

Commonwealth Department of
Health, Housing and Community Services

Supplement No 3 to

**Medicare Benefits
Schedule Book**

of 1 December 1991

Effective - 1 May 1992

Amendment to:

DIAGNOSTIC IMAGING SERVICES



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**SUPPLEMENT No 3 (DIAGNOSTIC IMAGING SERVICES) TO 1 DECEMBER 1991
MEDICARE BENEFITS SCHEDULE BOOK
AMENDMENTS - EFFECTIVE 1 MAY 1992**

This supplement provides details of changes to the diagnostic imaging services as foreshadowed in the 1991/92 Federal Budget and new funding arrangements for Magnetic Resonance Imaging. The amendments apply to services rendered on and after 1 May 1992.

Diagnostic Imaging Services

The diagnostic imaging services listed in Category 5 of the Medicare Benefits Schedule have been restructured from 1 May 1992 as follows:

- the descriptions of services and requirements for the payment of Medicare benefits for items in Group I1 (Ultrasound), Group I2 (Computerised Tomography) and Group I3 (Diagnostic Radiology) have been amended
- for items in Group I3 (Diagnostic Radiology) there are two levels of fees depending on whether the services were rendered in a Comprehensive ("CP") practice (as defined) with attendance requirements by the radiologist, or in any other class of practice

The basic "R" (requested) and "NR" (not requested) item structure remains in place for all Groups in Category 5, however the "R" type items in Groups I1, I2 and I3 now contain several sub-items.

Where Group I1 (Ultrasound) services are rendered by or on behalf of a medical practitioner other than a radiologist, the benefit arrangements are the same as set out in the 1 December 1991 edition of the Medicare Benefits Schedule book.

A radiologist is a registered medical practitioner recognised as a specialist in diagnostic radiology for the purposes of the Health Insurance Act 1973.

Groups I1, I2 and I3 of the diagnostic imaging services section of the Schedule have been reprinted in full and appear as Appendix A in this supplement. Group I5 (Nuclear Medicine Imaging) remains unchanged. Group I4 (Magnetic Resonance Imaging) has been deleted (see further details below).

Magnetic Resonance Imaging (MRI)

The Medicare benefit for MRI, which was payable in respect of services rendered at certain hospitals only, has been withdrawn. Instead a number of MRI units are being funded by grants. Patients eligible for Medicare will not be charged by these units. Hospitals at which such units are already operating or likely to come into operation in the next twelve months are listed below. Details of referral arrangements should be obtained from these hospitals.

Royal North Shore Hospital, Sydney
Royal Prince Alfred Hospital, Sydney
The Parramatta Hospitals (Westmead)(*)

Royal Melbourne Hospital
St Vincent's Hospital, Melbourne
The Alfred Hospital, Melbourne

Princess Alexandra Hospital, Brisbane
Royal Brisbane Hospital
Townsville General Hospital (*)

Royal Adelaide Hospital
Flinders Medical Centre, Adelaide(*)

Sir Charles Gairdner Hospital, Perth

Royal Hobart Hospital

(*) unlikely to operate before late 1992.

Additional units will come into operation in later years in Sydney, Melbourne, Perth and Canberra.

SUMMARY OF CHANGES

New Items

55016	55019	55022	55025	55028	55031	55034	55037	55040	55101	55107	55110
55113	55116	55119	55125	55131	55206	55209	55212	55215	55218	55221	55227
55233	55239	57504	57507	57513	57516	57519	57522	57528	57531	57540	57543
57552	57555	57564	57567	57704	57707	57716	57719	57728	57731	57737	57740
57747	57750	57759	57762	57904	57907	57913	57916	57922	57925	57931	57934
57940	57943	57949	57952	57958	57961	57967	57970	57976	57979	57985	57988
57994	57997	58003	58006	58015	58021	58024	58030	58033	58104	58107	58113
58116	58122	58125	58131	58134	58140	58143	58149	58152	58304	58307	58504
58507	58516	58519	58525	58528	58534	58537	58543	58546	58704	58707	58713
58716	58725	58904	58907	58916	58922	58928	58934	58940	58946	58952	58955
58958	58964	58970	58976	59312	59735	59741	59753	59803	59806	60200	60203
60206	60209	60212	60215	60218	60221	60224	60227	60230	60233	60236	60239
60242	60245	60248	60251	60254	60257	60260	60263	60266	60269	60272	60275
60278	60502	60506	60509	60512	60703	60984					

Items Re-numbered

OLD NEW

55006	55010	57709	57713	58103	58110	58915	58931
55012	55200	57712	57725	58106	58119	58918	58937
55015	55203	57715	57734	58109	58128	58921	58943
55018	55224	57718	57743	58112	58137	58924	58949
55021	55230	57721	57753	58115	58146	58927	58961
55027	55236	57900	57901	58303	58301	58933	58967
55100	55122	57903	57910	58500	58510	58936	58973
55103	55128	57906	57919	58503	58501	59503	57756
55106	55104	57909	57928	58509	58513	59718	59927
57500	57510	57912	57937	58521	58522	59918	59923
57503	57501	57915	57946	58524	58531	60100	59800
57506	57534	57918	57955	58527	58540	60909	60926
57509	57525	57921	57964	58706	58701	60915	60923
57512	57546	57924	57973	58709	58710	60918	60908
57515	57537	57927	57982	58715	58719	60927	60911
57518	57558	57930	57991	58718	58722	60939	60932
57521	57549	57933	58000	58721	58728		
57524	57570	57936	58009	58900	58910		
57527	57561	57939	58012	58903	58901		
57700	57710	57942	58018	58906	58913		
57703	57701	57945	58027	58909	58919		
57706	57722	58100	58101	58912	58925		

Deleted Items

55009	55024	58118	58300	58306	58506	58512	58515	58518	58700	58703	58712
58724	58930	59100	59103	59500	59506	59706	59709	59715	59721	59736	59742
59745	59748	59757	59900	59906	59909	60300	60900	60906	60912	60921	60924
60933	60951	60954	60960	60975	60978	61200					

Amended Description (including renumbered items)

55003	55104	55122	55128	55200	55203	55224	55230	55236	57501	57510	57525
57534	57537	57546	57549	57558	57701	57743	57756	57901	57946	57973	57982
58000	58009	58012	58027	58301	58501	58510	58701	58710	58719	58722	58728
58901	58910	58913	58919	58925	58931	58937	58943	58949	58961	58973	59300
59303	59306	59309	59700	59703	59751	59754	59800	59903	59924	59927	60500
60503	60903	60908	60923	60930	60932	60936	60942	60957	60966	60969	60972
60981											

Amended Fees (including renumbered items)

55104	55122	55128	57501	57510	57525	57534	57537	57546	57549	57558	57561
57570	57701	57710	57713	57722	57725	57734	57743	57753	57756	57901	57910
57919	57928	57937	57946	57955	57964	57973	57982	57991	58000	58009	58012
58018	58027	58101	58110	58119	58128	58137	58146	58301	58501	58510	58513
58522	58531	58540	58701	58710	58719	58722	58728	58901	58910	58913	58919
58925	58931	58937	58943	58949	58961	58967	58973	59300	59303	59306	59309
59700	59703	59712	59724	59727	59730	59733	59739	59751	59754	59800	59903
59912	59915	59921	59923	59924	59927	60500	60503	60700	60957		

SPECIAL ARRANGEMENTS - TRANSITION PERIOD

Where the description, item number or Schedule fee for an item has been amended the following rules will apply:-

- (a) If the 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 May 1992 and continues beyond that date, the old item and fee and benefit levels will apply.
- (b) In any other case the date the service is rendered will determine which item and fee is applicable.

NOTES FOR GUIDANCE

The following changes should be made to the notes contained in Section 5 of the 1 December 1991 Medicare Benefits Schedule

DIA.1 Introduction

Delete final sentence of second paragraph and substitute: "Certain X-rays may be requested by dental practitioners, chiropractors, physiotherapists and podiatrists. Such services are:

- (a) dental practitioners - 57901 to 58033 (inclusive), other than items that include the symbol (NS); and
- (b) chiropractors, physiotherapists and podiatrists - 57725, 57728, 57734, 57737, 57743, 57747 and 58101 to 58152 (inclusive) other than items that include the symbol (NS)"

DIA.4.7 Pre-existing Diagnostic Imaging Practices

From 1 May 1992 the items to which this exemption applies are: 57731, 57740, 57750, 57907, 57916, 57943, 57952, 57970, 58107, 58116, 58125, 58134, 58143, 58152, 58528, 58537, 58546, 58952 and 58958.

DIC Remote Area Exemptions

DIC.1.1 Designation of Remote Areas

DELETE: Section (b)

SUPPLEMENTARY NOTES

The following notes are supplementary to those contained in Section 5 of the 1 December 1991 Medicare Benefits Schedule book.

Introduction

The Diagnostic Imaging Services listed in Category 5 of the Medicare Benefits Schedule have been restructured from 1 May 1992 as follow:

- the descriptions of services and requirements for the payment of Medicare benefits for items in Group I1 (Ultrasound), Group I2 (Computerised Tomography) and Group I3 (Diagnostic Radiology) have been amended
- for items in Group I3 (Diagnostic Radiology) there are two levels of fees depending on whether the service is rendered in a "CP" practice (as defined) with attendance requirements by the radiologist, or in any other class of practice

The basic "R" (requested) and "NR" (not requested) item structure remains in place for all Groups in Category 5, however the "R" type items in Groups I1, I2 and I3 now contain several sub-items. The services covered by these sub-items are explained below.

Where Group I1 (Ultrasound) services are rendered by or on behalf of a medical practitioner other than a radiologist, the benefit arrangements are the same as set out in the 1 December 1991 edition of the Medicare Benefits Schedule book.

A radiologist is a registered medical practitioner recognised as a specialist in diagnostic radiology for the purposes of the Health Insurance Act 1973.

