

COMMONWEALTH DEPARTMENT OF  
COMMUNITY SERVICES AND HEALTH

Supplement to  
MEDICARE BENEFITS  
SCHEDULE BOOK  
OF 1 MAY 1990

Effective 1 November 1990

© Commonwealth of Australia 1990

ISBN 0 644 13101 2

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 Australian Government Publishing Service. Requests and inquiries concerning reproduction and rights should be addressed to the Manager, AGPS Press, Australian Government Publishing Service, GPO Box 84, Canberra ACT 2601.

Published for the Department of Community Services and Health by the Australian Government Publishing Service, Canberra 1990

90/21 814                      Cat. No. 90 1806 4

Printed in Australia by Pirie Printers Sales Pty Ltd, Fyshwick, ACT 2609.

**MEDICARE BENEFITS SCHEDULE BOOK  
AMENDMENTS - 1 NOVEMBER 1990**

1. Amendments incorporated in this supplement to the Medicare Benefits Schedule book include the Government's announced increase in Schedule fees and Medicare rebates, and a number of changes resulting from consultation between professional groups and the Commonwealth. The amendments apply to services rendered on and after 1 November 1990.

**Maximum Medicare Patient Gap**

2. The Government also announced an increase in the maximum gap between the Schedule fee and Medicare benefit from \$20 to \$26 from 1 January 1991, to be indexed annually thereafter. There has been no increase in the maximum gap to take account of inflation since the increase to \$20 in November 1986. This increase has the effect of reverting to the level of protection which applied at that time.

**Annual Medicare Safety Net Threshold**

3. The \$150 threshold applying to the Medicare 'safety net' threshold will be increased to \$240 from 1 January 1991, and indexed annually thereafter. This will be the first increase to the threshold since the introduction of Medicare in 1984 and has the effect of reverting to the level of protection which applied at that time.

**SUMMARY OF CHANGES**

4. The Schedule fees for all services (including Pathology services but excluding Optometrical consultations) increase by 5.5%, with an increase of 7.14% for Optometrical consultations. An Item-fee-benefit list effective 1 November 1990 is attached. It also includes details of new benefit levels from 1 January 1991 to effect the increase in the maximum patient gap.

5. Other changes to the Schedule include the following:

- . A restructuring of Part 1 attendances by general practitioners on patients in institutions, hospitals and nursing homes. (For convenience see table at end of these notes for calculated fees and benefits for derived fee services).
- . The introduction of a new item to cover emergency after hours consultations in the surgery;
- . The introduction of eight new items to cover assisted reproductive services (ie IVF, GIFT and similar procedures);

- . A review of sections of the Schedule, in consultation with the relevant professional groups, involving mainly the general surgical and radiotherapy parts of the Schedule; and
- . Amendments to other items in the Schedule as part of the Department's ongoing review of the Schedule.

6. Details of new items, and amendments to existing item numbers and descriptions of services are attached.

**NEW ITEMS**

7. The following is a list of new items introduced into the Schedule (including pathology):

19	96	1991	3868	4536
20	98	1992	3869	4574
33	840	1993	3870	4575
35	841	1994	4038	4576
40	842	2895	4044	4578
43	843	2897	4045	4580
50	845	2899	4047	4583
51	846	2910	4065	4584
87	847	3348	4368	4586
89	848	3719	4395	4588
90	879	3727	4398	
91	910	3853	4411	
92	911	3864	4493	
93	1989	3866	4507	
95	1990	3867	4535	

**DELETED ITEMS**

8. The following items have been deleted:

73	78	3986	9065
74	79	4018	
75	2905	4165	
76	2906	4510	
77	2909	8875	

**RENUMBERED ITEMS**

9. The following items have been renumbered:

OLD	NEW	OLD	NEW	OLD	NEW
14	13	2923	8886	4523G}	
26	25	2925	8880	4527S}	4527

39	38	3713G}		4534	4533
49	48	3718S}	3718	4537G}	
66	81	3739G}		4544S}	4544
69	83	3745S}	3745	4552G}	
71	84	3894G}		4557S}	4577
72	86	3898S}	3898	4568G}	
80	97	3976G}		4573S}	4573
82G	101G	3981S}	3981	9423	4218
85S	102S	4039G}		9424	4219
88	104	4043S}	4042	9425	4220
94	105	4068	4067	9426	4228
100	107	4087G}		9427	4229
103	108	4093S}	4093	9428	4230
844	850	4366G}		9429	4231
2920	8878	4367S}	4365	9435	3728
2921	{8882	4490	8397		
	{8884				

**AMENDED DESCRIPTIONS (CURRENT ITEMS)**

10. The descriptions of the following items have been amended (including pathology):

4	1735	2130	3860
23	1736	2894	3988
24	1737	2896	4046
36	1738	2898	4048
37	1739	2900	4070
47	1791	2902	4071
58	1792	2903	4380
877	1963	2908	4386
878	1964	2911	4397
1163	2021	2912	4399
1164	2024	3349	4413
1579	2039	3350	4467
1580	2040	3351	4482
1590	2083	3352	4492
1591	2084	3726	4509
1712	2117	3847	5470
1713	2118	3849	8105
1734	2129	3851	

**AMENDED DESCRIPTIONS (RENUMBERED ITEMS)**

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

OLD	NEW	OLD	NEW	OLD	NEW
2920	8878	4068	4067	9424	4219
2921	8882	4366G}		9425	4220
2921	8884	4367S}	4365	9426	4228
2923	8886	4523G}		9427	4229
2925	8880	4527S}	4527	9428	4230

3739G}		4534	4533	9435	3728
3745S}	3745	4537G}			
3976G}		4544S}	4544		
3981S}	3981	4568G}			
4039G}		4573S}	4572		
4043S}	4042	9423	4218		

**FEES AMENDED**

12. The fees for the following items have been amended (in addition to general increase):

966	2932	3862	4214	4467
2887	2934	3898	4217	4482
2889	2936	3981	4218	4492
2891	2938	3988	4219	4509
2893	2940	4042	4220	4533
2894	2942	4046	4228	4544
2896	2943	4048	4229	4557
2898	2944	4052	4230	4572
2900	2945	4054	4231	5470
2902	3728	4059	4354	5492
2903	3734	4067	4380	8880
2908	3752	4071	4383	8882
2911	3847	4099	4397	8884
2927	3849	4179	4399	8886
2929	3851	4202	4410	
2930	3860	4209	4413	

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

13. New items: 3004(257) 3004(258) 3004(259) 3004(260)  
3004(261)

Deleted items: 3004(82) 3004(224)

**DERIVED FEES - ROUNDING RULES**

14. In relation to calculation of fees for derived fee items in Part 1, where the amount calculated is not a multiple of 5 cents, round to the next higher amount that is a multiple of 5 cents.

**ATTENDANCES AT HOSPITALS, NURSING HOMES AND INSTITUTIONS**

15. To facilitate assessment of the correct Medicare rebate in respect of a number of patients attended on the one occasion in the one hospital, nursing home or institution, it is important that the total number of patients seen be recorded on each individual account, receipt or assignment

form. For example, where ten patients were visited (for a brief consultation) in the one nursing home on the one occasion, each account, receipt or assignment form would show "Item 20 - 1 of 10 patients" (for a VRGP); or "Item 92 - 1 of 10 patients" (for a non-VRGP).

#### ASSISTED REPRODUCTIVE SERVICES (ITEMS 840-848)

16. Medicare benefits are not payable in respect of any other item in the Medicare Benefits Schedule (including Pathology) in lieu of or in conjunction with Items 840-848. Specifically, Medicare benefits are not payable for Items 840-848 in association with Item 88, 94, 791, 793, 794, 960, 963, 2021, 2024-2034, 2370-2373, 2377, 2378 or 4194. Items 960 and 963 are not payable for artificial insemination.

17. A treatment cycle is a series of treatment for the purposes of in vitro fertilisation, gamete intrafallopian transfer or similar procedures and is defined as beginning either on the day on which treatment by superovulatory drugs is commenced or on the first day of the patient's menstrual cycle, and ending not more than 30 days later.

18. Benefits are only payable for treatment cycles beginning on or after 1 November 1990.

19. The date of service in respect of treatment covered by Items 840, 841, 842, 843 and 847 is deemed to be the first day of the treatment cycle.

20. For treatment covered by Items 840, 841, 842 and 847 the account must be provided by the gynaecologist supervising the treatment cycle.

21. Embryology laboratory services covered by Items 840 and 842 include egg recovery from aspirated follicular fluid, insemination, monitoring of fertilisation and embryo development, and preparation of gametes or embryos for transfer and freezing. It does not include semen preparation.

22. Medicare benefits are not payable for assisted reproductive services rendered in conjunction with surrogacy arrangements where surrogacy is defined as 'an arrangement whereby a woman agrees to become pregnant and to bear a child for another person or persons to whom she will transfer guardianship and custodial rights at or shortly after birth'.

23. Items 840, 842, 846 and 847 do not include services provided in relation to artificial insemination using the husband's or donated sperm.

24. Items 840 and 841 are linked to the supply of hormones under the Section 100 (National Health Act) arrangements. Providers must notify the Health Insurance Commission of Medicare numbers of patients using hormones under this program, and hormones are only supplied for patients claiming one of these two items. Further information regarding these arrangements will be furnished at a later date.

#### GENERAL

25. The increase in fees generally also include amounts specified in the description of Items 2951, 2953 and 2957 to be similarly increased. THE REFERENCE IN ITEM 2951 "for which the fee exceeds \$160.00 but does not exceed \$285.00 or at a series or a combination of operations where the fee for at least one of the operations exceeds \$160.00 but where the fee for the series or combination of operations does not exceed \$285.00" SHOULD BE AMENDED TO READ "for which the fee exceeds \$168.00 but does not exceed \$300.00 and "where the fee for at least one of the operations exceeds \$168.00 but where the fee for the series or combination of operations does not exceed \$300.00. THE REFERENCE IN ITEM 2953 "exceeds \$285.00....." SHOULD BE AMENDED TO READ "exceeds \$300.00 provided that the fee for at least one of the operations exceeds \$168.00. THE REFERENCE IN ITEM 2957 to a Schedule fee of \$395.00 SHOULD BE AMENDED TO READ \$415.00.

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

Page 90	Item 2455	- substitute '\$108.00' for '\$102.00'
Page 98	Item 2732	- substitute '\$19.80' for '\$18.80'
Page 99	Item 2782	- substitute '\$21.00' for '\$20.00'
	Item 2798	- substitute '\$12.60' for '\$12.00'
Page 107	Item 2863	- substitute '\$11.40' for '\$10.80'
	Item 2871	- substitute '\$12.40' for '\$11.80'
	Item 2877	- substitute '\$12.60' for '\$12.00'
	Item 2881	- substitute '\$15.00' for '\$14.20'
	Item 2885	- substitute '\$31.50' for '\$30.00'
Page 108	Item 2889	- substitute '\$20.00' for '\$15.60'
	Item 2893	- substitute '\$16.60' for '\$13.60'
Page 240	Item 8748	- substitute '\$84.00' for '\$80.00'
	Item 8749	- substitute '\$63.00' for '\$60.00'
Page 242	Item 8868	- substitute '\$168.00' for '\$160.00'

#### SPECIAL ARRANGEMENTS - TRANSITIONAL PERIOD

27. Where an item refers to a service in which treatment continues over a period of time in excess of one day and the treatment commenced before 1 November 1990 and continues beyond that date, the general rule is that the 1 September 1989 level of fees and benefits would apply.



28. However, in the case of the relevant obstetric items a special rule applies in that the fee and benefit will depend on the date of the actual confinement. If the confinement takes place before 1 November 1990, fees and benefits at the 1 September 1989 (or 1 May 1990) level will apply. If the confinement takes place on or after 1 November 1990, fees and benefits at the new (1 November 1990) level will apply.

#### **CORRIGENDUM**

29. The following corrections should be made to the 1 May 1990 edition of the Medicare Benefits Schedule Book:-

Page 107: The reference in Item 2873 to 'the eye' should read 'an eye'

Page 109: After Item 2925 insert Item no. 2927

Page 194: The Items at the top of this page should read as follows:-

7505 TERMINAL PHALANX of finger or thumb  
ANAESTHETIC 4 UNITS - ITEM NOS 405G/509S

7508G PROXIMAL PHALANX of finger or thumb  
7512S ANAESTHETIC 4 UNITS - ITEM NOS 405G/509S

#### **1 MAY 1990 EDITION OF THE MBS BOOK**

30. From the number of enquiries received it is apparent that the 1 May edition of the Medicare Benefits Schedule book was not received by all practitioners. If you did not receive a copy of this publication please contact the Department of Community Services and Health on one of the following telephone numbers:-

New South Wales	(02) 225 3555
Victoria	(03) 604 4000
Queensland	(07) 233 6633
South Australia	(08) 237 6111 (Medicare)
Western Australia	(09) 4263444
Tasmania	(002) 205011
Australian Capital Territory	(06) 289 7888

FEEES AND BENEFITS FOR ATTENDANCE BY VRGGS AT A  
NURSING HOME, HOSPITAL OR INSTITUTION

PATIENTS	LEVEL A			LEVEL B		
	FEE	BENEFITS		FEE	BENEFITS	
		85%/\$20	75%		85%/\$20	75%
ONE	26.80	22.80	20.10	38.50	32.75	28.90
TWO	18.80	16.00	14.10	30.50	25.95	22.90
THREE	16.15	13.75	12.15	27.85	23.70	20.90
FOUR	14.80	12.60	11.10	26.50	22.55	19.90
FIVE	14.00	11.90	10.50	25.70	21.85	19.30
SIX	13.50	11.50	10.15	25.20	21.45	18.90
SEVEN +	11.90	10.15	8.95	23.60	20.10	17.70

PATIENTS	LEVEL C			LEVEL D		
	FEE	BENEFITS		FEE	BENEFITS	
		85%/\$20	75%		85%/\$20	75%
ONE	57.00	48.45	42.75	76.00	64.60	57.00
TWO	49.00	41.65	36.75	68.00	57.80	51.00
THREE	46.35	39.40	34.80	65.35	55.55	49.05
FOUR	45.00	38.25	33.75	64.00	54.40	48.00
FIVE	44.20	37.60	33.15	63.20	53.75	47.40
SIX	43.70	37.15	32.80	62.70	53.30	47.05
SEVEN +	42.10	35.80	31.60	61.10	51.95	45.85

FEEES AND BENEFITS FOR ATTENDANCE BY NON-VRGGS AT A  
NURSING HOME, HOSPITAL OR INSTITUTION

PATIENTS	BRIEF			STANDARD		
	FEE	BENEFITS		FEE	BENEFITS	
		85%/\$20	75%		85%/\$20	75%
ONE	20.60	17.55	15.45	30.50	25.95	22.90
TWO	15.60	13.30	11.70	25.50	21.70	19.15
THREE	13.95	11.90	10.50	23.85	20.30	17.90
FOUR	13.10	11.15	9.85	23.00	19.55	17.25
FIVE	12.60	10.75	9.45	22.50	19.15	16.90
SIX	12.30	10.50	9.25	22.20	18.90	16.65
SEVEN +	11.25	9.60	8.45	21.15	18.00	15.90

PATIENTS	LONG			PROLONGED		
	FEE	BENEFITS		FEE	BENEFITS	
		85%/\$20	75%		85%/\$20	75%
ONE	47.00	39.95	35.25	69.00	58.65	51.75
TWO	42.00	35.70	31.50	64.00	54.40	48.00
THREE	40.35	34.30	30.30	62.35	53.00	46.80
FOUR	39.50	33.60	29.65	61.50	52.30	46.15
FIVE	39.00	33.15	29.25	61.00	51.85	45.75
SIX	38.70	32.90	29.05	60.70	51.60	45.55
SEVEN +	37.65	32.00	28.25	59.65	50.70	44.75

ITEM NO.  
OLD            NEW

DETAILS OF CHANGES

---

PART 1 - PROFESSIONAL ATTENDANCES

ATTENDANCES BY VOCATIONALLY REGISTERED  
GENERAL PRACTITIONERS

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            No change to Item number or description:  
SURGERY CONSULTATION (Professional attendance at consulting rooms)

---

4            Description amended to read:  
HOME VISIT - (Professional attendance at a place other than consulting rooms, hospital, nursing home or institution)

---

14            13            Item number changed and description amended to read:  
CONSULTATION AT AN INSTITUTION - other than a hospital or nursing home - (Professional attendance on one or more patients in the one institution on the one occasion) - each patient

DERIVED FEE - The fee for Item 3, plus \$16.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for Item 3 plus \$1.10 per patient

---

19            New item introduced:  
CONSULTATION AT A HOSPITAL - (Professional attendance on one or more patients in the one hospital on the one occasion) - each patient

DERIVED FEE - The fee for Item 3, plus \$16.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for Item 3 plus \$1.10 per patient

ITEM NO.  
OLD NEW

DETAILS OF CHANGES

- 
- 20      **New Item introduced:**  
CONSULTATION AT A NURSING HOME - (Professional attendance on one or more patients in the one nursing home including aged persons' accommodation attached to the nursing home or aged persons' accommodation situated within a complex that includes the 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) on the one occasion) - each patient
- DERIVED FEE - The fee for Item 3, plus \$16.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for Item 3 plus \$1.10 per patient

---

LEVEL 'B'

- Description amended to read:**  
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 Item 36, 37, 38, 40, 43, 44, 47, 48, 50 or 51
- 
- 23      **SURGERY CONSULTATION** - (Professional attendance at consulting rooms)
- 
- 24      **Description amended to read:**  
**HOME VISIT** - Professional attendance at a place other than consulting rooms, hospital, nursing home or institution)
-

ITEM NO.  
OLD            NEW

DETAILS OF CHANGES

---

26	25	<p>Item number changed and description amended to read: CONSULTATION AT AN INSTITUTION - other than a hospital or nursing home - (Professional attendance on one or more patients in the one institution on the one occasion) - each patient DERIVED FEE - The fee for Item 23, plus \$16.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for Item 23 plus \$1.10 per patient</p>
----	----	--

---

33	<p><b>New Item introduced:</b> CONSULTATION AT A HOSPITAL - (Professional attendance on one or more patients in the one hospital on the one occasion) - each patient DERIVED FEE - The fee for Item 23, plus \$16.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for Item 23 plus \$1.10 per patient</p>
----	--

---

35	<p><b>New Item introduced:</b> CONSULTATION AT A NURSING HOME - (Professional attendance on one or more patients in the one nursing home including aged persons' accommodation attached to the nursing home or aged persons' accommodation situated within a complex that includes the 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) on the one occasion) - each patient DERIVED FEE - The fee for Item 23, plus \$16.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for Item 23 plus \$1.10 per patient</p>
----	---

---

ITEM NO.  
OLD

DETAILS OF CHANGES

NEW

---

LEVEL 'C'

**Description amended to read:**

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, 48, 50 or 51

36 SURGERY CONSULTATION - (Professional attendance at consulting rooms)

---

37 **Description amended to read:**

HOME VISIT - (Professional attendance at a place other than consulting rooms, hospital, nursing home or institution)

---

39 38 **Item number changed and description amended to read:**

CONSULTATION AT AN INSTITUTION - other than a hospital or nursing home - (Professional attendance on one or more patients in the one institution on the one occasion) - each patient DERIVED FEE - The fee for Item 36, plus \$16.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients the fee for Item 36 plus \$1.10 per patient

---

40 **New Item introduced:**

CONSULTATION AT A HOSPITAL - (Professional attendance on one or more patients in the one hospital on the one occasion) - each patient DERIVED FEE - The fee for Item 36, plus \$16.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for Item 36 plus \$1.10 per patient

---

ITEM NO.  
OLD

DETAILS OF CHANGES

NEW

- 
- 43      **New Item introduced:**  
CONSULTATION AT A NURSING HOME - (professional attendance on one or more patients in the one nursing home including aged persons' accommodation attached to the nursing home or aged persons' accommodation situated within a complex that includes the 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) on the one occasion) - each patient  
DERIVED FEE - The fee for Item 36, plus \$16.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for Item 36 plus \$1.10 per patient
- 

LEVEL 'D'

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

- 44      **No change to Item number or description:**  
SURGERY CONSULTATION (Professional attendance at consulting rooms)
- 

- 47      **Description amended to read:**  
HOME VISIT - (Professional attendance at a place other than consulting rooms, hospital, nursing home or institution)
-

ITEM NO.  
OLD

DETAILS OF CHANGES

NEW

---

49            48        **Item number changed and description amended to read:**  
CONSULTATION AT AN INSTITUTION - other than a hospital or nursing home - (Professional attendance on one or more patients in the one institution on the one occasion - each patient DERIVED FEE - The fee for Item 44, plus \$16.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for Item 44 plus \$1.10 per patient

---

50            **New Item introduced:**  
CONSULTATION AT A HOSPITAL - (Professional attendance on one or more patients in the one hospital on the one occasion) - each patient DERIVED FEE - The fee for Item 44, plus \$16.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for Item 44 plus \$1.10 per patient

---

51            **New Item introduced:**  
CONSULTATION AT A NURSING HOME - (professional attendance on one or more patients in the one nursing home including aged persons' accommodation attached to the nursing home or aged persons' accommodation situated within a complex that includes the 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) on the one occasion) - each patient  
DERIVED FEE - The fee for Item 44, plus \$16.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for Item 44 plus \$1.10 per patient

---



ITEM NO.  
OLD NEW

DETAILS OF CHANGES

---

ATTENDANCES BY OTHER THAN VOCATIONALLY REGISTERED  
GENERAL PRACTITIONERS

SURGERY CONSULTATIONS  
(Professional attendances at consulting rooms)

- 
- 52      **No change to Item number or description:**  
BRIEF CONSULTATION of not more than 5 minutes duration
- 
- 53      **No change to Item number or description:**  
STANDARD CONSULTATION of more than 5 minutes duration  
         but not more than 25 minutes duration
- 
- 54      **No change to Item number or description:**  
LONG CONSULTATION of more than 25 minutes duration but  
         not more than 45 minutes duration
- 
- 57      **No change to Item number or description:**  
PROLONGED CONSULTATION of more than 45 minutes duration
- 

HOME VISITS

Description amended to read:  
(Professional attendance at a place other than  
consulting rooms, hospital, nursing home or  
institution)

- 58      BRIEF HOME VISIT of not more than 5 minutes duration
- 
- 59      **No change to Item number or description:**  
STANDARD HOME VISIT of more than 5 minutes duration but  
not more than 25 minutes duration
- 
- 60      **No change to Item number or description:**  
LONG HOME VISIT of more than 25 minutes duration but  
not more than 45 minutes duration
- 
- 65      **No change to Item number or description:**  
PROLONGED HOME VISIT of more than 45 minutes duration
-

