



COMMONWEALTH DEPARTMENT OF
COMMUNITY SERVICES AND HEALTH

**MEDICARE BENEFITS
SCHEDULE BOOK
EFFECTIVE 1 MAY 1990**

ADDENDUM-

The new or amended item numbers listed below were inadvertently omitted from the Item-fee-benefit list in this edition. The Schedule fees and relevant benefit levels are as follow:-

Item No.	Schedule Fee (all States)	Medicare Benefit @85%/\$20 Maximum	Medicare Benefit @75%
4813	325.00	305.00	243.75
4814	325.00	305.00	243.75
6639	42.50	36.15	31.90
7980	305.00	285.00	228.75

IMPORTANT

PLEASE NOTE

Although this book indicates that it is effective from 1 November 1991 the implementation date has been deferred until 1 DECEMBER 1991.

Accordingly all references in this book to 1 November 1991 (with the exception of the increase in the maximum patient gap which came into effect on 1 November, 1991) SHOULD BE READ AS 1 DECEMBER 1991, - see attached Notes.

**Department of Health, Housing and Community
Services
CANBERRA A.C.T.**

Pathology Services

The proposed restructure of pathology services announced in the Budget has been deferred. Advice will be issued at a later date concerning implementation of the revised pathology arrangements.

Corrigendum

A number of errors have been identified in this edition of the Medicare Benefits Schedule Book, and corrections are as follow:

The Schedule fees quoted for Item 173 (page 56) Item 16500 (page 121), Item 30003 (page 132) and Item 66270 (page 485) are incorrect. The correct Schedule fee and benefit levels for the four items are:-

Item 173	Fee: \$21.00	Benefit: 75%	\$15.75	85%/\$26.80	\$17.85	(less \$3.50 = \$14.35)
Item 16500	Fee: \$21.00	Benefit: 75%	\$15.75	85%/\$26.80	\$17.85	
Item 30003	Fee: \$21.00	Benefit: 75%	\$15.75	85%/\$26.80	\$17.85	
Item 66270	Fee: \$30.75	Benefit: 75%	\$23.05	85%/\$26.80	\$26.15	

Items 43500 to 43509 and 43512 to 43524 on page 222 relate to acute and chronic osteomyelitis respectively. The sub-headings were inadvertently omitted. Likewise, the descriptions of Items 52090 and 52093 should be amended to include "(for acute osteomyelitis)" and "(for chronic osteomyelitis)" respectively.

The 85% and 75% benefit levels for a number of items have been incorrectly rounded. Details of the items showing the Schedule fee and corrected benefit levels are listed below:

Item No.	Schedule Fee (All States)	Medicare Benefit		
		75% \$	85%/\$26.80 \$	
3	11.20	8.40	9.55	(less \$3.50 = \$6.05)
11306	15.20	11.40	12.95	
11327	13.60	10.20	11.60	
11506	14.20	10.65	12.10	
13312	19.60	14.70	16.70	
16523	15.20	11.40	12.95	
16526	15.20	11.40	12.95	
16529	15.20	11.40	12.95	
16532	15.20	11.40	12.95	
16542	15.20	11.40	12.95	
17901	12.60	9.45	10.75	
17971	12.60	9.45	10.75	
30000	12.60	9.45	10.75	
30061	16.20	12.15	13.80	
61502	8.60	6.45	7.35	
65002	5.85	4.40	5.00	
65003	10.60	7.95	9.05	
65004	7.95	6.00	6.80	
65006	10.50	7.90	8.95	
65017	13.60	10.20	11.60	
65018	10.20	7.65	8.70	
65027	12.20	9.15	10.40	
65030	12.60	9.45	10.75	

IMPORTANT

PLEASE NOTE

Providers using automated accounting/billing arrangements should note that as from early 1991 it is proposed to introduce a five digit item numbering system to facilitate future growth of Schedule services. Initially, this will only affect services which currently have a four digit item number.

Also, it is anticipated that provider numbers issued after that time will have an extra digit as well.

Department of Community Services and Health

Medicare Benefits Schedule Book

Operating from 1 May 1990

Australian Government Publishing Service
Canberra

© Commonwealth of Australia 1990
ISBN 0 644 11954 3

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without written permission from the Director, Publishing and Marketing, AGPS. Inquiries should be directed to the Manager, AGPS Press, Australian Government Publishing Service, GPO Box 84, Canberra ACT 2601.

FOREWORD

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 Schedule Books are provided for services rendered under these arrangement by approved dentists and participating optometrists). The Book is divided into four main sections, as follows:

Section	Content
1	Outline of Medicare Benefit Arrangements and General Explanatory Notes (blue edging)
2	Schedule of General Medical Services by Part and Division with Specific Explanatory Notes at the beginning of each Part (red edging)
3	Index - General Medical Services (green edging)
4	Outline of Pathology Service Arrangements, Schedule of Services and Index (including abbreviations for tests) (yellow edging)

To Find an Item

Turn to the Index at Section 3. Services are listed alphabetically with item number.

To Find a Note

Turn to Section Divider of the appropriate Part, where paragraph numbers are listed.

If the symbol • appears next to an item within the Schedule, it indicates that there is a note referring to that item in that Part.

To Find a Schedule Fee/Benefit

Lists showing the item number, Schedule fee and the two levels of Medicare benefit (85% and 75%) are located at the end of each Part. Patients should be made aware that the Schedule fee is the fee on which Medicare benefits are based but is not necessarily the same fee as will be charged by the medical practitioner.

Structure of Schedule of Services

The Book has been structured to group professional services according to their general nature, while some 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 (see the Table of Contents at the front of each Part).

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.

SUMMARY OF CHANGES INCLUDED IN THIS EDITION

MBS Book Format Changes

A number of interim changes have been made to the structure and format of this edition. The major changes include the presentation of the book as a bound volume, the re-arrangement of the book into four sections as outlined above, and some revision of the index and explanatory notes. It should be noted that Ministerial Determinations (under Section 3C of the Health Insurance Act), which previously preceded Part 1 - Attendances in Section 2, are now located after Part 11 of Section 2. Also included at the end of Section 2 is a list of recommendations of the Medicare Benefits Advisory Committee (MBAC) in respect of services not listed in the Schedule (see paragraph L.1 of Section 1).

Additions, Deletions, Fee Changes, etc.

This edition incorporates a number of amendments to services in Section 2 effective from 1 May 1990. The majority of these amendments result from consultation between professional groups and the Commonwealth, and involve mainly urological, thoracic and obstetric services. The most significant change has been the increase in Schedule fees for obstetric Items 201, 204 and 205. The fees for these items have been increased by \$29 (to \$100); \$120 (to \$425); and \$100 (to \$550) respectively.

Some other minor adjustments to item descriptions have also been made to clarify the intent of the items.

These changes are summarised in the following paragraphs and are identified in the body of the Schedule (Section 2) by one or more of the following symbols appearing below the item number:-

- | | |
|------------------------------------|---|
| (a) New services | † |
| (b) Description of service amended | ‡ |
| (c) Fees amended | + |
| (d) Item number changed | * |

Respiratory Function Tests

The description of Item 920 has been amended and two new items introduced to more accurately reflect current practice. A list of investigations, as advised by the Thoracic Society of Australia and New Zealand, which would attract benefits under Item 920 is included at paragraph 6.16 of the explanatory notes preceding Part 6.

New Items

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

783	928	4814	6613	9066	9477
785	3161	5615	6939	9067	9478
926	4813	5617	6941	9476	

Deleted Items

The following items have been deleted:-

4800	6940
------	------

Amended Descriptions

The descriptions of the following items have been amended:-

770	921	3113	3745	6005	6920	7886
895	2955	3159	4266	6006	7520	
920	2957	3739	5611	6638	7524	

Amended Schedule Fees

The fees for the following items have been adjusted:-

201	204	205
-----	-----	-----

Items Re-numbered

Item numbers have been changed as follows:-

OLD	NEW	OLD	NEW
981	780	985	786
982	781	3160	3159
983	782	7539	7980
984	784		

Future Editions of the Medicare Benefits Schedule Book

The Department welcomes any suggestions for improvements on the layout of the Medicare Benefits Schedule book from individual practitioners. As it is intended to make further format changes in future editions any suggestions should be forwarded to:- The Director, Schedules Section, Medicare Benefits Branch, GPO Box 9848, Canberra ACT 2601.

TABLE OF CONTENTS

SECTION 1 - GENERAL EXPLANATORY NOTES

Medicare Benefit Arrangements

		Para No.	Page No.
A	Outline of the Scheme		
	Addresses of Health Insurance Commission and the Department of Community Services and Health Medicare	A.3	8
	Provider Numbers	A.1	7
		A.2	7
B	Patient Eligibility for Medicare		
	Eligible Persons	B.1	9
	Medical Expenses Incurred Overseas	B.3	9
	Medicare Cards	B.2	9
	Reciprocal Health Care Agreements	B.5	10
	Visitors to Australia and Temporary Residents	B.4	9
C	Vocational Registration of General Practitioners		
	Descriptor Evaluation	C.4	11
	Eligibility	C.1	10
	How to Apply for Registration	C.2	11
	Removal from Vocational Register	C.3	11
D	Recognition as a Specialist or Consultant Physician		
Recognition Method	D.1	11	
E	Referral of Patients to Specialists or Consultant Physicians		
	Details to be Shown on Account, Receipts, etc.	E.3	12
	Notification of Referral	E.2	12
	Purpose of Referrals	E.1	12
	Single Course of Treatment	E.5	13
	When a Letter/Notice of Referral is Required	E.4	13
F	Billing Procedures		
Assignment of Benefit (Direct-Billing) Arrangements	F.5	15	
Assignment of Benefit Forms	F.7	16	
Claiming of Benefits	F.2	15	
Direct-Bill Stationery	F.9	17	
Itemised Accounts	F.1	14	
Paid Accounts	F.3	15	
The Claim for Assigned Benefits	F.8	16	
Time Limits Applicable to Lodgement of Claims	F.10	17	
Unpaid Accounts	F.4	15	
Use of Medicare Cards in Direct-Billing	F.6	15	
G	Provision for Review and Inquiry (General Medical Services)		
Medical Services Committees of Inquiry (MSCI)	G.1	17	
Medical Services Review Tribunal (MSRT)	G.2	17	
Medicare Benefits Advisory Committee (MBAC)	G.3	17	
Medicare Participation Review Committee (MPRC)	G.4	17	

H	Penalties and Liabilities		
	Penalties	H.1	18
	Provision of Excessive Services	H.2	18

General Notes for Guidance of Users

I	Schedule Fees and Medicare Benefits		
	Schedule Fees and Medicare Benefits	I.1	19
	Service of Unusual Length or Complexity	I.2	19
J	Services Attracting Medicare Benefits		
	Professional Services	J.1	20
	Services Rendered "On Behalf Of" Medical Practitioners	J.2	21
K	Services Which Do Not Attract Medicare Benefits		
	Health Screening Services	K.3	22
	Services not Attracting Benefits	K.1	21
	Services Rendered to a Doctor's Dependants, Partner, or Partner's Dependants	K.4	23
	Where Medicare Benefits are not Payable	K.2	21
	Workers' Compensation, Third Party Insurance, Damages, etc	K.5	23
L	Services Not Listed in the Schedule		
	Ministerial Determinations	L.3	24
	Service Differs from that Described in Schedule Item	L.2	23
	Services not Listed in Schedule	L.1	23
M	Interpretation of the Schedule - General Notes		
	Aggregate Items	M.4	25
	Consultation and Procedures Rendered at the One Attendance	M.3	24
	Principles of Interpretation	M.1	24
	Services Attracting Benefits on an Attendance Basis	M.2	24

SECTION 2 - PARTS AND DIVISIONS

	Item No.	Page No.
Part 1. Professional Attendances	3-172	29
Part 2. Obstetrics	190-383	42
Part 3. Anaesthetics	401-577	48
Part 4. Regional or Field Nerve Block	748-764	60
Part 5. Assistance in the Administration of an Anaesthetic	767	64
Part 6. Miscellaneous Procedures	770-999	69
Part 7A. Computerised Tomography (excluding MRI)	2400-2460	86
Part 8. Radiology	2502-2859	94
Part 8A. Radiotherapy	2861-2945	106

Part 9.	Assistance at Operations	2951-2957	114
Part 9A.	Magnetic Resonance Imaging	2980	118
Part 10.	Operations	3004-8683	124
Part 11.	Nuclear Medicine	8701-8875	237
Ministerial Determinations		9021-9475	245
Medicare Benefits Advisory Committee (MBAC) Recommendations (with separate Index)			253

SECTION 3 - INDEX TO GENERAL MEDICAL SERVICES

SECTION 4 - PATHOLOGY SERVICES

Explanatory Notes

Schedule of Services (including simple basic pathology tests which may be carried out by other than Approved Pathology Practitioners).

Index (including Abbreviations)

SECTION 1

GENERAL EXPLANATORY NOTES

MEDICARE BENEFIT ARRANGEMENTS

A. OUTLINE OF SCHEME

A.1 Medicare

A.1.1 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. Legislation covering the major elements of the Program is contained in the Health Insurance Act 1973 (as amended).

A.1.2 With regard to medical expenses, the basic aim of the Medicare program is to provide:-

- automatic entitlement to benefits in respect of "out of hospital" medical expenses equal to 85% of the Medicare Benefits Schedule fee, with a maximum payment of \$20 by the patient for any one service where the Schedule fee is charged; and a flat rate of benefit of 75% of the Schedule fee, that is, there is no limit to the maximum amount of gap between the benefit and the Schedule fee, for professional services rendered to persons while treatment is provided in a hospital or day hospital facility (other than Medicare hospital patients); and
- access without direct charge to public hospital accommodation and to treatment by doctors appointed by the hospital.

Patients may insure with private health insurance organisations for the gap between the 75% Medicare benefit and the Schedule fee. For out-of-hospital services (i.e. 85% Medicare rebate) the maximum amount of 'gap' (i.e. the difference between the Medicare rebate and the Schedule fee) payable by an individual in any one financial year is \$150.

A.1.3 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 the Commission (commonly known as Medicare). For details of locations of Medicare offices, see paragraph A.3 below.

A.1.4 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.

A.2 Provider Numbers

A.2.1 When a medical practitioner commences private practice, and wishes to assist patients to claim Medicare benefits, or is not in private practice but orders pathology tests which are eligible for Medicare benefits, a provider number is issued for the required practice location by the Health Insurance Commission following written request from the practitioner. Provider numbers for different or additional practice location/s can be similarly obtained.

A.2.2 Provider numbers are allocated to practitioners to enable claims for Medicare benefits to be processed and cheques to be correctly drawn in favour of the practitioner where applicable. The number is currently a seven character number, although eight character numbers may be issued from early 1991. The last numeric uniquely identifies particular practice locations.

A.2.3 Registration status information is held against the provider number to ensure correct assessment of Medicare benefits.

A.2.4 If a practitioner wishes Medicare benefit cheques, which would normally be drawn in favour of the practitioner, to be made payable to another payee and/or another address, written authority can be given to the Health Insurance Commission to do this. There can only be one pay group link for an individual practice location but multiple practitioners and practice locations can be linked to one pay group.

A.2.5 It is important that the Health Insurance Commission be notified promptly about any change to your practice/s. Failure to notify changes can lead to misdirection of Medicare benefit cheques. Requests for changes to provider particulars should be made in writing to the Manager, Eligibility and Benefits, at any of the Commission addresses shown below.

A.3 Addresses of Dept Community Services and Health and Health Insurance Commission

DEPARTMENT

Postal: (PO Box 9848, in the Capital
City in each State)

HEALTH INSURANCE COMMISSION

Postal: (Medicare, PO Box 9822, in the Capital
City in each State)

NEW SOUTH WALES

120 Sussex Street
SYDNEY NSW 2000
Tel (02)225 3555
Fax (02)225 8999

Fairfield Processing Centre
Fairfield Chase
Cnr Spencer and Smart Streets
FAIRFIELD NSW 2165
Tel (02)794 2701
Fax (02)728 1767

VICTORIA

399 Lonsdale Street
MELBOURNE VIC 3000
Tel (03)604 4000
Fax (03) 604 4299

Medibank House
460 Bourke Street
MELBOURNE VIC 3000
Tel (03)602 5577
Fax (03)670 3284

QUEENSLAND

Commonwealth Government Offices
100 Edward Street
BRISBANE QLD 4000
Tel (07)233 6633
Fax (07)233 6006

State Headquarters
82 Ann Street
BRISBANE QLD 4000
Tel (07)2285100
Fax (07)221 4624

SOUTH AUSTRALIA

Commonwealth Centre
55 Currie Street
ADELAIDE SA 5000
Tel (08)237 6111
Fax (08)272 6551

State Headquarters
209 Greenhill Road
EASTWOOD SA 5063
Tel (08)201 8629
Fax (08)272 6551

WESTERN AUSTRALIA

Capita Centre
197 St George's Terrace
PERTH WA 6000
Tel (09)426 3444
Fax (09)426 3524

State Headquarters
Medibank House
50 William Street
PERTH WA 6000
Tel (09)322 0044
Fax (09)321 4961

TASMANIA

Australian Government Centre
188 Collins Street
HOBART TAS 7000
Tel (002)20 5011
Fax (002)20 4938

14th Floor, Trafalgar Building
Trafalgar Square
HOBART TAS 7000
Tel (002)34 7999
Fax (002)23 7159

AUSTRALIAN CAPITAL TERRITORY

Alexander Building
Furzer Street
PHILLIP ACT 2606
Tel (062) 89 8509
Fax (062) 89 8509

134 Reed Street
TUGGERANONG ACT 2901
Tel (062)85 2244
Fax (062)82 5025

NORTHERN TERRITORY

Cnr Litchfield & Knucky Streets
DARWIN NT 5790
Tel (089) 46 3444
Fax (089) 41 0392

As per South Australia

B. PATIENT ELIGIBILITY FOR MEDICARE

B.1 Eligible Persons

B.1.1 An "eligible person" means a person who resides in Australia and whose stay in Australia is not subject to any limitation as to time, but does not include a foreign diplomat or family (except where eligibility is expressly granted to such persons by the terms of a reciprocal health care agreement). A person covered by a reciprocal health care agreement is also eligible for Medicare.

B.1.2 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.

B.1.3 Eligible persons must enrol with Medicare before benefits can be paid.

B.2 Medicare Cards

B.2.1 An eligible person who applies to enrol for Medicare benefits (using a Medicare Enrolment Application) will be issued with a uniquely numbered Medicare Card which shows the Medicare Card number and the applicant's first given name, initial of second given name, and surname. 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.

B.2.2 Medicare cards issued to eligible visitors to Australia will show the period for which each person on the card is eligible for Medicare benefits.

B.3 Medical Expenses Incurred Overseas

B.3.1 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.

B.3.2 Medicare does not cover hospital expenses or the cost of medical evacuation 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).

B.4 Visitors to Australia and Temporary Residents

B.4.1 Medicare benefits are generally not payable to visitors to Australia or temporary residents, although the Minister has power to extend eligibility to such persons in exceptional circumstances. People visiting Australia specifically for medical or hospital treatment are not eligible for Medicare benefits. (See also Reciprocal Health Care Agreements).

B.4.2 All eligible visitors must enrol with Medicare to receive benefits. A practitioner can determine the eligibility period for visitors by checking the "Benefits Period" dates at the top left hand corner of the card. If there is no "Benefits Period" entry and the card has just an expiry date, or no other date, that indicates the cardholder is an Australian resident and has no limited eligibility.

B.5 Reciprocal Health Care Agreements

B.5.1 Visitors from countries with which Australia has signed Reciprocal Health Care Agreements are eligible for benefits under the Medicare program. Agreements currently in place include United Kingdom, New Zealand, Sweden (for length of stay), Malta and Italy (for maximum of six months from date of arrival). Likewise, Australians visiting these countries will be entitled to health care under the particular country's public health scheme for similar periods. Diplomats and their families are only covered by these agreements if specifically mentioned in the agreement. The agreement with New Zealand does not mention diplomats and families and hence this group is excluded from Medicare benefit.

B.5.2 The Agreements provide for immediately necessary medical treatment only, that is, treatment for any episode of ill-health (or accident) which requires prompt medical attention. Persons who require hospital treatment, and who seek cover under a reciprocal agreement, shall be entitled to admission to public hospitals as public patients only. The agreements do not include pre-arranged or elective treatment, or treatment as a private patient in a public or private hospital.

C. VOCATIONAL REGISTRATION OF GENERAL PRACTITIONERS

C.1 Eligibility

C.1.1 The criteria for registration as a vocationally registered general practitioner are certification from either the Royal Australian College of General Practitioners (RACGP), or a Vocational Registration Eligibility Committee (VREC) or the Vocational Registration Appeals Committee (VRAC), that the practitioner's medical practice is predominantly general practice, and that the practitioner has appropriate training and experience in general practice.

C.1.2 The VRAC will hear appeals from medical practitioners who are refused certification by either the RACGP or a VREC.

C.1.3 The regulations establishing the VRECS and the VRAC require these committees to have regard to the eligibility criteria published by the RACGP and to consider each case on its merits. The criteria used by these committees is a matter for the committees to determine.

C.1.4 The criteria which the RACGP will use in certifying a practitioner's eligibility are summarised below.

C.1.5 From 1 January 1995 the only training and experience which the RACGP will regard as appropriate for eligibility will be the attainment of Fellowship of the RACGP or an equivalent post-graduate qualification in general practice.

C.1.6 However, in the interim, to avoid disadvantaging medical practitioners already in practice, the RACGP has indicated that for the purposes of such certification it will accept other training and experience as follows:-

The medical practitioner is in practice which is predominantly general practice, and

- is a Fellow or a Member of the RACGP; or
- has attained a 'Certificate of Satisfactory Completion of Training' awarded under the Family Medicine Program conducted by the RACGP; or
- has been in general practice (as defined) for at least five years; or
- has passed the RACGP examination in addition to a year of hospital training, post intern prior to the end of 1989; or
- has experience and training approved by the RACGP, equivalent to the above categories; or
- has a qualification or certification acceptable to the RACGP from another country, for example, Canada, UK, USA, NZ.

C.1.7 In assessing whether a practitioner's medical practice is predominately general practice, the RACGP will consider only services eligible for Medicare benefits. To qualify, 50% of this clinical time or services claimed against Medicare must be in general practice as defined, with a minimum of 2 sessions per week. The RACGP will have regard to whether the practitioner provides a comprehensive primary medical service, including treating a wide range of patients and conditions using a variety of accepted medical skills and techniques, providing services

away from the practitioner's surgery on request, for example, home visits and making appropriate provision for the practitioner's patients to have access to after hours medical care.

C.1.8 All enquiries concerning eligibility for registration should be directed to the RACGP at 43 Lower Fort Street, Sydney, NSW, 2000, or to the VREC in your area c/- PO Box 9848, (CAPITAL CITY AND POST CODE).

C.2 How to Apply for Registration

C.2.1 To be listed on the register, application on the approved form must be made to the Health Insurance Commission following issue by the RACGP or a VREC or the VRAC of certification of eligibility. A copy of the certification of eligibility should be forwarded to the Health Insurance Commission with the approved form (signed by the practitioner) when the practitioner decides to register; or application will be made to the Health Insurance Commission direct by the RACGP or VREC where authorised on the application for eligibility. The application form will accompany the certification.

C.2.2 The Commission's address for the purpose of submission of applications for registration as a vocationally registered general practitioner is:

Manager, Eligibility and Benefits
Health Insurance Commission
GPO Box 9822
(CAPITAL CITY AND POST CODE)

C.2.3. Continued vocational registration is dependent upon involvement in appropriate Continuing Medical Education (CME) and Quality Assurance (QA) programs approved by the RACGP.

C.2.4 All enquiries regarding the QA and CME requirements should be directed to the RACGP at 43 Lower Fort Street, Sydney, NSW, 2000.

C.3 Removal from Vocational Register

C.3.1 A medical practitioner may at any time request the General Manager of the Health Insurance Commission to remove his/her name from the Vocational Register of General Practitioners.

C.3.2 Provision also exists for removal of a medical practitioner from the Vocational Register where the RACGP is no longer satisfied that the practitioner should remain on the Register. Examples of reasons for which a practitioner might be removed are:

- the practitioner's medical practice is no longer predominantly general practice;
- the RACGP's minimum requirements for involvement in continuing Medical Education and Quality Assurance programs have not been met by the practitioner;
- where the RACGP is no longer satisfied that the practitioner has appropriate training and experience in general practice (e.g. if certification was made on the basis of false information).

C.3.3 Appeals against removal may be made to the VRAC.

C.4 Descriptor Evaluation

C.4.1 A Descriptor Utilisation Review Committee is to be established to review the use of the content based consultation items.

D. RECOGNITION AS A SPECIALIST OR CONSULTANT PHYSICIAN

D.1 Recognition Method

D.1.1 A medical practitioner who, having made formal application and paid the prescribed fee, and who -

- is registered as a specialist under State or Territory law; or
- holds a fellowship of a specified specialist College; or

- is considered eligible for recognition as a specialist or consultant physician by a Specialist Recognition Advisory Committee;

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

D.1.2 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.

D.1.3 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 the practitioner in the practice of the recognised specialty, provided (other than in the case of services by specialist anaesthetists or radiologists - see paragraph E.4.2) the patient has been referred in accordance with paragraphs E.1 to E.4.

D.1.4 All enquiries concerning the recognition of specialists and consultant physicians should be directed to State Manager, Commonwealth Department of Community Services and Health. (The addresses of State Offices of the Department are contained in paragraph A.3 above).

E. REFERRAL OF PATIENTS TO SPECIALISTS OR CONSULTANT PHYSICIANS

E.1 Purpose of Referrals

E.1.1 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.

E.1.2 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.

E.2 Notification of Referral

E.2.1 The particulars required to be communicated in a referral are as follows :-

- patient's name;
- the referring practitioner's name;
- the address of the referring practitioner's place of practice or the practitioner's provider number in respect of that address; and
- date on which the referral is made.

E.2.2 These particulars may be provided in one of two ways -

- (i) by the Notice of Referral form; or
- (ii) by an informal written referral.

E.2.3 As with Notice of Referrals, informal written referrals will be valid for 12 months from the date of the specialist's or consultant's first service (or for any lesser period specified by the referring practitioner).

E.2.4 To cover the situation indicated below (para E.3 refers) where the informal written referral may be attached to the specialist's or consultant's accounts, receipts or assignment forms, consideration could be given to separating clinical details from referral particulars indicated above (to preserve the patient's confidentiality).

E.3 Details to be Shown on Accounts, Receipts, etc.

E.3.1 Except in an emergency situation or where the original written referral has been lost, stolen or destroyed, referral particulars required to be shown on (or attached to) accounts, receipts or assignment forms (ie, for billing purposes) are as shown in para E.2.1 above.

E.3.2 These requirements may be met in one of four ways -

- (i) by attaching the notice of referral;

- (ii) where the Notice of Referral was previously attached for billing purposes - by showing the name of the referring practitioner and the Notice of Referral number;
 - (iii) by attaching an informal written referral (or a copy) - having regard to patient's confidentiality where clinical notes are provided (see para above);
 - (iv) by writing the required particulars either on accounts, etc or on a separate attached note.
- E.3.3 In emergency situations (where referral was not practicable) the following particular is required for billing purposes :-

- "special circumstances - emergency".

E.3.4 Where the written referral has been declared by the patient to be either lost, stolen or destroyed, the following particulars are required for billing purposes :-

- name of the referring practitioner;
- the words "special circumstances - lost referral";
- the address of the referring practitioner's place of practice or the practitioner's provider number in respect of that address (if either of these are known to the specialist or consultant).

E.4 When a Letter/Notice of Referral is Required

E.4.1 Except as described in the following paragraph, a Letter or Notice of referral must have been issued by the referring doctor, dental practitioner or optometrist/optician in respect of all services provided by specialists and consultant physicians in order that patients might be eligible for Medicare benefits at the higher rate. Unless such a Letter/Notice has been provided, the referral requirements will be regarded as not having been satisfied and benefits will be paid at the unreferred rate.

E.4.2 A Letter or Notice of referral is not required in the case of specialist radiologist (except in the case of Items 2734 and 2736 - see paragraph 8.1 of Explanatory Notes preceding Part 8 Radiology) or anaesthetist services (including Item 85 - Examination of a patient in preparation for the administration of an anaesthetic). The higher rate of benefit in these cases is payable provided the services are rendered by a specialist radiologist or anaesthetist. However, for benefits to be payable at the specialist rate for consultations by specialist anaesthetists (other than for an examination in preparation for anaesthesia) a Letter or Notice of referral is required (see paragraph 3.1.12 Explanatory Notes preceding Part 3 - Anaesthetics).

E.4.3 Medicare benefit is attracted for an attendance on a patient where the attendance is solely for the purpose of providing a Letter or Notice of referral. However, if a medical practitioner issues a Letter or Notice of referral without an attendance on the patient, no benefit is payable in respect of the issuing of the referral.

E.4.4 It should be noted that where a general practitioner acts as a locum-tenens for a specialist or 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, eg, general practitioner level for a general practitioner locum-tenens and specialist level for a referred service rendered by a specialist.

E.5 Single Course of Treatment

E.5.1 The Items in the Medicare Benefits Schedule relating to attendances by specialists and consultant physicians refer to attendances in a single course of treatment. A single course of treatment is defined as follows :-

"A single course of treatment involves an initial attendance by a specialist or consultant physician and the continuing management/treatment up to the stage where the patient is referred back to the care of the referring practitioner. It also includes any subsequent review of the patient's condition by the specialist/consultant physician that may be necessary; such a review may be initiated by either the referring practitioner or the specialist/consultant physician. However, presentation of an unrelated illness, requiring the referral of the patient to the specialist's/consultant physician's care, would initiate a new course of treatment in which case a new referral would be required.

If the referring practitioner:

- (a) deems it necessary for the patient's condition to be reviewed;

- and
- (b) the patient is seen by the specialist/consultant physician outside the currency of the last referral; and
 - (c) the patient was last seen by the specialist/consultant physician more than nine months earlier

the attendance would initiate a new course of treatment."

F. BILLING PROCEDURES

F.1 Itemised Accounts

F.1.1 Where the doctor bills the patient for medical services rendered, the patient needs a properly itemised account/receipt to enable a claim to be made for Medicare benefits.

F.1.2 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, including an indication where the service is rendered to a person while hospital treatment is provided in a hospital or day hospital facility (other than a Medicare hospital patient), that is, the word 'in-patient' immediately preceding the description of the service or an asterisk '*' directly after an item number where used.
- (iv) The name and practice address or name and provider number of the practitioner who actually rendered the service; (where the practitioner has more than one practice location recorded with the Health Insurance Commission, 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 radiology and radiotherapy services, CT and nuclear medicine - i.e. services listed in Parts 7A, 8, 8A, 9A or 11 of the Schedule - the name and address or name and provider number of the practitioner who actually rendered the service need not be included;
- (v) The name and practice address or name and provider number of the practitioner claiming or receiving payment of benefits, or assignment of benefit, is to be shown:-
 - for services in Parts 1-6, Section 4 - Pathology (Division 9), and Parts 9 and 10 - where the person claiming payment is NOT the person who rendered the service;
 - for services in Parts 7A, 8, 8A, 9A and 11 - for every service;
- (vi) If the service was a Specified Simple Basic Pathology Test (listed in Section 4 - 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/her speciality to a patient who has been referred:- (a) the name of the referring medical practitioner; (b) the address of the place of practice or provider number in respect of that place of practice; and (c) the date of the referral.

(NOTE: 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).

F.1.3 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.

F.2 Claiming of Benefits

F.2.1 The patient, upon receipt of a doctor's account, has two courses open for paying the account and receiving benefits.

F.3 Paid Accounts

F.3.1 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.

F.4 Unpaid Accounts

F.4.1 Where the patient has not paid the account, the unpaid account may be presented to Medicare with a Medicare claim form. In this case Medicare will forward to the claimant a benefit cheque made payable to the doctor.

F.4.2 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.

F.4.3 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.

F.5 Assignment of Benefit (Direct-Billing) Arrangements

F.5.1 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. If a medical practitioner direct-bills, he undertakes to accept the relevant Medicare benefit as full payment for the service. Additional charges for that service (irrespective of the purpose or title of the charge) cannot be raised against the patient. Under these arrangements:-

- The patient's Medicare 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. The reason the patient is unable to sign should also be stated. 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.

F.6 Use of Medicare Cards in Direct Billing

F.6.1 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 is used for this purpose and is available free of charge, on request, from Medicare.

F.6.2 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.

F.6.3 Because of the role that the Medicare 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 a patient's Medicare number on the patient's records in the event that the patient presents without the card.

F.6.4 The Medicare card 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.

F.6.5 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.

F.6.6 It is important for the practitioner to check the eligibility of patients to Medicare benefits by reference to the card, as some enrollees, e.g., certain visitors to Australia, have entitlement limited to the dates shown on the card as "Benefit Period" in the top left hand corner. Australian residents are not restricted to a period of entitlement even though some cards show an expiry date.

F.7 Assignment of Benefit Forms

F.7.1 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 not be used for services other than pathology.
- (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.

F.8 The Claim for Assigned Benefits (Form DB1, DB1H)

F.8.1 Practitioners who accept assigned benefits must claim on Medicare using either Claim for Assigned Benefits form DB1 or DB1H. The DB1H form should be used where services are rendered to persons while hospital treatment is provided in a hospital or day hospital facility (other than Medicare hospital patients). Both forms have been designed to enable benefit for a claim to be directed to a practitioner other than the one who rendered the services. The 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.

F.8.2 Each claim form must be accompanied by the assignment forms to which the claim relates.

F.8.3 The DBI and DBIH are also loose leaf 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.

F.9 Direct-Bill Stationery

F.9.1 Medical Practitioners 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.

F.10 Time Limits Applicable to Lodgement of Claims for Assigned Benefits

F.10.1A 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.

F.10.2 Provision exists 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 assigned claims are directed.

G. PROVISION FOR REVIEW AND INQUIRY (GENERAL MEDICAL SERVICES) (See Section 4 for Pathology Arrangements)

G.1 Medical Services Committees of Inquiry (MSCI)

G.1.1 MSCI's were established as a means of identifying the provision of excessive services by practitioners for which Medicare benefits have been paid or are payable.

G.1.2 MSCI's may inquire and report on references from the Minister concerning the rendering of excessive medical services. (see paragraph H.2 below)

G.1.3 Excessive services are defined in the Act as being services (other than pathology services) in respect of which Medicare benefits have become or may become payable, that are not reasonably necessary for the adequate medical care of the patient concerned. (See Section 4 in respect of Pathology Services).

G.1.4 MSCI's consist of five members all of whom are medical practitioners.

G.2 Medical Services Review Tribunal (MSRT)

G.2.1 The functions of the Tribunal are to consider requests for review of Ministerial Determinations made under section 106 of the Health Insurance Act (ie. Determinations arising out of recommendations of Medical Services Committees of Inquiry).

G.2.2 MSRT may affirm, set aside or vary these Determinations.

G.2.3 The MSRT's consist of a President, who is or has been the holder of a judicial office or is a legal practitioner of the High Court or Supreme Court of a State or Territory of not less than five years standing, and two other members, both of whom are required to be medical practitioners.

G.3 Medicare Benefits Advisory Committee (MBAC)

G.3.1 This Committee is established under the provisions of Section 66 of the Health Insurance Act. Membership of the Committee consists of representatives of the medical profession and the Commonwealth Government. There are eight members on the Committee, of which at least five must be medical practitioners.

G.3.2 The primary function of the Committee is to consider claims made under Section 11 of the Health Insurance Act for higher Schedule fees and benefits for medical services considered to be of undue length and complexity (see paragraphs I.2.1 to I.2.7). It also considers benefits for services not listed in the Medicare Benefits Schedule (see paragraph L.1).

G.4 Medicare Participation Review Committee (MPRC)

G.4.1 The Medicare Participation Review Committees determine what administrative action should be taken against a practitioner who has been successfully prosecuted for medifraud.

G.4.2 The Committees have a discretionary range of options from taking no further administrative action against the practitioner to counselling and reprimand and full or partial disqualification from participating in the Medicare benefit arrangements for up to five years.

H. PENALTIES AND LIABILITIES

H.1 Penalties

H.1.1 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.

H.1.2 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.

H.2 Provision of Excessive Services

H.2.1 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.

H.2.2 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.

H.2.3 The Health Insurance Commission is required to investigate where there are reasonable grounds to suspect that a practitioner may have rendered excessive medical services. The Commission has a computerised monitoring program which records claims for Medicare benefits for services provided by every practitioner. Medical practitioners, employed by the Commission as medical advisers, may seek the opportunity to discuss with doctors claims submitted for payment of Medicare benefits for services rendered by the doctor. Should the Commission identify a situation where it strongly suspects that claimed medical services are excessive, it is required to refer the matter to the Minister (or his delegate) for consideration of a referral to a Medical Services Committee of Inquiry. This Committee may then seek clarification from the doctor as to the medical necessity of those services so referred.

H.2.4 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/she has claimed to have rendered and a Committee is of the opinion that a less costly service would have been satisfactory eg. a long consultation claimed and paid for in lieu of a standard consultation.

H.2.5 The Act also provides for the Minister's decision on the recommendation to be reviewed by the Medical Services Review Tribunal which is established under the Health Insurance Act for this specific purpose.

H.2.6 Where a determination becomes effective, the Act requires the details of the determination to be tabled in Parliament and states that they may also be published in the Commonwealth of Australia Gazette.

GENERAL NOTES FOR GUIDANCE OF USERS

I. SCHEDULE FEES AND MEDICARE BENEFITS

I.1 Schedule Fees and Medicare Benefits

I.1.1 Medicare benefits are based on fees determined for each medical service, with uniform fees for each service in each State. The fee is referred to in these notes as the "Schedule fee".

I.1.2 Lists showing the Item number, Schedule fee and Medicare benefit levels for the medical services contained in each Part of the Schedule are located immediately following the respective Part as set out in Section 2 to 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.

There are presently two levels of Medicare benefit payable, that is :-

(i) for professional services rendered to a person while hospital treatment is provided in a hospital or day hospital facility (other than Medicare hospital patients), the level of Medicare benefit is 75% of the Schedule fee for each item with no maximum patient gap between the Medicare rebate and the Schedule fee. The Health Insurance Regulations provide that medical practitioners must indicate on their accounts, etc, where a medical service is rendered in these circumstances. This requirement will be met by placing the word "in-patient" immediately preceding the description of each service or, alternately, where an item number is used, by placing an asterisk "*" directly after the item number for each service.

(ii) for out-of-hospital medical services, the Medicare benefit rebate is 85% of the Schedule fee or the Schedule fee less \$20 whichever is the greater.

I.1.3 Public hospital treatment is available without direct charge to public patients.

I.1.4 A medical service rendered to a patient on the day of admission to, or day of discharge from hospital, but prior to admission or subsequent to discharge, will attract benefits at the 85% level not 75%.

I.1.5 The 75% benefit level applies even though a portion of the service (eg. aftercare) may be rendered outside the hospital. With regard to the comprehensive obstetric items (ie. 194, 196, 198, 201, 204 and 205) benefits would be attracted at the 75% level where the confinement takes place in hospital.

I.1.6 Pathology tests performed after discharge from hospital on bodily specimens taken during hospitalisation also attract the 75% level of benefits.

I.1.7 It should be noted that the Health Insurance Act makes provision for private medical insurance to cover the "patient gap" (i.e., the difference between the Medicare rebate and the Schedule fee) for services attracting benefits at the 75% level.

I.1.8 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 for out-of-hospital services, 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.

I.2 Service of Unusual Length or Complexity

I.2.1 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 claimant for Medicare benefits 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.

I.2.2 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.

I.2.3 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.

I.2.4 Generally, such applications are referred for consideration by the Medicare Benefits Advisory Committee which may recommend 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.

I.2.5 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.

I.2.6 Where the Health Insurance Commission notifies a claimant 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.

I.2.7 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.

J. SERVICES ATTRACTING MEDICARE BENEFITS

J.1 Professional Services

J.1.1 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 services where a portion of the service is performed by a technician employed by or, in accordance with accepted medical practice, acts under the supervision of the medical practitioner.

J.1.2 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 cannot be attended simultaneously although patients may be seen consecutively), other than an attendance on a person in the course of a group session (i.e. Items 170-172). 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, (except 170-172)
- (b) All Part 2 (Obstetrics) items (except 290),
- (c) All Part 3 (Anaesthetics) items,
- (d) All Part 4 (Regional or Field Nerve 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	819	856	916	936	953	976
774	821	886	917	938	954	977
777	824	890	918	939	956	980
787	831	893	922	940	957	987

790	833	895	923	944	960	989
810	836	897	925	947	963	
811	839	902	931	949	968	
813	851	904	932	950	970	
814	852	907	934	951	974	

J.1.3 For the family group therapy and group psychotherapy services covered by Items 170, 171, 172, 887, 888 and 889, benefits are payable only if the services have been conducted by the medical practitioner himself.

J.1.4 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.

J.2 Services Rendered "On Behalf Of" Medical Practitioners

J.2.1 Medical services not included in the above list (i.e. the items in Parts 7A, 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.

J.2.2 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.

K. SERVICES WHICH DO NOT ATTRACT MEDICARE BENEFITS

K.1 Services Not Attracting Benefits

K.1.1 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 170, 171, 172, 887, 888 and 889) such as group counselling, health education and weight reduction or fitness classes.

K.1.2 There are other services which are not regarded as being 'medical services' for the purposes of the payment of Medicare benefits. These are services performed for cosmetic reasons, such as face lifts, eye-lid reduction, hair transplants (except in certain circumstances), etc. 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.

K.2 Where Medicare Benefits are not Payable

K.2.1 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 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;
- (iii) 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;
- (iv) where the service was rendered in the course of the carrying out of a mass immunisation.

K.2.2 Unless the Minister 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 para K.3 below).

K.2.3 The legislation empowers the Minister 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.

K.2.4 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;
- hyperbaric oxygen therapy in the treatment of multiple sclerosis;
- measurement of bone mineral density for osteoporosis assessment; and
- removal of tattoos

K.3 Health Screening Services

K.3.1 Unless the Minister otherwise directs Medicare benefits are not payable for health screening services.

K.3.2 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.

K.3.3 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/her 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 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). Benefits are not attracted in respect of pathology tests resulting from such examination/collection.

- a medical examination to adopt or foster children

K.4 Services Rendered to a Doctor's Dependents, Partner, or Partner's Dependents

K.4.1 Generally, Medicare benefits are not payable in respect of professional services rendered by a medical practitioner to dependants or partners or a partner's dependants. There can be no medical expense for which Medicare benefits will apply unless a legally enforceable debt is incurred. In such a case, the matter should be referred to the Health Insurance Commission for assessment.

K.5 Workers' Compensation, Third Party Insurance, Damages, etc.

K.5.1 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.

K.5.2 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.

K.5.3 Where a settlement has been made and the Minister (or delegate) determines that the settlement has had regard to any medical expenses incurred or likely to be incurred, the Minister (or delegate) may determine that the whole or a specified part of the settlement relates to medical expenses.

K.5.4 Where a claim is made for Medicare benefits and it appears to the Minister (or delegate) that the service may be subject to a claim for compensation or damages, the Minister (or 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/she will be required to refund all or part of the provisional payment made, and an undertaking must be given to this effect.

L. SERVICES NOT LISTED IN THE SCHEDULE (See also paragraph M.2.1)

L.1 Services not Listed in Schedule

L.1.1 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, seven non-specific items are included in the Medicare Benefits Schedule i.e., Item Nos. 486, 558, 2804, 3004, 8873/8874 and 8875.

L.1.2 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 paragraph I.2.

L.1.3 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.

L.1.4 A number of recommendations which have already been made by the Medicare Benefits Advisory Committee in relation to services not specifically covered in the Schedule are listed at the end of Section 2. This list includes recommendations made by this Committee up to and including meeting No. 80 of 13 February 1990. These services have been allocated specific reference numbers in parentheses. Practitioners must not use other item numbers on their accounts in respect of procedures that are not listed in the Schedule.

L.2 Service Differs from that Described in Schedule Item

L.2.1 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.

L.2.2 The procedures to be followed in these circumstances are outlined in paragraph L.1 above. 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 listed in paragraph A.3 of these notes. Telephone enquiries should be directed to the numbers below; these numbers are reserved for enquiries concerning the Schedule:

NSW - 02 5612212
Vic - 03 6079273
Qld - 07 2285215
SA - 08 2018629
WA - 09 3220044
Tas - 002 347999
ACT - 062 936360
NT - use South Australian enquiry number.

L.3 Ministerial Determinations

L.3.1 Determinations under the provisions of Section 3C of the Health Insurance Act have been made by the Minister 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 after Part 11 of Section 2.

M. PRINCIPLES OF INTERPRETATION

M.1 Principles of Interpretation

M.1.1 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.

M.1.2 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 radiographic examination is partly completed by one medical practitioner and finalised by another, the only benefit payable being that for the total examination. Another example is where aftercare is carried out by other than the practitioner who performed the operation. The fee for the operation also covers any consequential aftercare and only the one benefit is payable.

M.1.3 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 201 as well as under Item 198.

M.2 Services Attracting Benefits on an Attendance Basis

M.2.1 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. These services are identified in the index to this Book.

M.3 Consultation and Procedures Rendered at the One Attendance

M.3.1 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. For example, 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 *2861, 2863, 2869, 2871, 2873, 2875, 2877, 2879, 2881, 2883, 2885, 2887, 2889, 2891, 2893, 2912, 2918, 7601, 7605, 7694, 7697, 7701, 7706, 7774, 7777, 7781, 7785;
(* see paragraph 8A.1.2 of Part 8A - Radiotherapy Explanatory Notes in relation to radiotherapy)
- (b) "including all related attendances" Item 198, 362, 363, 365, 383; and
- (c) "including associated consultation" Items 836, 886, 887, 888, 889, 976, 977, 978, 979, 980, 3004, 3006, 3012, 3016, 3022, 3027, 3033, 4630, 4633, 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, 201, 204, 205, 210;
- (iii) those items in the Schedule which provide separate benefit for special services for the treatment of obstetrical services for the treatment of obstetrical complications, Items 242, 246, 247, 248, 273;
- (iv) those items in the Schedule where the attendance is an integral part of the service, Items 821, 824, 909; and
- (v) all items in Parts 3, 5 and 9 of the Schedule.

M.3.2 Where a service listed in paragraph M.3.1, 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.

M.3.3 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.

M.3.4 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.

M.4 Aggregate Items

M.4.1 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.

M.4.2 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.

M.4.3 Examples of the services to which this aggregation principle applies are Items

482	488	557	2798	2881	7483	7823	7844	8868
483	553	560	2863	2885	7803	7828	7847	
484	554	2732	2871	2889	7809	7834	8748	
485	556	2782	2877	2893	7817	7839	8749	

SECTION 2

**MEDICARE BENEFITS
SCHEDULE
GENERAL MEDICAL SERVICES**

PART 1 - PROFESSIONAL ATTENDANCES

EXPLANATORY NOTES

	Para No.	Page No.
Attendances		
Emergency After Hours	1.9	32
Family Group Therapy	1.12	32
Hospital	1.6	31
Institution	1.5	31
Minor, by Consultant Physicians	1.10	32
Multiple, on the Same Day	1.3	29
Nursing Home	1.8	31
Nursing Home Type Patients in a Hospital	1.7	31
Physical, by the Medical Practitioner (see also paragraph J.1.2 in Section 1)	1.1	29
Prolonged Attendance in the Treatment of a Critical Condition	1.11	32
Vocationally Registered General Practitioners With a Procedure	1.4	29 (see paragraph M.3, Section 1)
Telephone Consultations, etc	1.2	29

SCHEDULE OF SERVICES

	Item No.	Page No.
Attendances		
-by Vocationally Registered General Practitioner		
Level A	3-14	33
Level B	23-26	33
Level C	36-39	34
Level D	44-49	34
-by other than Vocationally Registered General Practitioner		
Surgery	52-57	34
Home	58-65	35
Institution	66-72	35
-other Unreferred		
Hospital	73-76	35
Nursing Home	77-79	36
Emergency After Hours	80	36
-by Anaesthetist	82,85	36
-by Specialist		
Surgery, Hospital or Nursing Home	88-94	37
Home	100-103	37
-by Consultant Physician (other than in Psychiatry)		
Surgery, Hospital, Nursing Home	110-119	37
Home	122-131	37
-by Consultant Psychiatrist		
Surgery, Hospital, Nursing Home	134-142	37
Home	144-152	38
-Prolonged	160-164	39

-Family Group Therapy

170-172 39

ITEM-FEE-BENEFIT-LIST

40

PART 1 - PROFESSIONAL ATTENDANCES

EXPLANATORY NOTES

1.1 Physical Attendance by Practitioner

1.1.1 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., attendances by non vocationally registered general practitioners, 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.

1.2 Telephone Consultations, etc.

1.2.1 Telephone consultations, letters of advice by medical practitioners, the issue of repeat prescriptions when the patient is not in attendance, post mortem examinations, the issue of death or cremation certificates, counselling of relatives (Note - Items 890 and 893 are not counselling services), group attendances (other than group attendances covered by Items 170, 171, 172, 887, 888 and 889) such as group counselling, health education, weight reduction or fitness classes do not qualify for benefit.

1.3 Multiple Attendances

1.3.1 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.

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

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

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

1.4 Attendances by Vocationally Registered General Practitioners (Items 3-49)

1.4.1 Items 3 to 49 relate specifically to attendances rendered by medical practitioners who are listed on the Vocational Register of General Practitioners maintained by the Health Insurance Commission. Only medical practitioners on the Vocational Register are eligible to itemise these content-based items (Items 3-49). The remaining items relating to unREFERRED patients in Part 1 (Items 73-80) are available to both vocationally registered and other practitioners. (See paragraph C.1 and C.2 of Section 1 for details of eligibility and registration).

1.4.2 Items 3 to 49 cover four categories of general practitioner attendance based largely on the tasks undertaken by the practitioner during the attendance on the patient rather than simply on the time spent with the patient.

1.4.3 These items are at this stage confined to surgery consultations, home visits and consultations at institutions (as defined at paragraph 1.5.1 below). The attendances are divided into four categories relating to the level of complexity, namely:

- (i) Level A - (10 relative value units)
- (ii) Level B - (21 relative value units)
- (iii) Level C - (38 relative value units)

(iv) Level D - (56 relative value units)

(15 additional relative value units apply to home visits)

1.4.4 To assist medical practitioners in selecting the appropriate item number for Medicare benefit purposes the following notes and examples in respect of the various levels are given. The fact that a particular case is used as an example does not mean that such cases would always be claimed at the level used in the example. Other modifying circumstances might prevail and each case must be treated on its merits.

LEVEL A - (Items 3, 4, 14)

These items are for the obvious and straightforward cases and the practitioner's records would reflect this. In this context 'limited examination' means examination of the affected part if required, and 'management' the action taken.

Example: Triple Antigen or Tetanus Immunisation

LEVEL B - (Items 23, 24, 26)

The descriptions of these items introduce the words 'selective history' and 'implementation of a management plan in relation to one or more problems'. In this context a 'selective history' means a history relating to a specific problem or condition; and 'implementation of a management plan' includes formulation of the decision or plan of management and any immediate action necessary such as advising or counselling the patient, ordering tests, or referring the patient to a specialist medical practitioner or other allied health professional. The essential difference between Levels A and B relate not to time but to complexity.

Example: Otitis media presenting as earache

LEVEL C

Further levels of complexity are implied in these items by the introduction of 'taking a detailed history' and 'examination of multiple systems'. A physical attendance of at least 20 minutes is necessary to qualify for a Level C attendance. The words following 'OR' in the items for Levels B and C allow for the situation where an attendance involves some components of a more complex level but the time taken is less than specified in the higher level. Benefit is claimable at the appropriate lower level, e.g.; if an attendance involved a detailed history and examination of multiple systems, arranging investigations and implementing a management plan, but the time taken was less than 20 minutes, it would constitute a Level B attendance.

Example: Essential hypertension presenting as headache

LEVEL D

These items cover the difficult problems where the diagnosis is elusive and highly complex, requiring consideration of several possible differential diagnoses, and the making of decisions about the most appropriate investigations and the order in which they should be performed. These items also cover cases which need prolonged discussion. Physical attendance of at least 40 minutes is necessary to qualify for a Level D attendance.

Examples: Migraine with peripheral neurological signs

Depression presenting as insomnia or headaches

Complex psychological or family relationship problems

Counselling or Advice to Patients or Relatives

1.4.5 For Items 23 to 49 'implementation of a management plan' includes counselling services.

1.4.6 Items 3 to 49 include advice to patients and/or relatives during the course of an attendance. The advising of relatives at a later time does not extend the time of attendance.

Recording Clinical Notes

1.4.7 In relation to the time taken in recording appropriate details of the service, only clinical details recorded at the time of the attendance count towards the time of consultation. It does not include information added at a later time, such as reports of investigations.

Other Services at the Time of Attendance

1.4.8 Where, during the course of a single attendance by a vocationally registered general practitioner, both a consultation and another medical service are rendered, Medicare benefits are generally payable for both the consultation and the other service. Exceptions are in respect to medical services which form part of the normal consultative process, or services which include a component for the associated consultation (see paragraph M.3 of Section 1 for further details).

After Hours Services

1.4.9 There are no differential Schedule fees for medical services rendered after hours, except in relation to the item for emergencies i.e. Item 80. However, use of this emergency after hours item is restricted to situations as outlined in paragraph 1.9.1 below.

Locum-Tenens

1.4.10 Where a vocationally registered general practitioner engages, either as an assistant or as a locum tenens, a medical practitioner who is not enrolled on the vocational register, Medicare benefits in respect of attendances rendered by the latter are attracted under items 52-72 and not under Items 3-49.

1.5 Professional Attendances at an Institution (Items 66, 69, 71, 72)

1.5.1 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.

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

1.5.3 Where only one patient is attended in an institution the appropriate "home visit" attendance item is payable (Item 58, 59, 60 or 65).

1.6 Attendance at a Hospital (Items 73, 74)

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

1.7 Professional Attendance on a Nursing-home Type Patient in a Hospital (Items 75, 76)

1.7.1 The Health Insurance Act provides 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 75 or 76 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 73 applies.

1.8 Nursing Home Attendance (Items 77, 78, 79)

1.8.1 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.

1.8.2 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.

1.8.3 Where a patient living in a self-contained unit is attended by a medical practitioner at consulting rooms situated within the precincts of the nursing home or hostel, or at free standing

consulting rooms within the nursing home complex, the appropriate surgery consultation item applies.

1.8.4 If a patient who is accommodated in the nursing home or hostel visits a medical practitioner at consulting rooms situated within the nursing home complex, whether free standing or situated within the nursing home or hostel precincts, benefits would be attracted under the appropriate nursing home attendance item (i.e., Item 77, 78 or 79)

1.9 Emergency After-Hours Attendances (Item 80)

1.9.1 Item 80 should only be itemised in the following instances -

- the attendance is at other than the practitioner's usual consulting rooms;
- the consultation is initiated by or on behalf of the patient in the same unbroken after-hours period;
- the patient's medical condition must require immediate treatment; and
- if more than one patient is seen on the one visit, Item 80 can be used but only in respect of the first patient.

Where the patient is seen at a public hospital the following additional provisions would apply:-

- the first or only patient is a private in-patient; or
- the first or only patient is seen in the Out-patient or Casualty Department and the hospital does not provide at the time a medical Out-patient or Casualty service.

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

Definition of After Hours

1.9.2 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.

1.10 Minor Attendance by a Consultant Physician (Items 119 and 131)

1.10.1 The Health Insurance 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.

1.11 Prolonged Attendance in Treatment of a Critical Condition (Items 160-164)

1.11.1 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.

1.12 Family Group Therapy (Items 170, 171, 172)

1.12.1 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 only one fee applies in respect of each group of patients.

PART 1 - PROFESSIONAL ATTENDANCES NOT COVERED BY ANOTHER ITEM

ATTENDANCES BY VOCATIONALLY REGISTERED GENERAL PRACTITIONERS (AT SURGERY, HOME OR INSTITUTION)

NOTE:

Professional attendances by vocationally registered general practitioners cover consultations during which the general practitioner evaluates the patient's problem (which may include certain health screening services - see paragraph K.3 of Section 1) and formulates a management plan, in relation to one or more conditions present in the patient. The service also includes advice to the patient and/or relatives and the recording of appropriate detail of the particular services - (see paragraphs 1.4.6 - 1.4.7 of Explanatory Notes to this Part)

LEVEL 'A'

Professional attendance for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management

3

- **SURGERY CONSULTATION**
(Professional attendance at consulting rooms)

4

- **HOME VISIT**
(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 that institution on the one occasion)
NOTE: Where one patient only is visited at an institution the service is regarded as a home visit.

14

- **CONSULTATION AT AN INSTITUTION - OTHER THAN A HOSPITAL OR NURSING HOME**
(Professional attendance on two or more patients in the one INSTITUTION on the one occasion) - EACH PATIENT

LEVEL 'B'

Professional attendance involving taking a selective history, examination of the patient with implementation of a management plan in relation to one or more problems, OR a professional attendance of less than 20 minutes duration involving components of an attendance of the type otherwise covered by Items 36, 37, 39, 44, 47 or 49

23

- **SURGERY CONSULTATION**
(Professional attendance at consulting rooms)

24

- **HOME VISIT**
(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 that institution on the one occasion)
NOTE: Where one patient only is visited at an institution the service is regarded as a home visit.

26

- **CONSULTATION AT AN INSTITUTION - OTHER THAN A HOSPITAL OR NURSING HOME**
(Professional attendance on two or more patients in the one INSTITUTION on the one occasion) - EACH PATIENT

36	<p style="text-align: center;">LEVEL 'C'</p> <p>Professional attendance involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to one or more problems, and lasting at least 20 minutes, OR a professional attendance of less than 40 minutes duration involving components of an attendance of the type otherwise covered by Items 44, 47 or 49</p> <p>• SURGERY CONSULTATION (Professional attendance at consulting rooms)</p>
37	<p>• HOME VISIT (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 that institution on the one occasion) NOTE: Where one patient only is visited at an institution the service is regarded as a home visit.</p>
39	<p>• CONSULTATION AT AN INSTITUTION - OTHER THAN A HOSPITAL OR NURSING HOME (Professional attendance on two or more patients in the one INSTITUTION on the one occasion) - EACH PATIENT</p>
44	<p style="text-align: center;">LEVEL 'D'</p> <p>Professional attendance involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to one or more complex problems, and lasting at least 40 minutes, OR a professional attendance of at least 40 minutes duration for implementation of a management plan</p> <p>• SURGERY CONSULTATION (Professional attendance at consulting rooms)</p>
47	<p>• HOME VISIT (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 that institution on the one occasion) NOTE: When one patient only is visited at an institution the service is regarded as a home visit.</p>
49	<p>• CONSULTATION AT AN INSTITUTION - OTHER THAN A HOSPITAL OR NURSING HOME (Professional attendance on two or more patients in the one INSTITUTION on the one occasion) - EACH PATIENT</p>
52	<p style="text-align: center;">ATTENDANCES BY OTHER THAN VOCATIONALLY REGISTERED GENERAL PRACTITIONERS (AT SURGERY, HOME OR INSTITUTION)</p> <p style="text-align: center;">SURGERY CONSULTATIONS (Professional attendance at consulting rooms)</p> <p>BRIEF CONSULTATION of not more than 5 minutes duration</p>

53	STANDARD CONSULTATION of more than 5 minutes duration but not more than 25 minutes duration
54	LONG CONSULTATION of more than 25 minutes duration but not more than 45 minutes duration
57	PROLONGED CONSULTATION of more than 45 minutes duration
	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 that institution on the one occasion) NOTE: Where one patient only is visited at an institution the service is regarded as a home visit.
58	BRIEF HOME VISIT of not more than 5 minutes duration
59	STANDARD HOME VISIT of more than 5 minutes duration but not more than 25 minutes duration
60	LONG HOME VISIT of more than 25 minutes duration but not more than 45 minutes duration
65	PROLONGED HOME VISIT of more than 45 minutes duration
	CONSULTATION AT AN INSTITUTION (Professional attendance on two or more patients in the one INSTITUTION on the one occasion) -
66	• BRIEF CONSULTATION of not more than 5 minutes duration - EACH PATIENT
69	• STANDARD CONSULTATION of more than 5 minutes duration but not more than 25 minutes duration - EACH PATIENT
71	• LONG CONSULTATION of more than 25 minutes duration but not more than 45 minutes duration - EACH PATIENT
72	• PROLONGED CONSULTATION of more than 45 minutes duration - EACH PATIENT
	OTHER UNREFERRED ATTENDANCES
	CONSULTATION AT HOSPITAL (one in-patient)
73	• Professional attendance at a HOSPITAL where only one in-patient is seen - EACH ATTENDANCE
	CONSULTATION AT HOSPITAL (two or more in-patients)
74	• Professional attendance on two or more in-patients in the one HOSPITAL on the one occasion - EACH PATIENT who is not a nursing-home type patient

75	<p style="text-align: center;">CONSULTATION AT HOSPITAL (two in-patients where at least one is a nursing-home type patient)</p> <ul style="list-style-type: none"> 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
76	<p style="text-align: center;">CONSULTATION AT HOSPITAL (three or more in-patients where at least one is a nursing-home type patient)</p> <ul style="list-style-type: none"> 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
77	<p style="text-align: center;">CONSULTATION AT NURSING HOME (one patient)</p> <ul style="list-style-type: none"> 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
78	<p style="text-align: center;">CONSULTATION AT NURSING HOME (two patients)</p> <ul style="list-style-type: none"> 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 - EACH PATIENT
79	<p style="text-align: center;">CONSULTATION AT NURSING HOME (three or more patients)</p> <ul style="list-style-type: none"> 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
80	<p style="text-align: center;">EMERGENCY ATTENDANCE - AFTER HOURS (on not more than one patient on the one occasion)</p> <ul style="list-style-type: none"> 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
82 G 85 S	<p style="text-align: center;">EXAMINATION BY AN ANAESTHETIST</p> <p>EXAMINATION OF A PATIENT IN PREPARATION FOR THE ADMINISTRATION OF AN ANAESTHETIC, being an examination carried out at an attendance other than that at which the anaesthetic is administered</p>

	<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 or her specialty where the patient is referred to him or her</p>
88	- INITIAL attendance in a single course of treatment
94	- Each attendance SUBSEQUENT to the first in a single course of treatment
	<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 or her specialty where the patient is referred to him or her</p>
100	- INITIAL attendance in a single course of treatment
103	- Each attendance SUBSEQUENT to the first in a single course of treatment
	<p align="center">CONSULTANT PHYSICIAN (OTHER THAN IN PSYCHIATRY), REFERRED CONSULTATION - SURGERY, HOSPITAL OR NURSING HOME</p> <p>Professional attendance at consulting rooms, hospital or nursing home by a consultant physician in the practice of his or her specialty (other than in psychiatry) where the patient is referred to him or her by a medical practitioner</p>
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 in a single course of treatment
	<p align="center">CONSULTANT PHYSICIAN (OTHER THAN IN PSYCHIATRY), REFERRED CONSULTATION - "HOME VISITS"</p> <p>Professional attendance at a place other than consulting rooms, hospital or nursing home by a consultant physician in the practice of his or her specialty (other than in psychiatry) where the patient is referred to him or her by a medical practitioner</p>
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 in a single course of treatment
	<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 or her recognised specialty of PSYCHIATRY where the patient is referred to him or her by a medical practitioner</p>
134	- An attendance of not more than 15 minutes duration
136	- An attendance of more than 15 minutes duration but not more than 30 minutes duration

PART I-ATTENDANCES

SPECIALIST

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
	CONSULTANT PSYCHIATRIST, REFERRED CONSULTATION - "HOME VISITS" Professional attendance by a consultant psychiatrist in the practice of his or her recognised specialty of PSYCHIATRY where the patient is referred to him or her by a medical practitioner - where that attendance is at a place other than consulting rooms, hospital or nursing home
144	- An attendance of not more than 15 minutes duration
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

PROLONGED PROFESSIONAL ATTENDANCES	
	<ul style="list-style-type: none"> • 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
160	- For a period of not less than ONE hour but less than TWO hours
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
FAMILY GROUP THERAPY	
	<ul style="list-style-type: none"> • Professional attendance for the purpose of group therapy of not less than one hours duration given under the direct continuous supervision of a medical practitioner, other than a consultant physician in the practice of his or her specialty of psychiatry, involving members of a family and persons with close personal relationships with that family
170	- each group of two patients
171	• - each group of three patients
172	• - each group of four or more patients

Medicare Benefits Schedule - Part 1
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
3	10.00	8.50	7.50	100	79.00	67.15	59.25
4	25.00	21.25	18.75	103	50.00	42.50	37.50
14	13.20	11.25	9.90	110	95.00	80.75	71.25
23	21.00	17.85	15.75	116	47.50	40.40	35.65
24	36.00	30.60	27.00	119	27.00	22.95	20.25
26	21.00	17.85	15.75	122	116.00	98.60	87.00
36	38.00	32.30	28.50	128	70.00	59.50	52.50
37	53.00	45.05	39.75	131	50.00	42.50	37.50
39	38.00	32.30	28.50	134	27.50	23.40	20.65
44	56.00	47.60	42.00	136	55.00	46.75	41.25
47	71.00	60.35	53.25	138	80.00	68.00	60.00
49	56.00	47.60	42.00	140	110.00	93.50	82.50
52	10.00	8.50	7.50	142	134.00	114.00	100.50
53	19.60	16.70	14.70	144	50.00	42.50	37.50
54	35.00	29.75	26.25	146	79.00	67.15	59.25
57	56.00	47.60	42.00	148	110.00	93.50	82.50
58	22.00	18.70	16.50	150	132.00	112.20	99.00
59	29.00	24.65	21.75	152	158.00	138.00	118.50
60	47.00	39.95	35.25	160	77.00	65.45	57.75
65	67.00	56.95	50.25	161	126.00	107.10	94.50
66	13.20	11.25	9.90	162	176.00	156.00	132.00
69	19.60	16.70	14.70	163	225.00	205.00	168.75
71	35.00	29.75	26.25	164	270.00	250.00	202.50
72	56.00	47.60	42.00	170	82.00	69.70	61.50
73	29.00	24.65	21.75	171	87.00	73.95	65.25
74	19.60	16.70	14.70	172	106.00	90.10	79.50
75	16.60	14.15	12.45				
76	13.20	11.25	9.90				
77	29.00	24.65	21.75				
78	16.60	14.15	12.45				
79	13.20	11.25	9.90				
80	40.50	34.45	30.40				
82	19.60	16.70	14.70				
85	27.00	22.95	20.25				
88	54.00	45.90	40.50				
94	27.00	22.95	20.25				

PART 2 - OBSTETRICS

EXPLANATORY NOTES

	Para No.	Page No.
General	2.1	42
Antenatal Care	2.2	42
Caesarean Section	2.5	43
Confinement	2.3	42
Postnatal Care	2.4	43
Special Services	2.6	43

SCHEDULE OF SERVICES

	Item No.	Page No.
Division 1 - General	190-210	44
Division 2 - Special Services	242-383	44

ITEM-FEE-BENEFIT LIST

46

PART 2 - OBSTETRICS

EXPLANATORY NOTES

2.1 General

2.1.1 Where the medical practitioner undertakes the antenatal care, confinement and postnatal care, Items 204/205 are appropriate. Items 190, 192 or 194/196 apply only where the medical practitioner has not provided all three services.

2.2 Antenatal Care

2.2.1 The following services where rendered during the antenatal period also attract benefits:-

- (a) Items 242, 246, 247, 248 (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, 280, 290, 295 and 298.
- (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.

2.3 Confinement

2.3.1 Benefits for the confinement for which there is a component in Items 194/196, 198, 201 and 204/205 also include the following (where indicated) :-

- surgical and/or intravenous infusion induction of labour
- forceps or vacuum extraction
- breech delivery or management of multiple delivery
- evacuation of products of conception by manual removal
- episiotomy or repair of tears
- 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.

2.3.2 Items 204/205 cover delivery by any means including Caesarean section. If, however, a patient is referred, or her care is transferred to another medical practitioner for the specific purpose of delivery by Caesarean section, whether because of an emergency situation or otherwise, then item 210 would be the appropriate item.

2.3.3 Two items in Part 9 provide benefits for assistance by a medical practitioner at a Caesarean section. The first relates to the instances where the Caesarean section is the only procedure performed, while the second item applies when other operative procedures are performed at the same time.

2.3.4 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.

2.3.5 Where, during the course of a confinement, a general practitioner hands the patient over to a specialist obstetrician, benefits are payable under Item 201, 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.

2.3.6 It should be noted that, where the antenatal care is shared between two or more practitioners, or 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.

2.3.7 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.

2.4 Postnatal Care - Items 194/196, 204/205, 210

2.4.1 The Schedule fees and benefits payable for those items in this Part 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., 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 another practitioner in consultation (e.g., paediatrician, specialist gynaecologist, etc);
- (iii) where during the postnatal period a condition occurs which requires treatment outside the scope of normal postnatal care;
- (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.

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

2.5 Caesarean Section (Item 210)

2.5.1 Benefits under this item are attracted only where the patient has been specifically referred to a specialist, or her care has been transferred to another medical practitioner, for management of the confinement by means of Caesarean section and the practitioner carrying out the procedure has not rendered the antenatal care. Caesarean sections performed in any other circumstances attract benefits under either Item 204 or Item 205. (see paragraph 2.3.2 above)

2.6 Special Services

2.6.1 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.

2.6.2 Items 247 and 248 relate to attendances during the antenatal period for treatment which is regarded as not being part of routine antenatal care. The maximum number of attendances considered reasonable in the course of routine antenatal care have been defined by the National Health and Medical Research Council as follows :-

- (i) initial consultation usually during the first eight weeks of pregnancy, covered under general attendance items;
- (ii) then one attendance each four weeks to the twenty-eighth week;
- (iii) then one attendance each two weeks to the thirty-sixth week;
- (iv) then one attendance each week until delivery.

2.6.3 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 2 - OBSTETRICS DIVISION 1 - GENERAL	
190	• ANTENATAL CARE (not including any service or services covered by Item 204 or 205) where the attendances do not exceed ten - each attendance
192	• ANTENATAL CARE (not including any service or services covered by Item 204 or 205) where attendances exceed ten
194 G 196 S	• CONFINEMENT AND POSTNATAL CARE for nine days where the medical practitioner has not given the antenatal care
198	CONFINEMENT AS AN INDEPENDENT PROCEDURE BY A SPECIALIST in the practice of his or her 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 in the practice of his or her specialty or the patient's care is transferred to another medical practitioner for completion of the delivery
204 G 205 S +	• ANTENATAL CARE, CONFINEMENT with delivery by any means (including Caesarean section) AND POSTNATAL CARE for nine days
210	• CAESAREAN SECTION and postnatal care for nine days where the patient has been referred to a specialist in the practice of his or her specialty or the patient's care has been transferred to another medical practitioner for management of the confinement and the practitioner who performs the Caesarean section did not provide the antenatal care
242	DIVISION 2 - SPECIAL SERVICES • 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	• 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, intra-uterine growth retardation, 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	MANAGEMENT OF SECOND TRIMESTER LABOUR, with or without induction
278	• AMNIOSCOPY OR AMNIOCENTESIS
280	• CHORIONIC VILLUS SAMPLING including any associated imaging
290	• ANTENATAL CARDIOTOCOGRAPHY 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 medical practitioner has not managed the confinement, including all associated attendances
363	TREATMENT OF POST-PARTUM HAEMORRHAGE by special procedures such as packing of uterus as an independent procedure where the medical practitioner has not managed the confinement, including all associated attendances
365	MANIPULATIVE CORRECTION OF ACUTE INVERSION OF UTERUS, by vaginal approach, with or without incision of cervix as an independent procedure where the medical practitioner has not managed the confinement, including all associated attendances
383	THIRD DEGREE TEAR, repair of, involving anal sphincter muscles as an independent procedure where the medical practitioner has not managed the confinement, including all associated attendances

Medicare Benefits Schedule - Part 2
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
190	19.60	16.70	14.70				
192	196.00	176.00	147.00				
194	150.00	130.00	112.50				
196	255.00	235.00	191.25				
198	220.00	200.00	165.00				
201	100.00	85.00	75.00				
204	425.00	405.00	318.75				
205	550.00	530.00	412.50				
210	395.00	375.00	296.25				
242	14.00	11.90	10.50				
246	14.00	11.90	10.50				
247	14.00	11.90	10.50				
248	14.00	11.90	10.50				
250	104.00	88.40	78.00				
258	138.00	118.00	103.50				
267	40.00	34.00	30.00				
273	14.00	11.90	10.50				
274	150.00	130.00	112.50				
275	186.00	166.00	139.50				
278	40.00	34.00	30.00				
280	162.00	142.00	121.50				
290	23.00	19.55	17.25				
295	40.00	34.00	30.00				
298	72.00	61.20	54.00				
362	110.00	93.50	82.50				
363	110.00	93.50	82.50				
365	220.00	200.00	165.00				
383	164.00	144.00	123.00				

PART 3 - ANAESTHETICS

EXPLANATORY NOTES

	Para No.	Page No.
General	3.1	48
Administration of an Anaesthetic for a Service not listed in Schedule	3.3	49
Anaesthetic Services of Unusual Length	3.4	49
Appeals Against Benefit Assessment	3.5	50
Multiple Anaesthetic Rule	3.2	49

SCHEDULE OF SERVICES

	Item No.	Page No.
Division 1 - Administration of an Anaesthetic by a medical practitioner other than a Specialist Anaesthetist	401-497	51
Division 2 - Administration of an Anaesthetic by a Specialist Anaesthetist	500-565	53
Division 3 - Administration of an Anaesthetic in connection with a Dental Service	566-577	55

ITEM-FEE-BENEFIT LIST

56

PART 3 - ADMINISTRATION OF ANAESTHETICS

EXPLANATORY NOTES

3.1 General

3.1.1 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.

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

3.1.3 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 end of Part 3. (The appropriate anaesthetic units and item numbers are also shown below each procedure likely to be performed under anaesthesia).

3.1.4 An anaesthetic (other than Items 487, 559 or 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. Special provision exists for services not included in the Schedule (see paragraph 3.3).

3.1.5 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.

3.1.6 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 or estimations of respiratory function by complicated techniques (but not simple techniques covered by Item 921). It should be noted that extra benefit is not payable for intravenous infusion or electrocardiographic monitoring, provision for which has been made in the value determined for the anaesthetic units.

3.1.7 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.

3.1.8 Before benefit will be paid for the administration of an anaesthetic, or for the services of an assistant anaesthetist, details of the operation, sufficient to identify it with the appropriate item in the Schedule and the name of the medical practitioner who performed the operation must be shown on the anaesthetist's account in addition to the details set out at paragraph F.1 of Section 1.

3.1.9 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 3.1.2. When a block is carried out in cases not associated with an operation, such as for intractable pain or during labour, the service falls under Part 4.

3.1.10 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/her, then such a block will attract benefit under the appropriate item in Part 4.

3.1.11 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.

3.1.12 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 or Notice of Referral by the referring doctor.

3.1.13 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.

3.1.14 The administration of epidural anaesthesia during labour is covered by Item 748 or 751 in Part 4 of the Schedule whether administered by the medical practitioner undertaking the confinement or by another medical practitioner.

3.2 Multiple Anaesthetic Rule

3.2.1 The fee for an anaesthetic administered in connection with two or more operations performed on a patient on the one occasion is calculated by the following rule applied to the anaesthetic items for the individual operations:-

- 100% for the item with the greatest anaesthetic fee
- plus 20% for the item with the next greatest anaesthetic fee
- plus 10% for each other item.

Note:

- (a) Fees so calculated which result in a sum which is not a multiple of 5 cents are to be taken to the next higher multiple of 5 cents.
- (b) Where the anaesthetic items for two or more operations performed on the one occasion have fees which are equal, one of these amounts shall be treated as being greater than the other or others of those amounts.
- (c) The multiple anaesthetic rule also applies to combinations of items in Division 3 of Part 3 (dental anaesthetics) with items in Divisions 1 and 2.

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

3.3.1 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.

3.3.2 For the application of these items, see paragraph L.1 of Section 1.

3.4 Anaesthetic Services of Unusual Length

3.4.1 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.

3.4.2 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.

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

A. Single Anaesthetic Services

- (i) if the time involved in the administration of the anaesthetic in the particular case does not exceed the usual time allowed in the Medicare Benefits Schedule item for the

- service (see Explanatory Note (a) below) 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) below) 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) below).
 - (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) below)
- 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) below);
 - (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) -	\$395.00
Item 500 (1 unit) -	\$ 11.00
	\$406.00 (Total fee)
- (d) In the case of prolonged anaesthetics of more than six hours duration only the initial six hour period is to be calculated using the 15 minute time units. Any time in excess of the first six hours is to be calculated on the basis that one time unit will be regarded as being 10 minutes rather than 15 minutes.

3.4.4 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.

3.5 Appeals

3.5.1 Appeals against assessments made in accordance with the above principles should be referred through the local Health Insurance Commission office for consideration by the Medicare Benefits Advisory Committee.

