ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

4413	RECTUM, RADICAL OPERATION FOR PROLAPSE OF, involving laparotomy ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
4455	ANUS, DILATATION OF, under general anaesthesia, with or without disimpaction of faeces, not associated with any other item in this Part ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
4467	ANAL PROLAPSE — CIRCUM-ANAL SUTURE ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
4482	ANAL STRICTURE, repair of ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
4490	ANAL SPHINCTEROTOMY as an independent procedure for Hirschsprung's disease 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 ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
4509	HAEMORRHOIDS, rubber band ligation of, or incision of thrombosed external haemorrhoids ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
4523 G 4527 S	HAEMORRHOIDECTOMY, RADICAL ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
4534	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 ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
4537 G 4544 S	OPERATION FOR FISSURE-IN-ANO including excision, posterior sphincterotomy or lateral sphincterotomy but excluding dilatation only ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
4552 G 4557 S	FISTULA IN ANO, SUBCUTANEOUS, excision of ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
4568 G 4573 S	FISTULA IN ANO, excision of (involving incision of external sphincter) ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
4590	FAECAL FISTULA, repair of ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
4606	COCCYX, excision of ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
4611 G 4617 S	PILONIDAL SINUS OR CYST, OR SACRAL SINUS OR CYST, excision of, in a person ten years of age or over ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
4622	PILONIDAL SINUS, injection of sclerosant fluid under anaesthesia ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
4633	VARICOSE VEINS, multiple simultaneous injections by continuous compression techniques including associated consultation — ONE OR BOTH LEGS — not associated with any other varicose veins operation on the same leg (excluding after-care)
4637	VARICOSE VEINS, multiple ligations, with or without local stripping or excision, including sub-fascial ligation of one or more deep perforating veins through separate incisions — ONE LEG — not associated with Item 4641, 4649 or 4664 on the same leg ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

4641	VARICOSE VEINS, high ligation and stripping or excision of LONG OR SHORT saphenous vein or its major tributaries, WITH OR WITHOUT MULTIPLE LIGATIONS, local stripping or excision of minor veins — ONE LEG ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
4649	VARICOSE VEINS, high ligation and stripping or excision of BOTH LONG AND SHORT saphenous veins or their major tributaries, WITH OR WITHOUT MULTIPLE LIGATIONS, local stripping or excision of minor veins — ONE LEG ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
4651	VARICOSE VEINS, complete dissection at SAPHENO-FEMORAL JUNCTION, with or without ligation of long saphenous vein, with or without ligation of the major tributaries at sapheno-femoral junction — ONE LEG ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
4655	VARICOSE VEINS, high ligation of short saphenous vein AT SAPHENOUS POPLITEAL JUNCTION — ONE LEG ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
4658	VARICOSE VEINS, sub-fascial ligation of single deep perforating vein not associated with any other varicose vein operation on the same leg — ONE LEG ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
4662	VARICOSE VEINS, sub-fascial ligation of multiple deep perforating veins (Cockett's operation) ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
4664	Re-operation for RECURRENT SAPHENO-FEMORAL OR SAPHENO-POPLITEAL INCOMPETENCE, with or without multiple ligations, local stripping or excision — ONE LEG ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
4665	CROSS LEG BY-PASS GRAFT — saphenous to femoral vein ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
4688	ARTERY or VEIN or ARTERY AND VEIN (including brachial, radial, ulnar or tibial), ligation of, by elective operation OR repair of surgically created fistula ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
4690	GREAT ARTERY OR GREAT VEIN (including jugular, subclavian, axillary, iliac, femoral or popliteal) ligation of ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
4693	MAJOR ARTERY OR VEIN OF NECK OR EXTREMITY, repair of wound of, with restoration of continuity ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
4695	MICROVASCULAR REPAIR USING OPERATING MICROSCOPE with restoration of continuity of artery or vein of distal extremity or digit ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
4696	MAJOR ARTERY OR VEIN OF ABDOMEN INCLUDING AORTA AND VENA CAVA, repair of wound of, with restoration of continuity ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S
4699	ARTERIO-VENOUS FISTULA, dissection and repair of, with restoration of continuity (not in association with haemodialysis) ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
4702	ARTERIO-VENOUS FISTULA, dissection and ligation of (not in association with haemodialysis) ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
4705	INNOMINATE, SUBCLAVIAN, OR ANY INTRA-ABDOMINAL ARTERY, endarterectomy of, with closure by simple suture or patch graft, including harvesting of vein ANAESTHETIC 19 UNITS — ITEM NOS 463G / 531S

PART 10—OPERATIONS		DIVISION 1—GENERAL SURGICAL
4709	ARTERY OF NECK OR EXTREMITIES, endarterectomy of, with closure by simple suture or patch graft including harvesting of vein 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 ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S	
4721	INFERIOR VENA CAVA, plication or ligation of ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S	
4733	INTERNAL CAROTID ARTERY, repositioning of ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S	
4738	ARTERIAL PATCH GRAFT including harvesting of vein ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S	
4744 ‡	AORTO-ILIAC OR AORTO-FEMORAL or other intra-abdominal straight or bifurcate graft, with or without local endarterectomy to prepare artery for anastomosis ANAESTHETIC 19 UNITS — ITEM NOS 463G / 531S	
4749	AXILLARY or SUBCLAVIAN TO FEMORAL BY-PASS GRAFT or OTHER EXTRA-ABDOMINAL ARTERIAL BY-PASS GRAFT, using a synthetic graft, with or without local endarterectomy to prepare artery for anastomosis ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S	
4754	ARTERIAL BY-PASS GRAFT using vein graft, including harvesting of vein, with or without local endarterectomy to prepare artery for anastomosis ANAESTHETIC 20 UNITS — ITEM NOS 464G / 533S	
4755 ‡	FEMORAL ARTERY BY-PASS GRAFT using synthetic or vein graft, including harvesting of vein, with below knee anastomosis ANAESTHETIC 20 UNITS — ITEM NOS 464G / 533S	
4756	MICRO-ARTERIAL OR MICRO-VENOUS GRAFT using operating microscope ANAESTHETIC 22 UNITS — ITEM NOS 466G / 537S	
4762	ARTERIAL ANASTOMOSIS not associated with any other arterial operation, with or without local endarterectomy to prepare artery for anastomosis ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S	
4764	MICROVASCULAR ANASTOMOSIS OF ARTERY OR VEIN using operating microscope for reimplantation of limb or digit or free transfer of tissue ANAESTHETIC 38 UNITS — ITEM NOS 477G / 548S	
4766	PORTAL HYPERTENSION, vascular anastomosis for ANAESTHETIC 21 UNITS — ITEM NOS 465G / 535S	
4778	EMBOLUS, removal of, from an artery or by-pass graft of neck or extremities ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S	
4784	EMBOLUS or THROMBUS, removal of, from an artery or prosthetic graft of trunk ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S	
4789	THROMBUS, removal of, FROM FEMORAL, ILIAC OR OTHER SIMILAR LARGE VEIN ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S	
4791	ABDOMINAL AORTIC ANEURYSM, excision of and insertion of graft ANAESTHETIC 26 UNITS — ITEM NOS 470G / 541S	
4792	THORACO-ABDOMINAL ANEURYSM, excision of and insertion of graft, including reanastomosis of visceral vessels ANAESTHETIC 40 UNITS — ITEM NOS 479G / 550S	

PART 10 — OPERATIONS

DIVISION 1 — GENERAL SURGICAL

4794	RUPTURED ABDOMINAL AORTIC ANEURYSM, excision of and insertion of graft OR repair of AORTO-DUODENAL FISTULA, including repair of aorta and duodenum ANAESTHETIC 26 UNITS — ITEM NOS 470G / 541S
4798	ANEURYSM OF MAJOR ARTERY, excision of and insertion of graft ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S
4800	TRANSLUMINAL ARTERIOPLASTY including associated radiological services and preparation ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
4801	EXCISION OF INFECTED PROSTHETIC BY-PASS GRAFT from NECK or EXTREMITIES, including closure of vessel or vessels ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
4802	EXCISION OF INFECTED PROSTHETIC BY-PASS GRAFT from TRUNK, including closure of vessel or vessels ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S
4806	INTRA-AORTIC BALLOON FOR COUNTERPULSATION, operation for insertion by arteriotomy, or removal and arterioplasty (excluding repair by patch graft) ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
4808	ARTERIOVENOUS SHUNT, EXTERNAL, insertion of ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
4812	ARTERIOVENOUS SHUNT, EXTERNAL, removal of ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
4817	ARTERIOVENOUS ANASTOMOSIS, direct, of upper or lower limb ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
4822 ‡	CANNULATION of intra-abdominal artery or vein for infusion chemotherapy, by open operation (excluding after-care). ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
4823	ARTERIAL CANNULATION for infusion chemotherapy by open operation, not covered by Item 4822 (excluding after-care) ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
4824 ‡	CENTRAL VEIN CATHETERISATION by open exposure, using subcutaneous tunnel with pump or access port as with a Hickman or Broviac catheter not covered by item 4825 ANAESTHETIC 8 UNITS — ITEM NOS 409G / 514S
4825 †	CENTRAL VEIN CATHETERISATION by open exposure using subcutaneous tunnel with pump or access port as with a Hickman or Broviac catheter in children under the age of 12 years ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
OPERATIONS FOR ACUTE OSTEOMYELITIS	
4832	OPERATION ON PHALANX ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
4838	OPERATION ON STERNUM, CLAVICLE, RIB, ULNA, RADIUS, CARPUS, TIBIA, FIBULA, TARSUS, SKULL, MANDIBLE OR MAXILLA (other than alveolar margins) — ONE BONE ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
4844	OPERATION ON HUMERUS OR FEMUR — ONE BONE ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
4853	OPERATION ON SPINE OR PELVIC BONES — ONE BONE ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S

OPERATIONS FOR CHRONIC OSTEOMYELITIS	
4860	OPERATION ON SCAPULA, STERNUM, CLAVICLE, RIB, ULNA, RADIUS, METACARPUS, CARPUS, PHALANX, TIBIA, FIBULA, METATARSUS, TARSUS, MANDIBLE OR MAXILLA (other than alveolar margins) — ONE BONE or ANY COMBINATION OF ADJOINING BONES ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
4864	OPERATION ON HUMERUS OR FEMUR — ONE BONE ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
4867	OPERATION ON SPINE OR PELVIC BONES — ONE BONE ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
4870	OPERATION ON SKULL 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 ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
DIVISION 2 — AMPUTATION OR DISARTICULATION OF LIMB (multiple operation formula does not apply)	
4927 G 4930 S	ONE DIGIT of hand ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
4934 G 4940 S	TWO DIGITS of one hand ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
4943 G 4948 S	THREE DIGITS of one hand ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
4950 G 4954 S	FOUR DIGITS of one hand ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
4957 G 4961 S	FIVE DIGITS of one hand ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
4965 G 4969 S	FINGER OR THUMB, INCLUDING METACARPAL or part of metacarpal — each digit ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
4972 G 4976 S	HAND, MIDCARPAL OR TRANSMETACARPAL ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
4979	HAND, FOREARM OR THROUGH ARM ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
4983	AT SHOULDER ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
4987	INTERSCAPULOTHORACIC ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
4990 G 4993 S	ONE DIGIT of foot ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
4995 G 4997 S	TWO DIGITS of one foot ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
4999 G 5002 S	THREE DIGITS of one foot ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S

PART 10 — OPERATIONS

DIVISION 2 — AMPUTATIONS

5006 G 5009 S	FOUR DIGITS of one foot ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
5015 G 5018 S	FIVE DIGITS of one foot ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
5024 G 5029 S	TOE, including metatarsal or part of metatarsal — each toe ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
5034	FOOT AT ANKLE (Syme, Pirogoff types) ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
5038	FOOT, MIDTARSAL OR TRANSMETATARSAL ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
5050	THROUGH THIGH, AT KNEE OR BELOW KNEE ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
5051	AT HIP ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
5055	HINDQUARTER ANAESTHETIC 17 UNITS — ITEM NOS 461G / 528S
5057 †	AMPUTATION STUMP, reamputation of, to provide adequate skin and muscle cover DERIVED FEE — 75% of the original amputation fee ANAESTHETIC — ITEM NOS 488G / 560S
DIVISION 3 — EAR, NOSE AND THROAT	
5059	EAR, removal of foreign body in, otherwise than by simple syringing ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
5062	EAR, REMOVAL OF FOREIGN BODY IN, involving incision of external auditory canal ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5066	AURAL POLYP, removal of ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
5068	EXTERNAL AUDITORY MEATUS, surgical removal of keratosis obturans from, not covered by any other item in this Part ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
5069	MEATOPLASTY involving removal of cartilage or bone or both cartilage and bone not covered by Item 5070 ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
5070	NOTE: Multiple Operation and Multiple Anaesthetic rules apply to this Item MEATOPLASTY involving removal of cartilage or bone or both cartilage and bone associated with Items 5078, 5091, 5095, 5098 or 5100 ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
5072	EXTERNAL AUDITORY MEATUS, removal of EXOSTOSES IN ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5073	Correction of AUDITORY CANAL STENOSIS, including meatoplasty, with or without grafting ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5074	NOTE: Multiple Operation and Multiple Anaesthetic rules apply to this Item RECONSTRUCTION OF EXTERNAL AUDITORY CANAL in association with Items 5095, 5098, 5100 ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

5075	MYRINGOPLASTY, trans-canal approach (Rosen incision) ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
5078	MYRINGOPLASTY, post-aural or endaural approach with or without mastoid inspection ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5079	ATTICOTOMY without reconstruction of the bony defect, with or without myringoplasty ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5080	ATTICOTOMY with reconstruction of the bony defect, with or without myringoplasty ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
5081	OSSICULAR CHAIN RECONSTRUCTION ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5085	OSSICULAR CHAIN RECONSTRUCTION AND MYRINGOPLASTY ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
5087	MASTOIDECTOMY (CORTICAL) ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5091	OBLITERATION OF THE MASTOID CAVITY ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
5093	MASTOIDECTOMY, intact wall technique, with myringoplasty ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S
5094	MASTOIDECTOMY, intact wall technique, with myringoplasty and ossicular chain reconstruction ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S
5095	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
5098	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) AND MYRINGOPLASTY ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
5100	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL), MYRINGOPLASTY AND OSSICULAR CHAIN RECONSTRUCTION ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
5101	REVISION OF MASTOIDECTOMY (radical, modified radical or intact wall), including myringoplasty ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S
5102	DECOMPRESSION OF FACIAL NERVE in its mastoid portion ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
5104	DECOMPRESSION OF FACIAL NERVE in its intracranial portion by intracranial or intrapetrous approach ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S
5106	LABYRINTHOTOMY OR DESTRUCTION OF LABYRINTH ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5108	CEREBELLO — PONTINE ANGLE TUMOUR, removal of by two surgeons operating conjointly, by transmastoid, translabyrinthine approach — transmastoid, translabyrinthine procedure (including after-care) ANAESTHETIC 39 UNITS — ITEM NOS 478G / 549S

PART 10—OPERATIONS

DIVISION 2—AMPUTATIONS

5006 G 5009 S	FOUR DIGITS of one foot ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
5015 G 5018 S	FIVE DIGITS of one foot ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
5024 G 5029 S	TOE, including metatarsal or part of metatarsal—each toe ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
5034	FOOT AT ANKLE (Syme, Pirogoff types) ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
5038	FOOT, MIDTARSAL OR TRANSMETATARSAL ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
5050	THROUGH THIGH, AT KNEE OR BELOW KNEE ANAESTHETIC 10 UNITS—ITEM NOS 450G/52 IS
5051	AT HIP ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
5055	HINDQUARTER ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S
5057	AMPUTATION STUMP, reamputation of, to provide adequate skin and muscle cover DERIVED FEE —75% of the original amputation fee ANAESTHETIC—ITEM NOS 488G/560S
DIVISION 3—EAR, NOSE AND THROAT	
5059	EAR, removal of foreign body in, otherwise than by simple syringing ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
5062	EAR, REMOVAL OF FOREIGN BODY IN, involving incision of external auditory canal ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
5066	AURAL POLYP, removal of ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
5068	EXTERNAL AUDITORY MEATUS, surgical removal of keratosis obturans from, not covered by any other item in this Part ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
5069	MEATOPLASTY involving removal of cartilage or bone or both cartilage and bone not covered by item 5070 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
5070	NOTE: Multiple Operation and Multiple Anaesthetic rules apply to this Item MEATOPLASTY involving removal of cartilage or bone or both cartilage and bone associated with Items 5078, 5091, 5095, 5098 or 5100 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
5072	EXTERNAL AUDITORY MEATUS, removal of EXOSTOSES IN ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5073	Correction of AUDITORY CANAL STENOSIS, including meatoplasty, with or without grafting ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S

PART 10—OPERATIONS**DIVISION 3—EAR, NOSE AND THROAT**

5074	NOTE: <i>Multiple Operation and Multiple Anaesthetic rules apply to this item</i> RECONSTRUCTION OF EXTERNAL AUDITORY CANAL in association with Items 5095, 5098, 5100 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
5075	MYRINGOPLASTY, trans-canal approach (Rosen incision) ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
5078	MYRINGOPLASTY, post-aural or endaural approach with or without mastoid inspection ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5079	ATTICOTOMY without reconstruction of the bony defect, with or without myringoplasty ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5080	ATTICOTOMY with reconstruction of the bony defect, with or without myringoplasty ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
5081	OSSICULAR CHAIN RECONSTRUCTION ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5085	OSSICULAR CHAIN RECONSTRUCTION AND MYRINGOPLASTY ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
5087	MASTOIDECTOMY (CORTICAL) ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5091	OBLITERATION OF THE MASTOID CAVITY ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
5093	MASTOIDECTOMY, intact wall technique, with myringoplasty ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S
5094	MASTOIDECTOMY, intact wall technique, with myringoplasty and ossicular chain reconstruction ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
5095	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
5098	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) AND MYRINGOPLASTY ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
5100	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL), MYRINGOPLASTY AND OSSICULAR CHAIN RECONSTRUCTION ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
5101	REVISION OF MASTOIDECTOMY (radical, modified radical or intact wall), including myringoplasty ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S
5102	DECOMPRESSION OF FACIAL NERVE in its mastoid portion ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
5106	LABYRINTHOTOMY OR DESTRUCTION OF LABYRINTH ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5108	CEREBELLO—PONTINE ANGLE TUMOUR, removal of by two surgeons operating conjointly, by transmastoid, translabyrinthine approach—transmastoid, translabyrinthine procedure (including after-care) ANAESTHETIC 39 UNITS—ITEM NOS 478G/549S

5112	CEREBELLO — PONTINE ANGLE TUMOUR, removal of by two surgeons operating conjointly, by transmastoid, translabyrinthine approach — intracranial procedure (including after-care)
5116	ENDOLYMPHATIC SAC, TRANSMASTOID DECOMPRESSION with or without drainage of ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5122	INTERNAL AUDITORY MEATUS, exploration of, by middle cranial fossa approach with or without removal of tumour ANAESTHETIC 21 UNITS — ITEM NOS 465G / 535S
5127	FENESTRATION OPERATION — each ear ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
5131	VENOUS GRAFT TO FENESTRATION CAVITY ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5138	STAPEDECTOMY ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
5143	STAPES MOBILISATION ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
5147	ROUND WINDOW SURGERY including repair of cochleotomy ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
5148	COCHLEAR IMPLANT, insertion of, including mastoidectomy ANAESTHETIC 23 UNITS — ITEM NOS 467G / 538S
5152	GLOMUS TUMOUR, transtympanic removal of ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5158	GLOMUS TUMOUR, transmastoid removal of, including mastoidectomy ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
5162	ABSCESS OR INFLAMMATION OF MIDDLE EAR, operation for (excluding after-care) ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
5166	MIDDLE EAR, EXPLORATION OF ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
5172	MIDDLE EAR, insertion of tube for DRAINAGE OF (including myringotomy) ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
5173	CLEARANCE OF MIDDLE EAR FOR GRANULOMA, CHOLESTEATOMA and POLYP, one or more, with or without myringoplasty ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
5174	CLEARANCE OF MIDDLE EAR FOR GRANULOMA, CHOLESTEATOMA and POLYP, one or more, with or without myringoplasty with ossicular chain reconstruction ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S
5176	PERFORATION OF TYMPANUM, cauterisation or diathermy of ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5177	EXCISION OF RIM OF EARDRUM PERFORATION, not associated with myringoplasty 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 ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

5186	TYMPANIC MEMBRANE, microinspection of one or both ears under general anaesthesia, not associated with any other item in this Part 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 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) ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
5201	NOSE, removal of FOREIGN BODY IN, other than by simple probing ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5205	NASAL POLYP OR POLYPI (SIMPLE), removal of
5210 G 5214 S	NASAL POLYP OR POLYPI (requiring admission to hospital), removal of ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
5217	NASAL SEPTUM, SEPTOPLASTY, SUBMUCOUS RESECTION or closure of septal perforation ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
5229	CAUTERISATION (other than by chemical means) OR CAUTERISATION by chemical means when performed under general anaesthesia 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 ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5230	NASAL HAEMORRHAGE, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
5233	CRYOTHERAPY TO NOSE in the treatment of nasal haemorrhage ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
5234	DIVISION OF NASAL ADHESIONS, with or without stenting not associated with any other operation on the nose and not performed during the post-operative period of a nasal operation ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5235	DISLOCATION OF TURBINATE OR TURBINATES, one or both sides, not associated with any other item in this Part ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5237	TURBINECTOMY or turbinectomies, partial or total, unilateral ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5241	TURBINATES, submucous resection of, unilateral ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
5245	MAXILLARY ANTRUM, PROOF PUNCTURE AND LAVAGE OF ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5254	MAXILLARY ANTRUM, proof puncture and lavage of, under general anaesthesia (requiring admission to hospital) ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5264	MAXILLARY ANTRUM, LAVAGE OF — each attendance at which the procedure is performed, including any associated consultation ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S