ITEM NO.  
OLD NEW

DETAILS OF CHANGES

---

		CONSULTATION AT AN INSTITUTION
		Item number changed and description amended to read: (Professional attendance on one or more patients in the one INSTITUTION on the one occasion)
66	81	BRIEF CONSULTATION of not more than 5 minutes duration - each patient DERIVED FEE - The fee for Item 52, plus \$10.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for Item 52 plus \$0.65 per patient
69	83	Item number changed and description amended to read: STANDARD CONSULTATION of more than 5 minutes duration but not more than 25 minutes duration - each patient DERIVED FEE - The fee for Item 53, plus \$10.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for Item 53 plus \$0.65 per patient
71	84	Item number changed and description amended to read: LONG CONSULTATION of more than 25 minutes duration but not more than 45 minutes duration - each patient DERIVED FEE - The fee for Item 54, plus \$10.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for Item 54 plus \$0.65 per patient
72	86	Item number changed and description amended to read: PROLONGED CONSULTATION of more than 45 minutes duration - each patient DERIVED FEE - The fee for Item 57, plus \$10.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for Item 57 plus \$0.65 per patient
73-79		Item deleted

---

ITEM NO.  
OLD                      NEW

DETAILS OF CHANGES

---

CONSULTATION AT HOSPITAL

(Professional attendance on one or more patients  
in the one hospital on the one occasion)

87      **New Item introduced:**  
BRIEF CONSULTATION of not more than 5 minutes  
duration - each patient  
DERIVED FEE - The fee for Item 52, plus \$10.00  
divided by the number of patients  
seen, up to a maximum of six  
patients. For seven or more  
patients - the fee for Item 52  
plus \$0.65 per patient

---

89      **New Item introduced:**  
STANDARD CONSULTATION of more than 5 minutes  
duration but not more than 25 minutes duration -  
each patient  
DERIVED FEE - The fee for Item 53, plus \$10.00  
divided by the number of patients  
seen, up to a maximum of six  
patients. For seven or more  
patients - the fee for Item 53  
plus \$0.65 per patient

---

90      **New Item introduced:**  
LONG CONSULTATION of more than 25 minutes  
duration but not more than 45 minutes duration -  
each patient  
DERIVED FEE - The fee for Item 54, plus \$10.00  
divided by the number of patients  
seen, up to a maximum of six  
patients. For seven or more  
patients - the fee for Item 54  
plus \$0.65 per patient

---

91      **New Item introduced:**  
PROLONGED CONSULTATION of more than 45 minutes  
duration - each patient  
DERIVED FEE - The fee for Item 57, plus \$10.00  
divided by the number of patients  
seen, up to a maximum of six  
patients. For seven or more  
patients - the fee for Item 57  
plus \$0.65 per patient

---

CONSULTATION AT A NURSING HOME

(Professional attendance on one or more patients in the one nursing home including aged persons' accommodation attached to the nursing home or aged persons' accommodation situated within a complex that includes the 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) on the one occasion)

92

**New Item introduced:**

BRIEF CONSULTATION of not more than 5 minutes duration - each patient

DERIVED FEE - The fee for Item 52, plus \$10.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for Item 52 plus \$0.65 per patient

---

93

**New Item introduced:**

STANDARD CONSULTATION of more than 5 minutes duration but not more than 25 minutes duration - each patient

DERIVED FEE - The fee for Item 53, plus \$10.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for Item 53 plus \$0.65 per patient

---

95

**New Item introduced:**

LONG CONSULTATION of more than 25 minutes duration but not more than 45 minutes duration - each patient

DERIVED FEE - The fee for Item 54, plus \$10.00 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for Item 54 plus \$0.65 per patient

ITEM NO.  
OLD

DETAILS OF CHANGES

NEW

- 
- 96      **New Item introduced:**  
PROLONGED CONSULTATION of more than 45 minutes  
duration - each patient  
DERIVED FEE - The fee for Item 57, plus \$10.00  
divided by the number of patients  
seen, up to a maximum of six  
patients. For seven or more  
patients - the fee for Item 57  
plus \$0.65 per patient

---

OTHER ATTENDANCES

EMERGENCY ATTENDANCE - AFTER HOURS  
(on not more than one patient on the one  
occasion)

- 80      97      **Item number changed - service description  
unchanged:**  
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

- 
- 98      **New Item introduced:**  
Professional attendance after hours AT  
CONSULTING ROOMS 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, where the  
patient's medical condition requires immediate  
treatment and where it is necessary for the  
doctor to return to, and specially open,  
consulting rooms for the attendance - each  
attendance

---

EXAMINATION BY AN ANAESTHETIST

- 82G      101G      **Item number changed - service description  
85S      102S      unchanged:**  
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

ITEM NO.                      DETAILS OF CHANGES  
OLD                      NEW

---

SPECIALIST, REFERRED CONSULTATION - SURGERY, HOSPITAL  
OR NURSING HOME

(Professional attendance at consulting rooms,  
hospital or nursing home by a specialist in the  
practice of his or her specialty where the  
patient is referred to him or her)

88            104      Item number changed - service description  
unchanged:  
INITIAL attendance at a single course of  
treatment

---

94            105      Item number changed - service description  
unchanged:  
Each attendance SUBSEQUENT to the first in a  
single course of treatment

---

SPECIALIST, REFERRED CONSULTATION - HOME VISITS

100           107      Item number changed - service description  
unchanged:  
INITIAL attendance in a single course of  
treatment

---

103           108      Item number changed - service description  
unchanged:  
Each attendance SUBSEQUENT to the first in a  
single course of treatment

---

PART 6 - MISCELLANEOUS PROCEDURES    DIVISION 3A

---

840           **New item introduced:**  
Assisted reproductive services (such as in vitro  
fertilisation, gamete intra-fallopian transfer  
or similar procedures) involving the use of  
drugs to induce superovulation, and including  
quantitative estimation of hormones, ultrasound  
examinations, all treatment counselling and  
embryology laboratory services - but excluding  
services for treatment involving surrogacy  
arrangements, transfer of frozen embryos or  
donated embryos or ova - all such services  
rendered during the one treatment cycle, where  
the duration of the treatment cycle is at least  
nine days from commencement - a maximum of six  
claims per patient (not associated with item  
104, 105, 791, 793, 794, 841, 842, 847, 960,  
963, 2021, 2024-2034 or 4194).

---

ITEM NO.  
OLD                      NEW

DETAILS OF CHANGES

---

841		<b>New item introduced:</b> Ovulation monitoring services for superovulated treatment cycles of less than 9 days duration and artificial insemination - including quantitative estimation of hormones and ultrasound examinations but excluding services for treatment involving surrogacy arrangements - all such services rendered during the one treatment cycle (not associated with services provided under item 840, 842, 845, 846, 847, 960, 963, 2021 or 2024-2034)
<hr/>		
842		<b>New item introduced:</b> Assisted reproductive services (such as in vitro fertilisation, gamete intra-fallopian transfer or similar procedures), using natural (unstimulated) ovulation or ovulation stimulated only by clomiphene citrate, and including quantitative estimation of hormones, ultrasound examinations, all treatment counselling and embryology laboratory services - but excluding services for treatment involving surrogacy arrangements, frozen embryo transfer or donated embryos or ova or involving the use of drugs to induce superovulation - all such services rendered during the one treatment cycle - only where rendered in conjunction with item 845 (not associated with item 791, 793, 794, 840, 841, 847, 960, 963, 2021 or 2024-2034)
<hr/>		
843		<b>New item introduced:</b> Planning and management of a referred patient by a specialist for the purpose of treatment by assisted reproductive technologies including in vitro fertilisation, gamete intra-fallopian transfer and similar procedures, or for artificial insemination but excluding services related to surrogacy arrangements - payable once only during the one treatment cycle (not associated with item 104 or 105)
<hr/>		
844	850	<b>Item number changed service description unchanged:</b> Tonography - in the investigation or management of glaucoma, one or both eyes - using an electrical tonography machine producing a directly recorded tracing

ITEM NO.  
OLD

DETAILS OF CHANGES

NEW

---

845      **New item introduced:**  
Oocyte retrieval by any means including laparoscopy or ultrasound-guided ova flushing, for the purposes of assisted reproductive technologies including in vitro fertilisation, gamete intra-fallopian transfer and similar procedures, excluding services related to surrogacy arrangements - where rendered in conjunction with item 840 or 842 (not associated with item 104, 105, 841 or 4194) (AU 9)

---

846      **New item introduced:**  
Transfer of embryos or both ova and sperm to the female reproductive system, by any means (including laparoscopy and gamete intra-fallopian transfer) excluding services related to: the transfer of frozen or donated embryos; artificial insemination; or surrogacy arrangements - where rendered in conjunction with item 840 or 842 - all such services rendered in the one treatment cycle (not associated with item 104, 105, 841, 960, 963 or 4194). (AU 9)

---

847      **New item introduced:**  
Preparation and transfer of frozen or donated embryos or both ova and sperm, to the female reproductive system, by any means (including laparoscopy) and including quantitative estimation of hormones and all treatment counselling but excluding services provided for the purposes of artificial insemination or surrogacy arrangements - all such services rendered in the one treatment cycle (not associated with item 104, 105, 840, 841, 842, 845, 846, 960, 963, 2021, 2024-2034 or 4194). (AU 9)

---

848      **New item introduced:**  
Preparation of semen for the purposes of assisted reproductive technologies including in vitro fertilisation and gamete intra-fallopian transfer or for artificial insemination using donated or husband's sperm, but excluding services related to surrogacy arrangements (not associated with item 2370-2373, 2377 or 2378).

---



ITEM NO.  
OLD            NEW

DETAILS OF CHANGES

---

Division 5

877            **Description amended to read:**  
Impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed by, or on behalf of, a specialist in the practice of his or her specialty, where the patient is referred by a medical practitioner - not associated with a service covered by Item 863, 865, 870 or 874

---

878            **Description amended to read:**  
Impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed by, or on behalf of, a specialist in the practice of his or her specialty, where the patient is referred by a medical practitioner - in association with a service covered by Item 863, 865, 870 or 874

---

879            **New item introduced:**  
Impedance audiogram where the patient is not referred by a medical practitioner - one examination in any four week period

---

Division 8

910            **New item introduced:**  
Two Dimensional real time transoesophageal echocardiographic examination of the heart, not associated with any other echocardiographic examination

---

911            **New item introduced:**  
Two Dimensional real time transoesophageal echocardiographic examination of the heart, associated with another echocardiographic examination

---

ITEM NO.  
OLD            NEW

DETAILS OF CHANGES

---

PART 8A - RADIOTHERAPY

2894            **Description amended to read:**  
Intrauterine treatment alone using radioactive sealed sources having a half-life greater than 115 days (AU 5)

---

2895            **New item introduced:**  
Intrauterine treatment alone using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum (AU 5)

---

2896            **Description amended to read:**  
Intravaginal treatment alone using radioactive sealed sources having a half-life greater than 115 days (AU 4)

---

2897            **New item introduced:**  
Intravaginal treatment alone using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum (AU 4)

---

2898            **Description amended to read:**  
Combined intrauterine and intravaginal treatment using radioactive sealed sources having a half-life greater than 115 days (AU 5)

---

2899            **New item introduced:**  
Combined intrauterine and intravaginal treatment using radioactive sealed sources having a half-life of less than 115 days including iodine, gold, iridium or tantalum (AU 5)

---

2900            **Description amended to read:**  
Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a region, under general anaesthesia, or epidural or spinal (intrathecal) nerve block, requiring surgical exposure (AU 7)

---

## ITEM NO.

## DETAILS OF CHANGES

OLD

NEW

2902	<b>Description amended to read:</b> Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site (including tongue, mouth, salivary gland, axilla, subcutaneous sites), where the volume treated involves multiple planes but does not require surgical exposure (AU 6)
2903	<b>Description amended to read:</b> Implantation of a sealed radioactive source (having a half-life of less than 115 days including iodine, gold, iridium or tantalum) to a site where the volume treated involves only a single plane but does not require surgical exposure (AU 5)
2905	Item deleted
2906	Item deleted
2908	<b>Description amended to read:</b> Removal of a sealed radioactive source under general anaesthesia, or under epidural or spinal nerve block (AU 4)
2909	Item deleted
2910	<b>New item introduced:</b> Construction and application of a radioactive mould using a sealed source having a half-life greater than 115 days, to treat intracavity, intraoral or intranasal site
2911	<b>Description amended to read:</b> Construction and application of a radioactive mould using a sealed source having a half-life less than 115 days including iodine, gold, iridium or tantalum to treat intracavity, intraoral or intranasal sites
2912	<b>Description amended to read:</b> Subsequent applications of radioactive mould referred to in Item 2910 or 2911 - each attendance

**ITEM NO.**  
**OLD**                      **NEW**                      **DETAILS OF CHANGES**

---

**Items 2920-2925 transferred to Part 11 - Nuclear Medicine**  
**THERAPEUTIC NUCLEAR MEDICINE PROCEDURES**

---

2920            8878    **Item number changed and description amended to read:**  
Administration of a therapeutic dose of a radioisotope - not covered by any other item in this Part

---

2921            8882    **Item number changed and description amended to read:**  
Administration of a therapeutic dose of Iodine 131 for thyroid cancer by single dose technique

---

2921            8884    **Item number changed and description amended to read:**  
Administration of a therapeutic dose of Iodine 131 for thyrotoxicosis by single dose technique

---

2923            8886    **Item number changed and description amended to read:**  
Intravenous administration of a therapeutic dose of Phosphorous 32

---

2925            8880    **Item number changed and description amended to read:**  
Intra-cavitary administration of a therapeutic dose of Yttrium 90 (not including preliminary paracentesis) (AU 5)

---

**PART 10 - OPERATIONS**

**Division 1**

**New item introduced:**

3348    Premalignant skin lesions, treatment of, by galvanocautery or electrodesiccation or cryocautery (10 or more lesions) (AU 4)

---

3349            **Description amended to read:**  
Neoplastic skin lesions, excluding viral verrucae (common warts) and seborrheic keratoses, treatment by electrosurgical destruction, simple curettage or shave excision, not covered by Item 3350, 3351 or 3352 - (one or more lesions) (AU 4)

---

ITEM NO.  
OLD            NEW

DETAILS OF CHANGES

---

3350		<b>Description amended to read:</b> Cancer of skin or mucous membrane, removal by serial curettage or liquid nitrogen cryosurgery using repeat freeze-thaw cycles, not covered by item 3351 or 3352 (AU 6)
3351		<b>Description amended to read:</b> Cancer of skin or mucous membrane, removal by serial curettage or liquid nitrogen cryosurgery using repeat freeze-thaw cycles (more than 3 but not more than 10 lesions) (AU 9)
3352		<b>Description amended to read:</b> Cancer of skin or mucous membrane, removal by serial curettage or liquid nitrogen cryosurgery using repeat freeze-thaw cycles (more than 10 lesions) (AU 13)
3713(G)} 3718(S)}	3718	<b>G and S differential removed - service description unchanged:</b> Laparotomy (exploratory) including associated biopsies, where no other intra-abdominal procedure is performed (AU 9)
	3719	<b>New item introduced:</b> Liver biopsy by wedge excision when performed in association with another intra-abdominal procedure (AU 11)
3726		<b>Description amended to read:</b> Laparotomy involving division of peritoneal adhesions (where no other intra-abdominal procedure is performed) (AU 14)
	3727	<b>New item introduced:</b> Laparotomy involving division of adhesions in association with another intra-abdominal procedure where the time taken to divide the adhesions exceeds 45 minutes (AU 14)

---

ITEM NO. OLD	NEW	DETAILS OF CHANGES
3739(G) 3745(S)}	3745	<b>G and S differential removed and description amended to read:</b> Laparotomy involving operation on abdominal viscera (including pelvic viscera), not covered by any other item in this Part (AU 12)
3847		<b>Amend description to read:</b> Oesophagoscopy (not covered by item 5464 or 5480), gastroscopy, duodenoscopy or panendoscopy (one or more such procedures), with or without biopsy, not associated with item 3849 or 3851 (AU 6)
3849		<b>Description amended to read:</b> Oesophagoscopy (not covered by item 5464 or 5480), gastroscopy, duodenoscopy or panendoscopy (one or more such procedures), with endoscopic sclerosing injection of oesophageal or gastric varices, not associated with item 3847 or 3851 (AU 7)
3851		<b>Description amended to read:</b> Oesophagoscopy (not covered by item 5464, 5480 or 5486), 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, not associated with item 3847 or 3849 (AU 7)
	3853	<b>New item introduced:</b> Oesophageal prosthesis, insertion of, including endoscopy and dilatation (AU 9)
3860		<b>Description amended to read:</b> Endoscopic retrograde cholangio-pancreatography (AU 8)
	3864	<b>New item introduced:</b> Biliary manometry (AU 9)

ITEM NO. OLD	NEW	DETAILS OF CHANGES
	3866	<b>New item introduced:</b> Endoscopic biliary dilatation (AU 11)
	3867	<b>New item introduced:</b> Bile duct, endoscopic stenting of (including endoscopy and dilatation) (AU 11)
	3868	<b>New item introduced:</b> Percutaneous endoscopic gastrostomy (initial procedure) (AU 10)
	3869	<b>New item introduced:</b> Percutaneous endoscopic gastrostomy (repeat procedure) (AU 10)
	3870	<b>New item introduced:</b> Endoscopic laser therapy for malignancy of upper or lower gastrointestinal tract (AU 12)
3894(G)} 3898(S)}	3898	<b>G and S differential removed - service description unchanged:</b> Gastro-enterostomy (including gastroduodenoscopy) or entro-colostomy or enteroenterostomy (AU 12)
3976(G)} 3981(S)}	3981	<b>G and S differential removed and description amended to read:</b> Enterostomy or colostomy, closure of - not involving resection of bowel (AU 11)
3986		Item deleted
3988		<b>Description amended to read:</b> Colostomy or ileostomy, refashioning of (AU 10)
4018		Item deleted
	4038	<b>New item introduced:</b> Small intestine, resection of, without anastomosis (including formation of stoma)(AU 17)
4039(G)} 4043(S)}	4042	<b>G and S differential removed, item number changed and description amended to read:</b> Small intestine, resection of, with anastomosis (AU 18)

ITEM NO.  
OLD

DETAILS OF CHANGES

NEW

---

4044	<b>New item introduced:</b> Large intestine, resection of, without anastomosis, including right hemicolectomy (including formation of stoma) (AU 18)
4045	<b>New item introduced:</b> Large intestine, resection of, with anastomosis, including right hemicolectomy (AU 20)
4046	<b>Description amended to read:</b> Left hemicolectomy, including the descending and sigmoid colon (including formation of stoma) (AU 15)
4047	<b>New item introduced:</b> Total colectomy and ileostomy (AU 22)
4048	<b>Description amended to read:</b> Total colectomy and ileo-rectal anastomosis (AU 20)
4065	<b>New item introduced:</b> Rectum, high restorative anterior resection with intraperitoneal anastomosis (of the rectum) greater than 10 centimetres from the anal verge - excluding resection of sigmoid colon alone (AU 22)
4068	<b>Item number changed and description amended to read:</b> 4067 Rectum, low restorative anterior resection with extraperitoneal anastomosis (of the rectum) less than 10 centimetres from the anal verge (AU 26)
4070	<b>Description amended to read:</b> Rectosigmoidectomy - (Hartmann's operation) (AU 15)
4071	<b>Description amended to read:</b> Restoration of bowel continuity following Hartmann's operation, including dismantling of colostomy (AU 15)

---



ITEM NO.  
OLD

DETAILS OF CHANGES

NEW

---

4087(G)}	4093	<b>G and S differential removed - service description unchanged:</b> Laparotomy for drainage of pelvic abscess, appendiceal abscess, ruptured appendix or for peritonitis from any cause; with or without appendectomy (AU 10)
4093(S)}		

---

4165		<b>Item deleted</b>
------	--	---------------------

---

4366(G)}	4365	<b>G and S differential removed, item number changed and description amended to read:</b> Sigmoidoscopic examination with diathermy or resection of one or more polyps where the time taken is less than or equal to 45 minutes (AU 7)
4367(S)}		

---

	4368	<b>New item introduced:</b> Sigmoidoscopic examination with diathermy or resection of one or more polyps where the time taken is greater than 45 minutes (AU 10)
--	------	---

---

4380		<b>Description amended to read:</b> Rectal biopsy, full thickness, under general anaesthesia, or under epidural or spinal (intrathecal) nerve block where undertaken in a hospital or approved day-hospital facility (AU 6)
------	--	--

---

4386		<b>Description amended to read:</b> Flexible fibreoptic sigmoidoscopy or fibreoptic colonoscopy up to the hepatic flexure with removal of one or more polyps - not covered by item 4365 (AU 10)
------	--	--

---

	4395	<b>New item introduced:</b> Rectal tumour of five centimetres or less in diameter, per anal submucosal excision of (excluding snare diathermy) (AU 10)
--	------	---

---

4397		<b>Description amended to read:</b> Rectal tumour of greater than five centimetres in diameter, per anal submucosal excision of (AU 14)
------	--	--

---

ITEM NO.  
OLD

NEW

DETAILS OF CHANGES

---

4398		<b>New item introduced:</b> Anorectal carcinoma - per anal full thickness excision of (AU 13)
4399		<b>Description amended to read:</b> Rectal tumour, trans-sphincteric excision of (Kraske or similar operation) (AU 13)
4411		<b>New item introduced:</b> Rectal stricture, per anal release of (AU 8)
4413		<b>Description amended to read:</b> Rectal prolapse, abdominal repair of (AU 13)
4467		<b>Description amended to read:</b> Rectal prolapse, perineal repair of (AU 6)
4482		<b>Description amended to read:</b> Anal stricture, anoplasty for (AU 7)
4490	8397	<b>Item number changed - service description unchanged</b> Anal sphincterotomy as an independent procedure for Hirschsprung's disease (AU 6)
4492		<b>Description amended to read:</b> Anal incontinence, Parks' intersphincteric procedure for (AU 12)
4493		<b>New item introduced:</b> Anal sphincter, direct repair of (AU 12)
4507		<b>New item introduced:</b> Haemorrhoids or rectal prolapse - sclerotherapy for (AU 6)
4509		<b>Description amended to read:</b> Haemorrhoids or rectal prolapse - rubber band ligation of with or without sclerotherapy, cryosurgery or infra red therapy for (AU 5)
4510		Item deleted

---

ITEM NO.  
OLD

NEW

DETAILS OF CHANGES

---

4523(G)} 4527(S)}	4527	G and S differential removed and description amended to read: Haemorrhoidectomy (AU 8)
4534	4533	Item number changed and description amended to read: Anal polyps, excision of one or more of (AU 5)
	4535	New item introduced: Anal skin tags, excision of one or more of (AU 7)
	4536	New item introduced: Perianal thrombosis, incision of (AU 7)
4537(G)} 4544(S)}	4544	G and S differential removed and description amended to read: Operation for fissure-in-ano including excision, or sphincterotomy, but excluding dilatation only (AU 6)
4552(G)} 4557(S)}	4557	G and S differential removed - service description unchanged: Fistula in ano, subcutaneous, excision of (AU 7)
4568(G)} 4573(S)}	4572	G and S differential removed, item number changed and description amended to read: Anal fistula, excision of, involving lower half of the anal sphincter mechanism (AU 7)
	4574	New item introduced: Anal fistula, excision of, involving the upper half of the anal sphincter mechanism (AU 11)
	4575	New item introduced: Anal fistula, repair of by mucosal flap advancement (AU 15)
	4576	New item introduced: Fistula wound - review of, under general anaesthetic (AU 7)