Categories of Services

Items are specified according to one of six categories. These are outlined below with a description of the meaning of each category.

- (R): A requested service;
- (R)(CP): A requested service where the service is rendered by a radiologist in a practice which meets the requirements for a comprehensive practice as set out below;
- (R)(OP): A requested service where the service is rendered by a radiologist in a practice which does not meet the requirements for a comprehensive practice;
- (R)(NS): A requested service rendered by a medical practitioner who is not a radiologist;
- (R)(A): A requested service rendered by a radiologist who must be in attendance as defined below; and

- (NR): A service where a request is not necessary, rendered by a medical practitioner.

Definition of a Comprehensive Practice (CP)

A Comprehensive Practice is one that meets the following criteria:

- a radiologist must attend the practice at the particular location on business days for not less than 5 hours between 9.00 am and 5.00 pm (see *Note 1* below);
- as a qualifying pre-condition, a radiologist must have been in attendance at the particular practice location for each of the immediately preceding 20 business days for not less than 5 hours between 9.00 am and 5.00 pm on each of those days. (see *Notes 1 and 2* below);
- the practice must use equipment that is permanently maintained at the particular practice location, and as well as rendering plain x-ray services, render services in not less than 2 of the following categories -
 - ultrasound services;
 - services involving fluoroscopy and image intensification equipment;
 - mammographic examinations (benefits are not payable unless dedicated mammography equipment is used); or
 - Computerised Tomography services,

each being a service that is covered by an item in Category 5 - Diagnostic Imaging Services, and where a Medicare benefit is payable or has been paid (see *Note 1* below).

Note: 1. The requirements in (a), (b) and (c) above do not apply to services rendered in the following circumstances:

- x-ray services provided by a radiologist at a hospital or registered day hospital facility to a private patient who is receiving hospital treatment or to a patient accommodated in a nursing home and who is receiving nursing home care; or*
- at a practice located not less than 10 kilometres by the most direct road route from the nearest other radiology service facility (not being one in a hospital) operated by, or on behalf of, a radiologist.*

Note: 2. The requirement that a radiologist must be in attendance at the particular practice location for the preceding 20 business days does not become effective until 1 June 1992. During the period 1 May 1992 to 31 May 1992 radiologists will be deemed to have satisfied this requirement for the purposes of payment of Medicare benefits at the "CP" level provided the other criteria are met.

Definitions of the terms used above are as follows:

- "20 business days" means 20 consecutive days, excluding Saturdays, Sundays and public holidays gazetted in the State or Territory of location of the practice;
- "plain x-ray services" are services covered by Items 57501 to 57750 (inclusive), Items 57756 to 58009 (inclusive) and Items 58018 to 58910 (inclusive);
- "ultrasound services" are services covered by Items 55003 to 55239 (inclusive);

- "services involving fluoroscopy and image intensification equipment" are services covered by Items 58012, 58015, 58719, 58722, 58725, 58728, 58913, 58916, 58919, 58922, 58925, 58928, 58931, 58934, 58937, 58940, 58943, 58946, 58961, 58964, 58967, 58970, 58973, 58976, 59700, 59703, 59712, 59724, 59727, 59730, 59739, 59741, 59751, 59753, 59927 and 60500 to 60512 (inclusive);
- "mammographic examinations" are services covered by Items 59300 and 59303; and
- "Computerised Tomography services" are services covered by Items 56000 to 57406 (inclusive).

Attendance Requirement

Subject to the exemptions set out below, a radiologist must personally attend for a service where the item has the symbol "(A)" in the description of service. Attendance requirements are met by:-

- (i) the radiologist interviewing the patient in person, at the radiology practice location where the service is rendered, immediately prior to or during the rendering of the service; or
- (ii) the radiologist viewing, at the practice location where the service is rendered, the hard copy images of the service, prior to the patient leaving that practice location.

Exemptions in meeting these attendance requirements are as follows:

- (i) x-ray services rendered at a hospital or registered day hospital facility to a private patient who is receiving hospital treatment or to a patient accommodated in a nursing home and who is receiving nursing home care; or
- (ii) x-ray services rendered at a practice location which is located not less than 30 kilometres by the most direct road route from a Comprehensive Practice (whether located in or at a hospital, registered day hospital facility or other location that meets the Comprehensive Practice definition).

Issue of Accounts

Accounts issued for the purposes of making a claim for Medicare benefits must contain the following information:

- the name and address or Provider Number of the radiologist who provided the report in connection with the services rendered in Group I1 (Ultrasound), Group I2 (Computerised Tomography) and Group I3 (Diagnostic Radiology) - with the exception of the preparation items listed in Subgroup 16 (Preparation for Radiological Procedure) of Group I3 (Diagnostic Radiology); and
- the other requirements set out in the Notes for Category 5 - Diagnostic Imaging Services of the 1 December 1991 issue of the Medicare Benefits Schedule.

Radiography of the Breast (Items 59300 and 59303)

Although the descriptions of these items have been amended slightly, the requirements set out at paragraph DIJ.5 of the 1 December 1991 Medicare Benefits Schedule book have not changed.

Digital Subtraction Angiography

Each item includes all preparation and contrast injections other than for selective catheterisation.

For Digital Subtraction Angiography (DSA), benefits are payable for a maximum of 1 DSA item (from Items 60200 to 60269). For selective DSA - 1 DSA item (from Items 60200 to 60269) and 1 item covering selective catheterisation (from 60272, 60275 or 60278).

If a DSA examination covers more than one of the specified regions/combinations, then the region/combination forming the major part of the examination should be selected, with itemisation to cover the total number of film runs obtained.

A run is the injection of contrast, data acquisition, and the generation of a hard copy record.

Further Review of Diagnostic Radiology

The operation of these changes will be reviewed during 1992.

ULTRASOUND		GENERAL			
GROUP II - ULTRASOUND					
SUBGROUP 1 - GENERAL					
55000	ULTRASONIC CROSS-SECTIONAL ECHOGRAPHY, not associated with Item 55003, 55007 or 55010 where the patient is not referred by a medical practitioner for ultrasonic examination - each ultrasonic examination not exceeding two examinations in any one pregnancy (NR) (See para DIH. of explanatory notes to this Category)	Fee: \$32.00	Benefit: 75%	\$24.00:	85%/\$26.80 \$27.20
‡	ULTRASONIC CROSS-SECTIONAL ECHOGRAPHY performed by, or on behalf of, a medical practitioner other than a specialist in diagnostic radiology where the patient is referred by a medical practitioner for ultrasonic examination not associated with Item 55000, 55007 or 55010 and where the referring medical practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member (R) (See para DIH. of explanatory notes to this Category)	Fee: \$93.00	Benefit: 75%	\$69.75:	85%/\$26.80 \$79.05
+	ULTRASONIC ECHOGRAPHY, unidimensional not associated with Item 55000 or 55003 (R)	Fee: \$56.00	Benefit: 75%	\$42.00:	85%/\$26.80 \$47.60
*	ULTRASONIC ECHOGRAPHY, unidimensional not associated with Item 55000 or 55003 (NR)	Fee: \$56.00	Benefit: 75%	\$42.00:	85%/\$26.80 \$47.60
+	ULTRASOUND SCAN of head (R) (A)	Fee: \$93.00	Benefit: 75%	\$69.75:	85%/\$26.80 \$79.05
+	ULTRASOUND SCAN of one or more structures of the neck (R) (A)	Fee: \$93.00	Benefit: 75%	\$69.75:	85%/\$26.80 \$79.05
+	ULTRASOUND SCAN of one or both breasts (R) (A)	Fee: \$93.00	Benefit: 75%	\$69.75:	85%/\$26.80 \$79.05
+	ULTRASOUND SCAN of abdomen including urinary tract where performed (R) (A)	Fee: \$93.00	Benefit: 75%	\$69.75:	85%/\$26.80 \$79.05
+	ULTRASOUND SCAN of urinary tract (R) (A)	Fee: \$93.00	Benefit: 75%	\$69.75:	85%/\$26.80 \$79.05
+	ULTRASOUND SCAN of pelvis by any or all of transabdominal, transvaginal or transrectal approach (R) (A)	Fee: \$93.00	Benefit: 75%	\$69.75:	85%/\$26.80 \$79.05
+	ULTRASOUND SCAN of scrotum (R) (A)	Fee: \$93.00	Benefit: 75%	\$69.75:	85%/\$26.80 \$79.05