PART 10—OPERATIONS

DIVISION 3—EAR, NOSE AND THROAT

5112	CEREBELLO—PONTINE ANGLE TUMOUR, removal of by two surgeons operating conjointly, by transmastoid, translabyrinthine approach—intracranial procedure (including after-care)
5113 †	SKULL BASE TUMOUR, removal of by infra-temporal approach ANAESTHETIC 40 UNITS—ITEM NOS 479G/550S
5114 †	PARTIAL TEMPORAL BONE RESECTION for removal of tumour involving mastoidectomy with or without decompression of facial nerve. ANAESTHETIC 28 UNITS—ITEM NOS 472G/543S
5115 †	TOTAL TEMPORAL BONE RESECTION for removal of tumour ANAESTHETIC 32 UNITS—ITEM NOS 475G/546S
5116	ENDOLYMPHATIC SAC, TRANSMASTOID DECOMPRESSION with or without drainage of ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5117 †	TRANSLABYRINTHINE VESTIBULAR NERVE SECTION ANAESTHETIC 22 UNITS—ITEM NOS 466G/537S
5118 †	RETROLABYRINTHINE VESTIBULAR and/or COCHLEAR NERVE SECTION ANAESTHETIC 26 UNITS—ITEM NOS 470G/541S
5119 †	INTERNAL AUDITORY MEATUS, exploration by middle cranial fossa approach with cranial nerve decompression ANAESTHETIC 23 UNITS—ITEM NOS 467G/538S
5127	FENESTRATION OPERATION—each ear ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
5131	VENOUS GRAFT TO FENESTRATION CAVITY ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5138	STAPEDECTOMY ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
5143	STAPES MOBILISATION ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
5147	ROUND WINDOW SURGERY including repair of cochleotomy ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
5148	COCHLEAR IMPLANT, insertion of, including mastoidectomy ANAESTHETIC 23 UNITS—ITEM NOS 467G/538S
5152	GLOMUS TUMOUR, transtympanic removal of ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5158	GLOMUS TUMOUR, transmastoid removal of, including mastoidectomy ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
5162	ABSCESS OR INFLAMMATON OF MIDDLE EAR, operation for (excluding after-care) ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
5166	MIDDLE EAR, EXPLORATION OF ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

PART 10—OPERATIONS**DIVISION 3—EAR, NOSE AND THROAT**

5172	MIDDLE EAR, insertion of tube for DRAINAGE OF (including myringotomy) ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
5173	CLEARANCE OF MIDDLE EAR FOR GRANULOMA, CHOLESTEATOMA and POLYP, one or more, with or without myringoplasty ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
5174	CLEARANCE OF MIDDLE EAR FOR GRANULOMA, CHOLESTEATOMA and POLYP, one or more, with or without myringoplasty with ossicular chain reconstruction ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S
5176	PERFORATION OF TYMPANUM, cauterisation or diathermy of ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
5177	EXCISION OF RIM OF EARDRUM PERFORATION, not associated with myringoplasty 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 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
5186	TYMPANIC MEMBRANE, microinspection of one or both ears under general anaesthesia, not asso- ciated with any other item in this Part 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 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) ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
5201	NOSE, removal of FOREIGN BODY IN, other than by simple probing ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
5205	NASAL POLYP OR POLYPI (SIMPLE), removal of
5210 G 5214 S	NASAL POLYP OR POLYPI (requiring admission to hospital), removal of ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
5217	NASAL SEPTUM, SEPTOPLASTY, SUBMUCOUS RESECTION or closure of septal perforation ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
5229	CAUTERISATION (other than by chemical means) OR CAUTERISATION by chemical means when performed under general anaesthesia 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 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
5230	NASAL HAEMORRHAGE, arrest of during an episode of epistaxis by cauterisation or nasal cavity- packing or both ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
5233	CRYOTHERAPY TO NOSE in the treatment of nasal haemorrhage ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

PART 10—OPERATIONS**DIVISION 3—EAR, NOSE AND THROAT**

5234	DIVISION OF NASAL ADHESIONS, with or without stenting not associated with any other operation on the nose and not performed during the post-operative period of a nasal operation ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
5235	DISLOCATION OF TURBINATE OR TURBINATES, one or both sides, not associated with any other item in this Part ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
5237	TURBINECTOMY or turbinectomies, partial or total, unilateral ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
5241	TURBINATES, submucous resection of, unilateral ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
5245	MAXILLARY ANTRUM, PROOF PUNCTURE AND LAVAGE OF ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
5254	MAXILLARY ANTRUM, proof puncture and lavage of, under general anaesthesia (requiring admission to hospital) ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
5264	MAXILLARY ANTRUM, LAVAGE OF—each attendance at which the procedure is performed, including any associated consultation ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

5268	MAXILLARY ARTERY, transantral ligation of ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
5270	ANTROSTOMY (RADICAL) ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
5277	ANTROSTOMY (RADICAL) with transantral ethmoidectomy or transantral vidian neurectomy ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
5280	ANTRUM, intranasal operation on, or removal of foreign body from ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
5284	ANTRUM, drainage of, through tooth socket ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
5288	ORO-ANTRAL FISTULA, plastic closure of ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
5292	ETHMOIDAL ARTERY OR ARTERIES, transorbital ligation of (unilateral) ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
5293	LATERAL RHINOTOMY with removal of tumour ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5295	FRONTO-NASAL ETHMOIDECTOMY with or without sphenoidectomy ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
5298	RADICAL FRONTO-ETHMOIDECTOMY with osteoplastic flap ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
5301	FRONTAL SINUS OR ETHMOIDAL SINUSES, intranasal operation on ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
5305	FRONTAL SINUS, catheterisation of ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5308	FRONTAL SINUS, trephine of ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5318	FRONTAL SINUS, radical obliteration of ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
5320	ETHMOIDAL SINUSES, external operation on ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
5330	SPHENOIDAL SINUS, intranasal operation on ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
5343	EUSTACHIAN TUBE, catheterisation of ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5345	DIVISION OF PHARYNGEAL ADHESIONS ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
5348	POST-NASAL SPACE, direct examination of, with or without biopsy ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

5349	NASENOSCOPY or SINOSCOPY or FIBROPTIC EXAMINATION of NASOPHARYNX and LARYNX ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
5350	NASOPHARYNGEAL ANGIOFIBROMA, transpalatal removal ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5354	PHARYNGEAL POUCH, removal of, with or without cricopharyngeal myotomy ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S
5357	PHARYNGEAL POUCH, ENDOSCOPIC RESECTION OF (Dohlman's operation) ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
5358	CRICOPHARYNGEAL MYOTOMY with or without inversion of pharyngeal pouch ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
5360	PHARYNGOTOMY (lateral), with or without total excision of tongue ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5361	PARTIAL PHARYNGECTOMY via PHARYNGOTOMY ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5362	PARTIAL PHARYNGECTOMY via PHARYNGOTOMY with partial or total glossectomy ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
5363 G 5366 S	TONSILS OR TONSILS AND ADENOIDS, removal of, in a person aged LESS THAN TWELVE YEARS ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
5389 G 5392 S	TONSILS OR TONSILS AND ADENOIDS, removal of, in a person TWELVE YEARS OF AGE OR OVER ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
5396 G 5401 S	TONSILS OR TONSILS AND ADENOIDS, ARREST OF HAEMORRHAGE requiring general anaesthesia, following removal of ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
5407 G 5411 S	ADENOIDS, removal of ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5431	LINGUAL TONSIL OR LATERAL PHARYNGEAL BANDS, removal of ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
5445	PERITONSILLAR ABSCESS (quinsy), incision of ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
5449	UVULOTOMY ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5456	VALLECULAR OR PHARYNGEAL CYSTS, removal of ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
5464	OESOPHAGOSCOPY (with rigid oesophagoscope) ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5470	OESOPHAGOSCOPY, with dilatation or insertion of prosthesis — each occasion ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
5480	OESOPHAGOSCOPY (with rigid oesophagoscope), with biopsy ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S

5486	OESOPHAGOSCOPY (with rigid oesophagoscope), with removal of foreign body ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
5490	OESOPHAGEAL STRICTURE, dilatation of, without oesophagoscopy ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5492	OESOPHAGUS, endoscopic pneumatic dilatation of ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
5498	LARYNGECTOMY (TOTAL) ANAESTHETIC 20 UNITS — ITEM NOS 464G / 533S
5499	VERTICAL HEMI-LARYNGECTOMY including tracheostomy ANAESTHETIC 17 UNITS — ITEM NOS 461G / 528S
5500	SUPRAGLOTTIC LARYNGECTOMY including tracheostomy ANAESTHETIC 21 UNITS — ITEM NOS 465G / 535S
5508	LARYNGOPHARYNGECTOMY or PRIMARY RESTORATION OF ALIMENTARY CONTINUITY after laryngopharyngectomy USING STOMACH OR BOWEL ANAESTHETIC 20 UNITS — ITEM NOS 464G / 533S
5520	LARYNX, direct examination of the supraglottic, glottic and subglottic regions, not associated with any other procedure on the larynx nor with the administration of a general anaesthetic ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
5524	LARYNX, direct examination of, with biopsy ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
5530	LARYNX, direct examination of, WITH REMOVAL OF TUMOUR ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
5534	MICROLARYNGOSCOPY ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
5538	MICROLARYNGOSCOPY with removal of juvenile papillomata ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
5539	MICROLARYNGOSCOPY with removal of papillomata by laser surgery ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
5540	MICROLARYNGOSCOPY WITH REMOVAL OF TUMOUR ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
5541	MICROLARYNGOSCOPY with arytenoidectomy ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
5542	TEFLON INJECTION INTO VOCAL CORD ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
5545	LARYNX, FRACTURED, operation for ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
5556	LARYNX, external operation on, OR LARYNGOFISSURE with or without cordectomy ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
5557	LARYNGOPLASTY or TRACHEOPLASTY, including tracheostomy ANAESTHETIC 17 UNITS — ITEM NOS 461G / 528S

PART 10 — OPERATIONS

DIVISION 3 — EAR, NOSE AND THROAT

5572 G 5598 S	TRACHEOSTOMY ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
5601	TRACHEA, removal of foreign body in ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
5605	BRONCHOSCOPY, as an independent procedure ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
5611	BRONCHOSCOPY with biopsy or other diagnostic or therapeutic procedure ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
5613	BRONCHUS, removal of foreign body in ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
5619	BRONCHOSCOPY with dilatation of tracheal stricture ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
DIVISION 4 — UROLOGICAL	
5636	ADRENAL GLAND, biopsy or removal of ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5642	RENAL TRANSPLANT (not covered by Item 5644 or 5645) ANAESTHETIC 24 UNITS — ITEM NOS 468G / 539S
5644	RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together — vascular anastomosis including aftercare ANAESTHETIC 24 UNITS — ITEM NOS 468G / 539S
5645	RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together — ureterovesical anastomosis including aftercare
5647	DONOR NEPHRECTOMY (cadaver) one or both kidneys
5654 G 5661 S	NEPHRECTOMY complete ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
5665	PARTIAL NEPHRECTOMY, NEPHRECTOMY complicated by previous surgery on the same kidney, or NEPHRO-URETERECTOMY ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
5667	RADICAL NEPHRECTOMY with adrenalectomy and en bloc dissection of lymph glands ANAESTHETIC 17 UNITS — ITEM NOS 461G / 528S
5675	NEPHRO-URETERECTOMY, COMPLETE, with bladder repair ANAESTHETIC 17 UNITS — ITEM NOS 461G / 528S
5679	KIDNEY, FUSED, symphysiotomy for ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
5683	KIDNEY, EXPLORATION OF, WITH ANY PROCEDURE, not covered by any other item in this Part ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
5691	NEPHROLITHOTOMY OR PYELOLITHOTOMY ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5699	NEPHROLITHOTOMY OR PYELOLITHOTOMY — when complicated by previous surgery on the same kidney OR for large staghorn calculus filling renal pelvis and calyces ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S

PART 10 — OPERATIONS

DIVISION 4 — UROLOGICAL

5700	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY and post-operative care for three days, including pre-operative consultation in hospital for assessment for lithotripsy ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5705	URETEROLITHOTOMY ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
5715	NEPHROSTOMY, nephrotomy or pyelostomy with drainage ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
5721	NEPHROPEXY, as an independent procedure ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
5724	RENAL CYST OR CYSTS, excision or unroofing of ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
5726	RENAL BIOPSY (closed) ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5729	PYONEPHROSIS, drainage of ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
5732	PERINEPHRIC ABSCESS, drainage of ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
5734	PYELOPLASTY 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 ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
5741	DIVIDED URETER, repair of ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
5744	REPAIR OF KIDNEY, WOUND OR INJURY ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
5747	URETERECTOMY, COMPLETE OR PARTIAL, with bladder repair ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5753	REPLACEMENT OF URETER BY BOWEL — unilateral ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5757	REPLACEMENT OF URETER BY BOWEL — bilateral ANAESTHETIC 17 UNITS — ITEM NOS 461G / 528S
5763	URETER (UNILATERAL), transplantation of, into skin ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
5769	URETERS (BILATERAL), transplantation of, into skin ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5773	URETER (UNILATERAL), transplantation of, into bladder ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5777	URETERS (BILATERAL), transplantation of, into bladder ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S

5780	URETER, transplantation of, into bladder with bladder plastic procedure (Boari flap) ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5785	URETER (UNILATERAL), transplantation of, into intestine ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5792	URETERS (BILATERAL), transplantation of, into intestine ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
5799	URETER, transplantation of, into other ureter ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5804	URETER (UNILATERAL), transplantation of, into isolated intestinal loop ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
5807	URETERS (BILATERAL), transplantation of, into isolated intestinal loop ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S
5812	URETEROTOMY, with exploration or drainage, as an independent procedure ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
5816	URETEROTOMY, with exploration or drainage for a tumour, as an independent procedure ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
5821	URETEROLYSIS, with or without repositioning of ureter, for retroperitoneal fibrosis, ovarian vein syndrome or similar condition — unilateral ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
5827	URETEROLYSIS, with or without repositioning of ureter, for retroperitoneal fibrosis, ovarian vein syndrome or similar condition — bilateral ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
5831	REDUCTION URETEROPLASTY, unilateral ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
5836	REDUCTION URETEROPLASTY, bilateral ANAESTHETIC 17 UNITS — ITEM NOS 461G / 528S
5837	CLOSURE OF CUTANEOUS URETEROSTOMY — unilateral ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
OPERATIONS ON THE BLADDER (CLOSED)	
5840	BLADDER, catheterisation of — where no other surgical procedure is performed ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
5841	CYSTOSCOPY and URETEROSCOPY with or without PYELOSCOPY including, where performed, ureteric meatotomy or dilatation of the ureter (not associated with a service covered by Items 5842 to 5888) ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
5842	CYSTOSCOPY and URETEROSCOPY with or without PYELOSCOPY including, where performed, ureteric meatotomy or dilatation of the ureter with one or more of the following procedures in the ureter or renal pelvis — biopsy, diathermy, calculus extraction (not associated with a service covered by Item 5841 and Items 5843 to 5888) ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5843	CYSTOSCOPY and URETEROSCOPY with or without PYELOSCOPY including, where performed, ureteric meatotomy or dilatation of the ureter with ultrasonic or electrohydraulic pulse disintegration of stone in the ureter or renal pelvis (not associated with Items 5841, 5842 and 5845 to 5888) ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S

5845	CYSTOSCOPY, with or without urethral dilatation ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
5851	CYSTOSCOPY, with ureteric catheterisation, with or without introduction of opaque medium ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
5853	CYSTOSCOPY, with controlled hydro-dilatation of the bladder ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
5861	ASCENDING CYSTO-URETHROGRAPHY ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
5864	CYSTOSCOPIC REMOVAL OF FOREIGN BODY ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5868	CYSTOSCOPY, with biopsy of bladder tumours ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5871	CYSTOSCOPY, with diathermy or resection of superficial bladder tumours or with other diathermy of bladder or prostate ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5875	CYSTOSCOPY, with diathermy or resection of invasive bladder tumours or solitary tumour over 2 cm in diameter ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5878	CYSTOSCOPY, with ureteric meatotomy or with resection of ureterocele ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
5881	CYSTOSCOPY WITH ENDOSCOPIC RESECTION OF BLADDER NECK or CYSTOSCOPY WITH ENDOSCOPIC INCISION OF BLADDER NECK or BOTH OF THESE PROCEDURES ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
5883	ENDOSCOPIC EXTERNAL SPHINCTEROTOMY for neurogenic bladder neck obstruction not associated with Item 5881 ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
5885	CYSTOSCOPY, with endoscopic removal or manipulation of ureteric calculus ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5888	LITHOLAPAXY, with or without cystoscopy ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
OPERATIONS ON THE BLADDER (OPEN)	
5891 G 5894 S	BLADDER, repair of rupture of, or partial excision of, or plastic repair of ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
5897 G 5901 S	CYSTOSTOMY OR CYSTOTOMY, suprapubic (not covered by Item 5903) ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
5903	SUPRAPUBIC STAB CYSTOTOMY ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
5905	BLADDER, total excision of ANAESTHETIC 29 UNITS — ITEM NOS 473G / 544S
5916	BLADDER NECK CONTRACTURE, operation for ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S

PART 10 — OPERATIONS

DIVISION 4 — UROLOGICAL

5919	BLADDER TUMOURS, suprapubic diathermy of ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
5929	DIVERTICULUM OF BLADDER, excision or obliteration of ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
5935	VESICAL FISTULA, cutaneous, operation for ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5941	VESICO-VAGINAL FISTULA, closure of, by abdominal approach ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5947	VESICO-COLIC FISTULA, closure of, excluding bowel resection ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
5956	VESICO-RECTAL FISTULA, closure of ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
5964	BLADDER ASPIRATION by needle
5968	CYSTOTOMY, with removal of calculus, as an independent procedure ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
5977	URETHROPEXY (Marshall-Marchetti operation) ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
5981	BLADDER ENLARGEMENT using intestine or segment of bowel ANAESTHETIC 23 UNITS — ITEM NOS 467G / 538S
5984	CORRECTION OF VESICO-URETERIC REFLUX — operation for — unilateral ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
5993	CORRECTION OF VESICO-URETERIC REFLUX — operation for — bilateral ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
OPERATIONS ON THE PROSTATE	
6001	PROSTATECTOMY (suprapubic, perineal or retropubic) ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
6005	PROSTATECTOMY (endoscopic), with or without cystoscopy and including services covered by Item 6039, 6061, 6066 or 6069 ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6010	MEDIAN BAR, endoscopic resection of, with or without cystoscopy ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6017	PROSTATE, total excision of ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
6022	PROSTATE, OPEN PERINEAL BIOPSY OF ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
6027	PROSTATE, biopsy of, endoscopic, with or without cystoscopy ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
6030	PROSTATE, needle biopsy of, or injection into ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S

6033	PROSTATIC ABSCESS, retropubic or endoscopic drainage of ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
OPERATIONS ON URETHRA, PENIS OR SCROTUM	
6036	URETHRAL SOUNDS, passage of, as an independent procedure ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
6039	URETHRAL STRICTURE, dilatation of ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
6041	URETHRA, repair of RUPTURE OF ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6044	URETHRAL FISTULA, closure of ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6047	URETHROSCOPY, as an independent procedure ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
6053	URETHROSCOPY with diathermy of tumour ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
6056	URETHROSCOPY with removal of stone or foreign body ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
6061	URETHRA, examination of, involving the use of an urethroscope, with cystoscopy ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
6066	URETHRAL MEATOTOMY, EXTERNAL ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
6069	URETHROTOMY, external or internal ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
6077	URETHRECTOMY, partial or complete, for removal of tumour ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6079	URETHRO-VAGINAL FISTULA, closure of ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6083	URETHRO-RECTAL FISTULA, closure of ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6085	PERIURETHRAL TEFLON INJECTION for urinary incontinence including cystoscopy and urethroscopy ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
6086	URETHROPLASTY — single stage operation ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6089	URETHROPLASTY — two stage operation — first stage ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6092	URETHROPLASTY — two stage operation — second stage ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6095	URETHROPLASTY, not covered by any other item in this Part ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S

PART 10 — OPERATIONS**DIVISION 4 — UROLOGICAL**

6098	HYPOSPADIAS, meatotomy and hemi-circumcision ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
6105	HYPOSPADIAS, correction of chordee ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6107	HYPOSPADIAS, correction of chordee with transplantation of prepuce ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6110	HYPOSPADIAS, urethral reconstruction for, with or without urinary diversion ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
6118	HYPOSPADIAS, urethral reconstruction and correction of chordee, complete, one stage including urinary diversion ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
6122	HYPOSPADIAS, secondary correction of ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6130	EPISPADIAS, repair of, not involving sphincter — each stage ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6135	EPISPADIAS, repair of, INCLUDING BLADDER NECK CLOSURE ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6140	URETHRA, diathermy of ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
6146	URETHRA, excision of prolapse of ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
6152	URETHRA, excision of diverticulum of ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6157	URETHRA, operation for correction of male urinary incontinence ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6162	PRIAPISM, decompression operation for, under general anaesthesia ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
6166	PRIAPISM, decompression shunt, operation for ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6175	URETHRAL VALVES OR URETHRAL MEMBRANE, endoscopic, resection of ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
6179	PENIS, partial amputation of ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6184	PENIS, complete or radical amputation of ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
6189	PENIS, repair of laceration or fracture involving cavernous tissue ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6194	PENIS, repair of avulsion ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S