---

ITEM NO.  
OLD

NEW

DETAILS OF CHANGES

---

4578	<b>New item introduced:</b> Anorectal examination, with or without biopsy, under general anaesthetic, not associated with any other item in this Part (AU 6)
4580	<b>New item introduced:</b> Intra-anal, perianal or ischio-rectal abscess, drainage of (excluding aftercare) (AU 8)
4583	<b>New item introduced:</b> Anal warts, removal of under general anaesthesia, or under regional or field nerve block (excluding pudendal block) requiring admission to a hospital or approved day-hospital facility, where the time taken is less than or equal to 45 minutes (AU 6)
4584	<b>New item introduced:</b> Anal warts, removal of under general anaesthesia, or under regional or field nerve block (excluding pudendal block) requiring admission to a hospital or approved day-hospital facility, where the time taken is greater than 45 minutes (AU 11)
4586	<b>New item introduced:</b> Intestinal sling procedure prior to radiotherapy (AU 15)
4588	<b>New item introduced:</b> Colonic lavage, total, intra operative (AU 12)
5470	Division 3 <b>Description amended to read:</b> Oesophageal and anastomotic stricture, endoscopic dilatation of (AU 7)
8105	Division 11 <b>Description amended to read:</b> Joint or other synovial cavity, aspiration of, injection into, or both of these procedures; payable on not more than 25 occasions in any twelve month period (AU 5)
8875	<b>PART 11 NUCLEAR MEDICINE</b> Item deleted

---

ITEM NO.  
OLD

NEW

DETAILS OF CHANGES

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

9065		Item deleted
9423	4218	Item number changed and description amended to read: Total colectomy with excision of rectum and ileoanal anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomy - one surgeon (AU 36)
9424	4219	Item number changed and description amended to read: Total colectomy with excision of rectum and ileoanal anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomy - conjoint surgery, abdominal surgeon (including aftercare) (AU 30)
9425	4220	Item number changed and description amended to read: Total colectomy with excision of rectum and ileoanal anastomosis with formation of ileal reservoir - conjoint surgery, perineal surgeon
9426	4228	Item number changed and description amended to read: Ileostomy closure with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy - one surgeon (AU 30)
9427	4229	Item number changed and description amended to read: Ileostomy closure with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy - conjoint surgery, abdominal surgeon (including aftercare) (AU 26)
9428	4230	Item number changed and description amended to read: Ileostomy closure with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy - conjoint surgery, perineal surgeon

ITEM NO.  
OLD            NEW

DETAILS OF CHANGES

---

9429            4231            Item number changed - service description  
unchanged  
Ileostomy reservoir, continent type, creation  
of, including conversion of existing ileostomy  
where appropriate (AU 30)

---

9435            3728            Item number changed and description amended to  
read:  
Laparotomy with division of extensive adhesions  
(duration greater than 2 hours) with or without  
insertion of long intestinal tube (AU 20)

---

MEDICARE BENEFITS ADVISORY COMMITTEE (MBAC)  
RECOMMENDATIONS

3004(82)                   Item deleted

---

3004(224)                 Item deleted

---

3004(256)               **New item introduced:**  
Aneurysm, thoracicaortic resection and grafting  
(AU 42)

---

3004(257)               **New item introduced:**  
Halo-pelvic (femoral) traction, application and  
management (AU 12)

---

3004(258)               **New item introduced:**  
Full thickness laceration of lip with separate  
apposition of each layer (AU 7)

---

3004(259)               **New item introduced:**  
Clitoroplasty, with relocation of urethral  
orifice, reduction of

---

3004(260)               **New item introduced:**  
Mitrofanoff continent valve, insertion of

---

3004(261)               **New item introduced:**  
Full face chemical peel for severely sun-damaged  
skin performed in operating theatre of a  
hospital or approved day hospital facility

---

ITEMS TO BE SUBSTITUTED IN THE 1 MAY 1990 PATHOLOGY SERVICES TABLE

ITEM NO OLD	NEW	DETAILS OF CHANGE
		Division 1
1163		<b>Description amended to read:</b> Blood count consisting of erythrocyte count, C-reactive protein, erythrocyte sedimentation rate, blood viscosity, haematocrit, haemoglobin, platelet count, leucocyte count, reticulocyte count - one or two procedures. SP
1164		<b>Description amended to read:</b> Blood count consisting of erythrocyte count, C-reactive protein, erythrocyte sedimentation rate, blood viscosity, haematocrit, haemoglobin, platelet count, leucocyte count, reticulocyte count - one or two procedures. OP
		Division 2
1579		<b>Description amended to read:</b> Immunological tests for human haemoglobin in faeces performed in any twenty eight day period, including chemical test if performed - one estimation. SP
1580		<b>Description amended to read:</b> Immunological tests for human haemoglobin in faeces performed in any twenty eight day period, including chemical test if performed - one estimation. OP
1590		<b>Description amended to read:</b> Quantitative estimation of blood gases including tests performed from - pO <sub>2</sub> , oxygen saturation, pCO <sub>2</sub> , bicarbonate, pH, and any other measurement (eg. haemoglobin, potassium) or calculation performed on the same specimen - one or more estimation on one specimen. SP
1591		<b>Description amended to read:</b> Quantitative estimation of blood gases including tests performed from - pO <sub>2</sub> , oxygen saturation, pCO <sub>2</sub> , bicarbonate, pH, and any other measurement (eg. haemoglobin, potassium) or calculation performed on the same specimen - one or more estimation on one specimen. OP
1712		<b>Description amended to read:</b> 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 and not elsewhere specified in the Schedule - one estimation. SP



ITEM NO      DETAILS OF CHANGE  
OLD            NEW

---

1713	<b>Description amended to read:</b> 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 and not elsewhere specified in the Schedule - one estimation. OP
1734	<b>Description amended to read:</b> 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 or lipoprotein electrophoresis (only when the Cholesterol is >6.5 mmol/l and Triglyceride >3.0 mmol/l or in the diagnosis of types III and IV hyperlipidemia), including the preliminary quantitation of total protein, albumin and globulin or of total relevant enzyme activity - one examination to a maximum of two examinations in any twelve month period. SP
1735	<b>Description amended to read:</b> 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 or lipoprotein electrophoresis (only when the Cholesterol is >6.5 mmol/l and Triglyceride >3.0 mmol/l or in the diagnosis of types III and IV hyperlipidemia), including the preliminary quantitation of total protein, albumin and globulin or of total relevant enzyme activity - one examination to a maximum of two examinations in any twelve month period. OP
1736	<b>Description amended to read:</b> Electrophoresis, quantitative or qualitative of concurrently collected, or collected within a twenty eight day period, serum, urine or other body fluid to demonstrate protein classes or presence and amount of paraprotein, including the preliminary quantitation of total protein, albumin and globulin or of total relevant enzyme activity - two or more examinations. SP

---

ITEM NO	DETAILS OF CHANGE
OLD	NEW

---

1737	<p><b>Description amended to read:</b>            Electrophoresis, quantitative or qualitative of concurrently collected, or collected within a twenty eight day period, serum, urine or other body fluid to demonstrate protein classes or presence and amount of paraprotein, including the preliminary quantitation of total protein, albumin and globulin or of total relevant enzyme activity - two or more examinations.            OP</p>
------	--

---

1738	<p><b>Description amended to read:</b>            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), Prealbumin, Prostate Specific Antigen, Prostatic Acid Phosphatase, Transferrin (unless specified in item 1752), and, in the follow up of proven malignancy, Mucin-like carcinoma associated antigen, 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. SP</p>
------	--

---

1739	<p><b>Description amended to read:</b>            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), Prealbumin, Prostate Specific Antigen, Prostatic Acid Phosphatase, Transferrin (unless specified in item 1753), and, in the follow up of proven malignancy, Mucin-like carcinoma associated antigen, 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. OP</p>
------	--

---

1791	<p><b>Description amended to read:</b>            Acetoacetate, alcohol, aminoacids, ammonia, angiotensin converting enzyme, betahydroxybutyrate, cholinesterase, cystine (cysteine), total free fatty acids, histamine, hydroxyindoleacetic acid, hydroxyproline, lactate, neonatal bilirubin (one or more fractions), oxalate, pyruvate, serotonin, xylose, zinc - one quantitative estimation. SP</p>
------	--

---

ITEM NO OLD	DETAILS OF CHANGE NEW
1792	<p><b>Description amended to read:</b>            Acetoacetate, alcohol, aminoacids, ammonia, angiotensin converting enzyme, betahydroxybutyrate, cholinesterase, cystine (cysteine), total free fatty acids, histamine, hydroxyindoleacetic acid, hydroxyproline, lactate, neonatal bilirubin (one or more fractions), oxalate, pyruvate, serotonin, xylose, zinc - one quantitative estimation. OP</p>
1963	<p><b>Description amended to read:</b>            Faecal Fat, Breath Hydrogen measurements in response to loading with disaccharides - one or more quantitative estimations within any twenty eight day period. SP</p>
1964	<p><b>Description amended to read:</b>            Faecal Fat, Breath Hydrogen measurements in response to loading with disaccharides - one or more quantitative estimations within any twenty eight day period. OP</p>
1989	<p><b>New item introduced:</b>            Growth hormone suppression by glucose loading, Growth hormone stimulation by exercise, Dexamethasone suppression test, L-Dopa stimulation of growth hormone, where physically performed by a recognised pathologist - one or more procedures. SP</p>
1990	<p><b>New item introduced:</b>            Growth hormone suppression by glucose loading, Growth hormone stimulation by exercise, Dexamethasone suppression test, L-Dopa stimulation of growth hormone, where physically performed by a recognised pathologist - one or more procedures. OP</p>
1991	<p><b>New item introduced:</b>            Gonadotrophin releasing hormone stimulation test, Synacthen stimulation test, Glucagon stimulation test with C-peptide measurement, Pentagastrin stimulation of thyrocalcitonin release, Secretin stimulation of gastrin release, Insulin hypoglycaemia, Arginine infusion, where physically performed by a recognised pathologist - one procedure. SP</p>

ITEM NO OLD	DETAILS OF CHANGE NEW
----------------	--------------------------

---

**New item introduced:**

1992 Gonadotrophin releasing hormone stimulation test, Synacthen stimulation test, Glucagon stimulation test with C-peptide measurement, Pentagastrin stimulation of thyrocalcitonin release, Secretin stimulation of gastrin release, Insulin hypoglycaemia, Arginine infusion, where physically performed by a recognised pathologist - one procedure. OP

---

**New item introduced:**

1993 Two or more procedures specified in item 1991. SP

---

**New item introduced:**

1994 Two or more procedures specified in item 1992. OP

---

**Description amended to read:**

2021 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, Human Placental Lactogen, 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. SP

---

**Description amended to read:**

2024 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, Human Placental Lactogen, 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. OP

---

ITEM NO	DETAILS OF CHANGE
OLD	NEW
2039	<p><b>Description amended to read:</b>            HDL Cholesterol, estimation of, in patients with serum cholesterol &gt;5.5mmol/l or those on prescribed lipid lowering drugs - each estimation to a maximum of four estimations in any twelve month period. SP</p>
2040	<p><b>Description amended to read:</b>            HDL Cholesterol, estimation of, in patients with serum cholesterol &gt;5.5mmol/l or those on prescribed lipid lowering drugs - each estimation to a maximum of four estimations in any twelve month period. OP</p>
2083	<p>Division 3  <b>Description amended to read:</b>            Microscopic examination 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. SP</p>
2084	<p><b>Description amended to read:</b>            Microscopic examination 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. OP</p>
2117	<p><b>Description amended to read:</b>            Cultural examination (including the detection of clostridial toxins or 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. SP</p>

ITEM NO      DETAILS OF CHANGE  
OLD            NEW

---

2118            **Description amended to read:**  
Cultural examination (including the detection of clostridial toxins or 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. OP

---

2129            **Description amended to read:**  
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 or detection of Clostridium difficile toxin except where item 2117 has been performed - one or more estimations. SP

---

2130            **Description amended to read:**  
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 or detection of Clostridium difficile toxin except where item 2118 has been performed - one or more estimations. OP

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

Item No.	Schedule Fee (All States) \$	Medicare Benefit			Item No.	Schedule Fee (All States) \$	Medicare Benefit		
		85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$			85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$
3	10.80	9.20	9.20	8.10	92				
4	27.00	22.95	22.95	20.25	93				
13					95				
19					96				
20					97	42.50	36.15	36.15	31.90
23	22.50	19.15	19.15	16.90	98	42.50	36.15	36.15	31.90
24	38.50	32.75	32.75	28.90	101	20.50	17.45	17.45	15.40
25					102	28.50	24.25	24.25	21.40
33					104	57.00	48.45	48.45	42.75
35					105	28.50	24.25	24.25	21.40
36	41.00	34.85	34.85	30.75	107	83.00	70.55	70.55	62.25
37	57.00	48.45	48.45	42.75	108	53.00	45.05	45.05	39.75
38					110	100.00	85.00	85.00	75.00
40					116	50.00	42.50	42.50	37.50
43					119	28.50	24.25	24.25	21.40
44	60.00	51.00	51.00	45.00	122	122.00	103.70	103.70	91.50
47	76.00	64.60	64.60	57.00	128	74.00	62.90	62.90	55.50
48					131	53.00	45.05	45.05	39.75
50					134	29.00	24.65	24.65	21.75
51					136	58.00	49.30	49.30	43.50
52	10.60	9.05	9.05	7.95	138	84.00	71.40	71.40	63.00
53	20.50	17.45	17.45	15.40	140	116.00	98.60	98.60	87.00
54	37.00	31.45	31.45	27.75	142	142.00	122.00	120.70	106.50
57	59.00	50.15	50.15	44.25	144	53.00	45.05	45.05	39.75
58	23.00	19.55	19.55	17.25	146	83.00	70.55	70.55	62.25
59	30.50	25.95	25.95	22.90	148	116.00	98.60	98.60	87.00
60	49.50	42.10	42.10	37.15	150	140.00	120.00	119.00	105.00
65	71.00	60.35	60.35	53.25	152	166.00	146.00	141.10	124.50
81					160	82.00	69.70	69.70	61.50
83					161	134.00	114.00	113.90	100.50
84					162	186.00	166.00	160.00	139.50
86					163	235.00	215.00	209.00	176.25
87					164	285.00	265.00	259.00	213.75
89					170	87.00	73.95	73.95	65.25
90					171	92.00	78.20	78.20	69.00
91					172	112.00	95.20	95.20	84.00

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

Item No.	Schedule Fee	Medicare Benefit		
	(All States) \$	85%/20 \$	85%/26 (1.1.91) \$	75% \$
190	20.50	17.45	17.45	15.40
192	205.00	185.00	179.00	153.75
194	158.00	138.00	134.30	118.50
196	270.00	250.00	244.00	202.50
198	230.00	210.00	204.00	172.50
201	106.00	90.10	90.10	79.50
204	450.00	430.00	424.00	337.50
205	580.00	560.00	554.00	435.00
210	415.00	395.00	389.00	311.25
242	14.80	12.60	12.60	11.10
246	14.80	12.60	12.60	11.10
247	14.80	12.60	12.60	11.10
248	14.80	12.60	12.60	11.10
250	110.00	93.50	93.50	82.50
258	146.00	126.00	124.10	109.50
267	42.00	35.70	35.70	31.50
273	14.80	12.60	12.60	11.10
274	158.00	138.00	134.30	118.50
275	196.00	176.00	170.00	147.00
278	42.00	35.70	35.70	31.50
280	170.00	150.00	144.50	127.50
290	24.50	20.85	20.85	18.40
295	42.00	35.70	35.70	31.50
298	76.00	64.60	64.60	57.00
362	116.00	98.60	98.60	87.00
363	116.00	98.60	98.60	87.00
365	230.00	210.00	204.00	172.50
383	172.00	152.00	146.20	129.00

Item No.	Schedule Fee	Medicare Benefit		
	(All States) \$	85%/20 \$	85%/26 (1.1.91) \$	75% \$
190	20.50	17.45	17.45	15.40
192	205.00	185.00	179.00	153.75
194	158.00	138.00	134.30	118.50
196	270.00	250.00	244.00	202.50
198	230.00	210.00	204.00	172.50
201	106.00	90.10	90.10	79.50
204	450.00	430.00	424.00	337.50
205	580.00	560.00	554.00	435.00
210	415.00	395.00	389.00	311.25
242	14.80	12.60	12.60	11.10
246	14.80	12.60	12.60	11.10
247	14.80	12.60	12.60	11.10
248	14.80	12.60	12.60	11.10
250	110.00	93.50	93.50	82.50
258	146.00	126.00	124.10	109.50
267	42.00	35.70	35.70	31.50
273	14.80	12.60	12.60	11.10
274	158.00	138.00	134.30	118.50
275	196.00	176.00	170.00	147.00
278	42.00	35.70	35.70	31.50
280	170.00	150.00	144.50	127.50
290	24.50	20.85	20.85	18.40
295	42.00	35.70	35.70	31.50
298	76.00	64.60	64.60	57.00
362	116.00	98.60	98.60	87.00
363	116.00	98.60	98.60	87.00
365	230.00	210.00	204.00	172.50
383	172.00	152.00	146.20	129.00



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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States)	85%/20	85%/26 (1.1.91)	75%		(All States)	85%/20	85%/26 (1.1.91)	75%
	\$	\$	\$	\$		\$	\$	\$	\$
401	11.00	9.35	9.35	8.25	481	77.00	65.45	65.45	57.75
403	22.00	18.70	18.70	16.50	482				
404	33.00	28.05	28.05	24.75	483				
405	44.00	37.40	37.40	33.00	484				
406	55.00	46.75	46.75	41.25	485				
407	66.00	56.10	56.10	49.50	486	11.00	9.35	9.35	8.25
408	77.00	65.45	65.45	57.75	487	110.00	93.50	93.50	82.50
409	88.00	74.80	74.80	66.00	488				
443	99.00	84.15	84.15	74.25	489	88.00	74.80	74.80	66.00
450	110.00	93.50	93.50	82.50	490	88.00	74.80	74.80	66.00
453	120.00	102.00	102.00	90.00	492	370.00	350.00	344.00	277.50
454	132.00	112.20	112.20	99.00	493	385.00	365.00	359.00	288.75
457	142.00	122.00	120.70	106.50	497	515.00	495.00	489.00	386.25
458	154.00	134.00	130.90	115.50	500	12.20	10.40	10.40	9.15
459	164.00	144.00	139.40	123.00	505	24.50	20.85	20.85	18.40
460	176.00	156.00	150.00	132.00	506	36.50	31.05	31.05	27.40
461	186.00	166.00	160.00	139.50	509	48.50	41.25	41.25	36.40
462	198.00	178.00	172.00	148.50	510	61.00	51.85	51.85	45.75
463	210.00	190.00	184.00	157.50	513	73.00	62.05	62.05	54.75
464	220.00	200.00	194.00	165.00	514	85.00	72.25	72.25	63.75
465	230.00	210.00	204.00	172.50	517	97.00	82.45	82.45	72.75
466	240.00	220.00	214.00	180.00	518	110.00	93.50	93.50	82.50
467	250.00	230.00	224.00	187.50	521	122.00	103.70	103.70	91.50
468	265.00	245.00	239.00	198.75	522	134.00	114.00	113.90	100.50
469	275.00	255.00	249.00	206.25	523	146.00	126.00	124.10	109.50
470	285.00	265.00	259.00	213.75	524	158.00	138.00	134.30	118.50
471	295.00	275.00	269.00	221.25	525	170.00	150.00	144.50	127.50
472	305.00	285.00	279.00	228.75	526	182.00	162.00	156.00	136.50
473	315.00	295.00	289.00	236.25	527	194.00	174.00	168.00	145.50
474	330.00	310.00	304.00	247.50	528	205.00	185.00	179.00	153.75
475	350.00	330.00	324.00	262.50	529	220.00	200.00	194.00	165.00
476	395.00	375.00	369.00	296.25	531	230.00	210.00	204.00	172.50
477	415.00	395.00	389.00	311.25	533	245.00	225.00	219.00	183.75
478	425.00	405.00	399.00	318.75	535	255.00	235.00	229.00	191.25
479	440.00	420.00	414.00	330.00	537	270.00	250.00	244.00	202.50
480	66.00	56.10	56.10	49.50	538	280.00	260.00	254.00	210.00

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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States) \$	85%/20 \$	85%/26 (1.1.91) \$	75% \$		(All States) \$	85%/20 \$	85%/26 (1.1.91) \$	75% \$
539	290.00	270.00	264.00	217.50	576	77.00	65.45	65.45	57.75
540	305.00	285.00	279.00	228.75	577	85.00	72.25	72.25	63.75
541	315.00	295.00	289.00	236.25					
542	330.00	310.00	304.00	247.50					
543	340.00	320.00	314.00	255.00					
544	355.00	335.00	329.00	266.25					
545	365.00	345.00	339.00	273.75					
546	390.00	370.00	364.00	292.50					
547	440.00	420.00	414.00	330.00					
548	465.00	445.00	439.00	348.75					
549	475.00	455.00	449.00	356.25					
550	485.00	465.00	459.00	363.75					
551	73.00	62.05	62.05	54.75					
552	85.00	72.25	72.25	63.75					
553									
554									
556									
557									
558	12.20	10.40	10.40	9.15					
559	122.00	103.70	103.70	91.50					
560									
561	97.00	82.45	82.45	72.75					
562	97.00	82.45	82.45	72.75					
563	415.00	395.00	389.00	311.25					
564	425.00	405.00	399.00	318.75					
565	570.00	550.00	544.00	427.50					
566	44.00	37.40	37.40	33.00					
567	48.50	41.25	41.25	36.40					
568	66.00	56.10	56.10	49.50					
569	73.00	62.05	62.05	54.75					
570	88.00	74.80	74.80	66.00					
571	97.00	82.45	82.45	72.75					
572	66.00	56.10	56.10	49.50					
573	73.00	62.05	62.05	54.75					
574	110.00	93.50	93.50	82.50					
575	122.00	103.70	103.70	91.50					

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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States)	85%/\$20	85%/\$26 (1.1.91)	75%		(All States)	85%/\$20	85%/\$26 (1.1.91)	75%
	\$	\$	\$	\$		\$	\$	\$	\$
748	62.00	52.70	52.70	46.50					
751	26.50	22.55	22.55	19.90					
752	33.50	28.50	28.50	25.15					
753	33.50	28.50	28.50	25.15					
754	26.50	22.55	22.55	19.90					
755	92.00	78.20	78.20	69.00					
756	102.00	86.70	86.70	76.50					
760	46.00	39.10	39.10	34.50					
764	59.00	50.15	50.15	44.25					