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 EXAMINATION OF A PATIENT IN PREPARATION FOR THE
85 S ADMINISTRATION OF AN ANAESTHETIC, being an examination carried out at an attendance other than that 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

PART 3-ANAESTHETICS

DIVISION 1 - GENERAL PRACTITIONER

477	- THIRTY-EIGHT UNITS
478	- THIRTY-NINE UNITS
479	- FORTY UNITS
480	- In connection with radiotherapy (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 the 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 tomography - brain scan with or without contrast medium study
490	- In connection with computerised tomography - body scan 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

DIVISION 2 - ADMINISTRATION OF AN ANAESTHETIC BY A SPECIALIST ANAESTHETIST	
500	- In connection with a medical service which has been assigned an anaesthetic unit value of
505	- ONE UNIT
506	- TWO UNITS
509	- THREE UNITS
510	- FOUR UNITS
513	- FIVE UNITS
514	- SIX UNITS
517	- SEVEN UNITS
518	- EIGHT UNITS
521	- NINE UNITS
522	- TEN UNITS
523	- ELEVEN UNITS
524	- TWELVE UNITS
525	- THIRTEEN UNITS
526	- FOURTEEN UNITS
527	- FIFTEEN UNITS
528	- SIXTEEN UNITS
529	- SEVENTEEN UNITS
531	- EIGHTEEN UNITS
533	- NINETEEN UNITS
535	- TWENTY UNITS
537	- TWENTY-ONE UNITS
538	- TWENTY-TWO UNITS
539	- TWENTY-THREE UNITS
540	- TWENTY-FOUR UNITS
541	- TWENTY-FIVE UNITS
542	- TWENTY-SIX UNITS
543	- TWENTY-SEVEN UNITS
544	- TWENTY-EIGHT UNITS
545	- TWENTY-NINE UNITS
546	- THIRTY UNITS
547	- THIRTY-TWO UNITS
548	- THIRTY-SIX UNITS
549	- THIRTY-EIGHT UNITS
550	- THIRTY-NINE UNITS
551	- FORTY UNITS
551	- In connection with radiotherapy (based on six 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	- In connection with the treatment of a dislocation requiring open operation, being a dislocation referred to in Items 7397 to 7472 DERIVED FEE - The fee for the administration of the anaesthetic for the treatment of the dislocation plus one-half of that fee

554	- In connection with the treatment of a simple and uncomplicated fracture requiring open operation being a fracture referred to in Items 7505 to 7798 DERIVED FEE - The fee for the administration of the anaesthetic for the treatment of the fracture plus one-third of that fee
556	- In connection with the treatment of a simple and uncomplicated fracture requiring internal fixation or with the treatment of a compound fracture requiring open operation, being in either case a fracture referred to in Items 7505 to 7798 DERIVED FEE - The fee for the administration of the anaesthetic for the treatment of the fracture plus one-half of that fee
557	- In connection with the treatment of a complicated fracture involving viscera, blood vessels or nerves and requiring open operation, being a fracture referred to in Items 7505 to 7798 DERIVED FEE - The fee for the administration of the anaesthetic for the treatment of the fracture plus three-quarters of that fee
558	- 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 tomography - brain scan with or without contrast medium study
562	- In connection with computerised tomography - body scan 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 value of THIRTY-FIVE UNITS
565	- In connection with a medical service which has been assigned an anaesthetic 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 of 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 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

Medicare Benefits Schedule - Part 3
Showing Item Numbers, Schedule Fees and
Medicare Benefit Levels as at 1 May 1990

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% \$
401	10.40	8.85	7.80	481	73.00	62.05	54.75
403	20.50	17.45	15.40	482			
404	31.00	26.35	23.25	483			
405	41.50	35.30	31.15	484			
406	52.00	44.20	39.00	485			
407	62.00	52.70	46.50	486	10.40	8.85	7.80
408	73.00	62.05	54.75	487	104.00	88.40	78.00
409	83.00	70.55	62.25	488			
443	93.00	79.05	69.75	489	83.00	70.55	62.25
450	104.00	88.40	78.00	490	83.00	70.55	62.25
453	114.00	96.90	85.50	492	355.00	335.00	266.25
454	124.00	105.40	93.00	493	365.00	345.00	273.75
457	134.00	114.00	100.50	497	490.00	470.00	367.50
458	146.00	126.00	109.50	500	11.60	9.90	8.70
459	156.00	136.00	117.00	505	23.00	19.55	17.25
460	166.00	146.00	124.50	506	34.50	29.35	25.90
461	176.00	156.00	132.00	509	46.00	39.10	34.50
462	186.00	166.00	139.50	510	58.00	49.30	43.50
463	198.00	178.00	148.50	513	69.00	58.65	51.75
464	205.00	185.00	153.75	514	81.00	68.85	60.75
465	220.00	200.00	165.00	517	92.00	78.20	69.00
466	230.00	210.00	172.50	518	104.00	88.40	78.00
467	240.00	220.00	180.00	521	116.00	98.60	87.00
468	250.00	230.00	187.50	522	126.00	107.10	94.50
469	260.00	240.00	195.00	523	138.00	118.00	103.50
470	270.00	250.00	202.50	524	150.00	130.00	112.50
471	280.00	260.00	210.00	525	162.00	142.00	121.50
472	290.00	270.00	217.50	526	174.00	154.00	130.50
473	300.00	280.00	225.00	527	184.00	164.00	138.00
474	310.00	290.00	232.50	528	196.00	176.00	147.00
475	330.00	310.00	247.50	529	210.00	190.00	157.50
476	375.00	355.00	281.25	531	220.00	200.00	165.00
477	395.00	375.00	296.25	533	230.00	210.00	172.50
478	405.00	385.00	303.75	535	240.00	220.00	180.00
479	415.00	395.00	311.25	537	255.00	235.00	191.25
480	62.00	52.70	46.50	538	265.00	245.00	198.75

Medicare Benefits Schedule - Part 3
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
539	275.00	255.00	206.25	576	73.00	62.05	54.75
540	290.00	270.00	217.50	577	81.00	68.85	60.75
541	300.00	280.00	225.00				
542	310.00	290.00	232.50				
543	325.00	305.00	243.75				
544	335.00	315.00	251.25				
545	345.00	325.00	258.75				
546	370.00	350.00	277.50				
547	415.00	395.00	311.25				
548	440.00	420.00	330.00				
549	450.00	430.00	337.50				
550	460.00	440.00	345.00				
551	69.00	58.65	51.75				
552	81.00	68.85	60.75				
553							
554							
556							
557							
558	11.60	9.90	8.70				
559	116.00	98.60	87.00				
560							
561	92.00	78.20	69.00				
562	92.00	78.20	69.00				
563	390.00	370.00	292.50				
564	405.00	385.00	303.75				
565	540.00	520.00	405.00				
566	41.50	35.30	31.15				
567	46.00	39.10	34.50				
568	62.00	52.70	46.50				
569	69.00	58.65	51.75				
570	83.00	70.55	62.25				
571	92.00	78.20	69.00				
572	62.00	52.70	46.50				
573	69.00	58.65	51.75				
574	104.00	88.40	78.00				
575	116.00	98.60	87.00				

PART 4 - REGIONAL OR FIELD NERVE BLOCK

EXPLANATORY NOTES

	Para No.	Page No.
General	4.1	60
Epidural Injection for Control of Post-operative Pain	4.4	60
Introduction of a Narcotic	4.3	60
Maintenance of a Narcotic Analgesia	4.5	60
Maintenance of a Regional or Field Block	4.2	60

SCHEDULE OF SERVICES

	Item No.	Page No.
General	748-764	61

ITEM-FEE-BENEFIT LIST

62

PART 4 - REGIONAL OR FIELD NERVE BLOCK

EXPLANATORY NOTES (to be read in conjunction with notes on Part 3 - Anaesthetics)

4.1 General

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

4.1.2 Digital ring analgesia, local infiltration into tissue surrounding a lesion or paracervical (uterine) analgesia are not eligible for payment of Medicare benefits under Items 748 or 751.

4.1.3 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.

4.1.4 Those 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.

4.1.5 Where a regional nerve block or field block is administered by a medical practitioner other than the practitioner carrying out the operation, the block attracts benefits under the Part 3 anaesthetic unit item and not the block item. When a block is carried out in cases not associated with an operation, such as for intractable pain or during labour, the service falls under Part 4.

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

4.1.7 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.

4.2 Maintenance of Regional or Field Block (Item 751)

4.2.1 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.

4.2.2 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.

4.3 Introduction of a Narcotic (Item 752)

4.3.1 Benefits are attracted for this procedure irrespective of the stage of the operation at which the narcotic is introduced.

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

4.4.1 This item provides benefit for the epidural injection of a 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.

4.5 Maintenance of Narcotic Analgesia (Item 754)

4.5.1 Performance of this procedure by the operating surgeon is part of the after-care.

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, genito-femoral (involving all three nerves); 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 (with or without x-ray control), of the coeliac plexus; lumbar sympathetic chain; thoracic sympathetic chain; glossopharyngeal nerve or obturator nerve. ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
756	NERVE BLOCK with alcohol, phenol or other neurolytic agent (with or without x-ray control, localisation by electrical stimulator or preliminary block with local anaesthetic) of the coeliac plexus nerve; the splanchnic nerves; the lumbar sympathetic chain; the thoracic sympathetic chain; cranial nerve (other than the trigeminal nerve); an epidural or a caudal block ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
760 G 764 S	INTRAVENOUS REGIONAL ANAESTHESIA OF LIMB BY RETROGRADE PERFUSION

Medicare Benefits Schedule - Part 4
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
748	58.00	49.30	43.50				
751	25.50	21.70	19.15				
752	31.50	26.80	23.65				
753	31.50	26.80	23.65				
754	25.50	21.70	19.15				
755	87.00	73.95	65.25				
756	96.00	81.60	72.00				
760	43.50	37.00	32.65				
764	56.00	47.60	42.00				

PART 5 - ASSISTANCE IN THE ADMINISTRATION OF AN ANAESTHETIC

EXPLANATORY NOTES

	Para No.	Page No.
General	5.1	64

SCHEDULE OF SERVICES

	Item No.	Page No.
General	767	65

ITEM-FEE-BENEFIT LIST

66

PART 5 - ASSISTANCE IN THE ADMINISTRATION OF AN ANAESTHETIC

EXPLANATORY NOTES

5.1 General

5.1.1 A separate benefit is payable under Item 767 for the services of an assistant anaesthetist in connection with an operation (or combination of operations) for which the number of anaesthetic units is not less than 21 units.

5.1.2 This benefit is payable only in respect of one assistant anaesthetist who must not be the surgeon or assistant surgeon. Before benefit may be paid for the assistant anaesthetist's services, the names of the surgeon, anaesthetist and assistant anaesthetist must be available.

PART 5 - ASSISTANCE IN THE ADMINISTRATION OF AN ANAESTHETIC

767

PART 5
ASSISTANCE IN THE ADMINISTRATION OF AN ANAESTHETIC
Assistance in the administration of an anaesthetic for which the anaesthetic unit value is not less than 21 units

Medicare Benefits Schedule - Part 5
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
767	86.00	73.10	64.50				

PART 6 - MISCELLANEOUS PROCEDURES

EXPLANATORY NOTES

	Para No.	Page No.
Acupuncture	6.20	72
Audiology Services	6.11	71
Audiometry, Non-determinate	6.10	70
Blood, Collection of	6.18	72
Central Nervous System Evoked Responses, Investigation of	6.5	69
Contact Lenses	6.8	69
Contact Lenses, Refitting of	6.9	70
Cytotoxic Agent, Administration of	6.17	72
Electrocardiographic Monitoring during Exercise	6.15	71
Electrocardiographic Monitoring of Ambulatory Patient	6.14	71
Electrocardiography, Twelve Lead	6.12	71
Electrocardiography, Twelve Lead, Tracing or Report Only	6.13	71
Electrocochleography	6.6	69
Haemodialysis	6.7	69
Hyperbaric Oxygen Therapy	6.1	69
Puva or UVB Therapy	6.19	72
Respiratory Function Tests	6.16	71
Ultrasonic Cross-section Echography	6.2	69
Ultrasonic Scanning, Routine	6.3	69
Vascular Disease, Investigations of	6.4	69

SCHEDULE OF SERVICES

	Item No.	Page No.
Division 1	770-790	73
Division 2	791-819	74
Division 3	821-839	75
Division 4	844-860	75
Division 5	862-884	76
Division 6	886-893	76
Division 7	895-907	77
Division 8	908-985	77
Division 9	987-999	80

PART 6 - MISCELLANEOUS PROCEDURES

EXPLANATORY NOTES

6.1 Hyperbaric Oxygen Therapy (Items 774 and 777)

6.1.1 These items relate to treatment for periods up to and including two hours. For periods in excess of two hours Item 9450 should be itemised.

6.2 Ultrasonic Cross-sectional Echography (Items 791 and 793)

6.2.1 Item 791 covers ultrasonic cross-sectional echography where the examination is rendered by a practitioner on his/her 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. The referral must be in writing and a new referral is necessary in respect of each examination.

6.2.2 As a rule, benefit is payable once only for ultrasonic examination at the one attendance, irrespective of the areas involved. Additional benefits may, however, be payable where examinations of non-contiguous body areas are involved. Such cases should be referred to the Health Insurance Commission.

6.3 Routine Ultrasonic Scanning

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

6.4 Investigations of Vascular Disease (Items 795-802 and 990-999)

6.4.1 These items relate to examinations performed in the investigation of vascular disease. The fees include components for interpretation of the results and provision of the report which must be performed by a medical practitioner.

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

6.5.1 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.

6.5.2 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).

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

6.6 Electrocochleography (Item 818)

6.6.1 Electrocochleography is covered by this item while the insertion of electrodes (both ears) attracts benefits under Item 819.

6.7 Haemodialysis (Items 821, 824)

6.7.1 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.

6.7.2 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.

6.8 Contact Lenses (Item 851)

6.8.1 Benefits are not attracted under this item unless there is a medical or optical condition which requires the use of contact lenses (as set out in conditions (a) to (j) below) and unless

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

- (a) *myopia greater than 4.0 dioptres (spherical equivalent) in the dominant eye*
This means the minimum power required (in the spectacle plane, 12.0mm from the apex of the cornea), increment to which does not improve the distance visual acuity as measured in the usual way binocularly at 6 metres. It is understood that the power of the correcting contact lens might be less than 4.0 dioptres. (The spherical equivalent is equal to the algebraic sum of the spherical power and half the power of the cylinder);
- (b) *manifest hyperopia greater than 5.0 dioptres (spherical equivalent) in the dominant eye*
To meet this condition, the power of the contact lens ordered for correction of distance vision must also be greater than:
 - plus 5.0 dioptres in the case of a flexible lens
 - plus 3.5 dioptres in the case of a rigid lens(spherical equivalents if toric);
- (c) *astigmatism greater than 4.0 dioptres in the dominant eye;*
- (d) *astigmatism greater than 3.0 dioptres and requiring lens for distance correction of plus power plus 3.0 dioptres or greater in one meridian in the dominant eye*
Measurement to be made in the spectacle plane;
- (e) *irregular astigmatism in either eye, confirmed by keratometric observation, with visual acuity less than 6/12 with the best spectacle correction, and this corrected acuity being improved by more than 10% by the use of a contact lens.*
The irregular astigmatism must be due to causes other than the previous use of contact lenses;
- (f) *anisometropia greater than 4.0 dioptres (difference between spherical equivalents)*
To meet this condition, there must be an algebraic difference of greater than 4.0 dioptres between the spherical equivalents of the spectacle corrections for the two eyes;
- (g) *when the contact lens is prescribed as part of a telescopic system, for a patient with subnormal corrected visual acuity of not greater than 6/30 in the better eye;*
- (h) *when a wholly or segmentally opaque contact lens is prescribed for the alleviation of dazzle, distortion or diplopia caused by pathological mydriasis, aniridia, coloboma of the iris or pupillary malformation or distortion, whether congenital, traumatic or surgical in origin;*
- (i) *patients who, by reason of their physical deformity, are unable to wear spectacles and in respect of whom a medical practitioner has prescribed, or recommended the prescription of, contact lenses; and*
- (j) *patients in respect of whom a medical practitioner has certified that the patient has an ocular or medical condition (other than a condition referred to in paragraphs (a) to (h) (inclusive)) requiring for correction, the use of contact lenses.*

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

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

6.9 Refitting of Contact Lenses - Item 852

6.9.1 This item covers the refitting of contact lenses where this becomes necessary within the thirty-six month time limit. A nominal fee only has been set for this item, the intention being that where the service becomes necessary an application will be made under the provisions of Section 11 of the Health Insurance Act and an appropriate fee will be determined by the Medicare Benefits Advisory Committee (see paragraph 1.2 of Section 1. for details relating to the lodgement of such claims). Determinations by the Advisory Committee will be made on the basis of a list of conditions drawn up by the Department in consultation with the Royal Australian College of Ophthalmologists.

6.10 Non-determinate Audiometry (Item 862)

6.10.1 This refers to screening audiometry covering those services, one or more, referred to in Items 863-875 when not performed in a sound attenuated environment in accordance with conditions set out in the Standards Association of Australia AS2586-1983.

6.11 Audiology Services (Items 863 - 875)

6.11.1 A medical service specified in Items 863 to 875 shall be taken to be a medical service for the purposes of payment of benefits if, and only if, it is rendered:

- (a) in conditions that allow the establishment of determinate thresholds;
- (b) in a sound attenuated environment with background noise conditions that comply with Australian Standard AS 1269-1983 of the Standards Association of Australia, being that Standard as in force or existing on 1 August 1987; and
- (c) using calibrated equipment that complies with Australian Standard AS 2586-1983 of the Standards Association of Australia, being that Standard as in force or existing on 1 August 1987.

6.12 Twelve-lead Electrocardiography (Item 908)

6.12.1 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.

6.13 Twelve-lead Electrocardiography, Tracing or Report Only (Item 909)

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

6.14 Electrocardiographic Monitoring of Ambulatory Patient (Item 915)

6.14.1 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.

6.14.2 This item covers the investigation regardless of the actual time involved in the monitoring. The changing of a tape or batteries is regarded as a continuation of the service and does not constitute a separate service for benefit purposes. Where a recording is analysed and reported on and a decision is made to undertake a further period of monitoring, the second episode would be regarded as a separate service.

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

6.15 Electrocardiographic Monitoring During Exercise (Item 916)

6.15.1 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.

6.16 Respiratory Function Tests (Item 920)

6.16.1 The investigations listed hereunder would attract benefits under Item 920. This list has been prepared in consultation with the Thoracic Society of Australia and New Zealand.

- (a) Carbon monoxide diffusing capacity by any method
- (b) Absolute lung volumes by any method
- (c) Assessment of arterial carbon dioxide tension or cardiac output - re breathing method
- (d) Assessment of pulmonary distensibility involving measurement of lung volumes and oesophageal pressure
- (e) Measurement of airway or pulmonary resistance by any method
- (f) Measurement of respiratory muscle strength involving the measurement of trans-diaphragmatic or oesophageal pressures
- (g) Assessment of phrenic nerve function involving percutaneous stimulation and measurement of the compound action potential of the diaphragm
- (h) Measurement of the resistance of the anterior nares or pharynx
- (i) Inhalation provocation testing, including pre-provocation spirometry, the construction of a dose response curve, using histamine, cholinergic agents or non-istonic fluids and post-bronchodilator spirometry

- (j) Exercise testing using incremental workloads with monitoring of ventilatory and cardiac responses at rest, during exercise and recovery on premises equipped with a mechanical respirator and defibrillator
- (k) Tests of distribution of ventilation involving inhalation of inert gases
- (l) Measurement of gas exchange involving simultaneous collection of arterial blood and expired air with measurements of the partial pressures of oxygen and carbon dioxide in gas and blood
- (m) Multiple inert gas elimination techniques for measuring ventilation perfusion ratios in the lung
- (n) Bedside testing of continuous monitoring of pulmonary function other than spirometry
- (o) Ventilatory and/or occlusion pressure responses to progressive hypercapnia and progressive hypoxia
- (p) Monitoring pulmonary arterial pressure at rest or during exercise
- (q) Measurement of the strength of inspiratory and expiratory muscles at multiple lung volumes
- (r) Measurement of the respiratory muscle endurance/fatigability by any technique
- (s) Measurement of respiratory muscle strength before and after intravenous injection of placebo and anticholinesterase drugs.
- (t) Simulated altitude test involving exposure to hypoxic gas mixtures and measurement of ventilation, heart rate and oxygen saturation at rest and/or during exercise and observation of the effect of supplemental oxygen
- (u) Inhalation provocation testing to specific sensitising agents

6.17 Administration of Cytotoxic Agent (Item 932)

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

6.18 Collection of Blood (Item 949)

6.18.1 Medicare benefits are payable under Item 949 for collection of blood for autologous transfusions in respect of an impending operation (whether or not the blood is used), or when homologous blood is required in an emergency situation.

6.18.2 Benefits are not payable under Item 949 for collection of blood for long-term storage for possible future autologous transfusion, or for other forms of directed blood donation.

6.19 Puva or UVB Therapy - Items 978, 979

6.19.1 A component for any necessary subsequent consultation has been included in the Schedule fee for these items. However, the initial consultation preceding commencement of a course of therapy would attract benefits.

6.20 Acupuncture (Item 980)

6.20.1 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.

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

6.20.3 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.

PART 6 MISCELLANEOUS PROCEDURES DIVISION 1	
770 ‡	BLOOD PRESSURE MONITORING 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
780 * ‡	URINE FLOW STUDY including peak urine flow measurement, not associated with Item 786
781 * ‡	CYSTOMETROGRAPHY, not associated with Items 784, 785, 786, 810-817, 839, 5840 or any item in Part 8
782 * ‡	URETHRAL PRESSURE PROFILOMETRY, not associated with Items 783, 786, 810-817, 839, 5840 or any item in Part 8
783 †	URTHETRAL PRESSURE PROFILOMETRY with simultaneous measurement of urethral sphincter electromyography, not associated with Items 782, 785, 786, 5840 or any item in Part 8
784 * ‡	CYSTOMETROGRAPHY with simultaneous measurement of rectal pressure, not associated with Items 781, 785, 786, 810-817, 839, 5840 or any item in Part 8 ANAESTHETIC 6 UNITS - ITEM NOS 407G/513S
785 †	CYSTOMETROGRAPHY with simultaneous measurement of urethral sphincter electromyography, not associated with Items 781, 783, 784, 786, 810-817, 839, 5840 or any item in Part 8 ANAESTHETIC 6 UNITS - ITEM NOS 407G/513S
786 * ‡	CYSTOMETROGRAPHY with simultaneous measurement of any one or more of urine flow rate, urethral pressure profile, rectal pressure, urethral sphincter electromyography; and all associated fluoroscopic imaging, not associated with Items 780-785, 810-817, 839 and 5840 ANAESTHETIC 6 UNITS - ITEM NOS 407G/513S
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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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
795	<ul style="list-style-type: none"> • EXAMINATION OF PERIPHERAL VESSELS AT REST (unilateral or bilateral) with hard copy recordings of wave forms, involving one of the following techniques - Doppler recordings (pulsed, continuous wave, or both) of blood flow velocity with or without pulse volume recordings; Doppler recordings involving real time fast fourier transform analysis; venous occlusion plethysmography; air plethysmography; strain-gauge plethysmography; impedance plethysmography; or photo plethysmography; (not associated with Items 798 or 799) - one examination and report
796	<ul style="list-style-type: none"> • - two examinations of the kind referred to in Item 795 and report (not associated with Item 798 or 799)
797	<ul style="list-style-type: none"> • - three or more examinations of the kind referred to in Item 795 and report (not associated with Item 798 or 799)
798	<ul style="list-style-type: none"> • EXAMINATION OF PERIPHERAL VESSELS and report, involving any of the techniques referred to in Item 795, with hard copy recording of wave forms before measured exercise using a treadmill or bicycle ergometer, and measurement of pressure after exercise for 10 minutes or until pressure is normal (unilateral or bilateral)
799	<ul style="list-style-type: none"> • MEASUREMENT OF DIGITAL TEMPERATURE, one or more digits, (unilateral or bilateral) and report, with hard copy recording of temperature before and for 10 minutes or more after cold stress testing
800	<ul style="list-style-type: none"> • EXAMINATION OF CAROTID VESSELS (unilateral or bilateral) with hard copy recordings of wave forms, involving one of the following techniques - Doppler real time fast fourier transform analysis; oculoplethysmography, phonoangiography or both; or periorbital Doppler examination (not associated with Item 990, 991, 992 or 993) - one examination and report
801	<ul style="list-style-type: none"> • - two examinations of the kind referred to in Item 800 and report (not associated with Item 990, 991, 992 or 993)
802	<ul style="list-style-type: none"> • - three or more examinations of the kind referred to in Item 795 and report (not associated with Item 990, 991, 992 or 993)
803	ELECTROENCEPHALOGRAPHY , not associated with Item 804, 806 or 809 ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
804	ELECTROENCEPHALOGRAPHY , prolonged recording of at least three hours duration, not associated with Item 803, 806 or 809
806	ELECTROENCEPHALOGRAPHY , temporosphenoidal

PART 6 - MISCELLANEOUS PROCEDURES

DIVISION 2

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	• BRAIN stem evoked response audiometry ANAESTHETIC 6 UNITS - ITEM NOS 407G/513S
819	INSERTION OF ELECTRODES for the purpose of ELECTROCOCHLEOGRAPHY
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

PART 6 - MISCELLANEOUS PROCEDURES**DIVISION 4**

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	
862	• 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	<p>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 or her recognised speciality of psychiatry where the patients are referred to him or her by a medical practitioner</p> <p>GROUP PSYCHOTHERAPY on a group of 2-9 patients OR FAMILY GROUP PSYCHOTHERAPY on a group of more than THREE patients, EACH PATIENT</p>
888	<p>CONSULTANT PSYCHIATRIST - FAMILY GROUP PSYCHOTHERAPY on a group of three patients, EACH PATIENT</p>
889	<p>CONSULTANT PSYCHIATRIST - FAMILY GROUP PSYCHOTHERAPY on a group of two patients, EACH PATIENT</p>
890	<p>CONSULTANT PSYCHIATRIST - INTERVIEW OF A PERSON OTHER THAN A PATIENT - SURGERY, HOSPITAL OR NURSING HOME Professional attendance by a consultant psychiatrist in the practice of his or her recognised specialty of psychiatry, where the patient is referred to him or her by a medical practitioner involving an interview of a person other than the patient of not less than 20 minutes duration but less than 45 minutes duration, in the course of initial diagnostic evaluation of a patient, where that interview is at consulting rooms, hospital or nursing home</p>
893	<p>CONSULTANT PSYCHIATRIST - INTERVIEW OF A PERSON OTHER THAN A PATIENT - SURGERY, HOSPITAL OR NURSING HOME Professional attendance by a consultant psychiatrist in the practice of his or her recognised specialty of psychiatry where the patient is referred to him or her by a medical practitioner involving an interview of a person other than the patient of not less than 45 minutes duration, in the course of initial diagnostic evaluation of a patient, where that interview is at consulting rooms, hospital or nursing home</p>
895	<p style="text-align: center;">DIVISION 7</p> <p>UMBILICAL OR SCALP VEIN CATHETERISATION in a NEONATE with or without infusion; or cannulation of a vein in a neonate</p>
897	<p>UMBILICAL ARTERY CATHETERISATION with or without infusion</p>
902	<p>BLOOD TRANSFUSION with venesection and complete replacement of blood, including collection from donor</p>
904	<p>BLOOD TRANSFUSION with venesection and complete replacement of blood, using blood already collected</p>
907	<p>BLOOD for pathology test, collection of, BY FEMORAL OR EXTERNAL JUGULAR VEIN PUNCTURE IN INFANTS</p>
908	<p style="text-align: center;">DIVISION 8</p> <p>• TWELVE-LEAD ELECTROCARDIOGRAPHY, tracing and report</p>
909	<p>• 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</p>
912	<p>PHONOCARDIOGRAPHY with electrocardiograph lead with indirect arterial or venous pulse tracing, with or without apex cardiogram interpretation and report</p>
913	<p>ECHOCARDIOGRAPHY, not covered by Item 791 or 793</p>

PART 6 - MISCELLANEOUS PROCEDURES

DIVISION 8

915	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 ‡	<ul style="list-style-type: none"> • MEASUREMENT OF THE MECHANICAL OR GAS EXCHANGE FUNCTION OF THE RESPIRATORY SYSTEM, or of respiratory muscle function, or of ventilatory control mechanisms, using measurements of various parameters including pressures, volumes, flow, gas concentrations in inspired or expired air, alveolar gas or blood, electrical activity of muscles - each occasion at which one or more such tests are performed
921 ‡	MEASUREMENT OF RESPIRATORY FUNCTION involving a permanently recorded tracing performed before and after inhalation of bronchodilator - each occasion at which one or more such tests are performed
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
924	HYPERTHERMIC ISOLATED LIMB PERFUSION including vascular cannulation by open operation and subsequent removal of catheters ANAESTHETIC 30 UNITS - ITEM NOS 474G / 545S
925	INDUCED CONTROLLED HYPOTHERMIA - total body
926 ‡	MEASUREMENT OF RESPIRATORY FUNCTION involving a permanently recorded tracing and written report, performed before and after inhalation of bronchodilator, with continuous technician attendance in a laboratory equipped to perform complex respiratory function tests; the tests being performed under the supervision of a specialist or consultant physician or in the respiratory laboratory of a hospital - each occasion at which one or more such tests are performed
928 ‡	CONTINUOUS MEASUREMENT OF THE RELATIONSHIP BETWEEN FLOW AND VOLUME DURING EXPIRATION OR INSPIRATION involving a permanently recorded tracing and written report, performed before and after inhalation of bronchodilator, with continuous technician attendance in a laboratory equipped to perform complex lung function tests; the tests being performed under the supervision of a specialist or consultant physician or in the respiratory laboratory of a hospital - each occasion at which one or more such tests are performed
931	INTRA-ARTERIAL INFUSION or retrograde intravenous perfusion of a sympatholytic agent
932	<ul style="list-style-type: none"> • ADMINISTRATION OF CYTOTOXIC AGENT by intravenous drip infusion or by introduction into the bladder

PART 6 - MISCELLANEOUS PROCEDURES**DIVISION 8**

934	INTRA-ARTERIAL INFUSION or INTRA-ARTERIAL INJECTION of a substance incorporating a CYTOTOXIC AGENT, PREPARATION FOR
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 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 not covered by Item 950 ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
952	BLOOD DYE - DILUTION INDICATOR TEST
953	RIGHT HEART BALLOON FLOTATION using pulmonary artery catheter, monitoring of right heart and pulmonary wedge pressures, cardiac output and blood oximetry - management on the first day
954	RIGHT HEART BALLOON FLOTATION using pulmonary artery catheter, 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
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 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
DIVISION 9	
987	SKIN SENSITIVITY TESTING for allergens, USING ONE TO TWENTY ALLERGENS
989	SKIN SENSITIVITY TESTING for allergens, USING MORE THAN TWENTY ALLERGENS
990	• DUPLEX SCANNING (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of carotid vessels (with or without vertebral arteries), peripheral vessels or intra-thoracic or intra-abdominal vascular structures (excluding cardiac and pregnancy related studies), (not associated with Item 793) - one examination and report
991	• - two or more examinations of the kind referred to in Item 990 and report (not associated with Item 793)
992	• DUPLEX SCANNING (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of carotid vessels, with oculoplethysmography (not associated with Item 793) - examination and report
993	• DUPLEX SCANNING (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis, of peripheral vessels and carotid vessels, with oculoplethysmography (not associated with Item 793) - examination and report
995	• DUPLEX SCANNING (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis, of peripheral vessels, including any of the investigations covered by Item 795, 796 or 797 (not associated with Item 793) - examination and report
1 MAY 1990	
968 - 995	
Page 80	

999

• **DUPLEX SCANNING** (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis, of peripheral vessels, including any of the investigations covered by Item 798 (not associated with Item 793) - examination and report

Medicare Benefits Schedule - Part 6
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
770	43.50	37.00	32.65	824	45.00	38.25	33.75
774	87.00	73.95	65.25	831	77.00	65.45	57.75
777	140.00	120.00	105.00	833	144.00	124.00	108.00
780	17.40	14.80	13.05	836	86.00	73.10	64.50
781	70.00	59.50	52.50	839	47.50	40.40	35.65
782	70.00	59.50	52.50	844	43.50	37.00	32.65
783	104.00	88.40	78.00	849	25.50	21.70	19.15
784	104.00	88.40	78.00	851	76.00	64.60	57.00
785	104.00	88.40	78.00	852	5.50	4.70	4.15
786	270.00	250.00	202.50	853	69.00	58.65	51.75
787	18.00	100.30	88.50	854	102.00	86.70	76.50
790	74.00	154.00	130.50	856	44.00	37.40	33.00
791	30.50	25.95	22.90	859	86.00	73.10	64.50
793	88.00	74.80	66.00	860	106.00	90.10	79.50
794	53.00	45.05	39.75	862	13.80	11.75	10.35
795	32.50	27.65	24.40	863	16.40	13.95	12.30
796	46.00	39.10	34.50	865	23.50	20.00	17.65
797	60.00	51.00	45.00	870	31.00	26.35	23.25
798	60.00	51.00	45.00	874	38.00	32.30	28.50
799	48.00	40.80	36.00	875	73.00	62.05	54.75
800	42.50	36.15	31.90	877	20.50	17.45	15.40
801	64.00	54.40	48.00	878	12.40	10.55	9.30
802	85.00	72.25	63.75	882	28.00	23.80	21.00
803	78.00	66.30	58.50	883	28.50	24.25	21.40
804	205.00	185.00	153.75	884	28.00	23.80	21.00
806	106.00	90.10	79.50	886	36.00	30.60	27.00
809	144.00	124.00	108.00	887	31.00	26.35	23.25
810	71.00	60.35	53.25	888	41.50	35.30	31.15
811	95.00	80.75	71.25	889	61.00	51.85	45.75
813	142.00	122.00	106.50	890	33.00	28.05	24.75
814	95.00	80.75	71.25	893	74.00	62.90	55.50
816	72.00	61.20	54.00	895	36.00	30.60	27.00
817	106.00	90.10	79.50	897	53.00	45.05	39.75
818	122.00	103.70	91.50	902	210.00	190.00	157.50
819	120.00	102.00	90.00	904	180.00	160.00	135.00
821	86.00	73.10	64.50	907	18.00	15.30	13.50

Medicare Benefits Schedule - Part 6
Showing Item Numbers, Schedule Fees and
Medicare Benefit Levels as at 1 May 1990

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% \$
908	22.00	18.70	16.50	966	59.00	50.15	44.25
909	11.00	9.35	8.25	968	114.00	96.90	85.50
912	45.50	38.70	34.15	970	225.00	205.00	168.75
913	75.00	63.75	56.25	974	37.50	31.90	28.15
915	118.00	100.30	88.50	976	340.00	320.00	255.00
916	106.00	90.10	79.50	977	83.00	70.55	62.25
917	61.00	51.85	45.75	978	37.00	31.45	27.75
918	106.00	90.10	79.50	979	37.00	31.45	27.75
920	87.00	73.95	65.25	980	19.60	16.70	14.70
921	13.00	11.05	9.75	987	24.50	20.85	18.40
922	280.00	260.00	210.00	989	37.00	31.45	27.75
923	405.00	385.00	303.75	990	152.00	132.00	114.00
924	635.00	615.00	476.25	991	260.00	240.00	195.00
925	69.00	58.65	51.75	992	182.00	162.00	136.50
926	22.50	19.15	16.90	993	295.00	275.00	221.25
928	39.00	33.15	29.25	995	176.00	156.00	132.00
931	56.00	47.60	42.00	999	196.00	176.00	147.00
932	41.00	34.85	30.75				
934	53.00	45.05	39.75				
936	83.00	70.55	62.25				
938	83.00	70.55	62.25				
939	210.00	190.00	157.50				
940	75.00	63.75	56.25				
944	53.00	45.05	39.75				
947	144.00	124.00	108.00				
949	30.50	25.95	22.90				
950	144.00	124.00	108.00				
951	54.00	45.90	40.50				
952	76.00	64.60	57.00				
953	150.00	130.00	112.50				
954	37.50	31.90	28.15				
956	14.60	12.45	10.95				
957	43.50	37.00	32.65				
958	23.50	20.00	17.65				
960	32.50	27.65	24.40				
963	22.50	19.15	16.90				

PART 7A - COMPUTERISED TOMOGRAPHY
(Excluding Magnetic Resonance Imaging)

EXPLANATORY NOTES

	Para No.	Page No.
General	7A.1	86
Scan		
- Extremities	7A.5	86
- More Than One Area	7A.2	86
- Multiple Regions	7A.6	86
- Spine, with Intrathecal Contrast Medium	7A.4	86
- Temporal Bones, with Air Study	7A.3	86

SCHEDULE OF SERVICES

	Item No.	Page No.
Division 1 - Computerised Tomography on a Body Scanner	2400-2455	87
Division 2 - Computerised Tomography on a Brain Scanner	2458-2460	90

ITEM-FEE-BENEFIT LIST

91

EXPLANATORY NOTES

7A.1 General

7A.1.1 It will be noted that there are separate items in respect of computerised tomography services, i.e. services performed on a body scanner and those performed on a brain scanner.

7A.2 Scan of more than one area

7A.2.1 Items have been provided to cover the common combinations of regions - see paragraph 7A.7.1. However, where regions are scanned on the one occasion which are not covered by a combination item, for example, Item 2400 (scan of brain) and Item 2430 (scan of extremities), both examinations would attract separate benefits.

7A.3 CT Scan of Temporal Bones with Air Study - (Item 2406)

7A.3.1 This service would be preceded by a CT brain scan on either the same day or the previous day. The brain scan attracts a separate benefit.

7A.4 CT Scan of Spine with Intrathecal Contrast Medium - (Item 2419)

7A.4.1 The intrathecal injection of contrast medium attracts benefit under Item 2847 or 2848.

7A.5 CT Scan of Extremities - (Items 2429 - 2437)

7A.5.1 Benefit for these services is attracted according to the total number of slices irrespective of whether one part or more than one part of the one extremity is scanned or more than one extremity is scanned, eg, even if the left ankle and the right elbow are examined on the one occasion, the number of slices involved would determine the appropriate item.

7A.6 CT Scans of Multiple Regions - (Items 2438- 2452)

7A.6.1 The Schedule provides items to cater for the common combinations of regions. The items relating to the individual regions should not be used when scans of multiple regions are performed.

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 FOSA 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

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

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
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

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

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
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

PART 7A - COMPUTERISED TOMOGRAPHY

DIVISION 1

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 OF 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 \$102.00
	DIVISION 2
	COMPUTERISED TOMOGRAPHY ON A BRAIN SCANNER
2458	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN without intravenous contrast medium
2459	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN with intravenous contrast medium
2460	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN without and with intravenous contrast medium

Medicare Benefits Schedule - Part 7A
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
2400	132.00	112.20	99.00	2436	260.00	240.00	195.00
2401	182.00	162.00	136.50	2437	330.00	310.00	247.50
2402	215.00	195.00	161.25	2438	235.00	215.00	176.25
2403	435.00	415.00	326.25	2439	275.00	255.00	206.25
2404	430.00	410.00	322.50	2440	345.00	325.00	258.75
2405	420.00	400.00	315.00	2441	305.00	285.00	228.75
2406	340.00	320.00	255.00	2442	345.00	325.00	258.75
2407	235.00	215.00	176.25	2443	485.00	465.00	363.75
2408	250.00	230.00	187.50	2444	440.00	420.00	330.00
2409	355.00	335.00	266.25	2445	485.00	465.00	363.75
2410	340.00	320.00	255.00	2446	585.00	565.00	438.75
2411	365.00	345.00	273.75	2447	235.00	215.00	176.25
2412	400.00	380.00	300.00	2448	275.00	255.00	206.25
2413	166.00	146.00	124.50	2449	380.00	360.00	285.00
2414	194.00	174.00	145.50	2450	340.00	320.00	255.00
2415	260.00	240.00	195.00	2451	380.00	360.00	285.00
2416	235.00	215.00	176.25	2452	485.00	465.00	363.75
2417	260.00	240.00	195.00	2453	132.00	112.20	99.00
2418	365.00	345.00	273.75	2454	160.00	140.00	120.00
2419	235.00	215.00	176.25	2455			
2420	235.00	215.00	176.25	2458	67.00	56.95	50.25
2421	270.00	250.00	202.50	2459	81.00	68.85	60.75
2422	340.00	320.00	255.00	2460	126.00	107.10	94.50
2423	132.00	112.20	99.00				
2424	160.00	140.00	120.00				
2425	260.00	240.00	195.00				
2426	200.00	180.00	150.00				
2427	240.00	220.00	180.00				
2428	340.00	320.00	255.00				
2429	132.00	112.20	99.00				
2430	160.00	140.00	120.00				
2431	194.00	174.00	145.50				
2432	166.00	146.00	124.50				
2433	194.00	174.00	145.50				
2434	260.00	240.00	195.00				
2435	235.00	215.00	176.25				

PART 8 - RADIOLOGY

EXPLANATORY NOTES

	Para No.	Page No.
General	8.1	94
Comparison X-rays - Limbs	8.3	94
Films - exposure of more than one	8.2	94
Plain Abdominal Film	8.4	94
Radiography of the Breast	8.5	94

SCHEDULE OF SERVICES

	Item No.	Page No.
Division 1 - Radiological Examination of Extremities (with or without Fluoroscopy)	2502-2537	95
Division 2 - Radiological Examination of Shoulder or Hip Joint	2539-2557	95
Division 3 - Radiological Examination of Head	2560-2595	95
Division 4 - Radiological Examination of Spine	2597-2611	96
Division 5 - Bone Age Study and Skeletal Surveys	2614-2621	96
Division 6 - Radiological Examination of Thoracic Region	2625-2657	96
Division 7 - Radiological Examination of Urinary Tract	2665-2697	97
Division 8 - Radiological Examination of Alimentary Tract and Biliary System (with or without Fluoroscopy)	2699-2728	97
Division 9 - Radiological Examination for Localisation of Bodies	2730-2732	98
Division 10 - Radiological Examination of Breasts	2734-2736	98
Division 11 - Radiological Examination in Connection with Pregnancy	2738-2742	98
Division 12 - Radiological Examination with Opaque or Contrast Media	2744-2794	98
Division 13 - Tomography	2796	99
Division 14 - Stereoscopic Examination	2798	99
Division 15 - Fluoroscopic Examination	2800-2802	100
Division 15A - Examination not otherwise covered	2804	100
Division 16 - Preparation for a Radiological Examination	2805-2859	100
ITEM-FEE-BENEFIT LIST		102

PART 8 - RADIOLOGY

EXPLANATORY NOTES

8.1 General

8.1.1 The benefits allocated to each item in Part 8 covers the total procedure i.e. the examination, reading and report. Separate benefits are not payable for individual components of the service e.g. preliminary reading.

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

8.2 Films - exposure of more than one

8.2.1 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.

8.3 Comparison X-rays - Limbs

8.3.1 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.

8.4 Plain Abdominal Film (Items 2699/2703)

8.4.1 Benefits are not attracted for Items 2699/2703 in association with barium meal examinations or cholecystograms whether provided on the same day or previous day. Benefits are payable for the preliminary plain film in conjunction with barium enema studies.

8.5 Radiography of the Breast (Items 2734 and 2736)

8.5.1 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/Notice of Referral (to be personally signed by the medical practitioner) indicating that the patient has been referred for mammography in accordance with the requirements outlined in the description of the items.

PART 8 - RADIOLOGICAL SERVICES	
2502 G 2505 S	<p style="text-align: center;">PART 8 - RADIOLOGICAL SERVICES</p> <p><i>NOTE: In this Part "S" denotes a service rendered by a specialist radiologist.</i></p> <p style="text-align: center;">DIVISION 1 - RADIOGRAPHIC EXAMINATION OF EXTREMITIES AND REPORT (WITH OR WITHOUT FLUOROSCOPY)</p> <p>DIGITS OR PHALANGES - all or any of either hand or either foot</p>
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 AND ARM (elbow to shoulder)
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	<p style="text-align: center;">DIVISION 2 - RADIOGRAPHIC EXAMINATION OF SHOULDER OR HIP JOINT AND REPORT</p> <p>SHOULDER OR SCAPULA</p>
2543 G 2545 S	CLAVICLE
2548	HIP JOINT
2551	PELVIC GIRDLE
2554	SACRO-ILIAC JOINTS
2557	FEMUR, internal fixation of neck or intertrochanteric (pertrochanteric) fracture
2560	<p style="text-align: center;">DIVISION 3 - RADIOGRAPHIC EXAMINATION OF HEAD AND REPORT</p> <p>SKULL (calvarium)</p>
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

PART 8 - RADIOLOGICAL SERVICES		DIVISION 3
2585	TEMPORO-MANDIBULAR JOINTS	
2587	TEETH - SINGLE AREA	
2589	TEETH - FULL MOUTH	
2590	TEETH, ORTHOPANTOMOGRAPHY	
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 AND REPORT	
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	
1 MAY 1990		
2585 - 2657		
Page 96		

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
2699 G 2703 S	DIVISION 8 - RADIOGRAPHIC EXAMINATION OF ALIMENTARY TRACT AND BILIARY SYSTEM (WITH OR WITHOUT FLUOROSCOPY) AND REPORT • PLAIN ABDOMINAL ONLY, not associated with Item 2709, 2711, 2714 or 2720
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 \$18.80
2734 S	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 S	• 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
	DIVISION 11 - RADIOGRAPHIC EXAMINATION IN CONNECTION WITH PREGNANCY AND REPORT
2738	PREGNANT UTERUS
2740	PELVIMETRY OR PLACENTOGRAPHY
2742	CONTROL X-RAYS ASSOCIATED WITH INTRAUTERINE FOETAL BLOOD TRANSFUSION
	DIVISION 12 - RADIOGRAPHIC EXAMINATION WITH OPAQUE OR CONTRAST MEDIA AND REPORT
2744	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
1 MAY 1990	2730 - 2756
	Page 98

PART 8 - RADIOLOGICAL SERVICES**DIVISION 12**

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 \$20.00
2784	LARYNGOGRAPHY with contrast media
2786	PNEUMOARTHROGRAPHY
2788	ARTHROGRAPHY - contrast
2790	ARTHROGRAPHY - double contrast
2792	LYMPHANGIOGRAPHY, including follow up radiography
2794	PNEUMOMEDIASTINUM
2796	DIVISION 13 - TOMOGRAPHY AND REPORT TOMOGRAPHY OF ANY PART AND REPORT
2798	DIVISION 14 - STEREOSCOPIC EXAMINATION AND REPORT STEREOSCOPIC EXAMINATION AND REPORT DERIVED FEE - The fee for the radiographic examination of the area and report plus an amount of \$12.00

	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
2834	ARTHROGRAPHY, single or double contrast, excluding arthrography of the joints between articular processes of the vertebrae
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
2844	DISCOGRAPHY using Metrizamide
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
2852	SIALOGRAPHY
2853	LYMPHANGIOGRAPHY - one side
2855	LARYNGOGRAPHY
2857	PNEUMOMEDIASTINUM
2859	CHOLEGRAM (CHOLANGIOGRAM) - percutaneous transhepatic ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S

Medicare Benefits Schedule - Part 8
Showing Item Numbers, Schedule Fees and
Medicare Benefit Levels as at 1 May 1990

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% \$
2502	27.50	23.40	20.65	2601	70.00	59.50	52.50
2505	36.50	31.05	27.40	2604	43.00	36.55	32.25
2508	27.50	23.40	20.65	2607	88.00	74.80	66.00
2512	36.50	31.05	27.40	2609	122.00	103.70	91.50
2516	37.50	31.90	28.15	2611	19.00	16.15	14.25
2520	49.50	42.10	37.15	2614	43.50	37.00	32.65
2524	30.00	25.50	22.50	2617	36.50	31.05	27.40
2528	40.00	34.00	30.00	2621	82.00	69.70	61.50
2532	45.50	38.70	34.15	2625	32.50	27.65	24.40
2537	61.00	51.85	45.75	2627	43.50	37.00	32.65
2539	37.50	31.90	28.15	2630	56.00	47.60	42.00
2541	49.50	42.10	37.15	2634	36.50	31.05	27.40
2543	30.00	25.50	22.50	2638	20.00	17.00	15.00
2545	40.00	34.00	30.00	2642	42.00	35.70	31.50
2548	43.50	37.00	32.65	2646	56.00	47.60	42.00
2551	56.00	47.60	42.00	2655	40.00	34.00	30.00
2554	56.00	47.60	42.00	2656	52.00	44.20	39.00
2557	91.00	77.35	68.25	2657	64.00	54.40	48.00
2560	59.00	50.15	44.25	2665	43.50	37.00	32.65
2563	43.50	37.00	32.65	2672	122.00	103.70	91.50
2566	59.00	50.15	44.25	2676	114.00	96.90	85.50
2569	59.00	50.15	44.25	2678	142.00	122.00	106.50
2573	43.50	37.00	32.65	2681	144.00	124.00	108.00
2576	43.50	37.00	32.65	2687	91.00	77.35	68.25
2579	43.50	37.00	32.65	2690	61.00	51.85	45.75
2581	43.50	37.00	32.65	2694	72.00	61.20	54.00
2583	43.50	37.00	32.65	2697	45.50	38.70	34.15
2585	45.50	38.70	34.15	2699	32.50	27.65	24.40
2587	30.50	25.95	22.90	2703	43.50	37.00	32.65
2589	72.00	61.20	54.00	2706	62.00	52.70	46.50
2590	43.50	37.00	32.65	2709	85.00	72.25	63.75
2591	59.00	50.15	44.25	2711	100.00	85.00	75.00
2593	45.50	38.70	34.15	2714	72.00	61.20	54.00
2595	40.00	34.00	30.00	2716	85.00	72.25	63.75
2597	59.00	50.15	44.25	2718	100.00	85.00	75.00
2599	51.00	43.35	38.25	2720	72.00	61.20	54.00

Medicare Benefits Schedule - Part 8
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
2722	70.00	59.50	52.50	2788	45.50	38.70	34.15
2724	100.00	85.00	75.00	2790	80.00	68.00	60.00
2726	82.00	69.70	61.50	2792	61.00	51.85	45.75
2728	138.00	118.00	103.50	2794	56.00	47.60	42.00
2730	61.00	51.85	45.75	2796	56.00	47.60	42.00
2732				2798			
2734	72.00	61.20	54.00	2800	40.00	34.00	30.00
2736	43.50	37.00	32.65	2802	27.50	23.40	20.65
2738	44.50	37.85	33.40	2804	19.00	16.15	14.25
2740	82.00	69.70	61.50	2805	166.00	146.00	124.50
2742	61.00	51.85	45.75	2807	118.00	100.30	88.50
2744	77.00	65.45	57.75	2811	160.00	140.00	120.00
2746	106.00	90.10	79.50	2813	36.50	31.05	27.40
2748	106.00	90.10	79.50	2815	56.00	47.60	42.00
2750	106.00	90.10	79.50	2817	65.00	55.25	48.75
2751	280.00	260.00	210.00	2819	48.50	41.25	36.40
2752	64.00	54.40	48.00	2823	40.00	34.00	30.00
2754	43.50	37.00	32.65	2825	43.50	37.00	32.65
2756	95.00	80.75	71.25	2827	40.00	34.00	30.00
2758	72.00	61.20	54.00	2831	56.00	47.60	42.00
2760	82.00	69.70	61.50	2833	44.50	37.85	33.40
2762	62.00	52.70	46.50	2834	44.50	37.85	33.40
2764	91.00	77.35	68.25	2837	33.50	28.50	25.15
2766	91.00	77.35	68.25	2839	63.00	53.55	47.25
2768	91.00	77.35	68.25	2841	56.00	47.60	42.00
2770	91.00	77.35	68.25	2843	36.50	31.05	27.40
2772	91.00	77.35	68.25	2844	56.00	47.60	42.00
2773	110.00	93.50	82.50	2845	41.50	35.30	31.15
2774	182.00	162.00	136.50	2847	110.00	93.50	82.50
2775	245.00	225.00	183.75	2848	154.00	134.00	115.50
2776	91.00	77.35	68.25	2849	72.00	61.20	54.00
2778	62.00	52.70	46.50	2851	19.00	16.15	14.25
2780	62.00	52.70	46.50	2852	50.00	42.50	37.50
2782				2853	110.00	93.50	82.50
2784	45.50	38.70	34.15	2855	56.00	47.60	42.00
2786	39.00	33.15	29.25	2857	72.00	61.20	54.00

Medicare Benefits Schedule - Part 8
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
2859	110.00	93.50	82.50				

PART 8A - RADIOTHERAPY

EXPLANATORY NOTES

	Para No.	Page No.
General	8A.1	106
Planning Services	8A.2	106

SCHEDULE OF SERVICES

	Item No.	Page No.
General Services	2861-2893	107
Sealed Radioactive Sources	2894-2918	108
Unsealed Radioactive Sources	2920-2925	109
Radiation Field Setting	2927-2936	109
Radiation Dosimetry	2938-2945	109

ITEM-FEE-BENEFIT LIST

111

PART 8A - RADIOTHERAPY

EXPLANATORY NOTES

8A.1 General

8A.1.1 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.

8A.1.2 Benefits are attracted for an initial referred consultation and radiotherapy treatment where both take place at the same attendance.

8A.2 Planning Services (Items 2927 - 2945)

8A.2.1 A planning episode involves field setting (ie simulation or localisation) and dosimetry (either using a CT interfacing planning computer or a non-CT interfacing planning computer). One plan only will attract Medicare benefits in a course a treatment. However, where a plan for brachytherapy is undertaken in association with a plan for megavoltage or teletherapy treatment, benefits would be attracted for both services.

8A.2.2 Medicare benefits are also payable, under the appropriate radiology item in Part 8, in respect of verification films (or port films) taken during the course of treatment. Benefits are not, however, payable for a consultation rendered in association with a radiotherapy planning service

PART 8A - RADIOTHERAPY

PART 8A - RADIOTHERAPY <i>(Benefits for administration of general anaesthetic for radiotherapy are payable under Items 480/551)</i>	
2861	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 - 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 \$10.80
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 \$11.80
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 \$12.00
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 \$14.20
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 \$30.00
2887	RADIATION ONCOLOGY TREATMENT, using linear accelerator - each attendance at which treatment is given - one field

PART 8A - RADIOTHERAPY	
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 \$15.60 for each additional field
2891	RADIATION ONCOLOGY TREATMENT , using cobalt unit or caesium teletherapy unit - each attendance at which treatment is given - one field
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 \$13.60 for each additional field
2894	SEALED RADIOACTIVE SOURCES INTRAUTERINE INSERTION ALONE ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
2896	INTRAVAGINAL INSERTION ALONE ANAESTHETIC 4 UNITS - ITEM NOS 405G / 509S
2898	COMBINED INTRAUTERINE AND INTRAVAGINAL INSERTION ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
2900	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
2902	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
2903	SIMPLE IMPLANTATION OF A SITE not requiring separate surgical exposure, but necessitating a major anaesthetic ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
2905	IMPLANTATION OF A SITE not requiring separate surgical exposure or a major anaesthetic, including skin or lip ANAESTHETIC 4 UNITS - ITEM NOS 405G / 509S
2906	PREPARATION AND SUPERVISION (but not insertion) of sources for gynaecological irradiation
2908	REMOVAL OF SEALED RADIOACTIVE SOURCES under a major anaesthetic ANAESTHETIC 4 UNITS - ITEM NOS 405G / 509S
2909	REMOVAL OF SEALED RADIOACTIVE SOURCES without major anaesthetic
2911	CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD to intracavitary, intraoral or intranasal site
2912	SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD referred to in Item 2924 - each attendance
1 MAY 1990	
2889 - 2912	
Page 108	

PART 8A - RADIOTHERAPY

2914	CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD not exceeding 5 cm. diameter to an external surface
2916	CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD 5 cm. or more in diameter to an external surface
2918	SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD referred to in Item 2914 or 2916 - each attendance
2920	UNSEALED RADIOACTIVE SOURCES ORAL ADMINISTRATION of a therapeutic dose of a radioisotope - not covered by Item 2921
2921	ORAL ADMINISTRATION of a therapeutic dose of radio-iodine for hyperthyroidism or thyroid cancer by single dose technique
2923	INTRAVENOUS ADMINISTRATION of a therapeutic dose of a radioisotope
2925	INTRA-CAVITARY ADMINISTRATION OF A THERAPEUTIC DOSE OF A RADIOISOTOPE (NOT INCLUDING PRELIMINARY PARACENTESIS) ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
	RADIOTHERAPY PLANNING • RADIATION FIELD SETTING using a simulator or isocentric x-ray or megavoltage machine of a single area for treatment by a single field or parallel opposed fields (not associated with Item 2932)
2929	• RADIATION FIELD SETTING using a simulator or isocentric x-ray or megavoltage machine of a single area, where views in more than one plane are required for treatment by multiple fields, or of two areas (not associated with Item 2934)
2930	• RADIATION FIELD SETTING using a simulator or isocentric x-ray or megavoltage machine of three or more areas, or of total body or half body irradiation, or of mantle therapy or inverted Y fields, or of irregularly shaped fields using multiple blocks, or of off-axis fields or several joined fields (not associated with Item 2936)
2932	• RADIATION FIELD SETTING using a diagnostic x-ray unit of a single area for treatment by a single field or parallel opposed fields (not associated with Item 2927)
2934	• RADIATION FIELD SETTING using a diagnostic x-ray unit of a single area, where views in more than one plane are required for treatment by multiple fields, or of two areas (not associated with Item 2929)
2936	• RADIATION FIELD SETTING using a diagnostic x-ray unit of three or more areas, or of total body or half body irradiation, or of mantle therapy or inverted Y fields, or of irregularly shaped fields using multiple blocks, or of off-axis fields or several joined fields (not associated with Item 2930)
2938	• RADIATION DOSIMETRY by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to one area with up to two shielding blocks, or for brachytherapy with isodose calculations in a single plane

PART 8A - RADIOTHERAPY

2940	• RADIATION DOSIMETRY by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to a single area by three or more fields, or by a single field or parallel opposed fields to two areas, or where wedges are used, or for brachytherapy for multiplane implants of up to 10 sources or ribbons
2942	• RADIATION DOSIMETRY by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to three or more areas, or by mantle fields or inverted Y fields or tangential fields or irregularly shaped fields using multiple blocks, or off-axis fields, or several joined fields, or for brachytherapy using multiplane implants of more than 10 sources or ribbons
2943	• RADIATION DOSIMETRY by a non-CT interfacing planning computer for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to one area with up to two shielding blocks, or for brachytherapy with isodose calculations in a single plane
2944	• RADIATION DOSIMETRY by a non-CT interfacing planning for megavoltage or teletherapy radiotherapy to a single area by three or more fields, or by a single field or parallel opposed fields to two areas, or where wedges are used, or for brachytherapy for multiplane implants of up to 10 sources or ribbons
2945	• RADIATION DOSIMETRY by a non-CT interfacing planning computer for megavoltage or teletherapy radiotherapy to three or more areas, or by mantle fields or inverted Y fields, or tangential fields or irregularly shaped fields using multiple blocks, or off-axis fields, or several joined fields, or for brachytherapy using multiplane implants of more than 10 sources or ribbons

Medicare Benefits Schedule - Part 8A
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
2861	27.00	22.95	20.25	2930	210.00	190.00	157.50
2863				2932	97.00	82.45	72.75
2869	60.00	51.00	45.00	2934	124.00	105.40	93.00
2871				2936	182.00	162.00	136.50
2873	33.50	28.50	25.15	2938	33.50	28.50	25.15
2875	30.00	25.50	22.50	2940	144.00	124.00	108.00
2877				2942	275.00	255.00	206.25
2879	35.50	30.20	26.65	2943	34.50	29.35	25.90
2881				2944	154.00	134.00	115.50
2883	76.00	64.60	57.00	2945	290.00	270.00	217.50
2885							
2887	26.00	22.10	19.50				
2889							
2891	24.00	20.40	18.00				
2893							
2894	178.00	158.00	133.50				
2896	126.00	107.10	94.50				
2898	250.00	230.00	187.50				
2900	365.00	345.00	273.75				
2902	290.00	270.00	217.50				
2903	178.00	158.00	133.50				
2905	73.00	62.05	54.75				
2906	114.00	96.90	85.50				
2908	48.50	41.25	36.40				
2909	36.50	31.05	27.40				
2911	120.00	102.00	90.00				
2912	36.50	31.05	27.40				
2914	73.00	62.05	54.75				
2916	89.00	75.65	66.75				
2918	25.00	21.25	18.75				
2920	25.50	21.70	19.15				
2921	104.00	88.40	78.00				
2923	45.00	38.25	33.75				
2925	45.00	38.25	33.75				
2927	112.00	95.20	84.00				
2929	142.00	122.00	106.50				

PART 9 - ASSISTANCE AT OPERATIONS

EXPLANATORY NOTES

	Para No.	Page No.
General	9.1	114

SCHEDULE OF SERVICES

	Item No.	Page No.
General	2951-2957	115

ITEM-FEE-BENEFIT LIST

116

PART 9 - ASSISTANCE AT OPERATIONS

EXPLANATORY NOTES

9.1 General

9.1.1 For an operation (or combination of operations) for which the Schedule fee exceeds \$160.00 but does not exceed \$285.00 benefits for assistance have been based on a fee of \$54.00. Where the Schedule fee for the operation (or combination of operations) exceeds \$285.00 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 \$160.00 before benefits are attracted.

9.1.2 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.

9.1.3 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 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 \$160 but does not exceed \$285 or at a series or a combination of operations where the fee for at least one of the operations exceeds \$160 but where the fee for the series or combination of operations does not exceed \$285

2953 Assistance at any operation for which the fee exceeds \$285 or at a combination of operations for which the aggregate fee exceeds \$285 provided that the fee for at least one of the operations exceeds \$160
DERIVED FEE - one fifth of the established fee for the operation or combination of operations

2955 Assistance at a delivery involving Caesarean section
‡

2957 Assistance at a series or combination of operations, one of which is a delivery involving Caesarean section
‡
DERIVED FEE - one fifth of the established fee for the operation or combination of operations (\$395 being the Schedule fee for the Caesarean section component in the calculation of the established fee)

Medicare Benefits Schedule - Part 9
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
2951	54.00	45.90	40.50				
2953							
2955	79.00	67.15	59.25				
2957							

PART 9A - MAGNETIC RESONANCE IMAGING

EXPLANATORY NOTES

	Para No.	Page No.
General	9A.1	118

SCHEDULE OF SERVICES

	Item No.	Page No.
General	2980	119

ITEM-FEE-BENEFIT LIST

120

PART 9A - MAGNETIC RESONANCE IMAGING

EXPLANATORY NOTES

9A.1 General

9A.1.1 Benefits under this item are restricted to services rendered in specific recognised hospitals. The hospitals where benefits are attracted are:-

- . Royal North Shore Hospital of Sydney
Pacific Highway
ST LEONARDS NSW 2065
- . Alfred Hospital
Commercial Road
PRAHRAN VIC 3181
- . Royal Melbourne Hospital
Grattan Street
PARKVILLE VIC 3052
- . St Vincent's Hospital
Victoria Parade
FITZROY VIC 3065
- . Princess Alexandra Hospital
Ipswich Road
WOOLLOONGABBA QLD 4102
- . Royal Adelaide Hospital
North Terrace
ADELAIDE SA 5000
- . Sir Charles Gairdner Hospital
Verdun Street
NEDLANDS WA 6009

PART 9A - MAGNETIC RESONANCE IMAGING

2980 HR

9A - MAGNETIC RESONANCE IMAGING
MAGNETIC RESONANCE IMAGING - examination of any part or parts of the body

Medicare Benefits Schedule - Part 9A
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
2980	300.00	280.00	225.00				

PART 10 - OPERATIONS

EXPLANATORY NOTES

	Para No.	Page No.
General	10.1	124
After-Care	10.7	122
After-care where Patient Referred to an Intensive Care Unit	10.8	126
As an Independent Procedure	10.2	124
Multiple Operation Formula	10.5	124
Not Associated with any other Item in this Part	10.3	124
Not Covered by a Specific Item in this Part	10.4	124
Procedure Performed with Local Infiltration or Digital Block	10.6	125
Anti-reflux Operations	10.17	127
Auditory Canal, Reconstruction of	10.19	128
Bone Grafts, Following a Fracture	10.34	129
Cervix, Dilatation of Under GA	10.24	128
Chymopapain, Intradiscal Injection of	10.33	129
Colposcopic Examination	10.23	128
Colposcopy	10.26	128
Curettage of Uterus under GA or Nerve Block	10.25	128
Drill Biopsy	10.9	127
Eyelids, Reduction of	10.45	131
Fractures, Series of Reductions of	10.36	129
Fractures, Treatment of	10.35	129
Gastrectomy, Radical, Sub-total	10.16	127
Genioplasty	10.47	131
Heart, Lungs, etc. Intrathoracic Operation on	10.31	129
Joint Arthroplasty, Total Replacement of Hip	10.38	130
Joint Replacement, Revision Operation	10.39	130
Keratoplasty, Refractive	10.28	128
Laminectomy	10.32	129

Laparotomy and Other Procedures	10.14	127
Laparotomy Involving Division of Peritoneal Adhesions	10.15	127
Larynx, Direct Examination	10.21	128
Lipectomy, Wedge Excision - Two or More Excisions	10.10	127
Local Skin Flap, Definition of	10.40	130
Mammoplasty, Augmentation	10.41	130
Mandible or Maxilla, Fracture of	10.37	129
Mastectomy, Subcutaneous	10.13	127
Meatoplasty	10.18	128
Meloplasty for Correction of Facial Asymmetry	10.44	131
Micro-laryngoscopy	10.22	128
Myocutaneous Flap	10.42	131
Nasal Polyp or Polypi, Removal of	10.20	128
Nipple and/or Areola, Reconstruction	10.43	131
Ophthalmic Sutures, Adjustment, Readjustable	10.30	129
Osteotomy of Jaw	10.46	131
Ovarian Tumour, Radical or Debulking Operation for, including Omentectomy	10.27	128
Serial Curettage Excision	10.12	127
Vitrectomy	10.29	128
Warts, Treatment of	10.11	127

SCHEDULE OF SERVICES

	Item No.	Page No.
Division 1 - General Surgical	3004-4877	132
Division 2 - Amputation or Disarticulation of Limb	4927-5057	153
Division 3 - Ear, Nose and Throat	5059-5619	155
Division 4 - Urological	5636-6253	164
Division 5 - Gynaecological	6258-6659	173
Division 6 - Ophthalmological	6686-6938	178
Division 7 - Thoracic	6940-7066	184

Division 8 - Neuro-Surgical	7079-7381	187
Division 9 - Treatment of Dislocations	7397-7483	192
Division 10- Treatment of Fractures	7505-7847	194
Division 11- Orthopaedic	7853-8356	199
Division 12- Paediatric	8378-8444	208
Division 13- Plastic and Reconstructive	8448-8683	210

ITEM-FEE-BENEFIT LIST

218

PART 10 - OPERATIONS

EXPLANATORY NOTES

10.1 General

10.1.1 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 as follows.

10.2 As an Independent Procedure

10.2.1 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. nephropexy (Item 5721) in the course of an open operation on the kidney for another purpose;
- (ii) such procedure is combined with another in the same body area, e.g. direct examination of larynx (Item 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).

10.3 Not Associated with any other item in this Part

10.3.1 "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.

10.4 Not covered by a Specific Item in this Part

10.4.1 "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 or pelvic 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.

10.5 Multiple Operation Formula

10.5.1 The fees for two or more operations, other than amputations, performed on a patient on the one occasion (except as provided in paragraph 10.5.3) are calculated by the following rule:-

- 100% for the item with the greatest Schedule fee
- plus 50% for the item with the next greatest Schedule fee
- plus 25% for each other item.

Note:

- (a) Fees so calculated which result in a sum which is not a multiple of 5 cents are to be taken to the next higher multiple of 5 cents.
- (b) Where two or more operations performed on the one occasion have Schedule fees which are equal, one of these amounts shall be treated as being greater than the other or others of those amounts.

10.5.2 This rule does not apply to an operation which is one of two or more operations performed under the one anaesthetic on the same patient if the medical practitioner who performed the first operation did not also perform or assist at the other operation or any of the other operations, or administer the anaesthetic. In such cases the fees specified in the Schedule apply.

10.5.3 Where two medical practitioners operate independently and either performs more than one operation, the method of assessment outlined in paragraph 10.5.1 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).

10.5.4 If the operation comprises a combination of procedures which are commonly performed together and for which a specific combined item is provided in the Schedule, it is regarded as the one item and service in applying the multiple operation rule.

10.6 Procedure performed with local infiltration or digital block.

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

10.7 After-care

10.7.1 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.

10.7.2 After-care is deemed to include all post-operative treatment rendered by medical practitioners and need not necessarily be limited to treatment given by the surgeon or to treatment given by any one medical practitioner.

10.7.3 The amount and duration of after-care consequent on an operation may vary as between patients for the same operation, as well as between different operations which range from minor procedures performed in the medical practitioner's surgery, to major surgery carried out in hospital. As a guide to interpretation, after-care includes all attendances until recovery from the operation (fracture, dislocation etc.) plus the final check or examination, regardless of whether the attendances are at the hospital, rooms, or the patient's home.

10.7.4 Attendances which form part of after-care, whether at hospitals, rooms, or at patient's home, should not be shown on the doctor's account. When additional services are itemised, the doctor should show against those services on the account the words "not normal after-care", with a brief explanation of the reason for the additional services.

10.7.5 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.

10.7.6 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, 6942, 6953, 7190 and 7864.

10.7.7 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 private medical practitioner at a place other than the hospital, attract Medicare benefits on an attendance basis.

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

10.7.9 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.

10.7.10 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.

10.7.11 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.

10.7.12 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 "

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

10.8.1 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.

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

10.9 Drill Biopsy (Item 3148)

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

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

10.10.1 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.

10.11 Treatment of Warts (Items 3347, 5846)

10.11.1 Treatment of keratoses, warts, etc. attract benefits on an attendance basis, with the exception of the treatment of warts in the circumstances outlined in Item 3347.

10.12 Serial Curettage Excision (Items 3350, 3351, 3352)

10.12.1 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.

10.13 Subcutaneous Mastectomy (Item 3700)

10.13.1 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.

10.14 Laparotomy and Other Procedures (Item 3722)

10.14.1 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.

10.15 Laparotomy involving Division of Peritoneal Adhesions (Item 3726)

10.15.1 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.

10.16 Gastrectomy, Radical Sub-total (Item 3937)

10.16.1 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.

10.17 Anti-reflux Operations (Items 4241-4245)

10.17.1 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 or pelvic viscera, not covered by any other item in this Part).

10.18 Meatoplasty (Item 5070)

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

10.19 Reconstruction of Auditory Canal (Item 5074)

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

10.20 Removal of Nasal Polyp or Polypi (Item 5205, 5210, and 5214)

10.20.1 Where such polyps are removed in association with another intranasal procedure, Medicare benefit is paid under Item 5205. However where the associated procedure is of lesser value than Items 5210/5214, benefit for removal of polypi would be paid under Items 5210/5214.

10.21 Larynx, direct examination (Item 5520)

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

10.22 Microlaryngoscopy (Item 5538)

10.22.1 This item covers the removal of "juvenile papillomata" by mechanical means, e.g. cup forceps. Item 5539 refers to the removal by laser surgery.

10.23 Colposcopic Examination (Item 6415)

10.23.1 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.

10.24 Dilatation of Cervix under General Anaesthesia (Item 6446)

10.25 Curettage of Uterus under General Anaesthesia or Major Nerve Block (Items 6460/6464)

10.25.1 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.

10.26 Colposcopy (Item 6483)

10.26.1 Curettage of the uterus is not an essential part of this procedure. If performed, benefits are attracted under Item 6464 according to the multiple operation formula.

10.27 Radical or Debulking Operation for Ovarian Tumour including Omentectomy (Item 6655)

10.27.1 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.

10.28 Refractive Keratoplasty (Item 6833)

10.28.1 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.

10.29 Vitrectomy (Items 6861-6864)

10.29.1 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	6857	6871	6894	

10.29.2 This list of exclusions was developed following consultation with the Royal Australian College of Ophthalmologists.

10.30 Readjustment of adjustable sutures (Item 6929)

10.30.1 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.

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

10.31.1 This item covers the operation for patent ductus arteriosus.

10.32 Laminectomy (Items 7331-7365)

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

10.33 Intradiscal Injection of Chymopapain (Item 7373)

10.33.1 The fee for this item includes routine post-operative care. Associated radiological services attract benefits under the appropriate item in Part 8.

10.34 Bone Grafts Following a Fracture

10.34.1 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.

10.35 Treatment of Fractures (Items 7505-7847)

10.35.1 The fee allocated to each fracture item covers the treatment of a simple and uncomplicated fracture. In cases where the fracture treatment is more involved, aggregate items apply in determining the fee for the service. For example :-

- Simple and Uncomplicated Fractures Requiring Open Operation -
Items 7802/7803
- Simple and Uncomplicated Fractures Requiring Internal Fixation -
Items 7808/7809
- Compound Fractures Requiring Open Operation -
Items 7815/7817
- Complicated Fractures Requiring Open Operation -
Items 7821/7823

10.36 Series of Reductions of a Fracture

10.36.1 Items 7828-7839 apply to the reduction of a fracture where more than one reduction is necessary to achieve union of the bone. The level of benefits allocated under these items applies whether the series of reductions is performed by the one practitioner or more than one practitioner.

10.37 Fracture of Mandible or Maxilla (Item 7719-7728)

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

10.37.2 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.

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

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

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

10.38 Joint Arthroplasty, total replacement of hip (Item 8069)

10.38.1 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 paragraph I.2 of Section 1).

10.39 Joint Replacement, Revision Operation (Item 8070)

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

10.40 Local Skin Flap - Definition

10.40.1 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.

10.40.2 By definition, direct wound closure (e.g. by suture) does not constitute skin flap repair. Similarly angled, curved or trapdoor incisions which are used for exposure and which are sutured back in the same position relative to the adjacent tissues are not skin flap repairs. Undermining of the edges of a wound prior to suturing is considered a normal part of wound closure and is not considered a skin flap repair.

10.40.3 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.

10.40.4 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.

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

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

10.41 Augmentation Mammoplasty (Item 8530)

10.41.1 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.

10.41.2 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 (frontal and lateral) 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". Where it is not possible to supply photographs taken before treatment, certification from a Commonwealth Medical Officer will suffice.

10.42 Breast Reconstruction, Myocutaneous Flap (Item 8532)

10.42.1 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.

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

10.43 Nipple and/or areola reconstruction (Item 8538)

10.43.1 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.

10.44 Meloplasty for Correction of Facial Asymmetry (Item 8551)

10.44.1 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 ageing process.

10.44.2 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".

10.45 Reduction of Eyelids (Items 8584, 8585)

10.45.1 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.

10.46 Osteotomy of Jaw (Items 8658 - 8668)

10.46.1 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.