6199	PENIS, Peyronie's disease, injection procedure for
6204	PENIS, Peyronie's disease, operation for ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6208	PENIS, plastic implantation of ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6210	PENIS, lengthening of by translocation of corpora, as an independent procedure ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6212	SCROTUM, partial excision of ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
OPERATIONS ON TESTES, VASA OR SEMINAL VESICLES	
6218	TESTICULAR BIOPSY ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
6221 G 6224 S	SPERMATOCELE OR EPIDIDYMAL CYSTS, excision of ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
6228	EXPLORATION OF THE TESTIS, with or without fixation for torsion ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
6231	RETROPERITONEAL LYMPH NODE DISSECTION following orchidectomy (unilateral) ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
6232	RETROPERITONEAL LYMPH NODE DISSECTION following nephrectomy for tumour, not associated with Item 5667 ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
6236	EPIDIDYMECTOMY ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6245	VASO-VASOSTOMY or VASO-EPIDIDYMOSTOMY, unilateral, using operating microscope ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
6246	VASOEPIDIDYMOGRAPHY and VASOVESICULOGRAPHY, PREPARATION FOR, BY OPEN OPERATION, as an independent procedure ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
6247	VASO-VASOSTOMY OR VASO-EPIDIDYMOSTOMY (unilateral) ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6249 G 6253 S	VASOTOMY OR VASECTOMY (unilateral or bilateral) ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
DIVISION 5 — GYNAECOLOGICAL	
6258	GYNAECOLOGICAL EXAMINATION UNDER ANAESTHESIA, not associated with any other item in this Part ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
6262	INTRA-UTERINE CONTRACEPTIVE DEVICE, INTRODUCTION OF, not associated with any other item in this Part ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
6264	INTRA-UTERINE CONTRACEPTIVE DEVICE, REMOVAL OF UNDER GENERAL ANAESTHESIA, not associated with any other item in this Part ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S

PART 10 — OPERATIONS

DIVISION 5 — GYNAECOLOGICAL

6271	HYMENECTOMY ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
6274 G 6277 S	BARTHOLIN'S CYST, excision of ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
6278 G 6280 S	BARTHOLIN'S CYST OR GLAND, marsupialisation of ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
6284	BARTHOLIN'S ABSCESS, incision of ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
6290	URETHRA OR URETHRAL CARUNCLE, cauterisation of ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
6292 G 6296 S	URETHRAL CARUNCLE, excision of ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
6299	CLITORIS, amputation of, where medically indicated ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
6302	VULVECTOMY (SIMPLE), VULVOPLASTY OR LABIOPLASTY, where medically indicated ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6306	VULVECTOMY (RADICAL) ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S
6308	PELVIC LYMPH GLANDS, excision of (radical) ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
6313	VAGINA, DILATATION OF, as an independent procedure including any associated consultation ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
6321	VAGINA, removal of simple tumour (including Gartner duct cyst) ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6325	VAGINA, partial or complete removal of ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
6327	VAGINAL RECONSTRUCTION for congenital absence, gynatresia or urogenital sinus ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S
6332	VAGINAL SEPTUM, excision of, for correction of double vagina ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
6336	PLASTIC REPAIR TO ENLARGE VAGINAL ORIFICE ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6342	COLPOTOMY — not covered by any other item in this Part ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
6347 G 6352 S	ANTERIOR VAGINAL REPAIR OR POSTERIOR VAGINAL REPAIR (involving repair of rectocele or enterocele or both) not covered by Item 6358, 6363, 6367 or 6373 ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6358 G 6363 S	ANTERIOR VAGINAL REPAIR AND POSTERIOR VAGINAL REPAIR (involving repair of rectocele or enterocele or both) not covered by Item 6367 or 6373 ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S

PART 10 — OPERATIONS

DIVISION 5 — GYNAECOLOGICAL

6367 G 6373 S	DONALD-FOTHERGILL OR MANCHESTER OPERATION FOR GENITAL PROLAPSE ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6389	URETHROCELE, operation for ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6396	Operation involving ABDOMINAL APPROACH for repair of ENTEROCELE OR SUSPENSION OF VAGINAL VAULT OR ENTEROCELE AND SUSPENSION OF VAGINAL VAULT ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6401	FISTULA BETWEEN GENITAL AND URINARY OR ALIMENTARY TRACTS, repair of, not covered by Items 5941, 6079 or 6083 ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
6406	STRESS INCONTINENCE, sling operation for ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
6407	STRESS INCONTINENCE, combined synchronous ABDOMINO-VAGINAL operation for; abdominal procedure (including after-care) ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
6408	STRESS INCONTINENCE, combined synchronous ABDOMINO-VAGINAL operation for; vaginal procedure (including after-care)
6411 ‡	CERVIX, cauterisation (other than by chemical means), ionisation, diathermy or biopsy of, with or without dilatation of cervix ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
6413 †	CERVIX, removal of polyp or polypi, with or without dilatation of cervix, not associated with item 6411 ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
6415	EXAMINATION OF LOWER FEMALE GENITAL TRACT by a Hinselmann-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 ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
6430 G 6431 S	CERVIX, cone biopsy, amputation or repair of, not covered by Item 6367 or 6373 ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
6446	CERVIX, dilatation of, under general anaesthesia, not covered by Item 6460, 6464 or 6469 ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
6451	HYSTEROSCOPY under general anaesthesia or CULDOSCOPY ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
6460 G 6464 S	UTERUS, CURETTAGE OF, under general anaesthesia, with or without dilatation (including curettage for incomplete miscarriage) ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
6469	EVACUATION OF THE CONTENTS OF THE GRAVID UTERUS BY CURETTAGE OR SUCTION CURETTAGE not covered by Item 6460/6464 ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
6483	UTERUS, CURETTAGE OF, with COLPOSCOPY, CERVICAL BIOPSY and RADICAL DIATHERMY ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6508	HYSTEROTOMY or UTERINE MYOMECTOMY ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S

PART 10 — OPERATIONS

DIVISION 5 — GYNAECOLOGICAL

6513 G 6517 S	HYSTERECTOMY, ABDOMINAL, SUB-TOTAL or TOTAL, with or without removal of uterine adnexae or VAGINAL HYSTERECTOMY (with or without uterine curettage) not covered by Item 6544 ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
6532 G 6533 S	HYSTERECTOMY, ABDOMINAL, with excision of ovarian, para- ovarian, broad ligament or other adnexal cyst or mass, one or more, with conservation of the ovaries ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
6536	HYSTERECTOMY AND DISSECTION OF PELVIC GLANDS ANAESTHETIC 17 UNITS — ITEM NOS 461G / 528S
6542	RADICAL HYSTERECTOMY WITHOUT GLAND DISSECTION ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
6544	HYSTERECTOMY, VAGINAL (with or without uterine curettage) with salpingectomy, oophorectomy for excision of ovarian cyst, one or more, one or both sides ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
6553 G 6557 S	ECTOPIC GESTATION, removal of ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6570	BICORNUATE UTERUS, plastic reconstruction for ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
6585 G 6594 S	UTERUS, SUSPENSION OR FIXATION OF, as an independent procedure ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6611 G 6612 S	STERILISATION BY TRANSECTION OR RESECTION OF FALLOPIAN TUBES, via abdominal or vaginal routes or via laparoscopy using diathermy or any other method ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6631	TUBOPLASTY (salpingostomy, salpingolysis or tubal implantation into uterus), UNILATERAL or BILATERAL ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
6633	FALLOPIAN TUBES, unilateral microsurgical anastomosis of, using operating microscope ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S
6638	HYDROTUBATION OF FALLOPIAN TUBES as a non-repetitive procedure not associated with any other item in this Part OR RUBIN TEST FOR PATENCY OF FALLOPIAN TUBES ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
6641	FALLOPIAN TUBES, hydrotubation of, as a repetitive post-operative procedure ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
6643 G 6644 S	LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PAROVARIAN, FIMBRIAL or BROAD LIGAMENT CYST — one such procedure, not associated with hysterectomy ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6648 G 6649 S	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 ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6655	RADICAL OR DEBULKING OPERATION for ovarian tumour including omentectomy ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S
6686	DIVISION 6 — OPHTHALMOLOGICAL OPHTHALMOLOGICAL EXAMINATION under general anaesthesia, not associated with any other item in this Part ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S

PART 10—OPERATIONS

DIVISION 5—GYNAECOLOGICAL

6367 G 6373 S	DONALD-FOTHERGILL OR MANCHESTER OPERATION FOR GENITAL PROLAPSE ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
6389	URETHROCELE, operation for ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
6396	Operation involving ABDOMINAL APPROACH for repair of ENTEROCELE OR SUSPENSION OF VAGINAL VAULT OR ENTEROCELE AND SUSPENSION OF VAGINAL VAULT ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
6401	FISTULA BETWEEN GENITAL AND URINARY OR ALIMENTARY TRACTS, repair of, not covered by Items 5941, 6079 or 6083 ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
6406	STRESS INCONTINENCE, sling operation for ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
6407	STRESS INCONTINENCE, combined synchronous ABDOMINO-VAGINAL operation for; abdominal procedure (including after-care) ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
6408	STRESS INCONTINENCE, combined synchronous ABDOMINO-VAGINAL operation for; vaginal procedure (including after-care)
6411	CERVIX, cauterisation (other than by chemical means), ionisation, diathermy or biopsy of, with or without dilatation of cervix ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
6413	CERVIX, removal of polyp or polypi, with or without dilatation of cervix, not associated with item 6411 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
6415	EXAMINATION OF LOWER FEMALE GENITAL TRACT by a Hinselmann-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 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
6430 G 6431 S	CERVIX, cone biopsy, amputation or repair of, not covered by Item 6367 or 6373 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
6446	CERVIX, dilatation of, under general anaesthesia, not covered by Item 6460, 6464 or 6469 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
6451	HYSTEROSCOPY under general anaesthesia or CULDOSCOPY ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
6460 G 6464 S	UTERUS, CURETTAGE OF, under general anaesthesia, with or without dilatation (including curettage for incomplete miscarriage) ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
6469	EVACUATION OF THE CONTENTS OF THE GRAVID UTERUS BY CURETTAGE OR SUCTION CURETTAGE not covered by Item 6460/6464 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
6483 ‡ +	UTERUS—COLPOSCOPY, cervical biopsy and radial diathermy of ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

PART 10—OPERATIONS**DIVISION 5—GYNAECOLOGICAL**

6508	HYSTEROTOMY or UTERINE MYOMECTOMY ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
6513 G 6517 S	HYSTERECTOMY, ABDOMINAL, SUB-TOTAL or TOTAL, with or without removal of uterine adnexae or VAGINAL HYSTERECTOMY (with or without uterine curettage) not covered by Item 6544 ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
6532 G 6533 S	HYSTERECTOMY, ABDOMINAL, with excision of ovarian, para-ovarian, broad ligament or other adnexal cyst or mass, one or more, with conservation of the ovaries ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
6536	HYSTERECTOMY AND DISSECTION OF PELVIC GLANDS ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S
6542	RADICAL HYSTERECTOMY WITHOUT GLAND DISSECTION ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
6544	HYSTERECTOMY, VAGINAL (with or without uterine curettage) with salpingectomy, oophorectomy for excision of ovarian cyst, one or more, one or both sides ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
6553 G 6557 S	ECTOPIC GESTATION, removal of ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
6570	BICORNUATE UTERUS, plastic reconstruction for ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
6585 G 6594 S	UTERUS, SUSPENSION OR FIXATION OF, as an independent procedure ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6611 G 6612 S	STERILISATION BY TRANSECTION OR RESECTION OF FALLOPIAN TUBES, via abdominal or vaginal routes or via laparoscopy using diathermy or any other method ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6631 ‡	TUBOPLASTY (salpingostomy, salpingolysis or tubal implantation into uterus), UNILATERAL or BILATERAL, one or more procedures ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
6632 †	MICROSURGICAL TUBOPLASTY (salpingostomy, salpingolysis or tubal implantation into uterus), UNILATERAL or BILATERAL, one or more procedures ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S
6633	FALLOPIAN TUBES, unilateral microsurgical anastomosis of, using operating microscope ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
6638	HYDROTUBATION OF FALLOPIAN TUBES as a non-repetitive procedure not associated with any other item in this Part OR RUBIN TEST FOR PATENCY OF FALLOPIAN TUBES ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
6641	FALLOPIAN TUBES, hydrotubation of, as a repetitive post-operative procedure ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
6643 G 6644 S	LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PAROVARIAN, FIMBRIAL or BROAD LIGAMENT CYST—one such procedure, not associated with hysterectomy ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

PART 10—OPERATIONS**DIVISION 5—GYNAECOLOGICAL**

6648 G
6649 S 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
ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

6655 RADICAL OR DEBULKING OPERATION for ovarian tumour including omentectomy
ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S

6657
† LAPAROTOMY, FOR REASSESSMENT ('second look') in the management of ovarian cancer, including associated biopsies and other procedures
ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S

DIVISION 6—OPHTHALMOLOGICAL

6686 OPHTHALMOLOGICAL EXAMINATION under general anaesthesia, not associated with any other item in this Part
ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

PART 10 — OPERATIONS

DIVISION 6 — OPHTHALMOLOGICAL

6688	EYE, ENUCLEATION OF, with or without sphere implant ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6692	EYE, ENUCLEATION OF, with insertion of integrated implant ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6697	GLOBE, EVISCERATION OF ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6699	GLOBE, EVISCERATION OF, AND INSERTION OF INTRASCLERAL BALL OR CARTILAGE 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 ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6703	ORBIT, SKIN GRAFT TO, as a delayed procedure ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
6705	CONTRACTED SOCKET, RECONSTRUCTION INCLUDING MUCOUS MEMBRANE GRAFTING AND STENT MOULD ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
6707	ORBIT, EXPLORATION with or without biopsy, requiring REMOVAL OF BONE ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6709	ORBIT, EXPLORATION OF, with drainage or biopsy not requiring removal of bone ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6715	ORBIT, EXENTERATION OF, with or without skin graft and with or without temporalis muscle transplant ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6722	ORBIT, EXPLORATION OF, with removal of tumour or foreign body, requiring removal of bone ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
6724	ORBIT, EXPLORATION OF, with removal of tumour or of foreign body ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6728	EYEBALL, PERFORATING WOUND OF, not involving intraocular structures — repair involving suture of cornea or sclera, or both, not covered by Item 6807 ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6730	EYEBALL, PERFORATING WOUND OF, with incarceration or prolapse of uveal tissue — repair ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
6736	EYEBALL, PERFORATING WOUND OF, with incarceration of lens or vitreous — repair ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
6740	INTRAOCULAR FOREIGN BODY, magnetic removal from anterior segment ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6742	INTRAOCULAR FOREIGN BODY, nonmagnetic removal from anterior segment ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
6744	INTRAOCULAR FOREIGN BODY, magnetic removal from posterior segment ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S

PART 10 — OPERATIONS**DIVISION 6 — OPHTHALMOLOGICAL**

6747	INTRAOCULAR FOREIGN BODY, nonmagnetic removal from posterior segment ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
6752	ABSCESS (INTRAORBITAL), drainage of ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
6754	TARSAL CYST, extirpation of ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
6758	TARSAL CARTILAGE, excision of ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6762	ECTROPION, tarsal cauterisation for
6766	TARSORRHAPHY ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6767	CRYOTHERAPY or ELECTROLYSIS EPILATION for trichiasis, each treatment ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
6768	CANTHOPLASTY, medial or lateral ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6772	LACRIMAL GLAND, excision of palpebral lobe ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6774	LACRIMAL SAC, excision of, or operation on ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6778	DACRYOCYSTORHINOSTOMY ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
6786	CONJUNCTIVORHINOSTOMY including dacryocystorhinostomy and fashioning of conjunctival flaps ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
6792	LACRIMAL CANALICULAR SYSTEM, establishment of patency by open operation ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6796	LACRIMAL CANALICULUS, immediate repair of ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6799	NASOLACRIMAL TUBE (unilateral) replacement of, under general anaesthesia, or lacrimal passages, probing for obstruction, unilateral or bilateral, with or without lavage ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
6802	LACRIMAL PASSAGES, lavage of, unilateral, not associated with Item 6799 (excluding after-care) ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
6805	PUNCTUM SNIP operation ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
6807	CONJUNCTIVAL PERITOMY OR REPAIR OF CORNEAL LACERATION by conjunctival flap ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
6810	CONJUNCTIVAL GRAFT OVER CORNEA ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
6818	CORNEA OR SCLERA, removal of imbedded foreign body from (excluding after-care) ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S

PART 10 — OPERATIONS

DIVISION 6 — OPHTHALMOLOGICAL

6820	CORNEAL SCARS, removal of, by partial keratotomy ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6824	CORNEA, epithelial debridement for corneal ulcer or corneal erosion (excluding after-care) ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6828	CORNEA, transplantation of, full thickness, including collection of implant ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
6832	CORNEA, transplantation of, superficial or lamellar, including collection of transplant ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
6833	REFRACTIVE KERATOPLASTY (excluding radial keratotomy) following corneal grafting or intraocular operation INCLUDING ANY MEASUREMENTS AND CALCULATIONS associated with the procedure ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6835	CONJUNCTIVA, CAUTERY OF, INCLUDING TREATMENT OF PANNUS — each attendance at which treatment is given including any associated consultation ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
6837	PTERYGIUM, removal of ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
6842	PINGUECULA, removal of ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
6846	LIMBIC TUMOUR, removal of ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
6848	LENS EXTRACTION ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
6852	ARTIFICIAL LENS, insertion of ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
6857	ARTIFICIAL LENS, REMOVAL or REPOSITIONING of by open operation, not associated with Item 6852 ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6858	ARTIFICIAL LENS, REMOVAL of and REPLACEMENT with a different lens ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
6859	CATARACT, JUVENILE, removal of, including subsequent needlings ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
6861 ‡	CAPSULECTOMY OR REMOVAL OF VITREOUS via the anterior chamber by any method, not associated with any other intraocular operation on that eye (See Explanatory Notes covering this item) ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6862 ‡	CAPSULECTOMY by posterior chamber sclerotomy OR REMOVAL OF VITREOUS or VITREOUS BANDS from the anterior chamber by posterior chamber sclerotomy, by cutting and suction and replacement by saline, Hartmann's or similar solution, not associated with any other intraocular operation on that eye — one or both procedures. (See Explanatory Notes covering this item) ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
6863 ‡	VITRECTOMY via posterior chamber sclerotomy — including the removal of vitreous, division of bands or removal of pre-retinal membranes by cutting and suction and replacement by saline, Hartmann's or similar solution, not associated with any other intraocular operation on that eye (See Explanatory Notes covering this item) ANAESTHETIC 25 UNITS — ITEM NOS 469G / 540S

PART 10 — OPERATIONS

DIVISION 6 — OPHTHALMOLOGICAL

6864 ‡	CAPSULECTOMY or LENSECTOMY by posterior chamber sclerotomy associated with the removal of vitreous or division of vitreous bands or removal of pre-retinal membrane from the posterior chamber by cutting and suction and replacement by saline, Hartmann's or similar solution, not associated with any other intraocular operation. (See Explanatory Notes covering this Item) ANAESTHETIC 25 UNITS — ITEM NOS 469G / 540S
6865	CAPSULOTOMY, NEEDLING or PARACENTESIS for diagnosis or relief of tension ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
6871	ANTERIOR CHAMBER, IRRIGATION OF BLOOD FROM, as an independent procedure ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
6873	GLAUCOMA, filtering and allied operations in the treatment of ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6879	GONIOTOMY ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6881	DIVISION OF ANTERIOR OR POSTERIOR SYNECHIAE, as an independent procedure ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6885	IRIDECTOMY (including excision of tumour of iris) OR IRIDOTOMY, as an independent procedure ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6889	IRIS, LIGHT COAGULATION OF ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
6894	TUMOUR, INVOLVING CILIARY BODY OR CILIARY BODY AND IRIS, excision of ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
6898	CYCLODIATHERMY OR CYCLOCRYOTHERAPY ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6900	DETACHED RETINA, diathermy or cryotherapy for, not associated with Item 6902 ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
6902	DETACHED RETINA, resection of, or buckling operation for, or revision operation for ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
6904	PHOTOCOAGULATION, each attendance at which treatment is given ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6906	DETACHED RETINA, removal of encircling silicone band from ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
6908	RETINA, CRYOTHERAPY TO, as an independent procedure ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
6914	RETROBULBAR TRANSILLUMINATION, as an independent procedure ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
6918	RETROBULBAR INJECTION OF ALCOHOL OR OTHER DRUG, as an independent procedure
6922	SQUINT, OPERATION FOR, ON ONE OR BOTH EYES, the operation involving a total of ONE OR TWO MUSCLES ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S