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

Item No.	Schedule Fee (All States) \$	Medicare Benefit			Item No.	Schedule Fee (All States) \$	Medicare Benefit			
		85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$			85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$	
767	90.00	76.50	76.50	67.50						

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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States)	85%/\$20	85%/\$26	75%		(All States)	85%/\$20	85%/\$26	75%
	\$	\$	(1.1.91) \$	\$		\$	\$	(1.1.91) \$	\$
770	46.00	39.10	39.10	34.50	824	47.50	40.40	40.40	35.65
774	92.00	78.20	78.20	69.00	831	81.00	68.85	68.85	60.75
777	148.00	128.00	125.80	111.00	833	152.00	132.00	129.20	114.00
780	18.40	15.65	15.65	13.80	836	91.00	77.35	77.35	68.25
781	74.00	62.90	62.90	55.50	839	50.00	42.50	42.50	37.50
782	74.00	62.90	62.90	55.50	840	1475.00	1455.00	1449.00	1106.25
783	110.00	93.50	93.50	82.50	841	370.00	350.00	344.00	277.50
784	110.00	93.50	93.50	82.50	842	635.00	615.00	609.00	476.25
785	110.00	93.50	93.50	82.50	843	63.00	53.55	53.55	47.25
786	285.00	265.00	259.00	213.75	845	270.00	250.00	244.00	202.50
787	124.00	105.40	105.40	93.00	846	84.00	71.40	71.40	63.00
790	184.00	164.00	158.00	138.00	847	635.00	615.00	609.00	476.25
791	32.00	27.20	27.20	24.00	848	38.50	32.75	32.75	28.90
793	93.00	79.05	79.05	69.75	849	27.00	22.95	22.95	20.25
794	56.00	47.60	47.60	42.00	850	46.00	39.10	39.10	34.50
795	34.50	29.35	29.35	25.90	851	81.00	68.85	68.85	60.75
796	48.50	41.25	41.25	36.40	852	5.80	4.95	4.95	4.35
797	63.00	53.55	53.55	47.25	853	73.00	62.05	62.05	54.75
798	63.00	53.55	53.55	47.25	854	108.00	91.80	91.80	81.00
799	50.00	42.50	42.50	37.50	856	46.50	39.55	39.55	34.90
800	45.00	38.25	38.25	33.75	859	91.00	77.35	77.35	68.25
801	68.00	57.80	57.80	51.00	860	112.00	95.20	95.20	84.00
802	90.00	76.50	76.50	67.50	862	14.60	12.45	12.45	10.95
803	82.00	69.70	69.70	61.50	863	17.40	14.80	14.80	13.05
804	215.00	195.00	189.00	161.25	865	24.50	20.85	20.85	18.40
806	112.00	95.20	95.20	84.00	870	33.00	28.05	28.05	24.75
809	152.00	132.00	129.20	114.00	874	40.50	34.45	34.45	30.40
810	74.00	62.90	62.90	55.50	875	77.00	65.45	65.45	57.75
811	100.00	85.00	85.00	75.00	877	22.00	18.70	18.70	16.50
813	148.00	128.00	125.80	111.00	878	13.20	11.25	11.25	9.90
814	100.00	85.00	85.00	75.00	879	5.30	4.55	4.55	4.00
816	76.00	64.60	64.60	57.00	882	29.50	25.10	25.10	22.15
817	112.00	95.20	95.20	84.00	883	30.00	25.50	25.50	22.50
818	128.00	108.80	108.80	96.00	884	29.50	25.10	25.10	22.15
819	126.00	107.10	107.10	94.50	886	38.00	32.30	32.30	28.50
821	91.00	77.35	77.35	68.25	887	33.00	28.05	28.05	24.75

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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States) \$	85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$		(All States) \$	85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$
888	43.50	37.00	37.00	32.65	949	32.00	27.20	27.20	24.00
889	64.00	54.40	54.40	48.00	950	152.00	132.00	129.20	114.00
890	34.50	29.35	29.35	25.90	951	57.00	48.45	48.45	42.75
893	78.00	66.30	66.30	58.50	952	80.00	68.00	68.00	60.00
895	38.00	32.30	32.30	28.50	953	158.00	138.00	134.30	118.50
897	56.00	47.60	47.60	42.00	954	39.50	33.60	33.60	29.65
902	220.00	200.00	194.00	165.00	956	15.40	13.10	13.10	11.55
904	190.00	170.00	164.00	142.50	957	46.00	39.10	39.10	34.50
907	19.00	16.15	16.15	14.25	958	25.00	21.25	21.25	18.75
908	23.00	19.55	19.55	17.25	960	34.00	28.90	28.90	25.50
909	11.60	9.90	9.90	8.70	963	23.50	20.00	20.00	17.65
910	186.00	166.00	160.00	139.50	966	116.00	98.60	98.60	87.00
911	93.00	79.05	79.05	69.75	968	120.00	102.00	102.00	90.00
912	48.00	40.80	40.80	36.00	970	240.00	220.00	214.00	180.00
913	80.00	68.00	68.00	60.00	974	40.00	34.00	34.00	30.00
915	124.00	105.40	105.40	93.00	976	360.00	340.00	334.00	270.00
916	112.00	95.20	95.20	84.00	977	87.00	73.95	73.95	65.25
917	64.00	54.40	54.40	48.00	978	39.00	33.15	33.15	29.25
918	112.00	95.20	95.20	84.00	979	39.00	33.15	33.15	29.25
920	92.00	78.20	78.20	69.00	980	20.50	17.45	17.45	15.40
921	13.60	11.60	11.60	10.20	987	26.00	22.10	22.10	19.50
922	295.00	275.00	269.00	221.25	989	39.00	33.15	33.15	29.25
923	425.00	405.00	399.00	318.75	990	160.00	140.00	136.00	120.00
924	670.00	650.00	644.00	502.50	991	275.00	255.00	249.00	206.25
925	73.00	62.05	62.05	54.75	992	192.00	172.00	166.00	144.00
926	23.50	20.00	20.00	17.65	993	310.00	290.00	284.00	232.50
928	41.00	34.85	34.85	30.75	995	186.00	166.00	160.00	139.50
931	59.00	50.15	50.15	44.25	999	205.00	185.00	179.00	153.75
932	43.00	36.55	36.55	32.25					
934	56.00	47.60	47.60	42.00					
936	87.00	73.95	73.95	65.25					
938	87.00	73.95	73.95	65.25					
939	220.00	200.00	194.00	165.00					
940	79.00	67.15	67.15	59.25					
944	55.00	46.75	46.75	41.25					
947	152.00	132.00	129.20	114.00					

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

Item No.	Schedule Fee (All States) \$	Medicare Benefit			Item No.	Schedule Fee (All States) \$	Medicare Benefit		
		85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$			85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$
2400	138.00	118.00	117.30	103.50	2436	275.00	255.00	249.00	206.25
2401	192.00	172.00	166.00	144.00	2437	350.00	330.00	324.00	262.50
2402	225.00	205.00	199.00	168.75	2438	250.00	230.00	224.00	187.50
2403	460.00	440.00	434.00	345.00	2439	290.00	270.00	264.00	217.50
2404	455.00	435.00	429.00	341.25	2440	365.00	345.00	339.00	273.75
2405	445.00	425.00	419.00	333.75	2441	325.00	305.00	299.00	243.75
2406	355.00	335.00	329.00	266.25	2442	365.00	345.00	339.00	273.75
2407	250.00	230.00	224.00	187.50	2443	510.00	490.00	484.00	382.50
2408	265.00	245.00	239.00	198.75	2444	465.00	445.00	439.00	348.75
2409	375.00	355.00	349.00	281.25	2445	510.00	490.00	484.00	382.50
2410	355.00	335.00	329.00	266.25	2446	615.00	595.00	589.00	461.25
2411	385.00	365.00	359.00	288.75	2447	250.00	230.00	224.00	187.50
2412	420.00	400.00	394.00	315.00	2448	290.00	270.00	264.00	217.50
2413	176.00	156.00	150.00	132.00	2449	400.00	380.00	374.00	300.00
2414	205.00	185.00	179.00	153.75	2450	355.00	335.00	329.00	266.25
2415	275.00	255.00	249.00	206.25	2451	400.00	380.00	374.00	300.00
2416	250.00	230.00	224.00	187.50	2452	510.00	490.00	484.00	382.50
2417	275.00	255.00	249.00	206.25	2453	138.00	118.00	117.30	103.50
2418	385.00	365.00	359.00	288.75	2454	168.00	148.00	142.80	126.00
2419	250.00	230.00	224.00	187.50	2455				
2420	250.00	230.00	224.00	187.50	2458	70.00	59.50	59.50	52.50
2421	285.00	265.00	259.00	213.75	2459	85.00	72.25	72.25	63.75
2422	360.00	340.00	334.00	270.00	2460	132.00	112.20	112.20	99.00
2423	138.00	118.00	117.30	103.50					
2424	168.00	148.00	142.80	126.00					
2425	275.00	255.00	249.00	206.25					
2426	210.00	190.00	184.00	157.50					
2427	255.00	235.00	229.00	191.25					
2428	360.00	340.00	334.00	270.00					
2429	138.00	118.00	117.30	103.50					
2430	168.00	148.00	142.80	126.00					
2431	205.00	185.00	179.00	153.75					
2432	176.00	156.00	150.00	132.00					
2433	205.00	185.00	179.00	153.75					
2434	275.00	255.00	249.00	206.25					
2435	250.00	230.00	224.00	187.50					

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

Item No.	Schedule Fee (All States) \$	Medicare Benefit			Item No.	Schedule Fee (All States) \$	Medicare Benefit		
		85%/20 \$	85%/26 (1.1.91) \$	75% \$			85%/20 \$	85%/26 (1.1.91) \$	75% \$
2502	29.00	24.65	24.65	21.75	2601	74.00	62.90	62.90	55.50
2505	38.50	32.75	32.75	28.90	2604	45.00	38.25	38.25	33.75
2508	29.00	24.65	24.65	21.75	2607	93.00	79.05	79.05	69.75
2512	38.50	32.75	32.75	28.90	2609	128.00	108.80	108.80	96.00
2516	39.50	33.60	33.60	29.65	2611	20.00	17.00	17.00	15.00
2520	52.00	44.20	44.20	39.00	2614	46.00	39.10	39.10	34.50
2524	31.50	26.80	26.80	23.65	2617	38.50	32.75	32.75	28.90
2528	42.00	35.70	35.70	31.50	2621	87.00	73.95	73.95	65.25
2532	48.00	40.80	40.80	36.00	2625	34.50	29.35	29.35	25.90
2537	64.00	54.40	54.40	48.00	2627	46.00	39.10	39.10	34.50
2539	39.50	33.60	33.60	29.65	2630	59.00	50.15	50.15	44.25
2541	52.00	44.20	44.20	39.00	2634	38.50	32.75	32.75	28.90
2543	31.50	26.80	26.80	23.65	2638	21.00	17.85	17.85	15.75
2545	42.00	35.70	35.70	31.50	2642	44.50	37.85	37.85	33.40
2548	46.00	39.10	39.10	34.50	2646	59.00	50.15	50.15	44.25
2551	59.00	50.15	50.15	44.25	2655	42.00	35.70	35.70	31.50
2554	59.00	50.15	50.15	44.25	2656	55.00	46.75	46.75	41.25
2557	96.00	81.60	81.60	72.00	2657	67.00	56.95	56.95	50.25
2560	63.00	53.55	53.55	47.25	2665	46.00	39.10	39.10	34.50
2563	46.00	39.10	39.10	34.50	2672	128.00	108.80	108.80	96.00
2566	63.00	53.55	53.55	47.25	2676	120.00	102.00	102.00	90.00
2569	63.00	53.55	53.55	47.25	2678	150.00	130.00	127.50	112.50
2573	46.00	39.10	39.10	34.50	2681	152.00	132.00	129.20	114.00
2576	46.00	39.10	39.10	34.50	2687	96.00	81.60	81.60	72.00
2579	46.00	39.10	39.10	34.50	2690	64.00	54.40	54.40	48.00
2581	46.00	39.10	39.10	34.50	2694	76.00	64.60	64.60	57.00
2583	46.00	39.10	39.10	34.50	2697	48.00	40.80	40.80	36.00
2585	48.00	40.80	40.80	36.00	2699	34.50	29.35	29.35	25.90
2587	32.00	27.20	27.20	24.00	2703	46.00	39.10	39.10	34.50
2589	76.00	64.60	64.60	57.00	2706	65.00	55.25	55.25	48.75
2590	46.00	39.10	39.10	34.50	2709	89.00	75.65	75.65	66.75
2591	63.00	53.55	53.55	47.25	2711	106.00	90.10	90.10	79.50
2593	48.00	40.80	40.80	36.00	2714	76.00	64.60	64.60	57.00
2595	42.00	35.70	35.70	31.50	2716	89.00	75.65	75.65	66.75
2597	63.00	53.55	53.55	47.25	2718	106.00	90.10	90.10	79.50
2599	54.00	45.90	45.90	40.50	2720	76.00	64.60	64.60	57.00



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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States)	85%/\$20	85%/\$26 (1.1.91)	75%		(All States)	85%/\$20	85%/\$26 (1.1.91)	75%
	\$	\$	\$	\$		\$	\$	\$	\$
2722	74.00	62.90	62.90	55.50	2788	48.00	40.80	40.80	36.00
2724	106.00	90.10	90.10	79.50	2790	84.00	71.40	71.40	63.00
2726	87.00	73.95	73.95	65.25	2792	64.00	54.40	54.40	48.00
2728	144.00	124.00	122.40	108.00	2794	59.00	50.15	50.15	44.25
2730	64.00	54.40	54.40	48.00	2796	59.00	50.15	50.15	44.25
2732					2798				
2734	76.00	64.60	64.60	57.00	2800	42.00	35.70	35.70	31.50
2736	46.00	39.10	39.10	34.50	2802	29.00	24.65	24.65	21.75
2738	47.00	39.95	39.95	35.25	2804	20.00	17.00	17.00	15.00
2740	87.00	73.95	73.95	65.25	2805	176.00	156.00	150.00	132.00
2742	64.00	54.40	54.40	48.00	2807	124.00	105.40	105.40	93.00
2744	81.00	68.85	68.85	60.75	2811	168.00	148.00	142.80	126.00
2746	112.00	95.20	95.20	84.00	2813	38.50	32.75	32.75	28.90
2748	112.00	95.20	95.20	84.00	2815	59.00	50.15	50.15	44.25
2750	112.00	95.20	95.20	84.00	2817	69.00	58.65	58.65	51.75
2751	295.00	275.00	269.00	221.25	2819	51.00	43.35	43.35	38.25
2752	67.00	56.95	56.95	50.25	2823	42.00	35.70	35.70	31.50
2754	46.00	39.10	39.10	34.50	2825	46.00	39.10	39.10	34.50
2756	100.00	85.00	85.00	75.00	2827	42.00	35.70	35.70	31.50
2758	76.00	64.60	64.60	57.00	2831	59.00	50.15	50.15	44.25
2760	87.00	73.95	73.95	65.25	2833	47.00	39.95	39.95	35.25
2762	65.00	55.25	55.25	48.75	2834	47.00	39.95	39.95	35.25
2764	96.00	81.60	81.60	72.00	2837	35.50	30.20	30.20	26.65
2766	96.00	81.60	81.60	72.00	2839	66.00	56.10	56.10	49.50
2768	96.00	81.60	81.60	72.00	2841	59.00	50.15	50.15	44.25
2770	96.00	81.60	81.60	72.00	2843	38.50	32.75	32.75	28.90
2772	96.00	81.60	81.60	72.00	2844	59.00	50.15	50.15	44.25
2773	116.00	98.60	98.60	87.00	2845	44.00	37.40	37.40	33.00
2774	192.00	172.00	166.00	144.00	2847	116.00	98.60	98.60	87.00
2775	260.00	240.00	234.00	195.00	2848	162.00	142.00	137.70	121.50
2776	96.00	81.60	81.60	72.00	2849	76.00	64.60	64.60	57.00
2778	65.00	55.25	55.25	48.75	2851	20.00	17.00	17.00	15.00
2780	65.00	55.25	55.25	48.75	2852	53.00	45.05	45.05	39.75
2782					2853	116.00	98.60	98.60	87.00
2784	48.00	40.80	40.80	36.00	2855	59.00	50.15	50.15	44.25
2786	41.00	34.85	34.85	30.75	2857	76.00	64.60	64.60	57.00

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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States) \$	85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$		(All States) \$	85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$
2859	116.00	98.60	98.60	87.00					

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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States)	85%/\$20	85%/\$26	75%		(All States)	85%/\$20	85%/\$26	75%
	\$	\$	(1.1.91) \$	\$		\$	\$	(1.1.91) \$	\$
2861	28.00	23.80	23.80	21.00	2936	205.00	185.00	179.00	153.75
2863					2938	40.00	34.00	34.00	30.00
2869	63.00	53.55	53.55	47.25	2940	178.00	158.00	152.00	133.50
2871					2942	330.00	310.00	304.00	247.50
2873	35.50	30.20	30.20	26.65	2943	41.00	34.85	34.85	30.75
2875	31.50	26.80	26.80	23.65	2944	184.00	164.00	158.00	138.00
2877					2945	350.00	330.00	324.00	262.50
2879	37.50	31.90	31.90	28.15					
2881									
2883	80.00	68.00	68.00	60.00					
2885									
2887	31.00	26.35	26.35	23.25					
2889									
2891	28.50	24.25	24.25	21.40					
2893									
2894	235.00	215.00	209.00	176.25					
2895	450.00	430.00	424.00	337.50					
2896	220.00	200.00	194.00	165.00					
2897	435.00	415.00	409.00	326.25					
2898	270.00	250.00	244.00	202.50					
2899	480.00	460.00	454.00	360.00					
2900	520.00	500.00	494.00	390.00					
2902	495.00	475.00	469.00	371.25					
2903	450.00	430.00	424.00	337.50					
2908	51.00	43.35	43.35	38.25					
2910	126.00	107.10	107.10	94.50					
2911	340.00	320.00	314.00	255.00					
2912	39.00	33.15	33.15	29.25					
2914	78.00	66.30	66.30	58.50					
2916	94.00	79.90	79.90	70.50					
2918	26.50	22.55	22.55	19.90					
2927	126.00	107.10	107.10	94.50					
2929	162.00	142.00	137.70	121.50					
2930	245.00	225.00	219.00	183.75					
2932	110.00	93.50	93.50	82.50					
2934	142.00	122.00	120.70	106.50					



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

Item No.	Schedule Fee	Medicare Benefit		
	(All States) \$	85%/20 \$	85%/26 (1.1.91) \$	75% \$
2980	315.00	295.00	289.00	236.25

Item No.	Schedule Fee	Medicare Benefit		
	(All States) \$	85%/20 \$	85%/26 (1.1.91) \$	75% \$

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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States)	85%/\$20	85%/\$26	75%		(All States)	85%/\$20	85%/\$26	75%
	\$	\$	(1.1.91) \$	\$		\$	\$	(1.1.91) \$	\$
3004	12.20	10.40	10.40	9.15	3168	122.00	103.70	103.70	91.50
3006	20.50	17.45	17.45	15.40	3173	60.00	51.00	51.00	45.00
3012	31.00	26.35	26.35	23.25	3178	100.00	85.00	85.00	75.00
3016	40.50	34.45	34.45	30.40	3183	122.00	103.70	103.70	91.50
3022	49.00	41.65	41.65	36.75	3194	104.00	88.40	88.40	78.00
3027	87.00	73.95	73.95	65.25	3199	146.00	126.00	124.10	109.50
3033	104.00	88.40	88.40	78.00	3208	190.00	170.00	164.00	142.50
3038	215.00	195.00	189.00	161.25	3213	245.00	225.00	219.00	183.75
3039	420.00	400.00	394.00	315.00	3217	245.00	225.00	219.00	183.75
3041	215.00	195.00	189.00	161.25	3219	64.00	54.40	54.40	48.00
3046	34.50	29.35	29.35	25.90	3220	84.00	71.40	71.40	63.00
3050	60.00	51.00	51.00	45.00	3221	168.00	148.00	142.80	126.00
3058	55.00	46.75	46.75	41.25	3222	215.00	195.00	189.00	161.25
3063	78.00	66.30	66.30	58.50	3223	225.00	205.00	199.00	168.75
3073	60.00	51.00	51.00	45.00	3224	270.00	250.00	244.00	202.50
3082	96.00	81.60	81.60	72.00	3225	335.00	315.00	309.00	251.25
3087	122.00	103.70	103.70	91.50	3226	460.00	440.00	434.00	345.00
3092	78.00	66.30	66.30	58.50	3233	95.00	80.75	80.75	71.25
3098	100.00	85.00	85.00	75.00	3237	114.00	96.90	96.90	85.50
3101	124.00	105.40	105.40	93.00	3247	132.00	112.20	112.20	99.00
3104	168.00	148.00	142.80	126.00	3253	164.00	144.00	139.40	123.00
3106	49.00	41.65	41.65	36.75	3261	215.00	195.00	189.00	161.25
3110	96.00	81.60	81.60	72.00	3265	245.00	225.00	219.00	183.75
3113	15.60	13.30	13.30	11.70	3271	265.00	245.00	239.00	198.75
3116	73.00	62.05	62.05	54.75	3276	555.00	535.00	529.00	416.25
3120	148.00	128.00	125.80	111.00	3281	335.00	315.00	309.00	251.25
3124	184.00	164.00	158.00	138.00	3289	390.00	370.00	364.00	292.50
3130	34.50	29.35	29.35	25.90	3295	555.00	535.00	529.00	416.25
3135	78.00	66.30	66.30	58.50	3301	265.00	245.00	239.00	198.75
3142	100.00	85.00	85.00	75.00	3306	300.00	280.00	274.00	225.00
3148	32.00	27.20	27.20	24.00	3307	300.00	280.00	274.00	225.00
3157	73.00	62.05	62.05	54.75	3308	460.00	440.00	434.00	345.00
3158	39.00	33.15	33.15	29.25	3310	460.00	440.00	434.00	345.00
3159	19.60	16.70	16.70	14.70	3311	655.00	635.00	629.00	491.25
3161	85.00	72.25	72.25	63.75	3314	91.00	77.35	77.35	68.25
3162	114.00	96.90	96.90	85.50	3315	164.00	144.00	139.40	123.00