10.46.2 It should be noted that 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.

10.47 Genioplasty (Items 8670 and 8672)

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

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: <i>'Extensive' in relation to burns means more than 20% of the total body surface</i> 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

PART 10 - OPERATIONS		DIVISION 1 - GENERAL SURGICAL
3073	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, large (MORE THAN 7 CENTIMETRES LONG), superficial, not covered by any item in Part 2 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	
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, (including from cornea or sclera), as an independant 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	

PART 10 - OPERATIONS

DIVISION 1 - GENERAL SURGICAL

3158	BIOPSY OF BONE MARROW by trephine using percutaneous approach with a Jamshidi needle or similar device
3159 * ‡	BIOPSY OF BONE MARROW by aspiration or PUNCH BIOPSY OF SYNOVIAL MEMBRANE ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
3161 †	BIOPSY OF PLEURA, PERCUTANEOUS - one or more biopsies on any one occasion ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
3162	NEEDLE BIOPSY OF VERTEBRA ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
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 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

PART 10 - OPERATIONS

DIVISION 1 - GENERAL SURGICAL

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) removal of, 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
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

PART 10 - OPERATIONS

DIVISION 1 - GENERAL SURGICAL

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
3347	• WARTS, removal of, by any method (other than by chemical means) under general anaesthesia or under regional or field nerve block (excluding pudendal block) requiring admission to a hospital or approved day hospital facility, not associated with any other item in this Part ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
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

PART 10 - OPERATIONS

DIVISION 1 - GENERAL SURGICAL

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), or fasciotomy 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 exposure 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 450G / 521S
3581	THYROGLOSSAL CYST, removal of ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S

PART 10 - OPERATIONS

DIVISION 1 - GENERAL SURGICAL

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
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

PART 10 - OPERATIONS		DIVISION 1 - GENERAL SURGICAL
3722	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 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 AND PELVIC 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	

PART 10 - OPERATIONS

DIVISION 1 - GENERAL SURGICAL

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
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 gastroenterostomy 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

PART 10 - OPERATIONS

DIVISION 1 - GENERAL SURGICAL

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	GASTROENTEROSTOMY or GASTRODUODENOSTOMY, 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
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
3988	COLOSTOMY, refashioning of ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
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

PART 10 - OPERATIONS

DIVISION 1 - GENERAL SURGICAL

4048	TOTAL COLECTOMY WITH ILEO-RECTAL 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
4070	RECTOSIGMOIDECTOMY, anterior (Hartman's operation) ANAESTHETIC 15 UNITS - ITEM NOS 459G / 526S
4071	RESTORATION OF BOWEL continuity following Hartman's procedure, including dismantling of colostomy ANAESTHETIC 15 UNITS - ITEM NOS 459G / 526S
4074 G 4080 S	APPENDICECTOMY, not covered by Item 4084 ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
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

PART 10 - OPERATIONS		DIVISION 1 - GENERAL SURGICAL
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	
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	
1 MAY 1990		4141 - 4233
		Page 144

PART 10 - OPERATIONS

DIVISION 1 - GENERAL SURGICAL

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 - 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
4266 ‡	HYDROCELE, removal of, when not associated with Items 4288, 4293 and 4296 ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
4269 G 4273 S	VARICOCELE, surgical correction of when not associated with Items 4288, 4293 and 4296, one procedure ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
4288 G 4293 S	ORCHIDECTOMY, simple or subscapsular, unilateral with or without insertion of testicular prosthesis ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
4296	EXPLORATION OF SPERMATIC CORD, inguinal approach, with or without testicular biopsy and with or without excision of spermatic cord and testis 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

PART 10 - OPERATIONS		DIVISION 1 - GENERAL SURGICAL
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 FIBREOPTIC SIGMOIDOSCOPY or FIBREOPTIC COLONOSCOPY up to the hepatic flexure, WITH or WITHOUT BIOPSY ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S	
4386	FLEXIBLE FIBREOPTIC SIGMOIDOSCOPY or FIBREOPTIC 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	FIBREOPTIC COLONOSCOPY - examination of colon beyond the hepatic flexure WITH or WITHOUT BIOPSY ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S	
4394	FIBREOPTIC 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	
4410	RECTAL PROLAPSE - Delorme procedure for ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S	
1 MAY 1990		4313 - 4410
		Page 146

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
4510	CRYOSURGERY to 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

PART 10 - OPERATIONS

DIVISION 1 - GENERAL SURGICAL

4622	PILONIDAL SINUS, injection of sclerosant fluid under anaesthesia ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
4630	TELANGIECTASES OR STARBURST VESSELS, subcutaneous diathermy or sclerosant injection of, including associated consultation
4633	VASCULAR SURGERY 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
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

PART 10 - OPERATIONS

DIVISION 1 - GENERAL SURGICAL

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-VEINUS FISTULA, dissection and repair of, with restoration of continuity (not in association with haemodialysis) ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
4702	ARTERIO-VEINUS 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
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

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

4754	ARTERIAL BY-PASS GRAFT using synthetic or 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-VEINOUS 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
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
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

PART 10 - OPERATIONS

DIVISION 1 - GENERAL SURGICAL

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
4813 †	TRANSLUMINAL BALLOON ANGIOPLASTY OF CORONARY ARTERY AND DILATATION OF VESSEL, using interventional imaging techniques ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
4814 †	TRANSLUMINAL BALLOON ANGIOPLASTY OF PERIPHERAL VESSEL AND DILATATION OF VESSEL, using interventional imaging techniques ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
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 / 517S
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
4829	PERCUTANEOUS EPIDURAL IMPLANT FOR CHRONIC PAIN - insertion of (one or two stages), not involving laminectomy ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
4830	PERCUTANEOUS EPIDURAL IMPLANT FOR CHRONIC PAIN - removal of ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
4832	OPERATIONS FOR ACUTE OSTEOMYELITIS 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
4860	OPERATIONS FOR CHRONIC OSTEOMYELITIS OPERATION ON SCAPULA, STERNUM, CLAVICLE, RIB, ULNA, RADIUS, METACARPUS, CARPUS, PHALANX, TIBIA, FIBULA, METATARSUS, TARSUS, MANDIBLE OR MAXILLA (other than alveolar margins) - ONE BONE or 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
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

PART 10 - OPERATIONS**DIVISION 2 - AMPUTATIONS**

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

PART 10 - OPERATIONS

DIVISION 3 - EAR, NOSE AND THROAT

DIVISION 3 - EAR, NOSE AND THROAT	
5059	EAR, foreign body in, removal of, otherwise than by simple syringing ANAESTHETIC 4 UNITS - ITEM NOS 405G / 509S
5062	EAR, foreign body in, removal of, 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: <i>Multiple Operation and Multiple Anaesthetic rules apply to this Item</i> • 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: <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

PART 10 - OPERATIONS

DIVISION 3 - EAR, NOSE AND THROAT

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)
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

PART 10 - OPERATIONS		DIVISION 3 - EAR, NOSE AND THROAT
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 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	

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

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 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
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

PART 10 - OPERATIONS

DIVISION 3 - EAR, NOSE AND THROAT

5242	TURBINATES, cryotherapy to ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
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) not associated with any other item in this Part 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
528 ⁰	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

PART 10 - OPERATIONS

DIVISION 3 - EAR, NOSE AND THROAT

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
5349	NASENDOSCOPY or SINOSCOPY or FIBREOPTIC 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

PART 10 - OPERATIONS

DIVISION 3 - EAR, NOSE AND THROAT

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

PART 10 - OPERATIONS

DIVISION 3 - EAR, NOSE AND THROAT

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
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 one or more endobronchial biopsies or other diagnostic or therapeutic procedures ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
5613	BRONCHUS, removal of foreign body in ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S
5615 †	FIBROPTIC BRONCHOSCOPY with one or more transbronchial lung biopsies, with or without bronchial or broncho- alveolar lavage, with or without the use of interventional imaging ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
5617 †	ENDOSCOPIC LASER RESECTION OF ENDOBRONCHIAL TUMOURS for relief of obstruction including any associated endoscopic procedures ANAESTHETIC 15 UNITS - ITEM NOS 459G / 526S

5619

BRONCHOSCOPY with dilatation of tracheal stricture
ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S

PART 10 - OPERATIONS**DIVISION 4 - UROLOGICAL**

DIVISION 4 - UROLOGICAL	
5636	ADRENAL GLAND, excision of - partial or total 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 after-care ANAESTHETIC 24 UNITS - ITEM NOS 468G / 539S
5645	RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together - ureterovesical anastomosis including after-care
5647	DONOR NEPHRECTOMY (cadaver) one or both kidneys
5654 G 5661 S	NEPHRECTOMY, complete ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
5663	NEPHRECTOMY, complete, complicated by previous surgery on the same kidney ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S
5665	NEPHRECTOMY, partial ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S
5666	NEPHRECTOMY, partial, complicated by previous surgery on the same kidney ANAESTHETIC 15 UNITS - ITEM NOS 459G / 526S
5667	NEPHRECTOMY, radical with en bloc dissection of lymph nodes, with or without adrenalectomy ANAESTHETIC 17 UNITS - ITEM NOS 461G / 528S
5675	NEPHRO-URETERECTOMY, complete, including associated bladder repair and any associated endoscopic procedures ANAESTHETIC 17 UNITS - ITEM NOS 461G / 528S
5679	KIDNEY, FUSED, renal symphysiotomy for ANAESTHETIC 14 UNITS - ITEM NOS 458G / 525S
5683	KIDNEY OR PERINEPHRIC AREA, EXPLORATION OF, with or without drainage of, by open exposure, not covered by any other item in this Part ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
5691	NEPHROLITHOTOMY OR PYEOLITHOTOMY, or both, through the same skin incision, for one or two stones ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
5699	NEPHROLITHOTOMY OR PYEOLITHOTOMY, or both, extended, for staghorn stone or 3 or more stones, including one or more of the following: nephrostomy, pyelostomy, pedicle control with or without freezing, calyorrhaphy or pyeloplasty ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S

PART 10 - OPERATIONS

DIVISION 4 - UROLOGICAL

5700	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY (ESWL) to urinary tract and post- treatment care for three days, including pre-treatment consultation, unilateral ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
5705	URETEROLITHOTOMY ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
5715	NEPHROSTOMY or pyelostomy, open, as an independent procedure 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
5734	PYELOPLASTY, by open exposure ANAESTHETIC 14 UNITS - ITEM NOS 458G / 525S
5737	PYELOPLASTY in congenitally abnormal kidney or solitary kidney, by open exposure ANAESTHETIC 14 UNITS - ITEM NOS 458G / 525S
5738	PYELOPLASTY, complicated by previous surgery on the same kidney, by open exposure ANAESTHETIC 15 UNITS - ITEM NOS 459G / 526S
5741	DIVIDED URETER, repair of ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S
5744	KIDNEY, exposure and exploration of, including repair or nephrectomy, for trauma, not associated with any other procedure performed on the kidney, renal pelvis or renal pedicle ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S
5747	URETERECTOMY, COMPLETE OR PARTIAL, with or without associated bladder repair, not associated with Item 5889 ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
5753	URETER, replacement of, by bowel ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
5763	URETER, transplantation of, into skin ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
5773	URETER, reimplantation into bladder ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
5780	URETER, reimplantation into bladder with psoas hitch or Boari flap or both ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
5785	URETER, transplantation of, into intestine ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
5799	URETER, transplantation of, into another ureter ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S

PART 10 - OPERATIONS**DIVISION 4 - UROLOGICAL**

5804	URETER, transplantation of, into isolated intestinal segment, unilateral ANAESTHETIC 14 UNITS - ITEM NOS 458G / 525S
5807	URETERS, transplantation of, into isolated intestinal segment, bilateral ANAESTHETIC 16 UNITS - ITEM NOS 460G / 527S
5808	INTESTINAL URINARY RESERVOIR, continent, formation of, including formation of non-return valves and implantation of ureters (one or both) into reservoir ANAESTHETIC 27 UNITS - ITEM NOS 471G / 542S
5809	INTESTINAL URINARY CONDUIT OR URETEROSTOMY, revision of ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S
5812	URETER, exploration of, with or without drainage of, 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 ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
5831	REDUCTION URETEROPLASTY ANAESTHETIC 14 UNITS - ITEM NOS 458G / 525S
5837	CLOSURE OF CUTANEOUS URETEROSTOMY ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S
5840	OPERATIONS ON THE BLADDER (CLOSED) BLADDER, catheterisation of, where no other procedure is performed ANAESTHETIC 4 UNITS - ITEM NOS 405G / 509S
5841	URETEROSCOPY, with or without any one or more of; cystoscopy, ureteric meatotomy, ureteric dilatation and pyeloscopy, not associated with Item 5842, 5843, 5845, 5851, 5878 or 5885 ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
5842	URETEROSCOPY as described in Item 5841, plus one or more of extraction of stone, biopsy or diathermy ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S
5843	URETEROSCOPY as described in Item 5841 plus destruction of stone with ultrasound, electrohydraulic shock waves, or laser, with extraction of fragments ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
5845	CYSTOSCOPY with urethroscopy with or without urethral dilatation, not associated with any other urological endoscopic procedure on the lower urinary tract except Item 6070 ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
5846	• CYSTOSCOPY, with or without urethroscopy, for the treatment of penile warts or urethral warts, not associated with Item 3347 ANAESTHETIC 6 UNITS - ITEM NOS 407G/513S
5847	CYSTOSCOPY with ureteric catheterisation including fluoroscopic imaging of the upper urinary tract, unilateral or bilateral, not associated with Item 5851 or 5855 ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S

PART 10 - OPERATIONS

DIVISION 4 - UROLOGICAL

5849	CYSTOSCOPY with one or more of; ureteric dilatation, insertion of ureteric stent, or brush biopsy of ureter or renal pelvis, unilateral, not associated with Item 5851 or 5855 ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
5851	CYSTOSCOPY, with ureteric catheterisation, unilateral or bilateral, not associated with Item 5847 or 5849 ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
5853	CYSTOSCOPY, with controlled hydro-dilatation of the bladder ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
5855	CYSTOSCOPY, with ureteric meatotomy ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
5864	CYSTOSCOPY WITH REMOVAL OF FOREIGN BODY ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
5868	CYSTOSCOPY, with biopsy of bladder, not associated with Items 5845, 5855, 5871, 5875, 5878, 5881, 6005, 6006 or 6027 ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
5871	CYSTOSCOPY, with resection or diathermy of bladder tumour or other lesion of the bladder or prostate, not associated with Item 5875 ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
5872	CYSTOSCOPY, with lavage of blood clots from bladder including any associated diathermy of prostate or bladder and not associated with Item 5845 and Items 5853 to 5888 and Items 6005 and 6006 ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
5875	CYSTOSCOPY, with diathermy or resection of multiple bladder tumours in more than two quadrants of the bladder or solitary tumour greater than 2cms in diameter ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
5878	CYSTOSCOPY, with resection of ureterocele ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
5879	CYSTOSCOPY, with injection into bladder wall ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
5881	CYSTOSCOPY, with endoscopic incision or resection of external sphincter, bladder neck or both ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
5885	ENDOSCOPIC MANIPULATION OR EXTRACTION of ureteric calculus ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
5886	ENDOSCOPIC EXAMINATION of intestinal conduit or reservoir ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
5888	LITHOLAPAXY, with or without cystoscopy ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
5889	OPERATIONS ON THE BLADDER (OPEN) BLADDER, partial excision of ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S

PART 10 - OPERATIONS		DIVISION 4 - UROLOGICAL
5891 G 5894 S	BLADDER, repair of rupture ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S	
5897 G 5901 S	CYSTOSTOMY OR CYSTOTOMY, suprapubic, not covered by Item 5903 and not associated with other open bladder procedure 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	
5919	BLADDER TUMOURS, suprapubic diathermy of ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S	
5929	BLADDER DIVERTICULUM, excision or obliteration of ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S	
5935	VESICAL FISTULA, cutaneous, operation for ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S	
5936	CUTANEOUS VESICOSTOMY, establishment of ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S	
5941	VESICO-VAGINAL FISTULA, closure of, by abdominal approach ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S	
5942	VESICO-VAGINAL FISTULA, closure of, synchronous combined approach, abdominal component, including aftercare ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S	
5943	VESICO-VAGINAL FISTULA, closure of, synchronous combined approach, vaginal component, including aftercare	
5947	VESICO-INTESTINAL FISTULA, closure of, excluding bowel resection ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S	
5964	BLADDER ASPIRATION by needle	
5977	BLADDER STRESS INCONTINENCE, suprapubic procedure for, not covered by Item 6406 ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S	
5981	BLADDER ENLARGEMENT using intestine ANAESTHETIC 23 UNITS - ITEM NOS 467G / 538S	
5982	BLADDER EXTROPHY CLOSURE, not involving sphincter reconstruction ANAESTHETIC 14 UNITS - ITEM NOS 458G / 525S	
6001	OPERATIONS ON THE PROSTATE PROSTATECTOMY, open ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S	

PART 10 - OPERATIONS

DIVISION 4 - UROLOGICAL

6005 ‡	PROSTATECTOMY (endoscopic), with or without cystoscopy and with or without urethroscopy, and including services covered by Item 5881, 6039, 6066 or 6069 ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
6006 ‡	PROSTATECTOMY (endoscopic), with or without cystoscopy and with or without urethroscopy, and including services covered by Item 5881, 6039, 6066 or 6069 continuation of, within 10 days of initial procedure which had to be discontinued for medical reasons ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S
6017	PROSTATE, total excision of ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S
6022	PROSTATE, open perineal biopsy or open drainage of abscess 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, endoscopic drainage of ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
6036	OPERATIONS ON URETHRA, PENIS OR SCROTUM 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
6040	URETHRA, repair of rupture of distal section ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S
6041	URETHRA, repair of rupture of prostatic or membranous segment 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 any one or more of; biopsy, diathermy or removal of foreign body or stone ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
6066	URETHRAL MEATOTOMY, EXTERNAL ANAESTHETIC 4 UNITS - ITEM NOS 405G / 509S
6069	URETHROTOMY OR URETHROSTOMY, internal or external ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
6070	URETHROTOMY, optical, for urethral stricture ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S

PART 10 - OPERATIONS

DIVISION 4 - UROLOGICAL

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	PERI-URETHRAL INJECTION of Teflon, including urethroscopy and cystoscopy 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
6098	HYPOSPADIAS, meatotomy and hemi-circumcision ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
6100	HYPOSPADIAS, glanuloplasty incorporating meatal advancement ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
6107	HYPOSPADIAS OR EPISPADIAS, with or without chordee, correction of, as a staged procedure, first stage ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
6110	HYPOSPADIAS OR EPISPADIAS, with or without chordee, correction of, as a staged procedure, second stage ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
6118	HYPOSPADIAS OR EPISPADIAS, with or without chordee, correction of, as one stage procedure, not covered by Item 6100 ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S
6146	URETHRA, excision of prolapse of ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
6152	URETHRAL DIVERTICULUM, excision of ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
6155	URETHRAL SPHINCTER, reconstruction by bladder tubularisation technique or similar procedure ANAESTHETIC 16 UNITS - ITEM NOS 460G / 527S
6157	URETHRA, operation for correction of male urinary incontinence, not covered by Item 6158 or 6161 ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S

PART 10 - OPERATIONS

DIVISION 4 - UROLOGICAL

6158	ARTIFICIAL URINARY SPHINCTER, insertion of cuff, perineal approach ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
6159	ARTIFICIAL URINARY SPHINCTER, insertion of cuff, abdominal approach ANAESTHETIC 16 UNITS - ITEM NOS 460G / 527S
6160	ARTIFICIAL URINARY SPHINCTER, insertion of pressure regulating balloon and pump ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
6161	ARTIFICIAL URINARY SPHINCTER, revision or removal of, with or without replacement ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
6162	PRIAPISM, decompression by glandular stab cavernoso-spongiosum shunt or penile aspiration with or without lavage ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
6166	PRIAPISM, shunt operation for, not covered by Item 6162 ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
6175	URETHRAL VALVE, destruction of, including cystoscopy and urethroscopy 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 of cavernous tissue, 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, injection of, for investigation or treatment of impotence, priapism or Peyronie's plaque
6204	PENIS, correction of chordee, with or without excision of fibrous plaque or plaques and with or without grafting ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
6205	PENIS, surgery to inhibit rapid penile drainage causing impotence, by ligation of veins deep to Bucks fascia including one or more deep cavernosal veins with or without pharmacological erection test ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
6207	PENIS, lengthening by translocation of corpora ANAESTHETIC 14 UNITS - ITEM NOS 458G / 525S
6208	PENIS, artificial erection device, insertion of, into one or both corpora ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
6213	PENIS, artificial erection device, insertion of pump and pressure regulating reservoir ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S

PART 10 - OPERATIONS

DIVISION 4 - UROLOGICAL

6214	PENIS, artificial erection device, complete or partial revision or removal of components, with or without replacement ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
6215	PENIS, frenuloplasty as an independent procedure ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
6216	SCROTUM, partial excision of ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
6221 G 6224 S	OPERATIONS ON TESTES, VASA OR SEMINAL VESICLES SPERMATOCELE OR EPIDIDYMAL CYST, excision of, one or both ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
6228	EXPLORATION OF SCROTAL CONTENTS, with or without fixation and with or without biopsy, unilateral ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
6231	RETROPERITONEAL LYMPH NODE DISSECTION, unilateral, not associated with Item 5667 ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
6234	RETROPERITONEAL LYMPH NODE DISSECTION, unilateral, not associated with Item 5667, following previous similar retroperitoneal dissection, retroperitoneal irradiation or chemotherapy ANAESTHETIC 24 UNITS - ITEM NOS 468G / 539S
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
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

PART 10 - OPERATIONS

DIVISION 5 - GYNAECOLOGICAL

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
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
6301	VULVOPLASTY or LABIOPLASTY, where medically indicated, not associated with Item 6302 ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S
6302	VULVA, wide local excision of suspected malignancy; or hemivulvectomy; or superficial vulvectomy, (including colposcopically directed CO2 laser), one or more procedures ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S
6303	COLPOSCOPICALLY DIRECTED CO2 LASER THERAPY for intraepithelial neoplasia of the cervix, vagina, vulva, urethra or anal canal, including associated biopsies - one anatomical site ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
6304	COLPOSCOPICALLY DIRECTED CO2 LASER THERAPY for intraepithelial neoplasia of the cervix, vagina, vulva, urethra or anal canal, including associated biopsies - two or more anatomical sites ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
6305	COLPOSCOPICALLY DIRECTED CO2 LASER THERAPY for condylomata, unsuccessfully treated by other methods ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S

PART 10 - OPERATIONS

DIVISION 5 - GYNAECOLOGICAL

6307	VULVECTOMY (RADICAL) for malignancy ANAESTHETIC 17 UNITS - ITEM NOS 461G / 528S
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
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
6398	VAGINAL REPAIR OF ENTEROCELE with or without repair of rectocele, not associated with Items 6347, 6352, 6358, 6363, 6367, 6373, 6396, 6518, 6519 or 6544, and where on a previous occasion there has been performed surgery reflected by a procedure in Items 6347, 6352, 6358, 6363, 6367, 6373, 6396, 6518, 6519 or 6544 ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
1 MAY 1990	
6307 - 6398	
Page 174	

PART 10 - OPERATIONS

DIVISION 5 - GYNAECOLOGICAL

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
6447	ENDOMETRIAL BIOPSY where malignancy is suspected in patients with abnormal uterine bleeding or post menopausal bleeding ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
6451	HYSTEROSCOPY with dilatation of cervix under general anaesthesia ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
6452	HYSTEROSCOPY with endometrial biopsy or suction curettage, or both ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
6453	HYSTEROSCOPY with uterine adhesiolysis or polypectomy or tubal catheterization or removal of IUD which cannot be removed by other means, one or more of ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
6454	HYSTEROSCOPY AND LAPAROSCOPY under general anaesthesia involving either myomectomy or resection of uterine septum, or both ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S

PART 10 - OPERATIONS

DIVISION 5 - GYNAECOLOGICAL

6460 G 6464 S	<ul style="list-style-type: none"> • UTERUS, CURETTAGE OF, with or without dilatation (including curettage for incomplete miscarriage) under general anaesthesia, or under epidural or spinal (intrathecal) nerve block where undertaken in a hospital or approved day hospital facility 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	<ul style="list-style-type: none"> • UTERUS - COLPOSCOPY with cervical biopsy and radical diathermy of cervix ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
6508	HYSTEROTOMY or UTERINE MYOMECTOMY, abdominal ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
6513 G 6517 S	HYSTERECTOMY, ABDOMINAL, SUB-TOTAL or TOTAL, with or without removal of uterine adnexae ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
6518 G 6519 S	HYSTERECTOMY, VAGINAL, 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	RADICAL HYSTERECTOMY with radical excision of pelvic lymph glands (with or without excision of uterine adnexae) for proven malignancy including excision of any one or more of parametrium, paracolpos, upper vagina or contiguous pelvic peritoneum ANAESTHETIC 17 UNITS - ITEM NOS 461G / 528S
6542	RADICAL HYSTERECTOMY without gland dissection (with or without excision of uterine adnexae) for proven malignancy including excision of any one or more of parametrium, paracolpos, upper vagina or contiguous pelvic peritoneum ANAESTHETIC 17 UNITS - ITEM NOS 461G / 528S
6543	HYSTERECTOMY, abdominal, with radical excision of pelvic lymph glands, with or without removal of uterine adnexae ANAESTHETIC 19 UNITS - ITEM NOS 463G / 531S
6544	HYSTERECTOMY, VAGINAL (with or without uterine curettage) with salpingectomy, oophorectomy or 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

PART 10 - OPERATIONS

DIVISION 5 - GYNAECOLOGICAL

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
6613 †	STERILISATION BY INTERRUPTION OF FALLOPIAN TUBES, when performed in conjunction with Caesarean section ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
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 ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
6639	RUBINS 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, PARA-OVARIAN, 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, PARA-OVARIAN, 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 advanced gynaecological malignancy, with or without omentectomy ANAESTHETIC 16 UNITS - ITEM NOS 460G / 527S
6658	RETRO-PERITONEAL LYMPH NODE BIOPSIES from above the level of the aortic bifurcation, for staging or restaging of gynaecological malignancy ANAESTHETIC 19 UNITS - ITEM NOS 463G / 531S
6659	INFRA-COLIC OMENTECTOMY with multiple peritoneal biopsies for staging or restaging of gynaecological malignancy ANAESTHETIC 16 UNITS - ITEM NOS 460G / 527S

PART 10 - OPERATIONS

DIVISION 6 - OPHTHALMOLOGICAL

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
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

PART 10 - OPERATIONS**DIVISION 6 - OPHTHALMOLOGICAL**

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
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

PART 10 - OPERATIONS

DIVISION 6 - OPHTHALMOLOGICAL

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
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

PART 10 - OPERATIONS

DIVISION 6 - OPHTHALMOLOGICAL

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
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

PART 10 - OPERATIONS

DIVISION 6 - OPHTHALMOLOGICAL

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
6920 ‡	BOTULINUS TOXIN, injection of, for blepharospasm or strabismus, including all such injections on any one day
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
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

PART 10 - OPERATIONS**DIVISION 6 - OPHTHALMOLOGICAL**

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	
6939 †	THORACIC CAVITY, aspiration of, for diagnostic purposes, not associated with Item 6941
6941 †	THORACIC CAVITY, aspiration of, with therapeutic drainage (paracentesis), with or without diagnostic sample
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
6954	PERCUTANEOUS NEEDLE BIOPSY of lung ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
6955	EMPHYEMA, 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
6986	OESOPHAGECTOMY, with direct anastomosis OR WITH STOMACH TRANSPOSITION ANAESTHETIC 23 UNITS - ITEM NOS 467G / 538S
6988	OESOPHAGECTOMY, with interposition of small or large bowel ANAESTHETIC 27 UNITS - ITEM NOS 471G / 542S
6992	MEDIASTINUM, cervical exploration of, with or without biopsy ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S

PART 10 - OPERATIONS

DIVISION 7 - THORACIC

6995	PERICARDIUM, TRANSTHORACIC DRAINAGE OF (other than for treatment of constrictive pericarditis) ANAESTHETIC 14 UNITS - ITEM NOS 458G / 525S
6999	• INTRATHORACIC OPERATION on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than one of those organs, not covered by any other item in this Part ANAESTHETIC 28 UNITS - ITEM NOS 472G / 543S
7001	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
7003	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
7006	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
7007	CARDIAC ELECTROPHYSIOLOGICAL STUDY - up to and including 3 catheter investigation of any one or more of - syncope, atrio-ventricular conduction, sinus node function or simple ventricular tachycardia studies, not in association with Item 7008 ANAESTHETIC 19 UNITS - ITEM NOS 463G / 531S
7008	CARDIAC ELECTROPHYSIOLOGICAL STUDY - 4 or more catheter supraventricular tachycardia investigation; or complex ventricular tachycardia investigation involving multiple ventricular tachycardia inductions, or multiple catheter mapping, or acute intravenous anti-arrhythmic drug testing with pre and post drug inductions; or catheter ablation; or intra-operative mapping; or electrophysiological services during defibrillator implantation or testing - not in association with Item 7007 ANAESTHETIC 27 UNITS - ITEM NOS 471G / 542S
7011	SELECTIVE CORONARY ARTERIOGRAPHY - placement of catheters and injection of opaque material ANAESTHETIC 14 UNITS - ITEM NOS 458G / 525S
7013	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
7021	PERMANENT INTERNAL PACEMAKER AND MYOCARDIAL ELECTRODES, insertion or replacement of by thoracotomy ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
7028	PERMANENT TRANSVENOUS ELECTRODE, insertion or replacement of ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
7033	PERMANENT PACEMAKER, insertion or replacement of ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
7042	TEMPORARY TRANSVENOUS PACEMAKING ELECTRODE, insertion of ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S

PART 10 - OPERATIONS**DIVISION 7 - THORACIC**

7044	OPEN HEART SURGERY for congenital heart disease in children up to two years, excluding patent ductus arteriosus ANAESTHETIC 38 UNITS - ITEM NOS 477G / 548S
7046	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
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

PART 10 - OPERATIONS

DIVISION 8 - NEURO-SURGICAL

DIVISION 8 - NEURO-SURGICAL	
7079	INJECTION INTO TRIGEMINAL GANGLION OR PRIMARY BRANCH OF TRIGEMINAL NERVE WITH ALCOHOL, CORTISONE, PHENOL, ETC. 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

PART 10 - OPERATIONS

DIVISION 8 - NEURO-SURGICAL

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
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

PART 10 - OPERATIONS		DIVISION 8 - NEURO-SURGICAL
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	
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	
7338	• LAMINECTOMY, multi-level, for the treatment of spinal canal stenosis ANAESTHETIC 16 UNITS - ITEM NOS 460G / 527S	
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	

PART 10 - OPERATIONS

DIVISION 8 - NEURO-SURGICAL

7355	<ul style="list-style-type: none"> • LAMINECTOMY FOLLOWED BY POSTERIOR FUSION - not covered by Items 7361 and 7365 <p style="text-align: center;">ANAESTHETIC 18 UNITS - ITEM NOS 462G / 529S</p>
7361	<ul style="list-style-type: none"> • LAMINECTOMY FOLLOWED BY POSTERIOR FUSION, PERFORMED BY NEUROSURGEON AND ORTHOPAEDIC SURGEON OPERATING TOGETHER - LAMINECTOMY including after-care <p style="text-align: center;">ANAESTHETIC 18 UNITS - ITEM NOS 462G / 529S</p>
7365	<ul style="list-style-type: none"> • LAMINECTOMY FOLLOWED BY POSTERIOR FUSION, PERFORMED BY NEUROSURGEON AND ORTHOPAEDIC SURGEON OPERATING TOGETHER - POSTERIOR FUSION, including after-care
7370	<p>SPINAL RHIZOLYSIS involving exposure of spinal nerve roots, with or without laminectomy</p> <p style="text-align: center;">ANAESTHETIC 16 UNITS - ITEM NOS 460G / 527S</p>
7373	<ul style="list-style-type: none"> • INTRADISCAL INJECTION of chymopapain (DISCASE) - ONE DISC <p style="text-align: center;">ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S</p>
7376	<p>SYMPATHECTOMY (cervical, lumbar, thoracic, sacral or presacral)</p> <p style="text-align: center;">ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S</p>
7381	<p>PERCUTANEOUS CORDOTOMY</p> <p style="text-align: center;">ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S</p>

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
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

7480	<p style="text-align: center;">DISLOCATIONS REQUIRING OPEN OPERATION</p> <p>TREATMENT OF A DISLOCATION REQUIRING OPEN OPERATION, being a dislocation referred to in Item 7397, 7410, 7416, 7419, 7426, 7435, 7457 or 7464 ANAESTHETIC - ITEM NOS 482G / 553S</p>
7483	<p>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</p> <p style="text-align: center;">DERIVED FEE - The fee for the treatment of the dislocation, had such dislocation not required open operation, plus one-half of that fee</p> <p>ANAESTHETIC - ITEM NOS 482G / 553S</p>

DIVISION 10 - TREATMENT OF FRACTURES	
SIMPLE AND UNCOMPLICATED FRACTURES NOT REQUIRING OPEN OPERATION	
7505 7512 S	<ul style="list-style-type: none"> • TERMINAL PHALANX of finger or thumb ANAESTHETIC 4 UNITS - ITEM NOS 405G / 509S • PROXIMAL PHALANX of finger or thumb ANAESTHETIC 4 UNITS - ITEM NOS 405G / 509S
7516	<ul style="list-style-type: none"> • MIDDLE PHALANX OF FINGER ANAESTHETIC 4 UNITS - ITEM NOS 405G / 509S
7520 G 7524 S ‡	<ul style="list-style-type: none"> • ONE OR MORE METACARPALS, not involving base of first metacarpal joint ANAESTHETIC 4 UNITS - ITEM NOS 405G / 509S
7527 G 7530 S	<ul style="list-style-type: none"> • FIRST METACARPAL involving carpometacarpal joint (Bennett's fracture) ANAESTHETIC 4 UNITS - ITEM NOS 405G / 509S
7533	<ul style="list-style-type: none"> • CARPUS (excluding navicular) ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
7535 G 7538 S	<ul style="list-style-type: none"> • NAVICULAR OR CARPAL SCAPHOID ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
7540 G 7544 S	<ul style="list-style-type: none"> • COLLES' FRACTURE OF WRIST ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
7547	<ul style="list-style-type: none"> • DISTAL END OF RADIUS OR ULNA, involving wrist ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
7550 G 7552 S	<ul style="list-style-type: none"> • RADIUS ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
7559 G 7563 S	<ul style="list-style-type: none"> • ULNA ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
7567 G 7572 S	<ul style="list-style-type: none"> • HUMERUS OR BOTH SHAFTS OF FOREARM ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
7588 G 7593 S	<ul style="list-style-type: none"> • CLAVICLE OR STERNUM ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
7597	<ul style="list-style-type: none"> • SCAPULA ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
7601 G 7605 S	<ul style="list-style-type: none"> • ONE OR MORE RIBS - each attendance ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
7608 G 7610 S	<ul style="list-style-type: none"> • PELVIS (excluding symphysis pubis) or sacrum ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
7615 G 7619 S	<ul style="list-style-type: none"> • SYMPHYSIS PUBIS ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S

PART 10 - OPERATIONS

DIVISION 10 - FRACTURES

7624 G 7627 S	<ul style="list-style-type: none"> • FEMUR ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
7632 G 7637 S	<ul style="list-style-type: none"> • FIBULA OR TARSUS (excepting os calcis or os talus) ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
7641 G 7643 S	<ul style="list-style-type: none"> • TIBIA OR PATELLA ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
7647 G 7652 S	<ul style="list-style-type: none"> • ANKLE (Pott's Fracture) with or without dislocation, OS CALCIS (calcaneus), OS TALUS or BOTH SHAFTS OF LEG ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
7673 G 7677 S	<ul style="list-style-type: none"> • METATARSALS - one or more ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
7681	<ul style="list-style-type: none"> • PHALANX OF TOE (other than great toe) ANAESTHETIC 4 UNITS - ITEM NOS 405G / 509S
7683	<ul style="list-style-type: none"> • MORE THAN ONE PHALANX OF TOE (other than great toe) ANAESTHETIC 4 UNITS - ITEM NOS 405G / 509S
7687	<ul style="list-style-type: none"> • DISTAL PHALANX of great toe ANAESTHETIC 4 UNITS - ITEM NOS 405G / 509S
7691	<ul style="list-style-type: none"> • PROXIMAL PHALANX of great toe ANAESTHETIC 4 UNITS - ITEM NOS 405G / 509S
7694 G 7697 S	<ul style="list-style-type: none"> • SKULL, not requiring operation - each attendance
7701 G 7706 S	<ul style="list-style-type: none"> • NASAL BONES, not requiring reduction - each attendance
7709 G 7712 S	<ul style="list-style-type: none"> • NASAL BONES, requiring reduction ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
7715	<ul style="list-style-type: none"> • NASAL BONES, requiring reduction and involving osteotomies ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
7719	<ul style="list-style-type: none"> • MAXILLA or MANDIBLE, unilateral OR bilateral, NOT requiring splinting
7722	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • MAXILLA or MANDIBLE, CIRCUMOSSEOUS FIXATION of - each procedure to maximum of three such procedures ANAESTHETIC 15 UNITS - ITEM NOS 459G / 526S
7728	<ul style="list-style-type: none"> • MAXILLA or MANDIBLE, EXTERNAL SKELETAL FIXATION of - each procedure to a maximum of three such procedures ANAESTHETIC 15 UNITS - ITEM NOS 459G / 526S

PART 10 - OPERATIONS

DIVISION 10 - FRACTURES

7764 G 7766 S	<ul style="list-style-type: none"> • ZYGOMA ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
7774 G 7777 S	<ul style="list-style-type: none"> • SPINE (excluding sacrum), transverse process or bone OTHER THAN VERTEBRAL BODY, not requiring immobilisation in plaster - each attendance
7781 G 7785 S	<ul style="list-style-type: none"> • SPINE (excluding sacrum), VERTEBRAL BODY, without involvement of cord, not requiring immobilisation in plaster - each attendance
7789	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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
7798	<ul style="list-style-type: none"> • SPINE (excluding sacrum), VERTEBRAL BODY, with involvement of cord ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S
7802	<p>SIMPLE AND UNCOMPLICATED FRACTURES REQUIRING OPEN OPERATION</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<p>COMPOUND FRACTURES REQUIRING OPEN OPERATION</p> <ul style="list-style-type: none"> • 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

PART 10 - OPERATIONS

DIVISION 10 - FRACTURES

7817	<p>• TREATMENT OF A COMPOUND FRACTURE REQUIRING OPEN OPERATION, being a fracture referred to in an item (other than an item referred to in Item 7815) under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division</p> <p>DERIVED FEE - The fee for the treatment of the fracture, had such fracture not required open operation, plus one-half of that fee</p> <p>ANAESTHETIC - ITEM NOS 484G / 556S</p>
7821	<p>COMPLICATED FRACTURES REQUIRING OPEN OPERATION</p> <p>• TREATMENT OF A COMPLICATED FRACTURE INVOLVING VISCERA, BLOOD VESSELS OR NERVES AND REQUIRING OPEN OPERATION, being a fracture referred to in Item - 7505, 7516, 7601, 7605, 7681, 7683, 7694, 7697, 7701, 7706, 7774, 7777, 7781 or 7785</p> <p>ANAESTHETIC - ITEM NOS 485G / 557S</p>
7823	<p>• TREATMENT OF A COMPLICATED FRACTURE INVOLVING VISCERA, BLOOD VESSELS OR NERVES AND REQUIRING OPEN OPERATION, being a fracture referred to in an item (other than an item referred to in Item 7821) under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division</p> <p>DERIVED FEE - The fee for the treatment of the fracture, had such fracture required open operation, plus three-quarters of that fee</p> <p>ANAESTHETIC - ITEM NOS 485G / 557S</p>
7828	<p>GENERAL</p> <p>• INITIAL REDUCTION (without full post-operative treatment) in a series of two or more reductions of a fracture, being a reduction that would, but for this item, be covered by an item under 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	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> DERIVED FEE - The fee specified for the reduction of the fracture Administration of anaesthetic in connection with the treatment of the final reduction in the series, being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division <ul style="list-style-type: none"> DERIVED FEE - The fee specified for the administration of the anaesthetic for the reduction of the fracture
7844	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> DERIVED FEE - The fee specified in this Division for the treatment of a simple and uncomplicated fracture of that part not requiring an open operation Administration of an anaesthetic in connection with the treatment of avulsion of epiphysis of any part <ul style="list-style-type: none"> DERIVED FEE - The fee specified in this Division for the administration of an anaesthetic for the treatment of a simple and uncomplicated fracture of that part not requiring open operation
7847	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> DERIVED FEE - The fee specified for the treatment of the fracture plus one-third of that fee

DIVISION 11 - ORTHOPAEDIC	
7853	ACCESSORY OR SESAMOID BONE, removal of ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
7855	BONE CYSTS, injection of steroids into ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
7857	EPICONDYLITIS, open operation for ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
7861	DIGITAL NAIL, removal of ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
7864	INCISION FOR PULP SPACE INFECTION, PARONYCHIA OR OTHER ACUTE INFECTION OF HANDS OR FEET, not covered by 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
7874 G 7875 S	NAIL BED, excision or wedge resection of ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
7883	INSERTION OF ORTHOPAEDIC PIN OR WIRE, as an independent procedure ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
7886 ‡	REMOVAL OF ONE OR MORE 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 (pertrochanteric) 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	RISSER JACKET, localiser or turn-buckle jacket, application of, body only
7932	RISSER 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

PART 10 - OPERATIONS		DIVISION 11 - ORTHOPAEDIC
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	
7980 *	CARPAL SCAPHOID, fracture of, reduction and screw fixation ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S	
7983	BONE GRAFT TO HUMERUS, OR TO RADIUS AND ULNA ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S	

PART 10 - OPERATIONS

DIVISION 11 - ORTHOPAEDIC

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
8023	FINGER JOINT, prosthetic replacement of 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
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

PART 10 - OPERATIONS		DIVISION 11 - ORTHOPAEDIC
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, ankle or wrist 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	
8072	SHOULDER, ELBOW, WRIST, HIP or ANKLE - ARTHROSCOPIC examination of ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S	
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	
1 MAY 1990		8053 - 8116
		Page 202

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 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

PART 10 - OPERATIONS**DIVISION 11 - ORTHOPAEDIC**

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	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

PART 10 - OPERATIONS

DIVISION 11 - ORTHOPAEDIC

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 TENDOVAGINITIS 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
8283	SYNOVECTOMY of metacarpophalangeal or metatarsophalangeal joint ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
8287	SYNOVECTOMY of interphalangeal joint ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
8290	SYNOVECTOMY of wrist, extensor or flexor tendons of wrist, carpometacarpal joint or inferior radio ulnar joint ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
8294	CICATRICAL FLEXION CONTRACTURE OF JOINT, correction of, involving tissues deeper than skin and subcutaneous tissue ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S
8296	DUPUYTREN'S CONTRACTURE, subcutaneous fasciotomy ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
8298	DUPUYTREN'S CONTRACTURE, radical operation for ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S
8302	FRAGMENTATION AND RODDING IN FRAGILITAS OSSIUM - HUMERUS, RADIUS OR ULNA ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
8304	FRAGMENTATION AND RODDING IN FRAGILITAS OSSIUM - TIBIA ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8306	FRAGMENTATION AND RODDING IN FRAGILITAS OSSIUM - FEMUR ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
8310	EPIPHYSEODESIS - FEMUR ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
8312	EPIPHYSEODESIS - TIBIA AND FIBULA ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S

PART 10 - OPERATIONS

DIVISION 11 - ORTHOPAEDIC

8314	EPIPHYSEODESIS - FEMUR, TIBIA AND FIBULA ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8316	STAPLE ARREST OF HEMI-EPIPHYSIS ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
8318	Operation for the prevention of closure of epiphysial plate ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
8320	RADICAL PLANTAR FASCIOTOMY (STEINDLER'S OPERATION) ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
8322	TALIPES EQUINOVARUS - POSTERIOR RELEASE PROCEDURE ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
8324	TALIPES EQUINOVARUS - MEDIAL RELEASE PROCEDURE ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
8326	SUBTALAR ARTHRODESIS (EXTRA-ARTICULAR) ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8328	CALCANEAL OSTEOTOMY ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
8330	CALCANEAL OSTEOTOMY WITH BONE GRAFT ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8332	CONGENITAL DISLOCATION OF HIP - manipulation and plaster (one hip) ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
8334	TALIPES EQUINOVARUS, CALCANEUS VALGUS, PES PLANUS, METATARSUS VARUS, GENU VARUM OR GENU VALGUM - manipulation under general anaesthesia ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
8336	TALIPES EQUINOVARUS, CALCANEUS VALGUS, PES PLANUS, METATARSUS VARUS, GENU VARUM OR GENU VALGUM - manipulation and plaster under general anaesthesia ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
8349	EPIPHYSITIS (Perthes', Calve's or Scheuermann's) plaster for ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
8351	EPIPHYSITIS (Sever's, Kohler's, Kienboch's or Schlatter's), plaster for ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
8352	CONTRACTURES, manipulation under general anaesthesia, not covered by any other item in this Part ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S
8354	CONTRACTURES, manipulation and plaster under general anaesthesia, not covered by any other item in this Part ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S

8356

SPASTIC PARALYSIS - manipulation and plaster (one limb)
ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S

DIVISION 12 - PAEDIATRIC	
OPERATIONS FOR CORRECTION OF CONGENITAL ABNORMALITIES	
8378	HYPERTELORISM, correction of ANAESTHETIC 14 UNITS - ITEM NOS 458G / 525S
8380	CHOANAL ATRESIA, plastic repair of ANAESTHETIC 16 UNITS - ITEM NOS 460G / 527S
8382	CHOANAL ATRESIA, repair of by puncture and dilatation ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
8384	MACROCHEILIA, MACROGLOSSIA OR MACROSTOMIA, operation for ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S
8386	TORTICOLLIS, operation for ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
8388	OESOPHAGUS, correction of congenital stenosis by oesophagectomy and anastomosis ANAESTHETIC 21 UNITS - ITEM NOS 465G / 535S
8390	TRACHEO-OESOPHAGEAL FISTULA (with or without atresia), ligation and division of ANAESTHETIC 20 UNITS - ITEM NOS 464G / 533S
8392	OESOPHAGEAL ATRESIA, with or without fistula, correction of ANAESTHETIC 23 UNITS - ITEM NOS 467G / 538S
8394	NEONATAL ALIMENTARY OBSTRUCTION, laparotomy for, with or without resection, including reduction of volvulus ANAESTHETIC 15 UNITS - ITEM NOS 459G / 526S
8398	HIRSCHSPRUNG'S DISEASE, rectosigmoidectomy for ANAESTHETIC 22 UNITS - ITEM NOS 466G / 537S
8400	EXOMPHALOS OR GASTROSCHISIS, operation for ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S
8402	EXOMPHALOS OR GASTROSCHISIS, operation for, by plastic flap ANAESTHETIC 14 UNITS - ITEM NOS 458G / 525S
8406	ANO-RECTAL MALFORMATION, perineal anoplasty, primary or secondary repair ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8408	ANO-RECTAL MALFORMATION, rectoplasty, primary or secondary repair, not covered by Item 8406 ANAESTHETIC 18 UNITS - ITEM NOS 462G / 529S
8410	CONTRACTED BLADDER NECK (congenital), wedge excision or perurethral resection of ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
8412	URACHAL FISTULA, operation for ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S

PART 10 - OPERATIONS

DIVISION 12 - PAEDIATRIC

8414	SPHINCTER RECONSTRUCTION for ectopia vesicae, ectopia cloacae or congenital incontinence ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
8418	URETHRAL VALVES OR URETHRAL MEMBRANE, open removal of ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
8422	LYMPHANGIECTASIS OF LIMB (Milroy's disease) - limited excision of ANAESTHETIC 14 UNITS - ITEM NOS 458G / 525S
8424	LYMPHANGIECTASIS OF LIMB (Milroy's disease) - radical excision of ANAESTHETIC 18 UNITS - ITEM NOS 462G / 529S
8428	OPERATIONS FOR EXCISION OF CONGENITAL ABNORMALITIES EXTRA DIGIT, ligation of pedicle ANAESTHETIC 4 UNITS - ITEM NOS 405G / 509S
8430	EXTRA DIGIT, amputation of ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
8432 G 8434 S	DERMOID, periorbital or superficial nasal, excision of ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
8436	DERMOID, ORBITAL, excision of ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
8440	DERMOID OF NOSE, excision of, with intranasal extension ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
8442	MYELOMENINGOCELE - excision of sac ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S
8444	MYELOMENINGOCELE EXTENSIVE requiring formal repair with skin flaps or Z plasty ANAESTHETIC 15 UNITS - ITEM NOS 459G / 526S

DIVISION 13 - PLASTIC AND RECONSTRUCTIVE METICULOUS PLASTIC REPAIR DESIGNED TO OBTAIN MAXIMUM FUNCTIONAL OR COSMETIC RESULTS INCLUDING THE PREPARATION OF THE DEFECT REQUIRING REPAIR	
8448	SINGLE STAGE LOCAL MUSCLE FLAP REPAIR, simple, small ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
8449	SINGLE STAGE LARGE MUSCLE FLAP REPAIR (pectoralis major, gastrocnemius, gracilis or similar large muscle) ANAESTHETIC 17 UNITS - ITEM NOS 461G / 528S
8450	DERMO-FAT OR FASCIA GRAFT (including transplant or muscle flap) ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
8452	ABRASIVE THERAPY, limited area ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
8454	ABRASIVE THERAPY, extensive area ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
8458	ANGIOMA, cauterisation of or injection into, under general anaesthesia ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
8462	ANGIOMA OF SKIN, and subcutaneous tissue or mucous surface, small, excision and repair of ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
8466	ANGIOMA OF SKIN and subcutaneous tissue or mucous surface, large, excision and repair of ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S
8470	ANGIOMA, INVOLVING DEEPER TISSUE, small, excision and repair of ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S
8472	ANGIOMA, INVOLVING DEEPER TISSUE, large, excision and repair of ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8474	HAEMANGIOMA OF NECK, deep-seated, excision of ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8476	MAJOR EXCISION AND GRAFTING FOR LYMPHOEDEMA ANAESTHETIC 15 UNITS - ITEM NOS 459G / 526S
8478	FOREIGN IMPLANTS, insertion of, for contour reconstruction ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8480	SKIN FLAP SURGERY SINGLE STAGE LOCAL FLAP REPAIR, simple, small, excluding flap for male pattern baldness ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S

PART 10 - OPERATIONS

DIVISION 13 - PLASTIC AND RECONSTRUCTIVE

8484	SINGLE STAGE LOCAL FLAP REPAIR, complicated or large, excluding flap for male pattern baldness ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8485	DIRECT FLAP REPAIR (cross arm, abdominal or similar), first stage ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
8486	DIRECT FLAP REPAIR (cross arm, abdominal or similar), second stage ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
8487	DIRECT FLAP REPAIR, cross leg, first stage ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S
8488	DIRECT FLAP REPAIR, cross leg, second stage ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S
8490	DIRECT FLAP REPAIR, small (cross finger or similar), first stage ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
8492	DIRECT FLAP REPAIR, small (cross finger or similar), second stage ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
8494	INDIRECT FLAP OR TUBED PEDICLE, formation of ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8496	INDIRECT FLAP OR TUBED PEDICLE, delay of ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
8498	INDIRECT FLAP OR TUBED PEDICLE, preparation of intermediate or final site and attachment to the site ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8500	INDIRECT FLAP OR TUBED PEDICLE, spreading of pedicle, as a separate procedure ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
8502	DIRECT, INDIRECT OR LOCAL FLAP REPAIR, revision of graft ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
	FREE GRAFTS
8504	FREE GRAFTS (split skin or pinch grafts) on granulating areas, small ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
8508	FREE GRAFTS (split skin) on granulating areas, extensive ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
8509	FREE GRAFTS (split skin) to burns, including excision of burned tissue - involving not more than 2.5 per centum of total body surface ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
8510	FREE GRAFTS (split skin) to burns, including excision of burned tissue - involving more than 2.5 per centum of total body surface ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S

PART 10 - OPERATIONS**DIVISION 13 - PLASTIC AND RECONSTRUCTIVE**

8511	FREE GRAFTS (homograft split skin) to burns, including excision of burned tissue - involving more than 2.5 per centum of total body surface ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S
8512	FREE GRAFTS (split skin) including elective dissection, small ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
8516	FREE GRAFTS (split skin) including elective dissection, extensive; or inlay graft using a mould, insertion of, and removal of mould ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
8518	FREE FULL THICKNESS GRAFTS, excluding grafts for male pattern baldness ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S
8522	OTHER GRAFTS AND MISCELLANEOUS PROCEDURES REVISION under general anaesthesia of facial or neck scar NOT MORE THAN 3 cm. IN LENGTH ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
8524	REVISION under general anaesthesia of facial or neck scar MORE THAN 3 cm. IN LENGTH ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S
8528	MAMMAPLASTY, reduction (unilateral), with or without repositioning of nipple ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8530	• AUGMENTATION MAMMAPLASTY for significant breast asymmetry where the augmentation is limited to one breast ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8531	AUGMENTATION MAMMAPLASTY (unilateral), following mastectomy ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S
8532	• BREAST RECONSTRUCTION (unilateral) using a latissimus dorsi or other large myocutaneous flap, including repair of secondary skin defect ANAESTHETIC 20 UNITS - ITEM NOS 464G / 533S
8533	BREAST RECONSTRUCTION using breast sharing technique (first stage) including breast reduction, transfer of complex skin and breast tissue flap, split skin graft to pedicle of flap or other similar procedure ANAESTHETIC 15 UNITS - ITEM NOS 459G / 526S
8534	BREAST RECONSTRUCTION using breast sharing technique (second stage) including division of pedicle, inseting of breast flap, with closure of donor site or other similar procedure ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
8535	HAIR TRANSPLANTATION FOR THE TREATMENT OF ALOPECIA of congenital or traumatic origin or due to disease, excluding male pattern baldness, not covered by any other item in this Part ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
8536	BREAST RECONSTRUCTION (unilateral), following mastectomy, using tissue expansion - insertion of tissue expansion unit and all attendances for subsequent expansion injections ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S

PART 10 - OPERATIONS

DIVISION 13 - PLASTIC AND RECONSTRUCTIVE

8537	BREAST RECONSTRUCTION (unilateral), following mastectomy, using tissue expansion - removal of tissue expansion unit and insertion of permanent prosthesis ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S
8538	• NIPPLE OR AREOLA or both, reconstruction of by any technique ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8540	DIGIT, transplantation of - complete procedure ANAESTHETIC 16 UNITS - ITEM NOS 460G / 527S
8542	NEUROVASCULAR ISLAND FLAP, or free transfer of tissue with vascular or neurovascular pedicle, including repair of secondary defect excluding flap for male pattern baldness ANAESTHETIC 15 UNITS - ITEM NOS 459G / 526S
8543	TISSUE EXPANSION not covered by Items 8536/8537 - insertion of tissue expansion unit and all attendances for subsequent expansion injections ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8544	MACRODACTYLY, plastic reduction of, each finger ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
8546	FACIAL NERVE PARALYSIS, free fascia graft for ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
8548	FACIAL NERVE PARALYSIS, muscle transfer or graft for ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S
8551	• MELOPLASTY for correction of facial asymmetry due to soft tissue abnormality where the meloplasty is limited to one side of the face ANAESTHETIC 14 UNITS - ITEM NOS 458G / 525S
8552	ORBITAL CAVITY, reconstruction of walls or floor or both walls and floor with or without foreign implant ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
8553	ORBITAL CAVITY, bone or cartilage graft to orbital walls or floor or both walls and floor including reduction of prolapsed or entrapped orbital contents ANAESTHETIC 14 UNITS - ITEM NOS 458G / 525S
8554	MAXILLA, resection of ANAESTHETIC 17 UNITS - ITEM NOS 461G / 528S
8556	MANDIBLE, resection of ANAESTHETIC 15 UNITS - ITEM NOS 459G / 526S
8560	MANDIBLE, segmental resection of, for tumours ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S
8568	MANDIBLE, hemi-mandibular reconstruction with bone graft, not associated with Item 8556 ANAESTHETIC 15 UNITS - ITEM NOS 459G / 526S
8570	MANDIBLE, condylectomy ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S

PART 10 - OPERATIONS

DIVISION 13 - PLASTIC AND RECONSTRUCTIVE

8582	WHOLE THICKNESS RECONSTRUCTION OF EYELID other than by direct suture only ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8584	• REDUCTION OF UPPER EYELID for skin redundancy obscuring vision, herniation of orbital fat in exophthalmos, facial nerve palsy or post- traumatic scarring, or, in respect of one of these conditions, the restoration of symmetry of the contralateral upper eyelid ANAESTHETIC 7 UNITS - ITEM NOS 408G / 514S
8585	• REDUCTION OF LOWER EYELID for herniation of orbital fat in exophthalmos, facial nerve palsy or post-traumatic scarring, or, in respect of one of these conditions, the restoration of symmetry of the contralateral lower eyelid ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
8586	CORRECTION OF PTOSIS (unilateral) ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
8588	ECTROPION OR ENTROPION, correction of (unilateral) ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S
8592	SYMBLEPHARON, grafting for ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
8594	RHINOPLASTY, correction of lateral or alar cartilages or columella, one or more ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8596	RHINOPLASTY, correction of bony vault only ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8598	RHINOPLASTY - TOTAL, including correction of all bony and cartilaginous elements of the external nose ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
8600	RHINOPLASTY involving autogenous bone or cartilage graft (excluding nasal or septal cartilage) ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S
8601	CONTOUR RESTORATION of one region of face using autogenous bone or cartilage graft (not covered by Item 8600) ANAESTHETIC 18 UNITS - ITEM NOS 462G / 529S
8602	RHINOPLASTY, secondary revision of ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8604	RHINOPHYMA, correction of ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S
8606	COMPOSITE GRAFT (Chondro-cutaneous or chondro-mucosal) to nose, ear or eyelid ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
8608	LOP EAR, BAT EAR OR SIMILAR DEFORMITY, correction of ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
8612	CONGENITAL ATRESIA, reconstruction of external auditory canal ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S

PART 10 - OPERATIONS

DIVISION 13 - PLASTIC AND RECONSTRUCTIVE

8614	FULL THICKNESS WEDGE EXCISION OF LIP OR EYELID with repair by direct sutures ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
8616	VERMILIONECTOMY ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
8618	LIP OR EYELID RECONSTRUCTION using full thickness flap (Abbe or similar), first stage ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
8620	LIP OR EYELID RECONSTRUCTION using full thickness flap (Abbe or similar), second stage ANAESTHETIC 4 UNITS - ITEM NOS 405G / 509S
8622	CLEFT LIP, unilateral - primary repair ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
8624	CLEFT LIP, complete primary repair, one stage, bilateral ANAESTHETIC 14 UNITS - ITEM NOS 458G / 525S
8628	CLEFT LIP, secondary correction, partial or incomplete ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8630	CLEFT LIP, secondary correction, complete revision ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
8632	CLEFT LIP, secondary correction, Abbe flap ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
8634	CLEFT LIP, secondary correction of nostril or nasal tip ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8636	CLEFT PALATE, primary repair, partial cleft ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S
8640	CLEFT PALATE, primary repair, complete cleft or cleft requiring major repair ANAESTHETIC 14 UNITS - ITEM NOS 458G / 525S
8644	CLEFT PALATE, secondary repair, closure of fistula ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S
8648	CLEFT PALATE, secondary repair, lengthening procedure ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
8652	CLEFT PALATE, partial repair, complex cleft ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S
8656	PHARYNGEAL FLAP OR PHARYNGOPLASTY, with or without tonsillectomy ANAESTHETIC 15 UNITS - ITEM NOS 459G / 526S
8658	• UNILATERAL OSTEOTOMY or OSTEECTOMY of MANDIBLE or MAXILLA, including transposition of nerves and vessels and bone grafts taken from the same site ANAESTHETIC 14 UNITS - ITEM NOS 458G / 525S

PART 10 - OPERATIONS**DIVISION 13 - PLASTIC AND RECONSTRUCTIVE**

8660	<ul style="list-style-type: none"> • BILATERAL OSTEOTOMY or OSTEECTOMY of MANDIBLE or MAXILLA, including transposition of nerves and vessels and bone grafts taken from the same site ANAESTHETIC 18 UNITS - ITEM NOS 462G / 529S
8662	<ul style="list-style-type: none"> • OSTEOTOMIES or OSTEECTOMIES of MANDIBLE or MAXILLA, involving THREE OR MORE such procedures on the ONE JAW, including transposition of nerves and vessels and bone grafts taken from the same site ANAESTHETIC 22 UNITS - ITEM NOS 466G / 537S
8664	<ul style="list-style-type: none"> • BILATERAL OSTEOTOMIES or OSTEECTOMIES of MANDIBLE or MAXILLA, involving TWO such procedures of EACH JAW including transposition of nerves and vessels and bone grafts taken from the same site ANAESTHETIC 26 UNITS - ITEM NOS 470G / 541S
8666	<ul style="list-style-type: none"> • COMPLEX BILATERAL OSTEOTOMIES or OSTEECTOMIES of MANDIBLE OR MAXILLA, involving THREE or MORE such procedures of ONE JAW and TWO such procedures of the OTHER JAW, INCLUDING GENIOPLASTY (when performed) and transposition of nerves and vessels and bone grafts taken from the same site ANAESTHETIC 32 UNITS - ITEM NOS 475G / 546S
8668	<ul style="list-style-type: none"> • COMPLEX BILATERAL OSTEOTOMIES or OSTEECTOMIES of MANDIBLE or MAXILLA, involving THREE or MORE such procedures of EACH JAW, INCLUDING GENIOPLASTY (when performed) and transposition of nerves and vessels and bone grafts taken from the same site ANAESTHETIC 34 UNITS - ITEM NOS 492G / 563S
8670	<ul style="list-style-type: none"> • GENIOPLASTY not associated with Item 8658, 8660, 8662, 8664, 8666 or 8668 including transposition of nerves and bone grafts taken from the same site ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
8672	<ul style="list-style-type: none"> • GENIOPLASTY associated with Item 8658, 8660, 8662 or 8664 ANAESTHETIC 8 UNITS - ITEM NOS 409G / 517S
8675	<p>HYPERTELORISM, correction of, intra-cranial ANAESTHETIC 47 UNITS - ITEM NOS 497G / 565S</p>
8676	<p>HYPERTELORISM, correction of, sub-cranial ANAESTHETIC 26 UNITS - ITEM NOS 470G / 541S</p>
8677	<p>PERIORBITAL CORRECTION OF TREACHER COLLINS SYNDROME, with rib and iliac bone grafts ANAESTHETIC 30 UNITS - ITEM NOS 474G / 545S</p>
8678	<p>CORRECTION OF UNILATERAL ORBITAL DYSTOPIA - total repositioning of one orbit, intra-cranial ANAESTHETIC 35 UNITS - ITEM NOS 493G / 564S</p>
8679	<p>CORRECTION OF UNILATERAL ORBITAL DYSTOPIA - sub-total repositioning of one orbit, extra-cranial ANAESTHETIC 18 UNITS - ITEM NOS 462G / 529S</p>
8680	<p>UNILATERAL FRONTO-ORBITAL ADVANCEMENT ANAESTHETIC 19 UNITS - ITEM NOS 463G / 531S</p>

PART 10 - OPERATIONS**DIVISION 13 - PLASTIC AND RECONSTRUCTIVE**

8681	CRANIAL VAULT RECONSTRUCTION for oxycephaly, brachycephaly, turriccephaly or similar condition - (bilateral fronto-orbital advancement) ANAESTHETIC 39 UNITS - ITEM NOS 478G / 549S
8682	RECONSTRUCTION OF GLENOID FOSSA, SYGOMATIC ARCH AND TEMPORAL BONE (Obwegeser technique) ANAESTHETIC 19 UNITS - ITEM NOS 463G / 531S
8683	CONSTRUCTION OF ABSENT CONDYLE AND ASCENDING RAMUS in hemifacial microsomia ANAESTHETIC 15 UNITS - ITEM NOS 459G / 526S

Medicare Benefits Schedule - Part 10
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
3004	11.60	9.90	8.70	3173	57.00	48.45	42.75
3006	19.60	16.70	14.70	3178	94.00	79.90	70.50
3012	29.50	25.10	22.15	3183	116.00	98.60	87.00
3016	38.00	32.30	28.50	3194	98.00	83.30	73.50
3022	46.50	39.55	34.90	3199	138.00	118.00	103.50
3027	82.00	69.70	61.50	3208	180.00	160.00	135.00
3033	98.00	83.30	73.50	3213	235.00	215.00	176.25
3038	205.00	185.00	153.75	3217	235.00	215.00	176.25
3039	400.00	380.00	300.00	3219	61.00	51.85	45.75
3041	205.00	185.00	153.75	3220	80.00	68.00	60.00
3046	33.00	28.05	24.75	3221	160.00	140.00	120.00
3050	57.00	48.45	42.75	3222	205.00	185.00	153.75
3058	52.00	44.20	39.00	3223	215.00	195.00	161.25
3063	74.00	62.90	55.50	3224	255.00	235.00	191.25
3073	57.00	48.45	42.75	3225	315.00	295.00	236.25
3082	91.00	77.35	68.25	3226	435.00	415.00	326.25
3087	116.00	98.60	87.00	3233	90.00	76.50	67.50
3092	74.00	62.90	55.50	3237	108.00	91.80	81.00
3098	94.00	79.90	70.50	3247	124.00	105.40	93.00
3101	118.00	100.30	88.50	3253	156.00	136.00	117.00
3104	160.00	140.00	120.00	3261	205.00	185.00	153.75
3106	46.50	39.55	34.90	3265	235.00	215.00	176.25
3110	91.00	77.35	68.25	3271	250.00	230.00	187.50
3113	14.80	12.60	11.10	3276	525.00	505.00	393.75
3116	69.00	58.65	51.75	3281	315.00	295.00	236.25
3120	140.00	120.00	105.00	3289	370.00	350.00	277.50
3124	174.00	154.00	130.50	3295	525.00	505.00	393.75
3130	33.00	28.05	24.75	3301	250.00	230.00	187.50
3135	74.00	62.90	55.50	3306	285.00	265.00	213.75
3142	94.00	79.90	70.50	3307	285.00	265.00	213.75
3148	30.50	25.95	22.90	3308	435.00	415.00	326.25
3157	69.00	58.65	51.75	3310	435.00	415.00	326.25
3158	37.00	31.45	27.75	3311	620.00	600.00	465.00
3161	81.00	68.85	60.75	3314	86.00	73.10	64.50
3162	108.00	91.80	81.00	3315	154.00	134.00	115.50
3168	116.00	98.60	87.00	3320	30.00	25.50	22.50

Medicare Benefits Schedule - Part 10
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
3347	93.00	79.05	69.75	3542	620.00	600.00	465.00
3349	40.00	34.00	30.00	3547	695.00	675.00	521.25
3350	80.00	68.00	60.00	3555	790.00	770.00	592.50
3351	200.00	180.00	150.00	3557	840.00	820.00	630.00
3352	255.00	235.00	191.25	3563	520.00	500.00	390.00
3356	28.00	23.80	21.00	3576	330.00	310.00	247.50
3363	102.00	86.70	76.50	3581	245.00	225.00	183.75
3366	17.20	14.65	12.90	3591	365.00	345.00	273.75
3371	17.20	14.65	12.90	3597	280.00	260.00	210.00
3379	74.00	62.90	55.50	3616	1110.00	1090.00	832.50
3384	102.00	86.70	76.50	3618	235.00	215.00	176.25
3391	94.00	79.90	70.50	3622	620.00	600.00	465.00
3399	172.00	152.00	129.00	3634	156.00	136.00	117.00
3404	140.00	120.00	105.00	3638	455.00	435.00	341.25
3407	186.00	166.00	139.50	3647	205.00	185.00	153.75
3417	94.00	79.90	70.50	3652	280.00	260.00	210.00
3425	225.00	205.00	168.75	3654	124.00	105.40	93.00
3431	225.00	205.00	168.75	3664	162.00	142.00	121.50
3437	465.00	445.00	348.75	3668	164.00	144.00	123.00
3444	790.00	770.00	592.50	3673	205.00	185.00	153.75
3450	525.00	505.00	393.75	3678	164.00	144.00	123.00
3455	280.00	260.00	210.00	3683	205.00	185.00	153.75
3459	124.00	105.40	93.00	3698	370.00	350.00	277.50
3465	37.00	31.45	27.75	3700	345.00	325.00	258.75
3468	74.00	62.90	55.50	3702	545.00	525.00	408.75
3472	94.00	79.90	70.50	3707	94.00	79.90	70.50
3477	94.00	79.90	70.50	3713	240.00	220.00	180.00
3480	186.00	166.00	139.50	3718	305.00	285.00	228.75
3495	1110.00	1090.00	832.50	3722	330.00	310.00	247.50
3496	29.50	25.10	22.15	3726	330.00	310.00	247.50
3505	75.00	63.75	56.25	3730	695.00	675.00	521.25
3509	98.00	83.30	73.50	3734	210.00	190.00	157.50
3516	130.00	110.50	97.50	3739	325.00	305.00	243.75
3526	250.00	230.00	187.50	3745	400.00	380.00	300.00
3530	315.00	295.00	236.25	3750	330.00	310.00	247.50
3532	605.00	585.00	453.75	3752	108.00	91.80	81.00

Medicare Benefits Schedule - Part 10
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
3754	370.00	350.00	277.50	3988	162.00	142.00	121.50
3759	945.00	925.00	708.75	4003	148.00	128.00	111.00
3764	330.00	310.00	247.50	4012	605.00	585.00	453.75
3783	370.00	350.00	277.50	4018	565.00	545.00	423.75
3789	118.00	100.30	88.50	4039	455.00	435.00	341.25
3793	370.00	350.00	277.50	4043	605.00	585.00	453.75
3798	465.00	445.00	348.75	4046	620.00	600.00	465.00
3818	118.00	100.30	88.50	4048	790.00	770.00	592.50
3820	545.00	525.00	408.75	4052	946.75	926.75	710.10
3822	640.00	620.00	480.00	4054	805.00	785.00	603.75
3825	640.00	620.00	480.00	4059	280.00	260.00	210.00
3831	545.00	525.00	408.75	4068	790.00	770.00	592.50
3834	930.00	910.00	697.50	4070	625.00	605.00	468.75
3847	128.00	108.80	96.00	4071	625.00	605.00	468.75
3849	160.00	140.00	120.00	4074	225.00	205.00	168.75
3851	205.00	185.00	153.75	4080	280.00	260.00	210.00
3860	210.00	190.00	157.50	4084	78.00	66.30	58.50
3862	285.00	265.00	213.75	4087	250.00	230.00	187.50
3875	370.00	350.00	277.50	4093	310.00	290.00	232.50
3882	440.00	420.00	330.00	4099	112.00	95.20	84.00
3889	525.00	505.00	393.75	4104	57.00	48.45	42.75
3891	620.00	600.00	465.00	4109	755.00	735.00	566.25
3892	545.00	525.00	408.75	4115	1110.00	1090.00	832.50
3893	765.00	745.00	573.75	4131	325.00	305.00	243.75
3894	330.00	310.00	247.50	4133	790.00	770.00	592.50
3898	440.00	420.00	330.00	4139	565.00	545.00	423.75
3900	560.00	540.00	420.00	4141	455.00	435.00	341.25
3902	440.00	420.00	330.00	4144	465.00	445.00	348.75
3922	620.00	600.00	465.00	4165	695.00	675.00	521.25
3930	790.00	770.00	592.50	4173	545.00	525.00	408.75
3937	790.00	770.00	592.50	4179	545.00	525.00	408.75
3938	930.00	910.00	697.50	4185	295.00	275.00	221.25
3952	280.00	260.00	210.00	4192	138.00	118.00	103.50
3976	188.00	168.00	141.00	4193	180.00	160.00	135.00
3981	240.00	220.00	180.00	4194	255.00	235.00	191.25
3986	330.00	310.00	247.50	4197	33.00	28.05	24.75

Medicare Benefits Schedule - Part 10
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
4202	779.50	759.50	584.65	4367	118.00	100.30	88.50
4209	640.00	620.00	480.00	4380	102.00	86.70	76.50
4214	280.00	260.00	210.00	4383	80.00	68.00	60.00
4217	960.00	940.00	720.00	4386	144.00	124.00	108.00
4222	225.00	205.00	168.75	4388	235.00	215.00	176.25
4227	295.00	275.00	221.25	4394	330.00	310.00	247.50
4233	330.00	310.00	247.50	4397	250.00	230.00	187.50
4238	490.00	470.00	367.50	4399	400.00	380.00	300.00
4241	605.00	585.00	453.75	4410	360.00	340.00	270.00
4242	370.00	350.00	277.50	4413	520.00	500.00	390.00
4243	565.00	545.00	423.75	4455	44.00	37.40	33.00
4244	565.00	545.00	423.75	4467	74.00	62.90	55.50
4245	675.00	655.00	506.25	4482	176.00	156.00	132.00
4246	168.00	148.00	126.00	4490	168.00	148.00	126.00
4249	225.00	205.00	168.75	4492	360.00	340.00	270.00
4251	188.00	168.00	141.00	4509	34.50	29.35	25.90
4254	255.00	235.00	191.25	4510	69.00	58.65	51.75
4258	280.00	260.00	210.00	4523	182.00	162.00	136.50
4262	330.00	310.00	247.50	4527	230.00	210.00	172.50
4265	22.50	19.15	16.90	4534	63.00	53.55	47.25
4266	150.00	130.00	112.50	4537	126.00	107.10	94.50
4269	148.00	128.00	111.00	4544	160.00	140.00	120.00
4273	184.00	164.00	138.00	4552	144.00	124.00	108.00
4288	188.00	168.00	141.00	4557	186.00	166.00	139.50
4293	255.00	235.00	191.25	4568	205.00	185.00	153.75
4296	330.00	310.00	247.50	4573	250.00	230.00	187.50
4307	330.00	310.00	247.50	4590	440.00	420.00	330.00
4313	72.00	61.20	54.00	4606	280.00	260.00	210.00
4319	29.50	25.10	22.15	4611	188.00	168.00	141.00
4327	68.00	57.80	51.00	4617	240.00	220.00	180.00
4338	94.00	79.90	70.50	4622	61.00	51.85	45.75
4345	118.00	100.30	88.50	4630	69.00	58.65	51.75
4351	30.00	25.50	22.50	4633	88.00	74.80	66.00
4354	34.50	29.35	25.90	4637	170.00	150.00	127.50
4363	53.00	45.05	39.75	4641	310.00	290.00	232.50
4366	90.00	76.50	67.50	4649	465.00	445.00	348.75

Medicare Benefits Schedule - Part 10
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
4651	205.00	185.00	153.75	4802	675.00	655.00	506.25
4655	205.00	185.00	153.75	4806	315.00	295.00	236.25
4658	126.00	107.10	94.50	4808	150.00	130.00	112.50
4662	315.00	295.00	236.25	4812	118.00	100.30	88.50
4664	340.00	320.00	255.00	4817	620.00	600.00	465.00
4665	520.00	500.00	390.00	4822	305.00	285.00	228.75
4688	192.00	172.00	144.00	4823	205.00	185.00	153.75
4690	315.00	295.00	236.25	4824	230.00	210.00	172.50
4693	455.00	435.00	341.25	4825	230.00	210.00	172.50
4695	685.00	665.00	513.75	4829	400.00	380.00	300.00
4696	750.00	730.00	562.50	4830	69.00	58.65	51.75
4699	755.00	735.00	566.25	4832	78.00	66.30	58.50
4702	455.00	435.00	341.25	4838	130.00	110.50	97.50
4705	755.00	735.00	566.25	4844	225.00	205.00	168.75
4709	685.00	665.00	513.75	4853	225.00	205.00	168.75
4715	330.00	310.00	247.50	4860	225.00	205.00	168.75
4721	440.00	420.00	330.00	4864	225.00	205.00	168.75
4733	370.00	350.00	277.50	4867	370.00	350.00	277.50
4738	455.00	435.00	341.25	4870	295.00	275.00	221.25
4744	840.00	820.00	630.00	4877	370.00	350.00	277.50
4749	810.00	790.00	607.50	4927	98.00	83.30	73.50
4754	840.00	820.00	630.00	4930	122.00	103.70	91.50
4755	950.00	930.00	712.50	4934	148.00	128.00	111.00
4756	1280.00	1260.00	960.00	4940	182.00	162.00	136.50
4762	755.00	735.00	566.25	4943	174.00	154.00	130.50
4764	1115.00	1095.00	836.25	4948	215.00	195.00	161.25
4766	840.00	820.00	630.00	4950	196.00	176.00	147.00
4778	440.00	420.00	330.00	4954	240.00	220.00	180.00
4784	565.00	545.00	423.75	4957	225.00	205.00	168.75
4789	400.00	380.00	300.00	4961	280.00	260.00	210.00
4791	930.00	910.00	697.50	4965	116.00	98.60	87.00
4792	1585.00	1565.00	1188.75	4969	144.00	124.00	108.00
4794	1110.00	1090.00	832.50	4972	144.00	124.00	108.00
4798	790.00	770.00	592.50	4976	186.00	166.00	139.50
4800	325.00	305.00	243.75	4979	225.00	205.00	168.75
4801	535.00	515.00	401.25	4983	370.00	350.00	277.50

Medicare Benefits Schedule - Part 10
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
4987	755.00	735.00	566.25	5093	1005.00	985.00	753.75
4990	74.00	62.90	55.50	5094	1185.00	1165.00	888.75
4993	91.00	77.35	68.25	5095	685.00	665.00	513.75
4995	112.00	95.20	84.00	5098	755.00	735.00	566.25
4997	138.00	118.00	103.50	5100	930.00	910.00	697.50
4999	130.00	110.50	97.50	5101	685.00	665.00	513.75
5002	160.00	140.00	120.00	5102	755.00	735.00	566.25
5006	148.00	128.00	111.00	5106	650.00	630.00	487.50
5009	182.00	162.00	136.50	5108	1535.00	1515.00	1151.25
5015	168.00	148.00	126.00	5112	1535.00	1515.00	1151.25
5018	210.00	190.00	157.50	5113	1765.00	1745.00	1323.75
5024	91.00	77.35	68.25	5114	1210.00	1190.00	907.50
5029	116.00	98.60	87.00	5115	1650.00	1630.00	1237.50
5034	225.00	205.00	168.75	5116	755.00	735.00	566.25
5038	186.00	166.00	139.50	5117	980.00	960.00	735.00
5050	330.00	310.00	247.50	5118	1095.00	1075.00	821.25
5051	455.00	435.00	341.25	5119	1095.00	1075.00	821.25
5055	930.00	910.00	697.50	5127	755.00	735.00	566.25
5057				5131	370.00	350.00	277.50
5059	52.00	44.20	39.00	5138	685.00	665.00	513.75
5062	150.00	130.00	112.50	5143	440.00	420.00	330.00
5066	91.00	77.35	68.25	5147	685.00	665.00	513.75
5068	102.00	86.70	76.50	5148	1195.00	1175.00	896.25
5069	370.00	350.00	277.50	5152	520.00	500.00	390.00
5070	240.00	220.00	180.00	5158	755.00	735.00	566.25
5072	585.00	565.00	438.75	5162	91.00	77.35	68.25
5073	625.00	605.00	468.75	5166	330.00	310.00	247.50
5074	180.00	160.00	135.00	5172	150.00	130.00	112.50
5075	370.00	350.00	277.50	5173	720.00	700.00	540.00
5078	605.00	585.00	453.75	5174	900.00	880.00	675.00
5079	720.00	700.00	540.00	5176	30.00	25.50	22.50
5080	810.00	790.00	607.50	5177	90.00	76.50	67.50
5081	685.00	665.00	513.75	5182	69.00	58.65	51.75
5085	755.00	735.00	566.25	5186	69.00	58.65	51.75
5087	330.00	310.00	247.50	5192	45.50	38.70	34.15
5091	435.00	415.00	326.25	5196	78.00	66.30	58.50

Medicare Benefits Schedule - Part 10
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
5201	49.00	41.65	36.75	5350	460.00	440.00	345.00
5205	52.00	44.20	39.00	5354	440.00	420.00	330.00
5210	108.00	91.80	81.00	5357	370.00	350.00	277.50
5214	138.00	118.00	103.50	5358	370.00	350.00	277.50
5217	305.00	285.00	228.75	5360	440.00	420.00	330.00
5229	63.00	53.55	47.25	5361	600.00	580.00	450.00
5230	57.00	48.45	42.75	5362	745.00	725.00	558.75
5233	102.00	86.70	76.50	5363	138.00	118.00	103.50
5234	74.00	62.90	55.50	5366	186.00	166.00	139.50
5235	45.50	38.70	34.15	5389	174.00	154.00	130.50
5237	86.00	73.10	64.50	5392	235.00	215.00	176.25
5241	112.00	95.20	84.00	5396	72.00	61.20	54.00
5242	63.00	53.55	47.25	5401	91.00	77.35	68.25
5245	20.50	17.45	15.40	5407	74.00	62.90	55.50
5254	58.00	49.30	43.50	5411	102.00	86.70	76.50
5264	17.20	14.65	12.90	5431	57.00	48.45	42.75
5268	280.00	260.00	210.00	5445	44.00	37.40	33.00
5270	330.00	310.00	247.50	5449	22.50	19.15	16.90
5277	380.00	360.00	285.00	5456	225.00	205.00	168.75
5280	186.00	166.00	139.50	5464	118.00	100.30	88.50
5284	74.00	62.90	55.50	5470	225.00	205.00	168.75
5288	370.00	350.00	277.50	5480	150.00	130.00	112.50
5292	285.00	265.00	213.75	5486	225.00	205.00	168.75
5293	565.00	545.00	423.75	5490	33.00	28.05	24.75
5295	490.00	470.00	367.50	5492	144.00	124.00	108.00
5298	640.00	620.00	480.00	5498	810.00	790.00	607.50
5301	305.00	285.00	228.75	5499	780.00	760.00	585.00
5305	37.00	31.45	27.75	5500	960.00	940.00	720.00
5308	215.00	195.00	161.25	5508	840.00	820.00	630.00
5318	490.00	470.00	367.50	5520	118.00	100.30	88.50
5320	380.00	360.00	285.00	5524	172.00	152.00	129.00
5330	186.00	166.00	139.50	5530	186.00	166.00	139.50
5343	29.50	25.10	22.15	5534	182.00	162.00	136.50
5345	74.00	62.90	55.50	5538	310.00	290.00	232.50
5348	78.00	66.30	58.50	5539	380.00	360.00	285.00
5349	77.00	65.45	57.75	5540	255.00	235.00	191.25

Medicare Benefits Schedule - Part 10
Showing Item Numbers, Schedule Fees and
Medicare Benefit Levels as at 1 May 1990

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% \$
5541	385.00	365.00	288.75	5734	585.00	565.00	438.75
5542	285.00	265.00	213.75	5737	640.00	620.00	480.00
5545	370.00	350.00	277.50	5738	815.00	795.00	611.25
5556	370.00	350.00	277.50	5741	585.00	565.00	438.75
5557	600.00	580.00	450.00	5744	730.00	710.00	547.50
5572	116.00	98.60	87.00	5747	465.00	445.00	348.75
5598	150.00	130.00	112.50	5753	815.00	795.00	611.25
5601	112.00	95.20	84.00	5763	465.00	445.00	348.75
5605	112.00	95.20	84.00	5773	585.00	565.00	438.75
5611	148.00	128.00	111.00	5780	700.00	680.00	525.00
5613	230.00	210.00	172.50	5785	585.00	565.00	438.75
5615	162.00	142.00	121.50	5799	585.00	565.00	438.75
5617	380.00	360.00	285.00	5804	700.00	680.00	525.00
5619	156.00	136.00	117.00	5807	815.00	795.00	611.25
5636	585.00	565.00	438.75	5808	1460.00	1440.00	1095.00
5642	875.00	855.00	656.25	5809	465.00	445.00	348.75
5644	585.00	565.00	438.75	5812	410.00	390.00	307.50
5645	495.00	475.00	371.25	5821	465.00	445.00	348.75
5647	495.00	475.00	371.25	5831	410.00	390.00	307.50
5654	485.00	465.00	363.75	5837	295.00	275.00	221.25
5661	585.00	565.00	438.75	5840	17.40	14.80	13.05
5663	815.00	795.00	611.25	5841	295.00	275.00	221.25
5665	700.00	680.00	525.00	5842	410.00	390.00	307.50
5666	990.00	970.00	742.50	5843	525.00	505.00	393.75
5667	815.00	795.00	611.25	5845	104.00	88.40	78.00
5675	730.00	710.00	547.50	5846	150.00	130.00	112.50
5679	585.00	565.00	438.75	5847	174.00	154.00	130.50
5683	435.00	415.00	326.25	5849	205.00	185.00	153.75
5691	700.00	680.00	525.00	5851	134.00	114.00	100.50
5699	815.00	795.00	611.25	5853	144.00	124.00	108.00
5700	435.00	415.00	326.25	5855	128.00	108.80	96.00
5705	525.00	505.00	393.75	5864	174.00	154.00	130.50
5715	465.00	445.00	348.75	5868	144.00	124.00	108.00
5721	320.00	300.00	240.00	5871	205.00	185.00	153.75
5724	410.00	390.00	307.50	5872	205.00	185.00	153.75
5726	108.00	91.80	81.00	5875	435.00	415.00	326.25

Medicare Benefits Schedule - Part 10
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
5878	144.00	124.00	108.00	6041	585.00	565.00	438.75
5879	144.00	124.00	108.00	6044	174.00	154.00	130.50
5881	295.00	275.00	221.25	6047	87.00	73.95	65.25
5885	230.00	210.00	172.50	6053	174.00	154.00	130.50
5886	104.00	88.40	78.00	6066	59.00	50.15	44.25
5888	295.00	275.00	221.25	6069	144.00	124.00	108.00
5889	465.00	445.00	348.75	6070	205.00	185.00	153.75
5891	335.00	315.00	251.25	6077	410.00	390.00	307.50
5894	410.00	390.00	307.50	6079	350.00	330.00	262.50
5897	210.00	190.00	157.50	6083	465.00	445.00	348.75
5901	260.00	240.00	195.00	6085	152.00	132.00	114.00
5903	59.00	50.15	44.25	6086	525.00	505.00	393.75
5905	670.00	650.00	502.50	6089	435.00	415.00	326.25
5919	435.00	415.00	326.25	6092	435.00	415.00	326.25
5929	465.00	445.00	348.75	6095	174.00	154.00	130.50
5935	260.00	240.00	195.00	6098	205.00	185.00	153.75
5936	260.00	240.00	195.00	6100	260.00	240.00	195.00
5941	585.00	565.00	438.75	6107	295.00	275.00	221.25
5942	525.00	505.00	393.75	6110	435.00	415.00	326.25
5943	380.00	360.00	285.00	6118	525.00	505.00	393.75
5947	435.00	415.00	326.25	6146	118.00	100.30	88.50
5964	29.50	25.10	22.15	6152	295.00	275.00	221.25
5977	435.00	415.00	326.25	6155	730.00	710.00	547.50
5981	1050.00	1030.00	787.50	6157	465.00	445.00	348.75
5982	465.00	445.00	348.75	6158	465.00	445.00	348.75
6001	640.00	620.00	480.00	6159	730.00	710.00	547.50
6005	730.00	710.00	547.50	6160	205.00	185.00	153.75
6006	350.00	330.00	262.50	6161	585.00	565.00	438.75
6017	815.00	795.00	611.25	6162	144.00	124.00	108.00
6022	174.00	154.00	130.50	6166	465.00	445.00	348.75
6027	260.00	240.00	195.00	6175	230.00	210.00	172.50
6030	87.00	73.95	65.25	6179	295.00	275.00	221.25
6033	295.00	275.00	221.25	6184	585.00	565.00	438.75
6036	29.50	25.10	22.15	6189	295.00	275.00	221.25
6039	46.50	39.55	34.90	6194	585.00	565.00	438.75
6040	410.00	390.00	307.50	6199	29.50	25.10	22.15