PART 10—OPERATIONS**DIVISION 6—OPHTHALMOLOGICAL**

6820	CORNEAL SCARS, removal of, by partial keratectomy ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6824	CORNEA, epithelial debridement for corneal ulcer or corneal erosion (excluding after-care) ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6828	CORNEA, transplantation of, full thickness, including collection of implant ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
6832	CORNEA, transplantation of, superficial or lamellar, including collection of transplant ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
6833	REFRACTIVE KERATOPLASTY (excluding radial keratotomy) following corneal grafting or intraocular operation INCLUDING ANY MEASUREMENTS AND CALCULATIONS associated with the procedure ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
6835	CONJUNCTIVA, CAUTERY OF, INCLUDING TREATMENT OF PANNUS—each attendance at which treatment is given including any associated consultation ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
6837	PTERYGIUM, removal of ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
6842	PINGUECULA, removal of ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
6846	LIMBIC TUMOUR, removal of ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
6848	LENS EXTRACTION ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
6852	ARTIFICIAL LENS, insertion of ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
6857	ARTIFICIAL LENS, REMOVAL or REPOSITIONING of by open operation, not associated with Item 6852 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
6858	ARTIFICIAL LENS, REMOVAL of and REPLACEMENT with a different lens ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
6859	CATARACT, JUVENILE, removal of, including subsequent needlings ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
6861	CAPSULECTOMY OR REMOVAL OF VITREOUS via the anterior chamber by any method, not associated with any other intraocular operation on that eye (See Explanatory Notes covering this Item) ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
6862	CAPSULECTOMY by posterior chamber sclerotomy OR REMOVAL OF VITREOUS or VITREOUS BANDS from the anterior chamber by posterior chamber sclerotomy, by cutting and suction and replacement by saline, Hartmann's or similar solution, not associated with any other intraocular operation on that eye—one or both procedures. (See Explanatory Notes covering this Item) ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S

PART 10—OPERATIONS**DIVISION 6—OPHTHALMOLOGICAL**

6863	VITRECTOMY via posterior chamber sclerotomy—including the removal of vitreous, division of bands or removal of pre-retinal membranes by cutting and suction and replacement by saline, Hartmann's or similar solution, not associated with any other intraocular operation on that eye (See Explanatory Notes covering this Item) ANAESTHETIC 25 UNITS—ITEM NOS 469G/540S
6864	CAPSULECTOMY or LENSECTOMY by posterior chamber sclerotomy associated with the removal of vitreous or division of vitreous bands or removal of pre-retinal membrane from the posterior chamber by cutting and suction and replacement by saline, Hartmann's or similar solution, not associated with any other intraocular operation. (See Explanatory Notes covering this Item) ANAESTHETIC 25 UNITS—ITEM NOS 469G/540S
6865	CAPSULOTOMY, NEEDLING or PARACENTESIS for diagnosis or relief of tension ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
6871	ANTERIOR CHAMBER, IRRIGATION OF BLOOD FROM, as an independent procedure ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
6873	GLAUCOMA, filtering and allied operations in the treatment of ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
6879	GONIOTOMY ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
6881	DIVISION OF ANTERIOR OR POSTERIOR SYNECHIAE, as an independent procedure ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
6885	IRIDECTOMY (including excision of tumour of iris) OR IRIDOTOMY, as an independent procedure ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
6889	IRIS, LIGHT COAGULATION OF ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
6894	TUMOUR, INVOLVING CILIARY BODY OR CILIARY BODY AND IRIS, excision of ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
6898	CYCLODIATHERMY OR CYCLOCRYOTHERAPY ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6900	DETACHED RETINA, diathermy or cryotherapy for, not associated with Item 6902 ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
6902	DETACHED RETINA, resection of, or buckling operation for, or revision operation for ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S
6904 ‡	PHOTOCOAGULATION, treatment to one or both eyes ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
6906	DETACHED RETINA, removal of encircling silicone band from ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6908	RETINA, CRYOTHERAPY TO, as an independent procedure ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
6914	RETROBULBAR TRANSILLUMINATION, as an independent procedure ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
6918	RETROBULBAR INJECTION OF ALCOHOL OR OTHER DRUG, as an independent procedure

6922

SQUINT, OPERATION FOR, ON ONE OR BOTH EYES, the operation involving a total of ONE OR TWO MUSCLES

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

PART 10—OPERATIONS

DIVISION 6—OPHTHALMOLOGICAL

6924	SQUINT, OPERATION FOR, ON ONE OR BOTH EYES, the operation involving a total of THREE OR MORE MUSCLES ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6929	READJUSTMENT OF ADJUSTABLE SUTURES, one or both eyes, as an independent procedure following an operation for correction of squint ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
6930	SQUINT, muscle transplant for (Hummelsheim type, etc.) ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6931	RECURRENT SQUINT OPERATION, one or both eyes, being an operation referred to in Item 6922, 6924 or 6930 where there has been two or more previous squint operations on the eye or eyes DERIVED FEE — The fee specified for Item 6922, 6924 or 6930 plus one-quarter of that fee ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
6932	RUPTURED MEDIAL PALPEBRAL LIGAMENT or ruptured EXTRA-OCULAR MUSCLE, repair of ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
6938	RESUTURING OF WOUND FOLLOWING INTRAOCULAR PROCEDURES with or without excision of prolapsed iris ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
DIVISION 7 — THORACIC	
6940	THORACIC CAVITY, aspiration or paracentesis of, or both (excluding after-care)
6942	PERICARDIUM, paracentesis of (excluding after-care) ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
6953	INTERCOSTAL DRAIN, insertion of, not involving resection of rib (excluding after-care) ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
6955	EMPYEMA, radical operation for, involving resection of rib ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
6958	THORACOTOMY, exploratory, with or without biopsy ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
6962	THORACOTOMY, with pulmonary decortication ANAESTHETIC 17 UNITS — ITEM NOS 461G / 528S
6964	THORACOTOMY, with pleurectomy or pleurodesis, OR ENUCLEATION OF HYDATID cysts ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S
6966	THORACOPLASTY (COMPLETE) ANAESTHETIC 21 UNITS — ITEM NOS 465G / 535S
6968	THORACOPLASTY (IN STAGES) — each stage ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
6972	PECTUS EXCAVATUM OR PECTUS CARINATUM, radical correction of ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S
6974	THORACOSCOPY, with or without division of pleural adhesions ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
6980	PNEUMONECTOMY or lobectomy ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S

PART 10 — OPERATIONS

DIVISION 7 — THORACIC

6986	<p>OESOPHAGECTOMY, with direct anastomosis OR WITH STOMACH TRANSPOSITION ANAESTHETIC 23 UNITS — ITEM NOS 467G / 538S</p>
6988	<p>OESOPHAGECTOMY, with interposition of small or large bowel ANAESTHETIC 27 UNITS — ITEM NOS 471G / 542S</p>
6992	<p>MEDIASTINUM, cervical exploration of, with or without biopsy ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S</p>
6995	<p>PERICARDIUM, TRANSTHORACIC DRAINAGE OF (other than for treatment of constrictive pericarditis) ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S</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 items in this Part 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 ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S</p>
7002	<p>INTRACARDIAC ELECTROPHYSIOLOGICAL INVESTIGATIONS not covered by Item 7001 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 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 ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S</p>
7011	<p>SELECTIVE CORONARY ARTERIOGRAPHY — placement of catheters and injection of opaque material 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 ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S</p>
7021	<p>PERMANENT INTERNAL PACEMAKER AND MYOCARDIAL ELECTRODES, insertion or replacement of by thoracotomy ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S</p>
7028	<p>PERMANENT TRANSVENOUS ELECTRODE, insertion or replacement of ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S</p>
7033	<p>PERMANENT PACEMAKER, insertion or replacement of ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S</p>
7042	<p>TEMPORARY TRANSVENOUS PACEMAKING ELECTRODE, insertion of 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 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 ANAESTHETIC 32 UNITS — ITEM NOS 475G / 546S</p>

PART 10—OPERATIONS

DIVISION 7—THORACIC

7057	OPEN HEART SURGERY on more than one valve or involving more than one chamber ANAESTHETIC 38 UNITS — ITEM NOS 477G / 548S
7066	CORONARY ARTERY OR ARTERIES, direct surgery to, employing cardiopulmonary by-pass ANAESTHETIC 36 UNITS — ITEM NOS 476G / 547S
	DIVISION 8 — NEURO-SURGICAL
7079	INJECTION INTO TRIGEMINAL GANGLION OR PRIMARY BRANCH OF TRIGEMINAL NERVE WITH ALCOHOL ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
7081	INTRATHECAL INJECTION OF ALCOHOL OR PHENOL
7085	LUMBAR PUNCTURE, or SPINAL OR EPIDURAL INJECTION not covered by Item 748 ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
7089	CISTERNAL PUNCTURE
7099	VENTRICULAR PUNCTURE (not including burr-hole)
7118	CUTANEOUS NERVE (including digital nerve), primary repair of ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
7119	CUTANEOUS NERVE (including digital nerve), secondary repair of ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
7120	CUTANEOUS NERVE (including digital nerve), primary repair of, using the operating microscope ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
7121	CUTANEOUS NERVE (including digital nerve), secondary repair of, using the operating microscope ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
7124	NERVE TRUNK, PRIMARY repair of ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
7129	NERVE TRUNK, primary repair of, using the OPERATING MICROSCOPE ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
7132	NERVE TRUNK, SECONDARY repair of ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
7133	NEUROLYSIS OF NERVE TRUNK, INTERNAL (interfascicular), using the OPERATING MICROSCOPE ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
7138	NERVE TRUNK, secondary repair of, using the OPERATING MICROSCOPE ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
7139 ‡	NERVE GRAFT to nerve trunk (cable graft) including harvesting of nerve graft ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
7140	NERVE GRAFT to cutaneous nerve (including digital nerve) ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
7141 †	NERVE GRAFT to nerve trunk (cable graft) including harvesting of nerve graft using microsurgical techniques ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S

PART 10 — OPERATIONS

DIVISION 8 — NEURO-SURGICAL

7143	NERVE, TRANSPOSITION of ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
7148 G 7152 S	NEURECTOMY, NEUROTOMY or removal of tumour from superficial peripheral nerve ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
7153	PERCUTANEOUS NEUROTOMY of posterior divisions of spinal nerves by any method on one or more occasions within a thirty day period, including any spinal, epidural or regional nerve block given at the time of such neurotomy ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
7156	NEURECTOMY, NEUROTOMY, OR REMOVAL OF TUMOUR FROM DEEP PERIPHERAL NERVE ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
7157	RADIOFREQUENCY TRIGEMINAL GANGLIOTOMY ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
7170	NEURECTOMY, INTRACRANIAL OR RADICAL as in tic douloureux ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S
7171	INTRACRANIAL MICROSURGICAL DECOMPRESSION OF CRANIAL NERVE, posterior cranial fossa approach including Jannetta's operation ANAESTHETIC 25 UNITS — ITEM NOS 469G / 540S
7175	EXPLORATION OF BRACHIAL PLEXUS, not covered by any other item in this Part ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
7178 G 7182 S	NEUROLYSIS BY OPEN OPERATION without transposition, not associated with Item 7133 ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
7184	SUBDURAL HAEMORRHAGE, tap for, each tap 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 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) ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
7192	INTRACRANIAL TUMOUR, BIOPSY OF, OR INTRACRANIAL CYST, drainage of via burr-hole — including burr-hole 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 ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S
7198	CRANIOTOMY for removal of GLIOMA, METASTATIC CARCINOMA or ANY OTHER TUMOUR in cerebrum, cerebellum or brain stem — not covered by any other item in this Part ANAESTHETIC 25 UNITS — ITEM NOS 469G / 540S
7203	CRANIOTOMY for removal of MENINGIOMA, PINEALOMA, CRANIO-PHARYNGIOMA or ANY OTHER intracranial tumour not covered by any other item in this Part ANAESTHETIC 25 UNITS — ITEM NOS 469G / 540S
7204	HYPOPHYSECTOMY OR REMOVAL OF PITUITARY TUMOUR by transcranial or transphenoidal approach ANAESTHETIC 25 UNITS — ITEM NOS 469G / 540S
7212	INTRACRANIAL HAEMORRHAGE, burr-hole craniotomy for — including burr-holes ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S

PART 10—OPERATIONS

DIVISION 8—NEURO-SURGICAL

7216	INTRACRANIAL HAEMORRHAGE, OSTEOPLASTIC CRANIOTOMY OR EXTENSIVE CRANIECTOMY AND REMOVAL OF HAEMATOMA ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S
7231	FRACTURE OF SKULL, depressed or comminuted, operation for ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
7240	FRACTURED SKULL, COMPOUND, WITHOUT DURAL PENETRATION, operation for ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
7244	FRACTURED SKULL, COMPOUND OR COMPLICATED, WITH DURAL PENETRATION AND BRAIN DAMAGE, operation for ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
7248	FRACTURED SKULL WITH RHINORRHOEA OR OTORRHEA CRANIOPLASTY AND REPAIR OF ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S
7251	RECONSTRUCTIVE CRANIOPLASTY ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S
7265	ANEURYSM, OR ARTERIOVENOUS MALFORMATION, CLIPPING OR REINFORCEMENT OF SAC ANAESTHETIC 28 UNITS — ITEM NOS 472G / 543S
7270	ANEURYSM, OR ARTERIOVENOUS MALFORMATION, INTRACRANIAL PROXIMAL ARTERY CLIPPING ANAESTHETIC 24 UNITS — ITEM NOS 468G / 539S
7274	ANEURYSM, OR ARTERIOVENOUS FISTULA, cervical carotid ligation for ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
7279	CRANIOTOMY involving osteoplastic flap, for re-opening post-operatively for haemorrhage, swelling etc. ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S
7283	INTRACRANIAL ABSCESS, excision of ANAESTHETIC 17 UNITS — ITEM NOS 461G / 528S
7287	INTRACRANIAL INFECTION, drainage of, via burr-hole — including burr-hole ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
7291	CRANIECTOMY FOR OSTEOMYELITIS OF SKULL ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
7298	LEUCOTOMY OR LOBOTOMY for psychiatric causes ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
7312	INTRACRANIAL STEREOTACTIC PROCEDURE BY ANY METHOD, including burr-holes, preparation for ventriculography and localisation of lesion ANAESTHETIC 17 UNITS — ITEM NOS 461G / 528S
7314	VENTRICULO-CISTERNOSTOMY (TORKILDSEN'S OPERATION) ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
7316	VENTRICULO-ATRIAL OR VENTRICULO-PERITONEAL VALVULAR SHUNT for hydrocephalus or other lesions ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
7318	VENTRICULO-ATRIAL OR VENTRICULO-PERITONEAL VALVULAR SHUNT, revision or removal of ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S

PART 10 — OPERATIONS

DIVISION 8 — NEURO-SURGICAL

7320	SPINO-URETERAL, SPINO-PERITONEAL, SPINO-PLEURAL OR SIMILAR SPINAL SHUNT for hydrocephalus ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
7324	CRANIOSTENOSIS, operation for — single suture ANAESTHETIC 17 UNITS — ITEM NOS 461G / 528S
7326	CRANIOSTENOSIS, operation for — more than one suture ANAESTHETIC 20 UNITS — ITEM NOS 464G / 533S
7328	ARACHNOIDAL CYST, operation for ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
7331	LAMINECTOMY FOR EXPLORATION OR REMOVAL OF INTERVERTEBRAL DISC OR DISCS ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
7336	LAMINECTOMY FOR RECURRENT DISC LESION OR SPINAL STENOSIS ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
7341	LAMINECTOMY FOR EXTRADURAL TUMOUR OR ABSCESS ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
7346	LAMINECTOMY FOR INTRADURAL LESION OR OPEN CORDOTOMY ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
7353	LAMINECTOMY AND RADICAL EXCISION OF INTRAMEDULLARY TUMOUR OR ARTERIOVENOUS MALFORMATION ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
7355	LAMINECTOMY FOLLOWED BY POSTERIOR FUSION — not covered by Items 7361 and 7365 ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S
7361	LAMINECTOMY FOLLOWED BY POSTERIOR FUSION, PERFORMED BY NEUROSURGEON AND ORTHOPAEDIC SURGEON OPERATING TOGETHER — LAMINECTOMY including after-care ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S
7365	LAMINECTOMY FOLLOWED BY POSTERIOR FUSION, PERFORMED BY NEUROSURGEON AND ORTHOPAEDIC SURGEON OPERATING TOGETHER — POSTERIOR FUSION, including after-care
7370	SPINAL RHIZOLYSIS involving exposure of spinal nerve roots, with or without laminectomy ANAESTHETIC 16 UNITS — ITEM NOS 460G / 527S
7376	SYMPATHECTOMY (cervical, lumbar, thoracic, sacral or presacral) ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
7381	PERCUTANEOUS CORDOTOMY ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
	DIVISION 9 — TREATMENT OF DISLOCATIONS DISLOCATIONS NOT REQUIRING OPEN OPERATION
7397	MANDIBLE ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7410	CLAVICLE ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7412	SHOULDER — first or second dislocation ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S

PART 10—OPERATIONS

DIVISION 8—NEURO-SURGICAL

7216	INTRACRANIAL HAEMORRHAGE, OSTEOPLASTIC CRANIOTOMY OR EXTENSIVE CRANIECTOMY AND REMOVAL OF HAEMATOMA ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
7231	FRACTURE OF SKULL, depressed or comminuted, operation for ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
7240	FRACTURED SKULL, COMPOUND, WITHOUT DURAL PENETRATION, operation for ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
7244	FRACTURED SKULL, COMPOUND OR COMPLICATED, WITH DURAL PENETRATION AND BRAIN DAMAGE, operation for ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
7248	FRACTURED SKULL WITH RHINORRHOEA OR OTORRHEA CRANIOPLASTY AND REPAIR OF ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S
7251	RECONSTRUCTIVE CRANIOPLASTY ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S
7265	ANEURYSM, OR ARTERIOVENOUS MALFORMATION, CLIPPING OR REINFORCEMENT OF SAC ANAESTHETIC 28 UNITS—ITEM NOS 472G/543S
7270	ANEURYSM, OR ARTERIOVENOUS MALFORMATION, INTRACRANIAL PROXIMAL ARTERY CLIPPING ANAESTHETIC 24 UNITS—ITEM NOS 468G/539S
7274	ANEURYSM, OR ARTERIOVENOUS FISTULA, cervical carotid ligation for ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
7279	CRANIOTOMY involving osteoplastic flap, for re-opening post-operatively for haemorrhage, swelling etc. ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S
7283	INTRACRANIAL ABSCESS, excision of ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S
7287	INTRACRANIAL INFECTION, drainage of, via burr-hole—including burr-hole ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
7291	CRANIECTOMY FOR OSTEOMYELITIS OF SKULL ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
7298	LEUCOTOMY OR LOBOTOMY FOR PSYCHIATRIC CAUSES ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S
7312	INTRACRANIAL STEREOTACTIC PROCEDURE BY ANY METHOD, including burr-holes, preparation for ventriculography and localisation of lesion ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S
7314	VENTRICULO-CISTERNOSTOMY (TORKILDSEN'S OPERATION) ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S
7316	VENTRICULO-ATRIAL OR VENTRICULO-PERITONEAL VALVULAR SHUNT for hydrocephalus or other lesions ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S

PART 10—OPERATIONS		DIVISION 8—NEURO-SURGICAL
7318	VENTRICULO-ATRIAL OR VENTRICULO-PERITONEAL VALVULAR SHUNT, revision or removal of ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S	
7320	SPINO-URETERAL, SPINO-PERITONEAL, SPINO-PLEURAL OR SIMILAR SPINAL SHUNT for hydrocephalus ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S	
7324	CRANIOSTENOSIS, operation for—single suture ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S	
7326	CRANIOSTENOSIS, operation for—more than one suture ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S	
7328	ARACHNOIDAL CYST, operation for ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S	
7331	LAMINECTOMY FOR EXPLORATION OR REMOVAL OF INTERVERTEBRAL DISC OR DISCS ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S	
7336	LAMINECTOMY FOR RECURRENT DISC LESION OR SPINAL STENOSIS ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S	
7341	LAMINECTOMY FOR EXTRADURAL TUMOUR OR ABSCESS ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S	
7346	LAMINECTOMY FOR INTRADURAL LESION OR OPEN CORDOTOMY ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S	
7353	LAMINECTOMY AND RADICAL EXCISION OF INTRAMEDULLARY TUMOUR OR ARTERIOVENOUS MALFORMATION ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S	
7355	LAMINECTOMY FOLLOWED BY POSTERIOR FUSION—not covered by Items 7361 and 7365 ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S	
7361	LAMINECTOMY FOLLOWED BY POSTERIOR FUSION, PERFORMED BY NEUROSURGEON AND ORTHOPAEDIC SURGEON OPERATING TOGETHER—LAMINECTOMY including after-care ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S	
7365	LAMINECTOMY FOLLOWED BY POSTERIOR FUSION, PERFORMED BY NEUROSURGEON AND ORTHOPAEDIC SURGEON OPERATING TOGETHER—POSTERIOR FUSION, including after-care	
7370	SPINAL RHIZOLYSIS involving exposure of spinal nerve roots, with or without laminectomy ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S	
7373 †	INTRADISCAL INJECTION of chymopapain (DISCASE)—ONE DISC ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S	
7376	SYMPATHECTOMY (cervical, lumbar, thoracic, sacral or presacral) ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S	
7381	PERCUTANEOUS CORDOTOMY ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S	
7397	DIVISION 9—TREATMENT OF DISLOCATIONS DISLOCATIONS NOT REQUIRING OPEN OPERATION MANDIBLE ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S	