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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States)	85%/20	85%/26 (1.1.91)	75%		(All States)	85%/20	85%/26 (1.1.91)	75%
	\$	\$	\$	\$		\$	\$	\$	\$
3320	31.50	26.80	26.80	23.65	3530	335.00	315.00	309.00	251.25
3347	98.00	83.30	83.30	73.50	3532	635.00	615.00	609.00	476.25
3348	26.50	22.55	22.55	19.90	3542	655.00	635.00	629.00	491.25
3349	42.00	35.70	35.70	31.50	3547	730.00	710.00	704.00	547.50
3350	84.00	71.40	71.40	63.00	3555	830.00	810.00	804.00	622.50
3351	210.00	190.00	184.00	157.50	3557	890.00	870.00	864.00	667.50
3352	270.00	250.00	244.00	202.50	3563	550.00	530.00	524.00	412.50
3356	29.50	25.10	25.10	22.15	3576	345.00	325.00	319.00	258.75
3363	108.00	91.80	91.80	81.00	3581	260.00	240.00	234.00	195.00
3366	18.20	15.50	15.50	13.65	3591	385.00	365.00	359.00	288.75
3371	18.20	15.50	15.50	13.65	3597	295.00	275.00	269.00	221.25
3379	78.00	66.30	66.30	58.50	3616	1170.00	1150.00	1144.00	877.50
3384	108.00	91.80	91.80	81.00	3618	245.00	225.00	219.00	183.75
3391	100.00	85.00	85.00	75.00	3622	655.00	635.00	629.00	491.25
3399	182.00	162.00	156.00	136.50	3634	164.00	144.00	139.40	123.00
3404	148.00	128.00	125.80	111.00	3638	480.00	460.00	454.00	360.00
3407	196.00	176.00	170.00	147.00	3647	215.00	195.00	189.00	161.25
3417	100.00	85.00	85.00	75.00	3652	295.00	275.00	269.00	221.25
3425	235.00	215.00	209.00	176.25	3654	132.00	112.20	112.20	99.00
3431	235.00	215.00	209.00	176.25	3664	170.00	150.00	144.50	127.50
3437	490.00	470.00	464.00	367.50	3668	174.00	154.00	148.00	130.50
3444	830.00	810.00	804.00	622.50	3673	215.00	195.00	189.00	161.25
3450	555.00	535.00	529.00	416.25	3678	174.00	154.00	148.00	130.50
3455	295.00	275.00	269.00	221.25	3683	215.00	195.00	189.00	161.25
3459	132.00	112.20	112.20	99.00	3698	390.00	370.00	364.00	292.50
3465	39.00	33.15	33.15	29.25	3700	365.00	345.00	339.00	273.75
3468	78.00	66.30	66.30	58.50	3702	575.00	555.00	549.00	431.25
3472	100.00	85.00	85.00	75.00	3707	100.00	85.00	85.00	75.00
3477	100.00	85.00	85.00	75.00	3718	320.00	300.00	294.00	240.00
3480	196.00	176.00	170.00	147.00	3719	59.00	50.15	50.15	44.25
3495	1170.00	1150.00	1144.00	877.50	3722	345.00	325.00	319.00	258.75
3496	31.00	26.35	26.35	23.25	3726	345.00	325.00	319.00	258.75
3505	79.00	67.15	67.15	59.25	3727	350.00	330.00	324.00	262.50
3509	104.00	88.40	88.40	78.00	3728	615.00	595.00	589.00	461.25
3516	136.00	116.00	115.60	102.00	3730	730.00	710.00	704.00	547.50
3526	265.00	245.00	239.00	198.75	3734	375.00	355.00	349.00	281.25

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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States)	85%/20	85%/26	75%		(All States)	85%/20	85%/26	75%
	\$	\$	(1.1.91) \$	\$		\$	\$	(1.1.91) \$	\$
3745	420.00	400.00	394.00	315.00	3902	465.00	445.00	439.00	348.75
3750	345.00	325.00	319.00	258.75	3922	655.00	635.00	629.00	491.25
3752	116.00	98.60	98.60	87.00	3930	830.00	810.00	804.00	622.50
3754	390.00	370.00	364.00	292.50	3937	835.00	815.00	809.00	626.25
3759	995.00	975.00	969.00	746.25	3938	985.00	965.00	959.00	738.75
3764	345.00	325.00	319.00	258.75	3952	295.00	275.00	269.00	221.25
3783	390.00	370.00	364.00	292.50	3981	395.00	375.00	369.00	296.25
3789	124.00	105.40	105.40	93.00	3988	395.00	375.00	369.00	296.25
3793	390.00	370.00	364.00	292.50	4003	156.00	136.00	132.60	117.00
3798	490.00	470.00	464.00	367.50	4012	635.00	615.00	609.00	476.25
3818	124.00	105.40	105.40	93.00	4038	580.00	560.00	554.00	435.00
3820	575.00	555.00	549.00	431.25	4042	645.00	625.00	619.00	483.75
3822	675.00	655.00	649.00	506.25	4044	685.00	665.00	659.00	513.75
3825	675.00	655.00	649.00	506.25	4045	715.00	695.00	689.00	536.25
3831	575.00	555.00	549.00	431.25	4046	765.00	745.00	739.00	573.75
3834	985.00	965.00	959.00	738.75	4047	905.00	885.00	879.00	678.75
3847	130.00	110.50	110.50	97.50	4048	1000.00	980.00	974.00	750.00
3849	182.00	162.00	156.00	136.50	4052	1231.75	1211.75	1205.75	923.85
3851	182.00	162.00	156.00	136.50	4054	1045.00	1025.00	1019.00	783.75
3853	350.00	330.00	324.00	262.50	4059	375.00	355.00	349.00	281.25
3860	245.00	225.00	219.00	183.75	4065	905.00	885.00	879.00	678.75
3862	375.00	355.00	349.00	281.25	4067	1180.00	1160.00	1154.00	885.00
3864	220.00	200.00	194.00	165.00	4070	660.00	640.00	634.00	495.00
3866	280.00	260.00	254.00	210.00	4071	1000.00	980.00	974.00	750.00
3867	370.00	350.00	344.00	277.50	4074	235.00	215.00	209.00	176.25
3868	235.00	215.00	209.00	176.25	4080	295.00	275.00	269.00	221.25
3869	168.00	148.00	142.80	126.00	4084	82.00	69.70	69.70	61.50
3870	315.00	295.00	289.00	236.25	4093	330.00	310.00	304.00	247.50
3875	390.00	370.00	364.00	292.50	4099	120.00	102.00	102.00	90.00
3882	465.00	445.00	439.00	348.75	4104	60.00	51.00	51.00	45.00
3889	555.00	535.00	529.00	416.25	4109	795.00	775.00	769.00	596.25
3891	655.00	635.00	629.00	491.25	4115	1170.00	1150.00	1144.00	877.50
3892	575.00	555.00	549.00	431.25	4131	340.00	320.00	314.00	255.00
3893	805.00	785.00	779.00	603.75	4133	830.00	810.00	804.00	622.50
3898	465.00	445.00	439.00	348.75	4139	595.00	575.00	569.00	446.25
3900	590.00	570.00	564.00	442.50	4141	480.00	460.00	454.00	360.00



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

Medicare Benefit					Medicare Benefit				
Item No.	Schedule Fee	85%/\$20	85%/\$26 (1.1.91)	75%	Item No.	Schedule Fee	85%/\$20	85%/\$26 (1.1.91)	75%
	(All States)					(All States)			
	\$	\$	\$	\$		\$	\$	\$	\$
4144	490.00	470.00	464.00	367.50	4269	156.00	136.00	132.60	117.00
4173	575.00	555.00	549.00	431.25	4273	194.00	174.00	168.00	145.50
4179	1270.00	1250.00	1244.00	952.50	4288	200.00	180.00	174.00	150.00
4185	310.00	290.00	284.00	232.50	4293	270.00	250.00	244.00	202.50
4192	146.00	126.00	124.10	109.50	4296	345.00	325.00	319.00	258.75
4193	190.00	170.00	164.00	142.50	4307	345.00	325.00	319.00	258.75
4194	270.00	250.00	244.00	202.50	4313	76.00	64.60	64.60	57.00
4197	34.50	29.35	29.35	25.90	4319	31.00	26.35	26.35	23.25
4202	1020.75	1000.75	994.75	765.60	4327	72.00	61.20	61.20	54.00
4209	860.00	840.00	834.00	645.00	4338	100.00	85.00	85.00	75.00
4214	320.00	300.00	294.00	240.00	4345	124.00	105.40	105.40	93.00
4217	1270.00	1250.00	1244.00	952.50	4351	31.50	26.80	26.80	23.65
4218	1540.00	1520.00	1514.00	1155.00	4354	35.50	30.20	30.20	26.65
4219	1415.00	1395.00	1389.00	1061.25	4363	55.00	46.75	46.75	41.25
4220	375.00	355.00	349.00	281.25	4365	124.00	105.40	105.40	93.00
4222	235.00	215.00	209.00	176.25	4368	170.00	150.00	144.50	127.50
4227	310.00	290.00	284.00	232.50	4380	170.00	150.00	144.50	127.50
4228	1540.00	1520.00	1514.00	1155.00	4383	82.00	69.70	69.70	61.50
4229	1415.00	1395.00	1389.00	1061.25	4386	152.00	132.00	129.20	114.00
4230	375.00	355.00	349.00	281.25	4388	245.00	225.00	219.00	183.75
4231	1140.00	1120.00	1114.00	855.00	4394	345.00	325.00	319.00	258.75
4233	345.00	325.00	319.00	258.75	4395	220.00	200.00	194.00	165.00
4238	515.00	495.00	489.00	386.25	4397	420.00	400.00	394.00	315.00
4241	635.00	615.00	609.00	476.25	4398	320.00	300.00	294.00	240.00
4242	390.00	370.00	364.00	292.50	4399	665.00	645.00	639.00	498.75
4243	600.00	580.00	574.00	450.00	4410	420.00	400.00	394.00	315.00
4244	600.00	580.00	574.00	450.00	4411	116.00	98.60	98.60	87.00
4245	710.00	690.00	684.00	532.50	4413	665.00	645.00	639.00	498.75
4246	176.00	156.00	150.00	132.00	4455	46.50	39.55	39.55	34.90
4249	235.00	215.00	209.00	176.25	4467	170.00	150.00	144.50	127.50
4251	200.00	180.00	174.00	150.00	4482	220.00	200.00	194.00	165.00
4254	270.00	250.00	244.00	202.50	4492	320.00	300.00	294.00	240.00
4258	295.00	275.00	269.00	221.25	4493	420.00	400.00	394.00	315.00
4262	345.00	325.00	319.00	258.75	4507	30.00	25.50	25.50	22.50
4265	23.50	20.00	20.00	17.65	4509	45.00	38.25	38.25	33.75
4266	158.00	138.00	134.30	118.50	4527	245.00	225.00	219.00	183.75

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

Item No.	Schedule Fee (All States) \$	Medicare Benefit			Item No.	Schedule Fee (All States) \$	Medicare Benefit		
		85%/20 \$	85%/26 (1.1.91) \$	75% \$			85%/20 \$	85%/26 (1.1.91) \$	75% \$
4533	59.00	50.15	50.15	44.25	4699	795.00	775.00	769.00	596.25
4535	30.00	25.50	25.50	22.50	4702	480.00	460.00	454.00	360.00
4536	30.00	25.50	25.50	22.50	4705	795.00	775.00	769.00	596.25
4544	170.00	150.00	144.50	127.50	4709	725.00	705.00	699.00	543.75
4557	88.00	74.80	74.80	66.00	4715	345.00	325.00	319.00	258.75
4572	220.00	200.00	194.00	165.00	4721	465.00	445.00	439.00	348.75
4574	320.00	300.00	294.00	240.00	4733	390.00	370.00	364.00	292.50
4575	420.00	400.00	394.00	315.00	4738	480.00	460.00	454.00	360.00
4576	88.00	74.80	74.80	66.00	4744	890.00	870.00	864.00	667.50
4578	59.00	50.15	50.15	44.25	4749	855.00	835.00	829.00	641.25
4580	59.00	50.15	50.15	44.25	4754	890.00	870.00	864.00	667.50
4583	116.00	98.60	98.60	87.00	4755	1005.00	985.00	979.00	753.75
4584	170.00	150.00	144.50	127.50	4756	1350.00	1330.00	1324.00	1012.50
4586	245.00	225.00	219.00	183.75	4762	795.00	775.00	769.00	596.25
4588	120.00	102.00	102.00	90.00	4764	1180.00	1160.00	1154.00	885.00
4590	465.00	445.00	439.00	348.75	4766	890.00	870.00	864.00	667.50
4606	295.00	275.00	269.00	221.25	4778	465.00	445.00	439.00	348.75
4611	200.00	180.00	174.00	150.00	4784	600.00	580.00	574.00	450.00
4617	250.00	230.00	224.00	187.50	4789	420.00	400.00	394.00	315.00
4622	64.00	54.40	54.40	48.00	4791	985.00	965.00	959.00	738.75
4630	73.00	62.05	62.05	54.75	4792	1675.00	1655.00	1649.00	1256.25
4633	93.00	79.05	79.05	69.75	4794	1170.00	1150.00	1144.00	877.50
4637	178.00	158.00	152.00	133.50	4798	830.00	810.00	804.00	622.50
4641	330.00	310.00	304.00	247.50	4801	565.00	545.00	539.00	423.75
4649	495.00	475.00	469.00	371.25	4802	710.00	690.00	684.00	532.50
4651	215.00	195.00	189.00	161.25	4806	335.00	315.00	309.00	251.25
4655	215.00	195.00	189.00	161.25	4808	158.00	138.00	134.30	118.50
4658	134.00	114.00	113.90	100.50	4812	124.00	105.40	105.40	93.00
4662	335.00	315.00	309.00	251.25	4813	345.00	325.00	319.00	258.75
4664	360.00	340.00	334.00	270.00	4814	345.00	325.00	319.00	258.75
4665	550.00	530.00	524.00	412.50	4817	655.00	635.00	629.00	491.25
4688	200.00	180.00	174.00	150.00	4822	325.00	305.00	299.00	243.75
4690	335.00	315.00	309.00	251.25	4823	215.00	195.00	189.00	161.25
4693	480.00	460.00	454.00	360.00	4824	245.00	225.00	219.00	183.75
4695	725.00	705.00	699.00	543.75	4825	245.00	225.00	219.00	183.75
4696	790.00	770.00	764.00	592.50	4829	420.00	400.00	394.00	315.00

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

Medicare Benefit					Medicare Benefit				
Item No.	Schedule Fee	85%/20	85%/26	75%	Item No.	Schedule Fee	85%/20	85%/26	75%
	(All States)		(1.1.91)			(All States)		(1.1.91)	
	\$	\$	\$	\$		\$	\$	\$	\$
4830	73.00	62.05	62.05	54.75	5018	220.00	200.00	194.00	165.00
4832	82.00	69.70	69.70	61.50	5024	96.00	81.60	81.60	72.00
4838	136.00	116.00	115.60	102.00	5029	122.00	103.70	103.70	91.50
4844	235.00	215.00	209.00	176.25	5034	235.00	215.00	209.00	176.25
4853	235.00	215.00	209.00	176.25	5038	196.00	176.00	170.00	147.00
4860	235.00	215.00	209.00	176.25	5050	345.00	325.00	319.00	258.75
4864	235.00	215.00	209.00	176.25	5051	480.00	460.00	454.00	360.00
4867	390.00	370.00	364.00	292.50	5055	985.00	965.00	959.00	738.75
4870	310.00	290.00	284.00	232.50	5057				
4877	390.00	370.00	364.00	292.50	5059	55.00	46.75	46.75	41.25
4927	104.00	88.40	88.40	78.00	5062	158.00	138.00	134.30	118.50
4930	128.00	108.80	108.80	96.00	5066	96.00	81.60	81.60	72.00
4934	156.00	136.00	132.60	117.00	5068	108.00	91.80	91.80	81.00
4940	192.00	172.00	166.00	144.00	5069	390.00	370.00	364.00	292.50
4943	184.00	164.00	158.00	138.00	5070	255.00	235.00	229.00	191.25
4948	225.00	205.00	199.00	168.75	5072	620.00	600.00	594.00	465.00
4950	205.00	185.00	179.00	153.75	5073	655.00	635.00	629.00	491.25
4954	250.00	230.00	224.00	187.50	5074	190.00	170.00	164.00	142.50
4957	235.00	215.00	209.00	176.25	5075	390.00	370.00	364.00	292.50
4961	295.00	275.00	269.00	221.25	5078	635.00	615.00	609.00	476.25
4965	122.00	103.70	103.70	91.50	5079	760.00	740.00	734.00	570.00
4969	152.00	132.00	129.20	114.00	5080	850.00	830.00	824.00	637.50
4972	152.00	132.00	129.20	114.00	5081	725.00	705.00	699.00	543.75
4976	196.00	176.00	170.00	147.00	5085	795.00	775.00	769.00	596.25
4979	235.00	215.00	209.00	176.25	5087	345.00	325.00	319.00	258.75
4983	390.00	370.00	364.00	292.50	5091	460.00	440.00	434.00	345.00
4987	795.00	775.00	769.00	596.25	5093	1060.00	1040.00	1034.00	795.00
4990	78.00	66.30	66.30	58.50	5094	1250.00	1230.00	1224.00	937.50
4993	96.00	81.60	81.60	72.00	5095	725.00	705.00	699.00	543.75
4995	118.00	100.30	100.30	88.50	5098	795.00	775.00	769.00	596.25
4997	146.00	126.00	124.10	109.50	5100	985.00	965.00	959.00	738.75
4999	136.00	116.00	115.60	102.00	5101	725.00	705.00	699.00	543.75
5002	168.00	148.00	142.80	126.00	5102	795.00	775.00	769.00	596.25
5006	156.00	136.00	132.60	117.00	5106	685.00	665.00	659.00	513.75
5009	192.00	172.00	166.00	144.00	5108	1620.00	1600.00	1594.00	1215.00
5015	176.00	156.00	150.00	132.00	5112	1620.00	1600.00	1594.00	1215.00

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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States)	85%/20	85%/26	75%		(All States)	85%/20	85%/26	75%
	\$	\$	(1.1.91) \$	\$		\$	\$	(1.1.91) \$	\$
5113	1865.00	1845.00	1839.00	1398.75	5237	91.00	77.35	77.35	68.25
5114	1280.00	1260.00	1254.00	960.00	5241	118.00	100.30	100.30	88.50
5115	1740.00	1720.00	1714.00	1305.00	5242	66.00	56.10	56.10	49.50
5116	795.00	775.00	769.00	596.25	5245	21.50	18.30	18.30	16.15
5117	1035.00	1015.00	1009.00	776.25	5254	61.00	51.85	51.85	45.75
5118	1155.00	1135.00	1129.00	866.25	5264	18.20	15.50	15.50	13.65
5119	1155.00	1135.00	1129.00	866.25	5268	295.00	275.00	269.00	221.25
5127	795.00	775.00	769.00	596.25	5270	345.00	325.00	319.00	258.75
5131	390.00	370.00	364.00	292.50	5277	405.00	385.00	379.00	303.75
5138	725.00	705.00	699.00	543.75	5280	196.00	176.00	170.00	147.00
5143	465.00	445.00	439.00	348.75	5284	78.00	66.30	66.30	58.50
5147	725.00	705.00	699.00	543.75	5288	390.00	370.00	364.00	292.50
5148	1260.00	1240.00	1234.00	945.00	5292	300.00	280.00	274.00	225.00
5152	550.00	530.00	524.00	412.50	5293	595.00	575.00	569.00	446.25
5158	795.00	775.00	769.00	596.25	5295	515.00	495.00	489.00	386.25
5162	96.00	81.60	81.60	72.00	5298	675.00	655.00	649.00	506.25
5166	345.00	325.00	319.00	258.75	5301	320.00	300.00	294.00	240.00
5172	158.00	138.00	134.30	118.50	5305	39.00	33.15	33.15	29.25
5173	760.00	740.00	734.00	570.00	5308	225.00	205.00	199.00	168.75
5174	950.00	930.00	924.00	712.50	5318	515.00	495.00	489.00	386.25
5176	31.50	26.80	26.80	23.65	5320	405.00	385.00	379.00	303.75
5177	95.00	80.75	80.75	71.25	5330	196.00	176.00	170.00	147.00
5182	73.00	62.05	62.05	54.75	5343	31.00	26.35	26.35	23.25
5186	73.00	62.05	62.05	54.75	5345	78.00	66.30	66.30	58.50
5192	48.00	40.80	40.80	36.00	5348	82.00	69.70	69.70	61.50
5196	82.00	69.70	69.70	61.50	5349	82.00	69.70	69.70	61.50
5201	52.00	44.20	44.20	39.00	5350	485.00	465.00	459.00	363.75
5205	55.00	46.75	46.75	41.25	5354	465.00	445.00	439.00	348.75
5210	114.00	96.90	96.90	85.50	5357	390.00	370.00	364.00	292.50
5214	146.00	126.00	124.10	109.50	5358	390.00	370.00	364.00	292.50
5217	320.00	300.00	294.00	240.00	5360	465.00	445.00	439.00	348.75
5229	67.00	56.95	56.95	50.25	5361	635.00	615.00	609.00	476.25
5230	60.00	51.00	51.00	45.00	5362	785.00	765.00	759.00	588.75
5233	108.00	91.80	91.80	81.00	5363	146.00	126.00	124.10	109.50
5234	78.00	66.30	66.30	58.50	5366	196.00	176.00	170.00	147.00
5235	48.00	40.80	40.80	36.00	5389	184.00	164.00	158.00	138.00

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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States)	85%/\$20	85%/\$26	75%		(All States)	85%/\$20	85%/\$26	75%
	\$	\$	(1.1.91) \$	\$		\$	\$	(1.1.91) \$	\$
5392	245.00	225.00	219.00	183.75	5613	245.00	225.00	219.00	183.75
5396	76.00	64.60	64.60	57.00	5615	170.00	150.00	144.50	127.50
5401	96.00	81.60	81.60	72.00	5617	400.00	380.00	374.00	300.00
5407	78.00	66.30	66.30	58.50	5619	164.00	144.00	139.40	123.00
5411	108.00	91.80	91.80	81.00	5636	615.00	595.00	589.00	461.25
5431	60.00	51.00	51.00	45.00	5642	925.00	905.00	899.00	693.75
5445	46.50	39.55	39.55	34.90	5644	615.00	595.00	589.00	461.25
5449	23.50	20.00	20.00	17.65	5645	520.00	500.00	494.00	390.00
5456	235.00	215.00	209.00	176.25	5647	520.00	500.00	494.00	390.00
5464	124.00	105.40	105.40	93.00	5654	510.00	490.00	484.00	382.50
5470	230.00	210.00	204.00	172.50	5661	615.00	595.00	589.00	461.25
5480	158.00	138.00	134.30	118.50	5663	860.00	840.00	834.00	645.00
5486	235.00	215.00	209.00	176.25	5665	735.00	715.00	709.00	551.25
5490	34.50	29.35	29.35	25.90	5666	1045.00	1025.00	1019.00	783.75
5492	235.00	215.00	209.00	176.25	5667	860.00	840.00	834.00	645.00
5498	855.00	835.00	829.00	641.25	5675	770.00	750.00	744.00	577.50
5499	820.00	800.00	794.00	615.00	5679	615.00	595.00	589.00	461.25
5500	1010.00	990.00	984.00	757.50	5683	460.00	440.00	434.00	345.00
5508	890.00	870.00	864.00	667.50	5691	735.00	715.00	709.00	551.25
5520	124.00	105.40	105.40	93.00	5699	860.00	840.00	834.00	645.00
5524	182.00	162.00	156.00	136.50	5700	460.00	440.00	434.00	345.00
5530	196.00	176.00	170.00	147.00	5705	555.00	535.00	529.00	416.25
5534	192.00	172.00	166.00	144.00	5715	495.00	475.00	469.00	371.25
5538	330.00	310.00	304.00	247.50	5721	340.00	320.00	314.00	255.00
5539	400.00	380.00	374.00	300.00	5724	430.00	410.00	404.00	322.50
5540	270.00	250.00	244.00	202.50	5726	114.00	96.90	96.90	85.50
5541	410.00	390.00	384.00	307.50	5734	615.00	595.00	589.00	461.25
5542	300.00	280.00	274.00	225.00	5737	675.00	655.00	649.00	506.25
5545	390.00	370.00	364.00	292.50	5738	860.00	840.00	834.00	645.00
5556	390.00	370.00	364.00	292.50	5741	615.00	595.00	589.00	461.25
5557	635.00	615.00	609.00	476.25	5744	770.00	750.00	744.00	577.50
5572	122.00	103.70	103.70	91.50	5747	495.00	475.00	469.00	371.25
5598	158.00	138.00	134.30	118.50	5753	860.00	840.00	834.00	645.00
5601	118.00	100.30	100.30	88.50	5763	495.00	475.00	469.00	371.25
5605	118.00	100.30	100.30	88.50	5773	615.00	595.00	589.00	461.25
5611	156.00	136.00	132.60	117.00	5780	735.00	715.00	709.00	551.25