Medicare Benefits Schedule - Part 10
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
6204	350.00	330.00	262.50	6307	420.00	400.00	315.00
6205	230.00	210.00	172.50	6308	430.00	410.00	322.50
6207	585.00	565.00	438.75	6313	27.50	23.40	20.65
6208	615.00	595.00	461.25	6321	136.00	116.00	102.00
6213	205.00	185.00	153.75	6325	430.00	410.00	322.50
6214	585.00	565.00	438.75	6327	430.00	410.00	322.50
6215	59.00	50.15	44.25	6332	250.00	230.00	187.50
6216	174.00	154.00	130.50	6336	102.00	86.70	76.50
6221	144.00	124.00	108.00	6342	78.00	66.30	58.50
6224	174.00	154.00	130.50	6347	220.00	200.00	165.00
6228	174.00	154.00	130.50	6352	270.00	250.00	202.50
6231	585.00	565.00	438.75	6358	270.00	250.00	202.50
6234	875.00	855.00	656.25	6363	340.00	320.00	255.00
6236	174.00	154.00	130.50	6367	320.00	300.00	240.00
6245	435.00	415.00	326.25	6373	425.00	405.00	318.75
6247	174.00	154.00	130.50	6389	110.00	93.50	82.50
6249	122.00	103.70	91.50	6396	340.00	320.00	255.00
6253	144.00	124.00	108.00	6398	335.00	315.00	251.25
6258	51.00	43.35	38.25	6401	430.00	410.00	322.50
6262	34.00	28.90	25.50	6406	425.00	405.00	318.75
6264	34.00	28.90	25.50	6407	425.00	405.00	318.75
6271	56.00	47.60	42.00	6408	230.00	210.00	172.50
6274	112.00	95.20	84.00	6411	40.00	34.00	30.00
6277	140.00	120.00	105.00	6413	40.00	34.00	30.00
6278	73.00	62.05	54.75	6415	40.00	34.00	30.00
6280	92.00	78.20	69.00	6430	110.00	93.50	82.50
6284	36.50	31.05	27.40	6431	136.00	116.00	102.00
6290	36.50	31.05	27.40	6446	51.00	43.35	38.25
6292	73.00	62.05	54.75	6447	33.50	28.50	25.15
6296	92.00	78.20	69.00	6451	68.00	57.80	51.00
6299	170.00	150.00	127.50	6452	52.00	44.20	39.00
6301	220.00	200.00	165.00	6453	136.00	116.00	102.00
6302	220.00	200.00	165.00	6454	275.00	255.00	206.25
6303	172.00	152.00	129.00	6460	85.00	72.25	63.75
6304	200.00	180.00	150.00	6464	116.00	98.60	87.00
6305	116.00	98.60	87.00	6469	138.00	118.00	103.50

Medicare Benefits Schedule - Part 10
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
6483	128.00	108.80	96.00	6699	380.00	360.00	285.00
6508	340.00	320.00	255.00	6701	225.00	205.00	168.75
6513	340.00	320.00	255.00	6703	130.00	110.50	97.50
6517	425.00	405.00	318.75	6705	255.00	235.00	191.25
6518	335.00	315.00	251.25	6707	400.00	380.00	300.00
6519	425.00	405.00	318.75	6709	255.00	235.00	191.25
6532	445.00	425.00	333.75	6715	525.00	505.00	393.75
6533	565.00	545.00	423.75	6722	745.00	725.00	558.75
6536	800.00	780.00	600.00	6724	315.00	295.00	236.25
6542	610.00	590.00	457.50	6728	400.00	380.00	300.00
6543	640.00	620.00	480.00	6730	465.00	445.00	348.75
6544	480.00	460.00	360.00	6736	650.00	630.00	487.50
6553	270.00	250.00	202.50	6740	255.00	235.00	191.25
6557	340.00	320.00	255.00	6742	330.00	310.00	247.50
6570	365.00	345.00	273.75	6744	465.00	445.00	348.75
6585	220.00	200.00	165.00	6747	650.00	630.00	487.50
6594	295.00	275.00	221.25	6752	74.00	62.90	55.50
6611	205.00	185.00	153.75	6754	53.00	45.05	39.75
6612	250.00	230.00	187.50	6758	295.00	275.00	221.25
6613	100.00	85.00	75.00	6762	74.00	62.90	55.50
6631	400.00	380.00	300.00	6766	174.00	154.00	130.50
6632	595.00	575.00	446.25	6767	33.00	28.05	24.75
6633	460.00	440.00	345.00	6768	215.00	195.00	161.25
6638	42.50	36.15	31.90	6772	130.00	110.50	97.50
6641	27.50	23.40	20.65	6774	315.00	295.00	236.25
6643	230.00	210.00	172.50	6778	440.00	420.00	330.00
6644	285.00	265.00	213.75	6786	540.00	520.00	405.00
6648	275.00	255.00	206.25	6792	400.00	380.00	300.00
6649	345.00	325.00	258.75	6796	295.00	275.00	221.25
6655	425.00	405.00	318.75	6799	91.00	77.35	68.25
6658	305.00	285.00	228.75	6802	30.50	25.95	22.90
6659	305.00	285.00	228.75	6805	86.00	73.10	64.50
6686	65.00	55.25	48.75	6807	74.00	62.90	55.50
6688	305.00	285.00	228.75	6810	240.00	220.00	180.00
6692	380.00	360.00	285.00	6818	45.50	38.70	34.15
6697	305.00	285.00	228.75	6820	130.00	110.50	97.50

Medicare Benefits Schedule - Part 10
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
6824	45.50	38.70	34.15	6929	120.00	102.00	90.00
6828	840.00	820.00	630.00	6930	440.00	420.00	330.00
6832	565.00	545.00	423.75	6931			
6833	565.00	545.00	423.75	6932	255.00	235.00	191.25
6835	38.00	32.30	28.50	6938	255.00	235.00	191.25
6837	172.00	152.00	129.00	6939	25.00	21.25	18.75
6842	74.00	62.90	55.50	6941	43.50	37.00	32.65
6846	174.00	154.00	130.50	6942	70.00	59.50	52.50
6848	490.00	470.00	367.50	6953	70.00	59.50	52.50
6852	275.00	255.00	206.25	6954	108.00	91.80	81.00
6857	295.00	275.00	221.25	6955	300.00	280.00	225.00
6858	500.00	480.00	375.00	6958	580.00	560.00	435.00
6859	755.00	735.00	566.25	6962	860.00	840.00	645.00
6861	330.00	310.00	247.50	6964	620.00	600.00	465.00
6862	360.00	340.00	270.00	6966	860.00	840.00	645.00
6863	840.00	820.00	630.00	6968	450.00	430.00	337.50
6864	960.00	940.00	720.00	6972	760.00	740.00	570.00
6865	192.00	172.00	144.00	6974	180.00	160.00	135.00
6871	400.00	380.00	300.00	6980	860.00	840.00	645.00
6873	605.00	585.00	453.75	6986	860.00	840.00	645.00
6879	440.00	420.00	330.00	6988	1070.00	1050.00	802.50
6881	330.00	310.00	247.50	6992	255.00	235.00	191.25
6885	330.00	310.00	247.50	6995	620.00	600.00	465.00
6889	225.00	205.00	168.75	6999	860.00	840.00	645.00
6894	685.00	665.00	513.75	7001	280.00	260.00	210.00
6898	186.00	166.00	139.50	7003	335.00	315.00	251.25
6900	565.00	545.00	423.75	7006	405.00	385.00	303.75
6902	840.00	820.00	630.00	7007	520.00	500.00	390.00
6904	225.00	205.00	168.75	7008	865.00	845.00	648.75
6906	106.00	90.10	79.50	7011	285.00	265.00	213.75
6908	370.00	350.00	277.50	7013	470.00	450.00	352.50
6914	57.00	48.45	42.75	7021	760.00	740.00	570.00
6918	44.00	37.40	33.00	7028	375.00	355.00	281.25
6920	28.50	24.25	21.40	7033	240.00	220.00	180.00
6922	370.00	350.00	277.50	7042	188.00	168.00	141.00
6924	440.00	420.00	330.00	7044	1215.00	1195.00	911.25

Medicare Benefits Schedule - Part 10
Showing Item Numbers, Schedule Fees and
Medicare Benefit Levels as at 1 May 1990

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% \$
7046	1215.00	1195.00	911.25	7198	1020.00	1000.00	765.00
7057	1750.00	1730.00	1312.50	7203	1535.00	1515.00	1151.25
7066	1385.00	1365.00	1038.75	7204	1115.00	1095.00	836.25
7079	172.00	152.00	129.00	7212	300.00	280.00	225.00
7081	180.00	160.00	135.00	7216	685.00	665.00	513.75
7085	48.00	40.80	36.00	7231	455.00	435.00	341.25
7089	54.00	45.90	40.50	7240	585.00	565.00	438.75
7099	122.00	103.70	91.50	7244	685.00	665.00	513.75
7118	150.00	130.00	112.50	7248	685.00	665.00	513.75
7119	194.00	174.00	145.50	7251	565.00	545.00	423.75
7120	225.00	205.00	168.75	7265	1535.00	515.00	1151.25
7121	295.00	275.00	221.25	7270	810.00	790.00	607.50
7124	280.00	260.00	210.00	7274	400.00	380.00	300.00
7129	450.00	430.00	337.50	7279	455.00	435.00	341.25
7132	305.00	285.00	228.75	7283	900.00	880.00	675.00
7133	285.00	265.00	213.75	7287	300.00	280.00	225.00
7138	490.00	470.00	367.50	7291	455.00	435.00	341.25
7139	485.00	465.00	363.75	7298	565.00	545.00	423.75
7140	415.00	395.00	311.25	7312	685.00	665.00	513.75
7141	725.00	705.00	543.75	7314	580.00	560.00	435.00
7143	280.00	260.00	210.00	7316	580.00	560.00	435.00
7148	118.00	100.30	88.50	7318	305.00	285.00	228.75
7152	148.00	128.00	111.00	7320	455.00	435.00	341.25
7153	93.00	79.05	69.75	7324	455.00	435.00	341.25
7156	280.00	260.00	210.00	7326	640.00	620.00	480.00
7157	280.00	260.00	210.00	7328	580.00	560.00	435.00
7170	745.00	725.00	558.75	7331	605.00	585.00	453.75
7171	975.00	955.00	731.25	7336	685.00	665.00	513.75
7175	235.00	215.00	176.25	7338	905.00	885.00	678.75
7178	164.00	144.00	123.00	7341	685.00	665.00	513.75
7182	205.00	185.00	153.75	7346	840.00	820.00	630.00
7184	52.00	44.20	39.00	7353	1020.00	1000.00	765.00
7186	148.00	128.00	111.00	7355	685.00	665.00	513.75
7190	240.00	220.00	180.00	7361	360.00	340.00	270.00
7192	300.00	280.00	225.00	7365	360.00	340.00	270.00
7194	620.00	600.00	465.00	7370	605.00	585.00	453.75

Medicare Benefits Schedule - Part 10
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
7373	255.00	235.00	191.25	7539	305.00	285.00	228.75
7376	450.00	430.00	337.50	7540	116.00	98.60	87.00
7381	400.00	380.00	300.00	7544	172.00	152.00	129.00
7397	30.00	25.50	22.50	7547	86.00	73.10	64.50
7410	46.50	39.55	34.90	7550	98.00	83.30	73.50
7412	57.00	48.45	42.75	7552	138.00	118.00	103.50
7416	46.50	39.55	34.90	7559	90.00	76.50	67.50
7419	37.00	31.45	27.75	7563	108.00	91.80	81.00
7423	69.00	58.65	51.75	7567	130.00	110.50	97.50
7426	44.00	37.40	33.00	7572	188.00	168.00	141.00
7430	90.00	76.50	67.50	7588	61.00	51.85	45.75
7432	12.00	95.20	84.00	7593	86.00	73.10	64.50
7435	18.80	16.00	14.10	7597	74.00	62.90	55.50
7436	57.00	48.45	42.75	7601	19.60	16.70	14.70
7440	144.00	124.00	108.00	7605	27.00	22.95	20.25
7443	186.00	166.00	139.50	7608	112.00	95.20	84.00
7446	106.00	90.10	79.50	7610	148.00	128.00	111.00
7451	130.00	110.50	97.50	7615	86.00	73.10	64.50
7457	44.00	37.40	33.00	7619	112.00	95.20	84.00
7461	74.00	62.90	55.50	7624	255.00	235.00	191.25
7464	22.50	19.15	16.90	7627	330.00	310.00	247.50
7468	57.00	48.45	42.75	7632	65.00	55.25	48.75
7472	172.00	152.00	129.00	7637	93.00	79.05	69.75
7480	75.00	63.75	56.25	7641	102.00	86.70	76.50
7483				7643	138.00	118.00	103.50
7505	28.00	23.80	21.00	7647	168.00	148.00	126.00
7508	58.00	49.30	43.50	7652	225.00	205.00	168.75
7512	86.00	73.10	64.50	7673	59.00	50.15	44.25
7516	38.00	32.30	28.50	7677	86.00	73.10	64.50
7520	86.00	73.10	64.50	7681	23.50	20.00	17.65
7524	118.00	100.30	88.50	7683	37.00	31.45	27.75
7527	98.00	83.30	73.50	7687	58.00	49.30	43.50
7530	138.00	118.00	103.50	7691	58.00	49.30	43.50
7533	44.00	37.40	33.00	7694	19.60	16.70	14.70
7535	86.00	73.10	64.50	7697	27.00	22.95	20.25
7538	102.00	86.70	76.50	7701	19.60	16.70	14.70

Medicare Benefits Schedule - Part 10
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
7706	27.00	22.95	20.25	7874	104.00	88.40	78.00
7709	108.00	91.80	81.00	7875	138.00	118.00	103.50
7712	150.00	130.00	112.50	7883	78.00	66.30	58.50
7715	305.00	285.00	228.75	7886	118.00	100.30	88.50
7719	99.00	84.15	74.25	7898	620.00	600.00	465.00
7722	255.00	235.00	191.25	7902	230.00	210.00	172.50
7725	275.00	255.00	206.25	7911	72.00	61.20	54.00
7728	295.00	275.00	221.25	7915	90.00	76.50	67.50
7764	75.00	63.75	56.25	7926	116.00	98.60	87.00
7766	102.00	86.70	76.50	7928	188.00	168.00	141.00
7774	19.60	16.70	14.70	7932	188.00	168.00	141.00
7777	27.00	22.95	20.25	7934	975.00	955.00	731.25
7781	19.60	16.70	14.70	7937	315.00	295.00	236.25
7785	27.00	22.95	20.25	7938	1215.00	1195.00	911.25
7789	130.00	110.50	97.50	7939	1535.00	1515.00	1151.25
7793	225.00	205.00	168.75	7940	215.00	195.00	161.25
7798	565.00	545.00	423.75	7942	455.00	435.00	341.25
7802	75.00	63.75	56.25	7945	805.00	785.00	603.75
7803				7947	695.00	675.00	521.25
7808	75.00	63.75	56.25	7951	895.00	875.00	671.25
7809				7957	805.00	785.00	603.75
7815	75.00	63.75	56.25	7961	1080.00	1060.00	810.00
7817				7967	790.00	770.00	592.50
7821	75.00	63.75	56.25	7969	1080.00	1060.00	810.00
7823				7975	545.00	525.00	408.75
7828				7977	435.00	415.00	326.25
7834				7983	545.00	525.00	408.75
7839				7993	380.00	360.00	285.00
7844				7999	360.00	340.00	270.00
7847				8001	315.00	295.00	236.25
7853	180.00	160.00	135.00	8003	480.00	460.00	360.00
7855	130.00	110.50	97.50	8009	180.00	160.00	135.00
7857	180.00	160.00	135.00	8014	188.00	168.00	141.00
7861	22.50	19.15	16.90	8017	490.00	470.00	367.50
7864	18.80	16.00	14.10	8019	580.00	560.00	435.00
7868	45.50	38.70	34.15	8022	210.00	190.00	157.50

Medicare Benefits Schedule - Part 10
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
8023	285.00	265.00	213.75	8185	180.00	160.00	135.00
8024	280.00	260.00	210.00	8187	188.00	168.00	141.00
8026	58.00	49.30	43.50	8190	188.00	168.00	141.00
8028	300.00	280.00	225.00	8193	230.00	210.00	172.50
8032	330.00	310.00	247.50	8195	255.00	235.00	191.25
8036	300.00	280.00	225.00	8198	435.00	415.00	326.25
8040	215.00	195.00	161.25	8201	620.00	600.00	465.00
8044	760.00	740.00	570.00	8206	435.00	415.00	326.25
8048	525.00	505.00	393.75	8209	1010.00	990.00	757.50
8053	525.00	505.00	393.75	8211	435.00	415.00	326.25
8069	745.00	725.00	558.75	8214	106.00	90.10	79.50
8070	975.00	955.00	731.25	8217	215.00	195.00	161.25
8072	140.00	120.00	105.00	8219	182.00	162.00	136.50
8074	380.00	360.00	285.00	8222	230.00	210.00	172.50
8080	140.00	120.00	105.00	8225	255.00	235.00	191.25
8082	255.00	235.00	191.25	8227	94.00	79.90	70.50
8085	305.00	285.00	228.75	8230	116.00	98.60	87.00
8088	470.00	450.00	352.50	8233	180.00	160.00	135.00
8090	470.00	450.00	352.50	8235	225.00	205.00	168.75
8092	605.00	585.00	453.75	8238	285.00	265.00	213.75
8105	20.50	17.45	15.40	8241	116.00	98.60	87.00
8113	255.00	235.00	191.25	8243	174.00	154.00	130.50
8116	435.00	415.00	326.25	8246	72.00	61.20	54.00
8120	230.00	210.00	172.50	8249	174.00	154.00	130.50
8131	325.00	305.00	243.75	8251	315.00	295.00	236.25
8135	435.00	415.00	326.25	8257	435.00	415.00	326.25
8151	140.00	120.00	105.00	8259	325.00	305.00	243.75
8153	174.00	154.00	130.50	8262	188.00	168.00	141.00
8158	380.00	360.00	285.00	8267	140.00	120.00	105.00
8159	535.00	515.00	401.25	8275	205.00	185.00	153.75
8161	305.00	285.00	228.75	8279	118.00	100.30	88.50
8166	230.00	210.00	172.50	8282	156.00	136.00	117.00
8169	140.00	120.00	105.00	8283	205.00	185.00	153.75
8173	174.00	154.00	130.50	8287	144.00	124.00	108.00
8179	172.00	152.00	129.00	8290	345.00	325.00	258.75
8182	215.00	195.00	161.25	8294	230.00	210.00	172.50

Medicare Benefits Schedule - Part 10
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
8296	116.00	98.60	87.00	8406	255.00	235.00	191.25
8298	285.00	265.00	213.75	8408	745.00	725.00	558.75
8302	435.00	415.00	326.25	8410	380.00	360.00	285.00
8304	525.00	505.00	393.75	8412	330.00	310.00	247.50
8306	695.00	675.00	521.25	8414	760.00	740.00	570.00
8310	255.00	235.00	191.25	8418	455.00	435.00	341.25
8312	255.00	235.00	191.25	8422	235.00	215.00	176.25
8314	360.00	340.00	270.00	8424	520.00	500.00	390.00
8316	360.00	340.00	270.00	8428	30.50	25.95	22.90
8318	715.00	695.00	536.25	8430	78.00	66.30	58.50
8320	330.00	310.00	247.50	8432	112.00	95.20	84.00
8322	310.00	290.00	232.50	8434	144.00	124.00	108.00
8324	360.00	340.00	270.00	8436	305.00	285.00	228.75
8326	360.00	340.00	270.00	8440	360.00	340.00	270.00
8328	255.00	235.00	191.25	8442	435.00	415.00	326.25
8330	360.00	340.00	270.00	8444	640.00	620.00	480.00
8332	124.00	105.40	93.00	8448	240.00	220.00	180.00
8334	30.50	25.95	22.90	8449	400.00	380.00	300.00
8336	38.00	32.30	28.50	8450	300.00	280.00	225.00
8349	62.00	52.70	46.50	8452	112.00	95.20	84.00
8351	38.00	32.30	28.50	8454	250.00	230.00	187.50
8352	30.50	25.95	22.90	8458	59.00	50.15	44.25
8354	46.50	39.55	34.90	8462	86.00	73.10	64.50
8356	46.50	39.55	34.90	8466	108.00	91.80	81.00
8378	580.00	560.00	435.00	8470	138.00	118.00	103.50
8380	565.00	545.00	423.75	8472	205.00	185.00	153.75
8382	140.00	120.00	105.00	8474	360.00	340.00	270.00
8384	305.00	285.00	228.75	8476	490.00	470.00	367.50
8386	230.00	210.00	172.50	8478	300.00	280.00	225.00
8388	695.00	675.00	521.25	8480	180.00	160.00	135.00
8390	695.00	675.00	521.25	8484	255.00	235.00	191.25
8392	860.00	840.00	645.00	8485	300.00	280.00	225.00
8394	605.00	585.00	453.75	8486	148.00	128.00	111.00
8398	790.00	770.00	592.50	8487	640.00	620.00	480.00
8400	685.00	665.00	513.75	8488	285.00	265.00	213.75
8402	765.00	745.00	573.75	8490	164.00	144.00	123.00

Medicare Benefits Schedule - Part 10
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
8492	74.00	62.90	55.50	8556	440.00	420.00	330.00
8494	280.00	260.00	210.00	8560	370.00	350.00	277.50
8496	148.00	128.00	111.00	8568	520.00	500.00	390.00
8498	300.00	280.00	225.00	8570	300.00	280.00	225.00
8500	235.00	215.00	176.25	8582	370.00	350.00	277.50
8502	164.00	144.00	123.00	8584	148.00	128.00	111.00
8504	130.00	110.50	97.50	8585	205.00	185.00	153.75
8508	255.00	235.00	191.25	8586	490.00	470.00	367.50
8509	188.00	168.00	141.00	8588	205.00	185.00	153.75
8510	440.00	420.00	330.00	8592	300.00	280.00	225.00
8511	400.00	380.00	300.00	8594	325.00	305.00	243.75
8512	180.00	160.00	135.00	8596	370.00	350.00	277.50
8516	370.00	350.00	277.50	8598	640.00	620.00	480.00
8518	300.00	280.00	225.00	8600	805.00	785.00	603.75
8522	138.00	118.00	103.50	8601	810.00	790.00	607.50
8524	186.00	166.00	139.50	8602	93.00	79.05	69.75
8528	565.00	545.00	423.75	8604	225.00	205.00	168.75
8530	465.00	445.00	348.75	8606	315.00	295.00	236.25
8531	465.00	445.00	348.75	8608	330.00	310.00	247.50
8532	690.00	670.00	517.50	8612	440.00	420.00	330.00
8533	785.00	765.00	588.75	8614	205.00	185.00	153.75
8534	290.00	270.00	217.50	8616	205.00	185.00	153.75
8535	300.00	280.00	225.00	8618	525.00	505.00	393.75
8536	675.00	655.00	506.25	8620	152.00	132.00	114.00
8537	385.00	365.00	288.75	8622	400.00	380.00	300.00
8538	390.00	370.00	292.50	8624	545.00	525.00	408.75
8540	810.00	790.00	607.50	8628	172.00	152.00	129.00
8542	695.00	675.00	521.25	8630	325.00	305.00	243.75
8543	675.00	655.00	506.25	8632	755.00	735.00	566.25
8544	210.00	190.00	157.50	8634	225.00	205.00	168.75
8546	455.00	435.00	341.25	8636	400.00	380.00	300.00
8548	525.00	505.00	393.75	8640	520.00	500.00	390.00
8551	560.00	540.00	420.00	8644	255.00	235.00	191.25
8552	305.00	285.00	228.75	8648	370.00	350.00	277.50
8553	360.00	340.00	270.00	8652	370.00	350.00	277.50
8554	565.00	545.00	423.75	8656	465.00	445.00	348.75

Medicare Benefits Schedule - Part 10
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
8658	610.00	590.00	457.50				
8660	775.00	755.00	581.25				
8662	885.00	865.00	663.75				
8664	1015.00	995.00	761.25				
8666	1115.00	1095.00	836.25				
8668	1220.00	1200.00	915.00				
8670	470.00	450.00	352.50				
8672	275.00	255.00	206.25				
8675	1590.00	1570.00	1192.50				
8676	1215.00	1195.00	911.25				
8677	1105.00	1085.00	828.75				
8678	1105.00	1085.00	828.75				
8679	810.00	790.00	607.50				
8680	620.00	600.00	465.00				
8681	1050.00	1030.00	787.50				
8682	1040.00	1020.00	780.00				
8683	560.00	540.00	420.00				

PART 11 - NUCLEAR MEDICINE

EXPLANATORY NOTES

	Para No.	Page No.
General	11.1	238
Radiopharmaceuticals	11.2	238
Study of Region or Organ not Covered by Other Item in this Part	11.3	238

SCHEDULE OF SERVICES

	Item No.	Page No.
General Services	8701-8875	238

ITEM-FEE-BENEFIT LIST

243

PART 11 - NUCLEAR MEDICINE

EXPLANATORY NOTES

11.1 General

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

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

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

11.1.4 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.

11.1.5 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.

11.1.6 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/Notice of Referral.

11.2 Radiopharmaceuticals

11.2.1 The Schedule fees for nuclear medicine investigations incorporate the costs of radiopharmaceuticals.

11.3 Study of region or organ not covered by any other item in this Part (Items 8873/74).

11.3.1 A nominal fee only has been allocated to these items. The procedure to be adopted for the purpose of facilitating payment of Medicare benefits is outlined at paragraph L.1 et. seq.

PART 11 - NUCLEAR MEDICINE**PART 11 - NUCLEAR MEDICINE****NOTE**

(This note should be read in conjunction with explanatory notes preceding this part). Benefits for a nuclear scanning service are only payable when the preliminary examination of the patient, estimation and administration of the dosage and the performance of the scan, are undertaken by a medical practitioner, or on behalf of a medical practitioner in the practitioner's presence, and the compilation of the final report is undertaken by the medical practitioner. Additional benefits will only be attracted for a specialist physician or consultant physician attendance under Part 1 of the Schedule where there is a request for a full medical examination accompanied by a Letter/Notice of Referral.

8701	BLOOD VOLUME ESTIMATION
8703	ERYTHROCYTE RADIOACTIVE UPTAKE SURVIVAL TIME TEST OR IRON KINETIC TEST
8705	GASTROINTESTINAL BLOOD LOSS ESTIMATION involving examination of stool specimens
8707	GASTROINTESTINAL PROTEIN LOSS
8714	RADIOACTIVE B12 ABSORPTION TEST - One isotope
8715	RADIOACTIVE B12 ABSORPTION TEST - Two isotopes
8718	THYROID UPTAKE (using probe)
8719	PERCHLORATE DISCHARGE STUDY
8722	RENAL FUNCTION TEST (without imaging procedure)
8725	RENAL FUNCTION TEST (associated with imaging and at least 2 blood samples)
8726	WHOLE BODY COUNT - not associated with any other item
8727 C 8728 NC	MYOCARDIAL PERFUSION STUDY USING THALLIUM - single study for stress OR reperfusion
8732 C 8733 NC	MYOCARDIAL PERFUSION STUDY USING THALLIUM - combined study for stress AND reperfusion
8734 C 8735 NC	MYOCARDIAL INFARCT-AVID IMAGING STUDY
8740 C	GATED CARDIAC BLOOD POOL (equilibrium) STUDY
8741 C	GATED CARDIAC BLOOD POOL STUDY with intervention

PART 11 - NUCLEAR MEDICINE

8741 C	GATED CARDIAC BLOOD POOL STUDY with intervention
8744 C 8745 NC	CARDIAC FIRST PASS BLOOD FLOW STUDY, CARDIAC SHUNT STUDY OR CARDIAC OUTPUT STUDY (not part of other investigation)
8748 C 8749 NC	CARDIAC FIRST BLOOD FLOW STUDY, CARDIAC SHUNT STUDY OR CARDIAC OUTPUT STUDY when associated with another item in this Part DERIVED FEE - The fee for the nuclear medicine investigation plus an amount of \$80.00 C/\$60.00 NC
8751 C 8752 NC	LUNG PERFUSION STUDY
8753 C 8754 NC	LUNG VENTILATION STUDY using Xe127 gas
8757 C 8758 NC	LUNG VENTILATION STUDY using Xe133 gas
8761 C 8762 NC	LUNG VENTILATION STUDY using aerosol
8765 C 8766 NC	LUNG PERFUSION STUDY AND LUNG VENTILATION STUDY using either Xe127 or Xe133 gas
8767 C 8768 NC	LUNG PERFUSION STUDY AND LUNG VENTILATION STUDY using aerosol
8771 C 8772 NC	LIVER AND SPLEEN STUDY (colloid)
8775 C 8776 NC	RED BLOOD CELL SPLEEN OR LIVER STUDY
8777 C 8778 NC	HEPATOBIILIARY STUDY
8781 C 8782 NC	BOWEL HAEMORRHAGE STUDY
8785 C 8786 NC	MECKEL'S DIVERTICULUM STUDY
8789 C 8790 NC	SALIVARY STUDY
8791 C 8792 NC	GASTRO-OESOPHAGEAL REFLUX STUDY
8795 C 8796 NC	OESOPHAGEAL CLEARANCE STUDY
8801 C	GASTRIC EMPTYING STUDY using single tracer
8802 C	GASTRIC EMPTYING STUDY using dual tracer

PART 11 - NUCLEAR MEDICINE	
8805 C	RENAL STUDY WITH OR WITHOUT DYNAMIC FLOW STUDY AND WITH OR WITHOUT COMPUTER EXTRACTION OF functional parameters
8809 C 8810 NC	RENAL STUDY WITH INTERVENTION
8811 C 8812 NC	CYSTOURETEROGRAM
8815 C 8816 NC	TESTICULAR STUDY
8819 C 8820 NC	BRAIN STUDY WITH BLOOD BRAIN BARRIER AGENT
8822 C 8823 NC	CEREBRO-SPINAL FLUID TRANSPORT STUDY
8826 C 8827 NC	CEREBRO-SPINAL FLUID SHUNT PATENCY STUDY
8830 C 8831 NC	DYNAMIC BLOOD FLOW STUDY OR REGIONAL BLOOD VOLUME QUANTITATIVE STUDY (not associated with any other item in this Part)
8832 C 8833 NC	BONE STUDY - whole body
8834 C 8835 NC	BONE STUDY - whole body and DYNAMIC BLOOD FLOW OR REGIONAL BLOOD VOLUME QUANTITATIVE STUDY
8836 C 8837 NC	WHOLE BODY STUDY USING IODINE
8838 C 8839 NC	WHOLE BODY STUDY USING GALLIUM
8840 C 8841 NC	WHOLE BODY STUDY USING CELLS LABELLED WITH TECHNETIUM
8842 C 8843 NC	BONE MARROW STUDY - whole body
8844 C 8845 NC	REPEAT WHOLE BODY STUDY on different occasion using same administration of radiopharmaceutical
8846 C 8847 NC	LOCALISED BONE OR JOINT STUDY including FLOW AND BLOOD POOL STUDIES
8848 C 8849 NC	LOCALISED BONE, JOINT, TUMOUR, INFECTION OR INFLAMMATION SEEKING STUDY using gallium
8851 C 8852 NC	LOCALISED BONE, JOINT, TUMOUR, INFECTION OR INFLAMMATION SEEKING STUDY using cells labelled with technetium
1 MAY 1990	
8805 - 8852	
Page 241	

PART 11 - NUCLEAR MEDICINE

8853 C 8854 NC	REPEAT LOCALISED BONE, JOINT, TUMOUR, INFECTION OR INFLAMMATION SEEKING STUDY on different occasion using same administration of radiopharmaceutical
8855 C 8856 NC	VENOGRAPHY (including blood pool study, active uptake study or dynamic blood flow study)
8857 C 8858 NC	LYMPHOSCINTIGRAPHY
8859 C 8860 NC	THYROID STUDY
8861 C 8862 NC	THYROID UPTAKE STUDY PERFORMED ON GAMMA CAMERA
8863 C	PARATHYROID
8864 C 8865 NC	ADRENAL STUDY USING SELENOCHOLESTEROL
8866 C 8867 NC	ADRENAL STUDY (not covered by Item 8864/8865)
8868 C	SINGLE PHOTON EMISSION TOMOGRAPHY when associated with another item in this Part DERIVED FEE - The fee for the nuclear medicine investigation plus an amount of \$160.00
8869 C 8870 NC	TEAR DUCT STUDY
8871 C 8872 NC	PARTICLE PERFUSION STUDY (INTRA-ARTERIAL) OR LE VEEN SHUNT STUDY
8873 C 8874 NC	• STUDY OF REGION OR ORGAN NOT COVERED BY ANY OTHER ITEM IN THIS PART
8875 C	PROCEDURAL SERVICE ASSOCIATED WITH THE ADMINISTRATION OF A RADIONUCLIDE IN RELATION TO A SERVICE COVERED BY AN ITEM IN PART 8A OR PART 11

Medicare Benefits Schedule - Part 11
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
8701	136.00	116.00	102.00	8772	140.00	120.00	105.00
8703	270.00	250.00	202.50	8775	192.00	172.00	144.00
8705	192.00	172.00	144.00	8776	142.00	122.00	106.50
8707	136.00	116.00	102.00	8777	305.00	285.00	228.75
8714	66.00	56.10	49.50	8778	225.00	205.00	168.75
8715	144.00	124.00	108.00	8781	350.00	330.00	262.50
8718	66.00	56.10	49.50	8782	260.00	240.00	195.00
8719	80.00	68.00	60.00	8785	162.00	142.00	121.50
8722	100.00	85.00	75.00	8786	122.00	103.70	91.50
8725	54.00	45.90	40.50	8789	162.00	142.00	121.50
8726	80.00	68.00	60.00	8790	122.00	103.70	91.50
8727	325.00	305.00	243.75	8791	345.00	325.00	258.75
8728	240.00	220.00	180.00	8792	255.00	235.00	191.25
8732	515.00	495.00	386.25	8795	104.00	88.40	78.00
8733	385.00	365.00	288.75	8796	78.00	66.30	58.50
8734	192.00	172.00	144.00	8801	515.00	495.00	386.25
8735	142.00	122.00	106.50	8802	550.00	530.00	412.50
8740	220.00	200.00	165.00	8805	235.00	215.00	176.25
8741	275.00	255.00	206.25	8809	290.00	270.00	217.50
8744	166.00	146.00	124.50	8810	215.00	195.00	161.25
8745	124.00	105.40	93.00	8811	178.00	158.00	133.50
8748				8812	134.00	114.00	100.50
8749				8815	118.00	100.30	88.50
8751	158.00	138.00	118.50	8816	88.00	74.80	66.00
8752	118.00	100.30	88.50	8819	160.00	140.00	120.00
8753	260.00	240.00	195.00	8820	120.00	102.00	90.00
8754	198.00	178.00	148.50	8822	625.00	605.00	468.75
8757	146.00	126.00	109.50	8823	465.00	445.00	348.75
8758	110.00	93.50	82.50	8826	164.00	144.00	123.00
8761	182.00	162.00	136.50	8827	122.00	103.70	91.50
8762	136.00	116.00	102.00	8830	86.00	73.10	64.50
8765	285.00	265.00	213.75	8831	64.00	54.40	48.00
8766	210.00	190.00	157.50	8832	345.00	325.00	258.75
8767	315.00	295.00	236.25	8833	255.00	235.00	191.25
8768	235.00	215.00	176.25	8834	430.00	410.00	322.50
8771	186.00	166.00	139.50	8835	325.00	305.00	243.75

Medicare Benefits Schedule - Part 11
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
8836	395.00	375.00	296.25	8873	10.40	8.85	7.80
8837	295.00	275.00	221.25	8874	7.90	6.75	5.95
8838	395.00	375.00	296.25	8875	2.00	1.70	1.50
8839	295.00	275.00	221.25				
8840	350.00	330.00	262.50				
8841	260.00	240.00	195.00				
8842	345.00	325.00	258.75				
8843	255.00	235.00	191.25				
8844	160.00	140.00	120.00				
8845	120.00	102.00	90.00				
8846	240.00	220.00	180.00				
8847	180.00	160.00	135.00				
8848	290.00	270.00	217.50				
8849	215.00	195.00	161.25				
8851	245.00	225.00	183.75				
8852	184.00	164.00	138.00				
8853	108.00	91.80	81.00				
8854	80.00	68.00	60.00				
8855	192.00	172.00	144.00				
8856	142.00	122.00	106.50				
8857	245.00	225.00	183.75				
8858	184.00	164.00	138.00				
8859	110.00	93.50	82.50				
8860	82.00	69.70	61.50				
8861	54.00	45.90	40.50				
8862	40.00	34.00	30.00				
8863	275.00	255.00	206.25				
8864	630.00	610.00	472.50				
8865	470.00	450.00	352.50				
8866	320.00	300.00	240.00				
8867	240.00	220.00	180.00				
8868							
8869	162.00	142.00	121.50				
8870	122.00	103.70	91.50				
8871	182.00	162.00	136.50				
8872	136.00	116.00	102.00				

**MINISTERIAL DETERMINATIONS UNDER SECTION 3C
OF THE HEALTH INSURANCE ACT, 1973
(See Paragraph L.3 of Section 1)**

**ITEM
NO**

MEDICAL SERVICE

- ANAESTHETICS**
- 9021 G ADMINISTRATION OF AN ANAESTHETIC ASSOCIATED
9022 S with removal of phaeochromocytoma
 - SIXTEEN UNITS
- 9023 G ADMINISTRATION OF AN ANAESTHETIC ASSOCIATED
9024 S with insertion of peripheral venous cannula
 - FOUR UNITS
- 9025 G ADMINISTRATION OF AN ANAESTHETIC ASSOCIATED
9026 S with peripheral venous cannulation by open exposure
 - FIVE UNITS
- 9027 G ADMINISTRATION OF AN ANAESTHETIC ASSOCIATED
9028 S with percutaneous central venous cannulation
 - FIVE UNITS
- 9033 G ADMINISTRATION OF AN ANAESTHETIC ASSOCIATED
9034 S with electrocochleography (insertion of electrodes and
 brain stem evoked response audiometry)
 - ELEVEN UNITS
- 9035 G ADMINISTRATION OF AN ANAESTHETIC ASSOCIATED
9036 S with manual removal of products of conception, treatment of
 postpartum haemorrhage or repair of third degree tear
 - SEVEN UNITS
- 9037 G ADMINISTRATION OF AN ANAESTHETIC ASSOCIATED
9038 S with manipulative correction of acute inversion of uterus by
 vaginal approach
 - EIGHT UNITS
- 9039 G ADMINISTRATION OF AN ANAESTHETIC ASSOCIATED
9040 S with Caesarean section
 - TEN UNITS
- 9041 G ADMINISTRATION OF AN ANAESTHETIC ASSOCIATED
9042 S with repair of episiotomy
 - FIVE UNITS
- MISCELLANEOUS PROCEDURES**
- 9062 PULMONARY ARTERY pressure monitoring during open
 heart surgery, in a person under 12 years of age
- 9063 PULMONARY ARTERY pressure monitoring during open
 heart surgery, in a person over 12 years of age
- 9065 ASSISTED REPRODUCTIVE TECHNOLOGIES involving
 handling of both human ova and sperm including

1 MAY 1990

Page 245

invitro fertilisation or gamete intra-fallopian transfer or similar techniques, when rendered in conjunction with Item 4194 (Laparoscopy) or Item 3004(82)(Ova flushing), all such services rendered in one treatment cycle which commenced on or after 1 August 1989

9066
†

M-MODE AND TWO DIMENSIONAL REAL TIME ECHOCARDIOGRAPHIC EXAMINATION OF THE HEART FROM AT LEAST TWO THORACIC WINDOWS, performed using a mechanical sector scanner or phased array transducer, with measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques, with recordings on video tape, not associated with Items 791, 793 or 913

9067
†

OVERNIGHT INVESTIGATION FOR SLEEP APNOEA FOR A PERIOD OF AT LEAST EIGHT HOURS DURATION, involving continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of EEG, EOG, submental EMG, anterior tibial EMG, respiratory movement, airflow, oxygen saturation and ECG, with continuous technician attendance, under the supervision of a consultant physician in the practice of his or her specialty of thoracic medicine, where the patient is referred to him or her by a medical practitioner, including interpretation by physician of recordings; payable not more than three times in any twelve month period

OPERATIONS

9401

HAEMORRHAGE, arrest of, following circumcision requiring general anaesthesia
ANAESTHETIC 5 UNITS - ITEM NOS 406G / 510S

9403

NASAL SEPTUM BUTTON, insertion of
ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S

9408

POSTERIOR MOBILISATION (release), operation for scoliosis
ANAESTHETIC 21 UNITS - ITEM NOS 465G / 535S

9420

LAPAROTOMY WITH INSERTION OF PORTACATH for administration of cytotoxic therapy including placement of reservoir
ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S

9423

TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOANAL ANASTOMOSIS WITH ILEAL RESERVOIR, with or without creation of temporary ileostomy: one surgeon
ANAESTHETIC 36 UNITS - ITEM NOS 476G / 547S

9424

TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOANAL ANASTOMOSIS WITH ILEAL RESERVOIR, with or without creation of temporary ileostomy: conjoint surgery abdominal surgeon (including after-care)

- ANAESTHETIC 30 UNITS - ITEM NOS 474G / 545S
- 9425 TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOANAL ANASTOMOSIS WITH ILEAL RESERVOIR: conjoint surgery perineal surgeon
- 9426 ILEOSTOMY closure with rectal resection and mucosectomy and ileoanal anastomosis with ileal reservoir, with or without temporary loop ileostomy: one surgeon
ANAESTHETIC 30 UNITS - ITEM NOS 474G / 545S
- 9427 ILEOSTOMY closure with rectal resection and mucosectomy and ileoanal anastomosis with ileal reservoir, with or without temporary loop ileostomy: conjoint surgery abdominal surgeon (including aftercare)
ANAESTHETIC 26 UNITS - ITEM NOS 470G / 541S
- 9428 ILEOSTOMY closure with rectal resection and mucosectomy and ileoanal anastomosis with ileal reservoir, with or without temporary loop ileostomy: conjoint surgery perineal surgeon
- 9429 ILEOSTOMY reservoir, continent type, creation of including conversion of existing ileostomy where appropriate
ANAESTHETIC 30 UNITS - ITEM NOS 474G / 545S
- 9435 LAPAROTOMY with division of bowel adhesions and introduction of Dennis tube
ANAESTHETIC 14 UNITS - ITEM NOS 458G / 525S
- 9438 TEMPORO-MANDIBULAR JOINT, arthroplasty
ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
- 9439 TEMPORO-MANDIBULAR JOINT, arthroplasty (D)
ANAESTHETIC 6 UNITS - ITEM NOS 407G / 513S
- 9441 NEPHROSTOMY, percutaneous, including associated imaging
ANAESTHETIC 9 UNITS - ITEM NOS 443G / 518S
- 9442 NEPHROSCOPY, percutaneous, with or without any one or more of; stone extraction, biopsy or diathermy, not covered by Items 9446, 9447, 9448 or 9449
ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
- 9443 The services covered by Item 9442 where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation due to bleeding
ANAESTHETIC 10 UNITS - ITEM NOS 450G / 521S
- 9444 NEPHROSCOPY, percutaneous, with incision of any one or more of; renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, not in association with Items 9442, 9446, 9447, 9448 or 9449
ANAESTHETIC 11 UNITS - ITEM NOS 453G / 522S
- 9445 NEPHROSCOPY, percutaneous, with incision of any one or more of; renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, in association

with Items 9442, 9446, 9447, 9448 or 9449
ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S

- 9446 NEPHROSCOPY, percutaneous, with destruction and extraction of one or two stones using ultrasound or electrohydraulic shock waves or lasers (not covered by Items 9448 or 9449)
ANAESTHETIC 13 UNITS - ITEM NOS 457G / 524S
- 9447 The services covered by Item 9446 where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation due to bleeding
ANAESTHETIC 12 UNITS - ITEM NOS 454G / 523S
- 9448 NEPHROSCOPY, percutaneous, with removal or destruction of a stone greater than 3 cms in any dimension, or for three or more stones
ANAESTHETIC 17 UNITS - ITEM NOS 461G / 528S
- 9449 The services covered by Item 9448 where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation
ANAESTHETIC 16 UNITS - ITEM NOS 460G / 527S
- 9450 HYPERBARIC TREATMENT including oxygen therapy for a period of more than two hours (including examination immediately pre and post treatment) - per hour
- 9459 FULL QUANTITATIVE COMPUTERISED PERIMETRY - (automated absolute static threshold) performed by a specialist in the practice of his/her specialty, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain with assessment and report, bilateral - to a maximum of two examinations (including examinations covered by Item 9460) in any twelve month period
- 9460 FULL QUANTITATIVE COMPUTERISED PERIMETRY - (automated absolute static threshold) performed by a specialist in the practice of his/her specialty, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain with assessment and report, unilateral - to a maximum of two examinations (including examinations covered by Item 9459) in any twelve month period
- 9461 FULL QUANTITATIVE COMPUTERISED PERIMETRY - (automated absolute static threshold) performed by a specialist in the practice of his/her specialty, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain with assessment and report, an examination covered by either Item 9459 or Item 9460, being the third or subsequent examination in a twelve month period
- 9462 LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of two metres, including any associated consultation, up to a maximum of twelve sessions (including any sessions under items 9463, 9464, 9465, 9466, 9467 and 9468) in any twelve month period - session of at least 30 minutes duration

- 9463 LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of two metres, including any associated consultation, up to a maximum of twelve sessions (including any sessions under items 9462, 9464, 9465, 9466, 9467 and 9468) in any twelve month period - session of at least 60 minutes duration.
- 9464 LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of two metres, including any associated consultation, up to a maximum of twelve sessions (including any sessions under items 9462, 9463, 9465, 9466, 9467 and 9468) in any twelve month period - session of at least 1 hour and 15 minutes duration
- 9465 LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of two metres, including any associated consultation, up to a maximum of twelve sessions (including any sessions under items 9462, 9463, 9464, 9466, 9467 and 9468) in any twelve month period session of at least 1 hour and 30 minutes duration
- 9466 LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of two metres, including any associated consultation, up to a maximum of twelve sessions (including any sessions under items 9462, 9463, 9464, 9465, 9467 and 9468) in any twelve month period - session of at least 1 hour and 45 minutes duration
- 9467 LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of two metres, including any associated consultation, up to a maximum of twelve sessions (including any sessions under items 9462, 9463, 9464, 9465, 9466 and 9468) in any twelve month period - session of at least 2 hours duration
- 9468 LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of two metres, including any associated consultation, up to a maximum of twelve sessions (including any sessions under items 9462, 9463, 9464, 9465, 9466 and 9467) in any twelve month period - session of at least 2 hours and 15 minutes duration
- 9469 LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation, up to a maximum of twelve sessions (including any sessions under items

9470, 9471, 9472, 9473, 9474, and 9475) in any twelve month period - session of at least 30 minutes duration

- 9470 LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation, up to a maximum of twelve sessions (including any sessions under items 9469, 9471, 9472, 9473, 9474, and 9475) in any twelve month period - session of at least 60 minutes duration
- 9471 LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation, up to a maximum of twelve sessions (including any sessions under items 9469, 9470, 9472, 9473, 9474, and 9475) in any twelve month period - session of at least 1 hour and 15 minutes duration
- 9472 LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation, up to a maximum of twelve sessions (including any sessions under items 9469, 9470, 9471, 9473, 9474, and 9475) in any twelve month period - session of at least 1 hour and 30 minutes duration
- 9473 LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation, up to a maximum of twelve sessions (including any sessions under items 9469, 9470, 9471, 9472, 9474, and 9475) in any twelve month period - session of at least 1 hour and 45 minutes duration
- 9474 LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation, up to a maximum of twelve sessions (including any sessions under items 9469, 9470, 9471, 9472, 9473, and 9475) in any twelve month period - session of at least 2 hours duration
- 9475 LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation, up to a maximum of twelve sessions (including any sessions under items 9469, 9470, 9471, 9472, 9473, and 9474) in any twelve month period - session of at least 2 hours and 15 minutes duration
- 9476 † BLADDER TRANSECTION AND RE-ANASTOMOSIS TO TRIGONE ANAESTHETIC 16 UNITS - ITEM NOS 460G/527S
- 9477 † PENIS ERECTION TEST FOR HYPOSPADIAS AND CHORDEE when performed under general anaesthesia, as an independent procedure ANAESTHETIC 5 UNITS - ITEM NOS 406G/510S
- 9478 † URETEROLITHOTOMY COMPLICATED BY PREVIOUS SURGERY at the same site of the same ureter ANAESTHETIC 12 UNITS - ITEM NOS 454G/523S

Medicare Benefits Schedule - Determinations
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
9021	166.00	146.00	124.50	9439	415.00	395.00	311.25
9022	186.00	166.00	139.50	9441	350.00	330.00	262.50
9023	41.50	35.30	31.15	9442	435.00	415.00	326.25
9024	46.50	39.55	34.90	9443	215.00	195.00	161.25
9025	52.00	44.20	39.00	9444	465.00	445.00	348.75
9026	57.00	48.45	42.75	9445	250.00	230.00	187.50
9027	52.00	44.20	39.00	9446	525.00	505.00	393.75
9028	57.00	48.45	42.75	9447	260.00	240.00	195.00
9033	114.00	96.90	85.50	9448	670.00	650.00	502.50
9034	126.00	107.10	94.50	9449	600.00	580.00	450.00
9035	73.00	62.05	54.75	9450	72.00	61.20	54.00
9036	81.00	68.85	60.75	9458	142.00	122.00	106.50
9037	83.00	70.55	62.25	9459	60.00	51.00	45.00
9038	92.00	78.20	69.00	9460	36.00	30.60	27.00
9039	104.00	88.40	78.00	9461	5.00	4.25	3.75
9040	116.00	98.60	87.00	9462	80.00	68.00	60.00
9041	52.00	44.20	39.00	9463	100.00	85.00	75.00
9042	58.00	49.30	43.50	9464	122.00	103.70	91.50
9062	144.00	124.00	108.00	9465	142.00	122.00	106.50
9063	54.00	45.90	40.50	9466	164.00	144.00	123.00
9065	225.00	205.00	168.75	9467	184.00	164.00	138.00
9066	152.00	132.00	114.00	9468	205.00	185.00	153.75
9067	415.00	395.00	311.25	9469	80.00	68.00	60.00
9401	91.00	77.35	68.25	9470	100.00	85.00	75.00
9403	77.00	65.45	57.75	9471	122.00	103.70	91.50
9408	905.00	885.00	678.75	9472	142.00	122.00	106.50
9420	400.00	380.00	300.00	9473	164.00	144.00	123.00
9423	1355.00	1335.00	1016.25	9474	184.00	164.00	138.00
9424	1210.00	1190.00	907.50	9475	205.00	185.00	153.75
9425	285.00	265.00	213.75	9476	540.00	520.00	405.00
9426	950.00	930.00	712.50	9477	58.00	49.30	43.50
9427	810.00	790.00	607.50	9478	630.00	610.00	472.50
9428	285.00	265.00	213.75				
9429	950.00	930.00	712.50				
9435	490.00	470.00	367.50				
9438	415.00	395.00	311.25				

MEDICARE BENEFITS ADVISORY COMMITTEE (MBAC)
RECOMMENDATIONS (Index at Page 260)
(See Paragraph L.1.4 of Section 1)

**ITEM
NO**

MEDICAL SERVICE

ANAESTHETICS

486(42) ADMINISTRATION OF AN ANAESTHETIC ASSOCIATED
558(42) with pharyngotomy with excision of tongue
- FOURTEEN UNITS

486(43) ADMINISTRATION OF AN ANAESTHETIC ASSOCIATED
558(43) with removal of keratoses, warts or similar lesions
- 3 BASIC UNITS PLUS 1 UNIT FOR EACH 15 MINUTES

RADIOLOGY

2804(15) MAMMARY DUCTOGRAM (Galactography)-one breast

2804(16) MAMMARY DUCTOGRAM (Galactography)-two breasts

2804(17) PERITONEOGRAM (herniography) with or without ionic
or non-ionic contrast medium including preparation -
performed on a person over 14 years of age

OPERATIONS

3004(4)(G) FACIAL NERVE PALSY, excision of tissue for
3004(5)(S) ANAESTHETIC 8 UNITS - ITEM NOS 486(3)/558(3)

3004(77) PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAM AND
BILIARY DRAINAGE - using interventional imaging techniques
ANAESTHETIC 11 UNITS - ITEM NOS 486(52)/558(52)

3004(79) EXTRACTION OF CALCULUS FROM BILIARY OR RENAL
TRACT - using interventional imaging techniques - not
associated with Items 9442, 9443, 9448, 9449
ANAESTHETIC 11 UNITS - ITEM NOS 486(54)/558(54)

3004(80) PERCUTANEOUS BIOPSY OF DEEP ORGAN - using interventional
imaging techniques
ANAESTHETIC 6 UNITS - ITEM NOS 486(55)/558(55)

3004(81) NEEDLE LOCALISATION OF BREAST LESION - using
interventional imaging techniques
ANAESTHETIC 6 UNITS - ITEM NOS 486(56)/558(56)

3004(82) OVA FLUSHING - using interventional imaging techniques
ANAESTHETIC 9 UNITS - ITEM NOS 486(57)/558(57)

3004(83) CHANGING OF PERCUTANEOUS NEPHROSTOMY TUBE - using
interventional imaging techniques - not associated with
Items 9442 - 9449
ANAESTHETIC 7 UNITS - ITEM NOS 486(58)/558(58)

3004(84) PERCUTANEOUS DRAINAGE OF DEEP ABSCESS OR DEEP
CYST(S) - using interventional imaging techniques
ANAESTHETIC 7 UNITS - ITEM NOS 486(59)/558(59)

- 3004(85) CHANGING OF BILIARY DRAINAGE TUBE - using interventional imaging techniques
ANAESTHETIC 6 UNITS - ITEM NOS 486(60)/558(60)
- 3004(86) CHANGING OF ABSCESS DRAINAGE TUBE - using interventional imaging techniques
ANAESTHETIC 5 UNITS - ITEM NOS 486(61)/558(61)
- 3004(107) INJECTION OF ONE OR BOTH OF LOCAL ANAESTHETIC OR CORTICOSTEROID with or without contrast medium under image intensification and/or nerve stimulation into one or more zygapophyseal or costo-transverse joints and/or one or more primary rami of spinal nerves including associated attendances, once in any period of 28 days
ANAESTHETIC 8 UNITS - ITEM NOS 486(82)/558(82)
- 3004(111) EYELID CLOSURE IN FACIAL NERVE PARALYSIS - insertion of foreign implant for
ANAESTHETIC 9 UNITS - ITEM NOS 486(100)/558(100)
- 3004(135) EXCISION OF FRENULUM OF TONGUE AND REPAIR under general anaesthesia
ANAESTHETIC 6 UNITS - ITEM NOS 486(103)/558(103)
- 3004(136) URETHRAL CATHETERISATION, BLADDER LAVAGE AND HYDROSTATIC DILATATION, including any associated consultation
- 3004(144) VAGINAL REPAIR (INVOLVING REPAIR OF ENTEROCELE) with transvaginal sacrospinus ligament colposuspension
ANAESTHETIC 10 UNITS - ITEM NOS 486(108)/558(108)
- 3004(145) BALLOON VALVULOPLASTY OR SEPTOSTOMY including cardiac catheterisations before and after balloon dilatation
ANAESTHETIC 16 UNITS - ITEM NOS 486(109)/558(109)
- 3004(146) FULL THICKNESS WEDGE EXCISION OF EAR with repair by direct suture
ANAESTHETIC 8 UNITS - ITEM NOS 486(110)/558(110)
- 3004(149) HAEMORRHOIDS, infrared coagulation of, using proctoscope
- 3004(153) POPLITEAL ARTERY, DECOMPRESSION OF, for popliteal artery syndrome
ANAESTHETIC 10 UNITS - ITEM NOS 486(114)/558(114)
- 3004(154) CONJOINT TENDON, REPAIR of
ANAESTHETIC 10 UNITS - ITEM NOS 486(115)/558(115)
- 3004(157) OPEN HEART SURGERY, with arterial switch procedure for transposition of great vessels
ANAESTHETIC 32 UNITS - ITEM NOS 486(118)/558(118)
- 3004(159) POST-OPERATIVE HAEMORRHAGE FOLLOWING CARDIAC SURGERY, exploratory thoracotomy for
ANAESTHETIC 11 UNITS - ITEM NOS 486(120)/558(120)
- 3004(160) CRANIOTOMY AND LAMINECTOMY, with cavity packing and CSF

- shunt for hydromyelia
ANAESTHETIC 25 UNITS - ITEM NOS 486(121)/558(121)
- 3004(161) CORPUS CALLOSUM, anterior section for epilepsy
ANAESTHETIC 25 UNITS - ITEM NOS 486(122)/558(122)
- 3004(165) ARTHROSCOPIC SURGERY IN THE REGION OF THE ELBOW
JOINT including any arthroscopy performed in that region at the same
attendance
ANAESTHETIC 9 UNITS - ITEM NOS 486(125)/558(125)
- 3004(166) REPLACEMENT OR RECONSTRUCTION OF ANTERIOR
CRUCIATE LIGAMENT FOR COMPLETE RUPTURE, by any
method using arthroscopic control
ANAESTHETIC 15 UNITS - ITEM NOS 486(126)/558(126)
- 3004(167) ARTHROSCOPIC SURGERY OF ONE OR MORE JOINTS IN THE
REGION OF THE WRIST including any arthroscopy performed
in that region at the same attendance
ANAESTHETIC 11 UNITS - ITEM NOS 486(127)/558(127)
- 3004(168) ARTHROSCOPIC SURGERY IN THE REGION OF THE
SHOULDER JOINT including adjacent bursa including any arthroscopy
performed in that region at the same attendance
ANAESTHETIC 11 UNITS - ITEM NOS 486(128)/558(128)
- 3004(169) REMOVAL OF HICKMAN, BROVIAC OR SIMILAR CATHETER
- 3004(173) REMOVAL OF SUTURES AFTER CORNEAL TRANSPLANT,
removal of sutures requiring slit lamp outside normal period for
post-operative care for corneal transplantation
- 3004(174) SURGICAL CONTROL OF DROOLING, relocation of both
submandibular ducts
ANAESTHETIC 16 UNITS - ITEM NOS 486(131)/558(131)
- 3004(179) EXCISION OF HYDATID CYST OF THE LIVER with
drainage and excision of liver tissue
ANAESTHETIC 18 UNITS - ITEM NOS 486(135)/558(135)
- 3004(180) DILATION OF RECTAL STRICTURE
ANAESTHETIC 5 UNITS - ITEM NOS 486(136)/558(136)
- 3004(183) ENDOSCOPY with balloon dilation of gastric or gastro-
duodenal stricture
ANAESTHETIC 7 UNITS - ITEM NOS 486(137)/558(137)
- 3004(184) LARYNGEAL WEB, division of, using microlaryngoscopic
techniques
ANAESTHETIC 9 UNITS - ITEM NOS 486(138)/558(138)
- 3004(185) REPAIR OF VAGINO-PERINEAL FISTULA under general
anaesthesia
ANAESTHETIC 7 UNITS - ITEM NOS 486(139)/558(139)
- 3004(186) INSERTION OF INTRATHECAL MORPHINE INFUSION
(SPINALGESIC) DEVICE
ANAESTHETIC 8 UNITS - ITEM NOS 486(140)/558(140)

- 3004(188) REMOVAL OF TENCKHOFF PERITONEAL DIALYSIS CATHETER, (including catheter cuffs)
ANAESTHETIC 7 UNITS - ITEM NOS 486(141)/558(141)
- 3004(189) TOTAL HIP REPLACEMENT involving bone grafting to acetabulum
ANAESTHETIC 17 UNITS - ITEM NOS 486(142)/558(142)
- 3004(190) EPIDURAL IMPLANT FOR CHRONIC PAIN including lead insertion and implantation with laminectomy and internalisation of receiver or pulse generator
ANAESTHETIC 18 UNITS - ITEM NOS 486(143)/558(143)
- 3004(191) STERNUM, REWIRING of
ANAESTHETIC 9 UNITS - ITEM NOS 486(144)/558(144)
- 3004(192) SILASTIC REPLACEMENT OF HEAD OF RADIUS
ANAESTHETIC 9 UNITS - ITEM NOS 486(145)/558(145)
- 3004(196) REVISION HIP REPLACEMENT PLUS BONE GRAFT TO ACETABULUM REQUIRING INTERNAL FIXATION (including obtaining graft)
ANAESTHETIC 20 UNITS - ITEM NOS 486(147)/558(147)
- 3004(197) REVISION HIP REPLACEMENT PLUS BONE GRAFT TO FEMUR requiring internal fixation (including obtaining graft)
ANAESTHETIC 20 UNITS - ITEM NOS 486(148)/558(148)
- 3004(198) REVISION HIP REPLACEMENT plus where both 3004(196) and 3004(197) procedures are performed
ANAESTHETIC 22 UNITS - ITEM NOS 486(149)/558(149)
- 3004(205) OVARIAN CYST(S), TRANS-VAGINAL DRAINAGE - using interventional imaging techniques
ANAESTHETIC 7 UNITS - ITEM NOS 486(151)/558(151)
- 3004(207) ARTHROSCOPIC SURGERY IN THE REGION OF THE ANKLE JOINT including any arthroscopy performed in that region at the same attendance
ANAESTHETIC 8 UNITS - ITEM NOS 486(152)/558(152)
- 3004(208) REPLACEMENT OF OCCLUDED NON-INFECTED PROSTHETIC BY-PASS GRAFT FROM TRUNK, including closure of vessel or vessels
ANAESTHETIC 26 UNITS - ITEM NOS 486(153)/558(153)
- 3004(209) EN-BLOC RESECTION OF TREATED LIMB OSTEOSARCOMA with prosthetic and/or allo graft replacement of adjacent joint
ANAESTHETIC 29 UNITS - ITEM NOS 486(154)/558(154)
- 3004(210) FOETAL BLOOD SAMPLING - using interventional imaging techniques
ANAESTHETIC 7 UNITS - ITEM NOS 486(155)/558(155)
- 3004(212) MANDIBLE, FIXATION BY INTERMAXILLARY WIRING, excluding wiring for obesity
- 3004(213) METATARSOPHALANGEAL JOINT, PROSTHETIC ARTHROPLASTY
ANAESTHETIC 5 UNITS - ITEM NOS 486(157)/558(157)

- 3004(222) TRANSLUMINAL BALLOON ARTERIOPLASTY involving passing of laser thermal probe - using interventional imaging techniques ANAESTHETIC 11 UNITS - ITEM NOS 486(158)/558(158)
- 3004(223) GLAUCOMA, insertion of Molteno drainage apparatus in one or more stages for ANAESTHETIC 12 UNITS - ITEM NOS 486(159)/558(159)
- 3004(224) FALLOPIAN TUBE EMBRYO TRANSFER - using interventional imaging techniques
- 3004(225) BONE GROWTH STIMULATOR, insertion of ANAESTHETIC 8 UNITS - ITEM NOS 486(160)/558(160)
- 3004(226) FORAGE, (Drill decompression), OF NECK AND/OR HEAD OF FEMUR ANAESTHETIC 8 UNITS - ITEM NOS 486(161)/558(161)
- 3004(227) FORAGE, (Drill decompression), OF NECK AND/OR HEAD OF FEMUR, in association with pressure testing ANAESTHETIC 9 UNITS - ITEM NOS 486(162)/558(162)
- 3004(228) REMOVAL, REQUIRING IN EXCESS OF ONE HOUR, OF ONE OR MORE BURIED WIRE, PIN, SCREW, ROD, NAIL OR PLATE requiring removal of bone under regional or general anaesthesia ANAESTHETIC 10 UNITS - ITEM NOS 486(163)/558(163)
- 3004(229) SYNOVECTOMY OF ANKLE, OR EXTENSOR OR FLEXOR TENDON OF ANKLE - one or more of ANAESTHETIC 9 UNITS - ITEM NOS 486(164)/558(164)
- 3004(230) MASTOIDECTOMY, radical or modified radical, obliteration of the mastoid cavity, blind sac closure of external auditory canal and obliteration of eustachian tube ANAESTHETIC 16 UNITS - ITEM NOS 486(165)/558(165)
- 3004(231) INTERNAL FIXATION BY KNOTT RODS OR BY SUBLAMINAR WIRES OR STRAPS OR PEDICLE SCREWS with or without plates or straight or shaped rods in association with spinal fusion operation ANAESTHETIC 11 UNITS - ITEM NOS 486(166)/558(166)
- 3004(232) DISCECTOMY, PERCUTANEOUS for lumbar disc lesion - one disc ANAESTHETIC 8 UNITS - ITEM NOS 486(167)/558(167)
- 3004(233) KNEE, TOTAL REPLACEMENT OF, WITH BONE GRAFT, requiring internal fixation, to femur OR tibia ANAESTHETIC 17 UNITS - ITEM NOS 486(168)/558(168)
- 3004(234) KNEE, TOTAL REPLACEMENT OF, WITH BONE GRAFT, requiring internal fixation, to femur AND tibia ANAESTHETIC 18 UNITS - ITEM NOS 486(169)/558(169)
- 3004(235) KNEE, REVISION OPERATION FOR TOTAL REPLACEMENT OF, WITH BONE GRAFT, requiring internal fixation, to femur OR tibia, with removal of prosthesis and replacement with new prosthesis ANAESTHETIC 21 UNITS - ITEM NOS 486(170)/558(170)
- 3004(236) KNEE, REVISION OPERATION FOR TOTAL REPLACEMENT OF,

- WITH BONE GRAFT, requiring internal fixation, to femur AND tibia, with removal of prosthesis and replacement with new prosthesis
ANAESTHETIC 22 UNITS - ITEM NOS 486(171)/558(171)
- 3004(238)(G) BLADDER STRESS INCONTINENCE, vaginal procedure for
3004(239)(S) ANAESTHETIC 10 UNITS - ITEM NOS 486(172)/558(172)
- 3004(240) ENDOSCOPIC BILIARY STENT, INSERTION OF, with or without endoscopic sphincterotomy
ANAESTHETIC 11 UNITS - ITEM NOS 486(173)/558(173)
- 3004(241) FRACTURED SCAPHOID, UN-UNITED, involving bone grafting with internal fixation by any means
ANAESTHETIC 12 UNITS - ITEM NOS 486(174)/558(174)
- 3004(242) EXTERNAL FIXATEUR FOR INTRA-ARTICULAR FRACTURE OF RADIUS, application of
ANAESTHETIC 8 UNITS - ITEM NOS 486(175)/558(175)
- 3004(243) ENDOMETRIUM, ENDOSCOPIC ABLATION OF, by laser or diathermy resection for chronic refractory menorrhagia including hysteroscopy or laparoscopy performed on the same day but excluding services covered by Items 4193/4194
ANAESTHETIC 9 UNITS - ITEM NOS 486(176)/558(176)
- 3004(244) EPIDURAL STIMULATOR OR INTRATHECAL INFUSION DEVICE repositioning of subcutaneous receiver and/or catheter
ANAESTHETIC 7 UNITS - ITEM NOS 486(177)/558(177)
- 3004(246) BALLOON DILATATION OF OESOPHAGUS using interventional imaging techniques
ANAESTHETIC 8 UNITS - ITEM NOS 486(179)/558(179)
- 3004(247) PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
ANAESTHETIC 7 UNITS - ITEM NOS 486(180)/558(180)
- 3004(248) MYOCARDIAL BIOPSY BY CARDIAC CATHETERIZATION
ANAESTHETIC 7 UNITS - ITEM NOS 486(181)/558(181)
- 3004(249) TEMPORO-MANDIBULAR JOINT, arthroscopic examination of
ANAESTHETIC 6 UNITS - ITEM NOS 486(182)/558(182)
- 3004(250) NASUM SEPTUM, RECONSTRUCTION of
ANAESTHETIC 9 UNITS - ITEM NOS 486(183)/558(183)
- 3004(252) OCCIPITOCERVICAL FUSION with internal fixation by Knodt rods or by sublaminar wires or straps or pedicle screws with or without plates or straight or shaped rods
ANAESTHETIC 20 UNITS - ITEM NOS 486(185)/558(185)
- 3004(253) OSTEOTOMY OR OSTEECTOMY OF CERVICAL VERTEBRAE not associated with other spinal operations
ANAESTHETIC 8 UNITS - ITEM NOS 486(186)/558(186)
- 3004(254) PAROTID DUCT, repair of, using micro-surgical techniques
ANAESTHETIC 14 UNITS - ITEM NOS 486(187)/558(187)
- 3004(255) Optic nerve meninges, incision of
ANAESTHETIC 14 UNITS - ITEM NOS 486(188)/558(188)

**INDEX TO MEDICARE BENEFITS ADVISORY COMMITTEE (MBAC)
RECOMMENDATIONS**

Procedure/Service	Item No.
Abscess drainage tube, changing of	3004(86)
Abscess or cyst(s), deep, percutaneous drainage of	3004(84)
Anaesthetic associated with :-	
Pharyngotomy with excision of tongue	486(42)/558(42)
Removal of keratoses, warts or similar lesions	486(43)/558(43)
Ankle, synovectomy of	3004(229)
Anterior cruciate ligament, replacement or reconstruction of, using arthroscopic control	3004(166)
Arterioplasty, transluminal balloon, involving laser	3004(222)
Artery, popliteal, decompression of	3004(153)
Arthroscopic surgery of,	
ankle	3004(207)
elbow	3004(165)
shoulder	3004(168)
wrist	3004(167)
Arthroscopy, temporo-mandibular joint	3004(249)
Biliary drainage tube, changing of	3004(85)
Biliary stent, insertion of, endoscopic	3004(240)
Biopsy myocardial	3004(248)
Biopsy, percutaneous, of deep organ	3004(80)
Bladder stress incontinence	3004(238)-(239)
Bone growth stimulator, insertion of	3004(225)
Breast lesion, needle localisation of	3004(81)
Calculus, extraction of, from biliary or renal tract	3004(79)
Catheter (Hickman, Broviac or similar), removal of	3004(169)
Catheter, tenckhoff peritoneal dialysis, removal of	3004(188)
Cervical, vertebrae, osteotomy or osteectomy of	3004(253)
Conjoint tendon, repair of	3004(154)
Corneal transplantation, removal of sutures	3004(173)
Corpus callosum, anterior section	3004(161)
Craniotomy and laminectomy for hydromyelia	3004(160)
Cyst(s) or abscess, deep, percutaneous drainage of	3004(84)
Discectomy, percutaneous	3004(232)
Drooling, surgical control of	3004(174)
Ear, full thickness wedge excision of	3004(146)
Embryo transfer	3004(224)
Endometrium, endoscopic ablation of, by laser or diathermy resection	3004(243)
Epidural implant for chronic pain	3004(190)
Epidural stimulator, repositioning of subcutaneous receiver or catheter	3004(244)
Eyelid closure, insertion of foreign implant for	3004(111)
Facial nerve palsy, excision of tissue for	3004(4)-(5)
Fallopian tube embryo transfer	3004(224)
Femur, forage of	3004(226)-(227)
Fixateur, external, for intra-articular fracture of radius, application of	3004(242)
Foetal blood sampling	3004(210)
Forage of Femur	3004(226)-(227)
Frenulum, tongue, repair of	3004(135)
Gastric or gastro-duodenal stricture, balloon dilation of	3004(183)

Glaucoma, insertion of Molteno drainage apparatus	3004(223)
Gold weight lid loading for eyelid palsy	3004(111)
Graft, occluded non-infected prosthetic by-pass, replacement of, from trunk	3004(208)
Haemorrhage, post-operative, exploratory thoracotomy for	3004(159)
Haemorrhoids, infrared coagulation of, using proctoscope	3004(149)
Herniography (peritoneogram)	2804(17)
Hip replacement, revision operation for	3004(196)-(198)
Hip replacement, total, involving bone grafting to acetabulum	3004(189)
Hydatid cyst and liver tissue, excision of	3004(179)
Hydromyelia, laminectomy and craniotomy for	3004(160)
Injection into spinal nerves or spinal joints	3004(107)
Internal fixation associated with spinal fusion operation	3004(231)
Intrathecal morphine infusion device, insertion of	3004(186)
Intrathecal infusion device, repositioning of subcutaneous receiver or catheter	3004(244)
Joint,	
ankle, arthroscopic surgery of	3004(207)
elbow, arthroscopic surgery of	3004(165)
metatarsophalangeal, prosthetic arthroplasty	3004(213)
shoulder, arthroscopic surgery of	3004(168)
temporo-mandibular, arthroscopic examination of	3004(249)
wrist, arthroscopic surgery of	3004(167)
Knee, total replacement of, with bone graft and internal fixation	3004(233)-(2 4)
Knee, total replacement of, revision operation with bone graft and internal fixation	3004(235)-(236)
Laminectomy and craniotomy for hydromyelia	3004(160)
Laryngeal web, division of	3004(184)
Lesion, breast, needle localisation of	3004(81)
Limb, osteosarcoma, en-bloc resection of	3004(209)
Mammary ductogram (Galactography) -	2804(15)-(16)
Mandible, fixation by intermaxillary wiring	3004(212)
Mastoidectomy, radical or modified radical with obliteration of eustachian tube and mastoid cavity and blind sac closure of external auditory canal	3004(230)
Metatarsophalangeal joint, prosthetic arthroplasty	3004(213)
Myocardial biopsy	3004(248)
Nail, buried, removal of, requiring in excess of one hour	3004(228)
Nasal septum, reconstruction of	3004(250)
Needle localisation of breast lesion	3004(81)
Occipitocervical fusion with internal fixation	3004(252)
Oesophagus, balloon dilatation of	3004(246)
Open heart surgery, with arterial switch procedure	3004(157)
Optic nerve meninges, incision of	3004(255)
Organ, deep, percutaneous biopsy of	3004(80)
Osteectomy of cervical vertebrae	3004(253)
Osteotomy of cervical vertebrae	3004(253)
Ova flushing	3004(82)
Ovarian cyst(s), trans-vaginal drainage of	3004(205)
Parotid duct, repair of	3004(254)
Percutaneous biopsy of deep organ	3004(80)
Percutaneous discectomy	3004(232)
Percutaneous drainage of deep abscess or deep cyst(s)	3004(84)
Percutaneous gastrostomy, endoscopic	3004(247)
Percutaneous nephrostomy tube, changing of	3004(83)
Percutaneous transhepatic cholangiogram and biliary drainage	3004(77)
Peritoneogram (herniography)	2804(17)

Pin, buried, removal of, requiring in excess of one hour	3004(228)
Plate, buried, removal of, requiring in excess of one hour	3004(228)
Popliteal artery, decompression of	3004(153)
Post-operative haemorrhage, exploratory thoracotomy for	3004(159)
Radionuclide colon transit study	8873(1)
Radius, external fixateur for intra-articular fracture, application of	3004(242)
Radius, head of, silastic replacement of	3004(192)
Rectal stricture, dilation of	3004(180)
Rod, buried, removal of, requiring in excess of one hour	3004(228)
Scaphoid, fractured, with bone graft and internal fixation	3004(241)
Screw, buried, removal of, requiring in excess of one hour	3004(228)
Septostomy, balloon	3004(145)
Spinal nerves or spinal joints, injection into	3004(107)
Sternum, rewiring of	3004(191)
Sutures, removal of, after corneal transplantation	3004(173)
Synovectomy of ankle	3004(229)
Temporo-mandibular joint, arthroscopy	3004(249)
Tenckhoff peritoneal dialysis catheter, removal of	3004(188)
Tendon, conjoint, repair of	3004(154)
Thoracotomy, exploratory, for post-operative haemorrhage	3004(159)
Tongue, frenulum of, repair of	3004(135)
Urethral catheterisation, bladder lavage and hydrostatic dilatation	3004(136)
Vaginal repair with transvaginal sacrospinus ligament colposuspension	3004(144)
Vagino-perineal fistula, repair of	3004(185)
Vulvoplasty, balloon	3004(145)
Wire, buried, removal of, requiring in excess of one hour	3004(228)

Medicare Benefits Advisory Committee (MBAC) Recommendations
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
486(42)	146.00	126.00	109.50	3004(169)	69.00	58.65	51.75
486(43)	Derived	-	-	3004(173)	45.00	38.25	33.75
558(42)	162.00	142.00	121.50	3004(174)	700.00	680.00	525.00
558(43)	Derived	-	-	3004(179)	555.00	535.00	416.25
2804(15)	83.00	70.55	62.25	3004(180)	80.00	68.00	60.00
2804(16)	166.00	146.00	124.50	3004(183)	225.00	205.00	168.75
2804(17)	106.00	90.10	79.50	3004(184)	245.00	225.00	183.75
3004(04)	122.00	103.70	91.50	3004(185)	128.00	108.80	96.00
3004(05)	156.00	136.00	117.00	3004(186)	230.00	210.00	172.50
3004(77)	330.00	310.00	247.50	3004(188)	144.00	124.00	108.00
3004(79)	330.00	310.00	247.50	3004(189)	860.00	840.00	645.00
3004(80)	120.00	102.00	90.00	3004(190)	730.00	710.00	547.50
3004(81)	120.00	102.00	90.00	3004(191)	255.00	235.00	191.25
3004(82)	260.00	240.00	195.00	3004(192)	400.00	380.00	300.00
3004(83)	168.00	148.00	126.00	3004(196)	1120.00	1100.00	840.00
3004(84)	178.00	158.00	133.50	3004(197)	1120.00	1100.00	840.00
3004(85)	168.00	148.00	126.00	3004(198)	1215.00	1195.00	911.25
3004(86)	168.00	148.00	126.00	3004(205)	178.00	158.00	133.50
3004(107)	69.00	58.65	51.75	3004(207)	465.00	445.00	348.75
3004(111)	345.00	325.00	258.75	3004(208)	505.00	485.00	378.75
3004(135)	76.00	64.60	57.00	3004(209)	1310.00	1290.00	982.50
3004(136)	58.00	49.30	43.50	3004(210)	178.00	158.00	133.50
3004(144)	315.00	295.00	236.25	3004(212)	152.00	132.00	114.00
3004(145)	575.00	555.00	431.25	3004(213)	280.00	260.00	210.00
3004(146)	205.00	185.00	153.75	3004(222)	380.00	360.00	285.00
3004(149)	34.50	29.35	25.90	3004(223)	845.00	825.00	633.75
3004(153)	315.00	295.00	236.25	3004(224)	136.00	116.00	102.00
3004(154)	295.00	275.00	221.25	3004(225)	240.00	220.00	180.00
3004(157)	2355.00	2335.00	1766.25	3004(226)	230.00	210.00	172.50
3004(159)	575.00	555.00	431.25	3004(227)	255.00	235.00	191.25
3004(160)	1020.00	1000.00	765.00	3004(228)	235.00	215.00	176.25
3004(161)	1020.00	1000.00	765.00	3004(229)	345.00	325.00	258.75
3004(165)	465.00	445.00	348.75	3004(230)	1205.00	1185.00	903.75
3004(166)	600.00	580.00	450.00	3004(231)	435.00	415.00	326.25
3004(167)	465.00	445.00	348.75	3004(232)	280.00	260.00	210.00
3004(168)	465.00	445.00	348.75	3004(233)	855.00	835.00	641.25

Medicare Benefits Advisory Committee (MBAC) Recommendations
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
3004(234)	935.00	915.00	701.25				
3004(235)	1120.00	1100.00	840.00				
3004(236)	1215.00	1195.00	911.25				
3004(238)	285.00	265.00	213.75				
3004(239)	330.00	310.00	247.50				
3004(240)	285.00	265.00	213.75				
3004(241)	430.00	410.00	322.50				
3004(242)	375.00	355.00	281.25				
3004(243)	285.00	265.00	213.75				
3004(244)	110.00	93.50	82.50				
3004(246)	144.00	124.00	108.00				
3004(247)	225.00	205.00	168.75				
3004(248)	188.00	168.00	141.00				
3004(249)	140.00	120.00	105.00				
3004(250)	380.00	360.00	285.00				
3004(252)	1025.00	1005.00	768.75				
3004(253)	435.00	415.00	326.25				
3004(254)	435.00	415.00	326.25				
3004(255)	525.00	505.00	393.75				
8873(01)	515.00	495.00	386.25				

SECTION 3

INDEX TO GENERAL MEDICAL SERVICES

PLEASE NOTE:

This index is a reference point for medical services which attract Medicare benefits under items included in the Schedule of General Medical Services. Medical practitioners should peruse the actual description of the item in the Schedule to ensure the correct item number is selected and to ascertain whether there are any restrictions relating to the payment of benefits. Restrictions are, as far as practicable, included in the description of the item. Otherwise they will be outlined in the notes immediately preceding the particular part of the Schedule.