7410

CLAVICLE

ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S

7412

SHOULDER—first or second dislocation

ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S

PART 10 — OPERATIONS

DIVISION 9 — DISLOCATIONS

7416	SHOULDER — third or subsequent dislocation — requiring anaesthesia ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7419	SHOULDER — third or subsequent dislocation — not requiring anaesthesia
7423	ELBOW ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7426	CARPUS ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7430 G 7432 S	CARPUS ON RADIUS AND ULNA ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7435	FINGER ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7436	METACARPO-PHALANGEAL JOINT OF THUMB ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7440 G 7443 S	HIP ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
7446 G 7451 S	KNEE ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7457	PATELLA ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7461	ANKLE ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
7464	TOE ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7468	TARSUS ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7472	SPINE (CERVICAL OR LUMBAR), without fracture ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
	DISLOCATIONS REQUIRING OPEN OPERATION
7480	TREATMENT OF A DISLOCATION REQUIRING OPEN OPERATION, being a dislocation referred to in Item 7397, 7410, 7416, 7419, 7426, 7435, 7457 or 7464 ANAESTHETIC — ITEM NOS 482G / 553S
7483	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 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
7505	TERMINAL PHALANX of finger or thumb ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S

PART 10 — OPERATIONS

DIVISION 10 — FRACTURES

7508 G 7512 S	PROXIMAL PHALANX of finger or thumb ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7516	MIDDLE PHALANX OF FINGER ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7520 G 7524 S	ONE OR MORE METACARPALS, not involving base of first carpometacarpal joint ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7527 G 7530 S	FIRST METACARPAL involving carpometacarpal joint (Bennett's fracture) ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7533	CARPUS (excluding navicular) ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
7535 G 7538 S	NAVICULAR OR CARPAL SCAPHOID ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
7540 G 7544 S	COLLES' FRACTURE OF WRIST ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
7547	DISTAL END OF RADIUS OR ULNA, involving wrist ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
7550 G 7552 S	RADIUS ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
7559 G 7563 S	ULNA ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
7567 G 7572 S	HUMERUS OR BOTH SHAFTS OF FOREARM ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
7588 G 7593 S	CLAVICLE OR STERNUM ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
7597	SCAPULA ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
7601 G 7605 S	ONE OR MORE RIBS — each attendance ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
7608 G 7610 S	PELVIS (excluding symphysis pubis) or sacrum ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
7615 G 7619 S	SYMPHYSIS PUBIS ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
7624 G 7627 S	FEMUR ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
7632 G 7637 S	FIBULA OR TARSUS (excepting os calcis or os talus) ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
7641 G 7643 S	TIBIA OR PATELLA ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S

PART 10—OPERATIONS

DIVISION 10—FRACTURES

7647 G 7652 S	ANKLE (Pott's Fracture) with or without dislocation, OS CALCIS (<i>calcaneus</i>), OS TALUS or BOTH SHAFTS OF LEG ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
7673 G 7677 S	METATARSALS — one or more ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
7681	PHALANX OF TOE (other than great toe) ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7683	MORE THAN ONE PHALANX OF TOE (other than great toe) ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7687	DISTAL PHALANX of great toe ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7691	PROXIMAL PHALANX of great toe ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7694 G 7697 S	SKULL, not requiring operation — each attendance
7701 G 7706 S	NASAL BONES, not requiring reduction — each attendance
7709 G 7712 S	NASAL BONES, requiring reduction ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
7715	NASAL BONES, requiring reduction and involving osteotomies ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
7719	MAXILLA or MANDIBLE, unilateral OR bilateral, NOT requiring splinting
7722	MAXILLA or MANDIBLE, requiring splinting OR wiring of teeth, not associated with Item 7725 — each procedure to a maximum of three such procedures ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
7725	MAXILLA or MANDIBLE, CIRCUMOSSEOUS FIXATION of — each procedure to maximum of three such procedures ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
7728	MAXILLA or MANDIBLE, EXTERNAL SKELETAL FIXATION of — each procedure to a maximum of three such procedures ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
7764 G 7766 S	ZYGOMA ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
7774 G 7777 S	SPINE (excluding sacrum), transverse process or bone OTHER THAN VERTEBRAL BODY, not requiring immobilisation in plaster — each attendance
7781 G 7785 S	SPINE (excluding sacrum), VERTEBRAL BODY, without involvement of cord, not requiring immobilisation in plaster — each attendance
7789	SPINE (excluding sacrum), transverse process or bone OTHER THAN VERTEBRAL BODY requiring immobilisation in plaster or traction by skull calipers 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 ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S

PART 10— OPERATIONS

DIVISION 10— FRACTURES

7798	SPINE (excluding sacrum), VERTEBRAL BODY, with involvement of cord 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 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	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 ANAESTHETIC — ITEM NOS 484G / 556S
7809	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 DERIVED FEE — The fee for the treatment of the fracture, had such fracture not required open operation plus one-half of that fee. ANAESTHETIC — ITEM NOS 484G / 556S
7815	COMPOUND FRACTURES REQUIRING OPEN OPERATION TREATMENT OF A COMPOUND FRACTURE REQUIRING OPEN OPERATION, being a fracture referred to in Item — 7505, 7516, 7533, 7601, 7605, 7681, 7683, 7694, 7697, 7701, 7706, 7774, 7777, 7781 or 7785 ANAESTHETIC — ITEM NOS 484G / 556S
7817	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 DERIVED FEE — The fee for the treatment of the fracture, had such fracture not required open operation, plus one-half of that fee. ANAESTHETIC — ITEM NOS 484G / 556S
7821	COMPLICATED FRACTURES REQUIRING OPEN OPERATION TREATMENT OF A COMPLICATED FRACTURE INVOLVING VISCERA, BLOOD VESSELS OR NERVES AND REQUIRING OPEN OPERATION, being a fracture referred to in Item — 7505, 7516, 7601, 7605, 7681, 7683, 7694, 7697, 7701, 7706, 7774, 7777, 7781 or 7785 ANAESTHETIC — ITEM NOS 485G / 557S
7823	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 in this Division 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	
7828	<p>INITIAL REDUCTION (without full post-operative treatment) in a series of two or more reductions of a fracture, being a reduction that would, but for this item, be covered by an item under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division</p> <p>DERIVED FEE — One-half of the amount of the fee specified for the reduction of the fracture.</p> <p>Administration of anaesthetic in connection with the treatment of the initial reduction in a series of two or more reductions of a fracture, being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division</p> <p>DERIVED FEE — The fee specified for the administration of the anaesthetic for the reduction of the fracture.</p>
7834	<p>EACH SUBSEQUENT REDUCTION (without full post-operative treatment) in 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</p> <p>DERIVED FEE — One-half of the amount of the fee specified for the reduction of the fracture.</p> <p>Administration of anaesthetic in connection with the treatment of each subsequent reduction in the series (other than the final reduction) being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division</p> <p>DERIVED FEE — The fee specified for the administration of the anaesthetic for the reduction of the fracture.</p>
7839	<p>FINAL REDUCTION (including full post-operative treatment) in 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</p> <p>DERIVED FEE — The fee specified for the reduction of the fracture.</p> <p>Administration of anaesthetic in connection with the treatment of the final reduction in the series, being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division</p> <p>DERIVED FEE — The fee specified for the administration of the anaesthetic for the reduction of this fracture</p>
7844	<p>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</p> <p>DERIVED FEE — The fee specified in this Division for the treatment of a simple and uncomplicated fracture of that part not requiring open operation.</p> <p>Administration of an anaesthetic in connection with the treatment of avulsion of epiphysis of any part</p> <p>DERIVED FEE — The fee specified in this Division for the administration of an anaesthetic for the treatment of a simple and uncomplicated fracture of that part not requiring open operation.</p>
7847	<p>TREATMENT OF A CLOSED FRACTURE, INVOLVING A JOINT SURFACE, being a fracture referred to in an item under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division</p> <p>DERIVED FEE — The fee specified for the treatment of the fracture plus one-third of that fee.</p>
DIVISION 11 — ORTHOPAEDIC	
7853	<p>ACCESSORY OR SESAMOID BONE, removal of ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S</p>
7855	<p>BONE CYSTS, injection of steroids into ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S</p>
7857	<p>EPICONDYLITIS, open operation for ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S</p>
7861	<p>DIGITAL NAIL, removal of ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S</p>

PART 10 — OPERATIONS

DIVISION 11 — ORTHOPAEDIC

7864	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) ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
7868	MIDDLE PALMAR, THENAR OR HYPOTHENAR SPACES, drainage of ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
7872 G 7878 S	INGROWING TOENAIL, excision of nail bed ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
7883	INSERTION OF ORTHOPAEDIC PIN OR WIRE, as an independent procedure 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 ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
7898	FEMUR, internal fixation of neck or intertrochanteric (perthrochanteric) fracture ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
7902	TEMPORO-MANDIBULAR MENISCECTOMY ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
7911 G 7915 S	MANIPULATION OF JOINT, JOINTS, SPINE, JOINT AND SPINE OR JOINTS AND SPINE, under general anaesthesia, not associated with any other item in this Part ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
7926	SPINE, APPLICATION OF PLASTER JACKET ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
7928	RISSE JACKET, localiser or turn-buckle jacket, application of, body only
7932	RISSE JACKET, localiser or turn-buckle jacket, application of, body and head
7934	SCOLIOSIS, spinal fusion for ANAESTHETIC 23 UNITS — ITEM NOS 467G / 538S
7937	SCOLIOSIS, re-exploration for adjustment or removal of Harrington rods or similar devices ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
7938	SCOLIOSIS, anterior correction of (Dwyer procedure), not more than four spaces; OR SPINAL FUSION FOR SCOLIOSIS OR KYPHOSIS with use of Harrington distraction rod ANAESTHETIC 23 UNITS — ITEM NOS 467G / 538S
7939	SCOLIOSIS, anterior correction of (Dwyer procedure), more than four spaces; OR SPINAL FUSION FOR SCOLIOSIS OR KYPHOSIS with the use of Harrington distraction and compression rods ANAESTHETIC 29 UNITS — ITEM NOS 473G / 544S
7940	APPLICATION OF HALO for spinal fusion in the treatment of scoliosis, not covered by item 7934 ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
7942	BONE GRAFT TO SPINE, POSTERIOR, not covered by item 7945, 7967 or 7969 ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
7945	BONE GRAFT TO SPINE, POSTERO-LATERAL fusion ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S
7947	ANTERIOR INTERBODY SPINAL FUSION TO CERVICAL SPINE — ONE LEVEL ANAESTHETIC 14 UNITS — ITEM NOS 458G / 525S

7951	ANTERIOR INTERBODY SPINAL FUSION TO CERVICAL SPINE — MORE THAN ONE LEVEL ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
7957	ANTERIOR INTERBODY SPINAL FUSION TO LUMBAR OR THORACIC SPINE — ONE LEVEL ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
7961	ANTERIOR INTERBODY SPINAL FUSION TO LUMBAR OR THORACIC SPINE — MORE THAN ONE LEVEL ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
7967	BONE GRAFT TO SPINE WITH LAMINECTOMY AND POSTERIOR INTERBODY FUSION — ONE LEVEL ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
7969	BONE GRAFT TO SPINE WITH LAMINECTOMY AND POSTERIOR INTERBODY FUSION — MORE THAN ONE LEVEL ANAESTHETIC 18 UNITS — ITEM NOS 462G / 529S
7975	BONE GRAFT TO FEMUR ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
7977	BONE GRAFT TO TIBIA ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
7983	BONE GRAFT TO HUMERUS, OR TO RADIUS AND ULNA ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
7993	BONE GRAFT TO RADIUS OR ULNA ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
7999	BONE GRAFT TO SCAPHOID ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
8001	BONE GRAFT TO OTHER BONES, not covered by any other item in this Part ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
8003	CARPAL BONE, replacement of, by silicone or other implant, including any necessary tendon transfers ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
8009	SHOULDER — removal of calcium deposit from cuff ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
8014	SHOULDER — arthrotomy ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
8017	SHOULDER — arthroplasty or plastic reconstruction ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
8019	SHOULDER — arthrodesis or arthrectomy ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
8022	FINGER OR OTHER SMALL JOINT — arthrodesis, arthrectomy, or arthroplasty ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
8024	METACARPO PHALANGEAL JOINT, prosthetic arthroplasty ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
8026	SMALL JOINT — arthrotomy ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S

PART 10 — OPERATIONS

DIVISION 11 — ORTHOPAEDIC

8028	ZYGAPOPHYSEAL JOINTS, arthrectomy ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
8032	SACRO-ILIAC JOINT — arthrodesis ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
8036	OTHER LARGE JOINT — arthrodesis, arthrectomy, arthroplasty or total synovectomy of ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
8040	OTHER LARGE JOINT — arthrotomy ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
8044	HIP — ARTHRODESIS ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
8048	HIP — ARTHRECTOMY ANAESTHETIC 15 UNITS — ITEM NOS 459G / 526S
8053	HIP — ARTHROPLASTY (Austin Moore, Girdlestone or similar procedure) ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
8069	JOINT — ARTHROPLASTY, total replacement of hip (McKee-Farrer, Charnley or similar procedure); knee, elbow, shoulder or ankle ANAESTHETIC 17 UNITS — ITEM NOS 461G / 528S
8070	JOINT — ARTHROPLASTY, revision operation for total replacement of hip, knee, elbow, shoulder or ankle with removal of prosthesis and replacement with new prosthesis ANAESTHETIC 20 UNITS — ITEM NOS 464G / 533S
8074	HIP — ARTHROTOMY (including removal of prosthesis) ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
8080	KNEE — DIAGNOSTIC ARTHROSCOPY not associated with a procedure performed through the arthroscope ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
8082	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 ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
8085	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 ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
8088	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 ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
8090	KNEE — operation comprising two or more procedures covered by Item 8082, 8085 or 8088, but not covered by Item 8092 ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
8092	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 ANAESTHETIC 12 UNITS — ITEM NOS 454G / 523S
8105	JOINT, or other SYNOVIAL CAVITY — aspiration of, injection into, or both of these procedures ANAESTHETIC 5 UNITS — ITEM NOS 406G / 510S
8113	JOINT, repair of capsule or ligament of, or INTERNAL FIXATION of, to stabilize joint ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
8116	FOOT OR ANKLE REGION — triple arthrodesis ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S

8120	CALCANEAN SPUR, removal of ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
8131	HALLUX VALGUS OR RIGIDUS, <i>correction of</i> , with osteotomy or osteectomy of phalanx or metatarsal (Keller's arthroplasty); OR TOTAL REPLACEMENT OF FIRST METATARSOPHALANGEAL JOINT ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
8135	HALLUX VALGUS, <i>correction of</i> , with osteotomy or osteectomy of phalanx or metatarsal and transplantation of adductor hallucis tendon ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
8151 G 8153 S	HAMMER TOE, <i>correction of</i> ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
8158	CERVICAL RIB, removal of ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
8159	REMOVAL OF FIRST RIB by axillary approach ANAESTHETIC 13 UNITS — ITEM NOS 457G / 524S
8161	SCALENOTOMY ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
8166	ACROMION OR CORACO-ACROMION LIGAMENT, removal of ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
8169 G 8173 S	EXCISION OF EXOSTOSIS OF SMALL BONE including simple removal of bunion ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
8179 G 8182 S	EXCISION OF EXOSTOSIS OF LARGE BONE or excision of osteoma of palate ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
8185	OSTEOTOMY OR OSTEECTOMY OF PHALANX, METACARPAL OR METATARSAL ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
8187	OSTEOTOMY OF PHALANX, METACARPAL OR METATARSAL, with internal fixation ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
8190	OSTEOTOMY OR OSTEECTOMY OF FIBULA, RADIUS, ULNA, CLAVICLE, SCAPULA (OTHER THAN ACROMION), RIB, TARSUS OR CARPUS ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
8193	OSTEOTOMY OF FIBULA, RADIUS, ULNA, CLAVICLE, SCAPULA (OTHER THAN ACROMION), RIB, TARSUS OR CARPUS, with internal fixation ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
8195	OSTEOTOMY OR OSTEECTOMY OF TIBIA OR HUMERUS ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
8198	OSTEOTOMY OR OSTEECTOMY OF FEMUR OR PELVIC BONE ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
8201	OSTEOTOMY OF TIBIA, HUMERUS, FEMUR OR PELVIC BONE, with internal fixation ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
8206	OSTEOTOMY OF FEMUR — sub-trochanteric ANAESTHETIC 11 UNITS — ITEM NOS 453G / 522S
8209	OSTEECTOMY OF VERTEBRAL BODIES ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S

PART 10 — OPERATIONS

DIVISION 11 — ORTHOPAEDIC

8211	OSTEOTOMY AND DISTRACTION FOR LENGTHENING OF LIMB ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
8214	REMOVAL OF DISTRACTING APPARATUS FROM LIMB, without internal fixation ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
8217	REMOVAL OF DISTRACTING APPARATUS FROM LIMB, with internal fixation ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
8219 G 8222 S	FLEXOR TENDON OF HAND, primary suture of ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
8225	FLEXOR TENDON OF HAND, secondary suture of ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
8227 G 8230 S	EXTENSOR TENDON OF HAND, primary suture of ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
8233	EXTENSOR TENDON OF HAND, secondary suture of ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
8235 G 8238 S	ACHILLES TENDON or other large tendon, suture of ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
8241 +	TENDON OF FOOT, primary suture of ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
8243 +	TENDON OF FOOT, secondary suture of ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
8246	TENOTOMY, SUBCUTANEOUS, one or more tendons ANAESTHETIC 4 UNITS — ITEM NOS 405G / 509S
8249	TENOTOMY, OPEN, with or without tenoplasty ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
8251	TENDON OR LIGAMENT TRANSPLANTATION, not covered by any other item in this Part ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
8257	TENDON GRAFT ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
8259	INSERTION OF ARTIFICIAL TENDON PROSTHESIS in preparation for tendon grafting ANAESTHETIC 10 UNITS — ITEM NOS 450G / 521S
8262	ACHILLES TENDON or other large tendon — operation for lengthening ANAESTHETIC 9 UNITS — ITEM NOS 443G / 518S
8267	TENDON SHEATH, incision of, or open operation for STENOSING TENOVAGINITIS ANAESTHETIC 6 UNITS — ITEM NOS 407G / 513S
8275	TENOLYSIS OF FLEXOR TENDON following tendon injury, repair or graft ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S
8279	TENOLYSIS OF EXTENSOR TENDON following tendon injury, repair or graft ANAESTHETIC 7 UNITS — ITEM NOS 408G / 514S
8282	TENDON SHEATH OF FINGER OR THUMB, synovectomy of ANAESTHETIC 8 UNITS — ITEM NOS 409G / 517S

PART 10—OPERATIONS

DIVISION 11—ORTHOPAEDIC

8120	CALCANEAN SPUR, removal of ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
8131	HALLUX VALGUS OR RIGIDUS, correction of, with osteotomy or osteectomy of phalanx or metatarsal (Keller's arthroplasty); OR TOTAL REPLACEMENT OF FIRST METATARSOPHALANGEAL JOINT 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 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
8151 G 8153 S	HAMMER TOE, correction of ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
8158	CERVICAL RIB, removal of ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
8159	REMOVAL OF FIRST RIB by axillary approach ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
8161	SCALENOTOMY ANAESTHETIC 8 UNITS—ITEM 409G/517S
8166	ACROMION OR CORACO-ACROMION LIGAMENT, removal of ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
8169 G 8173 S	EXCISION OF EXOSTOSIS OF SMALL BONE including simple removal of bunion ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
8179 G 8182 S	EXCISION OF EXOSTOSIS OF LARGE BONE or excision of osteoma of palate ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
8185	OSTEOTOMY OR OSTEECTOMY OF PHALANX, METACARPAL OR METATARSAL ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
8187	OSTEOTOMY OF PHALANX, METACARPAL OR METATARSAL, with internal fixation ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
8190	OSTEOTOMY OR OSTEECTOMY OF FIBULA, RADIUS, ULNA, CLAVICLE, SCAPULA (OTHER THAN ACROMION), RIB, TARSUS OR CARPUS ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
8193	OSTEOTOMY OF FIBULA, RADIUS, ULNA, CLAVICLE, SCAPULA (OTHER THAN ACROMION), RIB, TARSUS OR CARPUS, with internal fixation ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
8195	OSTEOTOMY OR OSTEECTOMY OF TIBIA OR HUMERUS ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
8198	OSTEOTOMY OR OSTEECTOMY OF FEMUR OR PELVIC BONE ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
8201	OSTEOTOMY OF TIBIA, HUMERUS, FEMUR OR PELVIC BONE, with internal fixation ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
8206	OSTEOTOMY OF FEMUR—sub-trochanteric ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S

PART 10—OPERATIONS**DIVISION 11—ORTHOPAEDIC**

8209 ‡ +	VERTEBRAL BODY, total or sub-total excision of, including BONE GRAFT or other form of fixation ANAESTHETIC 26 UNITS—ITEM NOS 470G/541S
8211	OSTEOTOMY AND DISTRACTION FOR LENGTHENING OF LIMB ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
8214	REMOVAL OF DISTRACTING APPARATUS FROM LIMB, without internal fixation ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
8217	REMOVAL OF DISTRACTING APPARATUS FROM LIMB, with internal fixation ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
8219 G 8222 S	FLEXOR TENDON OF HAND, primary suture of ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
8225	FLEXOR TENDON OF HAND, secondary suture of ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
8227 G 8230 S	EXTENSOR TENDON OF HAND, primary suture of ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
8233	EXTENSOR TENDON OF HAND, secondary suture of ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
8235 G 8238 S	ACHILLES TENDON or other large tendon, suture of ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
8241	TENDON OF FOOT, primary suture of ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
8243	TENDON OF FOOT, secondary suture of ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
8246	TENOTOMY, SUBCUTANEOUS, one or more tendons ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
8249	TENOTOMY, OPEN, with or without tenoplasty ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
8251	TENDON OR LIGAMENT TRANSPLANTATION, not covered by any other item in this Part ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
8257	TENDON GRAFT ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
8259	INSERTION OF ARTIFICIAL TENDON PROSTHESIS in preparation for tendon grafting ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
8262	ACHILLES TENDON or other large tendon—operation for lengthening ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
8267	TENDON SHEATH, incision of, or open operation for STENOSING TENOVAGINITIS ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
8275	TENOLYSIS OF FLEXOR TENDON following tendon injury, repair or graft ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