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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States)	85%/\$20	85%/\$26 (1.1.91)	75%		(All States)	85%/\$20	85%/\$26 (1.1.91)	75%
	\$	\$	\$	\$		\$	\$	\$	\$
5785	615.00	595.00	589.00	461.25	5901	275.00	255.00	249.00	206.25
5799	615.00	595.00	589.00	461.25	5903	62.00	52.70	52.70	46.50
5804	735.00	715.00	709.00	551.25	5905	710.00	690.00	684.00	532.50
5807	860.00	840.00	834.00	645.00	5919	460.00	440.00	434.00	345.00
5808	1540.00	1520.00	1514.00	1155.00	5929	495.00	475.00	469.00	371.25
5809	495.00	475.00	469.00	371.25	5935	275.00	255.00	249.00	206.25
5812	430.00	410.00	404.00	322.50	5936	275.00	255.00	249.00	206.25
5821	495.00	475.00	469.00	371.25	5941	615.00	595.00	589.00	461.25
5831	430.00	410.00	404.00	322.50	5942	555.00	535.00	529.00	416.25
5837	310.00	290.00	284.00	232.50	5943	400.00	380.00	374.00	300.00
5840	18.40	15.65	15.65	13.80	5947	460.00	440.00	434.00	345.00
5841	310.00	290.00	284.00	232.50	5964	31.00	26.35	26.35	23.25
5842	430.00	410.00	404.00	322.50	5977	460.00	440.00	434.00	345.00
5843	555.00	535.00	529.00	416.25	5981	1110.00	1090.00	1084.00	832.50
5845	110.00	93.50	93.50	82.50	5982	495.00	475.00	469.00	371.25
5846	158.00	138.00	134.30	118.50	6001	675.00	655.00	649.00	506.25
5847	184.00	164.00	158.00	138.00	6005	770.00	750.00	744.00	577.50
5849	215.00	195.00	189.00	161.25	6006	370.00	350.00	344.00	277.50
5851	142.00	122.00	120.70	106.50	6017	860.00	840.00	834.00	645.00
5853	152.00	132.00	129.20	114.00	6022	184.00	164.00	158.00	138.00
5855	136.00	116.00	115.60	102.00	6027	275.00	255.00	249.00	206.25
5864	184.00	164.00	158.00	138.00	6030	92.00	78.20	78.20	69.00
5868	152.00	132.00	129.20	114.00	6033	310.00	290.00	284.00	232.50
5871	215.00	195.00	189.00	161.25	6036	31.00	26.35	26.35	23.25
5872	215.00	195.00	189.00	161.25	6039	49.50	42.10	42.10	37.15
5875	460.00	440.00	434.00	345.00	6040	430.00	410.00	404.00	322.50
5878	152.00	132.00	129.20	114.00	6041	615.00	595.00	589.00	461.25
5879	152.00	132.00	129.20	114.00	6044	184.00	164.00	158.00	138.00
5881	310.00	290.00	284.00	232.50	6047	92.00	78.20	78.20	69.00
5885	245.00	225.00	219.00	183.75	6053	184.00	164.00	158.00	138.00
5886	110.00	93.50	93.50	82.50	6066	62.00	52.70	52.70	46.50
5888	310.00	290.00	284.00	232.50	6069	152.00	132.00	129.20	114.00
5889	495.00	475.00	469.00	371.25	6070	215.00	195.00	189.00	161.25
5891	355.00	335.00	329.00	266.25	6077	430.00	410.00	404.00	322.50
5894	430.00	410.00	404.00	322.50	6079	370.00	350.00	344.00	277.50
5897	220.00	200.00	194.00	165.00	6083	495.00	475.00	469.00	371.25

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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States)	85%/20	85%/26	75%		(All States)	85%/20	85%/26	75%
	\$	\$	(1.1.91) \$	\$		\$	\$	(1.1.91) \$	\$
6085	160.00	140.00	136.00	120.00	6228	184.00	164.00	158.00	138.00
6086	555.00	535.00	529.00	416.25	6231	615.00	595.00	589.00	461.25
6089	460.00	440.00	434.00	345.00	6234	925.00	905.00	899.00	693.75
6092	460.00	440.00	434.00	345.00	6236	184.00	164.00	158.00	138.00
6095	184.00	164.00	158.00	138.00	6245	460.00	440.00	434.00	345.00
6098	215.00	195.00	189.00	161.25	6247	184.00	164.00	158.00	138.00
6100	275.00	255.00	249.00	206.25	6249	128.00	108.80	108.80	96.00
6107	310.00	290.00	284.00	232.50	6253	152.00	132.00	129.20	114.00
6110	460.00	440.00	434.00	345.00	6258	54.00	45.90	45.90	40.50
6118	555.00	535.00	529.00	416.25	6262	35.50	30.20	30.20	26.65
6146	124.00	105.40	105.40	93.00	6264	35.50	30.20	30.20	26.65
6152	310.00	290.00	284.00	232.50	6271	60.00	51.00	51.00	45.00
6155	770.00	750.00	744.00	577.50	6274	120.00	102.00	102.00	90.00
6157	495.00	475.00	469.00	371.25	6277	148.00	128.00	125.80	111.00
6158	495.00	475.00	469.00	371.25	6278	77.00	65.45	65.45	57.75
6159	770.00	750.00	744.00	577.50	6280	97.00	82.45	82.45	72.75
6160	215.00	195.00	189.00	161.25	6284	38.50	32.75	32.75	28.90
6161	615.00	595.00	589.00	461.25	6290	38.50	32.75	32.75	28.90
6162	152.00	132.00	129.20	114.00	6292	77.00	65.45	65.45	57.75
6166	495.00	475.00	469.00	371.25	6296	97.00	82.45	82.45	72.75
6175	245.00	225.00	219.00	183.75	6299	180.00	160.00	154.00	135.00
6179	310.00	290.00	284.00	232.50	6301	235.00	215.00	209.00	176.25
6184	615.00	595.00	589.00	461.25	6302	235.00	215.00	209.00	176.25
6189	310.00	290.00	284.00	232.50	6303	182.00	162.00	156.00	136.50
6194	615.00	595.00	589.00	461.25	6304	210.00	190.00	184.00	157.50
6199	31.00	26.35	26.35	23.25	6305	122.00	103.70	103.70	91.50
6204	370.00	350.00	344.00	277.50	6307	445.00	425.00	419.00	333.75
6205	245.00	225.00	219.00	183.75	6308	455.00	435.00	429.00	341.25
6207	615.00	595.00	589.00	461.25	6313	29.00	24.65	24.65	21.75
6208	650.00	630.00	624.00	487.50	6321	142.00	122.00	120.70	106.50
6213	215.00	195.00	189.00	161.25	6325	455.00	435.00	429.00	341.25
6214	615.00	595.00	589.00	461.25	6327	455.00	435.00	429.00	341.25
6215	62.00	52.70	52.70	46.50	6332	265.00	245.00	239.00	198.75
6216	184.00	164.00	158.00	138.00	6336	106.00	90.10	90.10	79.50
6221	152.00	132.00	129.20	114.00	6342	82.00	69.70	69.70	61.50
6224	184.00	164.00	158.00	138.00	6347	230.00	210.00	204.00	172.50

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

Medicare Benefit					Medicare Benefit				
Item No.	Schedule Fee	85%/\$20	85%/\$26 (1.1.91)	75%	Item No.	Schedule Fee	85%/\$20	85%/\$26 (1.1.91)	75%
	(All States)					(All States)			
	\$					\$			
6352	285.00	265.00	259.00	213.75	6543	675.00	655.00	649.00	506.25
6358	285.00	265.00	259.00	213.75	6544	505.00	485.00	479.00	378.75
6363	355.00	335.00	329.00	266.25	6553	285.00	265.00	259.00	213.75
6367	340.00	320.00	314.00	255.00	6557	355.00	335.00	329.00	266.25
6373	450.00	430.00	424.00	337.50	6570	385.00	365.00	359.00	288.75
6389	116.00	98.60	98.60	87.00	6585	235.00	215.00	209.00	176.25
6396	355.00	335.00	329.00	266.25	6594	315.00	295.00	289.00	236.25
6398	355.00	335.00	329.00	266.25	6611	215.00	195.00	189.00	161.25
6401	455.00	435.00	429.00	341.25	6612	265.00	245.00	239.00	198.75
6406	450.00	430.00	424.00	337.50	6613	106.00	90.10	90.10	79.50
6407	450.00	430.00	424.00	337.50	6631	425.00	405.00	399.00	318.75
6408	245.00	225.00	219.00	183.75	6632	630.00	610.00	604.00	472.50
6411	42.50	36.15	36.15	31.90	6633	485.00	465.00	459.00	363.75
6413	42.00	35.70	35.70	31.50	6638	45.00	38.25	38.25	33.75
6415	42.50	36.15	36.15	31.90	6639	45.00	38.25	38.25	33.75
6430	116.00	98.60	98.60	87.00	6641	29.00	24.65	24.65	21.75
6431	142.00	122.00	120.70	106.50	6643	240.00	220.00	214.00	180.00
6446	54.00	45.90	45.90	40.50	6644	300.00	280.00	274.00	225.00
6447	35.50	30.20	30.20	26.65	6648	290.00	270.00	264.00	217.50
6451	71.00	60.35	60.35	53.25	6649	365.00	345.00	339.00	273.75
6452	55.00	46.75	46.75	41.25	6655	450.00	430.00	424.00	337.50
6453	144.00	124.00	122.40	108.00	6658	320.00	300.00	294.00	240.00
6454	290.00	270.00	264.00	217.50	6659	320.00	300.00	294.00	240.00
6460	90.00	76.50	76.50	67.50	6686	68.00	57.80	57.80	51.00
6464	122.00	103.70	103.70	91.50	6688	320.00	300.00	294.00	240.00
6469	146.00	126.00	124.10	109.50	6692	405.00	385.00	379.00	303.75
6483	136.00	116.00	115.60	102.00	6697	320.00	300.00	294.00	240.00
6508	355.00	335.00	329.00	266.25	6699	405.00	385.00	379.00	303.75
6513	355.00	335.00	329.00	266.25	6701	235.00	215.00	209.00	176.25
6517	450.00	430.00	424.00	337.50	6703	136.00	116.00	115.60	102.00
6518	355.00	335.00	329.00	266.25	6705	270.00	250.00	244.00	202.50
6519	450.00	430.00	424.00	337.50	6707	420.00	400.00	394.00	315.00
6532	465.00	445.00	439.00	348.75	6709	270.00	250.00	244.00	202.50
6533	595.00	575.00	569.00	446.25	6715	555.00	535.00	529.00	416.25
6536	840.00	820.00	814.00	630.00	6722	790.00	770.00	764.00	592.50
6542	640.00	620.00	614.00	480.00	6724	335.00	315.00	309.00	251.25



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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States)	85%/\$20	85%/\$26	75%		(All States)	85%/\$20	85%/\$26	75%
	\$	\$	(1.1.91) \$	\$		\$	\$	(1.1.91) \$	\$
6728	420.00	400.00	394.00	315.00	6852	290.00	270.00	264.00	217.50
6730	490.00	470.00	464.00	367.50	6857	310.00	290.00	284.00	232.50
6736	685.00	665.00	659.00	513.75	6858	530.00	510.00	504.00	397.50
6740	270.00	250.00	244.00	202.50	6859	795.00	775.00	769.00	596.25
6742	345.00	325.00	319.00	258.75	6861	345.00	325.00	319.00	258.75
6744	490.00	470.00	464.00	367.50	6862	375.00	355.00	349.00	281.25
6747	685.00	665.00	659.00	513.75	6863	890.00	870.00	864.00	667.50
6752	78.00	66.30	66.30	58.50	6864	1010.00	990.00	984.00	757.50
6754	55.00	46.75	46.75	41.25	6865	200.00	180.00	174.00	150.00
6758	310.00	290.00	284.00	232.50	6871	420.00	400.00	394.00	315.00
6762	78.00	66.30	66.30	58.50	6873	635.00	615.00	609.00	476.25
6766	184.00	164.00	158.00	138.00	6879	465.00	445.00	439.00	348.75
6767	34.50	29.35	29.35	25.90	6881	345.00	325.00	319.00	258.75
6768	225.00	205.00	199.00	168.75	6885	345.00	325.00	319.00	258.75
6772	136.00	116.00	115.60	102.00	6889	235.00	215.00	209.00	176.25
6774	335.00	315.00	309.00	251.25	6894	725.00	705.00	699.00	543.75
6778	465.00	445.00	439.00	348.75	6898	196.00	176.00	170.00	147.00
6786	565.00	545.00	539.00	423.75	6900	600.00	580.00	574.00	450.00
6792	420.00	400.00	394.00	315.00	6902	890.00	870.00	864.00	667.50
6796	310.00	290.00	284.00	232.50	6904	235.00	215.00	209.00	176.25
6799	96.00	81.60	81.60	72.00	6906	110.00	93.50	93.50	82.50
6802	32.00	27.20	27.20	24.00	6908	390.00	370.00	364.00	292.50
6805	91.00	77.35	77.35	68.25	6914	60.00	51.00	51.00	45.00
6807	78.00	66.30	66.30	58.50	6918	46.50	39.55	39.55	34.90
6810	250.00	230.00	224.00	187.50	6920	30.00	25.50	25.50	22.50
6818	48.00	40.80	40.80	36.00	6922	390.00	370.00	364.00	292.50
6820	136.00	116.00	115.60	102.00	6924	465.00	445.00	439.00	348.75
6824	48.00	40.80	40.80	36.00	6929	126.00	107.10	107.10	94.50
6828	890.00	870.00	864.00	667.50	6930	465.00	445.00	439.00	348.75
6832	600.00	580.00	574.00	450.00	6931				
6833	600.00	580.00	574.00	450.00	6932	270.00	250.00	244.00	202.50
6835	40.50	34.45	34.45	30.40	6938	270.00	250.00	244.00	202.50
6837	182.00	162.00	156.00	136.50	6939	26.50	22.55	22.55	19.90
6842	78.00	66.30	66.30	58.50	6941	46.00	39.10	39.10	34.50
6846	184.00	164.00	158.00	138.00	6942	74.00	62.90	62.90	55.50
6848	520.00	500.00	494.00	390.00	6953	74.00	62.90	62.90	55.50

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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States) \$	85%/20 \$	85%/26 (1.1.91) \$	75% \$		(All States) \$	85%/20 \$	85%/26 (1.1.91) \$	75% \$
6954	112.00	95.20	95.20	84.00	7119	205.00	185.00	179.00	153.75
6955	315.00	295.00	289.00	236.25	7120	235.00	215.00	209.00	176.25
6958	610.00	590.00	584.00	457.50	7121	310.00	290.00	284.00	232.50
6962	905.00	885.00	879.00	678.75	7124	295.00	275.00	269.00	221.25
6964	655.00	635.00	629.00	491.25	7129	475.00	455.00	449.00	356.25
6966	905.00	885.00	879.00	678.75	7132	320.00	300.00	294.00	240.00
6968	475.00	455.00	449.00	356.25	7133	300.00	280.00	274.00	225.00
6972	800.00	780.00	774.00	600.00	7138	515.00	495.00	489.00	386.25
6974	190.00	170.00	164.00	142.50	7139	510.00	490.00	484.00	382.50
6980	905.00	885.00	879.00	678.75	7140	440.00	420.00	414.00	330.00
6986	905.00	885.00	879.00	678.75	7141	765.00	745.00	739.00	573.75
6988	1130.00	1110.00	1104.00	847.50	7143	295.00	275.00	269.00	221.25
6992	270.00	250.00	244.00	202.50	7148	124.00	105.40	105.40	93.00
6995	655.00	635.00	629.00	491.25	7152	156.00	136.00	132.60	117.00
6999	905.00	885.00	879.00	678.75	7153	99.00	84.15	84.15	74.25
7001	295.00	275.00	269.00	221.25	7156	295.00	275.00	269.00	221.25
7003	355.00	335.00	329.00	266.25	7157	295.00	275.00	269.00	221.25
7006	425.00	405.00	399.00	318.75	7170	790.00	770.00	764.00	592.50
7007	550.00	530.00	524.00	412.50	7171	1025.00	1005.00	999.00	768.75
7008	915.00	895.00	889.00	686.25	7175	245.00	225.00	219.00	183.75
7011	300.00	280.00	274.00	225.00	7178	174.00	154.00	148.00	130.50
7013	495.00	475.00	469.00	371.25	7182	215.00	195.00	189.00	161.25
7021	800.00	780.00	774.00	600.00	7184	55.00	46.75	46.75	41.25
7028	395.00	375.00	369.00	296.25	7186	156.00	136.00	132.60	117.00
7033	250.00	230.00	224.00	187.50	7190	250.00	230.00	224.00	187.50
7042	200.00	180.00	174.00	150.00	7192	315.00	295.00	289.00	236.25
7044	1280.00	1260.00	1254.00	960.00	7194	655.00	635.00	629.00	491.25
7046	1280.00	1260.00	1254.00	960.00	7198	1080.00	1060.00	1054.00	810.00
7057	1845.00	1825.00	1819.00	1383.75	7203	1620.00	1600.00	1594.00	1215.00
7066	1460.00	1440.00	1434.00	1095.00	7204	1180.00	1160.00	1154.00	885.00
7079	182.00	162.00	156.00	136.50	7212	315.00	295.00	289.00	236.25
7081	190.00	170.00	164.00	142.50	7216	725.00	705.00	699.00	543.75
7085	50.00	42.50	42.50	37.50	7231	480.00	460.00	454.00	360.00
7089	57.00	48.45	48.45	42.75	7240	620.00	600.00	594.00	465.00
7099	128.00	108.80	108.80	96.00	7244	725.00	705.00	699.00	543.75
7118	158.00	138.00	134.30	118.50	7248	725.00	705.00	699.00	543.75

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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States) \$	85%/20 \$	85%/26 (1.1.91) \$	75% \$		(All States) \$	85%/20 \$	85%/26 (1.1.91) \$	75% \$
7251	600.00	580.00	574.00	450.00	7426	46.50	39.55	39.55	34.90
7265	1620.00	1600.00	1594.00	1215.00	7430	95.00	80.75	80.75	71.25
7270	855.00	835.00	829.00	641.25	7432	118.00	100.30	100.30	88.50
7274	420.00	400.00	394.00	315.00	7435	20.00	17.00	17.00	15.00
7279	480.00	460.00	454.00	360.00	7436	60.00	51.00	51.00	45.00
7283	950.00	930.00	924.00	712.50	7440	152.00	132.00	129.20	114.00
7287	315.00	295.00	289.00	236.25	7443	196.00	176.00	170.00	147.00
7291	480.00	460.00	454.00	360.00	7446	110.00	93.50	93.50	82.50
7298	600.00	580.00	574.00	450.00	7451	136.00	116.00	115.60	102.00
7312	725.00	705.00	699.00	543.75	7457	46.50	39.55	39.55	34.90
7314	610.00	590.00	584.00	457.50	7461	78.00	66.30	66.30	58.50
7316	610.00	590.00	584.00	457.50	7464	23.50	20.00	20.00	17.65
7318	320.00	300.00	294.00	240.00	7468	60.00	51.00	51.00	45.00
7320	480.00	460.00	454.00	360.00	7472	182.00	162.00	156.00	136.50
7324	480.00	460.00	454.00	360.00	7480	79.00	67.15	67.15	59.25
7326	675.00	655.00	649.00	506.25	7483				
7328	610.00	590.00	584.00	457.50	7505	29.50	25.10	25.10	22.15
7331	635.00	615.00	609.00	476.25	7508	61.00	51.85	51.85	45.75
7336	725.00	705.00	699.00	543.75	7512	91.00	77.35	77.35	68.25
7338	955.00	935.00	929.00	716.25	7516	40.50	34.45	34.45	30.40
7341	725.00	705.00	699.00	543.75	7520	91.00	77.35	77.35	68.25
7346	890.00	870.00	864.00	667.50	7524	124.00	105.40	105.40	93.00
7353	1080.00	1060.00	1054.00	810.00	7527	104.00	88.40	88.40	78.00
7355	725.00	705.00	699.00	543.75	7530	146.00	126.00	124.10	109.50
7361	380.00	360.00	354.00	285.00	7533	46.50	39.55	39.55	34.90
7365	380.00	360.00	354.00	285.00	7535	91.00	77.35	77.35	68.25
7370	635.00	615.00	609.00	476.25	7538	108.00	91.80	91.80	81.00
7373	270.00	250.00	244.00	202.50	7540	122.00	103.70	103.70	91.50
7376	475.00	455.00	449.00	356.25	7544	182.00	162.00	156.00	136.50
7381	420.00	400.00	394.00	315.00	7547	91.00	77.35	77.35	68.25
7397	31.50	26.80	26.80	23.65	7550	104.00	88.40	88.40	78.00
7410	49.00	41.65	41.65	36.75	7552	146.00	126.00	124.10	109.50
7412	60.00	51.00	51.00	45.00	7559	95.00	80.75	80.75	71.25
7416	49.00	41.65	41.65	36.75	7563	114.00	96.90	96.90	85.50
7419	39.00	33.15	33.15	29.25	7567	136.00	116.00	115.60	102.00
7423	73.00	62.05	62.05	54.75	7572	200.00	180.00	174.00	150.00