Service	Item
Abbe flap, full thickness, for reconstruction of lip or eyelid	8618,8620
transplant or flap, secondary correction of, for cleft lip	8632
Abdomen, burst, repair of	4258/4262
Abdominal apron or similar condition, transverse wedge excision	3306-3308
lipectomy for	3306-3308
block	748,751
viscera - operations involving	3739/3745
X-ray, plain	2699/2703
Abdominis, paracentesis	4197
Abdomino-perineal pull through resection	4217
resection	4202-4214
-vaginal operation for stress incontinence	6407,6408
Abdominoplasty, Pitanguy type	3311
Abortion, incomplete	6460/6464
induced, vacuum aspiration	6469
curettage	6469
missed, curettage for	6469
threatened, treatment of	246
Abrasive therapy	8452,8454
Abscess, appendiceal, laparotomy for drainage of	4087/4093
Bartholin's, incision of	6284
Brodie's, operation for	4864
cerebral, operation for	7283,7287
intracranial, operation for	7283,7287
intra-orbital, drainage of	6752
ischio-rectal, incision of	3379/3384
large, incision with drainage of, requiring a	
general anaesthetic	3379/3384
liver, abdominal drainage of	3764
or inflammation of middle ear, operation on	5162
pancreatic, drainage of	4131
pelvic, laparotomy for drainage of	4087/4093
drainage via rectum or vagina	3379/3384
perianal, incision of	3379/3384
perinephric, drainage of	5683
peritonsillar, incision of	5445
prostate, open drainage of	6022
prostatic, endoscopic drainage of	6033
retroperitoneal, drainage of	4185
retropharyngeal, incision with drainage of	3379/3384
scrotum, drainage of	3379/3384
small, incision with drainage of, not requiring a	
general anaesthetic	3371
subperiosteal	(see osteomyelitis)
subphrenic, drainage of	3750
urethral, drainage of	3379/3384
Accessory bone, removal of	7853
nipple, removal of (restriction applies)	3219-3237
Accessory scaphoid, removal of	7853
Achilles tendon or other large tendon	
- operation for lengthening	8262
- plastic repair of	8235/8238
- suture of	8235/8238
- torn, repair of	8235/8238

*Payable on attendance basis

Service	Item
Acoustic neuroma	5108,5112,7203
Acromial bursitis, manipulation for, under general anaesthesia	7911/7915
Acromion, removal of	8166
Acromionectomy	8166
Acrylic head, fitting of, to femur	8053
prosthesis operation on hip	8053-8069
Acupuncture, performed by a medical practitioner	980
Acute osteomyelitis operation on sternum, clavicle, rib, ulna, radius, carpus, tibia, fibula, tarsus, mandible or maxilla	4838
Adductor hallucis tendon, transplantation of with osteotomy or osteectomy of phalanx or metatarsal with correction of hallux valgus	8135
Adenoids and tonsils, removal of	5363-5392
removal of	5407/5411
Adenomyoma of uterus, excision of	6508
Adhesions, bowel, division of, with laparotomy	9435
division of, via laparoscope	4194
labial, separation of	*
nasal, division of	5234
peritoneal, separation of, and laparotomy	3726
pharyngeal, division of	5345
preputial, breakdown of	*
Administration of an anaesthetic (see anaesthetic)	
Adrenal gland, excision of, partial or total	5636
removal of	5636
insufflation and X-ray	2697
preparation for	2825
study	8866/8867
Air contrast study with opaque enema	2718
encephalography	2756
preparation for	2805
Alcohol, injection of trigeminal ganglion or primary branch of trigeminal nerve with	7079
intrathecal injection	7081
local infiltration around nerve or in muscle with	*
nerve blocking with, following localisation by electrical stimulator	756
retrobulbar injection of	6918
Alimentary continuity, primary restoration	5508
obstruction, neonatal, laparotomy for	8394
tract, X-ray of	2699-2718
Allergens, skin sensitivity for	987,989
Alveolus, application of moulds of radioactive substances	2911/2912
Amniocentesis	278
Amniofusion	278
Amnioscopy	278
Amputation, breast, radical	3702
simple	3647/3652
cervix, or repair of	6430/6431
clitoris, where medically indicated	6299
extra digit, congenital	8430
finger or thumb	4927-4969
foot at ankle (Syme, Pirogoff types)	5034
Amputation, foot, at midtarsal or transmetatarsal	5038

*Payable on attendance basis

Service	Item
hand	4972-4979
hindquarter	5055
hip	5051
interscapulothoracic	4987
penis, complete or radical	6184
partial	6179
shoulder	4983
stump, reamputation of	5057
trimming of	*
through thigh, at knee or below knee	5050
toe or great toe	4990-5029
including metatarsal or through metatarsal	5024/5029
Anaesthesia, general (including oxygen administration)	
during hyperbaric therapy	787,790
regional, intravenous, of limb, by retrograde perfusion	760/764
nerve or field block	748,751
Anaesthetic, administration of	
- by a medical practitioner other than a specialist anaesthetist	401-497
- by a specialist anaesthetist	500-565
- in connection with a dental operation (not being a prescribed medical service)	566-577
- in connection with breech delivery	481,552
Caesarean section	9039/9040
delivery of second twin	481,552
electrocochleography	9033/9034
E.C.T.	404,406
episiotomy repair	9041/9042
forceps delivery	481,552
manipulative correction of acute inversion of uterus, vaginal approach	9037/9038
manual removal of products of conception, treatment of postpartum haemorrhage or third degree tear	9035/9036
percutaneous central venous cannulation	9027/9028
peripheral venous cannula, insertion of peripheral venous cannulation,	9023/9024
by open exposure	9025/9026
phaeochromocytoma, removal of	9021/9022
radiotherapy	480,551
reamputation of amputation stump	488/560
vacuum extraction delivery	481,552
- in connection with the treatment of a	
- complicated fracture involving viscera, blood vessels or nerves and requiring open operation	485,557
- dislocation requiring open operation	482,553
- simple and uncomplicated fracture requiring open operation	483,554
- simple and uncomplicated fracture requiring internal fixation or with the treatment of a compound fracture requiring open operation.	484,556

*Payable on attendance basis

Service	Item
Anaesthetic, assistance in administration	767
local, injection of (see explanatory notes)	
separate examination for	82/85
Anal canal, colposcopically directed laser therapy for	
intraepithelial neoplasia	6303-6305
incontinence, operation for,	4492
prolapse, circum-anal suture for	4467
injection into without anaesthesia	4534
submucosal injection for	4534
sphincterotomy, as an independent procedure (Hirschsprung's disease)	4490
stricture, repair of	4482
tags or external haemorrhoids, removal of	4534
Anastomosis, arterial	4762
with femoral artery by-pass graft	4755
arteriovenous, direct, of upper or lower limb	4817
bowel	4133
hepatic duct with gallbladder or intestine	3834
ileo-rectal, with total colectomy	4048
nerve	7139-7141
portal, hypertension, vascular	4766
spino-ureteral, spino-peritoneal or spino-pleural of, for hydrocephalus, congenital	7320
Anderson-Hynes operation	5734
Aneurysm, abdominal aortic, excision of and insertion of graft	4791,4794
intracranial, operation for	7265-7274
ligation of great vessels for	4690,7265-7274
major artery, excision of and insertion of graft	4798
thoraco-abdominal, excision of and insertion of graft	4792
Angiocardiology, serial, bi-plane direct roll-film method	2748
indirect roll-film method	2750
rapid cassette changing	2744
single plane - direct roll-film method	2746
Angiofibroma, nasopharyngeal, transpalatal removal	5350
Angiography, cerebral	2758
percutaneous, preparation for	2807
preparation for by catheter or open exposure	2807
vertebral	2758
Angioma, cauterisation or injection of, under general anaesthesia	8458
involving deep tissue, excision and repair of	8470,8472
of skin and subcutaneous tissue or mucous surface, excision and repair of	8462,8466
excision of, and direct repair	8462,8472
Ankle, arthroscopy of	8072
arthroplasty, total replacement	8069
revision operation	8070
dislocation of	7461
fracture of	7647/7652
region, triple arthrodesis of	8116
total replacement, revision operation	8070
X-ray of	2524/2528,2532/2537
Anophthalmic orbit, insertion of cartilage or artificial implant	6701
removal of implant from socket	6701
Ano-rectal malformation	

*Payable on attendance basis

Service	Item
- perineal anoplasty	8406
- rectoplasty	8408
Antenatal cardiocography in the management of high risk pregnancy care	290
confinement and postnatal care for nine days	190,192,204/205
Antepartum haemorrhage	204/205
Anterior chamber, irrigation of blood from	273
colporrhaphy	6871
- and perineorrhaphy	6347/6352
- with posterior colpoperineorrhaphy and amputation of cervix	6358/6363
synechiae, cutting of	6367/6373
vaginal repair	6885
Antireflux operations	6347/6352,6358/6363
Antrobuccal fistula operation	4242-4245
Antroscopy	5288
Antrostomy (radical)	5280+(1/2)5348
with transantral ethmoidectomy	5270
Antrum, drainage of, through tooth socket	5277
intranasal operation on, or removal of foreign body from	5284
maxillary, lavage of	5280
proof puncture and lavage of	5264
removal of foreign body from	5245,5254
Anus, circum-anal suture for prolapse of	5280
dilatation of (Lord's procedure)	4467
repair of stricture of	4455
sphincterotomy of	4482
submucosal injection for prolapse of	4490
Aorta, endarterectomy of	4534
Aortic aneurysm, ruptured	4705
Aorto-duodenal fistula, repair of	4791-4794
Aorto-femoral or aorto-iliac or other intra-abdominal straight or bifurcate graft	4794
Aortography	4744
Aortography preparation for	2770
Appendiceal abscess, laparotomy for drainage of	2817
Appendicectomy (Appendectomy)	4087/4093
- (Incidental)	4074-4093
Appendicostomy	4084
Appendix, operations on	3722
ruptured, laparotomy for drainage of	4074-4093
X-ray of	4087/4093
Apron, abdominal, lipectomy for	2714
Arachnoidal cyst, congenital, operation for	3306-3308
Areola, reconstruction of	7328
Arm, amputation through or disarticulation of	8538
direct arteriovenous anastomosis of	4979
(elbow to shoulder), X-ray of	4817
Arterial anastomosis	2508/2512
microvascular	4762
by-pass graft including harvesting of vein	4764
cannulation for infusion chemotherapy	4754,4755
patch graft with harvesting of vein	4823
	4738

*Payable on attendance basis

Service	Item
Arterial puncture	956
Arteriography, cerebral	2758
preparation for	2807
peripheral	2766,2776
preparation for	2819,2827
selective, coronary	2751
preparation for	7011,7013
Arterioplasty,transluminal,including associated radiological services and preparation	4813,4814
Arteriovenous anastomosis of upper or lower limb	4817
fistula, cervical carotid ligation for	7274
dissection and ligation of	4702
repair of	4699
excision of, from major blood vessels	4690
malformation, intracranial, operation for	7265,7270
shunt, declotting of	831
external, insertion of	4808
removal of	4812
Artery, abdominal, endarterectomy of	4705
anastomosis of	4762
by microsurgical techniques for the reimplantation of limb or digit or free transfer of tissue	4764
ethmoidal, transorbital ligation of	5292
internal carotid, repositioning of	4733
intra-thoracic, endarterectomy of	4705
ligation of, by elective operation or repair of surgically created fistula	4688
major, of neck or extremity, repair of wound of with restoration of continuity	4693
of trunk, repair of wound of, with restoration of continuity	4696
maxillary, transantral ligation of	5268
of extremities, endarterectomy of	4709
neck, endarterectomy of	4709
removal of embolus from	4778
trunk, removal of embolus or thrombus from	4784
or arteries, coronary, direct surgery to	7066
renal, aberrant, operation for	5683
umbilical, catheterisation	897
Arthrectomy, finger	8022
hip	8048
knee	8088
shoulder	8019
zygapophyseal joints	8028
other large joint	8036
small joint	8022
Arthrodesis, finger	8022
hip	8044
knee	8088
sacro-iliac joint	8032
shoulder	8019
subtalar	8326
triple, of foot or ankle region	8116

*Payable on attendance basis

Service	Item
Atresia, congenital, biliary reconstruction	3834
laparotomy and dissection	3739/3745
reconstruction of external auditory canal	
for	8612
oesophagus, dilation for	5470-5492
operation for	8392
tracheal, dilatation of, with bronchoscopy	5619
Attendances, postoperative - (see explanatory notes)	
Attendances, professional	
by vocationally registered general practitioner,	
surgery	3,23,36,44
home visit	4,24,37,47
institution	14,26,39,49
by other than vocationally registered general practitioner	
surgery	52,53,54,57
home visit	58,59,60,65
institution	66,69,71,72
by either vocationally or non-vocationally registered practitioner	
hospital	73,74,75,76
nursing home	77,78,79
emergency, after hours (restriction applies)	80
family group therapy	170-172
prolonged, continuous life saving treatment	160-164
by anaesthetist, in preparation for anaesthesia	82/85
by specialist	
surgery, hospital or nursing home	88,94
home visit	100,103
by consultant physician (other than in psychiatry)	
surgery, hospital or nursing home	110,116,119
home visit	122,128,131
by consultant psychiatrist	
surgery, hospital or nursing home	134-142
home visit	144-152
interview of a person other than the patient	890,893
family group psychotherapy	887-889
group psychotherapy	887
Atticotomy	5079
with reconstruction of bony defect	5080
Audiogram, air and bone conduction	865
- and speech	870
- and speech with other Cochlear tests	874
conduction	863
impedance	877
with either air conduction or air and bone	
conduction	878
Audiometry, brain stem evoked response	818
non-determinate	862
Auditory canal, external, reconstruction of	5074
for congenital atresia	8612
removal of foreign body from	5062
stenosis, correction of, with meatoplasty	5073
meatus, external, removal of exostoses in	5072
internal, exploration by middle cranial	
fossa approach	5119

*Payable on attendance basis

Service	Item
Augmentation mammoplasty, (see under mammoplasty)	
Aural polyp, removal of	5066
Austin Moore arthroplasty of hip	8053
Autologous transfusion, collection of blood for	949
Avulsion, epiphysis	7844
penis, repair of	6194
Axilla, lymph glands of, excision of	3634, 3638
Axillary artery, ligation of	4690
hyperhidrosis, total excision of sweat gland bearing area	3315
wedge excision for	3314
vessel, ligation of	4690
involving gradual occlusion by mechanical device	.4715

*Payable on attendance basis

Service	Item
B	
Back, manipulation of, under general anaesthesia	7911/7915
Baker's cyst, excision of	3217
Band, encircling silicone, removal of from detached retina	6906
rubber, ligation of haemorrhoids	4509
Bands, lateral pharyngeal, removal of	5431
Bankhart operation (arthroplasty of shoulder joint)	8017
Barium meal	2709-2714
oesophagus, stomach and duodenum	2709
- and follow through to colon	2711
- with small bowel series	2711
small bowel series only	2714
Bartholin's abscess, incision of	6284
cyst, excision of	6274/6277
or gland, marsupialisation or cautery destruction of	6278/6280
Basal cell carcinoma, complicated, removal of	3281,3289
uncomplicated, removal of (restriction applies)	3219-3237
Bassini's operation	4222/4227
Bat ear or similar deformity, correction of	8608
Bennett's fracture	7527/7530
Bicornuate uterus, plastic reconstruction for	6570
Bifurcate graft	4744
Bile duct, common, operations on	3820-3834
reconstruction of	3834
Biliary atresia, congenital, laparotomy and dissection	3739/3745
reconstruction of bile duct	3834
X-ray of	2720-2728
system, operations on	3789-3834
Biopsy, aspiration of bone marrow	3160
bladder, by cystoscopy	5868
bone marrow, by aspiration	3160
open approach	3157
percutaneous approach	3158
bronchus	5611
(burr-hole) of sternum	3157
cervix	6411
cone, of cervix	6430/6431
drill, of lymph gland, deep tissue or organ	3148
endometrial, for suspected malignancy	6447
endometrium	*
intracranial tumour via burr-hole	7192
via osteoplastic flap	7194
larynx	5524
liver, percutaneous	3752
lung, needle	6954
lymph gland, muscle or other deep tissue or organ	3135/3142
needle aspiration	*
oesophagus	5480
ovarian by laparoscopy	4193,4194
pleura	3161
prostate, endoscopic, with or without cystoscopy	6027
needle	6030
perineal	6022

*Payable on attendance basis

Service	Item
Biopsy, punch, of synovial membrane	3159
rectum, full thickness	4380
renal	5726
scalene node	3168
skin or mucous membrane	3130
sternum, puncture	3157
sunction	3130
testis	6228
vertebra	3162
via laparoscope	4193,4194
with cervical exploration of mediastinum	6992
direct examination of larynx	5524
gastroscopy or duodenoscopy	3847-3851
intubation of small bowel	4099
Birth mark, congenital, removal of, other than by radiotherapy	8458-8472
Bladder, aspiration of, by needle	5964
biopsy of with cystoscopy	5868
catheterisation of - where no other procedure is performed (closed), operations on	5840-5888
cystostomy or cystotomy	5897/5901
diverticulum of, excision or obliteration of	5929
ectopic - 'turning-in' operation	8414
enlargement of, using intestine	5981
evacuation of clot from, by cystoscopy	5845
excision of	5905
extrophy closure	5982
introduction of cytotoxic agent into	932
lavage of clot from, by cystoscopy	5872
neck closure, including repair of epispadias	6135
contracted, congenital, wedge excision or perurethral resection of	8410
contracture, operation for	5881
resection, endoscopic, with cystoscopy	5881
(open), operations on	5891-5935
partial excision of	5889
prolapse of (gynaecological), repair of	6347-6373
repair of rupture	5891/5894
with complete or partial uterectomy	5747
stress incontinence, suprapubic procedure	5977
suprapubic stab cystotomy	5903
transection, with re-anastomosis to trigone	9476
tumour of, diathermy or resection of, with cystoscopy	5871,5875
suprapubic diathermy of	5919
wall, injection into, with cystscopy	5879
washout test of	839
Blepharospasm, injection of botulinus toxin for	6920
Block, regional nerve or field	748,751
Blocking, nerve, with alcohol or other agent following localisation by electrical stimulator	756
Blood, administration of	940,944
cell separation (limited to one attendance per procedure)	*
collection of, for pathology test	907,956
transfusion	949

*Payable on attendance basis

Service	Item
Blood, dye - dilution indicator test	952
pressure monitoring by intravascular cannula	770
transfusion	902,904,940-947
intrauterine foetal, including necessary amniocentesis	947
control X-ray for	2742
Bone, accessory, removal of	7853
carpal, replacement of by silicone or other implant including any necessary tendon transfers	8003
lunate, excision of	8190
nasal, fracture of	7701-7715
sesamoid, removal of	7853
temporal, partial resection for removal of tumour	5114
total resection for removal of tumour	5115
Bone age study	2614,2617
cysts, injection of steroids into	7855
graft to femur	7975
humerus	7983
radius and ulna	7983
radius or ulna	7993
scaphoid	7999
spine	7934-7969
postero-lateral fusion	7945
with laminectomy and posterior interbody fusion	7967,7969
tibia	7977
(not covered by any other item)	8001
with calcaneal osteomy	8330
marrow, administration of	944
aspiration biopsy of	3159
harvesting of for the purpose of transplantation	939
study - whole body	8842/8843
or joint scan	8846-8854
tumour, innocent, excision of	3425
Botulinus toxin, injection of, for blepharospasm or strabismus	6920
Bowel, anastomosis of	4039/4043
continuity, restoration of following Hartman's operation	4071
mobilisation of	3739/3745
resection of	4039/4043
ruptured, repair or removal of	3722,4165
small, barium X-ray of (small bowel series only)	2714
with barium meal examination of stomach	2711
small, intubation	4104
with biopsy	4099
or large, interposition of with oesophagectomy	6988
Brachial artery or vein, ligation of or repair of surgically created fistula	4688
endarterectomy	4709
plexus block	748,751
exploration of	7175
Brachycephaly, cranial vault reconstruction for	8681
Brain, abscess of, excision of	7283
stem, evoked response audiometry	818
study	8819/8820
Branchial cyst, removal of	3526

*Payable on attendance basis

Service	Item
Branchial fistula, removal of	3530
Breast, amputation of	3647-3702
cyst aspiration of	*
excision of cyst, fibro adenoma, local lesion or segmental resection	3654/3664
- where frozen section is performed or specimen radiography is used	3668/3673
mammaplasty of (see under mammaplasty)	
manipulation of fibrous tissue surrounding prosthesis operations on	*
partial mastectomy involving more than one quarter of breast tissue	3647-3702
reconstruction using a latissimus dorsi or other large myocutaneous flap	8532
breast sharing technique	8533,8534
tissue expansion, unilateral	8536,8537
section of, for biopsy	3135/3142
sharing technique for breast reconstruction	8533,8534
tumour, removal of (restriction applies)	3219-3265
X-ray of (restriction applies)	2734,2736
Breech delivery, administration of anaesthetic in connection with	481,552
Broad ligament cyst, excision of	6643/6644,6648/6649
with abdominal hysterectomy	6532/6533
removal of fatty tumour of	3739/3745
Brodie's abscess, operation of	4864
Bronchial tree, intrathoracic operation on	6999
Bronchography	2764
preparation for	2815
Bronchoscopy, as an independent procedure	5605
fiberoptic	5615
with biopsy or other diagnostic or therapeutic procedure	5611
dilatation of tracheal stricture	5619
Bronchspirometry	918
Bronchus, operations on	5605-5613
removal of foreign body in	5613
Brovic catheter for central vein catheterisation	4824,4825
Brush biopsy of ureter or renal pelvis, with cystoscopy	5849
Bubonocoele operation	4222/4227
Buckling operation for detached retina	6902
Bunion, excision of	8169/8173
Burns, dressing of (not involving grafting)	3006-3039
excision of under G.A. (not involving grafting)	
- more than 10% of body surface	3039
- not more than 10% of body surface	3038
extensive free graft to	8510
free graft to	8509-8511
Burr-hole biopsy of sternum	3157
craniotomy	7186,7192,7212,7287
for intracranial haemorrhage	7212
Bursa, incision of	*
large, excision of	3208/3213
including olecranon, calcaneum or patella, excision of	3208/3213

*Payable on attendance basis

Service	Item
Bursa, semimembranosus, excision of	3217
small, excision of	3194/3199
Bursitis, acromial, manipulation of under general anaesthesia	7911/7915
Burst abdomen, repair of with extrusion of abdominal viscera	4258/4262
By-pass, arterial including harvesting of vein	4754
crossed, of saphenous vein	4665
femoral artery, including harvesting of vein	4755
graft, infected prosthetic, excision of	4801,4802
of neck or extremities, removal of embolus from	4778

*Payable on attendance basis

Service	Item
C	
Cadaver, donor nephrectomy	5647
Caecostomy	3722
extra-peritoneal closure of	3976/3981
Caesarean section	210
Calcaneal osteotomy	8328
with bone graft	8330
Calcanean bursa, excision of	3208/3213
spur, removal of	8120
Calcaneus, fracture of	7647/7652
salivary, X-ray of	2579
valgus, manipulation and plaster under general anaesthesia	8336
under general anaesthesia	8334
Calcium, deposit, removal of, from cuff of shoulder	8009
Calculus, removal of, from bladder	5888
kidney	5691,5699
parotid or salivary gland duct or meatotomy or marsupialisation	3468/3472
sublingual gland duct or meatotomy or marsupialisation	3468/3472
with cystotomy	5897/5901
staghorn, nephro or pyelolithotomy for	5699
ureteric, endoscopic removal or manipulation of	5885
Caldwell-Luc operation	5270
Caloric test of labyrinth or labyrinths	882
labyrinths, simultaneous bithermal	883
Calve's epiphysitis, plaster for	8349
Canal, auditory stenosis, correction of	5073
external auditory, reconstruction of	5074
for congenital atresia	8612
Canaliculus system lacrimal, reconstruction of	6792
immediate repair of	6796
Cancer of skin, removal by serial curettage excision	3350,3351,3352
Cannula, intralymphatic insertion of, for introduction of radio-active material	938
intravascular, blood pressure monitoring by	770
Cannulation, arterial, for infusion chemotherapy	4823
for infusion chemotherapy	4822
of a vein in a neonate	895
Canthoplasty	6768
Capsular ligaments of knee, reconstruction of	8082-8088
Capsule, joint, repair of	8113
Capsulectomy	6861,6862,6864
Capsulotomy	6865
Carbolisation of eye	*
Carbon dioxide output, estimation of	920
Carbuncle, incision with drainage of, requiring a general anaesthetic	3379/3384
Carcinoma	(see tumour)
Cardiac by-pass, whole body perfusion	923
catheterisation	7001-7013
electrophysiological studies	7007,7008
examination including barium swallow	2642/2646

*Payable on attendance basis

Service	Item
Cardiac measurements with kymography	2642/2646
operation	6999
pacemaker, insertion or replacement of	7021,7033
rhythm, restoration of, by electrical stimulation	917
surgery, open, congenital, in children	7044
Cardiopulmonary by-pass, for direct surgery to coronary artery or arteries	7066
Cardiospasm, Heller's operation for	6999
Cardiotocography, antenatal, in the management of high risk pregnancy	290
Carinatum, pectus, radical correction of	6972
Carotid artery, endarterectomy of	4705,4709
internal, repositioning of	4733
ligation of, for aneurysm or arteriovenous fistula involving gradual occlusion by mechanical device	4715
body or carotid body tumour, removal of without anastomosis	3295
with anastomosis	4762
vessels, examination of	800-802
Carpal bone, dislocation of	7426
fracture of, excluding navicular	7533
replacement of, by silicone or other implant including any necessary tendon transfers	8003
scaphoid, fracture of	7535/7538
reduction and screw fixation	7980
tunnel syndrome, radical operation for	7178/7182
Carpometacarpal joint, synovectomy of	8290
Carpus on radius and ulna, dislocation of	7430/7432
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy or osteotomy of	8190
of with internal fixation	8193
Cartilage, knee, displaced, reduction of, under general anaesthesia	7911/7915
removal of	8085-8092
tarsal, excision of	6758
Caruncle, urethral, cauterisation of	6290
excision of	6292/6296
Cataract, juvenile, removal of, including subsequent needlings	6859
Catheter, peritoneal insertion and fixation of	833
Catheterisation, bladder - where no other procedure is performed	5840
cardiac	7001-7013
central vein	950,951
using subcutaneous tunnel	4824,4825
eustachian tube	5343
frontal sinus	5305
right heart balloon flotation	953/954
scalp vein in a neonate	895
umbilical artery	897
vein in a neonate	895
ureteric, with cystoscopy	5851
Caudal block	748,751
Cauterisation, angioma, congenital, under general anaesthesia	8458
cervix	6411
haemangioma, congenital, under general anaesthesia	8458
haemorrhoids	4523/4527

*Payable on attendance basis

Service	Item
Cauterisation, of tarsus for ectropion	6762
perforation of tympanum	5176
septum or turbinates or pharynx	5229
urethra or urethral caruncle	6290
Cautery, conjunctiva, including treatment of pannus	6835
destruction of Bartholin's cyst or gland	6278/6280
to nose for arrest of nasal haemorrhage during an episode of epistaxis	5230
Cavity, nasal, and/or post-nasal space, examination of, under general anaesthesia as an independent procedure	5192
packing, for arrest of nasal haemorrhage	5230
orbital, bone or cartilage graft to walls or floor of	8553
reconstruction of walls or floor of	8552
synovial, aspiration and/or injection of	8105
Cellulitis, incision with drainage of, requiring a general anaesthetic	3379/3384
Central nervous system evoked responses	816,817
vein catheterisation	950,951
using subcutaneous tunnel	4824,4825
Cerebello-pontine angle tumour	
- suboccipital removal of	7203
- transmastoid, translabyrinthine removal of	5108,5112
Cerebral angiography, preparation for	
- percutaneous, catheter or open exposure scan	2807
- ventriculography	8822/8823
preparation for	2760
ventricle, puncture of	2811
ventricle, puncture of	7099
Cervical biopsy, colposcopy and radical diathermy, of uterus	6483
with curettage of uterus	6483
exploration of mediastinum with or without biopsy	6992
oesophagectomy	3616
oesophagostomy	3597
closure or plastic repair of	3597
plexus block (not including the uterine cervix)	748,751
re-exploration for persistent or recurrent hyperparathyroidism	3557
rib, removal of	8158
spine, anterior interbody spinal fusion to	7947,7951
dislocation of, without fracture	7472
sympathectomy	7376
Cervicectomy, abdominal	3739/3745
Cervix, amputation or repair of	6430/6431
cauterisation of, other than by chemical means	6411
colposcopically directed laser therapy for intraepithelial neoplasia	6303-6305
cone biopsy of	6430/6431
diathermy of	6411
dilatation of	6446
examination of, with Hinselmann colposcope or similar instrument	6415
ionisation of	6411
purse string ligation of for threatened miscarriage	250/258
removal of polyp from	6413

*Payable on attendance basis

Service	Item
Cervix, removal of purse string ligature of under general anaesthesia	267
repair of	6367/6373,6430/6431
uterine, examination of, with a magnifying colposcope of the Hinselmann type or similar instrument	6415
Chalazion, extirpation of	6754
Charnley arthroplasty of hip	8069
Chemopallidectomy, control X-ray for	2560
including burr-hole	7312
or other stereotactic procedure	7312
Chemotherapy, infusion, arterial cannulation for	4822,4823
Chest, funnel, elevation of	6972
pigeon, correction of	6972
wall, closure of after drainage for empyema	3247/3253
X-ray of	2625-2638
Choanal atresia, repair of	8380,8382
Cholangiogram, transhepatic, preparation for	2859
Cholangiography	2722-2728
pre-operative	3789
Cholecystectomy	3793/3798
Cholecystoduodenostomy	3831
Cholecystography, including preparation	2720
Cholecystoenterostomy	3831
Cholecystogastrostomy	3831
Cholecystostomy	3722
Choledochoduodenostomy	3834
with choledochotomy	3822
Choledochoenterostomy	3834
with choledochotomy	3822
Choledochogastrostomy	3834
Choledochography	2722-2728
Choledochoscopy	3818
Choledochotomy with or without choecystectomy	3820,3822
Cholegram, transhepatic, preparation for	2889
Cholegraphy	
- drip infusion	2728
preparation for	2837
- intravenous	2724
- operative, or post-operative	2722
- percutaneous transhepatic	2726
Chondro-cutaneous or chondro-mucosal graft	8606
Chordee, correction of	6204
- hypospadias or epispadias	6107,6110,6118
penis erection test for	9477
Chorionic villus sampling, including any associated imaging	280
Chymopapain, intradiscal injection of (Discase)	7373
Cicatricial flexion contracture of joint, correction of	8294
Ciliary body and/or iris, excision of tumour	6894
Cingulotomy	7298
Cingulotractotomy	7298
Circum-anal suture for anal prolapse	4467
Circumcision	4319-4345
arrest of post-operative haemorrhage	
-with general anaesthesia	9401/9402

*Payable on attendance basis

Service	Item
	-without general anaesthesia
	*
Cisternal puncture	7089
	preparation for radiological procedure 2849
Clavicle,	
dislocation of	7410
fracture of	7588/7593
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
X-ray of	2543/2545
Cleft lip, Abbe transplant or flap, secondary correction	8632
complete primary repair	8622,8624
revision, secondary correction	8630
partial or incomplete, secondary correction	8628
secondary correction of nostril or nasal tip	8634
palate, complex cleft, partial repair	8652
complete cleft, primary repair	8640
incomplete, secondary repair	8644
lengthening procedure, secondary repair	8648
partial cleft, primary repair	8636
Clitoris, amputation of, where medically indicated	6299
Closure, extra peritoneal, of colostomy, enterostomy, ileostomy	
or caecostomy	3976/3981
intraperitoneal of colostomy or enterostomy	3986
of bladder neck including repair of epispadias	6135
cervical oesophagostomy	3597
cutaneous ureterostomy	5837
urethral fistula	6044
Clot, evacuation of, from bladder by cystoscopy	5845
surgical removal from large vein	4789
Coagulation, laser beam, to one or both eyes	6904
Coccyx, excision of	4606
X-ray of	2604
Cochlear implant, insertion of, with mastoidectomy	5148
tests	874,875
Cochleotomy, or repair of round window	5147
Cockett's operation	4662
Coeliac plexus block with alcohol, cortisone, phenol, etc	7079
Colectomy right or left hemicolectomy	4046
total, with excision of rectum and ileoanal anastomosis with	
ileal reservoir, one surgeon	9423
conjoint surgery	9424,9425
total, with ileo-rectal anastomosis	4048
synchronous operation	4054,4059
transverse or sigmoid	4018
with excision of rectum	4054,4059
Colles' fracture of wrist	7540/7544
Colon, X-ray of	2711,2716,2718
Colonoscopy, fibroptic, up to the hepatic flexure with or without	
biopsy	4383
beyond the hepatic flexure with or without	
biopsy	4388
Colonoscopy, fibroptic, with removal of one or more polyps	

*Payable on attendance basis

Service	Item
	4386
	4394
Colostomy	3722
entero-	3894/3898
extra-peritoneal closure of	3976/3981
following exploratory laparotomy	3722
for Hirschsprung's disease	3722
intraperitoneal closure of	3986
lavage of	*
refashioning of	3988
Colotomy	3722
Colour discrimination test, Farnsworth Munsell 100 hue	*
Colpoperineorrhaphy	6347/6363
Colpopexy	6396
Colpoplasty	6367/6373
Colporrhaphy	6342
Colposcopy, cervical biopsy and radical diathermy, with curettage	
of uterus	6483
using Hinselmann or similar type of instrument	6415
with curettage of uterus	6483
Colpotomy	6342
Comminuted fracture of skull, operation for	7231
Common bile duct, operations on	3822
Complicated fracture requiring open operation	7821,7823
Composite graft to nose, ear or eyelid	8606
Compound fracture requiring open operation	7815,7817
skull or complicated with dural penetration	
and brain damage	7244
skull without dural penetration	7240
Computerised perimetry, bilateral, first or second examination	9459
third or subsequent examination	9461
unilateral, first or second examination	9460
third or subsequent examination	9461
tomography	2400-2460
Conception, products of, evacuation of, by intrauterine manual	
removal	362
Conduction times, nerve, estimation of (electromyography)	810-814
Condylectomy	8185-8190
	8195,8198,8570
of mandible	8570
Cone biopsy of cervix	6430/6431
Confinement	194-205
antenatal care and postnatal care for nine days	204/205
attendance by specialist at	198
incomplete	201
Congenital abnormalities, manipulations and plaster work, for	
correction of	8332-8356
operations for correction of	8428-8444
absence of vagina, reconstruction for	6327
atresia, biliary, laparotomy and dissection	3739/3745
reconstruction of bile duct	3834
reconstruction of external auditory canal	8612
dislocation of hip, manipulation and plaster for	8332
heart disease, open heart, surgery for	6999

*Payable on attendance basis

Service	Item
Congenital incontinence, reconstruction of sphincter for	8414
Conjunctiva, cautery of, including treatment of pannus	6835
removal of tumour from (restriction applies)	3219-3253
Conjunctival, graft over cornea	6810
lacerations not involving sclera	3058
peritomy	6807
Conjunctivorhinostomy	6786
Consultation, (see under attendances professional)	
Contact lenses, attendance by a medical practitioner for the	
investigation and evaluation of a patient	
for the fitting of	851
refitting of	852
Contaminated wound of soft tissue, debridement of under general	
anaesthesia or major regional or field block	3041
Contour reconstruction, insertion of foreign implants for	8478
restoration of one region of the face by autogenous bone or	
cartilage graft	8601
Contraceptive device, intra-uterine, introduction of	6262
removal of under general anaesthesia	6264
Contracted bladder neck, congenital, wedge excision or	
perurethral resection of	8410
socket, reconstruction	6705
Contracture cicatricial flexion, correction of	8294
Dupuytren's, radical operation for	8298
subcutaneous fasciotomy	8296
manipulation under general anaesthesia	8352
Contractures, manipulation and plaster for, under general anaesthesia	8354
Contrast media injection for radiological procedures	2805-2859
X-ray	2744-2794
Cooling, gastric (by lavage with ice-cold water)	
Coraco-acromion ligament, removal of	8166
Cordotomy, laminectomy for	7346
percutaneous	7381
Cornea, conjunctival, graft over	6810
epithelial debridement for corneal ulcer or erosion	6824
removal of foreign body from, involving deeper layers	6818
Cornea removal of superficial foreign body from	*
transplantation of, including collection of implant	6828,6832
Corneal scars, excision of	6820
ulcer, ionisation of	*
or erosion, epithelial debridement of cornea for	6824
Coronary arteriography, preparation for	7011,7013
artery or arteries, direct surgery to	7066
- placement of catheters and injection of opaque	
material	7011,7013
selective arteriography	2751
Correction of atresia of oesophagus	8392
hallux valgus with osteotomy or osteectomy of phalanx	
or metatarsal	8131
- and transplantation or adductor hallucis tendon	8135
pectus excavatum or pecus carinatum, radical	6972
Cortical mastoidectomy	5087
Counterpulsation by intra-aortic balloon	
- insertion by arteriotomy, or removal and arterioplasty	4806

*Payable on attendance basis

Service	Item
- management of	976,977
including percutaneous insertion	976
Cranial nerve, infiltration of	755
intracranial neurosurgical decompression of	7171
vault reconstruction for oxycephaly, brachycephaly,	
turriccephaly or similar condition	8681
Craniectomy and removal of haematoma	7216
extensive and removal of haematoma	7216
for osteomyelitis of skull	7291
Cranioplasty, reconstructive	7248,7251
Craniosostenosis, operation for	7324,7326
Craniotomy and tumour removal	7198,7203
burr-hole	7186
for intracranial haemorrhage	7212
involving osteoplastic flap	7279
Cricopharyngeal myotomy	5354,5358
Cross leg, direct flap repair	8487/8488
Cruciate ligaments of knee, reconstruction of	8088
Cryotherapy for detached retina	6900
pre-detachment of retina	6908
nose in the treatment of nasal haemorrhage	5233
retina	6908
trichiasis	6767
Curettage, or suction curettage for evacuation of the contents	
of the gravid uterus	6469
uterus (D. and C.)	6460/6464
including curettage for incomplete miscarriage	6460/6464
suction of non gravid uterus (menstrual aspiration)	6460/6464
with colposcopy, cervical biopsy and radical	
diathermy	6483
Cutaneous neoplastic lesions, treatment of	3349-3352
or digital nerve, nerve graft to	7140
primary repair of	7118
- by microsurgical techniques	7120
secondary repair of	7119
- by microsurgical techniques	7121
ureterostomy, closure of	5837
vesical fistula, operation for	5935
vesicostomy, establishment of	5936
Cyclocryotherapy	6898
Cyclodiathermy	6898
Cyst, adnexal, excision of, with abdominal hysterectomy	6532/6533
arachnoidal, congenital, operation for	7328
Baker's, excision of	3217
Bartholin's, excision of	6274/6277
marsupialisation or cautery destruction of	6278/6280
bone, injection of steroids into	7855
brain, operations for	7192
branchial, removal of	3526
breast, aspiration of	*
excision of	3654-3673
broad ligament, excision of	6643/6644,6648/6649
with abdominal hysterectomy	6532/6533
dentigerous (restriction applies)	3247-3265

*Payable on attendance basis

Service	Item
Cyst, epididymal, removal of	6221/6224
fimbrial, excision of	6643/6644,6648/6649
hydatid, abdominal, removal of	3783
liver, removal from	3783
lungs, enucleation of	6964
peritoneum, removal from	3783
intracranial, needling and drainage of	7192
kidney, removal from	5724
Meibomian, incision of	6754
mucous, of mouth, removal	3509/3516
ovarian, excision of	6643/6644,6648/6649
with abdominal hysterectomy	6532/6533
vaginal hysterectomy	6544
pancreatic, anastomosis to stomach or duodenum	3902
parovarian, excision of	6643/6644,6648/6649
with abdominal hysterectomy	6532/6533
pharyngeal, removal of	5456
pilonidal, excision of	4611/4617
renal, aspiration with injection of radio-opaque material	2831
excision of	5724
tarsal, extirpation of	6754
thyroglossal, removal of	3581
vaginal, excision of	6321
vallecular, removal of	5456
viscus (abdominal), removal of	3783
not otherwise covered, removal of (restriction applies)	3219-3265
Cystic hygroma, removal of	3532
Cystocele, repair of	6347-6373
Cystography,	2690
preparation for	5840
Cystometrography	781,784,785,786
Cystoscopy, with biopsy of bladder	5868
controlled hydrodilatation of bladder	5853
diathermy or resection of bladder tumour/s	5871,5875
endoscopic incision or resection of external	
sphincter, bladder neck or both of these procedures	5881
injection into bladder wall	5879
lavage of blood clots from bladder	5872
one or more of, ureteric dilatation, insertion of	
ureteric stent, or brush biopsy of ureter or	
renal pelvis, unilateral	5849
or without litholapaxy	5888
or without urethroscopy, for treatment of penile	
or urethral warts	5846
removal of foreign body	5864
resection of ureterocele	5878
ureteric catheterisation	5847,5851
ureteric meatotomy	5855
urethroscopy with/without urethral dilatation	5845
Cystostomy, suprapubic	5897/5901
change of tube	*
Cystotomy, suprapubic	5897/5901
stab	5903
with removal of calculus	5897/5901

*Payable on attendance basis

Service	Item
Cystourethrography, retrograde	2690
micturating	2694
preparation for	2839
Cytotoxic agent, infusion of	932-936
intra-arterial infusion of, preparation for	934
intralymphatic infusion of fluid containing	936
introduction into the bladder	932
therapy, administration of, laparotomy with insertion of portacath	9420

*Payable on attendance basis

Service	Item
D	
D and C	6460/6464
Dacryocystectomy	6774
Dacryocystography	2754
preparation for	2813
Dacryocystorhinostomy	6778
Debridement, epithelial, of cornea for corneal ulcer or erosion	6824
of contaminated wound of soft tissue	3041
Decompression of facial nerve, mastoid portion	5102
intracranial tumour via osteoplastic flap	7194
operation for priapism	6162
suboccipital for hydrocephalus, congenital	7314
spine	7336,7338
Decortication, pulmonary, with thoracotomy	6962
Deep fascia, repair of for herniated muscle	3417
seated haemangioma of neck, excision of	8474
tissue or organ, biopsy of	3135/3142
drill biopsy of	3148
Delorme procedure	4410
Dennis tube, introduction of, with laparotomy and division of	
bowel adhesions	9435
Dental anaesthetic	566-577
Depressed fracture of skull, operation for	7231
Derangement, internal, operation on knee for	8085-8092
Dermabrasion	8452,8454
Dermatome grafts	8504-8516
Dermo-fat fascia graft, including transplant or muscle flap	8450
Dermoid, excision of (restriction applies)	3219-3265
of nose, congenital, excision of with intranasal extension	8440
superficial, excision of	8432/8434
orbital, congenital, excision of	8436
periorbital, congenital, excision of	8432/8434
Detached retina, diathermy or cryotherapy for	6900
light coagulation for	6904
removal of encircling silicone band from	6906
resection or buckling operation for	6902
Detachment of indirect flap or tubed pedicle, delay	8496
testis from thigh, secondary	4313
Diabetes, pregnancy complicated by	247
Dialysis, peritoneal, establishment of by abdominal puncture	836
in hospital	821-824
renal, in hospital	821-824
Diaphragmatic hernia, congenital, repair of	4241
repair of	4238-4245
simple closure of	3739/3745
traumatic, repair of	4238
Diathermy, and laparoscopy of Fallopian tubes	6611/6612
bladder tumours	5871,5875
suprapubic	5919
cervix	6411
with colposcopy and biopsy	6483
detached retina	6900
or resection of rectal tumour with sigmoidoscopy	4366/4367
perforation of tympanum for	5176

*Payable on attendance basis

Service	Item
Diathermy, pharynx	5229
plantar wart	3320
salivary gland duct	3465
septum	5229
telangiectases or starburst vessels	4630
turbinates	5229
urethra	6053
Digit, extra, amputation of	8430
ligation of pedicle	8428
transplantation of, plastic - complete procedure	8540
X-ray of	2502-2505
Digital nail, removal of	7861
nerve, primary repair of	7118
- by microsurgical techniques	7120
secondary repair of	7119
- by microsurgical techniques	7121
temperature, measurement of, one or more digits	799
Dilatation, and puncture, for repair of choanal atresia	8382
anus (Lord's procedure)	4455
as an independent procedure	4455
of cervix	6446
oesophagus	5470-5492
tracheal stricture with bronchoscopy	5619
or probing of lacrimal passages for obstruction	6799
salivary gland duct	3465
urethral stricture	6039
uterus and curettage of	6460/6464
vagina, as an independent procedure	6313
Dilution indicator test - blood dye	952
Disarticulation, at knee or below knee	5050
finger or thumb	4927-4969
foot at ankle (Syme, Pirogoff types)	5034
midtarsal or transmetatarsal	5038
hand, forearm or through arm	4979
transmetacarpal	4972/4976
interscapulothoracic	4987
leg at hindquarter	5055
hip	5051
shoulder	4983
toe or great toe	4990-5029
Disc, intervertebral, manipulation of spine for abnormality of,	
under general anaesthesia	7911/7915
laminectomy for removal of	7331
lesion, recurrent, laminectomy for	7336
slipped, manipulation of spine for, under general anaesthesia	7911/7915
Discography	2752
preparation for	2843
using Metrizamide	2844
Discrimination test, colour, Farnsworth Munsell 100 hue	*
Disimpaction of faeces under anaesthesia	4455
Dislocation, hip, congenital, manipulation and plaster for	8332
not requiring open operation	7397-7472
recurrent, patella, operation for	8085

*Payable on attendance basis

Service	Item
Dislocation, requiring open operation and internal fixation	8113
shoulder	7412-7419
treatment of	7397-7483,8332
turbinate	5235
Distracting apparatus with internal fixation, removal of	8217
without internal fixation, removal of	8214
Distraction and osteotomy for lengthening of limb	8211
Diverticulum, bladder, excision or obliteration of	5929
duodenum, removal of	3739/3745
Meckel's, removal of	3722
urethral, excision of	6152
Divided ureter, repair of	5741
Dohlman's operation	5357
Donald-Fothergill operation	6367/6373
Donor nephrectomy (cadaver)	5647
Doppler recordings, for the examination of carotid vessels	800-802
peripheral vessels	795-798
Double vagina, excision of vaginal septum for correction of	6332
Drainage and needling of intracranial cyst	7192
intercostal of empyema, not involving resection of rib	6953
of intracranial infection	7287
Dressing and removal of sutures under general anaesthesia	3106
of burns (not involving grafting)	3006-3033
Drill biopsy of lymph gland, deep tissue or organ	3148
Drip-infusion pyelography	2672
preparation for	2837
Duct, bile, anastomosis of	4133
reconstruction of	3834
common bile, operations on	3820-3834
hepatic, reconstruction of	3834
salivary gland, diathermy or dilatation of	3465
removal of calculus from or meatotomy or marsupialisation	3468/3472
sublingual gland, removal of calculus from or meatotomy or marsupialisation	3468/3472
tear, probing of	6799
study	8869/8870
Duodenal intubation	4104
ulcer, perforated, laparotomy involving suture of	3722
Duodenoscopy	3847-3851
Duodenum, removal of diverticulum	3739/3745
X-ray of	2709-2711
Duplex scanning	990-999
Dupuytren's contracture, radical operation for	8298
subcutaneous fasciotomy	8296
Dwyer operation, anterior correction of scoliosis	7938,7939
Dye, blood - dilution indicator test	952
Dysmenorrhoea, treatment of, by dilatation of cervix	6446
Dystopia, orbital, unilateral correction of	8678,8679

*Payable on attendance basis

Service	Item
E	
E. C. G.	908,909,915,916
E. C. T.	886
E. E. G.	803,804,806
Eagle's operation (removal of styloid process of temporal bone)	3431
Ear, composite graft to	8606
full thickness repair of laceration (restriction applies)	3104
lop or bat, or similar deformity, correction of	8608
middle, clearance of	5173
with ossicular chain reconstruction	5174
exploration of	5166
insertion of tube for drainage of	5172
operation for abscess or inflammation of	5162
removal of foreign body from	5059,5062
syringe of	*
toilet, requiring use of operating microscope and	
micro-inspection of tympanic membrane with or without	
general anaesthesia	5182
Echocardiography	913,9066
Echoencephalography	794
Echography	791,793,794
Eclampsia, treatment of	273
Ectopia, vesicae or ectopia cloacae	8414
Ectopic bladder, congenital, 'turning-in' operation	8414
gestation, removal of	6553/6557
Ectropion, correction of	8588
tarsal cauterisation for	6762
Elbow, and arm, X-ray of	2516-2520
arthroscopy of	8072
arthroplasty, total replacement	8069
dislocation of	7423
removal of foreign or loose bodies from	8040
total replacement of, revision operation	8070
X-ray of	2508/2512
Elective dissection with split skin, free grafts	8512,8516
Electrical stimulation, maximal perineal	*
restoration of cardiac rhythm by	917
stimulator, localisation by, with nerve blocking by	
alcohol or other agent	756
Electrocardiographic monitoring, during exercise	
- (bicycle, ergometer or treadmill)	916
- (continuous) of ambulatory patients	915
Electrocardiography, twelve lead, report or tracing only	909
tracing and report	908
Electrocochleography, insertion of electrodes for	819
Electroconvulsive therapy	886
Electrocorticography	809
Electrode, permanent transvenous, insertion or replacement of	7028
temporary transvenous pacemaking insertion of	7042
Electrodes, myocardial, and permanent pacemaker, insertion or	
replacement of, by thoracotomy	7021
for the purpose of electrocochleography, insertion of	819
Electrodiagnosis, neuromuscular	810-814
Electroencephalography (E.E.G.)	803

*Payable on attendance basis

Service	Item
Enterostomy gastro-	3894/3898
Enterotomy	3722
Entropion, correction of	8588
Enucleation of eye with or without sphere implant	6688
Enucleation of eye and insertion of integrated implant	6692
hydatid cysts of lung	6964
Epicondylitis, open operation for	7857
Epididymal cyst, removal of	6221/6224
Epididymectomy	6236
Epidural block	748,751
(caudal, lumbar or thoracic) for control of	
post-operative pain	753
space, introduction of a narcotic, for control of	
post-operative pain	752
implant, for chronic pain, insertion of	4829
removal of	4830
injection for neurological diagnosis or for therapeutic	
reasons	7085
Epigastric hernia, repair of, person under 10 years	4246/4249
over 10 years	4251/4254
Epilation electrolysis, for trichiasis	6767
Epiphyseodesis	8310-8314
Epiphysial arrest	8310-8316
plate, operation for the prevention of closure of	8318
Epiphysis, avulsion of, treatment of	7844
Epiphysitis, Perthes', Calve's or Scheuermann's, plaster for	8349
Sever's, Kohler's, Keinboch's or Schlatter's,	
plaster for	8351
Epispadias, correction of, staged procedure, first stage	6107
second stage	6110
as one stage procedure	6118
Epistaxis, cautery or nasal cavity packing for	5230
cryotherapy for	5233
posterior arrest of	5196
Epithelial debridement of cornea for corneal ulcer or erosion	6824
Equinovarus, talipes, manipulation under general anaesthesia	8334
medial release procedure	8324
posterior release procedure	8322
- and plaster	8336
Ergometry, in connection with electrocardiographic monitoring	916
Erythrocyte, radioactive uptake survival time	8703
screening test, volume Cr51	8701
ESWL	5700
Ethmoidal artery or arteries, transorbital ligation of	5292
sinuses, external operation on	5320
Ethmoidectomy,	5301
fronto-nasal	5295
fronto-radical	5298
transantral, plus radical antrostomy	5277
Eustachian tube, catheterisation of	5343
Evacuation by intrauterine manual removal of the products of	
conception	362
of clot from bladder	5845
Eversion, surgical, of inverted nipple	3707

*Payable on attendance basis

Service	Item
Evisceration of globe of eye,	6697
and insertion of intrascleral ball	
or cartilage	6699
Evoked response audiometry, brain stem	818
responses, central nervous system	816,817
Examination, gynaecological, under anaesthesia	6258
nasal cavity and/or post-nasal space	5192
Excavatam, pectus, correction of	
- radical	6972
Exenteration of orbit of eye	6715
Exercise tests in association with electrocardiography	916
Exomphalos, congenital, operation for	8400
by plastic flap	8402
Exostoses in external auditory meatus, removal of	5072
Exostosis, excision of, large bone	8179/8182
small bone	8169/8173
Exploration, cervical, of mediastinum with or without biopsy	6992
of kidney or perinephric area	5683
middle ear	5166
orbit	6707,6709,6722,6724
scrotal contents	6228
Exploratory laparotomy	3713/3718
thoracotomy	6958
Extensor tendon of hand, primary suture of	8227/8230
secondary suture of	8233
tenolysis of	8279
synovectomy of	8290
External arteriovenous shunt, insertion of	4808
removal of	4812
auditory canal, reconstruction of	5074
for congenital atresia	8612
meatus, removal of exostoses in	5072
haemorrhoids or anal tags, removal of	4534
urethral meatotomy	6066
Extracorporeal shock wave lithotripsy	5700
Extra digit, amputation of	8430
ligation of pedicle	8428
Extremities, artery of, endarterectomy of	4709
Extremity, or neck, artery or by-pass graft of, removal of embolus	4778
from excision of infected prosthetic by-pass graft	4801
from major artery of, repair of wound of, with	
restoration of continuity	4693
Eye, artificial lens, insertion of	6852
removal of	6857
and replacement with a different lens	6858
repositioning of, by open operation	6857
ball, repair of perforating wound of	6728,6730,6736
carbolisation of	*
dermoid, excision of	8432/8434,8436
enucleation of with or without sphere implant	6688
insertion of integrated implant	6692
extraction of lens	6848
foreign body in, removal of	6740,6742,6744,6747,6818
X-ray for	2730

*Payable on attendance basis

Service	Item
Eye, foreign body in, superficial, removal of	*
X-ray of	2583
globe of, evisceration of	6697
paracentesis, in relation to	6865
trephining of	6873
Eyelashes, ingrowing, operation for	8588
Eyelid, correction of ectropion or entropion	8588
ptosis (unilateral)	8586
full thickness repair of laceration (restriction applies)	3104
grafting for symblepharon	8592
plastic operations on	8582
reduction of	8584, 8585
removal of cyst from	6754
repair of, whole thickness	8582, 8618, 8620
tarsorrhaphy	6766
Eyes, laser beam, application to	6904

*Payable on attendance basis

Service	Item
F	
Facetectomy, lumbar	8028
Facial bones, X-ray of	2573
nerve, decompression of	5102
paralysis, plastic operation for	8546,8548
or neck scar, revision under general anaesthesia	8522,8524
Faecal fistula, repair of	4590
Faeces, disimpaction of, under anaesthesia	4455
Fallopian tubes, catheterisation of, with hysteroscopy	6453
hydrotubation of	6638,6641
implantation of, into uterus	6631,6632
Rubin test for patency	6638
sterilisation, diathermy by laparoscopy	6611/6612
transection or resection by laparoscopy,	
laparotomy or vaginal route	6611/6612
unilateral microsurgical anastomosis of	6633
X-ray of, using opaque media	2762
- preparation for	2841
Family group, psychotherapy	887,888,889
therapy	170-172
Farnsworth Munsell 100 hue colour discrimination test	*
Fascia, deep, repair of, for herniated muscle	3417
dermo-fat, graft, including transplant or muscle flap	8450
Fasciotomy	3391
plantar (radical)	8320
subcutaneous, Dupuytren's contracture	8296
Fatty tissue, subcutaneous, removal of excess (restriction applies)	3219-3253
Feet, incision of pulp space for paronychia	
or other acute infection of	7864
Femoral artery, by-pass graft, with harvesting of vein	4755
endarterectomy	4709
hernia, repair of	4222/4227
puncture in infants	907
vein, removal of thrombus from	4789
vessel, ligation of	4690
involving gradual occlusion by	
mechanical device	4715
Femur, bone graft to	7975
epiphyseodesis	8310
fitting of acrylic head to	8053
fracture of	7624/7627
neck or intertrochanteric	7898
fragmentation and rodding in fragilitas ossium	8306
internal fixation of neck or intertrochanteric fracture	7898
X-ray of	2557
(thigh), X-ray of	2524/2528
operation on, for acute osteomyelitis	4844
chronic osteomyelitis	4864
osteectomy of, with internal fixation	8201
or osteotomy of	8198
sub-trochanteric, osteotomy of	8206
Fenestration cavity, venous graft to	5131
operation	5127
Fibreoptic bronchoscopy (see under bronchoscopy)	

*Payable on attendance basis

Service	Item
Fibreoptic colonoscopy (see under colonoscopy fibreoptic)	
Fibrinous bands in vitreous body, division of	6885
Fibro-adenoma, excision of from breast	3654-3673
Fibroma, removal of (restriction applies)	3219-3253
Fibula, epiphyseodesis	8312
fracture of	7632/7637
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
Field block	748,751
Fifth cranial nerve, avulsion of branch of	7170
Filleting of toe	8185
Filtering and allied operations for glaucoma	6873
Fimbral cyst, excision of	6643/6644,6648/6649
Finger, amputation or disarticulation of	4927-4969
of, including metacarpal or part of metacarpal	4965/4969
dislocation of	7435
fracture of	7505-7516
joint, orthopaedic operation on	8022
prosthetic replacement of	8023
nail, removal of	7861
plastic reduction for macrodactyly in	8544
tendon sheath of, synovectomy of	8282
terminal phalanx of, operation for acute osteomyelitis	4832
trigger, correction of	8267
X-ray of	2502/2505
First rib, removal of by axillary approach	8159
Fissure in ano, excision of	4537/4544
Fistula antrobuccol, operation for	5288
aorto-duodenal, repair of	4794
arteriovenous, cervical carotid ligation for	7274
dissection and ligation of	4702
repair of	4699
excision of, from major blood vessels	4690
between genital and urinary or alimentary tracts, repair of	6401
branchial, removal of	3530
cutaneous, salivary gland, repair of	3477
Eck's, operation for	4766
faecal, repair of	4590
in ano, excision of (involving incision of	
external sphincter)	4568/4573
subcutaneous, excision of	4552/4557
injection into, in preparation for radiological procedure	2851
oro-antral, plastic closure of	5288
parotid gland, repair of	3477
sacroccocygeal, excision of	4611/4617
surgically created, arterial, repair of	4688
thyroglossal, removal of	3591
tracheo-oesophageal, ligation and division of	8390
urachal, congenital, correction of	8412
urethral, closure of	6044
Fistula urethro-rectal	6083
urethro-vaginal	6079

*Payable on attendance basis

Service	Item
Fistula, vaginal, excision of	6401
vesical, cutaneous, operation for	5935
vesico-intestinal	5947
vesico-vaginal, closure of	5941-5943
Fistulae, X-ray of	2782
Fixation, of scrotal contents	6228
uterus	6585/6594
Flap, Abbe, secondary correction for cleft lip	8632
direct, small plastic repair	8490,8492
indirect, or tubed pedicle,	
- delay, intermediate transfer or detachment of	8496
- formation of	8494
- preparation of site and attachment to site	8498
- spreading of pedicle	8500
latissimus dorsi	8532
myocutaneous	8532
neurovascular island	8542
pharyngeal	8656
plastic repair, direct, indirect or local, revision of graft	8502
local, single stage	8480,8484
rectus abdominus	8449
repair, direct, cross arm, abdominal or similar	8485,8486
finger or similar	8490,8492
leg	8487,8488
Flexion, contracture, cicatricial, correction of	8294
Flexor tendon of hand, primary suture of	8219/8222
secondary suture of	8225
synovectomy of	8290
tenolysis of, repair or graft	8275
Fluid, balance, supervision of	*
Fluoroscopic examination	2800,2802
screening of chest (lung fields) with X-ray	2630
palate and/or pharynx, with X-ray	2591
Fluoroscopy, alimentary tract and biliary system	2699-2728
Foetal blood transfusion, intrauterine, control X-ray for	2742
intrauterine blood transfusion, including amniocentesis	947
Foetus, intrauterine blood transfusion to	947
retained, manual removal of	362
Foot, amputation or disarticulation,	
- at ankle	5034
- mid tarsal or transmetatarsal	5038
incision of pulp space for paronychia or other acute	
infection of	7864
tendon of, primary suture of	8241
secondary suture of	8243
triple arthrodesis of	8116
X-ray of	2524-2537
Forceps delivery, administration of anaesthetic in connection with	481,552
Forearm, amputation or disarticulation of	4979
fracture of both shafts	7567/7572
X-ray of	2508-2512
Foreign body, antrum, removal of	5280
bladder, cystoscopic removal of	5864
bronchus, removal of	5613

*Payable on attendance basis

Service	Item
Foreign body, ear, removal of	5059,5062
intra-ocular, removal of	6740-6747
joint, removal of	(see arthrotomy)
localisation of and report	2732
maxillary sinus, removal of	5280
muscle or other deep tissue, removal of	3120/3124
nose, removal of other than by simple probing	5201
oesophagus, removal of	5486
pharynx, removal of	3113
removal of, by urethroscopy	6053
from cornea or sclera, involving deeper layers	6818
subcutaneous, removal of, not otherwise covered	3116
superficial, removal of from cornea or sclera not otherwise covered	3113
tendon, removal of	3120/3124
trachea, removal of	5601
implants for contour reconstruction, insertion of	8478
X-ray for - eye	2730
oesophagus	2706
other than in eye or oesophagus	2732
Fothergill operation	6367/6373
Fracture, carpal scaphoid, reduction and screw fixation	7980
Colles' of wrist	7540/7544
complicated, requiring open operation	7821,7823
compound, requiring open operation	7815,7817
or fractures of skull, compound or complicated, operation for	7240-7248
reduction of	7505-7839
simple, not requiring open operation	7505-7798
- involving joint surfaces	7847
requiring open operation	7802-7809
skull, depressed or comminuted, operation for	7231
uncomplicated, not requiring open operation	7505-7798
requiring open operation	7802-7809
Fractured larynx, operation for	5545
Fractures, reduction in excess of one reduction	7828-7839
Free grafts, full thickness	8518
split skin, on granulating areas, extensive including elective dissection	8508
or pinch grafts, on granulating areas, small	8512,8516
to burns	8504
transfer of tissue,	8509-8511
anastomosis of artery or vein for, by microsurgical techniques	8542
	4764
Freezing, intragastric	968,970
Frenulum, mandibular or maxillary, or tongue tie, repair of in a person not less than 2 years of age	3505
Frontal sinus, catheterisation of	5305
intranasal operation on	5301
Frontal sinus, operations on	5295-5318
radical obliteration of	5318
trephine of	5308

*Payable on attendance basis

Service	Item
G	
Gallbladder, drainage of	3722
excision of	3793/3798
other operations on	3820-3831
X-ray of	2720-2728
Gamete intra-fallopian transfer (ova and sperm handling)	9065
Ganglion, block, lumbar	755
excision of	3194/3199
trigeminal, injection of, with alcohol or cortisone, phenol, etc	7079
Ganglionectomy and splanchnicectomy	7376
stellate	7376
Gangliotomy, radiofrequency trigeminal	7157
Gastrectomy, partial, and gastro-jejunostomy	3922
sub-total, radical, for carcinoma	3937
total	3930
radical	3938
Gastric by-pass for obesity	3893
cooling (by lavage with ice-cold water)	*
hypothermia	968,970
lavage in the treatment of ingested poison	974
reduction for obesity	3892
ulcer, perforated, laparotomy involving suture of	3722
Gastro-camera investigation	3847
- duodenostomy	3894/3898
reconstruction of	3900
- enterostomy	3894/3898
reconstruction of	3900
with vagotomy	3889,3891
- jejunostomy and partial gastrectomy	3922
Gastrointestinal protein loss	8707
Gastropexy for hiatus hernia	3739/3745
Gastroschisis or exomphalos, operation for	8400
by plastic flap	8402
Gastrosocopy	3847-3851
with biopsy or polypectomy or removal of foreign body	3851
Gastrostomy	3722
for fixation of indwelling oesophageal tube	3722
General practice, attendances (see attendances professional)	
Genioplasty	8670,8672
Genital prolapse, operations for	6347-6373
Genu valgum, manipulation and plaster under general anaesthesia	8336
under general anaesthesia	8334
varum, manipulation and plaster under general anaesthesia	8336
under general anaesthesia	8334
Gestation, ectopic, removal of	6553/6557
Gilliam's operation	6585/6594
Girdlestone arthroplasty of hip	8053
Gland, adrenal, excision of, partial or total	5636
Bartholin's, marsupialisation or cautery destruction of	6278/6280
groin, dissection of	3261/3265
lacrimal, excision of palpebral lobe	6772
lymph, biopsy of	3135/3142

*Payable on attendance basis

Service	Item
Gland, lymph drill biopsy of	3148
parathyroid, removal of	3555
parotid, superficial lobectomy or removal of tumour	
from, with exposure of facial nerve	3450
total extirpation of	3437,3444
pelvic, lymph excision of (radical)	6308
with hysterectomy	6536
salivary, duct, dilatation or diathermy of	3465
removal of calculus from or meatotomy or marsupialisation	3468/3472
operations on	3437-3477
repair of cutaneous fistula of	3477
sublingual, extirpation of	3459
submandibular, extirpation of	3455
submaxillary, extirpation of	3455
Glaucoma, filtering and allied operations for	6873
iridectomy for	6885
and sclerectomy for	6873
Lagrange's operation for	6873
provocative test for, including water drinking	849
tonography for, one or both eyes	844
Glenoid fossa, zygomatic arch and temporal bone, reconstruction of	8682
Glioma, craniotomy for removal of	7198
Globe of eye, evisceration of	6697
and insertion of intrascleral ball or cartilage	6699
Glomus tumour, transmastoid removal of, including mastoidectomy	5158
transtympanic, removal of	5152
Glossectomy, partial or total, with partial pharyngectomy	5362
Goniotomy	6879
Gradual occlusion of vessel by mechanical device for ligation of great vessel	4715
Grafenberg's (or Graf) ring, introduction of	6262
removal of under general anaesthesia	6264
Graft, aorta-femoral or aorta-iliac or other intra-abdominal	
straight or bifurcate	4744
arterial or venous	4738-4755
axillary/subclavian to femoral by-pass	4749
bone, to femur	7975
humerus	7983
radius or ulna	7993
radius and ulna	7983
scaphoid	7999
spine	7934-7969
tibia	7977
other bones	8001
postero-lateral, fusion	7945
with calcaneal osteotomy	8330
laminectomy and posterior interbody fusion	7967,7969
by-pass, of neck or extremities, removal of embolus from	4778
chondro-cutaneous or chondro-mucosal	8606
composite, to nose, ear or eyelid	8606
conjunctival over cornea	6810
corneal	6828,6832

*Payable on attendance basis

Service	Item
Graft, dermo-fat fascia, including transplant or muscle flap	8450
free, full thickness	8518
free, split skin, on granulating areas, extensive	8508
to burns	8509-8511
infected prosthetic by-pass, excision of	4801/4802
inlay, insertion and removal of mould	8516
nerve or anastomosis	7139
to cutaneous nerve	7140
using microsurgical techniques	7141
plastic and reconstructive	(Div 13, Part 10)
prosthetic, of trunk, removal of embolus or thrombus from	4784
revision of, direct, indirect or local flap repair	8502
skin, to orbit	6703
synthetic or vein	4755
tendon	8257
venous, to fenestration cavity	5131
Grafting and major excision for lymphoedema	8476
for symblepharon	8592
tendon, artificial prosthesis for	8259
Grafts, free full thickness	8518
split skin, including elective dissection	8512,8516
or pinch grafts on granulating areas,	
small	8504
supportive, plastic operations on face	8546,8548
Graham's test	2720
Granuloma, removal of, from eye, surgical excision	6842
cautery of	6835
Gravid uterus, evacuation of the contents of, by curettage or	
suction curettage	6469
Great vessel, intrathoracic operation on	6999
ligation of	4690
involving gradual occlusion of vessel by	
mechanical device	4715
Groin, lymph glands of, excision of	3634,3638
Grommet, free, in canal	*
insertion of	5172
in situ, in drum	5059
Group psychotherapy	887
- family	887,888,889
therapy - family	170-172
Growth, premalignant, in mouth, removal of (restriction applies)	3219-3265
retardation, intra-uterine, attendances other than	
routine antenatal attendances	247
Gunderson flap operation	6810
Gynaecological examination under anaesthesia	6258
Gynatresia, vaginal reconstruction for	6327

*Payable on attendance basis

Service	Item
H	
Habitual miscarriage, treatment of	242
Haemangioma, congenital, cauterisation of, under general anaesthesia	8458
of neck, deep-seated, excision of	8474
Haematoma, aspiration of	3366
incision with drainage of, not requiring a general anaesthetic	3371
large, incision with drainage of, requiring a general anaesthetic	3379/3384
pelvic, drainage of	3739/3745
Haemodialysis, in hospital	821,824
Haemofiltration, in hospital	821,824
Haemoperfusion, in hospital	821,824
Haemorrhage, antepartum, treatment of	273
arrest of, following circumcision, without general anaesthesia *	
with general anaesthesia	9401
requiring general anaesthesia, following removal of tonsils or tonsils and adenoids	5396/5401
intracranial, burr-hole craniotomy for	7212
nasal, arrest of by cauterisation or nasal cavity packing	5230
cryotherapy to nose in treatment of	5233
posterior, arrest of	5196
post-operative, control of, perineal or vaginal laparotomy for	3110
laparotomy for	3734
postpartum, treatment of	363
subdural, congenital, tap for	7184
Haemorrhoidectomy, radical	4523/4527
Haemorrhoids, cryosurgery to	4510
external, or anal tags, removal of	4534
incision of	4509
injection into	*
ligation of	4523/4527
removal of	4523/4527
rubber band ligation of	4509
Hair transplants for congenital or traumatic alopecia (restriction applies)	8535
Hallucis tendon, adductor, transplantation of with correction of hallux valgus and osteotomy or osteectomy of phalanx or metatarsal	8135
Hallux rigidus, correction of	8131
valgus, correction of	8131
- with osteotomy or osteectomy of phalanx or metatarsal	8131
- and transplantation of adductor hallucis tendon	8135
Halo, application of, for spinal fusion in the treatment of scoliosis	7940
removal of	8214
Hammer toe, correction of	8151/8153
Hand, amputation or disarticulation of	4979
through metacarpals	4972/4976

*Payable on attendance basis

Service	Item
Hip, total replacement of, revision operation	8070
X-ray of	2548
Hirschsprung's disease, anal sphincterotomy for	4490
colostomy or enterostomy for	3722
congenital, rectosigmoidectomy for	8398
Hormone implantation - by cannula	963
incision	960
Humerus, bone graft to	7983
fracture of	7567/7572
fragmentation and rodding in fragilitas ossium	8302
operation on, for acute osteomyelitis	4844
chronic osteomyelitis	4864
osteectomy or osteotomy of	8195,8198
of, with internal fixation	8201
Hummelsheim type of muscle transplant for squint	6930
Hydatid cyst, liver, operation for	3783
lungs, enucleation of	6964
peritoneum, operation for	3783
viscus, operation for	3783
Hydrocele, infantile	4222/4227
removal of	4266
tapping of	4265
Hydrocephalus, congenital	
- spino-ureteral, spino-peritoneal or spino-pleural anastomosis	7320
- suboccipital decompression, third ventriculostomy	
or Torkildsen's operation	7314
- ventriculo-atrial or ventriculo-peritoneal shunt for	7316
revision or removal of	7318
Hydrocortisone, multiple injections into extensive keloid under	
general anaesthesia	3363
Hydrodilatation of the bladder with cystoscopy	5853
Hydrotubation of Fallopian tubes	6638,6641
Hygroma, cystic, removal of	3532
Hymenal redundant tissue, removal of (restriction applies)	3219-3253
Hymenectomy	6271
Hyperbaric oxygen therapy	774,777
- in conjunction with anaesthesia	787,790
treatment, including oxygen therapy (restriction applies)	9450
Hyperemesis gravidarum, treatment of	246
Hyperhidrosis, axillary, total excision of sweat gland bearing area	3315
wedge excision for	3314
Hyperparathyroidism, persistent or recurrent,	
cervical re-exploration for	3557
Hypertelorism, correction of, intra-cranial	8675
sub-cranial	8676
Hypertension, portal, vascular anastomosis for	4766
Hyperthyroidism or thyroid cancer, radio-iodine treatment for	2921
Hypertrophied tissue, removal of (restriction applies)	3219-3253
Hypnotherapy	*
Hypodermic injections	*
Hypophysectomy	7204
Hypospadias, correction of, as a staged procedure, first stage	6107
second stage	6110
one stage procedure	6118

*Payable on attendance basis

Service	Item	
Hypospadias	granuloplasty incorporating meatal advancement	6100
	meatotomy and hemi-circumcision	6098
	penis erection test for	9477
	urethral reconstruction for	6110,6118
Hypothenar spaces, drainage of		7868
Hypothermia, gastric		968,970
	total body	925
Hysterectomy, abdominal	6513/6517,6532/6533,6543	
	radical	6536,6542
	vaginal	6518/6519,6544
Hysteroscopy		6451
	and laparoscopy under general anaesthesia, with myomectomy	
	and/or resection of uterine septum	6454
	with endometrial biopsy and/or suction curettage	6452
	with one or more of uterine adhesiolysis, polypectomy,	
	tubal catheterisation, removal of IUD (restriction	6453
	applies)	
Hysterosalpingography		2762
	preparation for	2841
Hysterotomy		6508

*Payable on attendance basis

Service	Item
I	
Ileo-rectal anastomosis with total colectomy	4048
Ileostomy closure of, one surgeon	9426
conjoint surgery	9427,9428
extra peritoneal closure of	3976/3981
reservoir, continent type, creation of	9429
trimming	*
with proctocolectomy	4052
Iliac, vein, removal of thrombus from	4789
vessel, ligation of	4690
involving gradual occlusion of vessel by	
mechanical device	4715
Ilio-inguinal-iliohypogastric-genitofemoral nerve block	748,751
Immunisation against infectious disease by injection or oral	
administration of vaccine	*
Implant, cochlear, insertion of, including mastoidectomy	5148
epidural, for chronic pain, insertion of	4829
removal of	4830
insertion or removal from eye socket	6701
of progesterone	960,963
Implantation, Fallopian tubes into uterus	6631,6632
hormone, by cannula	963
incision	960
living tissue, by cannula	963
incision	960
Implants, foreign, insertion of, for contour reconstruction	8478
Impotence, injection for investigation or treatment of	6199
Incidental appendicectomy	4084
Incisional hernia, repair of	4258/4262
Incomplete confinement	201
Incontinence, anal, operation for	4492
congenital, reconstruction of sphincter for	8414
male urinary, correction of	6157
of urine, peri-urethral Teflon injection for	6085
urethropexy for (Marshall-Marchetti	
operation)	5977
stress, sling operation for	6406
Indicator test, blood dye - dilution	952
Indirect flap or tubed pedicle	
- delay, intermediate transfer or detachment of	8496
- formation of	8494
- preparation of site and attachment to site	8498
- spreading of pedicle	8500
repair, revision of graft	8502
Induction and management of second trimester labour	274/275
Indwelling oesophageal tube, gastrostomy for fixation of	3722
Infantile hydrocele, repair of	4222/4227
Infection, acute intercurrent, complicating pregnancy	248
intracranial, drainage of	7287
Inferior radio ulna joint, synovectomy of	8290
vena cava, plication of	4721
Infiltration, alcohol, procaine etc, around nerve or in muscle	*
of cranial nerve	755
local anaesthetic (see explanatory notes)	

*Payable on attendance basis

Service	Item
Infiltration of sympathetic plexus	755
Inflammation of middle ear, operation for	5162
Infusion chemotherapy, cannulation for	4822,4823
intra-arterial, of a substance incorporating a cytotoxic agent, preparation for	934
sympatholytic agent	931
Infusion intralymphatic, of fluid containing a cytotoxic agent	936
intravenous, of a substance incorporating a cytotoxic agent	932
Ingrowing eyelashes, operation for	8588
toenail, excision or wedge resection of	7874/7875
Inguinal abscess, incision of	3379/3384
hernia, repair of	4222/4227
Injection, alcohol, procaine, etc., around nerve or in muscle	*
retrobulbar	6918
angioma, congenital, under general anaesthesia	8458
epidural (lumbar or thoracic) for post-operative pain	753
habitual miscarriage	242
into joint	8105
prostate	6030
intramuscular	*
intrathecal, of alcohol or phenol	7081
intravenous	*
of immunoglobulin	*
local anaesthetic - (see explanatory notes)	
opaque or contrast media for radiological procedures	2805-2859
radio-opaque material into renal cyst with aspiration	2931
sclerosant fluid into pilonidal sinus under anaesthesia	4622
steroids into bone cysts	7855
prolapsed rectum	4534
spinal or epidural, for neurological diagnosis or for therapeutic reasons	7085
with alcohol, cortisone, phenol, etc, into trigeminal ganglion or primary branch of trigeminal nerve	7079
Injections, multiple, for skin lesions	3356
varicose veins	*
Inlay graft, insertion and removal of mould	8516
Inlet, thoracic, X-ray of	2634
Innocent bone tumour, excision of	3425
Innominate artery, endarterectomy of	4705
Inoculation against infectious disease	*
Insertion, penis, artificial erection device	6208
Insufflation, adrenal and X-ray	2697
with lipiodol	2762
Fallopian tubes as test for patency (Rubin test)	6639
perirenal for radiography, preparation for	2825
X-ray of	2697
Interbody fusion, posterior and laminectomy	
with bone graft to spine	7967,7969
spinal fusion, cervical spine	7947,7951
lumbar or thoracic spine	7957,7961
Intercostal nerve block	748,751
Internal auditory meatus, exploration by middle	