**Medicare Benefits Schedule — Parts 1-11
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 November 1986**

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
1	11.80	10.05	82	16.40	13.95
2	21.00	17.85	85	23.50	20.00
5	16.40	13.95	88	47.00	39.95
6	25.50	21.70	94	23.50	20.00
7	30.00	25.50	100	68.00	57.80
8	40.00	34.00	103	43.50	37.00
9	47.50	40.40	110	82.00	69.70
10	57.00	48.45	116	41.00	34.85
11	18.40	15.65	122	100.00	85.00
12	27.50	23.40	128	60.00	51.00
15	23.50	20.00	134	23.50	20.00
16	33.50	28.50	136	47.00	39.95
17	40.00	34.00	138	69.00	58.65
18	48.50	41.25	140	96.00	81.60
21	57.00	48.45	142	116.00	98.60
22	65.00	55.25	144	43.50	37.00
27	23.50	20.00	146	68.00	57.80
28	33.50	28.50	148	94.00	79.90
29	16.40	13.95	150	114.00	96.90
30	23.00	19.55	152	136.00	116.00
31	16.40	13.95	160	66.00	56.10
32	14.00	11.90	161	108.00	91.80
34	11.80	10.05	162	150.00	130.00
41	23.50	20.00	163	192.00	172.00
42	33.50	28.50	164	230.00	210.00
45	14.00	11.90	190	16.40	13.95
46	11.80	10.05	192	164.00	144.00
55	11.80	10.05	194	130.00	110.50
56	21.00	17.85	196	196.00	176.00
61	16.40	13.95	198	130.00	110.50
62	25.50	21.70	200	225.00	205.00
63	30.00	25.50	207	300.00	280.00
64	40.00	34.00	208	315.00	295.00
67	47.50	40.40	209	390.00	370.00
68	57.00	48.45	211	259.50	239.50

Medicare Benefits Schedule — Parts 1-11
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 November 1986

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
213	334.50	314.50	454	93.00	79.05
216	310.50	290.50	457	100.00	85.00
217	385.50	365.50	458	108.00	91.80
234	280.00	260.00	459	116.00	98.60
241	380.00	360.00	460	124.00	105.40
242	11.80	10.05	461	132.00	112.20
246	11.80	10.05	462	138.00	118.00
250	90.00	76.50	463	146.00	126.00
258	120.00	102.00	464	154.00	134.00
267	34.50	29.35	465	162.00	142.00
273	11.80	10.05	466	170.00	150.00
274	130.00	110.50	467	178.00	158.00
275	162.00	142.00	468	186.00	166.00
278	34.50	29.35	469	192.00	172.00
284	48.50	41.25	470	200.00	180.00
290	20.00	17.00	471	210.00	190.00
295	34.50	29.35	472	215.00	195.00
298	62.00	52.70	473	225.00	205.00
354	34.50	29.35	474	230.00	210.00
360	130.00	110.50	475	245.00	225.00
362	41.50	35.30	476	280.00	260.00
365	152.00	132.00	477	295.00	275.00
368	225.00	205.00	478	300.00	280.00
383	69.00	58.65	479	310.00	290.00
401	7.70	6.55	480	46.50	39.55
403	15.40	13.10	481	54.00	45.90
404	23.00	19.55	482		
405	31.00	26.35	483		
406	38.50	32.75	484		
407	46.50	39.55	485		
408	54.00	45.90	486	7.70	6.55
409	62.00	52.70	487	77.00	65.45
443	69.00	58.65	488		
450	77.00	65.45	489	62.00	52.70
453	85.00	72.25	490	62.00	52.70

**Medicare Benefits Schedule — Parts 1-11
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 November 1986**

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
492	260.00	240.00	548	355.00	335.00
493	270.00	250.00	549	365.00	345.00
497	365.00	345.00	550	375.00	355.00
500	9.30	7.95	551	56.00	47.60
505	18.60	15.85	552	65.00	55.25
506	28.00	23.80	553		
509	37.50	31.90	554		
510	46.50	39.55	556		
513	56.00	47.60	557		
514	65.00	55.25	558	9.30	7.95
517	75.00	63.75	559	93.00	79.05
518	84.00	71.40	560		
521	93.00	79.05	561	75.00	63.75
522	102.00	86.70	562	75.00	63.75
523	112.00	95.20	563	320.00	300.00
524	122.00	103.70	564	325.00	305.00
525	130.00	110.50	565	440.00	420.00
526	140.00	120.00	566	31.00	26.35
527	150.00	130.00	567	37.50	31.90
528	158.00	138.00	568	46.50	39.55
529	168.00	148.00	569	56.00	47.60
531	178.00	158.00	570	62.00	52.70
533	186.00	166.00	571	75.00	63.75
535	196.00	176.00	572	46.50	39.55
537	205.00	185.00	573	56.00	47.60
538	215.00	195.00	574	77.00	65.45
539	225.00	205.00	575	93.00	79.05
540	235.00	215.00	576	54.00	45.90
541	245.00	225.00	577	65.00	55.25
542	250.00	230.00	748	51.00	43.35
543	260.00	240.00	751	22.00	18.70
544	270.00	250.00	753	27.50	23.40
545	280.00	260.00	755	75.00	63.75
546	300.00	280.00	756	84.00	71.40
547	335.00	315.00	760	37.50	31.90

Medicare Benefits Schedule — Parts 1-11
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1-November 1986

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
764	48.50	41.25	863	14.20	12.10
767	74.00	62.90	865	20.50	17.45
770	38.00	32.30	870	27.00	22.95
774	76.00	64.60	874	33.00	28.05
777	122.00	103.70	875	63.00	53.55
787	102.00	86.70	877	20.50	17.45
790	152.00	132.00	878	12.80	10.90
791	26.50	22.55	882	24.50	20.85
793	102.00	86.70	883	24.50	20.85
794	46.00	39.10	884	24.50	20.85
803	75.00	63.75	886	31.00	26.35
806	91.00	77.35	887	27.00	22.95
809	124.00	105.40	888	35.50	30.20
810	61.00	51.85	889	53.00	45.05
811	82.00	69.70	890	28.50	24.25
813	122.00	103.70	893	64.00	54.40
814	82.00	69.70	895	31.00	26.35
816	62.00	52.70	897	46.00	39.10
817	92.00	78.20	902	182.00	162.00
818	105.00	89.25	904	156.00	136.00
821	75.00	63.75	907	15.60	13.30
824	39.00	33.15	908	26.50	22.55
831	66.00	56.10	909	13.00	11.05
833	124.00	105.40	912	39.50	33.60
836	75.00	63.75	913	65.00	55.25
839	41.00	34.85	915	102.00	86.70
844	38.00	32.30	916	92.00	78.20
849	22.50	19.15	917	53.00	45.05
851	66.00	56.10	918	91.00	77.35
853	60.00	51.00	920	76.00	64.60
854	89.00	75.65	921	11.20	9.55
856	38.50	32.75	922	245.00	225.00
859	75.00	63.75	923	350.00	330.00
860	92.00	78.20	925	60.00	51.00
862	12.00	10.20	927	19.60	16.70

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Showing Item Numbers , Schedule Fees and
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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
929	32.50	27.65	994	146.00	126.00
931	48.50	41.25	996	71.00	60.35
932	32.50	27.65	997	75.00	63.75
934	46.00	39.10	998	91.00	77.35
936	71.00	60.35	2502	29.00	24.65
938	71.00	60.35	2505	33.00	28.05
939	182.00	162.00	2508	29.00	24.65
940	65.00	55.25	2512	33.00	28.05
944	45.50	38.70	2516	39.50	33.60
947	124.00	105.40	2520	45.00	38.25
949	26.50	22.55	2524	29.00	24.65
950	124.00	105.40	2528	36.50	31.05
951	46.50	39.55	2532	41.50	35.30
952	65.00	55.25	2537	55.00	46.75
953	130.00	110.50	2539	39.50	33.60
954	32.50	27.65	2541	45.00	38.25
956	12.40	10.55	2543	31.50	26.80
957	38.00	32.30	2545	36.50	31.05
958	20.00	17.00	2548	39.50	33.60
960	28.00	23.80	2551	51.00	43.35
963	19.40	16.50	2554	51.00	43.35
966	51.00	43.35	2557	83.00	70.55
968	98.00	83.30	2560	54.00	45.90
970	196.00	176.00	2563	39.50	33.60
974	32.50	27.65	2566	54.00	45.90
976	295.00	275.00	2569	54.00	45.90
977	71.00	60.35	2573	39.50	33.60
980	16.40	13.95	2576	39.50	33.60
981	15.60	13.30	2579	39.50	33.60
982	41.00	34.85	2581	39.50	33.60
983	41.00	34.85	2583	39.50	33.60
984	61.00	51.85	2585	41.50	35.30
985	164.00	144.00	2587	27.50	23.40
987	21.00	17.85	2589	65.00	55.25
989	32.00	27.20	2591	54.00	45.90

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
2593	41.50	35.30	2711	91.00	77.35
2595	36.50	31.05	2714	65.00	55.25
2597	54.00	45.90	2716	77.00	65.45
2599	46.00	39.10	2718	91.00	77.35
2601	63.00	53.55	2720	65.00	55.25
2604	39.00	33.15	2722	63.00	53.55
2607	80.00	68.00	2724	91.00	77.35
2609	110.00	93.50	2726	75.00	63.75
2611	17.20	14.65	2728	124.00	105.40
2614	39.50	33.60	2730	55.00	46.75
2617	33.00	28.05	2732		
2621	75.00	63.75	2734	65.00	55.25
2625	35.00	29.75	2736	39.50	33.60
2627	39.50	33.60	2738	40.50	34.45
2630	51.00	43.35	2740	75.00	63.75
2634	33.00	28.05	2742	55.00	46.75
2638	18.20	15.50	2744	65.00	55.25
2642	41.50	35.30	2746	91.00	77.35
2646	51.00	43.35	2748	91.00	77.35
2655	36.50	31.05	2750	91.00	77.35
2656	47.00	39.95	2751	250.00	230.00
2657	58.00	49.30	2752	58.00	49.30
2665	39.50	33.60	2754	39.50	33.60
2672	110.00	93.50	2756	86.00	73.10
2676	99.00	84.15	2758	65.00	55.25
2678	124.00	105.40	2760	75.00	63.75
2681	126.00	107.10	2762	56.00	47.60
2687	83.00	70.55	2764	83.00	70.55
2690	55.00	46.75	2766	83.00	70.55
2694	65.00	55.25	2768	83.00	70.55
2697	41.50	35.30	2770	83.00	70.55
2699	35.00	29.75	2772	83.00	70.55
2703	39.50	33.60	2773	99.00	84.15
2706	56.00	47.60	2774	166.00	146.00
2709	77.00	65.45	2775	225.00	205.00

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
2776	83.00	70.55	2851	17.20	14.65
2778	56.00	47.60	2853	99.00	84.15
2780	56.00	47.60	2855	51.00	43.35
2782			2857	65.00	55.25
2784	41.50	35.30	2859	99.00	84.15
2786	35.00	29.75	2861	22.00	18.70
2788	41.50	35.30	2863		
2790	73.00	62.05	2865	26.00	22.10
2792	55.00	46.75	2867		
2794	51.00	43.35	2869	51.00	43.35
2796	51.00	43.35	2871		
2798			2873	29.00	24.65
2800	36.50	31.05	2875	26.00	22.10
2802	25.00	21.25	2877		
2804	17.20	14.65	2879	30.50	25.95
2805	152.00	132.00	2881		
2807	99.00	84.15	2883	65.00	55.25
2811	140.00	120.00	2885		
2813	33.00	28.05	2887	39.50	33.60
2815	51.00	43.35	2889		
2817	51.00	43.35	2891	54.00	45.90
2819	39.50	33.60	2893		
2823	31.50	26.80	2895	91.00	77.35
2825	39.50	33.60	2897		
2827	31.50	26.80	2899	154.00	134.00
2831	51.00	43.35	2901	108.00	91.80
2833	40.50	34.45	2904	220.00	200.00
2837	26.00	22.10	2907	315.00	295.00
2839	57.00	48.45	2910	250.00	230.00
2841	51.00	43.35	2913	154.00	134.00
2843	33.00	28.05	2915	63.00	53.55
2845	33.00	28.05	2917	98.00	83.30
2847	99.00	84.15	2919	41.50	35.30
2848	138.00	118.00	2922	31.50	26.80
2849	65.00	55.25	2924	102.00	86.70

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
2926	31.50	26.80	3058	45.00	38.25
2928	63.00	53.55	3063	64.00	54.40
2931	77.00	65.45	3073	49.00	41.65
2933	22.00	18.70	3082	79.00	67.15
2935	22.50	19.15	3087	100.00	85.00
2937	91.00	77.35	3092	64.00	54.40
2939	39.00	33.15	3098	82.00	69.70
2941	39.00	33.15	3101	102.00	86.70
2951	47.00	39.95	3104	138.00	118.00
2953			3106	40.50	34.45
2960	91.00	77.35	3110	79.00	67.15
2961	91.00	77.35	3113	12.80	10.90
2962	158.00	138.00	3116	60.00	51.00
2963	158.00	138.00	3120	122.00	103.70
2964	130.00	110.50	3124	152.00	132.00
2965	130.00	110.50	3130	28.50	24.25
2966	255.00	235.00	3135	64.00	54.40
2967	255.00	235.00	3142	82.00	69.70
2968	255.00	235.00	3148	26.50	22.55
2969	255.00	235.00	3157	60.00	51.00
2970	320.00	300.00	3158	32.00	27.20
2971	320.00	300.00	3160	16.20	13.80
2980	235.00	215.00	3168	100.00	85.00
3004	10.00	8.50	3173	49.00	41.65
3006	16.40	13.95	3178	82.00	69.70
3012	25.50	21.70	3183	100.00	85.00
3016	33.00	28.05	3194	85.00	72.25
3022	40.50	34.45	3199	120.00	102.00
3027	71.00	60.35	3208	156.00	136.00
3033	85.00	72.25	3213	205.00	185.00
3038	178.00	158.00	3217	205.00	185.00
3039	345.00	325.00	3219	53.00	45.05
3041	178.00	158.00	3220	69.00	58.65
3046	28.50	24.25	3221	138.00	118.00
3050	49.00	41.65	3222	178.00	158.00

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
3223	184.00	164.00	3366	15.00	12.75
3224	225.00	205.00	3371	15.00	12.75
3225	275.00	255.00	3379	64.00	54.40
3226	380.00	360.00	3384	89.00	75.65
3233	78.00	66.30	3391	82.00	69.70
3237	94.00	79.90	3399	150.00	130.00
3247	108.00	91.80	3404	122.00	103.70
3253	134.00	114.00	3407	162.00	142.00
3261	178.00	158.00	3417	82.00	69.70
3265	205.00	185.00	3425	194.00	174.00
3271	215.00	195.00	3431	194.00	174.00
3276	455.00	435.00	3437	405.00	385.00
3281	275.00	255.00	3444	685.00	665.00
3289	320.00	300.00	3450	455.00	435.00
3295	455.00	435.00	3455	245.00	225.00
3301	215.00	195.00	3459	108.00	91.80
3306	250.00	230.00	3465	32.00	27.20
3307	250.00	230.00	3468	64.00	54.40
3308	380.00	360.00	3472	82.00	69.70
3310	380.00	360.00	3477	82.00	69.70
3311	540.00	520.00	3480	162.00	142.00
3314	75.00	63.75	3495	965.00	945.00
3315	134.00	114.00	3496	25.50	21.70
3320	26.00	22.10	3505	65.00	55.25
3330	34.50	29.35	3509	85.00	72.25
3332	38.50	32.75	3516	112.00	95.20
3338	47.00	39.95	3526	215.00	195.00
3342	51.00	43.35	3530	275.00	255.00
3346	60.00	51.00	3532	525.00	505.00
3349	34.50	29.35	3542	540.00	520.00
3350	69.00	58.65	3547	600.00	580.00
3351	174.00	154.00	3555	685.00	665.00
3352	225.00	205.00	3563	395.00	375.00
3356	24.50	20.85	3576	285.00	265.00
3363	89.00	75.65	3581	210.00	190.00

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
3591	315.00	295.00	3798	405.00	385.00
3597	245.00	225.00	3818	102.00	86.70
3616	965.00	945.00	3820	470.00	450.00
3618	205.00	185.00	3822	555.00	535.00
3622	540.00	520.00	3825	555.00	535.00
3634	134.00	114.00	3831	470.00	450.00
3638	395.00	375.00	3834	805.00	785.00
3647	178.00	158.00	3847	124.00	105.40
3652	245.00	225.00	3849	154.00	134.00
3654	108.00	91.80	3851	194.00	174.00
3664	140.00	120.00	3860	205.00	185.00
3668	142.00	122.00	3862	275.00	255.00
3673	178.00	158.00	3875	320.00	300.00
3678	142.00	122.00	3882	385.00	365.00
3683	178.00	158.00	3889	455.00	435.00
3698	320.00	300.00	3891	540.00	520.00
3700	300.00	280.00	3892	470.00	450.00
3702	470.00	450.00	3893	665.00	645.00
3707	82.00	69.70	3894	285.00	265.00
3713	205.00	185.00	3898	385.00	365.00
3718	265.00	245.00	3900	485.00	465.00
3722	285.00	265.00	3902	385.00	365.00
3726	285.00	265.00	3922	540.00	520.00
3730	600.00	580.00	3930	685.00	665.00
3734	182.00	162.00	3937	685.00	665.00
3739	280.00	260.00	3938	805.00	785.00
3745	345.00	325.00	3952	245.00	225.00
3750	285.00	265.00	3976	164.00	144.00
3752	94.00	79.90	3981	205.00	185.00
3754	320.00	300.00	3986	285.00	265.00
3759	820.00	800.00	4003	128.00	108.80
3764	285.00	265.00	4012	525.00	505.00
3783	320.00	300.00	4018	490.00	470.00
3789	102.00	86.70	4039	395.00	375.00
3793	320.00	300.00	4043	525.00	505.00

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
4046	540.00	520.00	4238	425.00	405.00
4048	685.00	665.00	4241	525.00	505.00
4052	822.50	802.50	4242	320.00	300.00
4054	700.00	680.00	4243	490.00	470.00
4059	245.00	225.00	4244	490.00	470.00
4068	685.00	665.00	4245	585.00	565.00
4074	194.00	174.00	4246	144.00	124.00
4080	245.00	225.00	4249	194.00	174.00
4084	67.00	56.95	4251	164.00	144.00
4087	215.00	195.00	4254	225.00	205.00
4093	270.00	250.00	4258	245.00	225.00
4099	97.00	82.45	4262	285.00	265.00
4104	49.00	41.65	4265	19.40	16.50
4109	650.00	630.00	4269	128.00	108.80
4115	965.00	945.00	4273	160.00	140.00
4131	280.00	260.00	4288	164.00	144.00
4133	685.00	665.00	4293	225.00	205.00
4139	490.00	470.00	4296	285.00	265.00
4141	395.00	375.00	4307	285.00	265.00
4144	405.00	385.00	4313	62.00	52.70
4165	600.00	580.00	4319	25.50	21.70
4173	470.00	450.00	4327	59.00	50.15
4179	470.00	450.00	4338	82.00	69.70
4185	255.00	235.00	4345	102.00	86.70
4192	120.00	102.00	4351	26.00	22.10
4193	156.00	136.00	4354	30.00	25.50
4194	225.00	205.00	4363	45.50	38.70
4197	28.50	24.25	4366	78.00	66.30
4202	677.50	657.50	4367	102.00	86.70
4209	555.00	535.00	4380	89.00	75.65
4214	245.00	225.00	4383	69.00	58.65
4217	835.00	815.00	4386	124.00	105.40
4222	194.00	174.00	4388	205.00	185.00
4227	255.00	235.00	4394	285.00	265.00
4233	285.00	265.00	4397	215.00	195.00