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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States) \$	85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$		(All States) \$	85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$
7588	64.00	54.40	54.40	48.00	7774	20.50	17.45	17.45	15.40
7593	91.00	77.35	77.35	68.25	7777	28.50	24.25	24.25	21.40
7597	78.00	66.30	66.30	58.50	7781	20.50	17.45	17.45	15.40
7601	20.50	17.45	17.45	15.40	7785	28.50	24.25	24.25	21.40
7605	28.50	24.25	24.25	21.40	7789	136.00	116.00	115.60	102.00
7608	118.00	100.30	100.30	88.50	7793	235.00	215.00	209.00	176.25
7610	156.00	136.00	132.60	117.00	7798	600.00	580.00	574.00	450.00
7615	91.00	77.35	77.35	68.25	7802	79.00	67.15	67.15	59.25
7619	118.00	100.30	100.30	88.50	7803				
7624	270.00	250.00	244.00	202.50	7808	79.00	67.15	67.15	59.25
7627	345.00	325.00	319.00	258.75	7809				
7632	68.00	57.80	57.80	51.00	7815	79.00	67.15	67.15	59.25
7637	98.00	83.30	83.30	73.50	7817				
7641	108.00	91.80	91.80	81.00	7821	79.00	67.15	67.15	59.25
7643	146.00	126.00	124.10	109.50	7823				
7647	176.00	156.00	150.00	132.00	7828				
7652	235.00	215.00	209.00	176.25	7834				
7673	62.00	52.70	52.70	46.50	7839				
7677	91.00	77.35	77.35	68.25	7844				
7681	24.50	20.85	20.85	18.40	7847				
7683	39.00	33.15	33.15	29.25	7853	190.00	170.00	164.00	142.50
7687	61.00	51.85	51.85	45.75	7855	136.00	116.00	115.60	102.00
7691	61.00	51.85	51.85	45.75	7857	190.00	170.00	164.00	142.50
7694	20.50	17.45	17.45	15.40	7861	23.50	20.00	20.00	17.65
7697	28.50	24.25	24.25	21.40	7864	20.00	17.00	17.00	15.00
7701	20.50	17.45	17.45	15.40	7868	48.00	40.80	40.80	36.00
7706	28.50	24.25	24.25	21.40	7874	110.00	93.50	93.50	82.50
7709	114.00	96.90	96.90	85.50	7875	146.00	126.00	124.10	109.50
7712	158.00	138.00	134.30	118.50	7883	82.00	69.70	69.70	61.50
7715	320.00	300.00	294.00	240.00	7886	124.00	105.40	105.40	93.00
7719	104.00	88.40	88.40	78.00	7898	655.00	635.00	629.00	491.25
7722	270.00	250.00	244.00	202.50	7902	245.00	225.00	219.00	183.75
7725	290.00	270.00	264.00	217.50	7911	76.00	64.60	64.60	57.00
7728	310.00	290.00	284.00	232.50	7915	95.00	80.75	80.75	71.25
7764	79.00	67.15	67.15	59.25	7926	122.00	103.70	103.70	91.50
7766	108.00	91.80	91.80	81.00	7928	200.00	180.00	174.00	150.00

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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States)	85%/20	85%/26	75%		(All States)	85%/20	85%/26	75%
	\$	\$	(1.1.91) \$	\$		\$	\$	(1.1.91) \$	\$
7932	200.00	180.00	174.00	150.00	8053	555.00	535.00	529.00	416.25
7934	1025.00	1005.00	999.00	768.75	8069	790.00	770.00	764.00	592.50
7937	335.00	315.00	309.00	251.25	8070	1025.00	1005.00	999.00	768.75
7938	1280.00	1260.00	1254.00	960.00	8072	148.00	128.00	125.80	111.00
7939	1620.00	1600.00	1594.00	1215.00	8074	405.00	385.00	379.00	303.75
7940	225.00	205.00	199.00	168.75	8080	148.00	128.00	125.80	111.00
7942	480.00	460.00	454.00	360.00	8082	270.00	250.00	244.00	202.50
7945	850.00	830.00	824.00	637.50	8085	320.00	300.00	294.00	240.00
7947	730.00	710.00	704.00	547.50	8088	500.00	480.00	474.00	375.00
7951	945.00	925.00	919.00	708.75	8090	500.00	480.00	474.00	375.00
7957	850.00	830.00	824.00	637.50	8092	635.00	615.00	609.00	476.25
7961	1140.00	1120.00	1114.00	855.00	8105	21.50	18.30	18.30	16.15
7967	830.00	810.00	804.00	622.50	8113	270.00	250.00	244.00	202.50
7969	1140.00	1120.00	1114.00	855.00	8116	460.00	440.00	434.00	345.00
7975	575.00	555.00	549.00	431.25	8120	245.00	225.00	219.00	183.75
7977	460.00	440.00	434.00	345.00	8131	340.00	320.00	314.00	255.00
7980	320.00	300.00	294.00	240.00	8135	460.00	440.00	434.00	345.00
7983	575.00	555.00	549.00	431.25	8151	148.00	128.00	125.80	111.00
7993	405.00	385.00	379.00	303.75	8153	184.00	164.00	158.00	138.00
7999	380.00	360.00	354.00	285.00	8158	405.00	385.00	379.00	303.75
8001	335.00	315.00	309.00	251.25	8159	565.00	545.00	539.00	423.75
8003	505.00	485.00	479.00	378.75	8161	320.00	300.00	294.00	240.00
8009	190.00	170.00	164.00	142.50	8166	245.00	225.00	219.00	183.75
8014	200.00	180.00	174.00	150.00	8169	148.00	128.00	125.80	111.00
8017	515.00	495.00	489.00	386.25	8173	184.00	164.00	158.00	138.00
8019	610.00	590.00	584.00	457.50	8179	182.00	162.00	156.00	136.50
8022	220.00	200.00	194.00	165.00	8182	225.00	205.00	199.00	168.75
8023	300.00	280.00	274.00	225.00	8185	190.00	170.00	164.00	142.50
8024	295.00	275.00	269.00	221.25	8187	200.00	180.00	174.00	150.00
8026	61.00	51.85	51.85	45.75	8190	200.00	180.00	174.00	150.00
8028	315.00	295.00	289.00	236.25	8193	245.00	225.00	219.00	183.75
8032	345.00	325.00	319.00	258.75	8195	270.00	250.00	244.00	202.50
8036	315.00	295.00	289.00	236.25	8198	460.00	440.00	434.00	345.00
8040	225.00	205.00	199.00	168.75	8201	655.00	635.00	629.00	491.25
8044	800.00	780.00	774.00	600.00	8206	460.00	440.00	434.00	345.00
8048	555.00	535.00	529.00	416.25	8209	1065.00	1045.00	1039.00	798.75

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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States)	85%/20	85%/26	75%		(All States)	85%/20	85%/26	75%
	\$	\$	(1.1.91) \$	\$		\$	\$	(1.1.91) \$	\$
8211	460.00	440.00	434.00	345.00	8318	755.00	735.00	729.00	566.25
8214	110.00	93.50	93.50	82.50	8320	345.00	325.00	319.00	258.75
8217	225.00	205.00	199.00	168.75	8322	330.00	310.00	304.00	247.50
8219	192.00	172.00	166.00	144.00	8324	380.00	360.00	354.00	285.00
8222	245.00	225.00	219.00	183.75	8326	380.00	360.00	354.00	285.00
8225	270.00	250.00	244.00	202.50	8328	270.00	250.00	244.00	202.50
8227	100.00	85.00	85.00	75.00	8330	380.00	360.00	354.00	285.00
8230	122.00	103.70	103.70	91.50	8332	132.00	112.20	112.20	99.00
8233	190.00	170.00	164.00	142.50	8334	32.00	27.20	27.20	24.00
8235	240.00	220.00	214.00	180.00	8336	40.50	34.45	34.45	30.40
8238	300.00	280.00	274.00	225.00	8349	66.00	56.10	56.10	49.50
8241	122.00	103.70	103.70	91.50	8351	40.50	34.45	34.45	30.40
8243	182.00	162.00	156.00	136.50	8352	32.00	27.20	27.20	24.00
8246	76.00	64.60	64.60	57.00	8354	49.00	41.65	41.65	36.75
8249	184.00	164.00	158.00	138.00	8356	49.00	41.65	41.65	36.75
8251	335.00	315.00	309.00	251.25	8378	610.00	590.00	584.00	457.50
8257	460.00	440.00	434.00	345.00	8380	600.00	580.00	574.00	450.00
8259	340.00	320.00	314.00	255.00	8382	148.00	128.00	125.80	111.00
8262	200.00	180.00	174.00	150.00	8384	320.00	300.00	294.00	240.00
8267	148.00	128.00	125.80	111.00	8386	245.00	225.00	219.00	183.75
8275	215.00	195.00	189.00	161.25	8388	730.00	710.00	704.00	547.50
8279	124.00	105.40	105.40	93.00	8390	730.00	710.00	704.00	547.50
8282	164.00	144.00	139.40	123.00	8392	905.00	885.00	879.00	678.75
8283	215.00	195.00	189.00	161.25	8394	635.00	615.00	609.00	476.25
8287	152.00	132.00	129.20	114.00	8397	178.00	158.00	152.00	133.50
8290	365.00	345.00	339.00	273.75	8398	830.00	810.00	804.00	622.50
8294	245.00	225.00	219.00	183.75	8400	725.00	705.00	699.00	543.75
8296	122.00	103.70	103.70	91.50	8402	805.00	785.00	779.00	603.75
8298	300.00	280.00	274.00	225.00	8406	270.00	250.00	244.00	202.50
8302	460.00	440.00	434.00	345.00	8408	790.00	770.00	764.00	592.50
8304	555.00	535.00	529.00	416.25	8410	405.00	385.00	379.00	303.75
8306	730.00	710.00	704.00	547.50	8412	345.00	325.00	319.00	258.75
8310	270.00	250.00	244.00	202.50	8414	800.00	780.00	774.00	600.00
8312	270.00	250.00	244.00	202.50	8418	480.00	460.00	454.00	360.00
8314	380.00	360.00	354.00	285.00	8422	245.00	225.00	219.00	183.75
8316	380.00	360.00	354.00	285.00	8424	550.00	530.00	524.00	412.50

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

Item No.	Schedule Fee (All States) \$	Medicare Benefit			Item No.	Schedule Fee (All States) \$	Medicare Benefit		
		85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$			85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$
8428	32.00	27.20	27.20	24.00	8509	200.00	180.00	174.00	150.00
8430	82.00	69.70	69.70	61.50	8510	465.00	445.00	439.00	348.75
8432	118.00	100.30	100.30	88.50	8511	420.00	400.00	394.00	315.00
8434	152.00	132.00	129.20	114.00	8512	190.00	170.00	164.00	142.50
8436	320.00	300.00	294.00	240.00	8516	390.00	370.00	364.00	292.50
8440	380.00	360.00	354.00	285.00	8518	315.00	295.00	289.00	236.25
8442	460.00	440.00	434.00	345.00	8522	146.00	126.00	124.10	109.50
8444	675.00	655.00	649.00	506.25	8524	196.00	176.00	170.00	147.00
8448	250.00	230.00	224.00	187.50	8528	600.00	580.00	574.00	450.00
8449	420.00	400.00	394.00	315.00	8530	495.00	475.00	469.00	371.25
8450	315.00	295.00	289.00	236.25	8531	495.00	475.00	469.00	371.25
8452	118.00	100.30	100.30	88.50	8532	730.00	710.00	704.00	547.50
8454	265.00	245.00	239.00	198.75	8533	830.00	810.00	804.00	622.50
8458	62.00	52.70	52.70	46.50	8534	305.00	285.00	279.00	228.75
8462	91.00	77.35	77.35	68.25	8535	315.00	295.00	289.00	236.25
8466	114.00	96.90	96.90	85.50	8536	710.00	690.00	684.00	532.50
8470	146.00	126.00	124.10	109.50	8537	410.00	390.00	384.00	307.50
8472	215.00	195.00	189.00	161.25	8538	415.00	395.00	389.00	311.25
8474	380.00	360.00	354.00	285.00	8540	855.00	835.00	829.00	641.25
8476	515.00	495.00	489.00	386.25	8542	730.00	710.00	704.00	547.50
8478	315.00	295.00	289.00	236.25	8543	710.00	690.00	684.00	532.50
8480	190.00	170.00	164.00	142.50	8544	220.00	200.00	194.00	165.00
8484	270.00	250.00	244.00	202.50	8546	480.00	460.00	454.00	360.00
8485	315.00	295.00	289.00	236.25	8548	555.00	535.00	529.00	416.25
8486	156.00	136.00	132.60	117.00	8551	590.00	570.00	564.00	442.50
8487	675.00	655.00	649.00	506.25	8552	320.00	300.00	294.00	240.00
8488	300.00	280.00	274.00	225.00	8553	375.00	355.00	349.00	281.25
8490	174.00	154.00	148.00	130.50	8554	600.00	580.00	574.00	450.00
8492	78.00	66.30	66.30	58.50	8556	465.00	445.00	439.00	348.75
8494	295.00	275.00	269.00	221.25	8560	390.00	370.00	364.00	292.50
8496	156.00	136.00	132.60	117.00	8568	550.00	530.00	524.00	412.50
8498	315.00	295.00	289.00	236.25	8570	315.00	295.00	289.00	236.25
8500	245.00	225.00	219.00	183.75	8582	390.00	370.00	364.00	292.50
8502	174.00	154.00	148.00	130.50	8584	156.00	136.00	132.60	117.00
8504	136.00	116.00	115.60	102.00	8585	215.00	195.00	189.00	161.25
8508	270.00	250.00	244.00	202.50	8586	515.00	495.00	489.00	386.25

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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States) \$	85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$		(All States) \$	85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$
8588	215.00	195.00	189.00	161.25	8675	1675.00	1655.00	1649.00	1256.25
8592	315.00	295.00	289.00	236.25	8676	1280.00	1260.00	1254.00	960.00
8594	340.00	320.00	314.00	255.00	8677	1165.00	1145.00	1139.00	873.75
8596	390.00	370.00	364.00	292.50	8678	1165.00	1145.00	1139.00	873.75
8598	675.00	655.00	649.00	506.25	8679	855.00	835.00	829.00	641.25
8600	850.00	830.00	824.00	637.50	8680	655.00	635.00	629.00	491.25
8601	850.00	830.00	824.00	637.50	8681	1110.00	1090.00	1084.00	832.50
8602	98.00	83.30	83.30	73.50	8682	1095.00	1075.00	1069.00	821.25
8604	235.00	215.00	209.00	176.25	8683	590.00	570.00	564.00	442.50
8606	335.00	315.00	309.00	251.25					
8608	345.00	325.00	319.00	258.75					
8612	465.00	445.00	439.00	348.75					
8614	215.00	195.00	189.00	161.25					
8616	215.00	195.00	189.00	161.25					
8618	555.00	535.00	529.00	416.25					
8620	162.00	142.00	137.70	121.50					
8622	420.00	400.00	394.00	315.00					
8624	575.00	555.00	549.00	431.25					
8628	182.00	162.00	156.00	136.50					
8630	340.00	320.00	314.00	255.00					
8632	795.00	775.00	769.00	596.25					
8634	235.00	215.00	209.00	176.25					
8636	420.00	400.00	394.00	315.00					
8640	550.00	530.00	524.00	412.50					
8644	270.00	250.00	244.00	202.50					
8648	390.00	370.00	364.00	292.50					
8652	390.00	370.00	364.00	292.50					
8656	490.00	470.00	464.00	367.50					
8658	645.00	625.00	619.00	483.75					
8660	820.00	800.00	794.00	615.00					
8662	935.00	915.00	909.00	701.25					
8664	1070.00	1050.00	1044.00	802.50					
8666	1180.00	1160.00	1154.00	885.00					
8668	1285.00	1265.00	1259.00	963.75					
8670	500.00	480.00	474.00	375.00					
8672	290.00	270.00	264.00	217.50					



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

Item No.	Schedule Fee (All States) \$	Medicare Benefit			Item No.	Schedule Fee (All States) \$	Medicare Benefit		
		85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$			85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$
8701	144.00	124.00	122.40	108.00	8772	148.00	128.00	125.80	111.00
8703	280.00	260.00	254.00	210.00	8775	200.00	180.00	174.00	150.00
8705	200.00	180.00	174.00	150.00	8776	150.00	130.00	127.50	112.50
8707	144.00	124.00	122.40	108.00	8777	320.00	300.00	294.00	240.00
8714	70.00	59.50	59.50	52.50	8778	240.00	220.00	214.00	180.00
8715	152.00	132.00	129.20	114.00	8781	370.00	350.00	344.00	277.50
8718	70.00	59.50	59.50	52.50	8782	275.00	255.00	249.00	206.25
8719	84.00	71.40	71.40	63.00	8785	170.00	150.00	144.50	127.50
8722	106.00	90.10	90.10	79.50	8786	128.00	108.80	108.80	96.00
8725	56.00	47.60	47.60	42.00	8789	170.00	150.00	144.50	127.50
8726	84.00	71.40	71.40	63.00	8790	128.00	108.80	108.80	96.00
8727	345.00	325.00	319.00	258.75	8791	365.00	345.00	339.00	273.75
8728	255.00	235.00	229.00	191.25	8792	270.00	250.00	244.00	202.50
8732	545.00	525.00	519.00	408.75	8795	110.00	93.50	93.50	82.50
8733	405.00	385.00	379.00	303.75	8796	82.00	69.70	69.70	61.50
8734	200.00	180.00	174.00	150.00	8801	545.00	525.00	519.00	408.75
8735	150.00	130.00	127.50	112.50	8802	580.00	560.00	554.00	435.00
8740	235.00	215.00	209.00	176.25	8805	250.00	230.00	224.00	187.50
8741	290.00	270.00	264.00	217.50	8809	305.00	285.00	279.00	228.75
8744	176.00	156.00	150.00	132.00	8810	225.00	205.00	199.00	168.75
8745	130.00	110.50	110.50	97.50	8811	188.00	168.00	162.00	141.00
8748					8812	142.00	122.00	120.70	106.50
8749					8815	124.00	105.40	105.40	93.00
8751	166.00	146.00	141.10	124.50	8816	93.00	79.05	79.05	69.75
8752	124.00	105.40	105.40	93.00	8819	168.00	148.00	142.80	126.00
8753	275.00	255.00	249.00	206.25	8820	126.00	107.10	107.10	94.50
8754	210.00	190.00	184.00	157.50	8822	660.00	640.00	634.00	495.00
8757	156.00	136.00	132.60	117.00	8823	495.00	475.00	469.00	371.25
8758	116.00	98.60	98.60	87.00	8826	172.00	152.00	146.20	129.00
8761	192.00	172.00	166.00	144.00	8827	128.00	108.80	108.80	96.00
8762	144.00	124.00	122.40	108.00	8830	91.00	77.35	77.35	68.25
8765	300.00	280.00	274.00	225.00	8831	68.00	57.80	57.80	51.00
8766	220.00	200.00	194.00	165.00	8832	365.00	345.00	339.00	273.75
8767	330.00	310.00	304.00	247.50	8833	270.00	250.00	244.00	202.50
8768	250.00	230.00	224.00	187.50	8834	455.00	435.00	429.00	341.25
8771	198.00	178.00	172.00	148.50	8835	345.00	325.00	319.00	258.75

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

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States) \$	85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$		(All States) \$	85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$
8836	415.00	395.00	389.00	311.25	8873	11.00	9.35	9.35	8.25
8837	310.00	290.00	284.00	232.50	8874	8.30	7.10	7.10	6.25
8838	415.00	395.00	389.00	311.25	8878	27.00	22.95	22.95	20.25
8839	310.00	290.00	284.00	232.50	8880	435.00	415.00	409.00	326.25
8840	370.00	350.00	344.00	277.50	8882	330.00	310.00	304.00	247.50
8841	275.00	255.00	249.00	206.25	8884	225.00	205.00	199.00	168.75
8842	365.00	345.00	339.00	273.75	8886	196.00	176.00	170.00	147.00
8843	270.00	250.00	244.00	202.50					
8844	168.00	148.00	142.80	126.00					
8845	126.00	107.10	107.10	94.50					
8846	255.00	235.00	229.00	191.25					
8847	190.00	170.00	164.00	142.50					
8848	305.00	285.00	279.00	228.75					
8849	225.00	205.00	199.00	168.75					
8851	260.00	240.00	234.00	195.00					
8852	194.00	174.00	168.00	145.50					
8853	112.00	95.20	95.20	84.00					
8854	84.00	71.40	71.40	63.00					
8855	200.00	180.00	174.00	150.00					
8856	150.00	130.00	127.50	112.50					
8857	260.00	240.00	234.00	195.00					
8858	194.00	174.00	168.00	145.50					
8859	116.00	98.60	98.60	87.00					
8860	86.00	73.10	73.10	64.50					
8861	56.00	47.60	47.60	42.00					
8862	42.00	35.70	35.70	31.50					
8863	290.00	270.00	264.00	217.50					
8864	665.00	645.00	639.00	498.75					
8865	500.00	480.00	474.00	375.00					
8866	340.00	320.00	314.00	255.00					
8867	255.00	235.00	229.00	191.25					
8868									
8869	170.00	150.00	144.50	127.50					
8870	128.00	108.80	108.80	96.00					
8871	192.00	172.00	166.00	144.00					
8872	144.00	124.00	122.40	108.00					

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

Item No.	Schedule Fee (All States) \$	Medicare Benefit			Item No.	Schedule Fee (All States) \$	Medicare Benefit		
		85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$			85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$
9021	176.00	156.00	150.00	132.00	9449	630.00	610.00	604.00	472.50
9022	196.00	176.00	170.00	147.00	9450	76.00	64.60	64.60	57.00
9023	44.00	37.40	37.40	33.00	9459	63.00	53.55	53.55	47.25
9024	49.00	41.65	41.65	36.75	9460	38.00	32.30	32.30	28.50
9025	55.00	46.75	46.75	41.25	9461	5.30	4.55	4.55	4.00
9026	61.00	51.85	51.85	45.75	9462	84.00	71.40	71.40	63.00
9027	55.00	46.75	46.75	41.25	9463	106.00	90.10	90.10	79.50
9028	61.00	51.85	51.85	45.75	9464	128.00	108.80	108.80	96.00
9033	120.00	102.00	102.00	90.00	9465	150.00	130.00	127.50	112.50
9034	134.00	114.00	113.90	100.50	9466	172.00	152.00	146.20	129.00
9035	77.00	65.45	65.45	57.75	9467	194.00	174.00	168.00	145.50
9036	85.00	72.25	72.25	63.75	9468	215.00	195.00	189.00	161.25
9037	88.00	74.80	74.80	66.00	9469	84.00	71.40	71.40	63.00
9038	97.00	82.45	82.45	72.75	9470	106.00	90.10	90.10	79.50
9039	110.00	93.50	93.50	82.50	9471	128.00	108.80	108.80	96.00
9040	122.00	103.70	103.70	91.50	9472	150.00	130.00	127.50	112.50
9041	55.00	46.75	46.75	41.25	9473	172.00	152.00	146.20	129.00
9042	61.00	51.85	51.85	45.75	9474	194.00	174.00	168.00	145.50
9062	152.00	132.00	129.20	114.00	9475	215.00	195.00	189.00	161.25
9063	56.00	47.60	47.60	42.00	9476	570.00	550.00	544.00	427.50
9066	160.00	140.00	136.00	120.00	9477	61.00	51.85	51.85	45.75
9067	440.00	420.00	414.00	330.00	9478	665.00	645.00	639.00	498.75
9401	96.00	81.60	81.60	72.00					
9403	82.00	69.70	69.70	61.50					
9408	955.00	935.00	929.00	716.25					
9420	420.00	400.00	394.00	315.00					
9438	440.00	420.00	414.00	330.00					
9439	440.00	420.00	414.00	330.00					
9441	370.00	350.00	344.00	277.50					
9442	460.00	440.00	434.00	345.00					
9443	225.00	205.00	199.00	168.75					
9444	495.00	475.00	469.00	371.25					
9445	265.00	245.00	239.00	198.75					
9446	555.00	535.00	529.00	416.25					
9447	275.00	255.00	249.00	206.25					
9448	710.00	690.00	684.00	532.50					