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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ULTRASOUND		GENERAL
+ 55034	ULTRASOUND SCAN of pregnant uterus (R) (A) Fee: \$93.00	Benefit: 75% \$69.75: 85%/\$26.80 \$79.05
+ 55037	ULTRASOUND SCAN of one or more joints (R) (A) Fee: \$93.00	Benefit: 75% \$69.75: 85%/\$26.80 \$79.05
+ 55040	ULTRASOUND SCAN not otherwise specified (R) (A) Fee: \$93.00	Benefit: 75% \$69.75: 85%/\$26.80 \$79.05
SUBGROUP 2 - CARDIAC		
+ 55101	M-MODE AND TWO DIMENSIONAL REAL TIME ECHOCARDIOGRAPHIC EXAMINATION of the heart from at least two thoracic windows, performed using a mechanical sector scanner or phased array transducer, with measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques, with recordings on video tape, not associated with items in Group II, Subgroup 1 (R) (NS) Fee: \$152.00	Benefit: 75% \$114.00: 85%/\$26.80 \$129.20
* + ‡ 55104	M-MODE AND TWO DIMENSIONAL REAL TIME ECHOCARDIOGRAPHIC EXAMINATION of the heart from at least two thoracic windows, performed using a mechanical sector scanner or phased array transducer, with measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques, with recordings on video tape, not associated with items in Group II, Subgroup 1 (R) (A) Fee: \$152.00	Benefit: 75% \$114.00: 85%/\$26.80 \$129.20
+ 55107	M-MODE AND TWO DIMENSIONAL REAL TIME ECHOCARDIOGRAPHIC EXAMINATION of the heart from at least two thoracic windows, performed using a mechanical sector scanner or phased array transducer, with measurement of cardiac dimensions, with recordings on video tape, not associated with items in Group II, Subgroup 1 (R) (NS) Fee: \$86.00	Benefit: 75% \$64.50: 85%/\$26.80 \$73.10
+ 55110	M-MODE AND TWO DIMENSIONAL REAL TIME ECHOCARDIOGRAPHIC EXAMINATION of the heart from at least two thoracic windows, performed using a mechanical sector scanner or phased array transducer, with measurement of cardiac dimensions, with recordings on video tape, not associated with items in Group II, Subgroup 1 (R) (A) Fee: \$86.00	Benefit: 75% \$64.50: 85%/\$26.80 \$73.10
+ 55113	M-MODE AND TWO DIMENSIONAL REAL TIME ECHOCARDIOGRAPHIC EXAMINATION of the heart from at least two thoracic windows, performed using a mechanical sector scanner or phased array transducer, with measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques, together with real time colour flow mapping from at least two thoracic windows, with recordings on video tape, not associated with items in Group II, Subgroup 1 (R) (NS) Fee: \$235.00	Benefit: 75% \$176.25: 85%/\$26.80 \$208.20
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed 1 MAY 1992		

ULTRASOUND		CARDIAC
†	M-MODE AND TWO DIMENSIONAL REAL TIME ECHOCARDIOGRAPHIC EXAMINATION of the heart from at least two thoracic windows, performed using a mechanical sector scanner or phased array transducer, with measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous wave Doppler techniques, together with real time colour flow mapping from at least two thoracic windows, with recordings on video tape, not associated with items in Group I1, Subgroup 1 (R) (A)	
55116	Fee: \$235.00	Benefit: 75% \$176.25: 85%/\$26.80 \$208.20
†	TWO DIMENSIONAL REAL TIME TRANSOESOPHAGEAL ECHOCARDIOGRAPHIC EXAMINATION of the heart, not associated with any other echocardiographic examination (R) (NS)	
55119	Fee: \$235.00	Benefit: 75% \$176.25: 85%/\$26.80 \$208.20
* + ‡	TWO DIMENSIONAL REAL TIME TRANSOESOPHAGEAL ECHOCARDIOGRAPHIC EXAMINATION of the heart, not associated with any other echocardiographic examination (R) (A)	
55122	Fee: \$235.00	Benefit: 75% \$176.25: 85%/\$26.80 \$208.20
†	TWO DIMENSIONAL REAL TIME TRANSOESOPHAGEAL ECHOCARDIOGRAPHIC EXAMINATION of the heart, associated with another echocardiographic examination (R) (NS)	
55125	Fee: \$118.00	Benefit: 75% \$88.50: 85%/\$26.80 \$100.30
* + ‡	TWO DIMENSIONAL REAL TIME TRANSOESOPHAGEAL ECHOCARDIOGRAPHIC EXAMINATION of the heart, associated with another echocardiographic examination (R) (A)	
55128	Fee: \$118.00	Benefit: 75% \$88.50: 85%/\$26.80 \$100.30
†	INTRA-OPERATIVE TWO DIMENSIONAL real time transoesophageal echocardiography incorporating Doppler with colour flow mapping with recording onto video tape, performed during cardiac surgery incorporating sequential assessment of cardiac function before and after the surgical procedure (R)	
55131	Fee: \$335.00	Benefit: 75% \$251.25: 85%/\$26.80 \$308.20
SUBGROUP 3 - VASCULAR		
* ‡	DUPLEX SCANNING (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of carotid vessels (with or without vertebral arteries), peripheral vessels or intra-thoracic or intra-abdominal vascular structures (excluding cardiac and pregnancy related studies), (not associated with Items in Group I1, Subgroup 1) - one examination and report (R) (NS)	
55200	Fee: \$160.00	Benefit: 75% \$120.00: 85%/\$26.80 \$136.00
* ‡	- TWO OR MORE EXAMINATIONS of the kind referred to in Item 55200 and report (not associated with items in Group I1, Subgroup 1) (R) (NS)	
55203	Fee: \$275.00	Benefit: 75% \$206.25: 85%/\$26.80 \$248.20
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed 1 MAY 1992 Page 11</p>		

ULTRASOUND		VASCULAR	
†	DUPLEX ULTRASOUND involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of one or more vessels of the neck (not associated with Items in Group II, Subgroup 1) - examination of one region and report (R) (A)		
55206	Fee: \$160.00	Benefit: 75% \$120.00:	85%/\$26.80 \$136.00
†	DUPLEX ULTRASOUND involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of one or more vessels of the upper limb or limbs (not associated with Items in Group II, Subgroup 1) - examination of one region and report (R) (A)		
55209	Fee: \$160.00	Benefit: 75% \$120.00:	85%/\$26.80 \$136.00
†	DUPLEX ULTRASOUND involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of one or more vessels of the thorax (excluding cardiac studies) (not associated with Items in Group II, Subgroup 1) - examination of one region and report (R) (A)		
55212	Fee: \$160.00	Benefit: 75% \$120.00:	85%/\$26.80 \$136.00
†	DUPLEX ULTRASOUND involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of one or more vessels of the abdomen (excluding pregnancy related studies), (not associated with Items in Group II, Subgroup 1) - examination of one region and report (R) (A)		
55215	Fee: \$160.00	Benefit: 75% \$120.00:	85%/\$26.80 \$136.00
†	DUPLEX ULTRASOUND involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of one or more vessels of the lower limb or limbs, (not associated with Items in Group II, Subgroup 1) - examination of one region and report (R) (A)		
55218	Fee: \$160.00	Benefit: 75% \$120.00:	85%/\$26.80 \$136.00
†	EXAMINATION OF TWO OR MORE REGIONS of the kind referred to in Item 55206 to 55218, and report (not associated with Item 55003) (R) (A)		
55221	Fee: \$275.00	Benefit: 75% \$206.25:	85%/\$26.80 \$248.20
* ‡	DUPLEX SCANNING (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of carotid vessels, with oculoplethysmography (not associated with Item 55003) - examination and report (R) (NS)		
55224	Fee: \$192.00	Benefit: 75% \$144.00:	85%/\$26.80 \$165.20
†	DUPLEX SCANNING (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of carotid vessels, with oculoplethysmography (not associated with Item 55003) - examination and report (R) (A)		
55227	Fee: \$192.00	Benefit: 75% \$144.00:	85%/\$26.80 \$165.20
* ‡	DUPLEX SCANNING (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of peripheral vessels and carotid vessels, with oculoplethysmography (not associated with Item 55003) - examination and report (R) (NS)		
55230	Fee: \$310.00	Benefit: 75% \$232.50:	85%/\$26.80 \$283.20
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed 1 MAY 1992			
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ULTRASOUND

VASCULAR

†	DUPLEX SCANNING (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of peripheral vessels and carotid vessels, with oculoplethysmography (not associated with Item 55003) - examination and report (R) (A)
55233	Fee: \$310.00 Benefit: 75% \$232.50: 85%/\$26.80 \$283.20

* ‡	DUPLEX SCANNING (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of peripheral vessels before measured exercise using a treadmill or bicycle ergometer, and measurement of pressure after exercise for ten minutes or until pressure is normal (unilateral or bilateral), (not associated with Item 55003) - examination and report (R) (NS)
55236	Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20

†	DUPLEX SCANNING (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of peripheral vessels before measured exercise using a treadmill or bicycle ergometer, and measurement of pressure after exercise for ten minutes or until pressure is normal (unilateral or bilateral), (not associated with Item 55003) - examination and report (R) (A)
55239	Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20

COMPUTERISED TOMOGRAPHY		BODY SCANNER	
GROUP I2 - COMPUTERISED TOMOGRAPHY			
SUBGROUP 1 - COMPUTERISED TOMOGRAPHY ON A BODY SCANNER			
HEAD			
56000	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN with or without scan of internal auditory meatus without intravenous contrast medium (not covered by Item 57000 or 57100) (R) (A) Fee: \$138.00	Benefit: 75%	\$103.50: 85%/\$26.80 \$117.30
56003	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN with or without scan of internal auditory meatus with intravenous contrast medium (not covered by Item 57003 or 57103) (R) (A) Fee: \$192.00	Benefit: 75%	\$144.00: 85%/\$26.80 \$165.20
56006	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN with or without scan of internal auditory meatus without intravenous contrast medium (minimum of 8 slices) and with intravenous contrast medium (not covered by Item 57006 or 57106) (R) (A) Fee: \$225.00	Benefit: 75%	\$168.75: 85%/\$26.80 \$198.20
56009	COMPUTERISED TOMOGRAPHY - SCAN OF PITUITARY FOSSA by multiple thin slices (including reconstructions) without or with intravenous contrast medium and with or without brain scan (R) (A) Fee: \$460.00	Benefit: 75%	\$345.00: 85%/\$26.80 \$433.20
56012	COMPUTERISED TOMOGRAPHY - SCAN OF ORBITS by multiple thin slices (including reconstructions) without or with intravenous contrast medium and with or without brain scan (R) (A) Fee: \$455.00	Benefit: 75%	\$341.25: 85%/\$26.80 \$428.20
56015	COMPUTERISED TOMOGRAPHY - SCAN OF MIDDLE EAR AND TEMPORAL BONE, unilateral or bilateral, detailed study by multiple thin slices (including reconstructions) without or with intravenous contrast medium and with or without brain scan (R) (A) Fee: \$445.00	Benefit: 75%	\$333.75: 85%/\$26.80 \$418.20
56018	COMPUTERISED TOMOGRAPHY - SCAN OF TEMPORAL BONES WITH AIR STUDY (including reconstructions) and including intrathecal injection, not including an associated brain scan (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$355.00	Benefit: 75%	\$266.25: 85%/\$26.80 \$328.20
56021	COMPUTERISED TOMOGRAPHY - SCAN OF FACIAL BONES, sinuses and salivary glands - scan of one or more regions without intravenous contrast medium (R) (A) Fee: \$250.00	Benefit: 75%	\$187.50: 85%/\$26.80 \$223.20