*Payable on attendance basis

Service	Item
cranial fossa approach	5119
derangement of knee, orthopaedic operation for	8088-8092
drainage of empyema, not involving resection of rib	6953
Interphalangeal joint, synovectomy of	8283
Interposition of small or large bowel with oesophagectomy	6988
Interscapulothoracic - amputation or disarticulation	4987
Intertrochanteric fracture of femur, internal fixation of	7898
Intervertebral disc, laminectomy for removal of	7331
lesion, laminectomy for	7336
Intestinal conduit or reservoir, endoscopic examination of	5886
obstruction, surgical relief of	3739/3745
plication, Noble type, with enterolysis	3722
Intra-abdominal artery or vein, cannulation of for	
infusion chemotherapy	4822
- aortic balloon for counterpulsation	
- insertion by arteriotomy, or removal and arterioplasty	4806
- management of	976,977
including percutaneous insertion	976
-arterial cannulisation	957
infusion, of a substance incorporating a cytotoxic	
agent, preparation for	934
sympatholytic agent	931
-cerebral tumour, craniotomy and removal of	7198
-cranial abscess, excision of	7283
aneurysm, operation for	7265-7274
cyst, drainage of via burr-hole	7192
burr-hole biopsy for	7186
drainage	7287
haemorrhage	7212,7216
infection, drainage of	7287
neurectomy or radical neurectomy	7170
pressure monitoring device, insertion of	7190
stereotactic procedure by any method	7312
tumour, biopsy or decompression via osteoplastic flap	7194
burr-hole biopsy for	7186
craniotomy and removal of	7198,7203
-discal injection of chymopapain	7373
-epithelial neoplasia, colposcopically directed laser	
therapy for	6303-6305
-lymphatic infusion of a fluid containing a cytotoxic agent	936
insertion of needle or cannula for introduction of	
radio-active material	938
-muscular injections	*
-nasal operation on antrum or removal of foreign body from	5280
frontal sinus or ethmoid sinuses	5301
sphenoidal sinus	5330
-ocular excision of dermoid of eye	8436
foreign body, removal of	6740-6747
procedures, resuturing of wound after	6938
-oral, tumour, radical excision of	3495
-orbital abscess, drainage of	6752
-osseous venography, preparation for	2843
-scleral ball or cartilage, insertion of and evisceration	
of globe	6699

*Payable on attendance basis

Service	Item
Intra-thecal block	748,751
injection of alcohol or phenol	7081
space, introduction of a narcotic	
for control of post-operative pain	752
thoracic artery, endarterectomy of	4705
operation on heart, lungs, great vessels, bronchial	
tree, oesophagus or mediastinum, or on more than	
one of these organs not otherwise covered	6999
-uterine contraceptive device, introduction of	6262
removal of under general	
anaesthesia	6264
foetal blood transfusion, including amniocentesis	947
control X-ray for	2742
-vascular cannula, blood pressure monitoring by	770
substance incorporating a cytotoxic agent	932
injections	*
perfusion of a sympatholytic agent	931
regional anaesthesia of limb by retrograde perfusion	760/764
-venous cholangiography including preparation	2724
pyelography	2678
Intubation, small bowel	4104
with biopsy	4099
Intussusception, laparotomy and reduction of	3722
resection of	4012
reduction of, by fluid	4003
Inversion of uterus, acute, manipulative correction of	365
Inverted nipple, surgical eversion of	3707
Invitro fertilisation (ova and sperm handling)	9065
Ionisation, cervix	6411
corneal ulcer	*
zinc of nostrils in the treatment of hay fever	*
Iontophoresis, collection of specimen of sweat by	958
Iridectomy	6885
and sclerectomy, for glaucoma (Lagrange's operation)	6873
following intraocular procedures	6938
Iridencleisis	6873
Iridocyclectomy	6894
Iridotomy	6885
Iris and ciliary body, excision of tumour of	6894
excision of tumour of	6885
light coagulation of	6889
Iron kinetic test	8703
Ischio-rectal abscess, incision of	3379/3384
Isotopes, radioactive, studies	8701-8874

*Payable on attendance basis

Service	Item
J	
Jacket, plaster, application of, to spine	7926
risser, localiser or turn-buckle, application of	
- body and head	7932
- body only	7928
Janetta's operation	7171
Jaw, dislocation of	7397
fracture of	7719-7728
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
Joint, aspiration of	8105
cicatricial flexion contracture of, correction of	8294
dislocation of	7397
congenital	8332
epiphysitis, plaster for	8349,8351
first metatarso-phalangeal, total replacement of	8131
injection into	8105
internal fixation	8113
large, arthrectomy	8036
arthrodesis	8036
arthroplasty	8036,8070
arthrotomy	8040
metacarpo phalangeal, prosthetic, arthroplasty	8024
operations on	8009-8113
or spine, manipulation of, under general anaesthesia	7911/7915
repair of capsule	8113
ligament	8113
sacro-iliac, arthrodesis	8032
small, arthrectomy	8022
arthrodesis	8022
arthroplasty	8022
arthrotomy	8026
spinal, dislocation involving fracture	7774-7798
zygapophyseal, arthrectomy of	8028
Jugular vessel, ligation of	4690
involving gradual occlusion by	
mechanical device	4715
Juvenile cataract, removal of, including subsequent needlings	6859
papillomata, removal of, with microlaryngoscopy	5538

*Payable on attendance basis

Service	Item
K	
Keller's operation to toe	8131
Keloid, excision of (restriction applies)	3219-3253
extensive, multiple injections of hydrocortisone	3363
Keratotomy, partial - corneal scars	6820
Keratoplasty,	6828,6832
refractive	6833
Keratosiis, obturans, surgical removal of, from external auditory meatus	5068
treatment of	*
Kidney, dialysis, in hospital	821,824
donor, continuous perfusion of	922
exploration of	5683
fused, renal symphysiotomy for	5679
operations on	5642-5738
ruptured, exposure and exploration of, including repair or nephrectomy	5744
solitary, pyeloplasty for, by open exposure	5737
Kienboch's epiphysitis, plaster for	8351
Kirschner wire, insertion of	7883
Klockoff's test, in assessment of cochlear function changes	875
Knee, amputation or disarticulation at or below	5050
and wrist, bone age study of	2614
arthrectomy	8088
arthrodesis	8088
arthroplasty	8070-8092
arthroscopy	8080
arthrotomy	8082
biopsy of	8082
cartilage, displaced, reduction of under general anaesthetic	7911/7915
removal of	8088
chondroplasty	8088
cruciate ligament, replacement or reconstruction of	8088
dislocation of	7446/7451
excision of patella	8085
foreign body, removal from	8088
ligament transfer fo rotary instability	8085
meniscectomy of	8085,8088
operation for internal derangement	8085-8092
recurrent dislocation of patella	8085
reconstruction of capsular ligaments	8082
cruciate ligaments	8088-8092
removal of foreign or loose body from	8088
total replacement of, revision operation	8070
synovectomy of	8088
X-ray of	2524/2528,2532/2537
Kohler's epiphysitis plaster for	8351
Kondoleon operation	3261/3265
Kuntscher nail, insertion for fractured femur	7624/7627 (+ 7809)
Kymography with cardiac measurements (radiological)	2642/2646
Kyphosis, spinal fusion with the use of Harrington rods	7938,7939

*Payable on attendance basis

Service	Item
L	
Labial adhesions, separation of	*
Labioplasty, where medically indicated	6301
Labour, second trimester, management of, with or without induction	274/275
Labyrinth, destruction of	5106
Labyrinthotomy	5106
Labyrinths, caloric test of	882
simultaneous bithermal	883
Laceration, full thickness, of nose, ear or eyelid, repair of (restriction applies)	3104
Lacerations, repair and suturing of	3046-3101
Lacrimal canalicular system, establishment of patency	6792
canaliculus, immediate repair of	6796
gland, excision of palpebral lobe	6772
passages, lavage of	6802
obstruction, probing for	6799
sac, excision of, or operation on	6774
Lagrange's operation (iridectomy and sclerectomy)	6873
Laminectomy, followed by posterior fusion	7355,7361,7365
for exploration	7331
extradural tumour or abscess	7341
intradural lesion	7346
intra-medullary tumour or arteriovenous malformation	7353
open cordotomy	7346
recurrent disc lesion	7336
removal of discs	7331
multi-level decompression, for treatment of spinal canal stenosis	7338
with bone graft to spine and posterior interbody fusion	7967,7969
Laparoscopy and hysteroscopy under general anaesthetic, with myomectomy and/or resection of uterine septum	6454
Laparoscopy diagnostic	4192
involving procedures performed via laparoscope	4194
sterilisation via	6611/6612
with biopsy	4193
with transection or resection of Fallopian tubes	6611/6612
Laparotomy and division of peritoneal adhesions	3726
resection of intussusception	4012
exploratory	3713/3718
for control of post-operative haemorrhage	3734
drainage of pelvic abscess, appendiceal abscess, ruptured appendix or peritonitis	4087/4093
grading of lymphoma	3730
neonatal alimentary obstruction	8394
involving Caecostomy, Enterostomy, Colostomy, Enterotomy, Colotomy, Cholecystostomy, Gastostomy, 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	3722
Laparotomy involving oophorectomy, salpingectomy, salpingo-	

*Payable on attendance basis

Service	Item
oophorectomy, removal of ovarian, parovarian, fimbrial or broad ligament cyst, not associated with hysterectomy	6643/6644, 6648/6649 3739/3745
operation on abdominal or pelvic viscera with division of bowel adhesions and introduction of Dennis tube	9435
insertion of portacath	9420
Large bone, exostosis of, excision of	8179/8182
joint, arthrectomy	8036
arthrodesis	8036
arthroplasty	8036
arthrotomy	8040
tendon, suture of	8235/8238
Laryngectomy	5498
supraglottic, with tracheostomy	5500
Laryngofissure, external operation on	5556
Laryngography	2784
preparation for	2855
Laryngopharyngectomy	5508
- primary restoration of alimentary continuity after	5508
- with tracheostomy and plastic reconstruction	3616
Laryngoplasty	5556
or tracheoplasty with tracheostomy	5557
Laryngoscopy	5520-5530
fibreoptic, with examination of larynx	5349
Larynx, direct examination of	5520
with biopsy	5524
removal of tumour	5530
external operation on	5556
fibreoptic examination of	5349
fractured, operation for	5545
X-ray of	2595
Laser beam, application to eyes	6904
photocoagulation	9462-9475
Lateral therapy (colposcopically directed) for intraepithelial neoplasia	6303-6305
malleolus, fracture of	7632/7637
pharyngeal bands, or lingual tonsils, removal of	5431
pharyngotomy	5360
rhinotomy with removal of tumour	5293
Lavage and proof puncture of maxillary antrum	5245, 5254
colostomy	*
gastric, in the treatment of ingested poison	974
lacrimal	6802
maxillary antrum	5264
stomach	*
uterine-saline flushing	*
Leg, direct arteriovenous, anastomosis of	4817
fracture of	7624-7652
upper, or lower, X-ray of	2524-2537
Lengthening of limb, osteotomy and distraction for	8211
Lens, artificial, insertion of	6852
removal of	6857

*Payable on attendance basis

Service	Item
Lens, artificial, removal of and replacement with a different lens	6858
repositioning of by open operation	6857
extraction	6848
Lensectomy	6864
Lesions, skin, multiple injections for	3356
Lester-Jones naso-lacrimal tube, cleaning, washing and replacement of, not requiring a general anaesthetic	*
Leucotomy for psychiatric causes	7298
Leukoplakia, tongue, diathermy for	*
Lid, ophthalmic, suturing of	6766
Ligament, capsular, of knee, reconstruction of	8082-8088
coraco-acromion, removal of	8166
cruciate, of knee, reconstruction of	8088
ruptured medial palpebral, re-attachment of	6932
transplantation	8251
Ligation, great vessel	4690
involving gradual occlusion by mechanical device	4715
haemorrhoids	4523/4527
purse string, of cervix, for threatened miscarriage	250/258
rubber band, of haemorrhoids	4509
transantral, of maxillary artery	5268
Ligature of cervix, purse string, removal of	267
Light coagulation for detached retina	6904
of iris	6889
Limb, fasciotomy of	3391
intravenous regional anaesthesia of, by retrograde perfusion	760/764
osteotomy and distraction for lengthening of	8211
perfusion of	922,924
upper or lower, direct arteriovenous anastomosis	4817
Limbic tumour, removal of	6846
Lindholm, plastic repair, tendon Achilles	8235/8238
Linea alba hernia, repair of, under 10 years	4246/4249
over 10 years	4251/4254
Lingual tonsil or lateral pharyngeal bands, removal of	5431
Lip, cleft, complete primary repair	8622,8624
secondary correction, Abbe transplant or flap	8632
complete revision	8630
of nostril or nasal tip	8634
partial or incomplete	8628
full thickness wedge excision of	8614
radium necrosis of, excision of (restriction applies)	3219-3253
reconstruction of, using full thickness flap	8618,8620
Lipectomy, radical abdominoplasty	3311
subumbilical	3310
transverse wedge excision for abdominal apron or similar condition	3306-3308
Lipiodol insufflation of Fallopian tubes	2762
Lipoma, removal of (restriction applies)	3219-3265
Lippe's loop - introduction of	6262
removal of under general anaesthesia	6264
Lisfranc's amputation at tarsometatarsal joint	5038
Litholapaxy, with or without cystoscopy	5888
Lithotripsy, extracorporeal shock wave (ESWL)	5700
Little's Area, cautery of	5229

*Payable on attendance basis

Service	Item
Liver abscess, abdominal drainage of	3764
and spleen, study	8771/8772
biopsy, percutaneous	3752
hydatid cyst of, operation for	3783
massive resection of, or lobectomy	3759
ruptured, repair	3722,4165
tumour, removal of other than by biopsy	3754
Living tissue, implantation of	960,963
Lobectomy, liver	3759
or pneumonectomy	6980
Lobectomy, superficial, of parotid gland with exposure of facial nerve	3450
Lobotomy for psychiatric causes	7298
Local anaesthetic, injection of - (see explanatory notes)	
flap repair, plastic, revision of graft	8502
single stage	8480,8484
infiltration around nerve or in muscle with alcohol, novocaine or similar preparation	*
Localisation by electrical stimulator with nerve blocking by alcohol or other agent	756
Localiser, jacket or cast, application of, body and head	7932
body only	7928
Loose bodies in joint	(see arthrotomy)
Lop ear or similar deformity, correction of	8608
Lord's procedure - massive dilatation of anus	4455
Lumbar facetectomy	8028
hernia, repair of	4258/4262
or thoracic spine, anterior interbody spinal fusion to paravertebral block	7957,7961
puncture	748,751
spine, dislocation of, without fracture	7085
sympathectomy	7472
Lunate bone, osteectomy or osteotomy of	7376
Lunate bone, osteectomy or osteotomy of	8190
Lung compliance, estimation of	920
fields, X-ray of	2625-2630
hydatid cysts of, enucleation of	6964
intrathoracic operation on, not otherwise covered	6999
needle biopsy of	6954
Lymph glands, of groin, excision of	
- radical	3638
- limited	3634
of neck, excision of	
- radical	3622
- limited	3618
or nodes, biopsy of	3135/3142
deep tissue or organ, drill biopsy of	3148
pelvic excision of (radical)	6308
node biopsies, for staging or restaging of gynaecological malignancy	6658
dissection, retroperitoneal	6231,6234
vessels and glands or nodes, infusion of, with cytotoxic agent	936
Lymphadenectomy, pelvic	6308
Lymphangiectasis of limb (Milroy's disease)	

*Payable on attendance basis

Service	Item
- limited excision of	8422
- radical excision of	8424
Lymphangiography including follow-up radiography	2792
preparation	2853
Lymphangioma, congenital, removal of, from eye	8458-8472
Lymphoedema, major excision and grafting for	8476
Lymphoid patches, removal of (restriction applies)	3219-3253

*Payable on attendance basis

Service	Item
M	
Macrocheilia, congenital, plastic operation for	8384
Macroductyly, plastic reduction for, each finger	8544
Macroglossia, congenital, plastic operation for	8384
Macrostomia, congenital, plastic operation for	8384
Macules, electrosurgical destruction or chemotherapy of	*
Magnetic removal of intraocular foreign body	6740,6744
resonance imaging	2980
Major artery or vein of neck or extremity, repair of wound of,	
with restoration of continuity	4693
of trunk, repair of wound, with restoration of continuity	4696
Malar bones, X-ray of	2573
Malignant tumours	(see under tumours)
Malleolus, lateral, fracture of	7632/7637
Mammaplasty, augmentation, for significant breast asymmetry, where	
augmentation is limited to one breast	8530
following mastectomy	8531
reduction	8528
Mammary prosthesis, removal	3120/3124
Mammography (restriction applies)	2734,2736
Manchester operation (operation for genital prolapse)	6367/6373
Mandible, condylectomy	8570
dislocations of	7397
fractures of	7719-7728
hemi-mandibular reconstruction with bone graft	8568
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy or osteotomy of	8658-8668
resection of	8556
segmental, for tumours	8560
X-ray of	2576
Mandibular frenulum, maxillary frenulum or tongue tie, repair of	3505
Manipulation and plaster for congenital dislocation of hip	8332
of fibrous tissue surrounding breast prosthesis	*
joint and/or spine, under general anaesthesia	7911/7915
ureteric calculus - endoscopic	5885
paediatric	8332-8356
without anaesthesia	*
Manipulative correction of acute inversion of uterus	365
Manometric oesophageal motility test	966
Marrow, bone, administration of	944
aspiration biopsy of	3159
harvesting of, for the purpose of transplantation	939
study - whole body	8842/8843
Marshall-Marchetti operation for urethropexy	5977,6406
Marsupialisation of Bartholin's cyst or gland	6278/6280
salivary gland	3468/3472
Mastectomy, partial, involving more than	
one-quarter of breast tissue	3678/3683
radical	3702
simple	3647/3652
extended	3698
subcutaneous, with or without frozen section biopsy	3700
Mastoid cavity, obliteration of	5091

*Payable on attendance basis

Service	Item
Mastoid portion, decompression of facial nerve	5102
Mastoidectomy, cortical	5087
Mastoidectomy, intact wall technique	
- with myringoplasty	5093
and ossicular chain reconstruction	5094
radical or modified radical	5095
- with myringoplasty	5098
and ossicular chain reconstruction	5100
revision of, with myringoplasty	5101
with insertion of cochlear implant	5148
transmastoid removal of glomus tumour	5158
Mastoids, X-ray of	2560,2566
Maxilla, fractures of	7719-7728
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy or osteotomy	8658-8668
resection of	8554
X-ray of	2573
Maxillary antrum, lavage of	5264
proof puncture and lavage of	5245,5254
(sinuses), operations on	5270-5288
artery, transantral ligation of	5268
frenulum, mandibular frenulum or tongue tie, repair of,	
in a person aged not less than two years	3505
sinus, drainage of, through tooth socket	5284
Maxillectomy, with total reconstruction of orbit	8554+(1/2)6715
McBride's operation for hallux valgus	8131
McKee-Farrer arthroplasty of hip	8069
Meal, opaque, X-ray	2709-2714
Meatoplasty, with correction of auditory canal stenosis	5073
removal of cartilage and/or bone	5069,5070
Meatotomy and hemi-circumcision, hypospadias	6098
of salivary gland	3468/3472
ureteric, with cystoscopy	5855
urethral	6066
Meatus, external auditory, removal of exostoses in	5072
internal auditory, exploration by middle cranial fossa	
approach	5119
surgical removal of keratosis	
obturans from	5068
pinhole urinary, dilatation of	6036
urethral meatotomy of	6066
Meckel's diverticulum, removal of	3722
Medial meniscus, removal of	8085,8088
palpebral ligament, ruptured, re-attachment of	6932
Median bar, endoscopic resection of	5881
Mediastinum, cervical exploration of, with or without biopsy	6992
intrathoracic operation on	6999
Meibomian cyst, extirpation of	6754
Melanoma, excision of (restriction applies)	3219-3289
Meloplasty, unilateral, for correction of facial asymmetry	8551
Membrane, tympanic, micro-inspection of	5186
Membranes, evacuation of (products of conception)	362
manual removal of	362

*Payable on attendance basis

Service	Item
Membranes, mucous, biopsy of	3130
mucous, excision of fold of (restriction applies)	3219-3237
Meningeal haemorrhage, middle, operations for	7212,7216
Meniscectomy of knee	8085,8088
temporo-mandibular	7902
Meniscus, medial, removal of	8085,8088
Mesenteric cysts, removal of, as an independent procedure	3783
Metacarpo-phalangeal joint, of thumb, dislocation	7436
prosthetic arthroplasty	8024
synovectomy of	8283
Metacarpus, amputation through	4972/4976
fractures of	7520-7530
operation on, for acute osteomyelitis	4832
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8187
or osteotomy of	8185
Metatarsal, osteotomy or osteectomy of with correction of hallux valgus	8131
Metatarso-phalangeal joint, synovectomy of	8283
total replacement of	8131
Metatarsus, amputation or disarticulation of	5024/5029
fracture of	7673/7677
operation on, for acute osteomyelitis	4832
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8187
or osteotomy of	8185
varus, manipulation	8334
and plaster	8336
Micro-laryngoscopy	5534
with arytenoidectomy	5541
removal of juvenile papillomata	5538
papillomata by laser surgery	5539
tumour	5540
Microsomia, construction of condyle and ramus	8683
Micturating cysto-urethrography	2694
preparation for	2839
Middle ear, clearance of	5173
with ossicular chain reconstruction	5174
exploration of	5166
insertion of tube for drainage of	5172
operation for abscess or inflammation of	5162
Midtarsal amputation of foot	5038
Miles' operation	4202
Milroy's disease, operation for	8422,8424
Miniature X-ray of chest	2638
Miscarriage, habitual, treatment of	242
incomplete, curettage for	6460/6464
threatened, purse string ligation of cervix for	250/258
treatment of	246
Mitral stenosis, valvectomy for	6999
Mole, desiccation by diathermy	*
evacuation by manual removal	362
Moschowitz operation	6396
Motility test, manometric, of oesophagus	966

*Payable on attendance basis

Service	Item
Mucous membrane, biopsy of	3130
removal by serial curettage excision	3350-3352
repair of recent wound of	3046-3101
Multi-level laminectomy for treatment of spinal stenosis	7336,7338
Multiple delivery, administration of anaesthetic in connection with pregnancy, attendances other than routine antenatal attendances	481,552
simultaneous injections by continuous compression techniques for varicose veins	192
4633	
Muscle, activity sampling (electromyography)	810-814
biopsy of	3135/3142
excision of, extensive	3399
limited	3391
extra-ocular, torn repair of	6932
flap repair, large, single stage	8449
local, single stage, simple, small	8448
local infiltration in	*
or other deep tissue, removal of foreign body from	3120/3124
ruptured, repair of, not associated with external wound	3404,3407
transplant (Hummelsheim type, etc.), for squint	6930
Myelography, preparation for	2847
using Metrizamide	2848
one region	2773
two regions	2774
three regions	2775
Myelomeningocele, congenital - excision of sac	8442
extensive, requiring formal repair with skin flaps or Z plasty	8444
Myocardial electrodes and permanent pacemaker, insertion or replacement of, by thoracotomy	7021
transvenous, insertion or replacement of	7028,7042
Myomectomy	6508
Myotomy, cricopharyngeal	5354
oesophagogastric (Heller's operation)	4244,4245
of ocular muscles	6922,6924,6931
with fundoplasty	4245
Myringoplasty	5075,5078
and ossicular chain reconstruction	5085
mastoidectomy	5093,5098
revision of mastoidectomy	5101
mastoidectomy and ossicular chain reconstruction	5094,5100
Myringotomy	5162

*Payable on attendance basis

Service	Item
N	
Naevus, excision of (restriction applies)	3219-3237
Nail bed, excision or wedge resection of	7874/7875
digital, removal of	7861
orthopaedic, removal of, requiring incision under regional or general anaesthesia	7886
Narcotherapy	*
Narcotic, analgesia, maintenance of	754
introduction of, into epidural or intrathecal space for control of post-operative pain	752
Nasal adhesions, division of	5234
bones, fracture of	7701-7715
cavity and/or post nasal space, examination of	5192
packing for arrest of nasal haemorrhage	5230
fronto-, ethmoidectomy	5295
haemorrhage, arrest of, by cauterisation or nasal cavity packing	5230
cryotherapy to nose in the treatment of posterior, arrest of	5233
5196	
polyp or polypi (requiring admission to hospital), removal of	5210/5214
(simple), removal of	5205
septum, septoplasty, submucous resection or closure of septal perforation	5217
septum button, insertion of	9403
space, post, direct examination of, with or without biopsy	5348
tip, secondary correction of, for cleft lip	8634
turbinates, cryotherapy to	5242
Nasendoscopy	5349
Naso-lacrimal tube, cleaning, washing and replacement of, not requiring a general anaesthetic	*
replacement of	6799
Nasopharyngeal angiofibroma, transpalatal removal	5350
Nasopharynx, fiberoptic examination of	5349
Navicular bone, fracture of	7535/7538
Neck, artery of, endarterectomy of	4709
deep-seated haemangioma of, excision of	8474
lymph glands of, excision of	3618,3622
of femur, fracture of, internal fixation of	7898
or extremity, artery or by-pass graft of, removal of embolus from	4778
excision of infected prosthetic by-pass graft from	4801,4802
major artery of, repair of wound of with restoration of continuity	4693
facial scar, revision under general anaesthesia	8522,8524
Needle, biopsy, aspiration	*
biopsy of prostate	6030
vertebra	3162
intralymphatic insertion of, for introduction of radio-active material	938
Needling of cataract	6865
Neonatal alimentary obstruction, laparotomy for	8394
Neoplasia, intraepithelial, colposcopically directed laser	

*Payable on attendance basis

Service	Item
Neoplasia, therapy for	6303-6305
Neoplasms, bladder, diathermy of	5919
Neoplastic lesions, cutaneous, treatment of	3349
Nephrectomy, complete	5654/5661,5663
partial	5665,5666
donor (cadaver)	5647
radical with en bloc dissection of lymph nodes	5667
Nephrography	2665-2687
Nephrolithotomy	5691,5699
Nephropexy, as an independent procedure	5721
Nephroscopy, percutaneous, with	
- destruction and extraction of one or two stones	9446,9447
- incision of any one or more of; renal pelvis, calyx or calyces or ureter	9444,9445
- or without any one or more of; stone extraction, biopsy or diathermy	9442,9443
- with removal or destruction of a stone greater than 3cm or 3 or more stones	9448,9449
Nephrostomy	5715
percutaneous, including associated imaging	9441
Nephro-ureterectomy	5665
complete, with bladder repair and any associated endoscopic procedures	5675
Nerve block, regional or field	748,751
blocking with alcohol or other agent following localisation by electrical stimulator	756
conduction times, estimation of (electromyography)	810,811
cranial, intracranial, neurosurgical decompression of	7171
cutaneous or digital, nerve graft to	7140
primary repair of	7118
- by microsurgical techniques	7120
secondary repair of	7119
- by microsurgical techniques	7121
exploration of	7178/7182
fifth cranial, avulsion of branch of	7170
graft, harvesting of with nerve graft to nerve trunk	7139
- using microsurgical techniques	7141
or anastomosis of	7139
to cutaneous nerve	7140
using microsurgical techniques	7141
local infiltration around, with alcohol, novocaine or similar preparation	*
peripheral, removal of tumour from	7148/7152,7156
section, translabyrinthine, vestibular	5117
retrolabyrinthine, vestibular and/or cochlear	5118
transposition of	7143
trigeminal, primary branch of, injection with alcohol, cortisone, phenol, etc	7079
trunk, neurolysis of, internal (interfascicular)	7133
primary repair of	7124
- by microsurgical techniques	7129
secondary repair of	7132
- by microsurgical techniques	7138

*Payable on attendance basis

Service	Item
Neurectomy, intracranial or radical	7170
peripheral nerve	7148/7152,7156
transantral Vidian	5277
Neurolysis, by open operation	7178/7182
internal (interfascicular)	7133
Neuroma, acoustic, removal of	5108/5112
Neuromuscular electrodiagnosis	810-814
Neurotomy, of deep peripheral nerve	7156
superficial peripheral nerve	7148/7152
percutaneous, of posterior division of spinal nerves	7153
Neurovascular island flap	8542
Nipple, inverted, surgical eversion of	3707
reconstruction of	8538
removal of accessory (restriction applies)	3219-3253
Noble type intestinal plication with enterolysis	3722
Node, lymph, biopsy of	3135/3142
scalene, biopsy	3168
Nodes, lymph, infusion of with cytotoxic agent	936
pelvic, excision of	6308
Nodule, treatment of by electrosurgical destruction or cryosurgery	*
Non-gravid uterus, suction curettage of	6460/6464
Non-magnetic intraocular foreign body, removal of	6742,6747
Nose, cauterisation or packing of, for arrest of nasal haemorrhage	5230
composite graft to	8606
cryotherapy to, in the treatment of nasal haemorrhage	5233
dermoid of, congenital, excision of, intranasal extension	8440
foreign body in, removal of, other than by simple probing	5201
fractures of	7701-7715
full thickness repair of laceration (restriction applies)	3104
operations on	5201-5241
plastic operations on	8594-8606
superficial dermoid of, congenital, excision of	8432/8434
X-ray of	2581
Nostril, secondary correction of, for cleft lip	8634
Nuclear medicine scanning -	
cardiovascular -	
cardiac blood pool study	8740,8741
first pass blood flow study	8744/8745,8748/8749
output estimation	8744/8745
output study	8744/8745,8748/8749
shunt study	8744/8745,8748/8749
gated cardiac blood pool (equilibrium) study	8740
study with intervention	8741
myocardial infarct avid imaging study	8734/8735
thallium myocardial perfusion study	8728/8727,8732/8733
central nervous -	
brain study	8819/8820
cerebro spinal fluid transport study	8822/8823
shunt patency study	8826/8827
endocrine -	
adrenal study	8866/8867
using selenocholesterol	8864/8865
parathyroid study	8863

*Payable on attendance basis

Service	Item
Nuclear medicine scanning -	
perchlorate discharge study	8719
thyroid study	8859/8860
uptake	8861/8862
(using probe)	8718
gastrointestinal -	
blood loss estimation	8705
bowel haemorrhage study	8781/8782
gastric emptying study	8801,8802
gastro-oesophageal reflux study	8791/8792
hepato biliary study	8777/8778
Le Vein shunt study	8871/8872
liver and spleen study	8771/8772
Meckel's diverticulum study	8785/8786
oesophageal clearance study	8795/8796
protein loss	8707
red blood cell spleen or liver study	8775/8776
salivary study	8789/8790
spleen study	8771/8772
genitourinary -	
cystoureterogram	8811/8812
renal function test, with imaging	8725
without imaging	8722
renal study	8805
with intervention	8809/8810
testicular study	8815/8816
miscellaneous -	
study of region or organ not covered by any other item	8873/8874
particle perfusion study (intra-arterial)	8871/8872
pulmonary -	
lung aerosol study	8767/8768
perfusion study	8751/8752
perfusion and ventilation study	
using XE127 or XE133 gas	8765/8766
using aerosol	8768/8768
ventilation study using XE127 gas	8753/8754
XE133 gas	8757/8758
aerosol	8761/8762
single photon emission tomography	8868
skeletal -	
bone marrow study	8842/8843
localised bone or joint study including flow and blood pool studies	8846/8847
localised bone, joint, tumour, infection or inflammation seeking study using gallium	8848/8849
using technetium	8851/8852
repeat localised bone, joint, tumour, infection or inflammation seeking study, using same administration of radiopharmaceutical	8853/8854
whole body bone study	8832/8833
with dynamic blood flow or regional blood volume quantitative study	8834/8835
tear duct study	8869/8870

*Payable on attendance basis

Service	Item
Nuclear medicine scanning -	
vascular -	
blood volume estimation	8701
dynamic flow study	8830/8831
erythrocyte radioactive uptake survival test or iron	
kinetic test	8703
lymphoscintigraphy	8857/8858
regional blood volume quantitative study	8830/8831
venography	8855/8856
whole body count	8726
study, repeat, using same administration of	
pharmaceutical	8844/8845
using cells labelled with technetium	8840/8841
gallium	8838/8839
iodine	8836/8837

*Payable on attendance basis

Service	Item
O	
Obesity, gastric, by-pass for	3893
reduction for	3892
Obstruction, lacrimal passages, probing or dilatation	6799
Ocular muscle, torn, repair of	6932
Oculoplethysmography in the examination of carotid vessels	800-802
Oesophageal clearance study	8795/8796
motility test, manometric	966
tube, indwelling, gastrostomy for fixation of	3722
Oesophagectomy	
- cervical, with tracheostomy and oesophagostomy, with or without plastic reconstruction	3616
- with direct anastomosis	6986
interposition of small or large bowel	6988
stomach transposition	6986
Oesophagogastric myotomy	4244, 4245
Oesophagoscopy (rigid)	5464
- with biopsy	5480
- with dilation or insertion of prosthesis	5470
- with removal of foreign body	5486
(flexible)	
- with or without biopsy	3847
- with endoscopic sclerosing injection of oesophageal varices	3849
- with polypectomy or removal of foreign body	3851
Oesophagostomy, cervical	3597
closure or plastic repair of	3597
Oesophagus, correction of atresia of	8392
congenital stenosis of	8388
dilatation of	5470-5492
intrathoracic operation on	6999
removal of foreign body in	5486
X-ray of	2706, 2709, 2711
Olecranon, excision of bursa of	3208/3213
fracture of	7559/7563
Omentectomy infra-colic, with multiple peritoneal biopsies, for staging or restaging of gynaecological malignancy	6659
with radical or debulking operation for advanced gynaecological malignancy	6655
Oophorectomy, not associated with hysterectomy	6643/6644, 6648/6649
with vaginal hysterectomy	6544
Opaque enema X-ray	2716, 2718
meal	2709-2714
media, preparation for radiological procedures using	2805-2859
Open heart surgery, congenital, in children	7044
Operations, assistance at	2951, 2953, 2955, 2957
Operative cholangiography, pancreatogram or choledochoscopy	3789
Ophthalmological examination under general anaesthesia	6686
Optic fundi examination of, following intravenous dye injection	856
Orbit, anophthalmic insertion of cartilage or artificial implant	6701
of eye, exenteration of	6715
exploration of	6707, 6709, 6722, 6724
skin graft to	6703
X-ray of	2573

*Payable on attendance basis

Service	Item
Orbital cavity, bone or cartilage graft to walls or floor of	8553
reconstruction of walls or floor of	8552
dermoid, congenital, excision of	8436
dystopia, correction of	8678,8679
implant, enucleation of eye	6688
evisceration of eye and insertion of	
intrascleral ball or cartilage	6699
integrated, with enucleation of eye	6692
Orbitotomy, anterior	6709
lateral	6707
Orchidectomy, simple	4288/4293
subcapsular	4288/4293
Orchidopexy	4307,4313
Oro-antral fistula, plastic closure of	5288
Orthopaedic operations	7853-8356
pin or wire, insertion of	7883
plate or wire, removal of, requiring incision	7886
Orthopantomography	2590
Os calcis, fracture of	7647/7652
talus, fracture of	7647/7652
Ossicular chain reconstruction	5081
and myringoplasty	5085
myringoplasty and mastoidectomy	5100
with clearance of middle ear	5174
Osteectomy of carpus	8190
clavicle	8190
femur	8198
fibula	8190
humerus	8195
mandible	8658-8668
maxilla	8658-8668
metacarpal	8185
metatarsal	8185
pelvic bone	8198
phalanx	8185
or metatarsal with correction of hallux valgus	8131
radius	8190
rib	8190
scapula (other than acromion)	8190
tarsus	8190
tibia	8195
ulna	8190
or osteotomy of phalanx or metatarsal and	
transplantation of adductor hallucis tendon for	
correction of hallux valgus	8135
Osteoma, of palate, excision of	8179/8182
Osteomyelitis, acute, operation	
- for, metacarpus, metatarsus or phalanx other	
than terminal	4832
- on humerus or femur	4844
skull	4838
spine or pelvic bone	4853
sternum, clavicle, rib, ulna, radius, carpus,	
tibia, fibula, tarsus, mandible or maxilla	4838

*Payable on attendance basis

Service	Item
	terminal phalanx of finger or toe 4832
chronic operation	
- on combination of bones	4860,4877
humerus or femur	4864
scapula, sternum, clavicle, rib, ulna, radius, metacarpus, carpus, phalanx, tibia, fibula, metatarsus, tarsus, mandible or maxilla	4860
skull	4870
spine or pelvic bone	4867
skull, craniectomy for	7291
Osteotomy and distraction for lengthening of limb	8211
calcaneal	8328
with bone graft	8330
carpus	8190
with internal fixation	8193
clavicle	8190
with internal fixation	8193
femur	8198
with internal fixation	8201
fibula	8190
with internal fixation	8193
humerus	8195
with internal fixation	8201
mandible	8658-8668
maxilla	8658-8668
metacarpal	8185
with internal fixation	8187
metatarsal	8185
with internal fixation	8187
or osteectomy of phalanx or metatarsal and transplantation of adductor hallucis tendon for correction of hallux valgus	8135
pelvic bone	8198
with internal fixation	8201
phalanx	8185
or metatarsal with correction of hallux valgus	8131
phalanx, with internal fixation	8187
radius	8190
with internal fixation	8193
rib	8190
with internal fixation	8193
scapula (other than acromion)	8190
with internal fixation	8193
sub-trochanteric, of femur	8206
tarsus	8190
with internal fixation	8193
tibia	8195
with internal fixation	8201
ulna	8190
with internal fixation	8193
Otitis media, acute, operation for	5162
Ovarian biopsy by laparoscopy	4194
cyst, excision of	6643/6644,6648/6649
with abdominal hysterectomy	6532/6533

*Payable on attendance basis

Service	Item
Ovarian cyst, excision of, with vaginal hysterectomy	6544
puncture of, via laparoscope	4194
tumour, radical or debulking operation for	6655
Ovaries, prolapse, operation for	3739/3745
Ovary, repositioning	6585/6594
Oxycephaly, cranial vault reconstruction for	8681
Oxygen consumption, estimation of	920
therapy, hyperbaric	774,777
- in conjunction with anaesthesia	787,790

*Payable on attendance basis

Service	Item
P	
Pacemaker, permanent insertion or replacement of	7033
- and myocardial electrodes by thoracotomy	7021
Pacemaking electrode, temporary insertion	7042
Paediatric operations and procedures	8332-8448
Palate, cleft, complete, primary repair	8640
lengthening procedure, secondary repair	8648
partial, primary repair	8636
secondary repair	8644
complex cleft, partial repair	8652
osteoma of, excision of	8179/8182
Palato-pharyngeal studies	2591-2593
Palmar middle spaces, drainage of	7868
Palpebral ligament, medial, ruptured, re-attachment of	6932
lobe of lacrimal gland, excision of	6772
Pancreas, drainage of	3722
partial excision of	4109
study	8738/8739
Pancreatic abscess, drainage of	4131
cyst, anastomosis to stomach or duodenum	3902
juice, collection of	4104
Pancreatico-duodenectomy (Whipple's operation)	4115
Pancreatocholangiography, endoscopic	3860
Panendoscopy, upper gastrointestinal tract	3847-3851
urogenital tract	6061
Panhysterectomy	6536
Pannus, treatment of, by cautery of conjunctiva	6835
Papilloma, bladder, transurethral resection of, with cystoscopy	5871,5875
larynx, removal of	5530
removal of (restriction applies)	3219-3265
Papillomata, juvenile, removal of with microlaryngoscopy	5538
removal of by laser surgery, with microlaryngoscopy	5539
Papules, electro-surgical destruction or chemotherapy of	*
Paracentesis abdominis	4197
in relation to eye	6865
of pericardium	6942
tympanum	5162
Paralysis, facial, plastic operation for	8546,8548
spastic - manipulation and plaster	8356
Para-ovarian cyst, excision of, with abdominal hysterectomy	6532/6533
Paraphimosis, reduction of under general anaesthesia	4351
Parathyroid glands, removal of	3555
tumour, removal of	3547
Paratyphoid, inoculation against	*
Paravertebral block	748,751
Parkes intersphincteric operation for anal incontinence	4492
Paronychia, incision for	7864
Parotid duct, diathermy of	3465
dilatation of	3465
removal of calculus from or	
meatotomy or marsupialisation	3468/3472
fistula, repair of	3477
Parotid gland, superficial lobectomy or removal of tumour from	3450
total extirpation of	3437,3444

*Payable on attendance basis

Service	Item
Parovarian cyst, excision of	6643/6644,6648/6649
Patella, dislocation of	7457
displaced, fixation of	8085
excision of	8085
fracture of	7641/7643
recurrent dislocation of, operation for	8085
Patellar bursa, excision of	3208/3213
Patellectomy	8085
Patent ductus arteriosus, operation for, congenital	6999
Pectus carinatum, correction of	6972
excavatum, correction of	6972
Pedicle, tubed, or indirect flap	
- delay, intermediate transfer or detachment of	8496
- formation of	8494
- preparation of site and attachment to site	8498
- spreading of pedicle	8500
Pelvic abscess, drainage via rectum or vagina	3379/3384
laparotomy for drainage of	4087/4093
bone, operation on, for osteomyelitis	
- acute	4853
- chronic	4867
osteectomy of, with internal fixation	8201
or osteotomy of	8195,8198
girdle, X-ray of	2551
haematoma, drainage of	3739/3745
lymph glands, excision of (radical)	6308
with hysterectomy	6536,6543
Pelvimetry	2740
Pelvis, fracture of	7608/7610
X-ray of	2551
Pelvi-ureteric junction, plastic procedures to, by open exposure	5734
Penicillin, injection of	*
Penile warts, cystoscopy for the treatment of	5846
Penis, complete or radical amputation of	6184
frenuloplasty	6215
lengthening by translocation of corporea	6207
operations on	4319-4351,6179-6215
partial amputation of	6179
Peptic ulcer, perforated, suture of	3722
Percutaneous cerebral angiography, preparation for	2807
cordotomy	7381
liver biopsy	3752
neurotomy of posterior divisions of spinal nerves	7153
Perforated duodenal ulcer, suture of	3722
gastric ulcer, suture of	3722
peptic ulcer, suture of	3722
Perforating wound of eyeball, repair of	6728,6730,6736
Perforation, septal, closure of	5217
Perfusion of donor kidney, continuous	922
limb or organ	922
retrograde, intravenous, of a sympatheolytic agent	931
regional anaesthesia of limb by	760/764
whole body	923
Perianal abscess, incision of	3379/3384

*Payable on attendance basis

Service	Item
Perianal tag, removal of	
- under general anaesthesia	4534
- without general anaesthesia	*
Pericardium, drainage of, transthoracic	6995
paracentesis of	6942
Peridural block	748,751
Perimetry, quantitative	*
bilateral, first or second examination	9459
third or subsequent examination	9461
unilateral, first or second examination	9460
third or subsequent examination	9461
Perineal anoplasty, ano-rectal malformation	8406
biopsy of prostate	6022
operation, post-operative haemorrhage, control of	3110
prostatectomy	6001
stimulation maximal, electrical	*
for treatment of stress incontinence	*
Perineorrhaphy	6347/6352
and anterior colporrhaphy	6358/6363
Perinephric abscess, drainage of	5683
area, exploration of	5683
Periorbital correction of Treacher Collins Syndrome	8677
dermoid, congenital, excision of	8432/8434
Doppler examination, carotid vessels	800-802
Peripheral nerve, deep avulsion, neurectomy or neurotomy of, or	
removal of tumour from	7156
superficial avulsion, neurectomy or neurotomy	
of, or removal of tumour from	7148/7152
vessels, examination of	795-798
Perirenal insufflation for radiography, preparation for	2825
X-ray	2697
Peritomy, conjunctival	6807
Peritoneal adhesions, separation of	3726
biopsies, multiple, with infra-colic omentectomy	6659
catheter, insertion and fixation of	833
dialysis	836
Peritoneoscopy	(see laparoscopy)
Peritoneum, hydatid cyst of, operation for	3783
Peritonitis from any cause, laparotomy for	4087/4093
Peritonsillar abscess, incision of	5445
Peri-urethral Teflon injection for urinary incontinence	6085
Perthes' epiphysitis, plaster for	8349
Perurethral resection of contracted bladder neck, congenital	8410
Pes planus-manipulation and plaster under general anaesthesia	8336
under general anaesthesia	8334
Petrous temporal bones X-ray of	2569
Peyronie's plaque injection for	6199
operation for	6204
Phalanges, X-ray of	2502/2505
Phalanx, finger or thumb, fractures of	7505-7516
operation on, for acute osteomyelitis	4832
chronic osteomyelitis	4860
osteectomy or osteotomy of	8185
- with internal fixation	8187

*Payable on attendance basis

Service	Item
Phalanx, toe, fracture of	7681-7691
X-ray of	2502/2505
Pharyngeal adhesions, division of	5345
bands or lingual tonsils, removal of	5431
cysts, removal of	5456
flap, repair of	8656
pouch, endoscopic resection of (Dohlman's operation)	5357
removal of	5354
Pharyngectomy, partial	5361
with partial or total glossectomy	5362
Pharyngoplasty, with or without tonsillectomy	8656
Pharyngotomy (lateral)	5360
Pharynx, cauterisation or diathermy of	5229
operations on	5345-5362, 8656
removal of foreign body	3113
Phenol, intrathecal injection of	7081
Phlebography	2768
preparation for	2819
selective, preparation for	2827
Phlebotomy	*
Phonoangiography in the examination of carotid vessels	800-802
Phonocardiography	912
Photocoagulation, laser	9-62-9475
of iris	6889
xenon arc	6904
Photography, retinal	859,860
Physician, consultant, attendance by (see attendances professional)	
Pigeon chest, correction of	6972
Pilonidal cyst or sinus, excision of	4611/4617
sinus, injection of sclerosant fluid under anaesthesia	4622
Pin, orthopaedic, insertion of	7883
removal of requiring incision under regional	
or general anaesthesia	7886
Pinch grafts, free, on granulating areas, small	8504
Pinguecula, removal of	6842
Pinhole urinary meatus, dilatation of	6036
Pirogoff's amputation of foot	5034
Pitanguy abdominoplasty	3311
Pituitary tumour, removal of	7204
Placenta, evacuation of, by intrauterine manual removal	362
ultrasonic localisation of, by Doppler technique	*
Placentography	2740
preparation for	5840
Plague, inoculation against	*
Plain abdominal X-ray	2699/2703
renal X-ray	2665
Plantar fasciotomy, radical	8320
wart, removal of	3320
Plaster and manipulation for talipes equinovarus under general anaesthesia	8336
for epiphysitis, Perthes', Calve's or Scheuermann's	8349
Sever's, Kohler's, Kienboch's or	
Schlatter's	8351
jacket, application of, to spine	7926

*Payable on attendance basis

Service	Item
Plastic and reconstructive operations	8450-8656
flap operation for exomphalos, congenital	8402
procedures to pelvi-ureteric junction, by open exposure	5734
reconstruction for bicornuate uterus	6570
of lacrimal canaliculus	6792
shoulder (orthopaedic)	8017
reduction for macrodactyly, each finger	8544
repair, direct flap across leg or similar	8487,8488
small	8490,8492
of cervical oesophagostomy	3597
choanal atresia	8380
single stage, local flap	8480,8484
to enlarge vaginal orifice	6336
Plate, removal of, requiring incision under regional or general anaesthesia	7886
Pleura, percutaneous biopsy of	3161
X-ray of	2625/2627
Plethysmography	795-798
Pleurectomy or pleurodesis with thoracotomy	6964
Pleurodesis or pleurectomy with thoracotomy	6964
Plexus block, brachial	748,751
cervical	748,751
brachial, exploration of	7175
sympathetic, infiltration	755
Plication, intestinal, with enterolysis, Noble type	3722
of inferior vena cava	4721
Pneumoarthrography	2786
preparation for	2833
- encephalography	2756
preparation for	2805
- mediastinum	2794
preparation for, radiological	2857
- peritoneum, preparation for radiography of	2833
Pneumonectomy or lobectomy	6980
Poison, ingested, gastric-lavage in the treatment of	974
Polyhydramnios, attendances other than routine antenatal attendances	247
Polyp, aural, removal of	5066
ear, removal of	5068
larynx, removal of	5530
or polypi, nasal (requiring admission to hospital), removal of	5210/5214
Polyp or polypi, nasal (simple), removal of	5205
removal of from cervix	6413
rectal, removal of with sigmoidoscopy	4366/4367
uterus, removal of	6460/6464
Polypectomy, with hysteroscopy	6453
Portacath, laparotomy with insertion of	9420
Portal hypertension, vascular anastomosis for	4766
Posterior mobilisation (release), operation for scoliosis	9408
sclerotomy	6865
vaginal repair	6347/6352,6358/6363
Postero-lateral bone graft to spine	7945
Post-nasal space and/or nasal cavity, examination of, under	

*Payable on attendance basis

Service	Item
general anaesthesia	5192
direct examination of, with or without biopsy	5348
Post-natal care	194/196,210
for nine days, confinement, antenatal care	204/205
Post-operative haemorrhage, control of, following perineal or vaginal operations	3110
laparotomy for	3734
tonsils or tonsils and adenoids, requiring general anaesthesia, arrest of	5396/5401
pain, epidural injection for control of	752,753
Postpartum haemorrhage, treatment of	363
Pott's fracture	7647/7652
Pouch, pharyngeal, removal of	5354,5358
Preauricular sinus operations	3173,3178/3183
Pre-eclampsia, treatment of	273
Pregnancy, complicated by acute intercurrent infection, attendances other than routine antenatal attendances	248
diabetes or anaemia, attendances other than routine antenatal attendances	247
multiple, attendances other than routine antenatal attendances	247
X-ray	2738,2740
Premature labour, attendances other than routine antenatal attendances	247,248
Pre-operative examination for anaesthesia at a separate attendance (N.B. Where the examination is not made at a separate attendance it is covered by the benefit for the anaesthetic)	82/85
Prepuce, breakdown of adhesions of operations on	*
Presacral and sacrococcygeal tumour, excision of	4319-4351
neurectomy	4179
sympathectomy	7376
Priapism, decompression by glanular stab cavernospongiosum shunt or penile aspiration	7376
injection for	6162
shunt operation for	6199
Primary branch of trigeminal nerve, injection of with alcohol, cortisone, phenol, etc	6166
repair, complete, of cleft lip	7079
of cutaneous or digital nerve	8622,8624
nerve trunk	7118,7120
by microsurgical techniques	7124
restoration of alimentary continuity after laryngopharyngectomy	7129
suture of extensor tendon of hand	5508
flexor tendon of hand	8227/8230
Primary suture of tendon of foot	8219/8222
Process, styloid, of temporal bone, removal of	8241
Proctocolectomy with ileostomy	3431
Proctoscopy	4052-4059
Products of conception, evacuation by intrauterine manual removal	*
Professional attendances (see attendances professional)	362
Progesterone implant	960,963

*Payable on attendance basis

Service	Item
Prolapse, anal - circum-anal suture for	4467
submucosal injection of	4534
bladder, repair of	6347-6373
genital, operations for	6347-6373
ovaries, operation for	3739/3745
rectum, paediatric, injection into	4534
radical operation for	4413
reduction of	*
urethra, excision of	6146
operation for	6389
Prolonged professional attendance for continuous life-saving treatment	160-164
Proof puncture of maxillary antrum	5245,5254
Prostate, abscess, open drainage of	6022
biopsy of, perineal	6022
endoscopic biopsy of, with or without cystoscopy	6027
needle biopsy of, or injection into	6030
total excision of	6017
Prostatectomy, endoscopic, with or without cystoscopy, with or without urethroscopy	6005,6006
open	6001
Prostatic abscess, endoscopic drainage of	6033
Prosthesis, breast, manipulation of fibrous tissue surrounding	*
insertion of, with oesophagoscopy	5470
Provocative test for glaucoma including water drinking	849
Psychiatry, by consultant psychiatrists (see attendances professional)	
Psychotherapy, by consultant psychiatrists (see attendances professional)	
Pterygium, removal of	6837
Ptosis, correction of	8586
Pubis, symphysis, fracture of	7615/7619
Pudendal block	748,751
Pulmonary artery pressure monitoring during open heart surgery,	
-under 12 years of age	9062
-over 12 years of age	9063
decortication with thoracotomy	6962
stenosis, valvulotomy	7046
Pulp space infection, incision for	7864
Punch, biopsy of synovial membrane	3159
Punctum snip, operation	6805
Puncture, and dilatation for repair of choanal atresia	8382
cisternal	7089
lumbar	7085
proof, of maxillary antrum	5245,5254
ventricular - cerebral	7099
Purse string ligation of cervix for threatened miscarriage	250/258
ligature of cervix, removal of, under general anaesthesia	267
Putti-Platt operation for recurrent dislocation of shoulder	8017
Puva therapy	978,979
Pyelography, drip-infusion	2672
preparation for	2837
including cystoscopy with ureteric catheterisation,	
preparation for	5851

*Payable on attendance basis

Service	Item
Pyelography, intravenous, including preparation for retrograde	2676,2678,2681 2687
Pyelolithotomy	5691,5699
Pyeloplasty, by open exposure	5734,5737,5738
Pyelostomy, open	5715
Pyloromyotomy	3952
Pyloroplasty	3722,3952
with vagotomy	3889,3891
Pylorus, dilation of, with vagotomy	3891
Pyogenic granulation, cauterisation of	*
Pyonephrosis, drainage of	5683

*Payable on attendance basis

Service	Item
Quinsy, incision of	Q 5445

*Payable on attendance basis

Service	Item
R	
Radial artery, ligation of, or repair of surgically created fistula	4688
Radiation field setting - (see radiotherapy planning)	
oncology treatment	2887-2893
Radical amputation of penis	6184
antroostomy	5270
correction of congenital stenosis of oesophagus	8388
diathermy, colposcopy and cervical biopsy, of uterus	6483
with curettage of uterus	6483
fronto-ethmoidectomy	5298
hysterectomy with radical excision of pelvic lymph glands	6536
without gland dissection	6542
nephrectomy with en bloc dissection of lymph nodes	5667
obliteration of frontal sinus	5318
operation for Dupuytren's contracture	8298
empyema involving resection of rib	6955
or intracranial neurectomy	7170
modified radical mastoidectomy	5095
Radioactive B12 absorption test	8714,8715
estimation of gastrointestinal blood loss	8705
mould	2911-2918
sources - sealed	2894-2918
unsealed	2920-2925
uptake survival time, erythrocyte	8703
Radioiodine, for hyperthyroidism or thyroid cancer, by	
single dose technique	2921
Radioisotope studies	8701-8874
therapeutic dose, oral	2920
intracavitary	2925
intravenous	2923
Radiological procedures - examination and report	2502-2802
Radiotherapy, deep or orthovoltage	2875-2885
planning	2927-2945
radioactive - sealed	2894-2918
- unsealed	2920-2925
superficial	2861-2873
Radium, necrosis of lip, excision of (restriction applies)	3219-3253
preparation for treatment with (see Part 8, Division 16)	
Radius, bone graft to	7983,7993
dislocation of	7430/7432
fracture of	7550/7552
distal end of	7547
fragmentation and rodding in fragilitas ossium	8302
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
Ramstedt's pyloromyotomy	3952
Ranula, removal of	3509/3516
Reconstruction, breast, using a latissimus dorsi or other large	
myocutaneous flap	8532
using breast sharing technique	8533,8534
tissue expansion, unilateral	8536,8537
of floor or roof of orbital cavity	8552

*Payable on attendance basis

Service	Item
Reconstruction, nipple, areola or both	8538
socket, eye, contracted	6705
urethral sphincter	6155
vaginal, in congenital absence or gynatresia	6327
Reconstructive cranioplasty	7251
Rectal biopsy, full thickness	4380
fistula	5947,6083
ischio-, abscess, incision of	3379/3384
polyp, removal of with sigmoidoscopy	4366/4367
prolapse, Delorme procedure for	4410
reduction of	*
submucosal, injection for, under general anaesthesia	4534
tumour, excision of via trans-sphincteric approach	4399
resection or diathermy of, with sigmoidoscopy	4366/4367
Rectocele, repair of	6347-6373
Rectoplasty, ano-rectal malformation	8408
Rectosigmoidectomy, anterior	4070
for Hirschsprung's disease	8398
Recto-vaginal fistula	6401
Rectum, anterior resection of	4068
prolapsed, paediatric, injection into	4534
radical operation for prolapse of	4413
stricture of, plastic operation for	3739/3745
suction biopsy of	3130
villous tumour of	4397
Recurrent dislocation of patella of knee, operation for	8085
hernia, repair of	4258/4262
sapheno-femoral incompetence; operation for	4664
sapheno-popliteal incompetence, operation for	4664
Reduction, dislocation	7397-7483
eyelid, unilateral	8584-8585
fracture	7505-7839
in excess of one reduction	7828-7839
intussusception by fluid	4003
with laparotomy	3722
mammoplasty	8528
of volvulus, with laparotomy	3722
paraphimosis under anaesthesia	4351
plastic, for macrodactyly, each finger	8544
ureteroplasty	5831
Redundant tissue, removal of (restriction applies)	3219-3253
Refitting of contact lenses	852
Reflux, vesico-ureteric	5773
Refractive keratoplasty	6833
Refrigerant, closed circuit circulation of for gastric hypothermia	968,970
Regional anaesthesia, intravenous, of limb by retrograde perfusion	760/764
nerve block	748,751
Regitine phentolamine test - for phaeochromocytoma	*
Renal artery, aberrant, operation for	5683
biopsy	5726
cyst, aspiration with injection of radio-opaque material	2831
excision of	5724
dialysis in hospital	821,824
function test (associated with imaging and at least 2 blood	

*Payable on attendance basis

Service	Item
samples)	8725
(without imaging procedure)	8722
pelvis, brush biopsy of, with cystoscopy	5849
study	8805
with intervention	8809/8810
transplant	5642-5645
X-ray, plain	2665
Respiratory function, estimation of	920,921
Response recording (electromyography)	810-814
Restoration of cardiac rhythm by electrical stimulation	917
Resuturing of surgical wounds (excluding repair of burst abdomen)	*
wound following intraocular procedures	6938
Retina, cryotherapy to	6908
detached, diathermy or cryotherapy for	6900
light coagulation for	6904
removal of encircling silicone band from	6906
resection or buckling operation for	6902
pre-detachment of, cryotherapy for	6908
Retinal photography	859,860
Retrobulbar abscess, operation for	6752
injection of alcohol	6918
transillumination	6914
Retrograde pyelography	2687
including cystoscopy with ureteric catheterisation, preparation for	5851
Retroperitoneal abscess, drainage of	4185
lymph node biopsies, for staging or restaging of gynaecological malignancy	6658
lymph node dissection	6231,6234
pneumogram	2697
tumour, removal of	4173
Retropharyngeal abscess, incision with drainage of	3379/3384
Retropubic prostatectomy	6001
Retroversion, operation for	6585/6594
Rhinophyma, correction of	8604
Rhinoplasty procedures	8594-8602
Rhinotomy, lateral, with removal of tumour	5293
Rhizolysis, spinal, with or without laminectomy	7370
Rib, cervical, removal of	8158
first, removal of by axillary approach	8159
fracture of	7601/7605
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
resection of, with radical operation for empyema	6955
Rib, X-ray of	2655-2657
Rod, removal of, requiring incision under regional or general anaesthesia	7886
Rodent ulcer, operation for (restriction applies)	3219-3253
Rods, Harrington, or similar devices, re-exploration for adjustment removal of	7937
Roof or floor or orbital cavity, reconstruction of	8552
Rosen incision - myringoplasty	5075

*Payable on attendance basis

Service	Item
Round window repair or cochleotomy	5147
Rovsing's operation	5683
Rubber band ligation of haemorrhoids	4509
Rubin test for patency of Fallopian tubes	6639
Rupture of bladder, repair of	5891/5894
Ruptured medial palpebral ligament, re-attachment of	6932
membranes, threatened premature labour	248
muscle, repair of, not associated with external wound	3404,3407
urethra, repair of distal section	6040
prostatic or membranous segment	6041
viscus (including liver, spleen or bowel) repair or removal of	3722,4165

*Payable on attendance basis

Service	Item
S	
Sac, endolymphatic, transmastoid decompression	5116
lacrimonasal, excision of, or operation on	6774
Sacral block	748,751
sinus, excision of	4611/4617
sympathectomy	7376
X-ray	2601-2611
Sacrococcygeal and presacral tumour, excision of	4179
Sacro-iliac joint, arthrodesis of	8032
X-ray of	2554
Sacrum, fracture of	7608/7610
Salivary calculus, X-ray of	2579
gland duct, diathermy of	3465
dilatation of	3465
removal of calculus from or meatotomy or marsupialisation	3468/3472
operations on	3437-3477
repair of cutaneous fistula of	3477
Salpingectomy not associated with hysterectomy	6643/6644,6648/6649
with vaginal hysterectomy	6544
Salpingolysis and/or salpingostomy	6631
Salpingo-oophorectomy not associated with hysterectomy	6643/6644,6648/6649
Salpingostomy and/or salpingolysis	6631,6632
Sapheno-femoral incompetence, re-operation for recurrent	4664
Sapheno-popliteal incompetence, re-operation for recurrent	4664
Scalene node biopsy	3168
Scalenotomy	8161
Scalp, suturing of to anchor hairpieces	*
vein catheterisation in a neonate	895
Scans, computerised tomography	2400-2460
magnetic resonance imaging	2980
Scaphoid, accessory, removal of	7853
bone graft to	7999
carpal, fracture of	7535/7538
Scapula, fracture of	7597
operation on, for chronic osteomyelitis	4860
other than acromion, osteectomy of, with internal fixation	8193
or osteotomy of	8190
X-ray of	2539/2541
Scar, abrasive therapy to	8452,8454
face or neck, revision under general anaesthesia	8522,8524
removal of, not otherwise covered (restriction applies)	3219-3253
Scars, corneal, excision of, or partial keratectomy	6820
Scheuermann's epiphysitis, plaster for	8349
Schilling test	8714,8715
Schlatter's epiphysitis, plaster for	8351
Sclera, removal of foreign body from, involving deep layers	6818
superficial foreign body from	*
Sclerectomy and iridectomy, for glaucoma (lagrange's operation)	6873
Sclerosant fluid, injection of into pilonidal sinus, under anaesthesia	4622
Scoliosis, anterior correction of (Dwyer procedure)	7938,7939
application of halo for spinal fusion in the treatment of	7940
posterior mobilisation (release)	9408
re-exploration for adjustment or removal of Harrington	

*Payable on attendance basis

Service	Item
rods or similar devices	7937
spinal fusion for	7934
with use of Harrington rod	7938,7939
Screw, removal of, requiring incision under regional or general anaesthesia	7886
Scrotal, contents, exploration of	6228
Scrotum, excision of abscess of	3379/3384
partial excision of	6216
Sebaceous cyst, removal of (restriction applies)	3219-3253
Second trimester labour, management of, with or without induction	274/275
Segmental resection of mandible for tumours	8560
Semimembranosus bursa, coronary excision of	3217
Septal perforation, closure of	5217
Septoplasty of nasal septum	5217
Septum button, nasal, insertion of	9403
Septum, cauterisation or diathermy of	5229
nasal, septoplasty, submucous resection of or closure of septal perforation	5217
vaginal, excision of, for correction of double vagina	6332
Sequestrectomy	4860-4877
Serial angiocardiography - bi-plane - direct roll-film method	2748
indirect roll-film method	2750
- rapid cassette changing	2744
single plane - direct roll-film method	2746
Sesamoid bone, removal of	7853
Sever's epiphysitis, plaster for	8351
Shafts, forearm, fracture of	7567/7572
leg, fracture of	7647/7652
Sheath, tendon, incision of	8267
of finger, synovectomy of	8282
thumb, synovectomy of	8282
Shirodkar suture	250/258
Shock, post-anaphylactic treatment of	*
Shoulder, amputation or disarticulation at	4983
arthrectomy	8019
arthrodesis	8019
arthroplasty	8053-8070
arthrotomy	8014
dislocation of	7412-7419
plastic reconstruction	8017
removal of calcium deposit from cuff	8009
total replacement of, revision operation	8070
X-ray of	2539/2541
Shunt, arteriovenous, external, insertion of	4808
removal of	4812
spino:-ureteral,peritoneal, pleural or similar for hydrocephalus	7320
ventriculo-atrial, for hydrocephalus	7316
revision of	7318
Sialography	2778
preparation for	2852
Sigmoidoscopic examination	4354
under general anaesthesia (restriction applies)	4363

*Payable on attendance basis

Service	Item
Sigmoidoscopy, fiberoptic, using flexible sigmoidoscope	4383,4386
with diathermy or resection of rectal polyp or tumour	4366/4367
Silicone band, encircling, removal of from detached retina	6906
Simple fracture, closed involving joint surfaces	7847
requiring open operation	7802,7803,7809
Single stage local flap repair, plastic	8480,8484
Sinoscopy	5349
Sinus, curettage of	3173
diathermy of	*
excision of	3173-3183
frontal, catheterisation of	5305
radical obliteration of	5318
trephine of	5308
injection into, in preparation for radiological procedure	2851
intranasal operation on	5301
maxillary, drainage of, through tooth socket	5284
pilonidal, excision of	4611/4617
injection of sclerosant fluid under anaesthesia	4622
sphenoidal, intranasal operation on	5330
urogenital, vaginal reconstruction for	6327
Sinuses, ethmoidal, external operation on	5320
X ray of	2563
using opaque or contrast media	2782
Skeletal survey.	2621
Skin, biopsy of	3130
graft to orbit	6703
grafts	(See Div. 13, Part 10)
lesions, multiple injections for	3356
malignant tumour of	3271,3276
repair of recent wound of	3046-3101
sensitivity testing for allergens	987,989
Skull, base tumour	5113-5119
compound fractures of, operation for	7240-7248
craniectomy for osteomyelitis of	7291
depressed or comminuted fracture, operation for	7231
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4870
treatment of fracture, not requiring operation	7694/7697
X-ray of	2560
Sleep apnoea, overnight investigation for	9067
Sling operation for stress incontinence	6406
Slipped disc, manipulation of spine for, under general anaesthesia	7911/7915
Small bone, exostosis of, excision of	8169/8173
bowel, barium X-ray of (small bowel series only)	2714
with barium meal examination of stomach	2711
intubation	4104
with biopsy	4099
joint arthrodesis, arthrectomy or arthroplasty	8022
arthrotomy	8026
Smith-Petersen cup arthroplasty of hip	8069
nail, removal of	3120/3124
Socket, eye, contracted reconstruction of	6705
Sounds, urethral, passage of, as an independent procedure	6036

*Payable on attendance basis

Service	Item
Souttar's tubes, insertion of	5470
with oesophagoscopy	5470
Spastic paralysis - manipulation and plaster	8356
Specialist, attendance by (see attendances professional)	
Specimen of sweat, collection of, by iontophoresis	958
Spermatic cord, exploration of, inguinal approach	4296
Spermatocele, excision of	6221/6224
Sphenoidal sinus, intranasal operation on	5330
Sphincter, anal, stretching of	4455
of Oddi, direct operation on	3820-3825
urethral, reconstruction	6155
urinary, artificial, insertion of cuff	6158,6159
pressure regulating	
balloon and pump	6160
revision or removal	6161
Sphincterotomy, anal, as an independent procedure (Hirschsprung's disease)	4490
endoscopic, external	5881
with extraction of stones from common bile duct	3860
Spinal block	748,751
fusion, application of halo for, in the treatment of scoliosis	7940
for scoliosis	7934
interbody	7947-7969
with laminectomy	7355-7365
Spinal injection for neurological diagnosis or for therapeutic reasons	7085
nerves, percutaneous neurotomy of posterior divisions of	7153
rhizolysis with or without laminectomy	7370
stenosis, treatment of by laminectomy	7336,7338
Spine, application of plaster jacket to	7926
bone graft to	7934-7969
postero-lateral fusion	7945
with laminectomy and posterior interbody fusion	7967,7969
cervical, anterior interbody spinal fusion to	7947,7951
dislocation without fracture	7472
fracture of	7774-7798
functional view of	2611
lumbar, dislocation of, without fracture	7472
lumbar or thoracic interbody spinal fusion to	7957,7961
manipulation of, under general anaesthesia	7911/7915
operation on, for acute osteomyelitis	4853
chronic osteomyelitis	4867
X-ray of cervical region	2597
lumbar-sacral region	2601
sacrococcygeal region	2604
thoracic region	2599
two regions	2607
three or more regions	2609
Spino-peritoneal anastomosis for hydrocephalus, congenital	7320
pleural anastomosis for hydrocephalus, congenital	7320
ureteral anastomosis for hydrocephalus, congenital	7320
Spirometer, estimation of respiratory function by	921
Splanchnicectomy and ganglionectomy	7376
Spleen, ruptured, repair or removal of	3722,4165

*Payable on attendance basis

Service	Item
Splenectomy	4141,4144,4165
Splenography	2772
preparation for	2823
Splenorrhaphy	4139
Split skin free grafts, including elective dissection	
- extensive	8516
- small	8512
on granulating areas	
- extensive	8508
- small	8504
to extensive burns	8510
Spur, calcanean, removal of	8120
Squint, muscle transplant (Hummelsheim type, etc.) for	6930
operation for	6922,6924
recurrent, operation for	6931
Stapedectomy	5138
Stapes mobilisation	5143
Staple arrest of hemi-epiphysis	8316
Stellate ganglionectomy	7376
Stenosing tendovaginitis, open operation for	8267
Stenosis, auditory canal, correction of, including meatoplasty	5073
congenital, of oesophagus, radical correction of	8388
pulmonary - valvulotomy	6199,7046
spinal, treatment of by laminectomy	7336,7338
tracheal, dilatation of, with bronchoscopy	5619
Stereoscopic examination (X-ray)	2798
Stereotactic procedure	7312
control X-ray for	2560
Sterilisation (female)	6611/6612
when performed in conjunction with	6613
Caesarean section	
Sternum, biopsy (burr-hole) of	3157
of by aspiration	3159
fracture of	7588/7593
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
X-ray of	2655-2657
Stimulator, electrical, localisation by, with nerve blocking by	
alcohol or other agent	756
Stomach lavage	*
in the treatment of ingested poison	974
Stomach transposition with oesophagectomy	6986
washout	*
in the treatment of ingested poison	974
Stone, removal of, by urethroscopy	5691,5699
Strabismus, injection of botulinus toxin for	6920
operation for	6922-6931
Stress incontinence, abdomino-vaginal operation for	6407,6408
Marshall-Marchetti, urethropexy for	5977,6406
sling operation for	6406
treatment by maximal perineal stimulation	*
Stricture, anal, repair of	4482
oesophagus or bronchii, cicatricial and malignant	
dilatation of, and similar procedures	5470-5492

*Payable on attendance basis

Service	Item
Stricture, rectum, plastic operation to	3739/3745
tracheal, dilatation of, with bronchoscopy	5619
urethral, dilatation of	6039
Stump, amputation, reamputation of	5057
trimming of	*
Styloid process of temporal bone, removal of	3431
Subclavian artery, endarterectomy of	4705
vessel, ligation of	4690
involving gradual occlusion by	
mechanical device	4715
Subcutaneous fasciotomy, Dupuytren's contracture	8296
fistula in ano, excision of	4552/4557
Subcutaneous foreign body, removal of, not otherwise covered	3116
tenotomy	8246
tissue, repair of recent wound of	3046-3101
Subdural haemorrhage, tap for	7184
Sublingual dermoid cyst, removal of (restriction applies)	3219-3253
gland duct, removal of calculus from or meatotomy or	
marsupialisation	3468/3472
extirpation of	3459
Submandibular abscess, incision of	3379/3384
gland, extirpation of	3455
Submaxillary gland, repair of cutaneous fistula	3477
Submucous resection of nasal septum	5217
turbinates	5241
Suboccipital decompression, for congenital hydrocephalus	7314
Subperiosteal abscess	(see osteomyelitis)
Subphrenic abscess, drainage of	3750
Subtalar arthrodesis	8326
Subtotal hysterectomy	6513/6517
Subungual haematoma, incision of	3371
Suction biopsy of rectum	3130
curetage of uterus (non-gravid menstrual aspiration)	6460/6464
for evacuation of the contents of the gravid uterus	6469
Superficial dermoid of nose, congenital, excision of	8432/8434
removal of	3113
wound, repair of	3046,3058,3073,3092
Supracondylar fracture of humerus	7567/7572
Supraglottic laryngectomy with tracheostomy	5500
Suprapubic cystostomy or cystotomy	5897/5901
tube, change of	*
Suprapubic prostatectomy	6001
stab, cystotomy	5903
Supraspinatus tendon, curettag of	8009
Surgery, direct, to coronary artery or arteries	7066
Surgical eversion of inverted nipple	3707
wounds, resuturing of (excluding repair of burst abdomen)	*
Suspension of uterus	6585/6594
vaginal vault, abdominal approach for	6396
Suture, shirodkar	250/258
traumatic wounds	3046-3101
Sutures, adjustable, readjustment of, following an operation for	
correction of squint	6929
dressing and removal of (requiring a general anaesthetic)	3106

*Payable on attendance basis

Service	Item
Suturing of scalp to anchor hairpieces	*
Swann-Ganz catheterisation	953,954
Sweat, collection of specimen of, by iontophoresis	958
gland bearing area, excision of	3314/3315
Sweet's method (localisation of foreign body in eye) - X-ray	2730
Symblepharon, grafting for	8592
Syme's amputation of foot	5034
Sympathectomy (cervical, lumbar, thoracic, sacral or presacral)	7376
Sympathetic trunk, injection into	755
Sympatholytic agent, intra-arterial infusion or retrograde intravenous perfusion of	931
Symphysiotomy, renal, for fused kidney	5679
Symphysis pubis, fracture of	7615/7619
Synechiae, anterior or posterior, division of	6881
Synovectomy, extensor or flexor tendons in wrist	8290
finger or other small joint	8022
hip	8048
interphalangeal joint	8287
metacarpophalangeal joint	8283
metatarsophalangeal joint	8283
tendon sheath of finger	8282
thumb	8282
total, of knee	8088
wrist, carpometacarpal joint or inferior radio ulnar joint	8290
Synovial cavity, aspiration and/or injection of	8105
membrane, punch biopsy of	3159
Syringe of ear	*

*Payable on attendance basis

Service	Item
T	
T.A.B. inoculation	*
Tags, anal or perianal, or external haemorrhoids, removal of	
- under general anaesthesia	4534
- without general anaesthesia	*
Talipes equinovarus, manipulation	
- and plaster under general anaesthesia	8336
- under general anaesthesia	8334
medial release procedure	8324
posterior release procedure	8322
radical operation for	8116
Tarsal bone, dislocation of	7468
excepting os calcis or os talus, fracture of	7632/7637
cartilage, excision of	6758
cauterisation of, for ectropion	6762
cyst, extirpation of	6754
tunnel syndrome, radical operation for	7178/7182
Tarsometatarsal joint, dislocation of	7468
Lisfranc's amputation of	5038
Tarsorrhaphy	6766
Tarsus, dislocation of	7468
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
Tear duct, probing of	6799
study	8869/8870
Tear, third degree, repair of	383
Teeth, orthopantomography	2590
X-ray of - full mouth	2589
- single area	2587
Teflon injection, into vocal cord	5342
peri-urethral, for urinary incontinence	6085
Telangiectases vessels, subcutaneous diathermy or sclerosant	
injection of	4630
Temperature, one or more digits, measurement of	799
Temporal bone, partial resection of, for removal of tumour	5114
removal of styloid process of	3431
total resection of, for removal of tumour	5115
zygomatic arch and glenoid fossa, reconstruction of	8682
Temporo-mandibular joint, arthroplasty	9438
joints, X-ray of	2585
meniscectomy	7902
Temporosphenoidal electroencephalography	806
Tendon, Achilles, or other large tendon	
- operation for lengthening	8262
- suture of	8235/8238
plastic repair of	8235/8238
adductor hallucis, transplantation of with osteotomy or	
osteotomy of phalanx or metatarsal for correction of	
hallux valgus	8135
artificial prosthesis for tendon grafting	8259
excision of thickened	8246,8249
exploration of	8267

*Payable on attendance basis

Service	Item	
	and freeing of	8267
Tendon, foot, primary suture of		8241
secondary suture of		8243
foreign body in, removal of		3120/3124
graft		8257
hand, extensor, primary suture of		8227/8230
secondary suture of		8233
flexor, primary suture of		8219/8222
secondary suture of		8225
suture of		8219-8233
large, suture of		8235/8238
lengthening of		8246,8249
or other deep tissue, removal of foreign body from		3120/3124
sheath, incision of		8267
of finger, synovectomy of		8282
thumb, synovectomy of		8282
splitting		8262
supraspinatus, curettage of		8009
thickened, excision of		8249
transplantation		8251
Tendovaginitis, stenosing, open operation for		8267
Tenolysis of extensor tendon, following tendon injury repair		
or graft		8279
flexor tendon, following tendon injury repair		
or graft		8275
Tenoplasty		8249
Tenosynovitis, acute, operation for		8267
Tenotomy, open		8249
subcutaneous		8246
Tensillon test		*
Testicular biopsy		6228
Testis, exploration of, with or without fixation, with or without biopsy		6228
secondary detachment of, from thigh		4313
transplantation of		4307,4313
undescended, transplantation of		4307
Testopexy		4307,4313
Tetralogy of Fallot, congenital, operation for		6999,7046
Thenar spaces, drainage of		7868
Thermography of breasts (Medicare benefits not payable)		
Thiersh operation for rectal prolapse		4467
Thigh, amputation through		5050
(femur), X-ray of		2524/2528
Third degree tear, repair of		383
Thompson arthroplasty of hip		8053
Thoracic block		748,751
cavity, aspiration of, for diagnostic purposes		6939
inlet, X-ray of		2634
or lumbar spine, anterior interbody spinal fusion to		7957,7961
paravertebral block		748,751
region, X-ray of		2625-2638
sympathectomy		7376
Thoraco-abdominal aneurysm, excision of and insertion of graft		4792
Thoracography		2625/2627
Thoracoplasty (complete)		6966

*Payable on attendance basis

Service	Item
Thoracoplasty (in stages) - each stage	6968
Thoracoscopy with or without division of pleural adhesions	6974
Thoracotomy, exploratory	6958
with pleurectomy or pleurodesis	6964
pulmonary decortication	6962
Thorax, X-ray of	2625-2638
Threatened abortion, treatment of	246
miscarriage, purse string ligation of cervix for	250/258
treatment of	246
premature labour, attendances other than routine	
antenatal attendances	247,248
Three snip operation	6805
Thrombectomy of artery or prosthetic graft of trunk	4784
femoral, iliac or other similar large vein	4789
Thromboendarterectomy of artery of neck or extremities	4709
Thrombus, removal of, from artery or prosthetic graft of trunk	4784
femoral, iliac or other similar	
large vein	4789
Thumb, amputation of, including metacarpal or part of metacarpal	4965/4969
or disarticulation of	4927-4969
fractures of	7505-7512
metacarpo-phalangeal joint, dislocation of	7436
nodule, removal of (restriction applies)	3219-3253
tendon sheath of, synovectomy of	8282
Thymectomy	6999
Thymoma, malignant, removal of, from mediastinum	6999
Thyroglossal cyst and fistula, removal of	3591
removal of	3581
Thyroid, cancer, radioiodine treatment for	2921
excision of localised tumour of	3576
uptake	8861/8862
(using probe)	8718
Thyroidectomy, sub-total	3563,3576
total	3542
Tibia, bone graft to	7977
epiphyseodesis	8312
fracture of	7641/7643
fragmentation and rodding in fragilitas ossium	8304
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteotomy of, with internal fixation	8201
or osteotomy of	8195
Tibial artery, ligation of or repair of surgically created fistula	4688
Tic douloureux, injection for	7079
neurectomy for	7170
Tissue, expansion	8543
for breast reconstruction, unilateral	8536,8537
free transfer of	8542
living, implantation of, by cannula	963
incision	960
scar, removal of (restriction applies)	3219-3253
subcutaneous fatty, removal of excess (restriction applies)	3219-3253
repair of recent wound of	3046-3101
Toe, dislocation of	7464