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

Item No.	Schedule Fee (All States) \$	Medicare Benefit		
		85%/\$20	85%/\$26 (1.1.91)	75%
		\$	\$	\$
486(42)	154.00	134.00	130.90	115.50
486(43)	Derived	-	-	-
558(42)	170.00	150.00	144.50	127.50
558(43)	Derived	-	-	-
2804(15)	88.00	74.80	74.80	66.00
2804(16)	176.00	156.00	150.00	132.00
2804(17)	112.00	95.20	95.20	84.00
3004(04)	128.00	108.80	108.80	96.00
3004(05)	164.00	144.00	139.40	123.00
3004(77)	350.00	330.00	324.00	262.50
3004(79)	350.00	330.00	324.00	262.50
3004(80)	126.00	107.10	107.10	94.50
3004(81)	126.00	107.10	107.10	94.50
3004(83)	178.00	158.00	152.00	133.50
3004(84)	188.00	168.00	162.00	141.00
3004(85)	178.00	158.00	152.00	133.50
3004(86)	178.00	158.00	152.00	133.50
3004(107)	73.00	62.05	62.05	54.75
3004(111)	365.00	345.00	339.00	273.75
3004(135)	80.00	68.00	68.00	60.00
3004(136)	61.00	51.85	51.85	45.75
3004(144)	330.00	310.00	304.00	247.50
3004(145)	605.00	585.00	579.00	453.75
3004(146)	215.00	195.00	189.00	161.25
3004(149)	36.50	31.05	31.05	27.40
3004(153)	330.00	310.00	304.00	247.50
3004(154)	310.00	290.00	284.00	232.50
3004(157)	2485.00	2465.00	2459.00	1863.75
3004(159)	605.00	585.00	579.00	453.75
3004(160)	1075.00	1055.00	1049.00	806.25
3004(161)	1075.00	1055.00	1049.00	806.25
3004(165)	490.00	470.00	464.00	367.50
3004(166)	635.00	615.00	609.00	476.25
3004(167)	490.00	470.00	464.00	367.50
3004(168)	490.00	470.00	464.00	367.50
3004(169)	73.00	62.05	62.05	54.75

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

Item No.	Schedule Fee (All States) \$	Medicare Benefit		
		85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$
3004(173)	47.50	40.40	40.40	35.65
3004(174)	740.00	720.00	714.00	555.00
3004(179)	585.00	565.00	559.00	438.75
3004(180)	84.00	71.40	71.40	63.00
3004(183)	235.00	215.00	209.00	176.25
3004(184)	260.00	240.00	234.00	195.00
3004(185)	136.00	116.00	115.60	102.00
3004(186)	245.00	225.00	219.00	183.75
3004(188)	152.00	132.00	129.20	114.00
3004(189)	905.00	885.00	879.00	678.75
3004(190)	770.00	750.00	744.00	577.50
3004(191)	270.00	250.00	244.00	202.50
3004(192)	420.00	400.00	394.00	315.00
3004(196)	1180.00	1160.00	1154.00	885.00
3004(197)	1180.00	1160.00	1154.00	885.00
3004(198)	1280.00	1260.00	1254.00	960.00
3004(205)	188.00	168.00	162.00	141.00
3004(207)	490.00	470.00	464.00	367.50
3004(208)	535.00	515.00	509.00	401.25
3004(209)	1380.00	1360.00	1354.00	1035.00
3004(210)	188.00	168.00	162.00	141.00
3004(212)	160.00	140.00	134.00	120.00
3004(213)	295.00	275.00	269.00	221.25
3004(222)	400.00	380.00	374.00	300.00
3004(223)	890.00	870.00	864.00	667.50
3004(225)	255.00	235.00	229.00	191.25
3004(226)	245.00	225.00	219.00	183.75
3004(227)	270.00	250.00	244.00	202.50
3004(228)	250.00	230.00	224.00	187.50
3004(229)	365.00	345.00	339.00	273.75
3004(230)	1270.00	1250.00	1244.00	952.50
3004(231)	460.00	440.00	434.00	345.00
3004(232)	295.00	275.00	269.00	221.25
3004(233)	900.00	880.00	874.00	675.00
3004(234)	985.00	965.00	959.00	738.75
3004(235)	1180.00	1160.00	1154.00	885.00

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

---

Item No.	Schedule Fee (All States) \$	Medicare Benefit		
		85%/\$20 \$	85%/\$26 (1.1.91) \$	75% \$
3004(236)	1280.00	1260.00	1254.00	960.00
3004(238)	300.00	280.00	274.00	225.00
3004(239)	350.00	330.00	324.00	262.50
3004(240)	300.00	280.00	274.00	225.00
3004(241)	455.00	435.00	429.00	341.25
3004(242)	395.00	375.00	369.00	296.25
3004(243)	300.00	280.00	274.00	225.00
3004(244)	116.00	98.60	98.60	87.00
3004(246)	152.00	132.00	129.20	114.00
3004(247)	240.00	220.00	214.00	180.00
3004(248)	198.00	178.00	172.00	148.50
3004(249)	148.00	128.00	125.80	111.00
3004(250)	400.00	380.00	374.00	300.00
3004(252)	1080.00	1060.00	1054.00	810.00
3004(253)	460.00	440.00	434.00	345.00
3004(254)	460.00	440.00	434.00	345.00
3004(255)	555.00	535.00	529.00	416.25
3004(256)	545.00	525.00	519.00	408.75
3004(257)	315.00	295.00	289.00	236.25
3004(258)	168.00	148.00	142.80	126.00
3004(259)	555.00	535.00	529.00	416.25
3004(260)	770.00	750.00	744.00	577.50
3004(261)	265.00	245.00	239.00	198.75
8873(1)	545.00	525.00	519.00	408.75

Medicare Benefits for Pathology Services  
 Showing Item Numbers, Schedule Fees and  
 Medicare Benefit Levels as at 1 November 1990

Medicare Benefit					Medicare Benefit				
Item No.	Schedule Fee	85%/\$20	85%/\$26	75%	Item No.	Schedule Fee	85%/\$20	85%/\$26	75%
	(All States)		(1.1.91)			(All States)		(1.1.91)	
	\$	\$	\$	\$		\$	\$	\$	\$
1163	7.80	6.65	6.65	5.85	1531	33.00	28.05	28.05	24.75
1164	5.90	5.05	5.05	4.45	1532	25.00	21.25	21.25	18.75
1168	10.60	9.05	9.05	7.95	1533	106.00	90.10	90.10	79.50
1169	7.95	6.80	6.80	6.00	1534	79.15	67.30	67.30	59.40
1170	14.00	11.90	11.90	10.50	1535	66.00	56.10	56.10	49.50
1171	10.45	8.90	8.90	7.85	1538	49.85	42.40	42.40	37.40
1172	24.50	20.85	20.85	18.40	1539	44.50	37.85	37.85	33.40
1173	18.20	15.50	15.50	13.65	1540	33.25	28.30	28.30	24.95
1176	32.00	27.20	27.20	24.00	1541	44.50	37.85	37.85	33.40
1177	24.20	20.60	20.60	18.15	1542	33.25	28.30	28.30	24.95
1179	50.00	42.50	42.50	37.50	1543	66.00	56.10	56.10	49.50
1180	37.65	32.05	32.05	28.25	1544	49.85	42.40	42.40	37.40
1181	154.00	134.00	130.90	115.50	1550	83.00	70.55	70.55	62.25
1182	115.55	98.25	98.25	86.70	1551	62.55	53.20	53.20	46.95
1183	112.00	95.20	95.20	84.00	1558	14.00	11.90	11.90	10.50
1184	83.90	71.35	71.35	62.95	1559	10.45	8.90	8.90	7.85
1187	13.60	11.60	11.60	10.20	1560	16.80	14.30	14.30	12.60
1188	10.15	8.65	8.65	7.65	1561	12.70	10.80	10.80	9.55
1192	27.00	22.95	22.95	20.25	1562	19.60	16.70	16.70	14.70
1193	20.25	17.25	17.25	15.20	1563	14.75	12.55	12.55	11.10
1196	50.00	42.50	42.50	37.50	1564	22.00	18.70	18.70	16.50
1197	37.65	32.05	32.05	28.25	1565	16.65	14.20	14.20	12.50
1198	122.00	103.70	103.70	91.50	1569	25.00	21.25	21.25	18.75
1199	91.80	78.05	78.05	68.85	1570	18.65	15.90	15.90	14.00
1417	22.00	18.70	18.70	16.50	1571	28.00	23.80	23.80	21.00
1418	16.65	14.20	14.20	12.50	1572	21.00	17.85	17.85	15.75
1419	12.20	10.40	10.40	9.15	1575	13.20	11.25	11.25	9.90
1420	9.20	7.85	7.85	6.90	1576	10.00	8.50	8.50	7.50
1521	16.80	14.30	14.30	12.60	1577	8.90	7.60	7.60	6.70
1522	12.70	10.80	10.80	9.55	1578	6.65	5.70	5.70	5.00
1523	22.00	18.70	18.70	16.50	1579	16.80	14.30	14.30	12.60
1524	16.65	14.20	14.20	12.50	1580	12.70	10.80	10.80	9.55
1525	28.00	23.80	23.80	21.00	1581	38.50	32.75	32.75	28.90
1526	21.00	17.85	17.85	15.75	1582	28.95	24.65	24.65	21.75
1527	33.00	28.05	28.05	24.75	1583	33.00	28.05	28.05	24.75
1528	25.00	21.25	21.25	18.75	1584	25.00	21.25	21.25	18.75

**Medicare Benefits for Pathology Services**  
**Showing Item Numbers, Schedule Fees and**  
**Medicare Benefit Levels as at 1 November 1990**

Item No.	Schedule Fee (All States) \$	Medicare Benefit			Item No.	Schedule Fee (All States) \$	Medicare Benefit		
		85%/20	85%/26 (1.1.91)	75%			85%/20	85%/26 (1.1.91)	75%
		\$	\$	\$			\$	\$	\$
1590	45.50	38.70	38.70	34.15	1791	33.00	28.05	28.05	24.75
1591	34.05	28.95	28.95	25.55	1792	25.00	21.25	21.25	18.75
1592	56.00	47.60	47.60	42.00	1795	52.00	44.20	44.20	39.00
1593	41.95	35.70	35.70	31.50	1798	39.20	33.35	33.35	29.40
1595	41.00	34.85	34.85	30.75	1871	47.00	39.95	39.95	35.25
1596	30.90	26.30	26.30	23.20	1872	35.25	30.00	30.00	26.45
1598	56.00	47.60	47.60	42.00	1895	41.00	34.85	34.85	30.75
1599	41.95	35.70	35.70	31.50	1896	30.90	26.30	26.30	23.20
1627	28.00	23.80	23.80	21.00	1959	54.00	45.90	45.90	40.50
1628	21.00	17.85	17.85	15.75	1960	40.40	34.35	34.35	30.30
1712	28.00	23.80	23.80	21.00	1963	54.00	45.90	45.90	40.50
1713	21.00	17.85	17.85	15.75	1964	40.40	34.35	34.35	30.30
1714	38.50	32.75	32.75	28.90	1969	54.00	45.90	45.90	40.50
1715	28.95	24.65	24.65	21.75	1970	40.40	34.35	34.35	30.30
1716	50.00	42.50	42.50	37.50	1975	100.00	85.00	85.00	75.00
1717	37.65	32.05	32.05	28.25	1976	75.20	63.95	63.95	56.40
1726	44.50	37.85	37.85	33.40	1977	132.00	112.20	112.20	99.00
1727	33.25	28.30	28.30	24.95	1978	99.70	84.75	84.75	74.80
1734	41.00	34.85	34.85	30.75	1983	56.00	47.60	47.60	42.00
1735	30.90	26.30	26.30	23.20	1984	41.95	35.70	35.70	31.50
1736	61.00	51.85	51.85	45.75	1985	66.00	56.10	56.10	49.50
1737	45.90	39.05	39.05	34.45	1986	49.85	42.40	42.40	37.40
1738	27.00	22.95	22.95	20.25	1989	15.80	13.45	13.45	11.85
1739	20.25	17.25	17.25	15.20	1990	11.90	10.15	10.15	8.95
1740	50.00	42.50	42.50	37.50	1991	53.00	45.05	45.05	39.75
1741	37.65	32.05	32.05	28.25	1992	39.60	33.70	33.70	29.70
1752	53.00	45.05	45.05	39.75	1993	84.00	71.40	71.40	63.00
1753	39.60	33.70	33.70	29.70	1994	63.30	53.85	53.85	47.50
1768	33.00	28.05	28.05	24.75	2021	38.50	32.75	32.75	28.90
1769	25.00	21.25	21.25	18.75	2024	28.95	24.65	24.65	21.75
1770	61.00	51.85	51.85	45.75	2025	61.00	51.85	51.85	45.75
1771	45.40	38.60	38.60	34.05	2026	45.90	39.05	39.05	34.45
1780	41.00	34.85	34.85	30.75	2027	77.00	65.45	65.45	57.75
1783	30.90	26.30	26.30	23.20	2028	57.80	49.15	49.15	43.35
1786	41.00	34.85	34.85	30.75	2029	94.00	79.90	79.90	70.50
1787	30.90	26.30	26.30	23.20	2030	70.45	59.90	59.90	52.85



Medicare Benefits for Pathology Services  
 Showing Item Numbers, Schedule Fees and  
 Medicare Benefit Levels as at 1 November 1990

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States)	85%/\$20	85%/\$26	75%		(All States)	85%/\$20	85%/\$26	75%
	\$	\$	(1.1.91) \$	\$		\$	\$	(1.1.91) \$	\$
2031	106.00	90.10	90.10	79.50	2145	18.80	16.00	16.00	14.10
2032	79.15	67.30	67.30	59.40	2146	14.10	12.00	12.00	10.60
2033	118.00	100.30	100.30	88.50	2181	18.80	16.00	16.00	14.10
2034	88.65	75.40	75.40	66.50	2182	14.10	12.00	12.00	10.60
2037	108.00	91.80	91.80	81.00	2183	29.00	24.65	24.65	21.75
2038	80.75	68.65	68.65	60.60	2184	21.80	18.55	18.55	16.35
2039	16.80	14.30	14.30	12.60	2185	38.50	32.75	32.75	28.90
2040	12.70	10.80	10.80	9.55	2186	28.95	24.65	24.65	21.75
2043	22.50	19.15	19.15	16.90	2187	48.50	41.25	41.25	36.40
2044	17.05	14.50	14.50	12.80	2188	36.40	30.95	30.95	27.30
2083	10.00	8.50	8.50	7.50	2189	59.00	50.15	50.15	44.25
2084	7.55	6.45	6.45	5.70	2190	44.35	37.70	37.70	33.30
2085	16.80	14.30	14.30	12.60	2191	69.00	58.65	58.65	51.75
2086	12.70	10.80	10.80	9.55	2192	51.45	43.75	43.75	38.60
2087	26.50	22.55	22.55	19.90	2221	18.80	16.00	16.00	14.10
2088	19.80	16.85	16.85	14.85	2222	14.10	12.00	12.00	10.60
2089	38.50	32.75	32.75	28.90	2223	25.35	21.55	21.55	19.05
2090	28.95	24.65	24.65	21.75	2224	19.00	16.15	16.15	14.25
2098	52.00	44.20	44.20	39.00	2229	50.15	42.65	42.65	37.65
2099	39.20	33.35	33.35	29.40	2230	37.65	32.05	32.05	28.25
2117	63.00	53.55	53.55	47.25	2231	36.40	30.95	30.95	27.30
2118	47.50	40.40	40.40	35.65	2232	27.35	23.25	23.25	20.55
2119	89.00	75.65	75.65	66.75	2235	33.25	28.30	28.30	24.95
2120	66.50	56.55	56.55	49.90	2236	25.00	21.25	21.25	18.75
2123	23.00	19.55	19.55	17.25	2239	41.15	35.00	35.00	30.90
2124	17.45	14.85	14.85	13.10	2240	30.90	26.30	26.30	23.20
2127	28.00	23.80	23.80	21.00	2241	61.20	52.05	52.05	45.90
2128	21.00	17.85	17.85	15.75	2242	45.90	39.05	39.05	34.45
2129	22.00	18.70	18.70	16.50	2245	20.05	17.05	17.05	15.05
2130	16.65	14.20	14.20	12.50	2246	15.05	12.80	12.80	11.30
2133	13.20	11.25	11.25	9.90	2251	31.15	26.50	26.50	23.40
2134	10.00	8.50	8.50	7.50	2252	23.40	19.90	19.90	17.55
2135	13.20	11.25	11.25	9.90	2253	42.20	35.90	35.90	31.65
2136	10.00	8.50	8.50	7.50	2254	31.65	26.95	26.95	23.75
2139	38.50	32.75	32.75	28.90	2255	61.20	52.05	52.05	45.90
2140	28.95	24.65	24.65	21.75	2256	45.90	39.05	39.05	34.45

**Medicare Benefits for Pathology Services**  
**Showing Item Numbers, Schedule Fees and**  
**Medicare Benefit Levels as at 1 November 1990**

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States)	85%/20	85%/26	75%		(All States)	85%/20	85%/26	75%
	\$	\$	(1.1.91) \$	\$		\$	\$	(1.1.91) \$	\$
2257	35.35	30.05	30.05	26.55	2319	211.00	191.00	185.00	158.25
2258	26.60	22.65	22.65	19.95	2320	158.25	138.25	134.55	118.70
2259	32.20	27.40	27.40	24.15	2321	93.90	79.85	79.85	70.45
2260	24.20	20.60	20.60	18.15	2322	70.45	59.90	59.90	52.85
2261	33.25	28.30	28.30	24.95	2323	38.55	32.80	32.80	28.95
2262	25.00	21.25	21.25	18.75	2324	28.95	24.65	24.65	21.75
2263	40.65	34.60	34.60	30.50	2325	13.30	11.35	11.35	10.00
2266	30.45	25.90	25.90	22.85	2326	10.00	8.50	8.50	7.50
2267	28.00	23.80	23.80	21.00	2327	93.90	79.85	79.85	70.45
2268	21.00	17.85	17.85	15.75	2328	70.45	59.90	59.90	52.85
2269	44.35	37.70	37.70	33.30	2329	175.15	155.15	149.15	131.40
2270	33.25	28.30	28.30	24.95	2330	131.35	111.65	111.65	98.55
2271	33.25	28.30	28.30	24.95	2331	132.95	113.05	113.05	99.75
2274	25.00	21.25	21.25	18.75	2332	99.70	84.75	84.75	74.80
2275	38.55	32.80	32.80	28.95	2333	141.40	121.40	120.20	106.05
2276	28.95	24.65	24.65	21.75	2337	106.05	90.15	90.15	79.55
2277	44.35	37.70	37.70	33.30	2338	20.50	17.45	17.45	15.40
2278	33.25	28.30	28.30	24.95	2339	15.40	13.10	13.10	11.55
2279	50.15	42.65	42.65	37.65	2340	20.50	17.45	17.45	15.40
2280	37.65	32.05	32.05	28.25	2341	15.40	13.10	13.10	11.55
2281	13.30	11.35	11.35	10.00	2343	40.10	34.10	34.10	30.10
2282	10.00	8.50	8.50	7.50	2344	30.10	25.60	25.60	22.60
2283	26.40	22.45	22.45	19.80	2348	83.35	70.85	70.85	62.55
2284	19.80	16.85	16.85	14.85	2349	62.55	53.20	53.20	46.95
2289	22.20	18.90	18.90	16.65	2350	50.15	42.65	42.65	37.65
2290	16.65	14.20	14.20	12.50	2351	37.65	32.05	32.05	28.25
2291	33.25	28.30	28.30	24.95	2355	93.90	79.85	79.85	70.45
2292	25.00	21.25	21.25	18.75	2356	70.45	59.90	59.90	52.85
2293	44.35	37.70	37.70	33.30	2360	181.50	161.50	155.50	136.15
2312	33.25	28.30	28.30	24.95	2361	136.10	116.10	115.70	102.10
2313	41.15	35.00	35.00	30.90	2363	164.60	144.60	139.95	123.45
2314	30.90	26.30	26.30	23.20	2364	123.45	104.95	104.95	92.60
2315	69.65	59.25	59.25	52.25	2365	141.40	121.40	120.20	106.05
2316	52.25	44.45	44.45	39.20	2366	106.05	90.15	90.15	79.55
2317	88.65	75.40	75.40	66.50	2370	9.30	7.95	7.95	7.00
2318	66.50	56.55	56.55	49.90	2371	7.00	5.95	5.95	5.25

Medicare Benefits for Pathology Services  
 Showing Item Numbers, Schedule Fees and  
 Medicare Benefit Levels as at 1 November 1990

Item No.	Schedule Fee	Medicare Benefit			Item No.	Schedule Fee	Medicare Benefit		
	(All States)	85%/\$20	85%/\$26	75%		(All States)	85%/\$20	85%/\$26	75%
	\$	\$	(1.1.91) \$	\$		\$	(1.1.91) \$	\$	\$
2372	38.55	32.80	32.80	28.95					
2373	28.95	24.65	24.65	21.75					
2377	24.80	21.10	21.10	18.60					
2378	18.65	15.90	15.90	14.00					
2379	13.55	11.55	11.55	10.20					
2380	10.15	8.65	8.65	7.65					
2384	38.55	32.80	32.80	28.95					
2385	28.95	24.65	24.65	21.75					
2387	6.20	5.30	5.30	4.65					
2389	4.15	3.55	3.55	3.15					
2390	6.20	5.30	5.30	4.65					
2391	8.25	7.05	7.05	6.20					
2393	4.15	3.55	3.55	3.15					
2394	10.15	8.65	8.65	7.65					
2395	6.20	5.30	5.30	4.65					
2396	7.85	6.70	6.70	5.90					
2397	2.10	1.80	1.80	1.60					
2398	6.20	5.30	5.30	4.65					
2399	10.15	8.65	8.65	7.65					