COMPUTERISED TOMOGRAPHY		BODY SCANNER	
56024	COMPUTERISED TOMOGRAPHY - SCAN OF FACIAL BONES, sinuses and salivary glands - scan of one or more regions with intravenous contrast medium (R) (A) Fee: \$265.00 Benefit: 75% \$198.75: 85%/\$26.80 \$238.20		
56027	COMPUTERISED TOMOGRAPHY - SCAN OF FACIAL BONES, sinuses and salivary glands - scan of one or more regions without and with intravenous contrast medium (R) (A) Fee: \$375.00 Benefit: 75% \$281.25: 85%/\$26.80 \$348.20		
NECK			
56100	COMPUTERISED TOMOGRAPHY - SCAN OF SOFT TISSUES OF NECK, including larynx, pharynx and upper oesophagus (not associated with cervical spine) - scan of one or more regions without intravenous contrast medium (not covered by Item 56900) (R) (A) Fee: \$355.00 Benefit: 75% \$266.25: 85%/\$26.80 \$328.20		
56103	COMPUTERISED TOMOGRAPHY - SCAN OF SOFT TISSUES OF NECK, including larynx, pharynx and upper oesophagus (not associated with cervical spine) - scan of one or more regions with intravenous contrast medium (not covered by Item 56903) (R) (A) Fee: \$385.00 Benefit: 75% \$288.75: 85%/\$26.80 \$358.20		
56106	COMPUTERISED TOMOGRAPHY - SCAN OF SOFT TISSUES OF NECK, including larynx, pharynx and upper oesophagus (not associated with cervical spine) - scan of one or more regions without and with intravenous contrast medium (not covered by Item 56906) (R) (A) Fee: \$420.00 Benefit: 75% \$315.00: 85%/\$26.80 \$393.20		
SPINE			
56200	COMPUTERISED TOMOGRAPHY - SCAN OF SPINE, one or more regions - 25 slices or less without intravenous contrast medium (R) (A) Fee: \$176.00 Benefit: 75% \$132.00: 85%/\$26.80 \$149.60		
56203	COMPUTERISED TOMOGRAPHY - SCAN OF SPINE, one or more regions - 25 slices or less with intravenous contrast medium (R) (A) Fee: \$205.00 Benefit: 75% \$153.75: 85%/\$26.80 \$178.20		
56206	COMPUTERISED TOMOGRAPHY - SCAN OF SPINE, one or more regions - 25 slices or less without and with intravenous contrast medium (R) (A) Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20		
56209	COMPUTERISED TOMOGRAPHY - SCAN OF SPINE, one or more regions - 26 or more slices without intravenous contrast medium (R) (A) Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80 \$223.20		
56212	COMPUTERISED TOMOGRAPHY - SCAN OF SPINE, one or more regions - 26 or more slices with intravenous contrast medium (R) (A) Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20		

COMPUTERISED TOMOGRAPHY		BODY SCANNER
56215	COMPUTERISED TOMOGRAPHY - SCAN OF SPINE, one or more regions - 26 or more slices without and with intravenous contrast medium (R) (A) Fee: \$385.00 Benefit: 75% \$288.75: 85%/\$26.80 \$358.20	
56218	COMPUTERISED TOMOGRAPHY - SCAN OF SPINE, one or more regions with intrathecal contrast medium (not including the preparation by intrathecal injection of contrast medium) (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80 \$223.20	
CHEST		
56300	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST (including lungs, mediastinum and pleura) without intravenous contrast medium (not covered by Item 56700, 56800, 56900, 57000 or 57100) (R) (A) Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80 \$223.20	
56303	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST (including lungs, mediastinum and pleura) with intravenous contrast medium (not covered by Item 56703, 56803, 56903, 57003 or 57103) (R) (A) Fee: \$285.00 Benefit: 75% \$213.75: 85%/\$26.80 \$258.20	
56306	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST (including lungs, mediastinum and pleura) without intravenous contrast medium (minimum of 8 slices) and with intravenous contrast medium (not covered by Item 56706, 56806, 56906, 57006 or 57106) (R) (A) Fee: \$360.00 Benefit: 75% \$270.00: 85%/\$26.80 \$333.20	
UPPER ABDOMEN		
56400	COMPUTERISED TOMOGRAPHY - SCAN OF UPPER ABDOMEN (diaphragm to iliac crest) or PELVIS without intravenous contrast medium (not covered by Item 56700, 56800, 56900 or 57100) (R) (A) Fee: \$138.00 Benefit: 75% \$103.50: 85%/\$26.80 \$117.30	
56403	COMPUTERISED TOMOGRAPHY - SCAN OF UPPER ABDOMEN (diaphragm to iliac crest) or PELVIS with intravenous contrast medium (not covered by Item 56703, 56803, 56903 or 57103) (R) (A) Fee: \$168.00 Benefit: 75% \$126.00: 85%/\$26.80 \$142.80	
56406	COMPUTERISED TOMOGRAPHY - SCAN OF UPPER ABDOMEN (diaphragm to iliac crest) or PELVIS without intravenous contrast medium (minimum of 8 slices) and with intravenous contrast medium (not covered by Item 56706, 56806, 56906 or 57106) (R) (A) Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed 1 MAY 1992 Page 16		

COMPUTERISED TOMOGRAPHY		BODY SCANNER	
UPPER ABDOMEN AND PELVIS			
56500	COMPUTERISED TOMOGRAPHY - SCAN OF UPPER ABDOMEN AND PELVIS without intravenous contrast medium (not covered by Item 56700, 56800, 56900 or 57100) (R) (A) Fee: \$210.00	Benefit: 75% \$157.50:	85%/\$26.80 \$183.20
56503	COMPUTERISED TOMOGRAPHY - SCAN OF UPPER ABDOMEN AND PELVIS with intravenous contrast medium (not covered by Item 56703, 56803, 56903 or 57103) (R) (A) Fee: \$255.00	Benefit: 75% \$191.25:	85%/\$26.80 \$228.20
56506	COMPUTERISED TOMOGRAPHY - SCAN OF UPPER ABDOMEN AND PELVIS without intravenous contrast medium (minimum of 8 slices) and with intravenous contrast medium (not covered by Item 56706, 56806, 56906 or 57106) (R) (A) Fee: \$360.00	Benefit: 75% \$270.00:	85%/\$26.80 \$333.20
EXTREMITIES			
56600	COMPUTERISED TOMOGRAPHY - SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving up to 20 slices without intravenous contrast medium (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$138.00	Benefit: 75% \$103.50:	85%/\$26.80 \$117.30
56603	COMPUTERISED TOMOGRAPHY - SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving up to 20 slices with intravenous contrast medium (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$168.00	Benefit: 75% \$126.00:	85%/\$26.80 \$142.80
56606	COMPUTERISED TOMOGRAPHY - SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving up to 20 slices without and with intravenous contrast medium (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$205.00	Benefit: 75% \$153.75:	85%/\$26.80 \$178.20
56609	COMPUTERISED TOMOGRAPHY - SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving more than 20 slices but not more than 40 slices without intravenous contrast medium (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$176.00	Benefit: 75% \$132.00:	85%/\$26.80 \$149.60
56612	COMPUTERISED TOMOGRAPHY - SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving more than 20 slices but not more than 40 slices with intravenous contrast medium (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$205.00	Benefit: 75% \$153.75:	85%/\$26.80 \$178.20
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed 1 MAY 1992			

COMPUTERISED TOMOGRAPHY		BODY SCANNER	
56615	COMPUTERISED TOMOGRAPHY - SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving more than 20 slices but not more than 40 slices without and with intravenous contrast medium (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20		
56618	COMPUTERISED TOMOGRAPHY - SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving more than 40 slices without intravenous contrast medium (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80 \$223.20		
56621	COMPUTERISED TOMOGRAPHY - SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving more than 40 slices with intravenous contrast medium (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$275.00 Benefit: 75% \$206.25: 85%/\$26.80 \$248.20		
56624	COMPUTERISED TOMOGRAPHY - SCAN OF EXTREMITIES, ONE OR MORE REGIONS involving more than 40 slices without and with intravenous contrast medium (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$350.00 Benefit: 75% \$262.50: 85%/\$26.80 \$323.20		
CHEST AND UPPER ABDOMEN			
56700	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST AND UPPER ABDOMEN (from lung apices to iliac crest) without intravenous contrast medium (not covered by Item 56800, 56900 or 57100) (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80 \$223.20		
56703	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST AND UPPER ABDOMEN (from lung apices to iliac crest) with intravenous contrast medium (not covered by Item 56803, 56903 or 57103) (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$290.00 Benefit: 75% \$217.50: 85%/\$26.80 \$263.20		
56706	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST AND UPPER ABDOMEN (from lung apices to iliac crest) without and with intravenous contrast medium (not covered by Item 56806, 56906 or 57106) (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$365.00 Benefit: 75% \$273.75: 85%/\$26.80 \$338.20		
CHEST, ABDOMEN AND PELVIS			
56800	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST, ABDOMEN AND PELVIS without intravenous contrast medium (not covered by Item 56900) (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$325.00 Benefit: 75% \$243.75: 85%/\$26.80 \$298.20		