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
4399	345.00	325.00	4695	595.00	575.00
4413	450.00	430.00	4696	650.00	630.00
4455	38.50	32.75	4699	650.00	630.00
4467	64.00	54.40	4702	395.00	375.00
4482	154.00	134.00	4705	650.00	630.00
4490	144.00	124.00	4709	595.00	575.00
4492	310.00	290.00	4715	285.00	265.00
4509	30.00	25.50	4721	385.00	365.00
4523	158.00	138.00	4733	320.00	300.00
4527	200.00	180.00	4738	395.00	375.00
4534	55.00	46.75	4744	730.00	710.00
4537	110.00	93.50	4749	705.00	685.00
4544	138.00	118.00	4754	730.00	710.00
4552	124.00	105.40	4755	825.00	805.00
4557	162.00	142.00	4756	1110.00	1090.00
4568	178.00	158.00	4762	650.00	630.00
4573	215.00	195.00	4764	970.00	950.00
4590	385.00	365.00	4766	730.00	710.00
4606	245.00	225.00	4778	385.00	365.00
4611	164.00	144.00	4784	490.00	470.00
4617	205.00	185.00	4789	345.00	325.00
4622	53.00	45.05	4791	805.00	785.00
4633	77.00	65.45	4792	1375.00	1355.00
4637	146.00	126.00	4794	965.00	945.00
4641	270.00	250.00	4798	685.00	665.00
4649	405.00	385.00	4800	275.00	255.00
4651	178.00	158.00	4801	465.00	445.00
4655	178.00	158.00	4802	585.00	565.00
4658	110.00	93.50	4806	275.00	255.00
4662	275.00	255.00	4808	130.00	110.50
4664	295.00	275.00	4812	102.00	86.70
4665	450.00	430.00	4817	540.00	520.00
4688	166.00	146.00	4822	265.00	245.00
4690	275.00	255.00	4823	176.00	156.00
4693	395.00	375.00	4824	200.00	180.00

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
4825	156.00	136.00	5015	144.00	124.00
4832	67.00	56.95	5018	180.00	160.00
4838	112.00	95.20	5024	79.00	67.15
4844	194.00	174.00	5029	100.00	85.00
4853	194.00	174.00	5034	194.00	174.00
4860	194.00	174.00	5038	162.00	142.00
4864	194.00	174.00	5050	285.00	265.00
4867	320.00	300.00	5051	395.00	375.00
4870	255.00	235.00	5055	805.00	785.00
4877	320.00	300.00	5057		
4927	85.00	72.25	5059	45.00	38.25
4930	106.00	90.10	5062	130.00	110.50
4934	128.00	108.80	5066	79.00	67.15
4940	158.00	138.00	5068	89.00	75.65
4943	152.00	132.00	5069	320.00	300.00
4948	184.00	164.00	5070	210.00	190.00
4950	170.00	150.00	5072	505.00	485.00
4954	205.00	185.00	5073	540.00	520.00
4957	194.00	174.00	5074	156.00	136.00
4961	245.00	225.00	5075	320.00	300.00
4965	100.00	85.00	5078	525.00	505.00
4969	124.00	105.40	5079	625.00	605.00
4972	124.00	105.40	5080	700.00	680.00
4976	162.00	142.00	5081	595.00	575.00
4979	194.00	174.00	5085	650.00	630.00
4983	320.00	300.00	5087	285.00	265.00
4987	650.00	630.00	5091	380.00	360.00
4990	64.00	54.40	5093	870.00	850.00
4993	79.00	67.15	5094	1025.00	1005.00
4995	97.00	82.45	5095	595.00	575.00
4997	120.00	102.00	5098	650.00	630.00
4999	112.00	95.20	5100	805.00	785.00
5002	138.00	118.00	5101	595.00	575.00
5006	128.00	108.80	5102	650.00	630.00
5009	158.00	138.00	5104	730.00	710.00

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
5106	565.00	545.00	5245	17.80	15.15
5108	1330.00	1310.00	5254	50.00	42.50
5116	650.00	630.00	5264	15.00	12.75
5122	805.00	785.00	5268	245.00	225.00
5127	650.00	630.00	5270	285.00	265.00
5131	320.00	300.00	5277	330.00	310.00
5138	595.00	575.00	5280	162.00	142.00
5143	385.00	365.00	5284	64.00	54.40
5147	595.00	575.00	5288	320.00	300.00
5148	1035.00	1015.00	5292	245.00	225.00
5152	450.00	430.00	5293	490.00	470.00
5158	650.00	630.00	5295	425.00	405.00
5162	79.00	67.15	5298	555.00	535.00
5166	285.00	265.00	5301	265.00	245.00
5172	130.00	110.50	5305	32.00	27.20
5173	625.00	605.00	5308	184.00	164.00
5174	780.00	760.00	5318	425.00	405.00
5176	26.00	22.10	5320	330.00	310.00
5177	78.00	66.30	5330	162.00	142.00
5182	60.00	51.00	5343	25.50	21.70
5186	60.00	51.00	5345	64.00	54.40
5192	39.50	33.60	5348	67.00	56.95
5196	67.00	56.95	5349	67.00	56.95
5201	42.50	36.15	5350	400.00	380.00
5205	45.00	38.25	5354	385.00	365.00
5210	94.00	79.90	5357	320.00	300.00
5214	120.00	102.00	5358	320.00	300.00
5217	265.00	245.00	5360	385.00	365.00
5229	55.00	46.75	5361	520.00	500.00
5230	49.00	41.65	5362	645.00	625.00
5233	89.00	75.65	5363	120.00	102.00
5234	64.00	54.40	5366	162.00	142.00
5235	39.50	33.60	5389	152.00	132.00
5237	75.00	63.75	5392	205.00	185.00
5241	97.00	82.45	5396	62.00	52.70

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
5401	79.00	67.15	5619	134.00	114.00
5407	64.00	54.40	5636	470.00	450.00
5411	89.00	75.65	5642	805.00	785.00
5431	49.00	41.65	5644	555.00	535.00
5445	38.50	32.75	5645	460.00	440.00
5449	19.40	16.50	5647	450.00	430.00
5456	194.00	174.00	5654	425.00	405.00
5464	102.00	86.70	5661	525.00	505.00
5470	196.00	176.00	5665	595.00	575.00
5480	130.00	110.50	5667	765.00	745.00
5486	194.00	174.00	5675	655.00	635.00
5490	28.50	24.25	5679	595.00	575.00
5492	124.00	105.40	5683	405.00	385.00
5498	705.00	685.00	5691	525.00	505.00
5499	675.00	655.00	5699	600.00	580.00
5500	830.00	810.00	5700	390.00	370.00
5508	730.00	710.00	5705	470.00	450.00
5520	102.00	86.70	5715	425.00	405.00
5524	150.00	130.00	5721	320.00	300.00
5530	162.00	142.00	5724	380.00	360.00
5534	158.00	138.00	5726	94.00	79.90
5538	270.00	250.00	5729	194.00	174.00
5539	330.00	310.00	5732	265.00	245.00
5540	225.00	205.00	5734	525.00	505.00
5541	335.00	315.00	5737	595.00	575.00
5542	250.00	230.00	5741	525.00	505.00
5545	320.00	300.00	5744	525.00	505.00
5556	320.00	300.00	5747	425.00	405.00
5557	520.00	500.00	5753	730.00	710.00
5572	100.00	85.00	5757	965.00	945.00
5598	130.00	110.50	5763	425.00	405.00
5601	97.00	82.45	5769	525.00	505.00
5605	97.00	82.45	5773	470.00	450.00
5611	128.00	108.80	5777	595.00	575.00
5613	200.00	180.00	5780	525.00	505.00

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
5785	525.00	505.00	5916	395.00	375.00
5792	645.00	625.00	5919	395.00	375.00
5799	525.00	505.00	5929	425.00	405.00
5804	645.00	625.00	5935	245.00	225.00
5807	730.00	710.00	5941	470.00	450.00
5812	380.00	360.00	5947	380.00	360.00
5816	425.00	405.00	5956	425.00	405.00
5821	425.00	405.00	5964	26.50	22.55
5827	525.00	505.00	5968	265.00	245.00
5831	405.00	385.00	5977	380.00	360.00
5836	525.00	505.00	5981	965.00	945.00
5837	255.00	235.00	5984	525.00	505.00
5840	17.80	15.15	5993	645.00	625.00
5841	235.00	215.00	6001	595.00	575.00
5842	310.00	290.00	6005	620.00	600.00
5843	390.00	370.00	6010	265.00	245.00
5845	81.00	68.85	6017	650.00	630.00
5851	120.00	102.00	6022	162.00	142.00
5853	130.00	110.50	6027	245.00	225.00
5861	53.00	45.05	6030	79.00	67.15
5864	158.00	138.00	6033	265.00	245.00
5868	130.00	110.50	6036	26.50	22.55
5871	184.00	164.00	6039	45.00	38.25
5875	395.00	375.00	6041	525.00	505.00
5878	150.00	130.00	6044	158.00	138.00
5881	265.00	245.00	6047	81.00	68.85
5883	265.00	245.00	6053	184.00	164.00
5885	245.00	225.00	6056	130.00	110.50
5888	265.00	245.00	6061	97.00	82.45
5891	320.00	300.00	6066	53.00	45.05
5894	395.00	375.00	6069	130.00	110.50
5897	194.00	174.00	6077	380.00	360.00
5901	245.00	225.00	6079	320.00	300.00
5903	45.00	38.25	6083	425.00	405.00
5905	595.00	575.00	6085	142.00	122.00

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
6086	425.00	405.00	6245	410.00	390.00
6089	395.00	375.00	6246	106.00	90.10
6092	395.00	375.00	6247	270.00	250.00
6095	158.00	138.00	6249	106.00	90.10
6098	100.00	85.00	6253	130.00	110.50
6105	205.00	185.00	6258	45.50	38.70
6107	265.00	245.00	6262	30.00	25.50
6110	405.00	385.00	6264	30.00	25.50
6118	470.00	450.00	6271	50.00	42.50
6122	158.00	138.00	6274	100.00	85.00
6130	320.00	300.00	6277	124.00	105.40
6135	525.00	505.00	6278	65.00	55.25
6140	106.00	90.10	6280	82.00	69.70
6146	106.00	90.10	6284	32.50	27.65
6152	265.00	245.00	6290	32.50	27.65
6157	425.00	405.00	6292	65.00	55.25
6162	45.00	38.25	6296	82.00	69.70
6166	425.00	405.00	6299	152.00	132.00
6175	205.00	185.00	6302	196.00	176.00
6179	265.00	245.00	6306	665.00	645.00
6184	525.00	505.00	6308	385.00	365.00
6189	265.00	245.00	6313	24.50	20.85
6194	525.00	505.00	6321	120.00	102.00
6199	26.50	22.55	6325	385.00	365.00
6204	265.00	245.00	6327	385.00	365.00
6208	380.00	360.00	6332	225.00	205.00
6210	425.00	405.00	6336	90.00	76.50
6212	162.00	142.00	6342	69.00	58.65
6218	106.00	90.10	6347	194.00	174.00
6221	128.00	108.80	6352	240.00	220.00
6224	158.00	138.00	6358	240.00	220.00
6228	158.00	138.00	6363	300.00	280.00
6231	485.00	465.00	6367	285.00	265.00
6232	375.00	355.00	6373	380.00	360.00
6236	178.00	158.00	6389	98.00	83.30

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
6396	300.00	280.00	6643	205.00	185.00
6401	385.00	365.00	6644	255.00	235.00
6406	380.00	360.00	6648	245.00	225.00
6407	380.00	360.00	6649	305.00	285.00
6408	205.00	185.00	6655	380.00	360.00
6411	35.50	30.20	6686	56.00	47.60
6413	35.50	30.20	6688	265.00	245.00
6415	35.50	30.20	6692	330.00	310.00
6430	97.00	82.45	6697	265.00	245.00
6431	120.00	102.00	6699	330.00	310.00
6446	45.50	38.70	6701	194.00	174.00
6451	60.00	51.00	6703	112.00	95.20
6460	76.00	64.60	6705	225.00	205.00
6464	102.00	86.70	6707	345.00	325.00
6469	122.00	103.70	6709	225.00	205.00
6483	164.00	144.00	6715	455.00	435.00
6508	300.00	280.00	6722	645.00	625.00
6513	300.00	280.00	6724	275.00	255.00
6517	380.00	360.00	6728	345.00	325.00
6532	395.00	375.00	6730	405.00	385.00
6533	500.00	480.00	6736	565.00	545.00
6536	630.00	610.00	6740	225.00	205.00
6542	455.00	435.00	6742	285.00	265.00
6544	425.00	405.00	6744	405.00	385.00
6553	240.00	220.00	6747	565.00	545.00
6557	300.00	280.00	6752	64.00	54.40
6570	325.00	305.00	6754	45.50	38.70
6585	196.00	176.00	6758	255.00	235.00
6594	265.00	245.00	6762	64.00	54.40
6611	182.00	162.00	6766	152.00	132.00
6612	225.00	205.00	6767	28.50	24.25
6631	355.00	335.00	6768	184.00	164.00
6633	410.00	390.00	6772	112.00	95.20
6638	38.00	32.30	6774	275.00	255.00
6641	24.50	20.85	6778	385.00	365.00

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
6786	465.00	445.00	6898	162.00	142.00
6792	345.00	325.00	6900	490.00	470.00
6796	255.00	235.00	6902	730.00	710.00
6799	79.00	67.15	6904	194.00	174.00
6802	26.50	22.55	6906	91.00	77.35
6805	75.00	63.75	6908	320.00	300.00
6807	64.00	54.40	6914	49.00	41.65
6810	205.00	185.00	6918	38.50	32.75
6818	39.50	33.60	6922	320.00	300.00
6820	112.00	95.20	6924	385.00	365.00
6824	39.50	33.60	6929	104.00	88.40
6828	730.00	710.00	6930	385.00	365.00
6832	490.00	470.00	6931		
6833	490.00	470.00	6932	225.00	205.00
6835	33.00	28.05	6938	225.00	205.00
6837	150.00	130.00	6940	38.00	32.30
6842	64.00	54.40	6942	61.00	51.85
6846	152.00	132.00	6953	61.00	51.85
6848	650.00	630.00	6955	260.00	240.00
6852	345.00	325.00	6958	500.00	480.00
6857	255.00	235.00	6962	745.00	725.00
6858	435.00	415.00	6964	540.00	520.00
6859	650.00	630.00	6966	745.00	725.00
6861	285.00	265.00	6968	390.00	370.00
6862	310.00	290.00	6972	655.00	635.00
6863	730.00	710.00	6974	156.00	136.00
6864	830.00	810.00	6980	745.00	725.00
6865	166.00	146.00	6986	745.00	725.00
6871	345.00	325.00	6988	925.00	905.00
6873	525.00	505.00	6992	225.00	205.00
6879	385.00	365.00	6995	540.00	520.00
6881	285.00	265.00	6999	745.00	725.00
6885	285.00	265.00	7001	245.00	225.00
6889	194.00	174.00	7002	345.00	325.00
6894	595.00	575.00	7003	285.00	265.00

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
7006	345.00	325.00	7171	845.00	825.00
7011	245.00	225.00	7175	205.00	185.00
7013	405.00	385.00	7178	142.00	122.00
7021	655.00	635.00	7182	178.00	158.00
7028	325.00	305.00	7184	45.00	38.25
7033	205.00	185.00	7186	128.00	108.80
7042	164.00	144.00	7190	205.00	185.00
7044	1050.00	1030.00	7192	260.00	240.00
7046	1050.00	1030.00	7194	540.00	520.00
7057	1515.00	1495.00	7198	885.00	865.00
7066	1200.00	1180.00	7203	1330.00	1310.00
7079	150.00	130.00	7204	970.00	950.00
7081	156.00	136.00	7212	260.00	240.00
7085	41.50	35.30	7216	595.00	575.00
7089	47.00	39.95	7231	395.00	375.00
7099	106.00	90.10	7240	505.00	485.00
7118	130.00	110.50	7244	595.00	575.00
7119	168.00	148.00	7248	595.00	575.00
7120	194.00	174.00	7251	490.00	470.00
7121	255.00	235.00	7265	1330.00	1310.00
7124	245.00	225.00	7270	705.00	685.00
7129	390.00	370.00	7274	345.00	325.00
7132	265.00	245.00	7279	395.00	375.00
7133	250.00	230.00	7283	780.00	760.00
7138	425.00	405.00	7287	260.00	240.00
7139	420.00	400.00	7291	395.00	375.00
7140	360.00	340.00	7298	490.00	470.00
7141	630.00	610.00	7312	595.00	575.00
7143	245.00	225.00	7314	500.00	480.00
7148	102.00	86.70	7316	500.00	480.00
7152	128.00	108.80	7318	265.00	245.00
7153	81.00	68.85	7320	395.00	375.00
7156	245.00	225.00	7324	395.00	375.00
7157	245.00	225.00	7326	555.00	535.00
7170	645.00	625.00	7328	500.00	480.00

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
7331	525.00	505.00	7512	75.00	63.75
7336	595.00	575.00	7516	33.00	28.05
7341	595.00	575.00	7520	75.00	63.75
7346	730.00	710.00	7524	102.00	86.70
7353	885.00	865.00	7527	85.00	72.25
7355	595.00	575.00	7530	120.00	102.00
7361	310.00	290.00	7533	38.50	32.75
7365	310.00	290.00	7535	75.00	63.75
7370	525.00	505.00	7538	89.00	75.65
7376	390.00	370.00	7540	100.00	85.00
7381	345.00	325.00	7544	150.00	130.00
7397	26.00	22.10	7547	75.00	63.75
7410	40.50	34.45	7550	85.00	72.25
7412	49.00	41.65	7552	120.00	102.00
7416	40.50	34.45	7559	78.00	66.30
7419	32.00	27.20	7563	94.00	79.90
7423	60.00	51.00	7567	112.00	95.20
7426	38.50	32.75	7572	164.00	144.00
7430	78.00	66.30	7588	53.00	45.05
7432	97.00	82.45	7593	75.00	63.75
7435	16.40	13.95	7597	64.00	54.40
7436	49.00	41.65	7601	16.40	13.95
7440	124.00	105.40	7605	23.50	20.00
7443	162.00	142.00	7608	97.00	82.45
7446	91.00	77.35	7610	128.00	108.80
7451	112.00	95.20	7615	75.00	63.75
7457	38.50	32.75	7619	97.00	82.45
7461	64.00	54.40	7624	225.00	205.00
7464	19.40	16.50	7627	285.00	265.00
7468	49.00	41.65	7632	56.00	47.60
7472	150.00	130.00	7637	81.00	68.85
7480	65.00	55.25	7641	89.00	75.65
7483			7643	120.00	102.00
7505	24.50	20.85	7647	144.00	124.00
7508	50.00	42.50	7652	194.00	174.00

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Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
7673	51.00	43.35	7834		
7677	75.00	63.75	7839		
7681	20.50	17.45	7844		
7683	32.00	27.20	7847		
7687	50.00	42.50	7853	156.00	136.00
7691	50.00	42.50	7855	112.00	95.20
7694	16.40	13.95	7857	156.00	136.00
7697	23.50	20.00	7861	19.40	16.50
7701	16.40	13.95	7864	16.40	13.95
7706	23.50	20.00	7868	39.50	33.60
7709	94.00	79.90	7872	91.00	77.35
7712	130.00	110.50	7878	120.00	102.00
7715	265.00	245.00	7883	67.00	56.95
7719	86.00	73.10	7886	102.00	86.70
7722	225.00	205.00	7898	540.00	520.00
7725	240.00	220.00	7902	200.00	180.00
7728	255.00	235.00	7911	62.00	52.70
7764	65.00	55.25	7915	78.00	66.30
7766	89.00	75.65	7926	100.00	85.00
7774	16.40	13.95	7928	164.00	144.00
7777	23.50	20.00	7932	164.00	144.00
7781	16.40	13.95	7934	845.00	825.00
7785	23.50	20.00	7937	275.00	255.00
7789	112.00	95.20	7938	1050.00	1030.00
7793	194.00	174.00	7939	1330.00	1310.00
7798	490.00	470.00	7940	184.00	164.00
7802	65.00	55.25	7942	395.00	375.00
7803			7945	700.00	680.00
7808	65.00	55.25	7947	600.00	580.00
7809			7951	775.00	755.00
7815	65.00	55.25	7957	700.00	680.00
7817			7961	935.00	915.00
7821	65.00	55.25	7967	685.00	665.00
7823			7969	935.00	915.00
7828			7975	470.00	450.00

Medicare Benefits Schedule — Parts 1-11
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 November 1986

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
7977	380.00	360.00	8151	122.00	103.70
7983	470.00	450.00	8153	152.00	132.00
7993	330.00	310.00	8158	330.00	310.00
7999	310.00	290.00	8159	465.00	445.00
8001	275.00	255.00	8161	265.00	245.00
8003	415.00	395.00	8166	200.00	180.00
8009	156.00	136.00	8169	122.00	103.70
8014	164.00	144.00	8173	152.00	132.00
8017	425.00	405.00	8179	150.00	130.00
8019	500.00	480.00	8182	184.00	164.00
8022	180.00	160.00	8185	156.00	136.00
8024	245.00	225.00	8187	164.00	144.00
8026	50.00	42.50	8190	164.00	144.00
8028	260.00	240.00	8193	200.00	180.00
8032	285.00	265.00	8195	225.00	205.00
8036	260.00	240.00	8198	380.00	360.00
8040	184.00	164.00	8201	540.00	520.00
8044	655.00	635.00	8206	380.00	360.00
8048	455.00	435.00	8209	345.00	325.00
8053	455.00	435.00	8211	380.00	360.00
8069	645.00	625.00	8214	91.00	77.35
8070	845.00	825.00	8217	184.00	164.00
8074	330.00	310.00	8219	158.00	138.00
8080	122.00	103.70	8222	200.00	180.00
8082	225.00	205.00	8225	225.00	205.00
8085	265.00	245.00	8227	82.00	69.70
8088	410.00	390.00	8230	100.00	85.00
8090	410.00	390.00	8233	156.00	136.00
8092	525.00	505.00	8235	196.00	176.00
8105	17.80	15.15	8238	250.00	230.00
8113	225.00	205.00	8241	100.00	85.00
8116	380.00	360.00	8243	150.00	130.00
8120	200.00	180.00	8246	62.00	52.70
8131	280.00	260.00	8249	152.00	132.00
8135	380.00	360.00	8251	275.00	255.00