*Payable on attendance basis

Service	Item
Toe, filleting of	8185
fractures of	7681-7691
great, fracture of	7687,7691
hammer, correction of	8151/8153
Keller's operation to	8131
or great toe, amputation or disarticulation of	4990-5029
phalanx of, operation for acute osteomyelitis of	4832
X-ray of	2502/2505
Toenail, ingrowing, excision or wedge resection for	7874/7875
removal of	7861
Tomography	2690-2971
single photon emission	8868
Tongue, partial or complete excision of	3480,5360,5362
tie, repair of	3496,3505
Tonography, one or both eyes	844
Tonsils, lingual, or lateral pharyngeal bands, removal of	5431
or tonsils and adenoids,	
- arrest of haemorrhage, requiring general anaesthesia, following removal of	5396/5401
- removal of in a person aged less than than twelve years	5363/5366
- removal of in a person twelve years of age or over	5389/5392
removal of in association with pharyngoplasty	8656
Torek (testis) operations	4307,4313
Torkildsen's operation	7314
Torticollis, congenital, operation for	8386
Trachea, radiographic examination of	2634
removal of foreign body from	5601
Trachelorrhaphy	6430/6431
Tracheo-oesophageal fistula, with or without atresia, ligation and division of	8390
Tracheoplasty or laryngoplasty with tracheostomy	5557
Tracheostomy	5572/5598
closure of	3178/3183
with laryngoplasty or tracheoplasty	5557
supraglottic laryngectomy	5500
vertical hemi-laryngectomy	5499
Tract, alimentary, X-ray of	2699-2718
Transantral ethmoidectomy with radical antrostomy	5277
ligation of maxillary artery	5268
Vidian neurectomy	5277
Transfusion, blood - with venesection and complete replacement of blood, using blood already collected	904
- with venesection and complete replacement of blood including collection from donor	902
collection of blood for	949
intrauterine foetal blood, control X-ray for	2742
Transfusion, using blood already collected and related procedures	940-947
Transillumination, retrobulbar	6914
Translabyrinthine removal of cerebello-pontine angle tumour, transmastoid	5108,5112
vestibular nerve section	5117
Transluminal arterioplasty including associated radiological	

*Payable on attendance basis

Service	Item
services and preparation	4813,4814
Transmastoid decompression of endolymphatic sac	5116
removal of glomus tumour including mastoidectomy	5158
Transmetacarpal amputation of hand	4972/4976
Transmetatarsal amputation of foot	5038
Transorbital ligation of ethmoidal arteries	5292
Transplant, Abbe, secondary correction of, for cleft lip	8632
muscle, (Hummelsheim type, etc.) for squint	6930
renal	5642-5645
Transplantation, adductor hallucis tendon with osteotomy or	
osteectomy of phalanx or metatarsal for	
correction of hallux valgus	8135
cornea, including collection of implant	6828,6832
digit, plastic - complete procedure	8540
ligament	8251
tendon	8251
undescended testis	4307,4313
ureter	5763-5807
Transposition of nerve	7143
stomach, with oesophagectomy	6986
Transthoracic drainage, of pericardium	6995
Transtympanic excision of glomus tumour	5152
Transvenous electrode, insertion or replacement of	7028
pacemaking electrode, temporary, insertion of	7042
Transverse process, spine, fracture of	7774/7777,7789
Traumatic diaphragmatic hernia, repair of	4238
wounds, repair of	3046-3101
Treacher Collins Syndrome, peri-orbital correction of	8677
Treadmill, exercise test during electrocardiographic monitoring	916
Trephine of frontal sinus	5308
Trephining of eye	6873
Trichiasis, electrolysis epilation or cryotherapy for	6767
Trigeminal ganglion, injection into with alcohol, cortisone, phenol, etc	7079
gangliotomy, radiofrequency	7157
Trigger finger, correction of	8267
Triple arthrodesis of foot or ankle region	8116
Triquetrum, fracture of	7533
Trunk, artery or prosthetic graft of,	
removal of embolus or thrombus from	4784
excision of proshetic by-pass graft from	4802
major artery of, repair of wound of,	
with restoration of continuity	4696
nerve, neurolysis of, internal (interfascicular)	7133
primary repair of	7124
- by microsurgical techniques	7129
secondary repair of	7132
- by microsurgical techniques	7138
Tube, Eustachian, catheterisation of	5343
Fallopian, hydrotubation of	6638,6641
implantation of, into uterus	6631,6632
indwelling oesophageal, gastrostomy for fixation of	3722
insertion of, for drainage of middle ear	5172
naso-lacrimal, replacement of	6799
Tubed pedicle or indirect flap	

*Payable on attendance basis

Service	Item
U	
Ulcer, corneal, ionisation of	*
epithelial debridement of cornea for	6824
duodenal, perforated, suture of	3722
gastric, perforated, suture of	3722
peptic, perforated, suture of	3722
rodent, operation for (restriction applies)	3219-3253
Ulna, bone graft to	7983,7993
dislocation of	7430/7432
fracture of	7559/7563
distal end of	7547
fragmentation and rodding in fragilitas ossium	8302
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
Ulnar artery, ligation of, or repair of surgically created fistula	4688
Ultrasound, duplex scanning	990-999
Ultrasonic echography	
- cross-sectional	791,793
- unidimensional	794
localisation of placenta, by Doppler technique	*
Umbilical artery catheterisation	897
hernia, repair of	4246-4254
vein catheterisation in a neonate	895
Undescended testis, transplantation of	4307
Unstable lie, attendances other than routine antenatal attendances	247
Upper forearm and elbow, X-ray of	2516/2520
leg and knee, X-ray of	2524-2537
Urachal fistula, congenital, operation for	8412
Ureter, brush biopsy of, with cystoscopy	5849
divided, repair of	5741
exploration of	5812
retrocaval, correction of, by open exposure	5734
transplantation of, into another ureter	5799
bladder	5773-5780
bowel	5753
intestine	5785
isolated intestinal segment	5804,5807
skin	5763
Ureterectomy, complete or partial, with or without bladder repair	5747
Ureteric calculus, endoscopic extraction or manipulation of	5885
catheterisation with cystoscopy	5847,5851
dilatation	5849
meatotomy	5855
reflux, correction of	5773
stent	5849
Ureterolithotomy	5705
complicated by previous surgery	9478
Ureterolysis	5821
Ureteroplasty	5831
Ureteroscopy	5841-5843
Ureterostomy, cutaneous, closure of	5837
revision of	5809

*Payable on attendance basis

Service	Item
Urethra, cauterisation of	6290
correction of male urinary incontinence	6157
diathermy of	6053
examination of, involving the use of an urethroscope, with cystoscopy	5845
laser therapy (colposcopically directed) for intraepithelial neoplasia	6303-6305
prolapsed, excision of	6146,6389
ruptured, repair of distal section	6040
prostatic or membranous segment	6041
Urethral abscess, drainage of	3379/3384
caruncle, cauterisation of	6290
excision of	6292/6296
dilatation with cystoscopy	5845
excision of, diverticulum of	6152
fistula, closure of	6044,6079,6083
pressure profilometry	782,783
reconstruction for hypospadias or epispadias	6107,6110,6118
sounds, passage of, as an independent procedure	6036
sphincter, reconstruction	6155
stricture, dilatation of	6039
optical urethrotomy for	6070
plastic repair of	6086-6095
tumour, removal of by urethrectomy	6077
valves, congenital, open removal of	8418
destruction of, including cystoscopy and urethroscopy	6175
warts, cystoscopy for the treatment of	5846
Urethrectomy, partial or complete, for removal of tumour	6077
Urethrocele, operation for	6389
Urethrography	2690
cysto-micturating	2694
preparation for	2839
preparation for	5840
Urethropexy (Marshall-Marchetti operation)	5977,6406
Urethroplasty	6086-6095
Urethroscopy, as an independent procedure	6047
with biopsy, diathermy or removal of foreign body or stone	6053
cystoscopy	6061
and peri-urethral Teflon injection	6085
Urethrostomy, internal or external	6069
Urethrotomy, external or internal	6069
optical, for urethral stricture	6070
Urinary conduit or reservoir, endoscopic examination of	5886
revision of	5809
estimation, radioiodine	8706
infection - bladder washout test	839
reservoir, formation of	5808
sphincter, artificial, insertion of cuff	6158,6159
pressure regulating balloon and pump	6160
revision or removal of	6161
tract, X-ray of,	2665-2697
preparation for	2825,5851
with cystometrography	985

*Payable on attendance basis

Service	Item
Urine flow study	780
Urogenital sinus, vaginal reconstruction for	6327
Uterine adenomyoma, excision of	6508
adhesiolysis, with hysteroscopy	6453
adnexae, removal of, with abdominal hysterectomy	6513/6517
lavage - saline flushing	*
lipiodol X-ray	2762
preparation for	2841
tubes, insufflation of, as test for patency (Rubin test)	6639
Uterus, bicornuate, plastic reconstruction for	6570
colposcopy, cervical biopsy and radical diathermy	6483
curettage of	6460/6464
by suction aspiration (menstrual aspiration)	6460/6464
- including curettage for	
incomplete miscarriage	6460/6464
gravid, evacuation of the contents of, by curettage or	
suction curettage	6469
implantation of Fallopian tube or tubes into	6631,6632
manipulative correction of acute inversion of	365
pregnant, X-ray of	2738
suspension or fixation of	6585/6594
UVB therapy	978,979
Uvula, excision of	5449
Uvulotomy	5449

*Payable on attendance basis

Service	Item
V	
Vacuum extraction, administration of anaesthetic in connection with	481,552
Vagina, artificial formation of	6327
dilatation of, as an independent procedure	6313
laser therapy (colposcopically directed) for intraepithelial neoplasia	6303-6305
partial or complete removal of	6325
removal of simple tumour of	6321
Vaginal fistula, repair of, or closure of	5941,6079,6401
hysterectomy	6513/6517
with salpingectomy, oophorectomy or excision of ovarian cyst	6544
operation, control of post-operative haemorrhage	3110
orifice, plastic repair to enlarge	6336
repair of, anterior or posterior	6347/6352,6358/6363
reconstruction in congenital absence or gynatresia	6327
septum, excision of, for correction of double vagina	6332
vault, suspension of, abdominal approach	6396
Vagotomy, highly selective	3889
with pyloroplasty or gastro-enterostomy or dilation of pylorus	3891
selective	3882
trunkal	3875
with pyloroplasty or gastro-enterostomy	3889
Valgus, calcaneus - manipulation and plaster under general anaesthesia	8336
under general anaesthesia	8334
hallux, correction of	8131
- with osteotomy or osteectomy of phalanx, metacarpal or metatarsal	8131
- with osteotomy or osteectomy of phalanx or metatarsal and transplantation of adductor hallucis tendon	8135
Vallecular cysts, removal of	5456
Valvectomy for mitral stenosis	7046
Valves, heart, operations on	7046,7057
urethral, operation for congenital abnormalities of	8418
Valvulotomy for pulmonary stenosis	6999,7046
Varicocele, removal of	4269/4273
Varicose veins, injection of sclerosing fluid	*
multiple simultaneous injection by continuous compression techniques	4633
operations for	4637-4664
Vas deferens, operations on	6245-6253
Vascular anastomosis for portal hypertension	4766
Vasectomy (unilateral or bilateral)	6249/6253
Vasoepididymography	2780
and vasovesiculography as an independant operative procedure, preparation for by open operation	6228
Vasoepididymostomy (unilateral)	6247
using operating microscope	6245
Vasotomy (unilateral or bilateral)	6249/6253
Vaso-vasostomy (unilateral)	6247
using operating microscope	6245

*Payable on attendance basis

Service	Item
Vein and/or artery, operations on	4637-4825
anastomosis of by microsurgical techniques for the	
reimplantation of limb or digit or free transfer of tissue	4764
cannulation of, in a neonate	895
central, catheterisation	950,951
using subcutaneous tunnel	4824,4825
graft for priapism	6166
harvesting of, with arterial by-pass graft	4754,4755
patch graft	4738
endarterectomy	4705,4709
saphenous, crossed by-pass	4665
central, catheterisation	950,951
scalp, catheterisation of	895
umbilical, catheterisation of	895
varicose, injection of sclerosing fluid	*
multiple simultaneous injection by continuous	
compression techniques	4633
operations for	4637-4664
Vena cava, inferior, plication of	4721
Venepuncture for sending blood to Approved Pathology Practitioner	*
Venesection	*
Venography	(see Phlebography)
intraosseous, preparation for	2845
Venous by-pass graft, including harvesting of vein	4754,4755
graft to fenestration cavity	5131
Ventral hernia, repair of	4258/4262
Ventricle, cerebral, puncture of	7099
Ventricular cable shunt for hydrocephalus, congenital	7320
puncture, cerebral	7099
left	7003
reservoir, insertion of	7190
Ventriculo-atrial shunt for hydrocephalus, congenital	7316
revision or removal of	7318
Ventriculography, cerebral	2760
preparation for	2811
Ventriculostomy, third, for hydrocephalus, congenital	7314
Vermilionectomy	8616
Version, external	295
internal	298
Vertebra, needle biopsy of	3162
Vertebral angiography	2758
bodies, total or sub-total excision of	8209
body, fracture of	7781/7785,7793,7798
Vesical fistula, cutaneous, operation for	5935
closure of	5941-5947
Vesicostomy, cutaneous, establishment of	5936
Vesico-vaginal fistula, closure of, synchronous combined approach	5942,5943
Vesiculography	2780
Vessel, great, ligation of involving gradual occlusion of	
vessel by mechanical device	4715
Vestibular nerve section, translabyrinthine	5117
retrolabyrinthine and/or cochlear	5118
Vidian neurectomy, transantral	5277
Villous tumour of rectum	4397

*Payable on attendance basis

Service	Item
Villus, chorionic, sampling, including any associated imaging	280
Viscera, abdominal or pelvic, operation on, involving laparotomy	3739/3745
multiple ruptured, repair or removal of	4165
Viscus, ruptured, repair or removal of	3722
Vital capacity, estimation of	921
Vitamin products, injection of	*
Vitrectomy	6861-6864
Vocal cord, biopsy of	5524
removal of nodule from	5530
tumour from	5530
teflon injection into	5542
Volume reserve (expiratory or inspiratory) residual, tidal	
or total lung, estimation of	921
Volvulus, reduction of, with laparotomy	3722
Vulva, colposcopically directed laser therapy for intraepithelial	
neoplasia	6303-6305
simple tumour of, removal of	6321
wide local excision of suspected malignancy	6302
Vulvectomy, hemi or superficial	6302
radical for malignancy	6307
Vulvoplasty, where medically indicated	6301

*Payable on attendance basis

Service	Item
W	
Warts, penile or urethral, cystoscopy for treatment of	5846
plantar, removal of	3320
removal of, requiring admission to hospital or approved day hospital facility	3347
Washout, antrum	5245-5264
for ingested poison	974
stomach	*
Water, drinking test, for glaucoma, provocative	849
Wedge excision for axillary hyperhidrosis	3314
of contracted bladder neck, congenital	8410
lip, full thickness	8614
resection of nail bed	7874/7875
Wertheim's operation	6536
Whipples operation, (pancreatico-duodenectomy)	4115
Whole body bone marrow study	8842/8843
count	8726
study, repeat	8844/8845
using cells labelled with technetium	8840/8841
gallium	8838/8839
iodine	8836/8837
Williams and Richardsons' operation for suspension of vaginal vault	6396
Window, round, repair of, or cochleotomy	5147
Wire, buried, removal of, requiring incision under regional or general anaesthesia	7886
orthopaedic, insertion of	7883
Wolfe graft	8518
Wound, deep or extensive contaminated, debridement of, under general anaesthesia or major regional or field block	3041
recent, repair of by sticking plaster	*
resuturing of, following intraocular procedures	6938
surgical, resuturing of (excluding repair of burst abdomen)	*
traumatic suture of	3046-3101
arthroscopy of	8072
Wrist, and knee, bone age study of	2614,2617
arthroplasty, total replacement	8069
bone age study of	2617
Colles' fracture	7540/7544
fracture of	7540-7547
synovectomy of	8290
X-ray of	2508/2512
Wry neck, operation for	8386

*Payable on attendance basis

Service	Item
X	
Xanthelasma, treatment of (restriction applies)	3219-3253
Xenon arc photo-coagulation	6904
X-ray image intensification	2800,2802
services	2502-2802

*Payable on attendance basis

Service	Item
Z	
Zinc ionisation of nostrils in the treatment of hay fever	*
Zygapophyseal joints, arthrectomy of	8028
Zygoma, fracture of osteotomy or osteectomy for	7764/7766
Zygomatic arch, temporal bone and glenoid fossa, reconstruction of	8658-8668
	8682

*Payable on attendance basis

SECTION 4

**MEDICARE BENEFITS SCHEDULE
PATHOLOGY SERVICES**

IMPORTANT NOTE

This edition of Section 4 of the Medicare Benefits Schedule Book represents a complete reprint of the Pathology services section and replaces the current pages (yellow edging).

A new Index has been introduced at the back and includes the approved abbreviations.

Services that have been amended (either by description or fee) with effect from 1 May 1990 have been identified with the symbol '‡' appearing in the margin underneath the item number.

From 1 January 1991, it is intended all items in the Medicare Benefits Schedule will comprise 5 digits instead of the current 4 digit numbers.

TABLE OF CONTENTS

	PARA.	PAGE
PAA	FOREWORD	
	Introduction	PAA.1 6
	Revised Schedule	PAA.2 6
	To Find an Item/Abbreviation	PAA.3 6
	To Find a Schedule Fee/Benefit	PAA.4 6
PA	PATHOLOGY SERVICES IN RELATION TO MEDICARE BENEFITS	
	Basic Requirements	PA.1 7
	Exceptions To Basic Requirements	PA.2 7
	Circumstances Whereby Medicare Benefits Are Not Attracted	PA.3 8
PB	REQUESTS	
	Responsibilities Of Treating/ Requesting Practitioners	PB.1 9
	Responsibilities of Approved Pathology Practionitioners	PB.2 10
	Pathology Tests Not Covered By Request	PB.3 11
PC	DETAILS REQUIRED ON ACCOUNTS, RECEIPTS OR ASSIGNMENT FORMS	
	General	PC.1 12
	Approved Pathology Practitioner	PC.2 12
	Prescribed Pathology Services	PC.3 12
PD	INBUILT MULTIPLE SERVICES RULE	
	Description Of Rule	PD.1 12
	Exemption	PD.2 13
	Tests Repeated	PD.3 13
PE	SCHEDULE FEES	
	SP/OP Fee Levels	PE.1 13
	SP Fees	PE.2 13
	OP Fees	PE.3 14
	Hospital, Government Etc Laboratories	PE.4 14

PF	ASSIGNMENT OF MEDICARE BENEFITS		
	Patient Assignment	PF.1	14
	Approved Pathology Practitioner Eligibility	PF.2	14
PG	ACCREDITED PATHOLOGY LABORATORIES		
	Need For Accreditation	PG.1	15
	Applying For Accreditation	PG.2	15
	Effective Period of Accreditation	PG.3	15
	State Schemes	PG.4	15
	Assessment of Applications For Accreditation	PG.5	15
	Refusal Of Accreditation And Right of Review	PG.6	15
	National Pathology Accreditation Advisory Council (NPAAC)	PG.7	15
	Change of Address/Location	PG.8	16
	Change of Ownership of a Laboratory	PG.9	16
PH	APPROVED PATHOLOGY PRACTITIONERS		
	Introduction	PH.1	16
	Applying For Acceptance Of The Approved Pathology Practitioner Undertakings	PH.2 PH.3	16 16
	Obligations And Responsibilities Of Approved Pathology Practitioners	PH.4	17
PI	APPROVED PATHOLOGY AUTHORITIES		
	Introduction	PI.1	17
	Applying For Acceptance Of An Approved Pathology Authority Undertaking	PI.2	17
	Undertakings	PI.3	18
	Obligations And Responsibilities Of Approved Pathology Authorities	PI.4	19
PJ	BREACHES OF UNDERTAKINGS		
	Notice Required	PJ.1	19
	Decisions By Minister	PJ.2	19
	Appeals	PJ.3	19

PK	INITIATION OF EXCESSIVE PATHOLOGY SERVICES		
	Notice Required	PK.1	19
	Classes Of Persons	PK.2	20
	Decisions By Minister	PK.3	20
	Appeals	PK.4	20
PL	PERSONAL SUPERVISION		
	Introduction	PL.1	20
	Extract From Undertaking	PL.2	20
	Notes On The Above	PL.3	21
PM	DETERMINATION OF FEES FOR SERVICES OF UNUSUAL LENGTH OR COMPLEXITY		
	Introduction	PM.1	22
	How To Apply	PM.2	22
	Statement By Practitioner	PM.3	22
	Referral To Medicare Benefits Advisory Committee (MBAC)	PM.4	22
	Appeals	PM.5	23
PN	CHANGES TO THE PATHOLOGY SERVICES TABLE		
	Recent Amendments to the Legislation	PN.1	23
PO	DEFINITIONS		
	Excessive Pathology Service	PO.1	24
	Group of Practitioners	PO.2	24
	Initiate	PO.3	24
	Patient Episode	PO.4	24
	Personal Supervision	PO.5	24
	Prescribed Pathology Service	PO.6	24
	Proprietor of a Laboratory	PO.7	24
	Specialist Pathologist	PO.8	24

PQ ABBREVIATIONS, GROUPS OF TESTS

Abbreviations	PQ.1	25
Tests Not Listed	PQ.2	25
Audit Of Claims	PQ.3	25
Groups Of Tests	PQ.4	25

PX PATHOLOGY SERVICES TABLE

Rules for Interpretation	PX.1	27
Schedule	PX.2	30
Item-Fee Benefit List	PX.3	49

PY INDEX

Service, Abbreviation, Item	PY.1	54
-----------------------------	------	----

PAA FOREWORD

PAA.1 Introduction

PAA.1.1 The following pages relating to pathology services bring together the necessary information on pathology services as they relate to the Medicare arrangements. However, these should be read in conjunction with the General Notes relating to the Medicare arrangements, see Section 1 of this Book.

PAA.2 Revised schedule

PAA.2.1 This 1 May 1990 Pathology Services Table is the 1 August 1989 Table with minor amendments effective from 1 May 1990. The Table continues to be modified with assistance from the profession.

PAA.3 To find an item/abbreviation

PAA.3.1 Turn to the Index at paragraph PY. Services are listed alphabetically giving item numbers and approved abbreviations.

PAA.4 To find a Schedule Fee/Benefit

PAA.4.1 Lists showing the item number, Schedule Fee and two levels of Medicare benefit (85% and 75%) are located at paragraph PX.3.

PA. PATHOLOGY SERVICES IN RELATION TO MEDICARE BENEFITS

PA.1 Basic requirements

PA.1.1 The basic requirements which need to be satisfied for Medicare benefits are set out below.

PA.1.2 Determination of Necessity of Service. The treating practitioner must determine that the pathology service is necessary.

PA.1.3 Service must either be requested or determined necessary for a patient who the Approved Pathology Practitioner is treating.

The service may only be provided -

- in response to a request from the treating practitioner or from another Approved Pathology Practitioner and the request must be in writing (or, if oral, confirmed in writing within fourteen days), or
- if determined to be necessary by an Approved Pathology Practitioner who is treating the patient.

PA.1.4 Rendering of Service

- (i) The service has to be provided by or on behalf of an Approved Pathology Practitioner.
- (ii) The service has to be provided in a pathology laboratory accredited for that kind of service.
- (iii) The proprietor of the laboratory where the service is performed must be an Approved Pathology Authority.
- (iv) The Approved Pathology Practitioner providing the service must either be the proprietor of the laboratory or party to an agreement, either by way of contract of employment or otherwise, with the proprietor of the laboratory in which the service is provided.

PA.2 Exceptions to basic requirements

PA.2.1 Prescribed Pathology Services

A prescribed pathology service is a service included in Division 9 of the Pathology Schedule. Division 9 contains 11 services which may be performed by a medical practitioner in his or her own surgery on his or her own patients.

Additionally, benefit is payable only where the service is determined as being necessary by the medical practitioner rendering the service, or is in response to a request by a member of a group of practitioners to which that practitioner belongs. (See para. PO.2 for the definition of a "group of practitioners".)

PA.2.2 Services Where Request Not Required

A written request is not required for -

- (i) a prescribed pathology service rendered by or on behalf of a medical practitioner upon his or her own patients.
- (ii) a pathologist-determinable service. A pathologist-determinable service is a pathology service determined to be necessary by an Approved Pathology Practitioner in respect of a person who is the patient of that Approved Pathology Practitioner and which is rendered by or on behalf of that Approved Pathology Practitioner.

Further information on additional pathology tests not covered by a request is provided at paragraph PB.3.

PA.3 **Circumstances whereby Medicare benefits are not attracted**

PA.3.1 Medicare Benefits not Payable in Respect of Services Rendered by Disqualified Practitioner

Medicare benefits are not payable for pathology services if at the time the service is rendered, the person, by or on whose behalf the service is rendered, is a person in relation to whom a determination was in force in relation to that class of services. That is, where an Approved Pathology Practitioner has breached an undertaking, and a determination has been made that Medicare benefits should not be paid during a specified period (of up to five years) in respect of specified pathology services rendered by the practitioner.

Note: An Approved Pathology Practitioner may be disqualified for reasons other than a breach of undertaking.

PA.3.2 Medicare Benefits not Payable for Certain Pathology Tests

Certain tests of public health significance do not qualify for payment of Medicare benefits. Examples of services in this category are:

- examination by animal inoculation;
- Guthrie test for phenylketonuria; neonatal screening for hypothyroidism (T4 estimation);
- identification of M Tuberculosis by bio-chemical tests or sub-culture;
- treponema pallidum immobilisation test; or
- pathology tests carried out on specimens collected from persons occupationally exposed to sexual transmission of disease where the purpose of the collection of specimens is for testing in accordance with conditions determined by the health authority of the State or Territory in which the service is performed.

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

- cytotoxic food testing;
- pathology services performed for the purposes of tissue audit;
- pathology services performed for the purposes of control estimation, repeat tests (eg, for confirmation of earlier tests, etc);
- preparation of autogenous vaccines;
- tissue banking and preparation procedures; or
- pathology services which are performed routinely in association with the termination of pregnancy without there being any indication for the necessity of the services. However, benefits would be payable for the following pathology tests:

Items 1163-1164 - haemoglobin estimation;

Items 1187-1188 - blood grouping ABO and Rh (D antigen);

Items 1196-1197 - examination of serum for Rh and/or other blood group antibodies.

PB REQUESTS

PB.1 Responsibilities of treating/requesting practitioners

PB.1.1 Form of Request

A treating practitioner may request a pathology service either orally or in writing but oral requests must be confirmed in writing within fourteen days from the day when the oral request was made.

Pathology request forms and combined pathology request/offer to assign forms which are prepared by the pathologists and distributed to requesting practitioners must be approved by the Health Insurance Commission (see paragraph PB.2.1). Written pathology requests from treating practitioners that are not on a form prepared and distributed by a pathologist do not need to be approved; however, all written requests for pathology services should contain the following particulars:-

- the individual pathology services, or recognised groups of pathology tests to be rendered (see Section PQ of these notes for the list of acceptable terms and abbreviations). The description must be sufficient to enable the item in which the service is specified to be identified. This should be in the practitioner's own handwriting.
- 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 name 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.
- details of the person to whom the request is directed. A pathology request can be directed to an Approved Pathology Practitioner or an Approved Pathology Authority. If the request is directed to an Approved Pathology Authority, the form must show the full name and address of the Approved Pathology Authority. If the request is directed to an Approved Pathology Practitioner, the form must show the surname, initials or given names and place of practice of the Approved Pathology Practitioner to whom the request is addressed.

PB.1.2 Offence Not to Confirm the Oral Request

A requesting practitioner who, without reasonable excuse, does not confirm in writing an oral request within fourteen days of making the oral request is guilty of an offence under the Health Insurance Act 1973 punishable, upon conviction, by a fine not exceeding \$1000.

PB.2 Responsibilities of Approved Pathology Practitioners

PB.2.1 Form of Request

There is no official "request in writing" form, and the requesting practitioner's own stationery, or pre-printed forms supplied by Approved Pathology Practitioners/Authorities are acceptable, provided there are no check lists or "tick-a-box" lists of individual tests or groups of pathology services on the forms. However, pre-printed request forms issued by Approved Pathology Practitioners/Authorities for use by requesting practitioners must be approved by the Health Insurance Commission.

When they are submitted for approval, they should be accompanied by other information or documentation such as that contained in notes for guidance, cover sheets, etc., provided to requesting practitioners.

PB.2.2 Offence to Provide Unapproved Request Forms

An Approved Pathology Practitioner or Approved Pathology Authority who, without reasonable excuse, provides (directly or indirectly) to practitioners request forms which are not approved by the Health Insurance Commission, is guilty of an offence under the Health Insurance Act 1973 punishable, upon conviction, by a fine not exceeding \$1000.

PB.2.3 Request to Approved Pathology Authority

It is acceptable for a request to be made to an Approved Pathology Authority who is the proprietor or one of the proprietors of a laboratory in lieu of making the request to the Approved Pathology Practitioner who renders the service or on whose behalf the service is rendered.

PB.2.4 Holding, Retention, Recording and Production of Request Forms

Approved Pathology Practitioners must hold a request in writing for all services requested by any other practitioner before billing patients.

An Approved Pathology Practitioner is required to retain written request/confirmation of requests for pathology services for 18 months from the day when the service was rendered. This also applies to requests which an Approved Pathology Practitioner receives of which only some tests are referred on to another Approved Pathology Practitioner (the first Approved Pathology Practitioner would retain the request for 18 months). If all tests were referred on, the second pathologist would retain the original request, if the original request was passed on in preference to being re-requested by the first Approved Pathology Practitioner.

If the written request or written confirmation has been recorded on film or other magnetic medium approved by the Minister for Community Services and Health, for the purposes of storage and subsequent retrieval, the record so made shall be deemed to be a retention of the request or confirmation. The production or reproduction of such a record shall be deemed to be a production of the written request or written confirmation.

An Approved Pathology Practitioner is required to produce, on request from an officer of the Health Insurance Commission, no later than the end of the day following the request from the officer, a written request or written confirmation retained pursuant to the above paragraphs. The officer is authorised to make and retain copies of or take and retain extracts from written requests or written confirmations.

PB.2.5 Offences in Relation to Retaining and Producing Request Forms

The following offences are punishable upon conviction by a fine not exceeding \$1000:

- an Approved Pathology Practitioner who, without reasonable excuse, does not keep request forms for 18 months;
- an Approved Pathology Practitioner who, without reasonable excuse, does not produce a request form to an officer of the Health Insurance Commission before the end of the day following the day of the officer's request.

PB.2.6 Referral From An Approved Pathology Practitioner To Another Approved Pathology Practitioner

Where an Approved Pathology Practitioner refers some or all services requested to another Approved Pathology Practitioner not associated with the same Approved Pathology Authority the following apply:

(a) where all the services are referred, he should forward the initial request to the second Approved Pathology Practitioner;

(b) where some of the services which are listed in different items in the Schedule are referred, he/she must issue his/her own request in writing, which would show in addition to the particulars listed in paragraph PB.1.1 above:

(i) name of the original requesting practitioner;
and

(ii) date of initial request.

Notes:

- The patient should be billed by each Approved Pathology Practitioner only for those services rendered by or on his/her behalf.

- Photocopies of requests are not acceptable.

Where a number of pathology services (for example drug or hormone estimations) are listed in the one item of the Schedule, Medicare benefits are payable only when all the services are rendered by or on behalf of one Approved Pathology Practitioner. (see paragraph PX.1, Rule 5.)

PB.2.7 Offence Not To Confirm An Oral Request

- An Approved Pathology Practitioner who, without reasonable excuse, does not confirm in writing an oral request to another Approved Pathology Practitioner within fourteen days of making the oral request is guilty of an offence under the Health Insurance Act 1973 punishable, upon conviction, by a fine not exceeding \$1000.

PB.3 Pathology tests not covered by request

An Approved Pathology Practitioner, who has been requested to perform one or more pathology services, may consider it necessary, in the interest of the patient, that additional tests to those requested be carried out. The Approved Pathology Practitioner must discuss this need with the requesting practitioner, and if the requesting practitioner determines that additional tests are necessary, the Approved Pathology Practitioner must arrange with the requesting practitioner to forward an amended or second request for those services. The account will then be issued in the ordinary way and the additional services will attract benefits at the "SP" rate where the Approved Pathology Practitioner is a recognised specialist pathologist.

PC DETAILS REQUIRED ON ACCOUNTS, RECEIPTS OR ASSIGNMENT FORMS

PC.1 General

Medicare benefit is not payable in respect of a pathology service unless specified details are provided, by the practitioner rendering the service, on his or her account, receipt or assignment form.

PC.2 Approved Pathology Practitioner

In addition to holding a request in writing from the treating medical or dental practitioner or from another Approved Pathology Practitioner the following additional details must be recorded on the account, receipt or assignment form of the Approved Pathology Practitioner providing the service.

- the surname and initials of the Approved Pathology Practitioner who performed the service and either his/her practice address or the provider number for the address
- the name of the person to whom the service was rendered
- the date on which the service was rendered
- the name of the requesting practitioner
- the date on which the request was made
- the requesting practitioner's provider number
- a description of the pathology service in words which are derived from the item description in the Schedule and are of sufficient detail to identify the specific test in the Schedule that was rendered. In lieu of such a full description, the list of abbreviations at paragraphs PQ.4 and PQ.5 are an acceptable alternative.
- where the treating practitioner determines or provides a pathology service on his/her own patient, the account must be endorsed "sd".

PC.3 Prescribed Pathology Services

For Prescribed Pathology Services (that is, pathology items in Division 9) the medical practitioner who renders the service must ensure his or her account, receipt or assignment form includes his or her name, address or provider number, the date of the service, and a description to clearly identify the service in the Schedule that was rendered.

If the service was determined necessary by another medical practitioner who is a member of the same group practice as the practitioner who rendered the service, the name of the requesting practitioner, sufficient to identify the practitioner from other practitioners in the same group practice with the same surname, must also be included together with the date on which the request was made.

PD INBUILT MULTIPLE SERVICES RULE

PD.1 Description of rule

PD.1.1 The term "Inbuilt Multiple Services Rule" describes the arrangement whereby benefits for certain pathology tests are restricted depending on the number of services performed during a single patient episode. Patient episode is defined in para. PO.4 of these notes.

PD.2 Exemption

PD.2.1 Exemption may be sought to the inbuilt multiple services rule under section 4B(3) of the Health Insurance Act 1973 in the case of patients whose condition requires a series of pathology investigations at various times throughout any one day. Some factors that the delegate of the Minister may take into consideration in approving an exemption are - the patient is seriously ill; there are distinct and separate collections and performances of tests; and, the services involve substantial additional expenses for the Approved Pathology Practitioner. An exemption may be sought by the initiating practitioner endorsing the request with the notation "S4B3" and the Approved Pathology Practitioner performing the pathology tests endorsing his account or assignment of benefits form similarly and by indicating the time the services were performed. Approval is not automatic. The delegate may request further information of the practitioner to justify the claim for exemption under "S4B3".

PD.3 Tests repeated

PD.3.1 Tests which are required to be repeated over a number of days or weeks and would otherwise be subject to restriction, must be supported by individual requests for each patient episode. Prothrombin time estimation is the only exemption so far to have been considered by the Minister. Requests for repeat prothrombin time estimations must include the approximate frequency of testing required and the time period over which the tests are necessary. The requesting practitioner must also notate "S4B3" on the pathology request form and the Approved Pathology Practitioner must notate "S4B3" on the account or assignment of benefits form.

PE SCHEDULE FEES

PE.1 SP/OP Schedule fee levels

PE.1.1 Items in Divisions 1 to 8 of the Pathology Services Schedule have fees set at SP and OP levels. At present, OP levels are set at 75% of the SP level.

PE.2 SP Schedule fees

PE.2.1 SP Schedule fees are payable for pathology services performed:

- by or on behalf of an Approved Pathology Practitioner who is a recognized specialist pathologist; and
- in private practice.

PE.2.2 Accordingly SP Schedule fees are not payable for pathology services rendered by an Approved Pathology Practitioner, being a specialist pathologist:

- when requested for a privately referred out-patient of a recognized hospital;
- when requested for a private in-patient in a recognized hospital; or where
 - (i) any pathology equipment of a recognized hospital, or a laboratory included in a prescribed class of laboratories, is used, or
 - (ii) any member of the staff of a recognized hospital, or a laboratory included in a prescribed class of laboratories, participates in the course of that member's employment with that hospital or laboratory.

PE.3 OP Schedule fees

PE.3.1 OP Schedule fees are payable in all other circumstances where:-

- the service was performed by an Approved Pathology Practitioner who is not a recognized specialist pathologist; or
- the service was performed by an Approved Pathology Practitioner (who may be recognised specialist pathologist) but all the conditions of paragraph PE.2 were not met.

PE.4 Hospital, Government etc Laboratories

PE.4.1. The following laboratories have been prescribed for the purposes of payment of Medicare benefits as outlined in paragraphs PE.2.2 and PE.3.1.

- laboratories operated by the Commonwealth (these include Commonwealth health laboratories operated by the Department of Community Services and Health as well as the laboratories operated by other Departments, eg the Departments of Defence and Veterans' Affairs conduct laboratories from which pathology services are provided);
- laboratories operated by a State Government or authority of a State. Laboratories operated or associated with recognised hospitals are also included;
- laboratories operated by the Northern Territory and the Australian Capital Territory Community and Health Service; and
- laboratories operated by:

- University of NSW
- University of Sydney
- University of New England
- Monash University
- University of Melbourne
- University of Queensland
- University of Adelaide
- University of Western Australia
- University of Tasmania
- Australian National University

PF ASSIGNMENT OF MEDICARE BENEFITS

PF.1 In addition to the general arrangements relating to the assignment of benefits as outlined at paragraph I.5 of the "General Explanatory Notes" in the Medicare Benefits Schedule Book it should be noted that, where the treating practitioner requests pathology services but the patient does not physically attend the Approved Pathology Practitioner, the patient may complete an assignment voucher at the time of the visit to the requesting doctor offering to assign benefits for the Approved Pathology Practitioner's services.

PF.2 If a practitioner requests an Approved Pathology Practitioner to perform a necessary pathology service, that Approved Pathology Practitioner must perform the service himself/herself or have it performed on his/her behalf in order to be eligible to receive benefits by way of assignment. If, however, the first Approved Pathology Practitioner arranges for the service to be rendered by a second Approved Pathology Practitioner with the same Approved Pathology Authority, the second Approved Pathology Practitioner and not the first, is eligible to receive an assignment of the Medicare benefit for the service in question.

PG ACCREDITED PATHOLOGY LABORATORIES

PG.1 Need for accreditation

PG.1.1 A pathology service will not attract Medicare benefits unless that service was provided in a pathology laboratory accredited for that kind of service. Details of the administration of the pathology laboratory accreditation arrangements are set out below.

PG.2 Applying for accreditation

PG.2.1 To become an Approved Pathology Laboratory it is necessary to lodge a completed application form with the Commonwealth Department of Community Services and Health, PO Box 658, Woden ACT 2606 and pay the prescribed fee of \$200. It is also required that application for inspection be made to an approved inspection agency. The National Association of Testing Authorities (NATA) has been chosen to act on the Commonwealth's behalf as the primary inspection agency. The Royal Australian College of General Practitioners (RACGP) has also been appointed to inspect laboratories in Category 5 (general practitioner) in Victoria only.

PG.3 Effective period of accreditation

PG.3.1 Accreditation takes effect from the date of approval by the Minister for Community Services and Health. The Minister has no power to back date an approval. Transitional accreditation may be given pending full accreditation. An application and fee are required annually.

PG.4 State schemes

PG.4.1 Victoria has implemented an accreditation scheme with effect from 2 March 1990. The Commonwealth accepts the Victorian State accreditation as the basis for Commonwealth accreditation. Subsequently, the Commonwealth fee will drop to \$50 in Victoria for applications made after 2 March 1990. Victorian laboratories should contact the Victorian Pathology Services Accreditation Board for further information.

PG.5 Assessment of applications for accreditation

PG.5.1 The Principles of Accreditation as determined by the Minister (and based on NPAAC guidelines) are used to assess applications for accreditation. These take into consideration staffing, supervision, premises, etc. Copies are available from the Department at the address given in paragraph PG.2.1.

PG.6 Refusal of accreditation and right of review

PG.6.1 An applicant who has been notified of the intention to refuse accreditation may, within 28 days of being notified, provide further information to the Minister which may be taken into consideration prior to a final decision being made.

PG.6.2 Applicants refused accreditation or any person affected by the decision have the right to appeal to the Administrative Appeals Tribunal.

PG.7 National Pathology Accreditation Advisory Council (NPAAC)

PG.7.1 NPAAC was established in 1979. Its functions are to assist in the introduction and maintenance of uniform standards of practice in pathology services throughout Australia and to initiate and co-ordinate educational programs in relation to pathology practice. The agencies used to inspect laboratories on the Commonwealth's behalf are required to conduct inspections using the standards set down by NPAAC.

PG.8 Change of Address/Location

PG.8.1 Laboratories are accredited for the particular location given on the application form. Where a laboratory is relocated to other premises, any previously issued approvals for that Accredited Pathology Laboratory lapse. Medicare benefits are not payable for any pathology services performed at the new location until a new application has been approved by the Minister for Community Services and Health. Paragraph PG.2.1 sets out the method for applying for accreditation.

PG.9 Change of Ownership of a Laboratory

PG.9.1 Part of the assessment of an application for an Accredited Pathology Laboratory relates to the Approved Pathology Authority status. Where the ownership, or some other material change occurs affecting the laboratory, the Minister for Community Services and Health must be provided with those changed details. Medicare benefits will not be payable for any pathology services performed on any premises other than those premises for which approval has been given.

PH APPROVED PATHOLOGY PRACTITIONERS

PH.1 Introduction

A pathology service will not attract Medicare benefits unless that service was provided by or on behalf of an Approved Pathology Practitioner. (Approved Pathology Practitioners must be registered medical practitioners.) Set out below is information which relates to Approved Pathology Practitioner requirements.

PH.2 Applying for acceptance of the Approved Pathology Practitioner undertaking

To apply for acceptance of an Approved Pathology Practitioner Undertaking, it is necessary to send:-

- (i) a completed application for acceptance of an Approved Pathology Practitioner Undertaking;
- (ii) a signed Approved Pathology Practitioner Undertaking; and
- (iii) a cheque for \$100

to the Pathology Registration Co-ordinator, Health Insurance Commission, PO Box 9822 (in your capital city). An application form, undertaking and associated literature is available from the Pathology Registration Co-ordinator.

PH.3 Undertakings

PH.3.1 Consideration of Undertakings - the Minister is unable to accept an undertaking from a person in respect of whom there is a determination in force that the person has breached the undertaking, or from a person who, if the undertaking were accepted, would be likely to carry on the business of a prescribed person or would enable a person to avoid the financial consequences of the disqualification (or likely disqualification) of that prescribed person. A 'prescribed person' includes, inter alia, fully or partially disqualified persons (or persons likely to be so disqualified).

Similarly an undertaking cannot be accepted unless the Minister is satisfied that the person giving such undertaking is a fit and proper person to be an Approved Pathology Practitioner.

When an undertaking has been given, the Minister may require the person giving the undertaking to provide additional information within a fixed period of time and if the person does not comply the Minister may refuse to accept the undertaking.

PH.3.2 Refusal of Undertaking and Rights of Review

Where the Minister refuses to accept an undertaking, for any of the reasons shown above, he must notify the person of the decision. The notification must include advice of a right of internal review of the decision and a right of further appeal to the Administrative Appeals Tribunal if the internal review upholds the original decision to refuse the undertaking.

PH.3.3 Effective Period of Undertaking

(i) Date of Effect - the earliest day from which the Minister or delegate can accept an undertaking is the day the undertaking is signed. The day the undertaking is signed is to be the day it is actually signed and must not be backdated.

(ii) Period of Effect - in determining the period of effect of the undertaking the Minister shall, unless he considers that special circumstances exist, determine that the period of effect shall be twelve months from the day on which the undertaking comes into force. There is a requirement for the Minister to notify persons giving undertakings of the period of time for which the undertaking is to have effect, and the notice is to advise persons whose interests are affected by the decision of their rights of appeal to the Administrative Appeals Tribunal against the Minister's decision.

(iii) Renewals - when an undertaking is given and accepted by the minister while a former undertaking is current, the former undertaking ceases to be in force. When an undertaking is given while a former undertaking is current and the date on which the former undertaking was to expire passes without the Minister giving notice to accept or reject the new undertaking, the former undertaking remains in force until the Minister gives such notification.

(iv) Cessation of Undertaking - the undertaking ceases to be in force if it is terminated, if the Minister revokes acceptance of the undertaking, or if the period of effect for the undertaking expires - whichever event first occurs.

An Approved Pathology Practitioner may terminate an undertaking at any time provided that the practitioner gives at least 30 days notice of the termination of the undertaking.

PH.4 Obligations and responsibilities of Approved Pathology Practitioners

The requirements of the legislation and the undertaking impose a number of obligations and responsibilities on Approved Pathology Practitioners and the Minister. The more complex of these not already dealt with are considered in paragraphs PJ, PK and PL dealing with Breaches of Undertakings, Excessive Pathology Services, and Personal Supervision.

PI APPROVED PATHOLOGY AUTHORITIES

PI.1 Introduction

A pathology service will not attract Medicare benefits unless the proprietor of the laboratory in which the pathology service was performed is an Approved Pathology Authority. Following is information which relates to Approved Pathology Authority requirements.

PI.2 Applying for acceptance of an Approved Pathology Authority undertaking

PI.2.1 To apply for acceptance of an Approved Pathology Authority Undertaking, it is necessary to send:-

- (i) a completed application for acceptance of an Approved Pathology Authority Undertaking;
- (ii) a signed Approved Pathology Authority Undertaking; and

(iii) a cheque for \$100

to the Pathology Registration Co-ordinator, Health Insurance Commission, PO Box 9822 (in your capital city). An application form, undertaking and associated literature is available from the Pathology Registration Co-ordinator.

PI.2.2 The application and the undertakings should be completed by the proprietor of the laboratory/ies and where the proprietor is not a natural person (e.g. company or partnership), an authorised representative/s should complete the forms. This proprietor can be:-

- (i) a natural person;
- (ii) partners (natural persons and/or companies) in a partnership;
- (iii) a body corporate (i.e. a company); or
- (iv) a government authority (e.g. a public hospital)

PI.3 Undertakings

Consideration of Undertakings - the Minister is unable to accept undertakings from a person in respect of whom there is a determination in force that the person has breached the undertaking, or from a person who, if the undertaking were accepted, would be likely to carry on the business of a prescribed person or would enable a person to avoid the financial consequences of the disqualification (or likely disqualification) of that prescribed person. A 'prescribed person' includes, inter alia, fully or partially disqualified persons (or persons likely to be so disqualified).

Similarly an undertaking cannot be accepted unless the Minister is satisfied that the person giving such undertaking is a fit and proper person to be an Approved Pathology Authority.

When an undertaking has been given the Minister may require the person giving the undertaking to provide additional information within a specified period of time and if the person does not comply the Minister may refuse to accept the undertaking.

PI.3.2. Refusal of Undertaking and Rights of Review -

where the Minister refuses to accept an undertaking, he must notify the person of the decision. The notification must include advice of a right of internal review of the decision and a right of further appeal to the Administrative Appeals Tribunal if the internal review upholds the original decision to refuse the undertaking.

PI.3.3. Effective Period of Undertaking

(i) Date of Effect - the earliest day from which the Minister or delegate can accept an undertaking is the day the undertaking is signed. The day the undertaking is signed is to be the day it is actually signed and must not be backdated.

(ii) Period of Effect - in determining the period of effect of the undertaking the Minister shall, unless he or she considers that special circumstances exist, determine that the period of effect shall be twelve months from the day on which the undertaking comes into force. There is a requirement for the Minister to notify persons giving undertakings of the period of time for which the undertaking is to have effect, and the notice is to advise persons whose interests are affected by the decision of their rights of appeal to the Administrative Appeals Tribunal against the Minister's decision.

(iii) Renewals - when an undertaking is given and accepted by the minister while a former undertaking is current, the new undertaking does not take effect until the former undertaking ceases to be in force. When an undertaking is given while a former undertaking is current and

the date on which the former undertaking is current and the date on which the former undertaking was to expire passes without the Minister giving notice to accept or reject the new undertaking, the former undertaking remains in force until the Minister gives such notification.

(iv) Cessation of Undertaking - the undertaking ceases to be in force if it is terminated, if the Minister revokes acceptance of the undertaking, or if the period of effect for the undertaking expires - whichever event first occurs.

An Approved Pathology Authority may terminate an undertaking at any time provided that the person gives at least 30 days notice of the termination of the undertaking.

PL.4 Obligations and responsibilities of Approved Pathology Authorities

The requirements of the legislation and the undertaking impose a number of obligations and responsibilities on Approved Pathology Authorities and the Minister. The more complex of these not already dealt with are considered in paragraphs PJ and PK dealing with Breaches of Undertakings and Excessive Pathology Services.

PJ BREACHES OF UNDERTAKINGS

PJ.1 Notice required

PJ.1.1 Where the Minister has reasonable grounds for believing that an Approved Pathology Practitioner or an Approved Pathology Authority has breached the undertaking, the Minister is required to give notice in writing to the person explaining the grounds for that belief and inviting the person to put a submission to the Minister to show cause why no further action should be taken in the matter.

PJ.2 Decisions by Minister

PJ.2.1 Where a person provides a submission, the Minister may decide to take no further action against the person. Alternatively the Minister may refer the matter to a Medicare Participation Review Committee, notifying the grounds for believing that the undertaking has been breached. If after 28 days no submission has been received from the person, the Minister must refer that matter to the Committee.

PJ.3 Appeals

PJ.3.1 The Minister is empowered to suspend an undertaking where notice has been given to a Medicare Participation Review Committee of its possible breach, pending the outcome of the Committee's proceedings. The Minister must give notice in writing to the person who provided the undertaking of the determination to suspend it, and the notice shall inform the person of a right of appeal against the determination to the Administrative Appeals Tribunal. The Minister may also publish a notice of a determination in the Commonwealth Gazette. Rights of appeal to the Administrative Appeals Tribunal also exist in respect of any determination made by a Medicare Participation Review Committee.

PK INITIATION OF EXCESSIVE PATHOLOGY SERVICES

PK.1 Notice required

PK.1.1 Where the Minister has reasonable grounds for believing that a person, of a specified class of persons, has initiated, or caused or permitted the initiation of excessive pathology services the Minister is required to give notice in writing to the person explaining the grounds for the belief and inviting the person to put a submission to the Minister to show cause why no further action should be taken in the matter.

PK.2 Classes of persons

PK.2.1 The classes of persons are:

- the practitioner who initiated the services;
- the employer of the practitioner who caused or permitted the practitioner to initiate the services; or
- an officer of the body corporate employing the practitioner who caused or permitted the practitioner to initiate the services.

PK.3 Decisions by Minister

PK.3.1 Where a person provides a submission, the Minister may decide to take no further action against the person. Alternatively, the Minister may refer the matter to a Medicare Participation Review Committee, notifying the grounds for believing that excessive pathology services have been initiated. If after 28 days no submission has been received from the person, the Minister must refer the matter to the Committee. The Minister must give to the person notice in writing of the decision.

PK.4 Appeals

PK.4.1 Unlike the procedures relating to breaches of undertaking there is no power given to the Minister to determine a penalty. The Minister's role is either deciding to take no further action or referring the matter to a Medicare Participation Review Committee. Accordingly, there are no rights of appeal to the Administrative Appeals Tribunal applicable to the above procedures. However, rights of appeal to the Administrative Appeals Tribunal exist in respect of any determination made by a Medicare Participation Review Committee.

PL PERSONAL SUPERVISION

PL.1 Introduction

PL.1.1 The Health Insurance Act 1973 provides that the form of undertaking to be given by an Approved Pathology Practitioner may make provision for pathology services carried out under the personal supervision of the Approved Pathology Practitioner.

PL.2 Extract from undertaking

PL.2.1 The following is an extract from the Approved Pathology Practitioner undertaking:

"PART 1 - PERSONAL SUPERVISION

1 Subject to clause 2, I undertake that where a service is rendered on my behalf, I will accept personal responsibility for the rendering of that service under the following conditions of personal supervision -

- a) Where a service is rendered on my behalf, I must usually be physically available in the laboratory during the rendering of that service.
- b) I may be absent from the laboratory for brief periods where the absence is due to illness or other personal exigency, or involves activities which, in accordance with normal and accepted practice, relate to the provision of services by that laboratory. If such an absence occurs, and it does not exceed 7 consecutive days, then I will be regarded as continuing to personally supervise the rendering of services.
- c) Where I am absent from the laboratory for more than 7 consecutive days, I must arrange for another approved pathology practitioner to personally supervise the rendering

of services in the laboratory which would otherwise be rendered by me or on my behalf. Where such an arrangement is made, then I will be regarded as continuing to personally supervise the rendering of services.

d) For the purposes of the Health Insurance Act 1973, services will not be regarded as being rendered by me or on my behalf during any absence, for any reason, which occurs after I have already been absent for a total of 14 working days in any month that services are rendered.

e) If a service is being rendered on my behalf outside the normal hours of operation of the laboratory, I must be able to be contacted at the time that the service is being rendered by the person who is rendering the service. If required, I must be able to personally attend at the laboratory during the rendering of the service.

f) If a service is being rendered on my behalf by a person who is not-

i) a medical practitioner;

ii) a scientist; or

iii) a person having special qualifications or skills relevant to the service being rendered;

and no person in the above groups is physically present in the laboratory, then I must be physically present in the laboratory and closely supervise the rendering of the service.

g) I accept responsibility for taking all reasonable steps to ensure that in regard to services rendered by me or on my behalf.

i) all persons who render services are adequately trained;

ii) all services which are to be rendered in the laboratory are allocated to persons with appropriate qualifications and experience to render the services;

iii) the methods and procedures in operation in the laboratory for the purposes of rendering services are in accordance with proper and correct practices;

iv) for services rendered, proper quality control methods are established and reviewed to ensure their reliability and effectiveness; and

v) results of services and tests rendered are accurately recorded and reported.

2) Where services are to be rendered on my behalf in a laboratory:

a) where the Minister has declared, by notice in writing, that the laboratory is located in an isolated area (as defined in the principles for the approval of premises as an accredited pathology laboratory), and the Minister is satisfied that the service could not reasonably be rendered in another laboratory; or

b) which is in category 3 or 4 of the categories of accreditation;

I undertake to take all reasonable measures to ensure that the service is rendered under the supervision of the person designated in the category of accreditation of that laboratory to supervise the rendering of the service.

3) I understand that, in relation to a laboratory which is specified in clause 2(b), the provisions of clause 2 will only apply for a period of 36 months after the commencement of section 23DB of the Health Insurance Act 1973 (1 August 1987), and that after that time the provisions of clause 1 will apply to me."

PL.3 Notes on the above:

PL3.1 Part 1 of the APP Undertaking outlines the requirements for the personal supervision by an APP where a pathology service is rendered by another person on behalf of the APP. It

should be noted that "on behalf of" does not relieve an APP of professional responsibility for the service or from being personally involved in the supervision of services in the laboratory.

PL3.2 The only exemptions from the full requirement for personal supervision of services are for the permitted absences in clause 1 in the specific circumstances declared by the Minister (clause 2(a)) and for services provided in category 3 and 4 laboratories (clause 2(b)).

PL3.3 The question of longer term acceptability for Medicare benefits of medically unsupervised branch laboratories is being examined and interested parties will be advised of any decisions in relation to this issue.

PM DETERMINATION OF FEES FOR SERVICES OF UNUSUAL LENGTH OR COMPLEXITY

PM.1 Introduction

PM.1.1 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 1973 provides that the practitioner or the patient may apply to the Health Insurance Commission for higher benefits by the fixation of a higher fee, where the person rendering the professional service 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.

PM.2 How to apply

PM.2.1 Any such application for a higher fee for any listed item in the Schedule under Section 11 of the Health Insurance Act 1973 should be made to the Health Insurance Commission and should be supported by a statement by the Approved Pathology Practitioner indicating in detail those unusual features which are the basis for the claim for a higher fee. The practitioner rendering the service should advise the patient to forward this statement with the claim form and account to the relevant Medicare office. Where the practitioner direct-bills the Health Insurance Commission, his/her statement should be attached to the assignment form.

PM.3 Statement by practitioner

PM.3.1 To reduce delays and to facilitate consideration of such an application, it is essential that 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.

PM.4 Referral to Medicare Benefits Advisory Committee

PM.4.1 Generally, such applications are referred for consideration by the Medicare Benefits Advisory Committee which may recommend the payment of a higher benefit. The Committee states the principles to be followed by the Health Insurance Commission in fixing the amount of any increased fee for the service which was the subject of the application.

PM.4.2 Subsequent claims for increased fee 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.

PM.5 Appeals

PM.5.1 Where the Health Insurance Commission notifies a person of a decision, either, (a) that it has formed the opinion that the professional service is not of unusual length or complexity, or, (b) fixing an increased fee 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.

PM.5.2 The Minister will refer the appeal to the Medicare Benefits Advisory Committee for consideration. The Committee will recommend to the Minister whether the appeal should be allowed or dismissed and, if the appeal is to be allowed, determine the amount of the increased fee. If the Committee thinks fit it can formulate principles followed by the Committee in fixing that increased fee.

PN CHANGES TO THE PATHOLOGY SERVICES TABLE

PN.1 Recent Amendments to the Legislation

PN.1.1 The 1989 amendments to the Health Insurance Act 1973 allow the Minister for Community Services and Health to determine an appropriate Pathology Services Table which is then prescribed by Regulation. This is a similar mechanism which is in place, and has been in place for many years, in respect of the general medical services table.

PN.1.2 The Minister has established two committees to assist in determining changes to the Table.

PN.1.3 The first is an informal committee - the Pathology Services Table Committee - and comprises five representatives each from the (interested) Profession and the Commonwealth. The role of this Committee is to examine on an ongoing basis the need for changes to the structure and content of the Table including associated fees.

PN.1.4 Any person or organisation seeking to make a submission to this Committee can contact the Secretariat at the Department using the address given at paragraph PG.2.1.

PN.1.5 The second is to be a formally constituted committee - the Pathology Review Committee - and will comprise an independent chairperson (acceptable to the Profession and the Commonwealth) and one member each from the (interested) Profession and the Commonwealth. The role of this Committee is undertake an annual review of fees for the items of service listed in the Table and to make recommendations to the Minister on unresolved issues from the Pathology Services Table Committee.

PO DEFINITIONS

PO.1 Excessive pathology service

• means a pathology service for which Medicare benefit has become or may become payable and which is not reasonably necessary for the adequate medical or dental care of the patient concerned.

PO.2 Group of Practitioners

• means

(i) a practitioner conducting a medical practice or a dental practice together with another practitioner, or other practitioners, participating (whether as employees or otherwise) in the provision of professional services as part of that practice; or

(ii) two or more practitioners conducting a medical practice or a dental practice as partners; or

(iii) those partners together with any other practitioner who participate (whether as an employee or otherwise) in the provision of professional services as part of that practice.

PO.3 Initiate

• in relation to a pathology service means to make the decision by reason of which the service is rendered.

PO.4 Patient episode

• is defined, for those items where the fee and benefit are related to the number of services performed in relation to the one patient episode, as covering:-

• services requested by a medical or dental practitioner on the one calendar day although they may be rendered by an Approved Pathology Practitioner on the one day or over a number of days; or

• the need for the items is determined on the one calendar day and rendered on that day or over a number of days.

PO.5 Personal supervision

• means that an Approved Pathology Practitioner will, to the fullest extent possible, be responsible for exercising an acceptable level of control over the rendering of pathology services. See paragraphs PL.1 to PL.3 for a full description of the responsibilities involved in personal supervision.

PO.6 Prescribed Pathology Service

• is a service included in Division 9 and may be performed by a medical or dental practitioner in his own surgery.

PO.7 Proprietor of a Laboratory

• means in relation to a pathology laboratory

the person, authority or body of persons having effective control of:

(a) the laboratory premises, whether or not the holder of an estate or interest in the premises; and

(b) the use of equipment used in the laboratory; and

(c) the employment of staff in the laboratory.

PO.8 Specialist pathologist

• means a medical practitioner recognised for the purposes of the Health Insurance Act 1973 as a specialist in pathology (see paragraph G.1 of the "General Notes" in the Medicare Benefits Schedule Book). The principal specialty of pathology includes a number of sectional specialties. Accordingly, a medical practitioner who is recognised as a specialist in a sectional specialty of pathology is recognised as a specialist pathologist for this purpose.

PQ ABBREVIATIONS, GROUPS OF TESTS

PQ.1 Abbreviations

PQ.1.1 As stated at paragraph PC.2 of this Outline, details that must be recorded on accounts, receipts or assignment forms of an Approved Pathology Practitioner/Authority include a description of the pathology service that is of sufficient detail to identify the specific service rendered. The lists of abbreviations for group tests are contained in paragraph PQ.4.3. The lists of abbreviations for individual tests are contained in the Index at paragraph PY. The abbreviations are provided to allow users to identify and refer to particular pathology services, or particular groups of pathology services, more accurately and conveniently.

PQ.1.2 The above requirements are mandatory for billing purposes but treating practitioners requesting pathology services are encouraged to use the approved abbreviations. In this regard treating practitioners should note that:

- pathology services cannot be self determined by a rendering pathologist responding to a request. This places the onus for medical necessity on the treating practitioner who, in normal circumstances would, if he or she was unclear in deciding the appropriate test for a clinical situation, consult a pathologist for assistance.
- Approved Pathology Practitioners / Authorities undertake not to issue accounts etc unless the pathology service was rendered in response to an unambiguous request.

PQ.2 Tests not listed

PQ.2.1 Tests which are not listed in the Pathology Services Schedule do not attract Medicare benefits. As explained at paragraph PN.1.1 of these Notes changes to the Pathology Services Schedule can only be made by the Minister for Community Services and Health. See paragraph PN.2.2 regarding application for inclusion of new items in the Pathology Services Schedule.

PQ.3 Audit of claims

PQ.3.1 The Health Insurance Commission is undertaking routine audit of claims for pathology benefits against requested services to ensure compliance with the provisions of the Health Insurance Act 1973.

PQ.4 Groups of tests

PQ.4.1 For the purposes of recording a description of the pathology service on accounts etc, an Approved Pathology Practitioner /Authority may use group abbreviations or group descriptions for the following specified groups of tests. These groups consist of two or more tests within the same item.

PQ.4.2 Treating practitioners are encouraged to use these group abbreviations or group descriptions where appropriate.

PQ.4.3 Test profiles, or groups of tests, which are not specified below do not attract Medicare benefits. Tests requested individually may attract Medicare benefits.

Group	Estimations Included in Group	Group Abbreviation	Item Numbers
Cardiac Enzymes	Lactate dehydrogenase (LD) Aspartate aminotransferase (AST) and Creatine kinase (CK)	CE	1562, 1563
Coagulation Studies	Prothrombin Time, activated partial thromboplastin time and one or more of the following tests- bleeding time, thrombin clotting time, fibrinogen degradation products, fibrin monomer, D-dimer Factor XIII screening tests.	COAG	1527, 1528
Electrolytes	Sodium (NA) Potassium (K) Chloride (CL) and Bicarbonate (HCO ₃)	E	1564, 1565
Lipid Studies	Cholesterol (CHOL) and Triglycerides (TRIG)	FATS	1560, 1561
Liver Function Tests	Alkaline phosphatase (ALP), Alanine aminotransferase (ALT), Aspartate aminotransferase (AST), Albumin (ALB), Bilirubin (BIL), Gamma glutamyl transpeptidase (GGT), Lactate dehydrogenase (LDH), and Protein (PROT).	LFT	1571, 1572
Syphilis Serology	Rapid plasma reagin test (RPR) or venereal disease research laboratory test (VDRL) and Treponema pallidum haemagglutinin test (TPHA) or Fluorescent Treponemal antibody-absorption test (FTA)	STS	2183, 2184

PX PATHOLOGY SERVICES TABLE

PX.1 Rules for Interpretation of the Pathology Services Table

1. In this Schedule:
"recognised pathologist" means a medical practitioner who, by reason of a determination under section 61, is recognised for the purposes of this Act as a specialist in the specialty of pathology;
2. Where an item includes the symbol "(SP)", the item relates to a pathology service when rendered by or on behalf of an approved pathology practitioner who is a recognised pathologist other than a pathology service -
 - (a) rendered pursuant to a request made in the course of the provision of an out-patient service at a recognised hospital;
 - (b) rendered pursuant to a request made in respect of a person who was, at the time when the request was made, a private patient in a recognised hospital; or
 - (c) in the rendering of which:
 - (i) any pathology equipment of a recognised hospital, or a laboratory included in a prescribed class of laboratories, is used; or
 - (ii) any member of the staff of a recognised hospital, or a laboratory included in a prescribed class of laboratories, participates in the course of that member's employment with that hospital or laboratory.
3. Where an item includes the symbol "(OP)", the item shall be taken to relate to a pathology service other than a pathology service:
 - (a) to which an item that includes the symbol "(SP)" relates; or
 - (b) to which sub-section 16A(7) applies.
4. For the purposes of rules 2 and 3 each of the following classes of laboratories is a prescribed class of laboratories:
 - (a) laboratories operated by the Commonwealth;
 - (b) laboratories operated by a State or an authority of a State;
 - (c) laboratories operated by the Northern Territory of Australia;
 - (d) laboratories operated by the Australian Capital Territory Community and Health Service; and
 - (e) laboratories operated by an Australian tertiary institution.
5. Two or more pathology services rendered pursuant to 2 or more requests shall be taken to have been rendered pursuant to a single request if:
 - (a) each pathology service is rendered to the same person;
 - (b) each pathology service is of a kind listed in the one item of the table; and
 - (c) the determinations of the necessity for the pathology services were made on the same day.

6. In rule 5, "service" includes an assay, estimation or test.
7. A reference in these rules to a request made to an approved pathology practitioner includes a reference to a request that is deemed, for the purposes of section 16A, to have been made to that approved pathology practitioner.
8. Where:
 - (a) a pathology service (the 'first pathology service') is rendered pursuant to a request;
 - (b) an item of the table applies to that pathology service;
 - (c) another pathology service (the 'second pathology service') is rendered pursuant to the request; and
 - (d) the second pathology service is of a kind referred to in the item referred to in paragraph (b);the second pathology service shall be treated as if it were completely subsumed within the first pathology service.

Example; Dr Proctor requests an extended blood grouping test (covered by item 1192) and the test includes a basic blood grouping test (covered by item 1187). Item 1187 is referred to in item 1192. Benefit is payable under item 1192 for the extended blood grouping test but benefit is not payable separately under item 1187 for the basic blood grouping test.
9. For the purposes of Division 1 - Haematology:
 - (a) if pathology services of a kind referred to in item 1187, 1188, 1192 or 1193 are rendered to a person during a period of hospitalisation, the item applies only to the first pathology service of that kind rendered to the person during that person's hospitalisation; and
 - (b) tests performed on material stored from a previous patient episode (except tests specified in item 1198 or 1199) in response to a subsequent request are treated as being part of that previous patient episode if the second request is made within 14 days of that previous patient episode.
10. For the purposes of Division 2 - Chemical Pathology:
 - (a) where a pathology service involving the measurement of any substance in urine requires a 24 hour urine collection and/or calculation of a substance/creatinine ratio, that pathology service is treated as including any estimation of creatinine in other fluids necessary for calculation; and
 - (b) tests performed on material stored from a previous patient episode in response to a subsequent request are treated as being part of that previous patient episode if the second request occurs within 14 days of that previous patient episode.
11. For the purposes of Division 3 - Microbiology:
 - (a) serial examinations or cultures means examinations or cultures requested on the one occasion regardless of whether the materials are received on different days by the approved pathology practitioner and

- regardless of whether the examinations or cultures were requested on one or more request forms by the treating practitioner; and
- (b) tests performed on material which has been stored from a previous patient episode in response to a subsequent request are treated as being part of that previous patient episode if the further request occurs within 14 days of that previous patient episode.
12. For the purposes of Division 4 - Immunology:
 - (a) tests performed on material which has been stored from a previous patient episode in response to a subsequent request are treated as being part of that previous patient episode if the further request occurs within 14 days of that previous patient episode; and
 - (b) in items 2271, 2274, 2275, 2276, 2277, 2278, 2279 and 2280, the estimation of a single antibody includes qualitative and quantitative assays for that antibody.
 13. For the purposes of Division 5 - Histopathology:
 - (a) "biopsy material" means all tissue received by the approved pathology practitioner from any operation or group of operations performed on a patient at the one time other than a bone marrow biopsy; and
 - (b) where a pathology service relating to the examination of biopsy material is rendered under an item set out in Division 5 in circumstances where a further pathology service or pathology services specified in an item in Division 5 are rendered also in relation to that biopsy material, all those pathology services are treated as one pathology service under the one item appropriate to the pathology services provided.
 14. For the purposes of Division 6 - Cytopathology, "serial examinations" means examinations requested on the one occasion regardless of whether the materials are received on different days by the approved pathology practitioner and regardless of whether the examinations were requested on one or more request forms by the treating practitioner.
 15. Where in these rules provision is made for 2 or more pathology services to be treated as one pathology service, a reference to an appropriate item is a reference to the item which incorporates whichever of the symbols (SP) or (OP) is relevant to the rendering of that pathology service.
 16. The lists of abbreviations at the end of the table are provided to allow users of the table to identify and refer to particular pathology services, or groups of pathology services, more accurately and more efficiently.

PART 7 - PATHOLOGY SERVICES DIVISION 1 - HAEMATOLOGY	
1163 SP	Blood count consisting of erythrocyte count, C-reactive protein, erythrocyte sedimentation rate, blood viscosity, haemoglobin, platelet count, leucocyte count, reticulocyte count - one or two procedures.
1164 OP	Blood count consisting of erythrocyte count, C-reactive protein, erythrocyte sedimentation rate, blood viscosity, haemoglobin, platelet count, leucocyte count, reticulocyte count - one or two procedures.
1168 SP	Three or more procedures to which item 1163 applies, including any calculation or measurement of erythrocyte or other indices.
1169 OP	Three or more procedures to which item 1164 applies, including any calculation or measurement of erythrocyte or other indices.
1170 SP	Examination of blood film, with or without differential cell count, or differential cell count with or without examination of blood film, and if performed, any of these additional services - Direct Coombs test, tests for heterophile antibodies, cold agglutinins, examination of blood film by special stains to demonstrate Heinz bodies, parasites or iron, or examination of a blood film with alpha-naphthyl acetate esterase, chloroacetate esterase, neutrophil alkaline phosphatase, nitro blue tetrazolium, periodic acid Schiff, Sudan Black stains, or Kleihauer test for HbF on blood film, including any services specified in item 1419.
1171 OP	Examination of blood film, with or without differential cell count, or differential cell count with or without examination of blood film, and if performed, any of these additional services - Direct Coombs test, tests for heterophile antibodies, cold agglutinins, examination of blood film by special stains to demonstrate Heinz bodies, parasites or iron, or examination of a blood film with alpha-naphthyl acetate esterase, chloroacetate esterase, neutrophil alkaline phosphatase, nitro blue tetrazolium, periodic acid Schiff, Sudan Black stains, or Kleihauer test for HbF on blood film, including any services specified in item 1420. OP
1172 SP	Full blood examination consisting of items 1168 and 1170.
1173 OP	Full blood examination consisting of items 1169 and 1171.
1176 SP	Erythrocytes, qualitative or quantitative assessment of haemolysis or metabolic enzymes by - erythrocyte autohaemolysis test, erythrocyte fragility test, sugar water test, erythrocyte metabolic enzyme test, heat denaturation test, isopropanol precipitation test, acid haemolysis test, and quantitation of muramidase in serum or urine - one or more procedures.
1177 OP	Erythrocytes, qualitative or quantitative assessment of haemolysis or metabolic enzymes by - erythrocyte autohaemolysis test, erythrocyte fragility test, sugar water test, erythrocyte metabolic enzyme test, heat denaturation test, isopropanol precipitation test, acid haemolysis test, and quantitation of muramidase in serum or urine - one or more procedures.
1179 SP	Tests for the diagnosis of haemoglobinopathy consisting of haemoglobin electrophoresis and two of the following - examination for HbH, quantitation of HbA2 or HbF, including any services specified in items 1163, 1168, 1170 and 1172.

PATHOLOGY

DIVISION 1 - HAEMATOLOGY

1180 OP	Tests for the diagnosis of haemoglobinopathy consisting of haemoglobin electrophoresis and two of the following - examination for HbH, quantitation of HbA2 or HbF, including any services specified in items 1164, 1169, 1171 and 1173.
1181 SP	Histopathological examination of sections of bone marrow trephine biopsy including where indicated, examination of marrow smears and any special stains and immuno-chemical techniques, including any services specified in items 1163, 1168, 1170, 1172 and 1183.
1182 OP	Histopathological examination of sections of bone marrow trephine biopsy including where indicated, examination of marrow smears and any special stains and immuno-chemical techniques, including any services specified in items 1164, 1169, 1171, 1173 and 1184.
1183 SP	Bone marrow examination of aspirated material including any special stains, immuno-chemical techniques and clot sections where necessary, including any services specified in items 1163, 1168, 1170 and 1172.
1184 OP	Bone marrow examination of aspirated material including any special stains, immuno-chemical techniques and clot sections where necessary, including any services specified in items 1164, 1169, 1171 and 1173.
1187 SP	Blood grouping, including back-grouping when performed - ABO and Rh (D antigen).
1188 OP	Blood grouping, including back-grouping when performed - ABO and Rh (D antigen).
1192 SP	Blood grouping - Rh phenotypes, Kell system, Duffy system, M and N factors or any other blood group system - one or more systems, including any services specified in item 1187.
1193 OP	Blood grouping - Rh phenotypes, Kell system, Duffy system, M and N factors or any other blood group system - one or more systems, including any services specified in item 1188.
1196 SP	Blood grouping, including back-grouping when performed, and examination of serum for Rh and other blood group antibodies, including identification and quantitative estimation of any antibodies detected, and including any services specified in items 1163, 1168, 1170 and 1172.
1197 OP	Blood grouping, including back-grouping when performed, and examination of serum for Rh and other blood group antibodies, including identification and quantitative estimation of any antibodies detected, and including any services specified in items 1164, 1169, 1171 and 1173.
1198 SP	Compatibility testing, including all necessary grouping checks of patient and donor, examination for antibodies, identification and, if necessary, quantitative estimation of any antibodies detected and any services specified in items 1163, 1168, 1170, 1172, 1187 and 1196 including all testing performed on any one day.
1199 OP	Compatibility testing, including all necessary grouping checks of patient and donor, examination for antibodies, identification and, if necessary, quantitative estimation of any antibodies detected and any services specified in items 1164, 1169, 1171, 1173, 1188 and 1197 including all testing performed on any one day.
1417 SP	Examination of serum for blood group antibodies including identification and, if necessary, quantitative estimation of any antibodies detected.
1418 OP	Examination of serum for blood group antibodies including identification and, if necessary, quantitative estimation of any antibodies detected.

PATHOLOGY

DIVISION 1 - HAEMATOLOGY

1419 SP ‡	Direct Coombs test, qualitative or quantitative test for cold agglutinins, or heterophile antibodies, qualitative spectroscopic examinations of blood for abnormal haemoglobins, qualitative test for red cell porphyrins and detection of metalbumin (Schumm's test) including those services specified in items 1170 and 1172 - one or more tests.
1420 OP ‡	Direct Coombs test, qualitative or quantitative test for cold agglutinins, or heterophile antibodies, qualitative spectroscopic examinations of blood for abnormal haemoglobins, qualitative test for red cell porphyrins and detection of metalbumin (Schumm's test) including those services specified in items 1171 and 1173 - one or more tests.
1521 SP	Skin bleeding time, coagulation time, prothrombin time, activated partial thromboplastin time, thrombin time (including test for presence of an inhibitor and serial tests for fibrinolysis), test for factor XIII deficiency, fibrinogen, or one of - fibrinogen degradation products, fibrin monomer or D-dimer - one estimation.
1522 OP	Skin bleeding time, coagulation time, prothrombin time, activated partial thromboplastin time, thrombin time (including test for presence of an inhibitor and serial tests for fibrinolysis), test for factor XIII deficiency, fibrinogen, or one of - fibrinogen degradation products, fibrin monomer or D-dimer - one estimation.
1523 SP	Two estimations specified in item 1521.
1524 OP	Two estimations specified in item 1522.
1525 SP	Three estimations specified in item 1521.
1526 OP	Three estimations specified in item 1522.
1527 SP	Four or more estimations specified in item 1521.
1528 OP	Four or more estimations specified in item 1522.
1531 SP	Quantitative assay, by one or more techniques, of plasminogen, antithrombin III, Protein C, Protein S, heparin co-factor II, Euglobulin clot lysis time and test for lupus anticoagulant - one estimation.
1532 OP	Quantitative assay, by one or more techniques, of plasminogen, antithrombin III, Protein C, Protein S, heparin co-factor II, Euglobulin clot lysis time and test for lupus anticoagulant - one estimation.
1533 SP	Four or more estimations specified in item 1531.
1534 OP	Four or more estimations specified in item 1532.
1535 SP	Platelet aggregation in response to ADP, collagen, 5HT, ristocetin or similar substance - one or more estimations.
1538 OP	Platelet aggregation in response to ADP, collagen, 5HT, ristocetin or similar substance - one or more estimations.
1539 SP	Heparin assay, only when monitoring a patient on subcutaneous heparin or low molecular weight heparin - one or more estimations.
1540 OP	Heparin assay, only when monitoring a patient on subcutaneous heparin or low molecular weight heparin - one or more estimations.

1541 SP	Quantitative assay of Von Willebrand's factor antigen (factor VIII related antigen), Von Willebrand's factor (ristocetin cofactor), factor II, factor V, factor VII, factor VIII, factor IX, factor X, factor XI, factor XII, factor XIII, Fletcher factor, Fitzgerald factor, Passovoy factor - one estimation.
1542 OP	Quantitative assay of Von Willebrand's factor antigen (factor VIII related antigen), Von Willebrand's factor (ristocetin cofactor), factor II, factor V, factor VII, factor VIII, factor IX, factor X, factor XI, factor XII, factor XIII, Fletcher factor, Fitzgerald factor, Passovoy factor - one estimation.
1543 SP	Two estimations as specified in item 1541.
1544 OP	Two estimations as specified in item 1542.
1550 SP	Three or more estimations as specified in item 1541.
1551 OP	Three or more estimations as specified in item 1542.
DIVISION 2 - CHEMICAL PATHOLOGY	
1558 SP	Quantitative estimation in serum, plasma, urine or any other body fluid, by any method except by reagent strip with or without reflectance meter or electrophoresis of - alanine amino-transferase, albumin, alkaline phosphatase, amylase, aspartate aminotransferase, bicarbonate, bilirubin (total and any fractions), calcium (total, dialysed or ionized), chloride, cholesterol, creatine kinase, creatine kinase isoenzymes (when not performed as specified in item 1734), creatinine, fructosamine, gamma glutamyl transpeptidase, globulin, glucose, lactate dehydrogenase, lipase, lithium, magnesium, phosphate, potassium total protein, sodium, triglycerides, urate, urea - one estimation.
1559 OP	Quantitative estimation in serum, plasma, urine or any other body fluid, by any method except by reagent strip with or without reflectance meter or electrophoresis of - alanine amino-transferase, albumin, alkaline phosphatase, amylase, aspartate aminotransferase, bicarbonate, bilirubin (total and any fractions), calcium (total, dialysed or ionized), chloride, cholesterol, creatine kinase, creatine kinase isoenzymes (when not performed as specified in item 1735), creatinine, fructosamine, gamma glutamyl transpeptidase, globulin, glucose, lactate dehydrogenase, lipase, lithium, magnesium, phosphate, potassium, total protein, sodium, triglycerides, urate, urea - one estimation.
1560 SP	Two estimations specified in item 1558.
1561 OP	Two estimations specified in item 1559.
1562 SP	Three estimations specified in item 1558.
1563 OP	Three estimations specified in item 1559.
1564 SP	Four estimations specified in item 1558.
1565 OP	Four estimations specified in item 1559.
1569 SP	Five estimations specified in item 1558.
1570 OP	Five estimations specified in item 1559.
1571 SP	Six or more estimations specified in item 1558.
1572 OP	Six or more estimations specified in item 1559.