COMPUTERISED TOMOGRAPHY		BODY SCANNER
56803	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST, ABDOMEN AND PELVIS with intravenous contrast medium (not covered by Item 56903) (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$365.00 Benefit: 75% \$273.75: 85%/\$26.80 \$338.20	
56806	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST, ABDOMEN AND PELVIS without and with intravenous contrast medium (not covered by Item 56906) (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20	
	NECK, CHEST, ABDOMEN AND PELVIS	
56900	COMPUTERISED TOMOGRAPHY - SCAN OF NECK, CHEST, ABDOMEN AND PELVIS without intravenous contrast medium (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$465.00 Benefit: 75% \$348.75: 85%/\$26.80 \$438.20	
56903	COMPUTERISED TOMOGRAPHY - SCAN OF NECK, CHEST, ABDOMEN AND PELVIS with intravenous contrast medium (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20	
56906	COMPUTERISED TOMOGRAPHY - SCAN OF NECK, CHEST, ABDOMEN AND PELVIS without and with intravenous contrast medium (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$615.00 Benefit: 75% \$461.25: 85%/\$26.80 \$588.20	
	BRAIN AND CHEST	
57000	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN AND CHEST without intravenous contrast medium (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$250.00 Benefit: 75% \$187.50: 85%/\$26.80 \$223.20	
57003	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN AND CHEST with intravenous contrast medium (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$290.00 Benefit: 75% \$217.50: 85%/\$26.80 \$263.20	
57006	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN AND CHEST without and with intravenous contrast medium (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$400.00 Benefit: 75% \$300.00: 85%/\$26.80 \$373.20	
	CHEST AND UPPER ABDOMEN AND BRAIN	
57100	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST AND UPPER ABDOMEN (from lung apices to iliac crest) and SCAN OF BRAIN without intravenous contrast medium (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$355.00 Benefit: 75% \$266.25: 85%/\$26.80 \$328.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed 1 MAY 1992		

COMPUTERISED TOMOGRAPHY		BODY SCANNER
57103	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST AND UPPER ABDOMEN (from lung apices to iliac crest) and SCAN OF BRAIN with intravenous contrast medium (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$400.00 Benefit: 75% \$300.00: 85%/\$26.80 \$373.20	
57106	COMPUTERISED TOMOGRAPHY - SCAN OF CHEST AND UPPER ABDOMEN (from lung apices to iliac crest) and SCAN OF BRAIN without and with intravenous contrast medium (R) (A) <i>(See para DII. of explanatory notes to this Category)</i> Fee: \$510.00 Benefit: 75% \$382.50: 85%/\$26.80 \$483.20	
	PELVIMETRY	
57200	COMPUTERISED TOMOGRAPHY - PELVIMETRY (R) (A) Fee: \$138.00 Benefit: 75% \$103.50: 85%/\$26.80 \$117.30	
	DYNAMIC SCAN OF REGION	
57300	COMPUTERISED TOMOGRAPHY - DYNAMIC SCAN OF REGION not associated with any other item in this Group (R) (A) Fee: \$168.00 Benefit: 75% \$126.00: 85%/\$26.80 \$142.80	
57303	COMPUTERISED TOMOGRAPHY - DYNAMIC SCAN OF REGION when associated with another item in this Group (R) (A) Derived Fee: The fee for computerised tomography of the area and report plus an amount of \$108.00	
	SUBGROUP 2 - COMPUTERISED TOMOGRAPHY ON A BRAIN SCANNER	
57400	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN without intravenous contrast medium (R) (A) Fee: \$70.00 Benefit: 75% \$52.50: 85%/\$26.80 \$59.50	
57403	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN with intravenous contrast medium (R) (A) Fee: \$85.00 Benefit: 75% \$63.75: 85%/\$26.80 \$72.25	
57406	COMPUTERISED TOMOGRAPHY - SCAN OF BRAIN without and with intravenous contrast medium (R) (A) Fee: \$132.00 Benefit: 75% \$99.00: 85%/\$26.80 \$112.20	

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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DIAGNOSTIC RADIOLOGY		EXTREMITIES
GROUP I3 - DIAGNOSTIC RADIOLOGY		
SUBGROUP 1 - RADIOGRAPHIC EXAMINATION OF EXTREMITIES AND REPORT		
* + ‡ 57501	DIGITS or PHALANGES - all or any of one hand (R) (CP) Fee: \$40.00 Benefit: 75% \$30.00: 85%/\$26.80	\$34.00
† 57504	DIGITS or PHALANGES - all or any of one hand (R) (OP) Fee: \$29.00 Benefit: 75% \$21.75: 85%/\$26.80	\$24.65
† 57507	DIGITS or PHALANGES - all or any of one hand (R) (NS) Fee: \$29.00 Benefit: 75% \$21.75: 85%/\$26.80	\$24.65
* + ‡ 57510	DIGITS or PHALANGES - all or any of one hand (NR) Fee: \$29.00 Benefit: 75% \$21.75: 85%/\$26.80	\$24.65
† 57513	DIGITS or PHALANGES - all or any of one foot (R) (CP) Fee: \$40.00 Benefit: 75% \$30.00: 85%/\$26.80	\$34.00
† 57516	DIGITS or PHALANGES - all or any of one foot (R) (OP) Fee: \$29.00 Benefit: 75% \$21.75: 85%/\$26.80	\$24.65
† 57519	DIGITS or PHALANGES - all or any of one foot (R) (NS) Fee: \$29.00 Benefit: 75% \$21.75: 85%/\$26.80	\$24.65
† 57522	DIGITS or PHALANGES - all or any of one foot (NR) Fee: \$29.00 Benefit: 75% \$21.75: 85%/\$26.80	\$24.65
* + ‡ 57525	HAND, WRIST, FOREARM, ELBOW or HUMERUS (R) (CP) Fee: \$40.00 Benefit: 75% \$30.00: 85%/\$26.80	\$34.00
† 57528	HAND, WRIST, FOREARM, ELBOW or HUMERUS (R) (OP) Fee: \$29.00 Benefit: 75% \$21.75: 85%/\$26.80	\$24.65
† 57531	HAND, WRIST, FOREARM, ELBOW or HUMERUS (R) (NS) Fee: \$29.00 Benefit: 75% \$21.75: 85%/\$26.80	\$24.65
* + ‡ 57534	HAND, WRIST, FOREARM, ELBOW or HUMERUS (NR) Fee: \$29.00 Benefit: 75% \$21.75: 85%/\$26.80	\$24.65
* + ‡ 57537	HAND, WRIST, AND LOWER FOREARM or UPPER FOREARM AND ELBOW or ELBOW AND HUMERUS (R) (CP) Fee: \$54.00 Benefit: 75% \$40.50: 85%/\$26.80	\$45.90
† 57540	HAND, WRIST AND LOWER FOREARM or UPPER FOREARM AND ELBOW or ELBOW AND HUMERUS (R) (OP) Fee: \$39.00 Benefit: 75% \$29.25: 85%/\$26.80	\$33.15