Medicare Benefits Schedule — Parts 1-11
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 November 1986

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
8257	380.00	360.00	8378	500.00	480.00
8259	280.00	260.00	8380	490.00	470.00
8262	164.00	144.00	8382	122.00	103.70
8267	122.00	103.70	8384	265.00	245.00
8275	178.00	158.00	8386	200.00	180.00
8279	102.00	86.70	8388	600.00	580.00
8282	134.00	114.00	8390	600.00	580.00
8283	178.00	158.00	8392	745.00	725.00
8287	124.00	105.40	8394	525.00	505.00
8290	300.00	280.00	8398	685.00	665.00
8294	200.00	180.00	8400	595.00	575.00
8296	100.00	85.00	8402	665.00	645.00
8298	250.00	230.00	8406	225.00	205.00
8302	380.00	360.00	8408	645.00	625.00
8304	455.00	435.00	8410	330.00	310.00
8306	600.00	580.00	8412	285.00	265.00
8310	225.00	205.00	8414	655.00	635.00
8312	225.00	205.00	8418	395.00	375.00
8314	310.00	290.00	8422	205.00	185.00
8316	310.00	290.00	8424	450.00	430.00
8318	620.00	600.00	8428	26.50	22.55
8320	285.00	265.00	8430	67.00	56.95
8322	270.00	250.00	8432	97.00	82.45
8324	310.00	290.00	8434	124.00	105.40
8326	310.00	290.00	8436	265.00	245.00
8328	225.00	205.00	8440	310.00	290.00
8330	310.00	290.00	8442	380.00	360.00
8332	108.00	91.80	8444	555.00	535.00
8334	26.50	22.55	8448	205.00	185.00
8336	33.00	28.05	8449	345.00	325.00
8349	54.00	45.90	8450	260.00	240.00
8351	33.00	28.05	8452	97.00	82.45
8352	26.50	22.55	8454	215.00	195.00
8354	40.50	34.45	8458	51.00	43.35
8356	40.50	34.45	8462	75.00	63.75

Medicare Benefits Schedule — Parts 1-11
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 November 1986

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
8466	94.00	79.90	8535	260.00	240.00
8470	120.00	102.00	8536	585.00	565.00
8472	178.00	158.00	8537	335.00	315.00
8474	310.00	290.00	8538	340.00	320.00
8476	425.00	405.00	8540	705.00	685.00
8478	260.00	240.00	8542	600.00	580.00
8480	156.00	136.00	8543	585.00	565.00
8484	225.00	205.00	8544	180.00	160.00
8485	260.00	240.00	8546	395.00	375.00
8486	128.00	108.80	8548	455.00	435.00
8487	555.00	535.00	8551	485.00	465.00
8488	250.00	230.00	8552	265.00	245.00
8490	142.00	122.00	8554	490.00	470.00
8492	64.00	54.40	8556	385.00	365.00
8494	245.00	225.00	8560	320.00	300.00
8496	128.00	108.80	8568	450.00	430.00
8498	260.00	240.00	8570	260.00	240.00
8500	205.00	185.00	8582	320.00	300.00
8502	142.00	122.00	8584	128.00	108.80
8504	112.00	95.20	8585	178.00	158.00
8508	225.00	205.00	8586	425.00	405.00
8509	164.00	144.00	8588	178.00	158.00
8510	385.00	365.00	8592	260.00	240.00
8511	345.00	325.00	8594	280.00	260.00
8512	156.00	136.00	8596	320.00	300.00
8516	320.00	300.00	8598	555.00	535.00
8518	260.00	240.00	8600	700.00	680.00
8522	120.00	102.00	8601	700.00	680.00
8524	162.00	142.00	8602	81.00	68.85
8528	490.00	470.00	8604	194.00	174.00
8530	405.00	385.00	8606	275.00	255.00
8531	405.00	385.00	8608	285.00	265.00
8532	600.00	580.00	8612	385.00	365.00
8533	680.00	660.00	8614	178.00	158.00
8534	250.00	230.00	8616	178.00	158.00

Medicare Benefits Schedule — Parts 1-11
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 November 1986

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
8618	455.00	435.00	8708	28.50	24.25
8620	132.00	112.20	8710	31.50	26.80
8622	345.00	325.00	8711	47.00	39.95
8624	470.00	450.00	8712	128.00	108.80
8628	150.00	130.00	8713	114.00	96.90
8630	280.00	260.00	8716	99.00	84.15
8632	650.00	630.00	8717	86.00	73.10
8634	194.00	174.00	8720	162.00	142.00
8636	345.00	325.00	8721	86.00	73.10
8640	450.00	430.00	8723	196.00	176.00
8644	225.00	205.00	8724	99.00	84.15
8648	320.00	300.00	8730	99.00	84.15
8652	320.00	300.00	8731	86.00	73.10
8656	405.00	385.00	8736	130.00	110.50
8658	530.00	510.00	8737	118.00	100.30
8660	675.00	655.00	8738	102.00	86.70
8662	765.00	745.00	8739	89.00	75.65
8664	880.00	860.00	8742	196.00	176.00
8666	970.00	950.00	8743	170.00	150.00
8668	1055.00	1035.00	8746	67.00	56.95
8670	410.00	390.00	8747	60.00	51.00
8672	240.00	220.00	8750	102.00	86.70
8675	1375.00	1355.00	8755	102.00	86.70
8676	1050.00	1030.00	8756	89.00	75.65
8677	960.00	940.00	8759	130.00	110.50
8678	960.00	940.00	8760	118.00	100.30
8679	705.00	685.00	8763	69.00	58.65
8680	540.00	520.00	8764	61.00	51.85
8681	910.00	890.00	8769	132.00	112.20
8682	900.00	880.00	8770	118.00	100.30
8683	485.00	465.00	8773	102.00	86.70
8700	72.00	61.20	8774	90.00	76.50
8702	28.50	24.25	8779	39.00	33.15
8704	57.00	48.45	8780	34.50	29.35
8706	19.60	16.70	8783	130.00	110.50

**Medicare Benefits Schedule — Parts 1-11
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 November 1986**

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
8784	118.00	100.30			
8787	99.00	84.15			
8788	86.00	73.10			
8793	265.00	245.00			
8794	235.00	215.00			
8797	132.00	112.20			
8798	118.00	100.30			
8799	132.00	112.20			
8800	118.00	100.30			
8803	265.00	245.00			
8804	235.00	215.00			
8807	132.00	112.20			
8808	118.00	100.30			
8813	66.00	56.10			
8814	59.00	50.15			
8817	34.50	29.35			
8818	30.50	25.95			
8821	99.00	84.15			
8824	104.00	88.40			
8825	91.00	77.35			
8828	99.00	84.15			
8829	86.00	73.10			
8850	1.70	1.45			

**Medicare Benefits for Pathology Services
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 November 1986**

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
1006	5.70	4.85	1102	17.25	14.70
1007	4.30	3.70	1104	46.00	39.10
1008	6.90	5.90	1105	34.50	29.35
1009	5.20	4.45	1106	11.40	9.70
1011	10.35	8.80	1108	8.55	7.30
1012	7.80	6.65	1111	34.50	29.35
1014	8.55	7.30	1112	25.90	22.05
1015	6.45	5.50	1114	12.90	11.00
1019	4.60	3.95	1116	9.70	8.25
1020	3.45	2.95	1121	17.20	14.65
1021	6.90	5.90	1122	12.90	11.00
1022	5.20	4.45	1124	46.00	39.10
1028	6.90	5.90	1125	34.50	29.35
1029	5.20	4.45	1126	34.50	29.35
1030	11.40	9.70	1128	25.90	22.05
1032	8.55	7.30	1129	23.00	19.55
1036	11.40	9.70	1130	17.25	14.70
1037	8.55	7.30	1136	11.40	9.70
1038	23.00	19.55	1137	8.55	7.30
1040	17.25	14.70	1144	17.20	14.65
1044	23.00	19.55	1145	12.90	11.00
1045	17.25	14.70	1152	23.00	19.55
1048	46.00	39.10	1153	17.25	14.70
1049	34.50	29.35	1159	23.00	19.55
1052	9.10	7.75	1160	17.25	14.70
1053	6.90	5.90	1166	23.00	19.55
1062	69.00	58.65	1167	17.25	14.70
1063	51.75	44.00	1190	9.20	7.85
1064	114.00	96.90	1191	6.90	5.90
1065	85.50	72.70	1194	23.00	19.55
1080	11.40	9.70	1195	17.25	14.70
1081	8.55	7.30	1202	9.20	7.85
1089	20.50	17.45	1203	6.90	5.90
1090	15.40	13.10	1206	23.00	19.55
1101	23.00	19.55	1207	17.25	14.70

**Medicare Benefits for Pathology Services
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 November 1986**

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
1211	11.40	9.70	1297	9.70	8.25
1212	8.55	7.30	1301	12.90	11.00
1215	11.40	9.70	1302	9.70	8.25
1216	8.55	7.30	1304	17.25	14.70
1234	11.40	9.70	1305	12.95	11.05
1235	8.55	7.30	1307	21.40	18.20
1236	17.20	14.65	1308	16.05	13.65
1237	12.90	11.00	1310	23.65	20.15
1238	23.00	19.55	1311	17.75	15.10
1239	17.25	14.70	1313	20.50	17.45
1242	11.40	9.70	1314	15.40	13.10
1243	8.55	7.30	1319	5.70	4.85
1244	11.40	9.70	1320	4.30	3.70
1246	8.55	7.30	1322	11.40	9.70
1247	11.40	9.70	1323	8.55	7.30
1248	8.55	7.30	1324	34.50	29.35
1251	17.20	14.65	1325	25.90	22.05
1252	12.90	11.00	1327	23.00	19.55
1255	17.20	14.65	1328	17.25	14.70
1256	12.90	11.00	1330	23.00	19.55
1259	17.20	14.65	1331	17.25	14.70
1260	12.90	11.00	1333	23.00	19.55
1261	13.80	11.75	1334	17.25	14.70
1262	10.35	8.80	1336	23.00	19.55
1263	17.20	14.65	1337	17.25	14.70
1264	12.90	11.00	1339	23.00	19.55
1267	34.50	29.35	1340	17.25	14.70
1268	25.90	22.05	1342	23.00	19.55
1271	34.50	29.35	1343	17.25	14.70
1272	25.90	22.05	1345	34.50	29.35
1277	34.50	29.35	1346	25.90	22.05
1278	25.90	22.05	1348	34.50	29.35
1279	69.00	58.65	1349	25.90	22.05
1280	51.75	44.00	1351	34.50	29.35
1296	12.90	11.00	1352	25.90	22.05

**Medicare Benefits for Pathology Services
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 November 1986**

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
1354	34.50	29.35	1456	39.00	33.15
1355	25.90	22.05	1458	69.00	58.65
1357	34.50	29.35	1459	51.75	44.00
1358	25.90	22.05	1461	6.90	5.90
1360	34.50	29.35	1462	5.20	4.45
1362	25.90	22.05	1469	92.00	78.20
1364	46.00	39.10	1470	69.00	58.65
1366	34.50	29.35	1475	57.00	48.45
1368	46.00	39.10	1476	42.75	36.35
1370	34.50	29.35	1478	92.00	78.20
1372	46.00	39.10	1479	69.00	58.65
1374	34.50	29.35	1481	114.00	96.90
1376	11.40	9.70	1482	85.50	72.70
1378	8.55	7.30	1484	11.40	9.70
1380	28.50	24.25	1485	8.55	7.30
1381	21.40	18.20	1504	11.40	9.70
1382	46.00	39.10	1505	8.55	7.30
1384	34.50	29.35	1511	34.50	29.35
1385	57.00	48.45	1512	25.90	22.05
1387	42.75	36.35	1516	28.50	24.25
1392	34.50	29.35	1517	21.40	18.20
1393	25.90	22.05	1529	6.90	5.90
1394	57.00	48.45	1530	5.20	4.45
1395	42.75	36.35	1536	9.20	7.85
1397	69.00	58.65	1537	6.90	5.90
1398	51.75	44.00	1545	9.20	7.85
1401	23.00	19.55	1546	6.90	5.90
1402	17.25	14.70	1548	11.40	9.70
1421	17.20	14.65	1549	8.55	7.30
1422	12.90	11.00	1556	11.40	9.70
1424	28.50	24.25	1557	8.55	7.30
1425	21.40	18.20	1566	17.20	14.65
1452	34.50	29.35	1567	12.90	11.00
1453	25.90	22.05	1586	11.40	9.70
1455	52.00	44.20	1587	8.55	7.30

Medicare Benefits for Pathology Services
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 November 1986

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
1588	23.00	19.55	1688	12.90	11.00
1589	17.25	14.70	1693	11.40	9.70
1604	28.50	24.25	1694	8.55	7.30
1606	21.40	18.20	1702	23.00	19.55
1609	17.25	14.70	1703	17.25	14.70
1610	12.95	11.05	1705	40.00	34.00
1612	30.00	25.50	1706	30.00	25.50
1613	22.50	19.15	1721	23.00	19.55
1615	25.90	22.05	1722	17.25	14.70
1616	19.45	16.55	1724	28.50	24.25
1619	45.00	38.25	1725	21.40	18.20
1620	33.75	28.70	1732	5.70	4.85
1622	23.00	19.55	1733	4.30	3.70
1623	17.25	14.70	1743	23.00	19.55
1633	25.90	22.05	1744	17.25	14.70
1634	19.45	16.55	1747	23.00	19.55
1637	5.70	4.85	1748	17.25	14.70
1638	4.30	3.70	1756	5.70	4.85
1640	5.70	4.85	1757	4.30	3.70
1641	4.30	3.70	1758	6.90	5.90
1644	11.40	9.70	1759	5.20	4.45
1645	8.55	7.30	1760	17.20	14.65
1647	23.00	19.55	1761	12.90	11.00
1648	17.25	14.70	1763	9.20	7.85
1661	11.40	9.70	1764	6.90	5.90
1662	8.55	7.30	1766	4.60	3.95
1664	17.20	14.65	1767	3.45	2.95
1665	12.90	11.00	1772	5.70	4.85
1668	32.65	27.80	1773	4.30	3.70
1669	24.50	20.85	1775	6.90	5.90
1673	24.00	20.40	1776	5.20	4.45
1674	18.00	15.30	1781	23.00	19.55
1682	11.40	9.70	1782	17.25	14.70
1683	8.55	7.30	1784	5.70	4.85
1687	17.20	14.65	1785	4.30	3.70

**Medicare Benefits for Pathology Services
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 November 1986**

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
1793	17.20	14.65	1906	4.30	3.70
1794	12.90	11.00	1911	23.00	19.55
1796	9.20	7.85	1912	17.25	14.70
1797	6.90	5.90	1913	11.40	9.70
1805	11.40	9.70	1914	8.55	7.30
1806	8.55	7.30	1918	28.50	24.25
1808	5.70	4.85	1919	21.40	18.20
1809	4.30	3.70	1924	23.00	19.55
1823	11.40	9.70	1925	17.25	14.70
1824	8.55	7.30	1926	11.40	9.70
1826	5.70	4.85	1927	8.55	7.30
1827	4.30	3.70	1935	11.40	9.70
1839	5.70	4.85	1936	8.55	7.30
1840	4.30	3.70	1941	23.00	19.55
1843	17.20	14.65	1942	17.25	14.70
1844	12.90	11.00	1943	11.40	9.70
1846	26.00	22.10	1944	8.55	7.30
1847	19.50	16.60	1948	17.20	14.65
1851	11.40	9.70	1949	12.90	11.00
1852	8.55	7.30	1955	23.00	19.55
1858	46.00	39.10	1956	17.25	14.70
1859	34.50	29.35	1957	11.40	9.70
1877	34.50	29.35	1958	8.55	7.30
1878	25.90	22.05	1965	34.50	29.35
1884	5.70	4.85	1966	25.90	22.05
1885	4.30	3.70	1971	34.50	29.35
1888	23.00	19.55	1972	25.90	22.05
1889	17.25	14.70	1973	57.00	48.45
1891	11.40	9.70	1974	42.75	36.35
1892	8.55	7.30	1981	46.00	39.10
1897	34.50	29.35	1982	34.50	29.35
1898	25.90	22.05	1987	46.00	39.10
1903	11.40	9.70	1988	34.50	29.35
1904	8.55	7.30	1995	46.00	39.10
1905	5.70	4.85	1996	34.50	29.35

**Medicare Benefits for Pathology Services
Showing Item Numbers , Schedule Fees and
Medicare Benefit Levels as at 1 November 1986**

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
1997	69.00	58.65	2171	85.50	72.70
1998	51.75	44.00	2173	172.00	152.00
2006	57.00	48.45	2174	129.00	109.65
2007	42.75	36.35	2201	6.90	5.90
2013	11.40	9.70	2202	5.20	4.45
2014	8.55	7.30	2211	23.00	19.55
2022	23.00	19.55	2212	17.25	14.70
2023	17.25	14.70	2215	34.50	29.35
2041	80.00	68.00	2216	25.90	22.05
2042	60.00	51.00	2225	17.20	14.65
2048	104.00	88.40	2226	12.90	11.00
2049	78.00	66.30	2227	28.50	24.25
2056	148.00	128.00	2228	21.40	18.20
2057	111.00	94.35	2247	17.20	14.65
2060	104.00	88.40	2248	12.90	11.00
2061	78.00	66.30	2249	23.00	19.55
2062	120.00	102.00	2250	17.25	14.70
2063	90.00	76.50	2264	23.00	19.55
2081	17.20	14.65	2265	17.25	14.70
2082	12.90	11.00	2272	11.40	9.70
2091	34.50	29.35	2273	8.55	7.30
2092	25.90	22.05	2285	34.50	29.35
2093	46.00	39.10	2286	25.90	22.05
2094	34.50	29.35	2287	72.00	61.20
2104	17.20	14.65	2288	54.00	45.90
2105	12.90	11.00	2294	4.60	3.95
2111	28.50	24.25	2295	3.45	2.95
2112	21.40	18.20	2334	3.45	2.95
2148	172.00	152.00	2335	5.20	4.45
2149	129.00	109.65	2336	6.90	5.90
2155	114.00	96.90	2342	3.45	2.95
2156	85.50	72.70	2346	8.55	7.30
2161	138.00	118.00	2352	5.20	4.45
2162	103.50	88.00	2357	6.90	5.90
2170	114.00	96.90	2362	1.75	1.50

**Medicare Benefits for Pathology Services
 Showing Item Numbers , Schedule Fees and
 Medicare Benefit Levels as at 1 November 1986**

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$
2369	5.20	4.45			
2374	8.55	7.30			
2382	8.55	7.30			
2388	8.55	7.30			
2392	5.20	4.45			

SECTION 2

MEDICARE BENEFITS

SCHEDULE

GENERAL MEDICAL SERVICES

(0466F)

COMMONWEALTH DEPARTMENT OF COMMUNITY SERVICES
AND HEALTH

MEDICARE BENEFITS SCHEDULE ITEMS -
CONSULTANT PHYSICIAN (OTHER THAN IN
PSYCHIATRY), REFERRED CONSULTATIONS

AMENDMENT FROM 22 DECEMBER 1987

1. Following discussions with representatives of the Australian Association of Consultant Physicians the Government has agreed to amend the Schedule items relating to attendances by consultant physicians as follows:-

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/her specialty (other than in psychiatry) where the patient is referred to him by a medical practitioner.
110 - INITIAL attendance in a single course of treatment.

116 - Each attendance (other than an attendance covered by item 119) SUBSEQUENT to the first in a single course of treatment.

119 - Each MINOR attendance SUBSEQUENT to the first attendance in a single course of treatment.

CONSULTANT PHYSICIAN (OTHER THAN IN PSYCHIATRY), REFERRED CONSULTATION - "HOME VISITS"

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

128 - Each attendance (other than an attendance covered by item 131) SUBSEQUENT to the first in a single course of treatment

131 - Each MINOR attendance SUBSEQUENT to the first attendance in a single course of treatment

2. For the purposes of Items 119 and 131 the Regulations provide that a minor consultation is regarded as being a consultation in which the assessment of the patient does not require the physical examination of the patient and does not involve a substantial alteration to the patient's treatment. Examples of consultations which could be regarded as being 'minor consultations' are listed below (this is by no means an exhaustive list):-

- . hospital visits where a physical examination does not result, or where only a limited examination is performed;
 - . hospital visits where a significant alteration to the therapy or overall management plan does not ensue;
 - . brief consultations or hospital visits not involving subsequent discussions regarding patient's progress with a specialist colleague or the referring practitioner.
3. The amended items, Schedule fees and Medicare benefits will apply to all services rendered on and after 22 December 1987.
4. The Item/Fee/Benefit list issued on 1 August 1987 should be amended by substituting the items 119 and 131 for items 118 and 130. The fees and benefits remain as shown including those for items 110, 116, 122 and 128, that is:-

Item No.	Schedule Fee (All States) \$	Medicare Benefit @85%/\$20 maximum gap \$	Medicare Benefit @75% \$
110	87.00	73.95	65.25
116	43.50	37.00	32.65
119	25.00	21.25	18.75
122	106.00	90.10	79.50
128	64.00	54.40	48.00
131	46.00	39.10	34.50