DIVISION 2 - CHEMICAL PATHOLOGY

PATHOLOGY

1575 SP	Qualitative estimation by any method, except by reagent strip or dip-stick of the following urine constituents - bilirubin, cystine (cysteine), haemoglobin, melanin (melanogen), myoglobin, porphobilinogen, porphyrin, urobilinogen or pH measurement of body fluids other than urine (excepting urine acidification test), or cryoglobulins or cryofibrinogen in plasma - one or more estimations.
1576 OP	Qualitative estimation by any method, except by reagent strip or dip-stick of the following urine constituents - bilirubin, cystine (cysteine), haemoglobin, melanin (melanogen), myoglobin, porphobilinogen, porphyrin, urobilinogen or pH measurement of body fluids other than urine (excepting urine acidification test), or cryoglobulins or cryofibrinogen in plasma - one or more estimations.
1577 SP	Qualitative estimation by any method except by reagent strip or dip-stick of the following faecal constituents - haemoglobin, porphyrins, reducing substances - each estimation, to a maximum of three estimations, taken on separate days.
1578 OP	Qualitative estimation by any method except by reagent strip or dip-stick of the following faecal constituents - haemoglobin, porphyrins, reducing substances - each estimation, to a maximum of three estimations, taken on separate days.
1579 SP	Immunological test for human haemoglobin in faeces performed in any twenty eight day period, including chemical test if performed - one estimation.
1580 OP	Immunological test for human haemoglobin in faeces performed in any twenty eight day period, including chemical test if performed - one estimation.
1581 SP	Two or more estimations specified in item 1579.
1582 OP	Two or more estimations specified in item 1580.
1583 SP	Osmolality, estimation by osmometer, in serum or in urine - one or more estimations.
1584 OP	Osmolality, estimation by osmometer, in serum or in urine - one or more estimations.
1590 SP	Quantitative estimation of blood gases including tests performed from - pO ₂ , oxygen saturation, pCO ₂ , bicarbonate, pH, and any other measurement (eg. haemoglobin, potassium) or calculation performed on the same specimen by the same instrument or group of instruments - one or more estimation on one specimen.
1591 OP	Quantitative estimation of blood gases including tests performed from - pO ₂ , oxygen saturation, pCO ₂ , bicarbonate, pH, and any other measurement (eg. haemoglobin, potassium) or calculation performed on the same specimen by the same instrument or group of instruments - one or more estimation on one specimen.
1592 SP	One or more estimations of blood gases as specified in item 1590 on two or more specimens within any one day.
1593 OP	One or more estimations of blood gases as specified in item 1591 on two or more specimens within any one day.
1595 SP	Calculus, analysis of one or more.
1596 OP	Calculus, analysis of one or more.

1598 SP	Drug or chemical assays - including all qualitative and quantitative tests on blood, urine or other body fluid for a drug or drugs of abuse, including illegal drugs and legally available drugs taken other than in appropriate dosage, ingested or absorbed toxic chemicals including any services specified in items 1712, 1714 and 1716, but excluding the surveillance of sports people and athletes for performance improving substances - one or more assays.
1599 OP	Drug or chemical assays - including all qualitative and quantitative tests on blood, urine or other body fluid for a drug or drugs of abuse, including illegal drugs and legally available drugs taken other than in appropriate dosage, ingested or absorbed toxic chemicals including any services specified in items 1713, 1715 and 1717, but excluding the surveillance of sports people and athletes for performance improving substances - one or more assays.
1627 SP	Drug assays - including all qualitative and quantitative estimations on blood, urine or other body fluid for a drug or drugs of abuse or a therapeutic drug on a sample collected from a patient participating in a drug abuse treatment programme, or being treated for drug effects or under a court order or parole board supervision, but excluding the detection of nicotine and metabolites in smoking withdrawal programmes - each assay to a maximum of four assays within any twenty eight day period.
1628 OP	Drug assays - including all qualitative and quantitative estimations on blood, urine or other body fluid for a drug or drugs of abuse or a therapeutic drug on a sample collected from a patient participating in a drug abuse treatment programme, or being treated for drug effects or under a court order or parole board supervision, but excluding the detection of nicotine and metabolites in smoking withdrawal programmes - each assay to a maximum of four assays within any twenty eight day period.
1712 SP ‡	Drug assay - quantitative estimation on blood or other body fluid by any method or methods of a drug being used therapeutically for the patient from whom the specimen was taken - one estimation not elsewhere specified in the Schedule.
1713 OP ‡	Drug assay - quantitative estimation on blood or other body fluid by any method or methods of a drug being used therapeutically for the patient from whom the specimen was taken - one estimation not elsewhere specified in the Schedule.
1714 SP	Two estimations specified in item 1712.
1715 OP	Two estimations specified in item 1713.
1716 SP	Three or more estimations specified in item 1712.
1717 OP	Three or more estimations specified in item 1713.
1726 SP ‡	Amniotic fluid, spectrophotometric examination of, estimation of lecithin/sphingomyelin ratio or palmitic acid, phosphatidylglycerol or lamellar body phospholipid - one or more examinations or estimations.
1727 OP ‡	Amniotic fluid, spectrophotometric examination of, estimation of lecithin/sphingomyelin ratio or palmitic acid, phosphatidylglycerol or lamellar body phospholipid - one or more examinations or estimations.

DIVISION 2 - CHEMICAL PATHOLOGY

PATHOLOGY

1734 SP	Electrophoresis, quantitative or qualitative of serum, urine or other body fluid to demonstrate protein classes or presence and amount of paraprotein, or the isoenzymes of lactate dehydrogenase, alkaline phosphatase and creatine kinase, including the preliminary quantitation of total protein, albumin and globulin or of total relevant enzyme activity, but excluding lipoprotein electrophoresis - one examination.
1735 OP	Electrophoresis, quantitative or qualitative of serum, urine or other body fluid to demonstrate protein classes or presence and amount of paraprotein, or the isoenzymes of lactate dehydrogenase, alkaline phosphatase and creatine kinase, including the preliminary quantitation of total protein, albumin and globulin or of total relevant enzyme activity, but excluding lipoprotein electrophoresis - one examination.
1736 SP	Electrophoresis, quantitative or qualitative of concurrently collected, or collected within a twenty eight day period, serum and urine to demonstrate protein classes or presence and amount of paraproteins, including the preliminary quantitation of total protein, albumin and globulin, but excluding lipo protein electrophoresis - two or more examinations.
1737 OP	Electrophoresis, quantitative or qualitative of concurrently collected, or collected within a twenty eight day period, serum and urine to demonstrate protein classes or presence and amount of paraproteins, including the preliminary quantitation of total protein, albumin and globulin, but excluding lipo protein electrophoresis - two or more examinations.
1738 SP ‡	Alpha-feto protein, Alpha-1 antitrypsin, Alpha-2 macroglobulin, beta-2 microglobulin, C-1 esterase inhibitor, Caeruloplasmin, Ferritin (unless specified in item 1752), Haptoglobins, Microalbumin (in proven diabetes mellitus), Mucin-like carcinoma associated antigen (one or more fractions), Prostate specific antigen, Prostatic Acid Phosphatase (one or more fractions), Transferrin (unless specified in item 1752), and, in the follow up of proven malignancy, CA-125 antigen, CA-19.9 antigen, CA-15.3 antigen, Carcinoembryonic antigen, Mammary serum antigen, Neuron specific enolase, SCC Related antigen, Thyroglobulin - quantitative estimation in serum, urine or other body fluid - one estimation.
1739 OP ‡	Alpha-feto protein, Alpha-1 antitrypsin, Alpha-2 macroglobulin, beta-2 microglobulin, C-1 esterase inhibitor, Caeruloplasmin, Ferritin (unless specified in item 1753), Haptoglobins, Microalbumin (in proven diabetes mellitus), Mucin-like carcinoma associated antigen, (one or more fractions), Prostate specific antigen, Prostatic Acid Phosphatase (one or more fractions), Transferrin (unless specified in item 1753) and, in the follow up of proven malignancy, CA-125 antigen, CA-19.9 antigen, CA-15.3 antigen, Carcinoembryonic antigen, Mammary serum antigen, Neuron specific enolase, SCC Related antigen, Thyroglobulin - quantitative estimation in serum, urine or other body fluid - one estimation.
1740 SP	Two or more estimations specified in item 1738.
1741 OP	Two or more estimations specified in item 1739.
1752 SP	Iron studies consisting of quantitative analysis of iron, transferrin or iron binding capacity and ferritin.
1753 OP	Iron studies consisting of quantitative analysis of iron, transferrin or iron binding capacity and ferritin.
1768 SP	Serum B12, serum folate - one or more estimations within any twenty eight day period.
1769 OP	Serum B12, serum folate, - one or more estimations within any twenty eight day period.
1770 SP	Red cell folate and serum B12 and, if required, serum folate, to a maximum of three estimations in any twelve month period.

DIVISION 2 - CHEMICAL PATHOLOGY

PATHOLOGY

1771 OP	Red cell folate and serum B12 add, if required, serum folate, to a maximum of three estimations in any twelve month period .
1780 SP	Vitamins, quantitative estimation in blood, urine or other body fluid, by direct or indirect means, of Vitamins A, B1, B2, B3, B6, C, and E - one or more estimations within any six month period.
1783 OP	Vitamins, quantitative estimation in blood, urine or other body fluid, by direct or indirect means, of Vitamins A, B1, B2, B3, B6, C, and E - one or more estimations within any six month period.
1786 SP	Vitamin D or D fractions - one or more estimations.
1787 OP	Vitamin D or D fractions - one or more estimations.
1791 SP ‡	Acetoacetate, alcohol, aminoacids, ammonia, angiotensin converting enzyme, betahydroxybutyrate, cholinesterase, cystine (cysteine), histamine, hydroxyindoleacetic acid, hydroxyproline, lactate, neonatal bilirubin (one or more fractions), oxalate, pyruvate, serotonin, xylose, zinc - one quantitative estimation.
1792 OP ‡	Acetoacetate, alcohol, aminoacids, ammonia, angiotensin converting enzyme, betahydroxybutyrate, cholinesterase, cystine (cysteine), histamine, hydroxyindoleacetic acid, hydroxyproline, lactate, neonatal bilirubin (one or more fractions), oxalate, pyruvate, serotonin, xylose, zinc - one quantitative estimation.
1795 SP	Two or more estimations specified in item 1791.
1798 OP	Two or more estimations specified in item 1792.
1871 SP	Aluminium , arsenic, beryllium, cadmium, copper, chromium, gold, manganese, mercury, nickel, selenium, strontium - in blood, urine or other body fluid or tissue - one or more estimations within any six month period.
1872 OP	Aluminium , arsenic, beryllium, cadmium, copper, chromium, gold, manganese, mercury, nickel, selenium, strontium - in blood, urine or other body fluid or tissue - one or more estimations within any six month period.
1895 SP	Blood lead estimation, other than for occupational health screening purposes, to a maximum of three estimations in any six month period - each estimation.
1896 OP	Blood lead estimation, other than for occupational health screening purposes, to a maximum of three estimations in any six month period - each estimation.
1959 SP ‡	Porphyryns (one or more fractions), Catecholamines (one or more fractions), Hydroxy Methoxy Mandelic Acid (HMMA), Homovanillic Acid (HVA), Metanephrines, Methoxy Hydroxy Phenylethylene Glycol (MHPG), Phenyl Acetic Acid (PAA) - quantitative including any qualitative estimations - one or more estimations.
1960 OP ‡	Porphyryns (one or more fractions), Catecholamines (one or more fractions), Hydroxy Methoxy Mandelic Acid (HMMA), Homovanillic Acid (HVA), Metanephrines, Methoxy Hydroxy Phenylethylene Glycol (MHPG), Phenyl Acetic Acid (PAA) - quantitative including any qualitative estimations - one or more estimations.
1963 SP	Faecal fat - one or more quantitative estimations within any twenty eight day period.
1964 OP	Faecal fat - one or more quantitative estimations within any twenty eight day period.

DIVISION 2 - CHEMICAL PATHOLOGY
PATHOLOGY

1969 SP	Solid tissue or tissues excluding blood elements- assay of one or two enzymes.
1970 OP	Solid tissue or tissues excluding blood elements- assay of one or two enzymes.
1975 SP	Assay of three to five enzymes as specified in item 1969.
1976 OP	Assay of three to five enzymes as specified in item 1970.
1977 SP	Assay of six or more enzymes as specified in item 1969.
1978 OP	Assay of six or more enzymes as specified in item 1970.
1983 SP	Thyroid function tests, including thyrotrophin (TSH) and at least one or more of the following tests - free thyroxine index, free thyroxine, free T3, total T3, thyroxine binding globulin.
1984 OP	Thyroid function tests, including thyrotrophin (TSH) and at least one or more of the following tests - free thyroxine index, free thyroxine, free T3, total T3, thyroxine binding globulin.
1985 SP	Thyrotrophin releasing hormone (TRH) test, including provision and administration of TRH and all necessary estimations of hormones.
1986 OP	Thyrotrophin releasing hormone (TRH) test, including provision and administration of TRH and all necessary estimations of hormones.
2021 SP ‡	Hormones and hormone binding proteins, quantitative estimation by any method of - ACTH, Aldosterone, Androstenedione, C-peptide, Calcitonin, Cortisol, Cyclic AMP, DHEAS, 11-Deoxycortisol, Dihydrotestosterone, FSH, Gastrin, Glucagon, Growth hormone, Hydroxyprogesterone, Insulin, LH, Oestradiol, Oestriol, Oestrone, Progesterone, Prolactin, PTH, Renin, Sex hormone binding globulin, Somatomedin C(IgF1), free or total Testosterone, TSH (where not requested as part of a thyroid function test), Urine steroid fraction or fractions, Vasoactive intestinal peptide, Vasopressin (anti diuretic hormone) - one estimation.
2024 OP ‡	Hormones and hormone binding proteins, quantitative estimation by any method of - ACTH, Aldosterone, Androstenedione, C-peptide, Calcitonin, Cortisol, Cyclic AMP, DHEAS, 11-Deoxycortisol, Dihydrotestosterone, FSH, Gastrin, Glucagon, Growth hormone, Hydroxyprogesterone, Insulin, LH, Oestradiol, Oestriol, Oestrone, Progesterone, Prolactin, PTH, Renin, Sex hormone binding globulin, Somatomedin C(IgF1), free or total Testosterone, TSH (where not requested as part of a thyroid function test), Urine steroid fraction or fractions, Vasoactive intestinal peptide, Vasopressin (anti diuretic hormone) - one estimation.
2025 SP	Two estimations specified in item 2021.
2026 OP	Two estimations specified in item 2024.
2027 SP	Three estimations specified in item 2021.
2028 OP	Three estimations specified in item 2024.
2029 SP	Four estimations specified in item 2021.
2030 OP	Four estimations specified in item 2024.
2031 SP	Five estimations specified in item 2021.

DIVISION 2 - CHEMICAL PATHOLOGY		PATHOLOGY
2032 OP	Five estimations specified in item 2024.	
2033 SP	Six or more estimations specified in item 2021.	
2034 OP	Six or more estimations specified in item 2024.	
2037 SP	Hormone receptor assay on proven primary breast carcinoma or subsequent lesion in the breast or metastasis from a breast carcinoma - one or more assays.	
2038 OP	Hormone receptor assay on proven primary breast carcinoma or subsequent lesion in the breast or metastasis from a breast carcinoma - one or more assays.	
2039 SP	HDL cholesterol, estimation of, in patients, with serum cholesterol 5.5mmol/l - each estimation to a maximum of four estimations in any twelve month period.	
2040 OP	HDL cholesterol, estimation of, in patients, with serum cholesterol 5.5mmol/l - each estimation to a maximum of four estimations in any twelve month period.	
2043 SP	Glycosylated haemoglobin only when performed in the management of established diabetes - each estimation to a maximum of four estimations in any twelve month period.	
2044 OP	Glycosylated haemoglobin only when performed in the management of established diabetes - each estimation to a maximum of four estimations in any twelve month period.	
DIVISION 3 - MICROBIOLOGY		
2083 SP	Microscopic examination including serial examinations of material other than blood, from one or more sites, obtained directly from a patient and excluding material from cultures - wet film, including differential cell count if performed, examination for dermatophytes or dark ground illumination, or stained preparation or preparations using any relevant stain or stains - one or more examinations.	
2084 OP	Microscopic examination including serial examinations of material other than blood, from one or more sites, obtained directly from a patient and excluding material from cultures - wet film, including differential cell count if performed, examination for dermatophytes or dark ground illumination, or stained preparation or preparations using any relevant stain or stains - one or more examinations.	
2085 SP	Microscopic examination of faeces for parasites using concentration techniques including the use of appropriate stains, to a maximum of three estimations taken on separate days including any services specified in item 2083 - each estimation.	
2086 OP	Microscopic examination of faeces for parasites using concentration techniques including the use of appropriate stains, to a maximum of three estimations taken on separate days including any services specified in item 2084 - each estimation.	
2087 SP ‡	The cultural examination and microscopical examination when indicated (including the detection of antigens not elsewhere specified in the Schedule) to determine the presence of pathogenic micro-organisms, including fungi but excluding viruses, from nasal swabs, throat swabs, eye swabs and ear swabs, including pathogen identification and antibiotic sensitivity testing, including any additional services specified in item 2083 - one or more sites.	
1 MAY 1990		2032 - 2087
		Page 39

2088 OP ‡	The cultural examination and microscopical examination when indicated (including the detection of antigens not elsewhere specified in the Schedule) to determine the presence of pathogenic micro-organisms, including fungi but excluding viruses, from nasal swabs, throat swabs, eye swabs and ear swabs, including pathogen identification and antibiotic sensitivity testing, including any additional services specified in item 2084 - one or more sites.
2089 SP ‡	Microscopical and cultural examination (including the detection of antigens not elsewhere specified in the Schedule) to determine the presence of pathogenic micro-organisms, including fungi but excluding viruses, from the following sites - skin or other superficial sites, urethra, vagina, cervix or rectum (except for faecal pathogens), or specimens of sputum (except when part of item 2119), including pathogenic identification and antibiotic sensitivity testing, including any services specified in items 2083, 2087 - one or more examinations on one or more specimens.
2090 OP ‡	Microscopical and cultural examination (including the detection of antigens not elsewhere specified in the Schedule) to determine the presence of pathogenic micro-organisms, including fungi but excluding viruses, from the following sites - skin or other superficial sites, urethra, vagina, cervix, or rectum (except for faecal pathogens), or specimens of sputum (except when part of item 2120), including pathogenic identification and antibiotic sensitivity testing, including any services specified in items 2084, 2088 - one or more examinations on one or more specimens.
2098 SP ‡	Microscopical and cultural examination (including the detection of antigens not elsewhere specified in the Schedule) of post-operative wounds, aspirations of body cavities, synovial fluid, CSF and operative or biopsy specimens for the presence of pathogenic micro-organisms, including fungi but excluding viruses, involving aerobic and anaerobic culture and the use of different culture media and including pathogen identification and antibiotic sensitivity testing, including any services specified in items 2083, 2087 and 2089 - one or more sites.
2099 OP ‡	Microscopical and cultural examination (including the detection of antigens not elsewhere specified in the Schedule) of post-operative wounds, aspirations of body cavities, synovial fluid, CSF and operative or biopsy specimens for the presence of pathogenic micro-organisms, including fungi but excluding viruses, involving aerobic and anaerobic culture and the use of different culture media and including pathogen identification and antibiotic sensitivity testing, including any services specified in items 2084, 2088 and 2090 - one or more sites.
2117 SP	Cultural examination (including the detection of antigens not elsewhere specified in the Schedule) of faeces to determine the presence or absence of faecal pathogens, involving the use of at least two selective or enrichment media as well as culture in at least two different atmospheres and includes pathogen identification and antibiotic sensitivity testing, including any services specified in item 2083, to a maximum of three specimens in any seven day period - each examination.
2118 OP	Cultural examination (including the detection of antigens not elsewhere specified in the Schedule) of faeces to determine the presence or absence of faecal pathogens, involving the use of at least two selective or enrichment media as well as culture in at least two different atmospheres and includes pathogen identification and antibiotic sensitivity testing, including any services specified in item 2084, to a maximum of three specimens in any seven day period - each examination.
2119 SP	Microscopy with appropriate stains and cultural examinations of three specimens of sputum, urine or other bodily fluids for mycobacteria and any other bacterial pathogens, including pathogen identification and antibiotic sensitivity testing and including any services specified in item 2083.

2120 OP	Microscopy with appropriate stains and cultural examinations of three specimens of sputum, urine or other bodily fluids for mycobacteria and any other bacterial pathogens, including pathogen identification and antibiotic sensitivity testing and including any services specified in item 2084.
2123 SP	Blood culture to determine the presence or absence of pathogenic micro-organisms excluding viruses, including serial cultures and sub-cultures, any relevant cultural methods and any tests necessary to identify any cultured pathogen and necessary antibiotic sensitivity testing - each set of cultures to a maximum of three sets.
2124 OP	Blood culture to determine the presence or absence of pathogenic micro-organisms excluding viruses, including serial cultures and sub-cultures, any relevant cultural methods and any tests necessary to identify any cultured pathogen and necessary antibiotic sensitivity testing - each set of cultures to a maximum of three sets.
2127 SP	Urine examination including serial examination, with cell count, relevant stained preparations, culture, colony count by any method, identification of any cultured pathogens, antibiotic sensitivity testing when necessary, and with any relevant general examination for pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone or bile salts. (Simple culture by dip slide is excluded from this item).
2128 OP	Urine examination including serial examination, with cell count, relevant stained preparations, culture, colony count by any method, identification of any cultured pathogens, antibiotic sensitivity testing when necessary, and with any relevant general examination for pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone or bile salts. (Simple culture by dip slide is excluded from this item).
2129 SP	Direct detection of the antigens of Haemophilus influenzae, Streptococcus pneumoniae, Neisseria meningitidis, Group B streptococcus (in CSF and urine specimens only), RSV, cryptococcal antigens and Varicella Zoster - one or more estimations.
2130 OP	Direct detection of the antigens of Haemophilus influenzae, Streptococcus pneumoniae, Neisseria meningitidis, Group B streptococcus (in CSF and urine specimens only), RSV, cryptococcal antigens and Varicella Zoster - one or more estimations.
2133 SP	Direct detection of Chlamydia from clinical material, not cultures - one or more estimations.
2134 OP	Direct detection of Chlamydia from clinical material, not cultures - one or more estimations.
2135 SP	Direct detection of Herpes simplex from clinical material, not cultures - one or more estimations.
2136 OP	Direct detection of Herpes simplex from clinical material, not cultures - one or more estimations.
2139 SP	Investigation for Herpes simplex virus (one or more types) or Chlamydia trachomatis, in material obtained directly from a patient, by one or more cultural methods, including any services specified in items 2133 and 2135.
2140 OP	Investigation for Herpes simplex virus (one or more types) or Chlamydia trachomatis, in material obtained directly from a patient, by one or more cultural methods, including any services specified in items 2134 and 2136.
2145 SP	Serology including IgG and IgM estimations of Rubella, toxoplasma or CMV when performed during pregnancy - one or more assays.

DIVISION - MICROBIOLOGY		PATHOLOGY
2146 OP	Serology including IgG and IgM estimations of Rubella, toxoplasma or CMV when performed during pregnancy - one or more assays.	
2181 SP	Antibodies to microbial or exogenous antigens not elsewhere specified in the Schedule - estimation of one antibody.	
2182 OP	Antibodies to microbial or exogenous antigens not elsewhere specified in the Schedule - estimation of one antibody.	
2183 SP	Two estimations specified in item 2181.	
2184 OP	Two estimations specified in item 2182.	
2185 SP	Three estimations specified in item 2181.	
2186 OP	Three estimations specified in item 2182.	
2187 SP	Four estimations specified in item 2181.	
2188 OP	Four estimations specified in item 2182.	
2189 SP	Five estimations specified in item 2181.	
2190 OP	Five estimations specified in item 2182.	
2191 SP	Six or more estimations specified in item 2181.	
2192 OP	Six or more estimations specified in item 2182.	
2221 SP	Hepatitis B surface antigen test.	
2222 OP	Hepatitis B surface antigen test.	
2223 SP	Hepatitis B serology to define the immune status of an individual, including at least Hepatitis B surface antibody or Hepatitis B core antibody tests, including services specified in items 2221, 2229 and 2231.	
2224 OP	Hepatitis B serology to define the immune status of an individual, including at least Hepatitis B surface antibody or Hepatitis B core antibody tests, including services specified in items 2222, 2230 and 2232.	
2229 SP ‡	All serological tests performed for the identification of the agent causing acute Hepatitis, which must include Hepatitis B surface antigen, Hepatitis B core antibody and Hepatitis A IgM antibody tests and those services specified in items 2221, 2223 and 2231.	
2230 OP ‡	All serological tests performed for the identification of the agent causing acute Hepatitis, which must include Hepatitis B surface antigen, Hepatitis B core antibody and Hepatitis A IgM antibody tests and those services specified in items 2222, 2224 and 2232.	
2231 SP	All tests performed in the follow up of a patient with proven Hepatitis B, including Hepatitis B surface antigen and either Hepatitis Be antigen or Hepatitis B surface antibody tests, including services specified in items 2221 and 2223.	

2232 OP	All tests performed in the follow up of a patient with proven Hepatitis B, including Hepatitis B surface antigen and either Hepatitis Be antigen or Hepatitis B surface antibody tests, including services specified in items 2222 and 2224.
2235 SP	Antibiotics or anti-microbial chemo-therapeutic agents, concentration in serum, urine or other body fluid, by direct quantitative measurement of the agent - one or more estimations.
2236 OP	Antibiotics or anti-microbial chemo-therapeutic agents, concentration in serum, urine or other body fluid, by direct quantitative measurement of the agent - one or more estimations.
DIVISION 4 - IMMUNOLOGY	
2239 SP	Examination for, and identification of, a paraprotein (not previously identified), the presence of which is suggested by other tests (eg item 1734, 1736 or 2245), on serum, urine or other body fluid, or examination of CSF for oligoclonal proteins by immunoelectrophoresis or immunofixation - one or more procedures.
2240 OP	Examination for, and identification of, a paraprotein (not previously identified), the presence of which is suggested by other tests (eg item 1735, 1737 or 2246), on serum, urine or other body fluid, or examination of CSF for oligoclonal proteins by immunoelectrophoresis or immunofixation - one or more procedures.
2241 SP	Examination for, and identification of, a paraprotein (not previously identified), the presence of which is suggested by other tests (eg item 1734, 1736 or 2245) on serum and urine concurrently collected - two or more procedures.
2242 OP	Examination for, and identification of, a paraprotein (not previously identified), the presence of which is suggested by other tests (eg item 1735, 1737 or 2246) on serum and urine concurrently collected - two or more procedures.
2245 SP	Immunoglobulins G, A, M or D, quantitative estimation in serum, urine or other body fluid, by any method - estimation of one immunoglobulin.
2246 OP	Immunoglobulins G, A, M or D, quantitative estimation in serum, urine or other body fluid, by any method - estimation of one immunoglobulin.
2251 SP	Two estimations specified in item 2245.
2252 OP	Two estimations specified in item 2246.
2253 SP	Three or more estimations specified in item 2245.
2254 OP	Three or more estimations specified in item 2246.
2255 SP	Subclasses of Immunoglobulin G, 1 to 4, estimation where there is a reduced level of clinical significance of either total IgG or IgA - one or more estimation.
2256 OP	Subclasses of Immunoglobulin G, 1 to 4, estimation where there is a reduced level of clinical significance of either total IgG or IgA - one or more estimation.
2257 SP	Immunoglobulin E (total), quantitative estimation by any method or methods, with a maximum of two estimations in any twelve month period.
2258 OP	Immunoglobulin E (total), quantitative estimation by any method or methods, with a maximum of two estimations in any twelve month period.

DIVISION 4 - IMMUNOLOGY		PATHOLOGY
2259 SP	Specific IgG or IgE antibodies to potential allergens - one or more tests for single or multiple allergens with a maximum of four estimations in any twelve month period.	
2260 OP	Specific IgG or IgE antibodies to potential allergens - one or more tests for single or multiple allergens with a maximum of four estimations in any twelve month period.	
2261 SP ‡	Antinuclear antibodies, detection in serum or other body fluids, including quantitation if required.	
2262 OP ‡	Antinuclear antibodies, detection in serum or other body fluids, including quantitation if required.	
2263 SP ‡	Measurement of DNA binding (by Farr or equivalent assay, but excluding the Crithidia method), performed only where a positive antinuclear antibody titre of 1 in 40 or greater has been obtained.	
2266 OP ‡	Measurement of DNA binding (by Farr or equivalent assay, but excluding the Crithidia method), performed only where a positive antinuclear antibody titre of 1 in 40 or greater has been obtained.	
2267 SP	Antibodies to extractable nuclear antigens, detection of in serum or other body fluids.	
2268 OP	Antibodies to extractable nuclear antigens, detection of in serum or other body fluids.	
2269 SP	Characterization of antibodies to extractable nuclear antigens, performed only where a positive result is obtained including services specified in item 2267.	
2270 OP	Characterization of antibodies to extractable nuclear antigens, performed only where a positive result is obtained including services specified in item 2268.	
2271 SP	Antibodies to tissue antigens which are not elsewhere specified in an item in the Schedule - estimation of one antibody.	
2274 OP	Antibodies to tissue antigens which are not elsewhere specified in an item in the Schedule - estimation of one antibody.	
2275 SP	Two estimations specified in item 2271.	
2276 OP	Two estimations specified in item 2274.	
2277 SP	Three estimations specified in item 2271.	
2278 OP	Three estimations specified in item 2274.	
2279 SP	Four or more estimations specified in item 2271.	
2280 OP	Four or more estimations specified in item 2274.	
2281 SP	Rheumatoid factor, detection of by any technique.	
2282 OP	Rheumatoid factor, detection of by any technique.	
2283 SP	Quantitation of Rheumatoid factor where detected, including services specified in item 2281.	
2284 OP	Quantitation of Rheumatoid factor where detected, including services specified in item 2282.	
1 MAY 1990		Page 44

DIVISION 4 - IMMUNOLOGY

PATHOLOGY

2289 SP	Complement - total and components - one quantitative estimation.
2290 OP	Complement - total and components - one quantitative estimation.
2291 SP	Two estimations as specified in item 2289.
2292 OP	Two estimations as specified in item 2290.
2293 SP	Three or more estimations as specified in item 2289.
2312 OP	Three or more estimations as specified in item 2290.
2313 SP	Leucocyte fractionation as a preliminary to leucocyte marker or leucocyte function tests.
2314 OP	Leucocyte fractionation as a preliminary to leucocyte marker or leucocyte function tests.
2315 SP	Functional tests for leucocytes, including use of all appropriate techniques (except E. rosette technique or similar) and any test specified in the HAEMATOLOGY DIVISION of the Schedule.
2316 OP	Functional tests for leucocytes, including use of all appropriate techniques (except E. rosette technique or similar) and any test specified in the HAEMATOLOGY DIVISION of the Schedule.
2317 SP	Leucocyte surface marker characterization by immunofluorescence or immunoenzyme techniques to assess lymphoid populations using a minimum of three monoclonal antibodies, including any services in item 2319 - one or more estimations.
2318 OP	Leucocyte surface marker characterization by immunofluorescence or immunoenzyme techniques- to assess lymphoid populations using a minimum of three monoclonal antibodies, including any services in item 2320 - one or more estimations.
2319 SP	Leucocyte surface marker characterization by immunofluorescence or immunoenzyme techniques in the investigation of a probable haematological malignancy using a minimum of seven monoclonal antibodies, including any services in item 2317 - one or more estimations.
2320 OP	Leucocyte surface marker characterization by immunofluorescence or immunoenzyme techniques in the investigation of a probable haematological malignancy using a minimum of seven monoclonal antibodies, including any services in item 2318 - one or more estimations.
2321 SP	HLA typing comprising A, B, C and DR phenotypes.
2322 OP	HLA typing comprising A, B, C and DR phenotypes.
2323 SP	HLA typing, excluding any services specified in item 2321 - one or more antigens.
2324 OP	HLA typing, excluding any services specified in item 2322 - one or more antigens.
2325 SP	Mantoux test.
2326 OP	Mantoux test.

DIVISION 5 - HISTOPATHOLOGY**PATHOLOGY**

DIVISION 5 - HISTOPATHOLOGY	
2327 SP	Histopathology examination of biopsy material including all tissue processing, staining and professional opinion or opinions.
2328 OP	Histopathology examination of biopsy material including all tissue processing, staining and professional opinion or opinions.
2329 SP	Immediate frozen section diagnosis of biopsy material, including any other histopathology examination.
2330 OP	Immediate frozen section diagnosis of biopsy material, including any other histopathology examination.
2331 SP	Immunohistochemical investigation of biopsy material by one or more of immunofluorescent, immunoperoxidase or other labelled antibody techniques including any other histopathology examination.
2332 OP	Immunohistochemical investigation of biopsy material by one or more of immunofluorescent, immunoperoxidase or other labelled antibody techniques including any other histopathology examination.
2333 SP	Electron microscopy of biopsy material including any other histopathology examination.
2337 OP	Electron microscopy of biopsy material including any other histopathology examination.
DIVISION 6 - CYTOLOPATHOLOGY	
2338 SP	Cytological examination of smears from cervix or vagina for detection of pre-cancerous or cancerous changes - one or more examinations.
2339 OP	Cytological examination of smears from cervix or vagina for detection of pre-cancerous or cancerous changes - one or more examinations.
2340 SP	Cytological examination including serial examinations of smears from skin, nipple discharge, lip, mouth, nose or anus for detection of pre-cancerous or cancerous changes - one or more examinations.
2341 OP	Cytological examination including serial examinations of smears from skin, nipple discharge, lip, mouth, nose or anus for detection of pre-cancerous or cancerous changes - one or more examinations.
2343 SP ‡	Cytological examination including serial examinations for malignant cells of body fluids, sputum (single specimen), urine (single specimen), washings or brushings not specified in item 2340 and any histopathological service performed on that cytology specimen - one or more examinations.
2344 OP ‡	Cytological examination including serial examinations for malignant cells of body fluids, sputum (single specimen), urine (single specimen), washings or brushings not specified in item 2341 and any histopathological service performed on that cytology specimen - one or more examinations.
2348 SP	Cytological examination including examination of a series of three sputum or urine specimens for malignant cells.
2349 OP	Cytological examination including examination of a series of three sputum or urine specimens for malignant cells.

DIVISION 6 - CYTOPATHOLOGY		PATHOLOGY
2350 SP	Cytological examination of material obtained from a patient by fine needle aspiration of solid tissue or tissues.	
2351 OP	Cytological examination of material obtained from a patient by fine needle aspiration of solid tissue or tissues.	
2355 SP	Cytological examination of material obtained from a patient by fine needle aspiration of solid tissue or tissues where the aspiration is performed by a recognised pathologist; or where a recognised pathologist attends the aspiration and performs cytological examination during the attendance.	
2356 OP	Cytological examination of material obtained from a patient by fine needle aspiration of solid tissue or tissues where the aspiration is performed by a recognised pathologist; or where a recognised pathologist attends the aspiration and performs cytological examination during the attendance.	
DIVISION 7 - CYTOGENETICS		
2360 SP	Chromosome studies, including preparation, count and karyotyping of one or more of amniotic fluid, bone marrow, skin and any other tissue or fluid excluding blood - one or more estimations.	
2361 OP	Chromosome studies, including preparation, count and karyotyping of one or more of amniotic fluid, bone marrow, skin and any other tissue or fluid excluding blood - one or more estimations.	
2363 SP	Chromosome studies, including preparation, count and karyotyping of blood.	
2364 OP	Chromosome studies, including preparation, count and karyotyping of blood.	
2365 SP	Chromosome identification by banding techniques (using fluorescein, Giemsa, or centromere staining or high resolution analysis); or by fragile X-site determination - one or more identifications.	
2366 OP	Chromosome identification by banding techniques (using fluorescein, Giemsa, or centromere staining or high resolution analysis); or by fragile X-site determination - one or more identifications.	
DIVISION 8 - INFERTILITY AND PREGNANCY TESTS		
2370 SP	Semen examination for presence of spermatozoa or examination of cervical mucus for spermatozoa (Huhner's test).	
2371 OP	Semen examination for presence of spermatozoa or examination of cervical mucus for spermatozoa (Huhner's test).	
2372 SP	Semen examination, involving measurement of volume, sperm count, motility, examination of stained preparations, morphology, and, if performed, differential count and one or more chemical tests, with a maximum of four examinations in any twelve month period.	
2373 OP	Semen examination, involving measurement of volume, sperm count, motility, examination of stained preparations, morphology, and, if performed, differential count and one or more chemical tests, with a maximum of four examinations in any twelve month period.	
2377 SP	Sperm antibodies, sperm penetrating ability - one or more tests.	
2378 OP	Sperm antibodies, sperm penetrating ability - one or more tests.	
1 MAY 1990		2350 - 2378
		Page 47

DIVISION 8 -INFERTILITY AND PREGNANCY TESTS**PATHOLOGY**

2379 SP	Chorionic gonadotrophin (beta - HCG), qualitative estimation in serum or urine by one or more methods, including serial dilution if performed, for diagnosis of pregnancy - one or more estimations.
2380 OP	Chorionic gonadotrophin (beta - HCG), qualitative estimation in serum or urine by one or more methods, including serial dilution if performed, for diagnosis of pregnancy - one or more estimations.
2384 SP	Chorionic gonadotrophin (beta-HCG), qualitative (if performed) and quantitative estimation in serum by one or more methods for diagnosis of hydatidiform mole, HCG - secreting neoplasm, threatened abortion or follow-up of abortion.
2385 OP	Chorionic gonadotrophin (beta-HCG), qualitative (if performed) and quantitative estimation in serum by one or more methods for diagnosis of hydatidiform mole, HCG - secreting neoplasm, threatened abortion or follow-up of abortion.
	DIVISION 9 - SIMPLE BASIC PATHOLOGY TESTS
2387	Seminal examination for presence of spermatozoa
2389	Blood count consisting of leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count) or any or all of haemoglobin estimation, haematocrit estimation or erythrocyte count - one procedure.
2390	Two procedures specified in item 2389.
2391	Three or more procedures specified in item 2389.
2393	Microscopical examination of urine.
2394	Pregnancy test by one or more immunochemical methods.
2395	Microscopical examination of wet film other than urine.
2396	Microscopical examination of gram stained film.
2397	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method.
2398	Microscopical examination screening for fungi in skin, hair or nails - one or more sites.
2399	Mantoux test.

**Medicare Benefits for Pathology Services
Showing Item Numbers, Schedule Fees and
Medicare Benefit Levels as at 1 May 1990**

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% \$
1163	7.35	6.25	5.55	1531	31.50	26.80	23.65
1164	5.55	4.75	4.20	1532	23.65	20.15	17.75
1168	10.00	8.50	7.50	1533	100.00	85.00	75.00
1169	7.50	6.40	5.65	1534	75.00	63.75	56.25
1170	13.20	11.25	9.90	1535	63.00	53.55	47.25
1171	9.90	8.45	7.45	1538	47.25	40.20	35.45
1172	23.00	19.55	17.25	1539	42.00	35.70	31.50
1173	17.25	14.70	12.95	1540	31.50	26.80	23.65
1176	30.50	25.95	22.90	1541	42.00	35.70	31.50
1177	22.90	19.50	17.20	1542	31.50	26.80	23.65
1179	47.50	40.40	35.65	1543	63.00	53.55	47.25
1180	35.65	30.35	26.75	1544	47.25	40.20	35.45
1181	146.00	126.00	109.50	1550	79.00	67.15	59.25
1182	109.50	93.10	82.15	1551	59.25	50.40	44.45
1183	106.00	90.10	79.50	1558	13.20	11.25	9.90
1184	79.50	67.60	59.65	1559	9.90	8.45	7.45
1187	12.80	10.90	9.60	1560	16.00	13.60	12.00
1188	9.60	8.20	7.20	1561	12.00	10.20	9.00
1192	25.50	21.70	19.15	1562	18.60	15.85	13.95
1193	19.15	16.30	14.40	1563	13.95	11.90	10.50
1196	47.50	40.40	35.65	1564	21.00	17.85	15.75
1197	35.65	30.35	26.75	1565	15.75	13.40	11.85
1198	116.00	98.60	87.00	1569	23.50	20.00	17.65
1199	87.00	73.95	65.25	1570	17.65	15.05	13.25
1417	21.00	17.85	15.75	1571	26.50	22.55	19.90
1418	15.75	13.40	11.85	1572	19.90	16.95	14.95
1419	11.60	9.90	8.70	1575	12.60	10.75	9.45
1420	8.70	7.40	6.55	1576	9.45	8.05	7.10
1521	16.00	13.60	12.00	1577	8.40	7.15	6.30
1522	12.00	10.20	9.00	1578	6.30	5.40	4.75
1523	21.00	17.85	15.75	1579	16.00	13.60	12.00
1524	15.75	13.40	11.85	1580	12.00	10.20	9.00
1525	26.50	22.55	19.90	1581	36.50	31.05	27.40
1526	19.90	16.95	14.95	1582	27.40	23.30	20.55
1527	31.50	26.80	23.65	1583	31.50	26.80	23.65
1528	23.65	20.15	17.75	1584	23.65	20.15	17.75

Medicare Benefits for Pathology Services
Showing Item Numbers, Schedule Fees and
Medicare Benefit Levels as at 1 May 1990

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% \$
1590	43.00	36.55	32.25	1791	31.50	26.80	23.65
1591	32.25	27.45	24.20	1792	23.65	20.15	17.75
1592	53.00	45.05	39.75	1795	49.50	42.10	37.15
1593	39.75	33.80	29.85	1798	37.15	31.60	27.90
1595	39.00	33.15	29.25	1871	44.50	37.85	33.40
1596	29.25	24.90	21.95	1872	33.40	28.40	25.05
1598	53.00	45.05	39.75	1895	39.00	33.15	29.25
1599	39.75	33.80	29.85	1896	29.25	24.90	21.95
1627	26.50	22.55	19.90	1959	51.00	43.35	38.25
1628	19.90	16.95	14.95	1960	38.25	32.55	28.70
1712	26.50	22.55	19.90	1963	51.00	43.35	38.25
1713	19.90	16.95	14.95	1964	38.25	32.55	28.70
1714	36.50	31.05	27.40	1969	51.00	43.35	38.25
1715	27.40	23.30	20.55	1970	38.25	32.55	28.70
1716	47.50	40.40	35.65	1975	95.00	80.75	71.25
1717	35.65	30.35	26.75	1976	71.25	60.60	53.45
1726	42.00	35.70	31.50	1977	126.00	107.10	94.50
1727	31.50	26.80	23.65	1978	94.50	80.35	70.90
1734	39.00	33.15	29.25	1983	53.00	45.05	39.75
1735	29.25	24.90	21.95	1984	39.75	33.80	29.85
1736	58.00	49.30	43.50	1985	63.00	53.55	47.25
1737	43.50	37.00	32.65	1986	47.25	40.20	35.45
1738	25.50	21.70	19.15	2021	36.50	31.05	27.40
1739	19.15	16.30	14.40	2024	27.40	23.30	20.55
1740	47.50	40.40	35.65	2025	58.00	49.30	43.50
1741	35.65	30.35	26.75	2026	43.50	37.00	32.65
1752	50.00	42.50	37.50	2027	73.00	62.05	54.75
1753	37.50	31.90	28.15	2028	54.75	46.55	41.10
1768	31.50	26.80	23.65	2029	89.00	75.65	66.75
1769	23.65	20.15	17.75	2030	66.75	56.75	50.10
1770	57.50	48.90	43.15	2031	100.00	85.00	75.00
1771	43.00	36.55	32.25	2032	75.00	63.75	56.25
1780	39.00	33.15	29.25	2033	112.00	95.20	84.00
1783	29.25	24.90	21.95	2034	84.00	71.40	63.00
1786	39.00	33.15	29.25	2037	102.00	86.70	76.50
1787	29.25	24.90	21.95	2038	76.50	65.05	57.40

**Medicare Benefits for Pathology Services
Showing Item Numbers, Schedule Fees and
Medicare Benefit Levels as at 1 May 1990**

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% \$
2039	16.00	13.60	12.00	2185	36.50	31.05	27.40
2040	12.00	10.20	9.00	2186	27.40	23.30	20.55
2043	21.50	18.30	16.15	2187	46.00	39.10	34.50
2044	16.15	13.75	12.15	2188	34.50	29.35	25.90
2083	9.50	8.10	7.15	2189	56.00	47.60	42.00
2084	7.15	6.10	5.40	2190	42.00	35.70	31.50
2085	16.00	13.60	12.00	2191	65.00	55.25	48.75
2086	12.00	10.20	9.00	2192	48.75	41.45	36.60
2087	25.00	21.25	18.75	2221	17.80	15.15	13.35
2088	18.75	15.95	14.10	2222	13.35	11.35	10.05
2089	36.50	31.05	27.40	2223	24.00	20.40	18.00
2090	27.40	23.30	20.55	2224	18.00	15.30	13.50
2098	49.50	42.10	37.15	2229	47.50	40.40	35.65
2099	37.15	31.60	27.90	2230	35.65	30.35	26.75
2117	60.00	51.00	45.00	2231	34.50	29.35	25.90
2118	45.00	38.25	33.75	2232	25.90	22.05	19.45
2119	84.00	71.40	63.00	2235	31.50	26.80	23.65
2120	63.00	53.55	47.25	2236	23.65	20.15	17.75
2123	22.00	18.70	16.50	2239	39.00	33.15	29.25
2124	16.50	14.05	12.40	2240	29.25	24.90	21.95
2127	26.50	22.55	19.90	2241	58.00	49.30	43.50
2128	19.90	16.95	14.95	2242	43.50	37.00	32.65
2129	21.00	17.85	15.75	2245	19.00	16.15	14.25
2130	15.75	13.40	11.85	2246	14.25	12.15	10.70
2133	12.60	10.75	9.45	2251	29.50	25.10	22.15
2134	9.45	8.05	7.10	2252	22.15	18.85	16.65
2135	12.60	10.75	9.45	2253	40.00	34.00	30.00
2136	9.45	8.05	7.10	2254	30.00	25.50	22.50
2139	36.50	31.05	27.40	2255	58.00	49.30	43.50
2140	27.40	23.30	20.55	2256	43.50	37.00	32.65
2145	17.80	15.15	13.35	2257	33.50	28.50	25.15
2146	13.35	11.35	10.05	2258	25.19	21.45	18.90
2181	17.80	15.15	13.35	2259	30.50	25.95	22.90
2182	13.35	11.35	10.05	2260	22.90	19.50	17.20
2183	27.50	23.40	20.65	2261	31.50	26.80	23.65
2184	20.65	17.60	15.50	2262	23.65	20.15	17.75

Medicare Benefits for Pathology Services
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
2263	38.50	32.75	28.90	2325	12.60	10.75	9.45
2266	28.85	24.55	21.65	2326	9.45	8.05	7.10
2267	26.50	22.55	19.90	2327	89.00	75.65	66.75
2268	19.90	16.95	14.95	2328	66.75	56.75	50.10
2269	42.00	35.70	31.50	2329	166.00	146.00	124.50
2270	31.50	26.80	23.65	2330	124.50	105.85	93.40
2271	31.50	26.80	23.65	2331	126.00	107.10	94.50
2274	23.65	20.15	17.75	2332	94.50	80.35	70.90
2275	36.50	31.05	27.40	2333	134.00	114.00	100.50
2276	27.40	23.30	20.55	2337	100.50	85.45	75.40
2277	42.00	35.70	31.50	2338	19.40	16.50	14.55
2278	31.50	26.80	23.65	2339	14.55	12.40	10.95
2279	47.50	40.40	35.65	2340	19.40	16.50	14.55
2280	35.65	30.35	26.75	2341	14.55	12.40	10.95
2281	12.60	10.75	9.45	2343	38.00	32.30	28.50
2282	9.45	8.05	7.10	2344	28.50	24.25	21.40
2283	25.00	21.25	18.75	2348	79.00	67.15	59.25
2284	18.75	15.95	14.10	2349	59.25	50.40	44.45
2289	21.00	17.85	15.75	2350	47.50	40.40	35.65
2290	15.75	13.40	11.85	2351	35.65	30.35	26.75
2291	31.50	26.80	23.65	2355	89.00	75.65	66.75
2292	23.65	20.15	17.75	2356	66.75	56.75	50.10
2293	42.00	35.70	31.50	2360	172.00	152.00	129.00
2312	31.50	26.80	23.65	2361	129.00	109.65	96.75
2313	39.00	33.15	29.25	2363	156.00	136.00	117.00
2314	29.25	24.90	21.95	2364	117.00	99.45	87.75
2315	66.00	56.10	49.50	2365	134.00	114.00	100.50
2316	49.50	42.10	37.15	2366	100.50	85.45	75.40
2317	84.00	71.40	63.00	2370	8.80	7.50	6.60
2318	63.00	53.55	47.25	2371	6.60	5.65	4.95
2319	200.00	180.00	150.00	2372	36.50	31.05	27.40
2320	150.00	130.00	112.50	2373	27.40	23.30	20.55
2321	89.00	75.65	66.75	2377	23.50	20.00	17.65
2322	66.75	56.75	50.10	2378	17.65	15.05	13.25
2323	36.50	31.05	27.40	2379	12.80	10.90	9.60
2324	27.40	23.30	20.55	2380	9.60	8.20	7.20

Medicare Benefits for Pathology Services
 Showing Item Numbers, Schedule Fees and
 Medicare Benefit Levels as at 1 May 1990

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% \$
2384	36.50	31.05	27.40				
2385	27.40	23.30	20.55				
2387	5.85	5.00	4.40				
2389	3.90	3.35	2.95				
2390	5.85	5.00	4.40				
2391	7.80	6.65	5.85				
2393	3.90	3.35	2.95				
2394	9.60	8.20	7.20				
2395	5.85	5.00	4.40				
2396	7.40	6.30	5.55				
2397	1.95	1.70	1.50				
2398	5.85	5.00	4.40				
2399	9.60	8.20	7.20				

PY INDEX

PY.1 The following is a list of pathology services, approved abbreviations and item numbers. Simple Basic Pathology Tests - Division 9 are listed separately at the end of the INDEX.

A

Abnormal haemaoglobins	AH	1419,1420
Acetoacetate	ACAT	1791,1792
Acetylated Sulphadimidine	ASUL	1712,1713
Adrenocorticotrophic hormone	ACTH	2021,2024
Alanine Aminotransferase	ALT	1558,1559
Albumin	ALB	1558,1559
Alcohol (Ethanol)	ETOH	1791,1792
Aldosterone	ALDS	2021,2024
Alkaline Phosphatase	ALP	1558,1559
Alkaline Phosphatase Isoenzymes	ALPI	1734,1735
Alpha fetoprotein	AFP	1738,1739
Alpha-1 antitrypsin	AAT	1738,1739
Alpha-2 macroglobulin	AMAC	1738,1739
Aluminium	AL	1871,1872
Amiodarone	AMIO	1712,1713
Amitriptyline	AMIT	1712,1713
Ammonia	NH3	1791,1792
Amniotic Fluid Examination	AFE	1726,1727
Amylase	AMS	1558,1559
Amylobarb	AMYL	1712,1713
Androstenedione	ANDR	2021,2024
Angiotensin converting enzyme	ACE	1791,1792
Antibiotic and antimicrobial chemotherapeutic agents, quantitative assay	QAA	2235,2236
Antibodies to Extractable Nuclear Antigens - detection	ENA	2267,2268
Antibodies to Extractable Nuclear Antigens - characterization of antibodies if positive ENA	ENAP	2269,2270
Antibodies to Nuclear Antigens - detection	ANA	2261,2262
Antibodies to Nuclear Antigens - quantitation and measurement of DNA Binding if positive ANA	ANAP	2263,2266
Antibodies to Tissue Antigens:		
Acetylcholine Receptor	ARA	2271,2274
Adrenal cell	ADR	2271,2274
Cardiolipin	ACL	2271,2274
Centromere	ACA	2271,2274
Gliad in IgA	GLIA	2271,2274
Gastric parietal cell	PCA	2271,2274
Glomerular basement membrane	GBA	2271,2274
Insulin Receptor Antibodies	INSA	2271,2274
Intercellular cement substance of skin	ICCS	2271,2274
Jo-1	JOI	2271,2274
Keratin	KERA	2271,2274
Liver/Kidney microsomes	LKA	2271,2274
Mitochondria	MA	2271,2274
Parathyroid	PTHA	2271,2274
PM-1	PMI	2271,2274
Reticulin	RCA	2271,2274
Skeletal Muscle	SLA	2271,2274

Skin basement membrane	SKA	2271,2274
Smooth Muscle	SMA	2271,2274
SCL 70	SCL	2271,2274
Thyroid Microsomal	TMA	2271,2274
TSH Receptor Antibody test	TSHA	2271,2274
Antibody Testing Microbial (see Microbial Antibody Testing)		
Antithrombin III	ATH	1531,1532
Arsenic	AS	1871,1872
Aspartate Aminotransferase	AST	1558,1559
AFB Microscopy and culture of Sputum	AFB	2119,2120

B

Barbitone	BARB	1712,1713
Beryllium	BE	1871,1872
Beta Hydroxybutyrate	BHYB	1791,1792
Beta-2 microglobulin	BMIC	1738,1739
Bicarbonate	HCO3	1558,1559
Bilirubin (all fractions)	BILI	1558,1559
Bilirubin (Neonatal)	BILN	1791,1792
Bleeding Time	BT	1521,1522
Blood Culture	BC	2123,2124
Blood Film	BF	1170,1171
Blood Gases	GAS	1590,1593
Blood Group and blood group antibodies	BGAB	1196,1197
Blood Group Antibodies	BGA	1417,1418
Blood Group Systems	BGS	1192,1193
Blood Grouping-ABO and RH (D antigen)	BG	1187,1188
Bone Marrow Examination - Aspirate	BMEA	1183,1184
Bone Marrow Examination - Trepphine	BMET	1181,1182
Bromide	BRMD	1712,1713
Butobarb	BUTO	1712,1713

C

C-reactive protein	CRP	1163,1164
C-Peptide	CPEP	2021,2024
C-1 esterase inhibitor	CEI	1738,1739
Cadmium	CD	1871,1872
Caeruloplasmin	CPLS	1738,1739
Calcitonin	CALT	2021,2024
Calcium (total,dialysed or ionized)	CA	1558,1559
Calculus Analysis	CALC	1595,1596
Carbamazepine (Tegretol)	CARB	1712,1713
Carboxyhaemoglobin	COHB	1419,1420
Carcinoembryonic antigen	CEA	1738,1739
Catecholamines	CAT	1959,1960
Chlamydia Investigation by Cultural Methods	CHLC	2139,2140
Chloral Hydrate	CHHY	1712,1713
Chlorazepate	CHZP	1712,1713
Chloride	CL	1558,1559
Chloroquine	CLOQ	1712,1713
Chlorpromazine	CHLO	1712,1713
Cholesterol	CHOL	1558,1559
Cholinesterase	CHSE	1791,1792
Chorionic gonadotrophin for diagnosis	HCGD	2384,2385

of specified conditions		
Chorionic gonadotrophin for pregnancy diagnosis	HCG	2379,2380
Chromium	CR	1871,1872
Chromosome identification by banding techniques	CSI	2365,2366
Chromosome studies	CS	2360,2361
Chromosome studies of blood	CSB	2363,2364
Cimetidine	CMTD	1712,1713
Clobazam	CLOB	1712,1713
Clonazepam (Rivotril)	CLON	1712,1713
Coagulation factors (see individual factors)		
Coagulation Time	CT	1521,1522
Cold Agglutinins	CAG	1419,1420
Compatibility testing	XMAT	1198,1199
Complement Total, C3 or C4	COM	2289,2290
Other complements must be specified		
Copper	CU	1871,1872
Cortisol	CORT	2021,2024
Creatine Kinase	CK	1558,1559
Creatine Kinase Isoenzymes	CKI	1558,1559
Creatine Kinase Isoenzymes (electrophoresis)	CKIE	1734,1735
Creatinine	C	1558,1559
Cryofibrinogen	CFIB	1575,1576
Cryoglobulins	CGLB	1575,1576
Cryptococcal antigen	CRYN	2129,2130
Cultural Examination of Faeces	FCS	2117,2118
Cyclic AMP	CAMP	2021,2024
Cyclosporin A	CLSA	1712,1713
Cysteine (see Urine Cystine)	UCYS	1575,1576
Cystine (cysteine)	CYST	1791,1792
Cytology from body fluids, sputum (1 specimen), urine, washings or brushings	BFCY	2343,2344
Cytology from cervix or vagina	CXCY	2338,2339
Cytology from fine needle aspiration of solid tissues	FNCY	2350,2351
Cytology from fine needle aspiration of solid tissues-aspiration or attendance by pathologist	FNCP	2355,2356
Cytology from skin, nipple discharge, lip, mouth, nose or anus	SMCY	2340,2341
Cytology from 3 sputum or urine specimens	SPCY	2348,2349
CA-125 antigen	C125	1738,1739
CA-15.3 antigen	CA15	1738,1739
CA-19.9 antigen	CA19	1738,1739
CSF antigens - Haemophilus influenzae, streptococcus pneumoniae, Neisseria meningitidis, Group B streptococcus	CSFA	2129,2130

D

D-dimer test	DD	1521,1522
Dehydroepiandrosterone sulphate	DHEA	2021,2024
11 Deoxycortisol	DCOR	2021,2024
Desethyl Amiodarone	DEAM	1712,1713
Desipramine	DESI	1712,1713
Dexamethasone Suppression test	DEXA	2021,2024
Diazepam	DIAZ	1712,1713
Differential Cell Count	DIFF	1170,1171
Digoxin	DIG	1712,1713
Dihydrotestosterone	DHTS	2021,2024

Diphenylhydantion (Dilantin)	DIL	1712,1713
Direct Coombs test	CMBS	1419,1420
Disopyramide (Rythmodan)	DISO	1712,1713
Doxepin	DOXE	1712,1713
Drug abuse treatment programme	DRGA	1627,1628
Drug assay therapeutic (see individual drugs). Therapeutic drugs not listed must be written in full.		
Drug or Chemical Assays - Overdose	DRGO	1598,1599

E

Electron microscopy of biopsy material	EM	2333,2337
Electrophoresis		
To demonstrate protein classes or presence and amount of paraprotein classes	EPP1	1734,1735
To demonstrate protein classes or presence and amount of paraprotein classes concurrent collection	EPP2	1736,1737
Elements (see individual elements)		
Enzyme assays of solid tissue or tissues	ENZS	1969,1970
Erythrocyte Count	RCC	1163,1164
Erythrocyte assessment of Haemolysis	ERYH	1176,1177
Erythrocyte assessment of Metabolic Enzymes	ERYM	1176,1177
Erythrocyte Sedimentation Rate	ESR	1163,1164
Ethosuximide (Zarontin)	ETHO	1712,1713
Euglobulin clot lysis time	ECLT	1531,1532

F

Factor II	FII	1541,1542
Factor V	FV	1541,1542
Factor VII	FVII	1541,1542
Factor VIII	VIII	1541,1542
Factor IX	FIX	1541,1542
Factor X	FX	1541,1542
Factor XI	FXI	1541,1542
Factor XII	FXII	1541,1542
Factor XIII	XIII	1541,1542
Factor XIII deficiency test	F13D	1521,1522
Faecal Fat	FFAT	1963,1964
Faecal Haemoglobin (chemical test)	FHC	1577,1578
Faecal Haemoglobin (immunological test)	FHI	1579,1580
Faecal Porphyrins (qualitative test)	FPR	1577,1578
Faecal Reducing Substances	FRS	1577,1578
Ferritin (see also Iron Studies)	FERR	1738,1739
Fibrin Monomer	FM	1521,1522
Fibrinogen	FIB	1521,1522
Fibrinogen Degradation Products	FDP	1521,1522
Fitzgerald Factor	FGF	1541,1542
Flecainide	FLEC	1712,1713
Fletcher Factor	FF	1541,1542
Follicular Stimulating Hormone	FSH	2021,2024
Fructosamine	FRUC	1558,1559
Full Blood Examination	FBE	1172,1173

G

Gamma Glutamyl Transpeptidase	GGT	1558,1559
Gastrin	GAST	2021,2024
Globulin	GLOB	1558,1559
Glucagon	GLGO	2021,2024
Glucose	GLUC	1558,1559
Glucose Tolerance Test	GTT	1558,1559
Glycosylated Haemoglobin (Hb Alc)	GHB	2043,2044
Gold	AU	1871,1872
Growth Hormone	GH	2021,2024

H

Haemoglobin Estimation	HB	1163,1164
Haemoglobinopathy tests	HMGP	1179,1180
Haptoglobins	HGLB	1738,1739
Heparin Cofactor II	HRNC	1531,1532
Heparin Estimation	HEPR	1539,1540
Hepatitis Serology		
Acute hepatitis	HEP	2229,2230
Follow-up of proven Hepatitis B	HEPB	2231,2232
Hepatitis B surface Antigen HBsAg	HBSA	2221,2222
Hepatitis B Serology to define immune status	HEPI	2223,2224
Herpes Simplex Virus Investigation	HSVC	2139,2140
by Cultural Methods	HSVC	2139,2140
Heterophile Antibodies	IM	1419,1420
Histamine	HIAM	1791,1792
Histopathology of biopsy material	HIST	2327,2328
Homovanillic acid	HVA	1959,1960
Hormone Receptor Assay	HRA	2037,2038
Hormones:		
Adrenocorticotrophic hormone	ACTH	2021,2024
Aldosterone	ALDS	2021,2024
Androstenedione	ANDR	2021,2024
C-Peptide	CPEP	2021,2024
Calcitonin	CALT	2021,2024
Cortisol	CORT	2021,2024
Cyclic AMP	CAMP	2021,2024
Dehydroepiandrosterone sulphate	DHEA	2021,2024
Dihydrotestosterone	DHTS	2021,2024
Follicular Stimulating Hormone	FSH	2021,2024
Gastrin	GAST	2021,2024
Glucagon	GLGO	2021,2024
Growth Hormone	GH	2021,2024
Hormone Receptor Assay	HRA	2037,2038
Hydroxyprogesterone	OHP	2021,2024
Insulin	INS	2021,2024
Luteinizing Hormone	LH	2021,2024
Oestradiol	E2	2021,2024
Oestriol	E3	2021,2024
Oestrone	E1	2021,2024
Parathyroid Hormone	PTH	2021,2024
Progesterone	PROG	2021,2024
Prolactin	PROL	2021,2024
Renin	REN	2021,2024
Sex Hormone Binding globulin	SHBG	2021,2024
Somatomedin	SOMA	2021,2024

Testosterone	TES	2021,2024
Thyroid stimulating hormone (where not requested as part of TFTs)-	TSH	2021,2024
Urine Steroid Fraction or Fractions	USF	2021,2024
Vasoactive Intestinal Peptide	VIP	2021,2024
Vasopressin	ADH	2021,2024
11 Deoxycortisol	DCOR	2021,2024
Huhner's test	HT	2370,2371
Hydroxproline	HYDP	1791,1792
Hydroxy Methoxy Mandelic acid (previously known as VMA)	HMMA	1959,1960
Hydroxychloriquine	HOCQ	1712,1713
Hydroxyindoleacetic acid	HIAA	1791,1792
Hydroxyprogesterone	OHP	2021,2024
HDL Cholesterol	HDLC	2039,2040
HIAA (Hydroxyindoleacetic acid)	HIAA	1791,1792
HLA Typing, one or more antigens	HLAN	2323,2324
HLA Typing,comprimising A,B,C and DR phenotypes	HLA	2321,2322
HMMA (Hydroxy Methoxy Mandelic acid - previously known as VMA)	HMMA	1959,1960
HVA (Homovanillic acid)	HVA	1959,1960

I

Imipramine	IMIP	1712,1713
Immediate frozen section diagnosis of biopsy material	FS	2329,2330
Immunoglobulins E	IGE	2257,2258
Immunoglobulins G, A, M or D	IG	2245,2246
Immunoglobulins G, Subclasses 1 - 4	SIGG	2255,2256
Immunohistochemical investigation of biopsy material	IHIS	2331,2332
Insulin	INS	2021,2024
Intestinal disaccharidases	INTD	1969,1970
Iron (see Iron Studies)		
Iron Studies (Iron, Transferrin and Ferritin)	IS	1752,1753

L

Lactate	LACT	1791,1792
Lactate Dehydrogenase	LDH	1558,1559
Lactate Dehydrogenase Isoenzymes	LDI	1734,1735
Lamellar body phospholipid	LBPH	1726,1727
Lead	PB	1895,1896
Lecithin/Sphingomyelin Ratio (Amniotic fluid)	LS	1726,1727
Leucocyte functional Tests	LFF	2315,2316
Leucocyte Count	WCC	1163,1164
Leucocyte Fractionation	LF	2313,2314
Leucocyte Surface markers in investigation of probable haematological malignancy	LSMH	2319,2320
Leucocyte Surface Markers to assess lymphoid populations	LSML	2317,2318
Lignocaine	LIGN	1712,1713
Lipase	LIP	1558,1559
Lithium	LI	1558,1559
Lupus Anticoagulant	LUPA	1531,1532
Luteinizing Hormone	LH	2021,2024

M

Magnesium	MG	1558,1559
Mammary serum antigen	MSA	1738,1739
Manganese	MN	1871,1872
Mantoux Test	MANT	2325,2326
Melanogen (see Urine Melanin)	UML	1575,1576
Mercury	HG	1871,1872
Metalbumin detection (Schumm's test)	SCHM	1419,1420
Metanephrines	MNEP	1959,1960
Methadone	MTDN	1712,1713
Methotrexate	MTTA	1712,1713
Methoxy Hydroxy Phenyethylene Glycol	MHPG	1959,1960
Methsuximide	MSUX	1712,1713
Metronidazole	MRDZ	1712,1713
Mexiletine (Mexitol)	MEX	1712,1713
Microalbumin	MALB	1738,1739
Microbacteria Microscopy and culture of Sputum	AFB	2119,2120
Microbial Antibody Testing		
IgG, IgM, IgA or Total antibodies may be tested against various organisms. These are indicated by placing the letter G, M A and T respectively on the end of the abbreviation. Those tests not listed, must be written in full.		
Actinomycetes	ACT	2181,2182
Adenovirus	ADE	2181,2182
Aspergillus	ASP	2181,2182
Avian precipitins (Bird Fancier's Disease)	APP	2181,2182
Blastomyces	BLM	2181,2182
Bordetella pertussis	BOR	2181,2182
Borrelia Berghoffer	BOB	2181,2182
Brucella	BRU	2181,2182
Campylobacter jejuni	CAM	2181,2182
Candida	CAN	2181,2182
Chlamydia	CHL	2181,2182
Coccidioides	CCC	2181,2182
Coxsackie B1-6	COX	2181,2182
Cryptococcus	CRY	2181,2182
Cytomegalovirus	CMV	2181,2182
Cytomegalovirus serology in pregnancy	CMVP	2145,2146
Dengue	DEN	2181,2182
Diphtheria	DIP	2181,2182
Echinococcus	ECC	2181,2182
Echo-coxsackie group	ECH	2181,2182
Entamoeba Histolytica	AMO	2181,2182
Epstein Barr Virus	EBV	2181,2182
Fluorescent Treponemal antibody - absorption test (FTA-ABS)	FTA	2181,2182
Haemophilus	HUS	2181,2182
Hepatitis delta antibody - Anti-delta	HDA	2181,2182
Histoplasma	HIP	2181,2182
Hydatid	HYD	2181,2182
Influenza A	FLA	2181,2182
Influenza B	FLB	2181,2182
Legionella pneumophila - Serogroup 1	LP1	2181,2182
Legionella pneumophila - Serogroup 2	LP2	2181,2182
Leishmaniasis	LEI	2181,2182

Leptospiira	LEP	2181,2182
Listeria	LIS	2181,2182
Measles	MEA	2181,2182
Micropolyspora faeni	MIC	2181,2182
Mumps	MUM	2181,2182
Murray Valley Encephalitis	MVE	2181,2182
Mycoplasma pneumoniae	MYC	2181,2182
Neisseria gonorrhoea	GON	2181,2182
Newcastle Disease	NCD	2181,2182
Parainfluenza 1	PF1	2181,2182
Parainfluenza 2	PF2	2181,2182
Parainfluenza 3	PF3	2181,2182
Paratyphi	PTY	2181,2182
Pertussis	PER	2181,2182
Pneumococcus	PCC	2181,2182
Poliomyelitis	PLO	2181,2182
Proteus OX 19	POX	2181,2182
Proteus OXK	POK	2181,2182
Q fever	QFF	2181,2182
Rapid Plasma Reagin test	RPR	2181,2182
Respiratory Syncytial Virus	RSV	2181,2182
Ross River Virus	RRV	2181,2182
Rubella	RUB	2181,2182
Rubella Serology in Pregnancy	RUBP	2145,2146
Salmonella typhi (H)	SAH	2181,2182
Salmonella typhi (O)	SAO	2181,2182
Schistosoma	STO	2181,2182
Streptococcal Serology - Anti-D-NASE B titre	ADNB	2181,2182
Streptococcal Serology-Anti-streptolysin O titre	ASOT	2181,2182
Tetanus	TET	2181,2182
Thermoactinomyces vulgaris	THE	2181,2182
Thermopolyspora	TPS	2181,2182
Toxocara	TOC	2181,2182
Toxoplasma	TOX	2181,2182
Toxoplasma serology in pregnancy	TOXP	2145,2146
TPHA (Treponema pallidum hamemagglutin test)	TPHA	2181,2182
Treponema pallidum haemagglutin test	TPHA	2181,2182
Trichonosis	TOS	2181,2182
Typhus, Weil-Felix	TYP	2181,2182
Varicella zoster	VCZ	2181,2182
VDRL (Venereal Disease Research Laboratory)	VDRL	2181,2182
Venereal Disease Research Laboratory	VDRL	2181,2182
Yersinia enterocolytica	YER	2181,2182
Microbial Antigen Testing		
Chlamydia	CHLY	2133,2134
Herpes Simplex Virus	HSV	2135,2136
Varicella Zoster	VCZN	2129,2130
Micropolyspora faeni	MIC	2181,2182
Microscopic examination of faeces for parasites.	OPC	2085,2086
Microscopic examination of material other than blood	M	2083,2084
Microscopy and culture of material from nose, throat, eye or ear	MCS1	2087,2088
Microscopy and culture of material from skin, superficial sites, urethra, vagina, cervix, sputum or rectum	MCS2	2089,2090
Microscopy and culture of material from Cavities, Synovial fluid, CSF and operative or post Operative Wounds, Aspirations of Body	MCS3	2098,2099

biopsy specimens		
Microscopy and culture of Sputum for Mycobacteria	AFB	2119,2120
Mucin like carcinoma associated antigen	MCA	1738,1739
MHPG (Methoxy Hydroxy Phenethylene Glycol)	MHPG	1959,1960

N

N Acetyl Procainamide	NAPC	1712,1713
N Desalkyl dothiepin	NDOT	1712,1713
N Desalkyl Clobazam	NDAC	1712,1713
N Desalkyl Doxepin	NDAD	1712,1713
Neuron specific enolase	NSEN	1738,1739
Nickel	NI	1871,1872
Nitrazepam	NITR	1712,1713
Nordothiepin	NDIP	1712,1713
Nortriptyline	NORT	1712,1713

O

Oestradiol	E2	2021,2024
Oestriol	E3	2021,2024
Oestrone	E1	2021,2024
Osmolality, Serum or Urine	OSML	1583,1584
Oxalate	OXAL	1791,1792
Oxazepam	OXAZ	1712,1713

P

Palmitic acid in amniotic fluid	PALM	1726,1727
Paracetamol	PARA	1712,1713
Paraprotein Investigation by immuno-electrophoreses or immunofixation	PPRO	2239,2240
Paraprotein Investigation on concurrently collected serum and urine	PPSU	2241,2242
Paraquat	PARQ	1712,1713
Parathyroid Hormone	PTH	2021,2024
Partial Thromboplastin Time	PTT	1521,1522
Passov Factor	PF	1541,1542
Pentabarb	PENT	1712,1713
Perhexiline	PHEX	1712,1713
Phenobarbitone	PHBA	1712,1713
Phensuximide	PHEN	1712,1713
Phenyl Acetic Acid	PAA	1959,1960
Phenytoin	PHEY	1712,1713
pH measurement of body fluids other than urine	PH	1575,1576
Phosphate	PHOS	1558,1559
Phosphatidylglycerol	PTGL	1726,1727
Plasminogen	PLAS	1531,1532
Platelet Aggregation	PLTG	1535,1538
Platelet Count	PLTC	1163,1164
Porphyryns (quantitative test, one or more fractions)	PR	1959,1960
Potassium	K	1558,1559
Prednisolone	PRED	1712,1713
Primidone	PRIM	1712,1713
Procainamide	PCAM	1712,1713

Progesterone	PROG	2021,2024
Prolactin	PROL	2021,2024
Prominal	PROM	1712,1713
Propranolol	PPNO	1712,1713
Prostate specific antigen	PSA	1738,1739
Prostatic Acid Phosphatase-one or more fractions	ACP	1738,1739
Protein (Total)	PROT	1558,1559
Protein C	PROC	1531,1532
Protein S	PROS	1531,1532
Protein-Quantitative Estim. of Specific Protein		
Alpha feto protein	AFP	1738,1739
Alpha-1 antitrypsin	AAT	1738,1739
Alpha-2 macroglobulin	AMAC	1738,1739
Beta-2 microglobulin	BMIC	1738,1739
C-1 esterase inhibitor	CEI	1738,1739
Caeruloplasmin	CPLS	1738,1739
Ferritin (see also Iron Studies)	FERR	1738,1739
Haptoglobins	HGLB	1738,1739
Microalbumin	MALB	1738,1739
Transferrin (see also Iron Studies)	TRAN	1738,1739
Prothrombin Time	PT	1521,1522
Pyruvate	PVTE	1791,1792
PAA (Phenyl Acetic Acid)	PAA	1959,1960

Q

Quinalbarb	QUIB	1712,1713
Quinidine	QUIN	1712,1713
Quinine	QNN	1712,1713

R

Red Cell Folate and Serum B12 and Serum Folate if required	RCF	1770,1771
Red Cell Porphyrins - qualitative test	RCP	1419,1420
Renin	REN	2021,2024
Respiratory Syncytial Virus	RSVN	2129,2130
Reticulocyte Count	RETC	1163,1164
Rheumatoid Factor	RF	2281-2282
Rheumatoid Factor Quantitation	RFQ	2283-2284
RSV - Respiratory Syncytial Virus	RSVN	2129,2130

S

Salicylate-Asprin	SALI	1712,1713
Selenium	SE	1871,1872
Semen examination	SEE	2372,2373
Semen examination for spermatozoa	SES	2370,2371
Serotonin	SHT	1791,1792
Serum B12	B12	1768,1769
Serum Folate (with B12 Red Cell Folate)	RCF	1770,1771
Serum Folate (with B12)	FOL	1768,1769
Sex Hormone Binding globulin	SHBG	2021,2024
Snake venom	HISS	1598,1599
Sodium	NA	1558,1559
Somatomedin	SOMA	2021,2024

Sotalol	SALL	1712,1713
Specific IgG or IgE antibodies	ALLG	2259,2260
Sperm antibodies	SAB	2377,2378
Sperm penetrating ability	SPA	2377,2378
Stellazine	STEL	1712,1713
Strontium	SR	1871,1872
Sulphadimidine	SPDD	1712,1713
Sulthiame (Ospolot)	SUL	1712,1713
Synacthen Stimulation Test	SYNS	2021,2024
SCC related antigen	SCCA	1738,1739

T

Testosterone	TES	2021,2024
Thalassaemia Studies	TS	1179,1180
Theophylline	THEO	1712,1713
Therapeutic Drugs not listed must be written in full)		
Thiopentone	TOPO	1712,1713
Thioridazine	THIO	1712,1713
Thrombin Time	TT	1521,1522
Thyroglobulin	TGL	1738,1739
Thyroid stimulating hormone	TSH	2021,2024
Thyroid Function Tests	TFT	1983,1984
Thyroid Stimulating Hormone (where not requested as part of TFTs)	TSH	2021,2024
Thyrotrophin Releasing Hormone Test	TRH	1985,1986
Tissue antigens which are not listed must be written in full		
Tocainide	TOCN	1712,1713
Transferrin (see also Iron Studies)	TRAN	1738,1739
Triglycerides	TRIG	1558,1559
Trimipramine	TRIM	1712,1713
Tumour Markers		
CA-125 antigen	C125	1738,1739
CA-19.9 antigen	CA19	1738,1739
CA-15.3 antigen	CA15	1738,1739
Carcinoembryonic antigen	CEA	1738,1739
Mammary serum antigen	MSA	1738,1739
Mucin like carcinoma associated antigen	MCA	1738,1739
Neuron specific enolase	NSEN	1738,1739
Prostate specific antigen	PSA	1738,1739
Prostatic Acid Phosphatase-one or more fractions	ACP	1738,1739
SCC related antigen	SCCA	1738,1739
Thyroglobulin	TGL	1738,1739
TSH (where not requested as part of a thyroid function test)	TSH	2021,2024

U

Urate	URAT	1558,1559
Urea	U	1558,1559
Urine microscopy, culture, identification and sensitivity	UMCS	2127,2128
Urine Bilirubin	UBIL	1575,1576
Urine Cysteine (see Urine Cystine)	UCYS	1575,1576
Urine Cystine (Cysteine)	UCYS	1575,1576

Urine Haemoglobin	UHB	1575,1576
Urine Melanin (Melanogen)	UML	1575,1576
Urine Melanogen (see Urine Melanin)	UML	1575,1576
Urine Myoglobin	UMY	1575,1576
Urine Porphobilinogen	UPG	1575,1576
Urine Porphyrins (qualitative test)	UPR	1575,1576
Urine Steroid Fraction or Fractions	USF	2021,2024
Urine Urobilinogen	UUB	1575,1576

V

Valproate (Epilim)	VALP	1712,1713
Vancomycin	VAN	1712,1713
Vasoactive Intestinal Peptide	VIP	2021,2024
Vasopressin	ADH	2021,2024
Viscosity of blood or plasma	VISC	1163,1164
Vitamin D	VITD	1786,1787
Vitamin Quantitative Estimation of Vitamins A, B1, B2, B3, B6, C or E	VIT	1780,1783
Von Willebrands factor	VWF	1541,1542
Von Willebrands factor antigen	VWA	1541,1542
VMA (see HMMA)		
Vancomycin	VAN	1712,1713

W,X,Y,Z,Other

Warfarin	WFR	1712,1713
Xylose	XYL	1791,1792
Zinc	ZN	1791,1792
11 Deoxycortisol	DCOR	2021,2024

Simple Basic Pathology Tests - Division 9

Blood count consisting of leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count) or any or all of haemoglobin estimation, haematocrit estimation or erythrocyte count	2389
Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method	2397
Mantoux test	2399
Microscopical examination of gram stained film	2396
Microscopical examination of urine	2393
Microscopical examination of wet film other than urine	2395
Microscopical examination screening for fungi in skin, hair or nails	2398
Pregnancy test by one or more immunochemical method	2394
Seminal examination for the presence of spermatozoa	2387