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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DIAGNOSTIC RADIOLOGY		EXTREMITIES				
†	HAND, WRIST AND LOWER FOREARM or UPPER FOREARM AND ELBOW or ELBOW AND HUMERUS (R) (NS)	Fee: \$39.00	Benefit: 75%	\$29.25:	85%/\$26.80	\$33.15
57543						
* + ‡	HAND, WRIST AND LOWER FOREARM or UPPER FOREARM AND ELBOW or ELBOW AND HUMERUS (NR)	Fee: \$39.00	Benefit: 75%	\$29.25:	85%/\$26.80	\$33.15
57546						
* + ‡	FOOT, ANKLE, LOWER LEG, UPPER LEG, KNEE or FEMUR (R) (CP)	Fee: \$43.50	Benefit: 75%	\$32.65:	85%/\$26.80	\$37.00
57549						
†	FOOT, ANKLE, LOWER LEG, UPPER LEG, KNEE or FEMUR (R) (OP)	Fee: \$31.50	Benefit: 75%	\$23.65:	85%/\$26.80	\$26.80
57552						
†	FOOT, ANKLE, LOWER LEG, UPPER LEG, KNEE or FEMUR (R) (NS)	Fee: \$31.50	Benefit: 75%	\$23.65:	85%/\$26.80	\$26.80
57555						
* + ‡	FOOT, ANKLE, LOWER LEG, UPPER LEG, KNEE or FEMUR (NR)	Fee: \$31.50	Benefit: 75%	\$23.65:	85%/\$26.80	\$26.80
57558						
* +	FOOT, ANKLE and LOWER LEG or UPPER LEG and KNEE (R) (CP)	Fee: \$66.00	Benefit: 75%	\$49.50:	85%/\$26.80	\$56.10
57561						
†	FOOT, ANKLE and LOWER LEG or UPPER LEG and KNEE (R) (OP)	Fee: \$48.00	Benefit: 75%	\$36.00:	85%/\$26.80	\$40.80
57564						
†	FOOT, ANKLE and LOWER LEG or UPPER LEG and KNEE (R) (NS)	Fee: \$48.00	Benefit: 75%	\$36.00:	85%/\$26.80	\$40.80
57567						
* +	FOOT, ANKLE and LOWER LEG or UPPER LEG and KNEE (NR)	Fee: \$48.00	Benefit: 75%	\$36.00:	85%/\$26.80	\$40.80
57570						
SUBGROUP 2 - RADIOGRAPHIC EXAMINATION OF SHOULDER OR PELVIS AND REPORT						
* + ‡	SHOULDER or SCAPULA or both (R) (CP)	Fee: \$54.00	Benefit: 75%	\$40.50:	85%/\$26.80	\$45.90
57701						
†	SHOULDER or SCAPULA or both (R) (OP)	Fee: \$39.00	Benefit: 75%	\$29.25:	85%/\$26.80	\$33.15
57704						
†	SHOULDER or SCAPULA or both (R) (NS)	Fee: \$39.00	Benefit: 75%	\$29.25:	85%/\$26.80	\$33.15
57707						
* +	SHOULDER or SCAPULA or both (NR)	Fee: \$39.00	Benefit: 75%	\$29.25:	85%/\$26.80	\$33.15
57710						
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed						
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DIAGNOSTIC RADIOLOGY		SHOULDER OR PELVIS				
* + 57713	CLAVICLE (R) (CP) Fee: \$43.50	Benefit: 75%	\$32.65:	85%/\$26.80	\$37.00	
† 57716	CLAVICLE (R) (OP) Fee: \$31.50	Benefit: 75%	\$23.65:	85%/\$26.80	\$26.80	
† 57719	CLAVICLE (R) (NS) Fee: \$31.50	Benefit: 75%	\$23.65:	85%/\$26.80	\$26.80	
* + 57722	CLAVICLE (NR) Fee: \$31.50	Benefit: 75%	\$23.65:	85%/\$26.80	\$26.80	
* + 57725	HIP JOINT (R) (CP) Fee: \$53.00	Benefit: 75%	\$39.75:	85%/\$26.80	\$45.05	
† 57728	HIP JOINT (R) (OP) Fee: \$38.50	Benefit: 75%	\$28.90:	85%/\$26.80	\$32.75	
† 57731	HIP JOINT (R) (NS) Fee: \$38.50	Benefit: 75%	\$28.90:	85%/\$26.80	\$32.75	
* + 57734	PELVIC GIRDLE (R) (CP) Fee: \$53.00	Benefit: 75%	\$39.75:	85%/\$26.80	\$45.05	
† 57737	PELVIC GIRDLE (R) (OP) Fee: \$38.50	Benefit: 75%	\$28.90:	85%/\$26.80	\$32.75	
† 57740	PELVIC GIRDLE (R) (NS) Fee: \$38.50	Benefit: 75%	\$28.90:	85%/\$26.80	\$32.75	
* + ‡ 57743	SACRO-ILIAC JOINTS, not associated with Items 58119, 58128, 58137 or 58146 (R) (CP) Fee: \$61.00	Benefit: 75%	\$45.75:	85%/\$26.80	\$51.85	
† 57747	SACRO-ILIAC JOINTS, not associated with Items 58122, 58131, 58140 or 58149 (R) (OP) Fee: \$44.00	Benefit: 75%	\$33.00:	85%/\$26.80	\$37.40	
† 57750	SACRO-ILIAC JOINTS, not associated with Items 58125, 58134, 58143 or 58152 (R) (NS) Fee: \$44.00	Benefit: 75%	\$33.00:	85%/\$26.80	\$37.40	
* + 57753	FEMUR, internal fixation of neck or intertrochanteric (pertrochanteric) fracture (R) Fee: \$99.00	Benefit: 75%	\$74.25:	85%/\$26.80	\$84.20	
* + ‡ 57756	PELVIMETRY by plain X-ray technique (R) (CP) Fee: \$90.00	Benefit: 75%	\$67.50:	85%/\$26.80	\$76.50	
† 57759	PELVIMETRY by plain X-ray technique (R) (OP) Fee: \$65.00	Benefit: 75%	\$48.75:	85%/\$26.80	\$55.25	
† 57762	PELVIMETRY by plain X-ray technique (R) (NS) Fee: \$65.00	Benefit: 75%	\$48.75:	85%/\$26.80	\$55.25	

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DIAGNOSTIC RADIOLOGY		HEAD				
	SUBGROUP 3 - RADIOGRAPHIC EXAMINATION OF HEAD AND REPORT					
* + ‡ 57901	SKULL or CEPHALOMETRY (R) (CP) Fee: \$65.00 Benefit: 75% \$48.75: 85%/\$26.80 \$55.25					
† 57904	SKULL or CEPHALOMETRY (R) (OP) Fee: \$47.00 Benefit: 75% \$35.25: 85%/\$26.80 \$39.95					
† 57907	SKULL or CEPHALOMETRY (R) (NS) Fee: \$47.00 Benefit: 75% \$35.25: 85%/\$26.80 \$39.95					
* + 57910	SINUSES (R) (CP) Fee: \$47.50 Benefit: 75% \$35.65: 85%/\$26.80 \$40.40					
† 57913	SINUSES (R) (OP) Fee: \$34.50 Benefit: 75% \$25.90: 85%/\$26.80 \$29.35					
† 57916	SINUSES (R) (NS) Fee: \$34.50 Benefit: 75% \$25.90: 85%/\$26.80 \$29.35					
* + 57919	MASTOIDS (R) (CP) Fee: \$65.00 Benefit: 75% \$48.75: 85%/\$26.80 \$55.25					
† 57922	MASTOIDS (R) (OP) Fee: \$47.00 Benefit: 75% \$35.25: 85%/\$26.80 \$39.95					
† 57925	MASTOIDS (R) (NS) Fee: \$47.00 Benefit: 75% \$35.25: 85%/\$26.80 \$39.95					
* + 57928	PETROUS TEMPORAL BONES (R) (CP) Fee: \$65.00 Benefit: 75% \$48.75: 85%/\$26.80 \$55.25					
† 57931	PETROUS TEMPORAL BONES (R) (OP) Fee: \$47.00 Benefit: 75% \$35.25: 85%/\$26.80 \$39.95					
† 57934	PETROUS TEMPORAL BONES (R) (NS) Fee: \$47.00 Benefit: 75% \$35.25: 85%/\$26.80 \$39.95					
* + 57937	FACIAL BONES - ORBIT, MAXILLA or MALAR, any or all (R) (CP) Fee: \$47.50 Benefit: 75% \$35.65: 85%/\$26.80 \$40.40					
† 57940	FACIAL BONES - ORBIT, MAXILLA or MALAR, any or all (R) (OP) Fee: \$34.50 Benefit: 75% \$25.90: 85%/\$26.80 \$29.35					
† 57943	FACIAL BONES - ORBIT, MAXILLA or MALAR, any or all (R) (NS) Fee: \$34.50 Benefit: 75% \$25.90: 85%/\$26.80 \$29.35					
* + ‡ 57946	MANDIBLE, not by orthopantomography technique (R) (CP) Fee: \$47.50 Benefit: 75% \$35.65: 85%/\$26.80 \$40.40					

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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DIAGNOSTIC RADIOLOGY		HEAD
† 57949	MANDIBLE, not by orthopantomography technique (R) (OP) Fee: \$34.50 Benefit: 75% \$25.90: 85%/\$26.80 \$29.35	
† 57952	MANDIBLE, not by orthopantomography technique (R) (NS) Fee: \$34.50 Benefit: 75% \$25.90: 85%/\$26.80 \$29.35	
* + 57955	SALIVARY CALCULUS (R) (CP) Fee: \$47.50 Benefit: 75% \$35.65: 85%/\$26.80 \$40.40	
† 57958	SALIVARY CALCULUS (R) (OP) Fee: \$34.50 Benefit: 75% \$25.90: 85%/\$26.80 \$29.35	
† 57961	SALIVARY CALCULUS (R) (NS) Fee: \$34.50 Benefit: 75% \$25.90: 85%/\$26.80 \$29.35	
* + 57964	NOSE (R) (CP) Fee: \$47.50 Benefit: 75% \$35.65: 85%/\$26.80 \$40.40	
† 57967	NOSE (R) (OP) Fee: \$34.50 Benefit: 75% \$25.90: 85%/\$26.80 \$29.35	
† 57970	NOSE (R) (NS) Fee: \$34.50 Benefit: 75% \$25.90: 85%/\$26.80 \$29.35	
* ‡ 57973	EYE, one or both with or without foreign body localisation (R) (CP) Fee: \$47.50 Benefit: 75% \$35.65: 85%/\$26.80 \$40.40	
† 57976	EYE, one or both with or without foreign body localisation (R) (OP) Fee: \$34.50 Benefit: 75% \$25.90: 85%/\$26.80 \$29.35	
† 57979	EYE, one or both with or without foreign body localisation (R) (NS) Fee: \$34.50 Benefit: 75% \$25.90: 85%/\$26.80 \$29.35	
* + ‡ 57982	TEMPORO-MANDIBULAR JOINTS, one or both (R) (CP) Fee: \$49.50 Benefit: 75% \$37.15: 85%/\$26.80 \$42.10	
† 57985	TEMPORO-MANDIBULAR JOINTS, one or both (R) (OP) Fee: \$36.00 Benefit: 75% \$27.00: 85%/\$26.80 \$30.60	
† 57988	TEMPORO-MANDIBULAR JOINTS, one or both (R)(NS) Fee: \$36.00 Benefit: 75% \$27.00: 85%/\$26.80 \$30.60	
* + 57991	TEETH - single area (R)(CP) Fee: \$33.00 Benefit: 75% \$24.75: 85%/\$26.80 \$28.05	
† 57994	TEETH - single area (R)(OP) Fee: \$24.00 Benefit: 75% \$18.00: 85%/\$26.80 \$20.40	
† 57997	TEETH - single area (R)(NS) Fee: \$24.00 Benefit: 75% \$18.00: 85%/\$26.80 \$20.40	

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DIAGNOSTIC RADIOLOGY		HEAD
* + ‡ 58000	TEETH - full mouth, not by orthopantomography technique (R) (CP) Fee: \$78.00 Benefit: 75% \$58.50: 85%/\$26.80 \$66.30	
† 58003	TEETH - full mouth, not by orthopantomography technique (R) (OP) Fee: \$57.00 Benefit: 75% \$42.80: 85%/\$26.80 \$48.50	
† 58006	TEETH - full mouth, not by orthopantomography technique (R) (NS) Fee: \$57.00 Benefit: 75% \$42.80: 85%/\$26.80 \$48.50	
* + ‡ 58009	ORTHOPANTOMOGRAPHY (R) Fee: \$47.50 Benefit: 75% \$35.65: 85%/\$26.80 \$40.40	
* + ‡ 58012	PALATO-PHARYNGEAL STUDIES with screening by fluoroscopy with image intensification (R) (A) Fee: \$65.00 Benefit: 75% \$48.75: 85%/\$26.80 \$55.25	
† 58015	PALATO-PHARYNGEAL STUDIES with screening by fluoroscopy with image intensification (R) (NS) Fee: \$47.00 Benefit: 75% \$35.25: 85%/\$26.80 \$39.95	
* + ‡ 58018	PALATO-PHARYNGEAL STUDIES without fluoroscopic screening (R) (CP) Fee: \$49.50 Benefit: 75% \$37.15: 85%/\$26.80 \$42.10	
† 58021	PALATO-PHARYNGEAL STUDIES without fluoroscopic screening (R) (OP) Fee: \$36.00 Benefit: 75% \$27.00: 85%/\$26.80 \$30.60	
† 58024	PALATO-PHARYNGEAL STUDIES without fluoroscopic screening (R) (NS) Fee: \$36.00 Benefit: 75% \$27.00: 85%/\$26.80 \$30.60	
* + ‡ 58027	LARYNX or PHARYNX (R) (CP) Fee: \$43.50 Benefit: 75% \$32.65: 85%/\$26.80 \$37.00	
† 58030	LARYNX or PHARYNX (R) (OP) Fee: \$31.50 Benefit: 75% \$23.65: 85%/\$26.80 \$26.80	
† 58033	LARYNX or PHARYNX (R) (NS) Fee: \$31.50 Benefit: 75% \$23.65: 85%/\$26.80 \$26.80	
SUBGROUP 4 - RADIOGRAPHIC EXAMINATION OF SPINE AND REPORT		
* + 58101	CERVICAL SPINE (R) (CP) Fee: \$74.00 Benefit: 75% \$55.50: 85%/\$26.80 \$62.90	
† 58104	CERVICAL SPINE (R) (OP) Fee: \$54.00 Benefit: 75% \$40.50: 85%/\$26.80 \$45.90	
† 58107	CERVICAL SPINE (R) (NS) Fee: \$54.00 Benefit: 75% \$40.50: 85%/\$26.80 \$45.90	
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DIAGNOSTIC RADIOLOGY						SPINE
* + 58110	THORACIC SPINE (R) (CP) Fee: \$56.00	Benefit: 75%	\$42.00:	85%/\$26.80	\$47.60	
† 58113	THORACIC SPINE (R) (OP) Fee: \$40.50	Benefit: 75%	\$30.40:	85%/\$26.80	\$34.45	
† 58116	THORACIC SPINE (R) (NS) Fee: \$40.50	Benefit: 75%	\$30.40:	85%/\$26.80	\$34.45	
* + 58119	LUMBO-SACRAL SPINE (R) (CP) Fee: \$83.00	Benefit: 75%	\$62.25:	85%/\$26.80	\$70.55	
† 58122	LUMBO-SACRAL SPINE (R) (OP) Fee: \$60.00	Benefit: 75%	\$45.00:	85%/\$26.80	\$51.00	
† 58125	LUMBO-SACRAL SPINE (R) (NS) Fee: \$60.00	Benefit: 75%	\$45.00:	85%/\$26.80	\$51.00	
* + 58128	SACRO-COCCYGEAL SPINE (R) (CP) Fee: \$46.50	Benefit: 75%	\$34.90:	85%/\$26.80	\$39.55	
† 58131	SACRO-COCCYGEAL SPINE (R) (OP) Fee: \$33.50	Benefit: 75%	\$25.15:	85%/\$26.80	\$28.50	
† 58134	SACRO-COCCYGEAL SPINE (R) (NS) Fee: \$33.50	Benefit: 75%	\$25.15:	85%/\$26.80	\$28.50	
* + 58137	TWO REGIONS of the spine (R) (CP) Fee: \$102.00	Benefit: 75%	\$76.50:	85%/\$26.80	\$86.70	
† 58140	TWO REGIONS of the spine (R) (OP) Fee: \$75.00	Benefit: 75%	\$56.25:	85%/\$26.80	\$63.75	
† 58143	TWO REGIONS of the spine (R) (NS) Fee: \$75.00	Benefit: 75%	\$56.25:	85%/\$26.80	\$63.75	
* + 58146	THREE OR MORE REGIONS of the spine (R) (CP) Fee: \$138.00	Benefit: 75%	\$103.50:	85%/\$26.80	\$117.30	
† 58149	THREE OR MORE REGIONS of the spine (R) (OP) Fee: \$100.00	Benefit: 75%	\$75.00:	85%/\$26.80	\$85.00	
† 58152	THREE OR MORE REGIONS of the spine (R) (NS) Fee: \$100.00	Benefit: 75%	\$75.00:	85%/\$26.80	\$85.00	
SUBGROUP 5 - BONE AGE STUDY AND REPORT						
* + ‡ 58301	BONE AGE STUDY (R) (CP) Fee: \$40.00	Benefit: 75%	\$30.00:	85%/\$26.80	\$34.00	
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DIAGNOSTIC RADIOLOGY		BONE AGE STUDY				
† 58304	BONE AGE STUDY (R) (OP) Fee: \$29.00	Benefit: 75%	\$21.75:	85%/\$26.80	\$24.65	
† 58307	BONE AGE STUDY (R) (NS) Fee: \$29.00	Benefit: 75%	\$21.75:	85%/\$26.80	\$24.65	
SUBGROUP 6 - RADIOGRAPHIC EXAMINATION OF THORACIC REGION AND REPORT						
* + ‡ 58501	CHEST (R) (CP) Fee: \$47.50	Benefit: 75%	\$35.65:	85%/\$26.80	\$40.40	
† 58504	CHEST (R) (OP) Fee: \$34.50	Benefit: 75%	\$25.90:	85%/\$26.80	\$29.35	
† 58507	CHEST (R) (NS) Fee: \$34.50	Benefit: 75%	\$25.90:	85%/\$26.80	\$29.35	
* + ‡ 58510	CHEST (NR) Fee: \$34.50	Benefit: 75%	\$25.90:	85%/\$26.80	\$29.35	
* + 58513	THORACIC INLET or TRACHEA (R) (CP) Fee: \$40.00	Benefit: 75%	\$30.00:	85%/\$26.80	\$34.00	
† 58516	THORACIC INLET or TRACHEA (R) (OP) Fee: \$29.00	Benefit: 75%	\$21.75:	85%/\$26.80	\$24.65	
† 58519	THORACIC INLET or TRACHEA (R) (NS) Fee: \$29.00	Benefit: 75%	\$21.75:	85%/\$26.80	\$24.65	
* + 58522	STERNUM or RIBS on one side (R) (CP) Fee: \$43.50	Benefit: 75%	\$32.65:	85%/\$26.80	\$37.00	
† 58525	STERNUM or RIBS on one side (R) (OP) Fee: \$31.50	Benefit: 75%	\$23.65:	85%/\$26.80	\$26.80	
† 58528	STERNUM or RIBS on one side (R) (NS) Fee: \$31.50	Benefit: 75%	\$23.65:	85%/\$26.80	\$26.80	
* + 58531	STERNUM and RIBS on one side, or RIBS on both sides (R) (CP) Fee: \$57.00	Benefit: 75%	\$42.80:	85%/\$26.80	\$48.50	
† 58534	STERNUM and RIBS on one side, or RIBS on both sides (R) (OP) Fee: \$41.00	Benefit: 75%	\$30.75:	85%/\$26.80	\$34.90	
† 58537	STERNUM and RIBS on one side, or RIBS on both sides (R) (NS) Fee: \$41.00	Benefit: 75%	\$30.75:	85%/\$26.80	\$34.90	
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DIAGNOSTIC RADIOLOGY		THORACIC			
* + 58540	STERNUM and RIBS on both sides (R) (CP) Fee: \$69.00 Benefit: 75% \$51.75: 85%/\$26.80 \$58.65				
† 58543	STERNUM and RIBS on both sides (R) (OP) Fee: \$50.00 Benefit: 75% \$37.50: 85%/\$26.80 \$42.50				
† 58546	STERNUM and RIBS on both sides (R) (NS) Fee: \$50.00 Benefit: 75% \$37.50: 85%/\$26.80 \$42.50				
SUBGROUP 7 - RADIOGRAPHIC EXAMINATION OF URINARY TRACT AND REPORT					
* + ‡ 58701	INTRAVENOUS PYELOGRAPHY WITHOUT TOMOGRAPHY, including preliminary plain film (R) (CP) Fee: \$136.00 Benefit: 75% \$102.00: 85%/\$26.80 \$115.60				
† 58704	INTRAVENOUS PYELOGRAPHY WITHOUT TOMOGRAPHY, including preliminary plain film (R) (OP) Fee: \$99.00 Benefit: 75% \$74.25: 85%/\$26.80 \$84.20				
† 58707	INTRAVENOUS PYELOGRAPHY WITHOUT TOMOGRAPHY, including preliminary plain film (R) (NS) Fee: \$99.00 Benefit: 75% \$74.25: 85%/\$26.80 \$84.20				
* + ‡ 58710	INTRAVENOUS PYELOGRAPHY WITH TOMOGRAPHY, including preliminary plain film (R) (CP) Fee: \$168.00 Benefit: 75% \$126.00: 85%/\$26.80 \$142.80				
† 58713	INTRAVENOUS PYELOGRAPHY WITH TOMOGRAPHY, including preliminary plain film (R) (OP) Fee: \$122.00 Benefit: 75% \$91.50: 85%/\$26.80 \$103.70				
† 58716	INTRAVENOUS PYELOGRAPHY WITH TOMOGRAPHY, including preliminary plain film (R) (NS) Fee: \$122.00 Benefit: 75% \$91.50: 85%/\$26.80 \$103.70				
* + ‡ 58719	ANTEGRADE OR RETROGRADE PYELOGRAPHY including preliminary plain film, each side (R) Fee: \$99.00 Benefit: 75% \$74.25: 85%/\$26.80 \$84.20				
* + ‡ 58722	CYSTOGRAPHY, by urethral catheter or percutaneous bladder puncture, not associated with micturating cystourethrography (R) Fee: \$66.00 Benefit: 75% \$49.50: 85%/\$26.80 \$56.10				
† 58725	RETROGRADE URETHROGRAPHY (R) Fee: \$66.00 Benefit: 75% \$49.50: 85%/\$26.80 \$56.10				
* + ‡ 58728	MICTURATING CYSTOURETHROGRAPHY, by urethral catheter or percutaneous bladder puncture (R) Fee: \$78.00 Benefit: 75% \$58.50: 85%/\$26.80 \$66.30				
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DIAGNOSTIC RADIOLOGY		ALIMENTARY/BILIARY					
		SUBGROUP 8 - RADIOGRAPHIC EXAMINATION OF ALIMENTARY TRACT AND BILIARY SYSTEM AND REPORT					
* + ‡ 58901	PLAIN ABDOMEN ONLY (R) (CP) Fee: \$47.50	Benefit:	75%	\$35.65:	85%/\$26.80	\$40.40	
+ 58904	PLAIN ABDOMEN ONLY (R) (OP) Fee: \$34.50	Benefit:	75%	\$25.90:	85%/\$26.80	\$29.35	
+ 58907	PLAIN ABDOMEN ONLY (R) (NS) Fee: \$34.50	Benefit:	75%	\$25.90:	85%/\$26.80	\$29.35	
* + ‡ 58910	PLAIN ABDOMEN ONLY (NR) Fee: \$34.50	Benefit:	75%	\$25.90:	85%/\$26.80	\$29.35	
* 58913	BARIUM or OTHER OPAQUE CONTRAST examination of oesophagus or pharynx (R) (A) Fee: \$67.00	Benefit:	75%	\$50.30:	85%/\$26.80	\$56.95	
+ 58916	BARIUM or OTHER OPAQUE CONTRAST examination of oesophagus or pharynx (R) (NS) Fee: \$48.50	Benefit:	75%	\$36.40:	85%/\$26.80	\$41.25	
* + ‡ 58919	BARIUM or OTHER OPAQUE CONTRAST examination of oesophagus, stomach and duodenum, with or without chest fluoroscopy, with or without preliminary plain film (R) (A) Fee: \$92.00	Benefit:	75%	\$69.00:	85%/\$26.80	\$78.20	
+ 58922	BARIUM or OTHER OPAQUE CONTRAST examination of oesophagus, stomach and duodenum, with or without chest fluoroscopy, with or without preliminary plain film (R) (NS) Fee: \$67.00	Benefit:	75%	\$50.30:	85%/\$26.80	\$56.95	
* + ‡ 58925	BARIUM or OTHER OPAQUE CONTRAST examination of oesophagus, stomach, duodenum and small intestine to colon, with or without preliminary plain film (R) (A) Fee: \$110.00	Benefit:	75%	\$82.50:	85%/\$26.80	\$93.50	
+ 58928	BARIUM or OTHER OPAQUE CONTRAST examination of oesophagus, stomach, duodenum and small intestine to colon, with or without preliminary plain film (R) (NS) Fee: \$79.00	Benefit:	75%	\$59.25:	85%/\$26.80	\$67.20	
* + ‡ 58931	SMALL BOWEL SERIES (follow through examination of the small bowel) with or without preliminary plain film (R) (A) Fee: \$78.00	Benefit:	75%	\$58.50:	85%/\$26.80	\$66.30	
+ 58934	SMALL BOWEL SERIES (follow through examination of the small bowel) with or without preliminary plain film (R) (NS) Fee: \$57.00	Benefit:	75%	\$42.80:	85%/\$26.80	\$48.50	

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DIAGNOSTIC RADIOLOGY		ALIMENTARY/BILIARY	
* + ‡ 58937	OPAQUE ENEMA, with or without preliminary plain film (R) (A) Fee: \$112.00 Benefit: 75% \$84.00: 85%/\$26.80 \$95.20		
† 58940	OPAQUE ENEMA, with or without preliminary plain film (R) (NS) Fee: \$82.00 Benefit: 75% \$61.50: 85%/\$26.80 \$69.75		
* + ‡ 58943	OPAQUE ENEMA, with air contrast, with or without preliminary plain film (R) (A) Fee: \$130.00 Benefit: 75% \$97.50: 85%/\$26.80 \$110.50		
† 58946	OPAQUE ENEMA, with air contrast, with or without preliminary plain film (R) (NS) Fee: \$94.00 Benefit: 75% \$70.50: 85%/\$26.80 \$79.90		
* + ‡ 58949	ORAL CHOLECYSTOGRAM, with or without preliminary plain film, without tomography (R) (A) Fee: \$78.00 Benefit: 75% \$58.50: 85%/\$26.80 \$66.30		
† 58952	ORAL CHOLECYSTOGRAM, with or without preliminary plain film, without tomography (R) (NS) Fee: \$57.00 Benefit: 75% \$42.80: 85%/\$26.80 \$48.50		
† 58955	ORAL CHOLECYSTOGRAM, with or without preliminary plain film, with tomography (R) (A) Fee: \$110.00 Benefit: 75% \$82.50: 85%/\$26.80 \$93.50		
† 58958	ORAL CHOLECYSTOGRAM, with or without preliminary plain film, with tomography (R) (NS) Fee: \$79.00 Benefit: 75% \$59.25: 85%/\$26.80 \$67.20		
* + ‡ 58961	CHOLEGRAPHY, direct, endoscopic, operative or post-operative (R) (A) Fee: \$76.00 Benefit: 75% \$57.00: 85%/\$26.80 \$64.60		
† 58964	CHOLEGRAPHY, direct, endoscopic, operative or post-operative (R) (NS) Fee: \$55.00 Benefit: 75% \$41.25: 85%/\$26.80 \$46.75		
* + 58967	CHOLEGRAPHY - percutaneous transhepatic (R) (A) Fee: \$90.00 Benefit: 75% \$67.50: 85%/\$26.80 \$76.50		
† 58970	CHOLEGRAPHY - percutaneous transhepatic (R) (NS) Fee: \$65.00 Benefit: 75% \$48.75: 85%/\$26.80 \$55.25		
* + ‡ 58973	CHOLEGRAPHY - drip infusion or intravenous (R) (A) Fee: \$148.00 Benefit: 75% \$111.00: 85%/\$26.80 \$125.80		
† 58976	CHOLEGRAPHY - drip infusion or intravenous (R) (NS) Fee: \$108.00 Benefit: 75% \$81.00: 85%/\$26.80 \$91.80		

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DIAGNOSTIC RADIOLOGY		BREASTS
SUBGROUP 9 - RADIOGRAPHIC EXAMINATION OF BREASTS AND REPORT		
‡ +	<i>(Note: These items are intended for use in the investigation of a clinical abnormality of the breast/s and NOT for individual, group or opportunistic screening of asymptomatic patients)</i>	
59300 S	RADIOGRAPHIC EXAMINATION OF BOTH BREASTS, if the patient has a clinical sign or symptom of breast disease or if an asymptomatic patient has a family history of breast cancer (R) (S) (A) <i>(See para DIJ. of explanatory notes to this Category)</i> Fee: \$78.00 Benefit: 75% \$58.50: 85%/\$26.80 \$66.30	
‡ +	RADIOGRAPHIC EXAMINATION OF ONE BREAST, if the patient has a clinical sign or symptom of breast disease or if an asymptomatic patient has a family history of breast cancer (R) (S) (A) <i>(See para DIJ. of explanatory notes to this Category)</i>	
59303 S	Fee: \$47.50 Benefit: 75% \$35.65: 85%/\$26.80 \$40.40	
‡ +	MAMMARY DUCTOGRAM, one side (R) (A)	
59306	Fee: \$91.00 Benefit: 75% \$68.25: 85%/\$26.80 \$77.35	
‡ +	MAMMARY DUCTOGRAM, both sides (R) (A)	
59309	Fee: \$182.00 Benefit: 75% \$136.50: 85%/\$26.80 \$154.70	
+	RADIOGRAPHIC EXAMINATION OF AN OPERATIVE BREAST SPECIMEN, using dedicated mammographic or specimen equipment (R)(A)	
59312	Fee: \$47.50 Benefit: 75% \$35.65: 85%/\$26.80 \$40.40	
SUBGROUP 10 - RADIOGRAPHIC EXAMINATION WITH CONTRAST MEDIA AND REPORT		
‡ +	DISCOGRAPHY - each disc (R)	
59700	Fee: \$69.00 Benefit: 75% \$51.75: 85%/\$26.80 \$58.65	
‡ +	DACRYOCYSTOGRAPHY - each side (R)	
59703	Fee: \$47.50 Benefit: 75% \$35.65: 85%/\$26.80 \$40.40	
+	HYSTEROSALPINGOGRAPHY (R)	
59712	Fee: \$67.00 Benefit: 75% \$50.30: 85%/\$26.80 \$56.95	
+	MYELOGRAPHY, one region (R)	
59724	Fee: \$120.00 Benefit: 75% \$90.00: 85%/\$26.80 \$102.00	
+	MYELOGRAPHY, two regions (R)	
59727	Fee: \$198.00 Benefit: 75% \$148.50: 85%/\$26.80 \$171.20	
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed 1 MAY 1992		

DIAGNOSTIC RADIOLOGY		CONTRAST MEDIA			
+ 59730	MYELOGRAPHY, three regions (R) Fee: \$270.00 Benefit: 75% \$202.50: 85%/\$26.80 \$243.20				
+ 59733	SIALOGRAPHY - one gland (R) (A) Fee: \$67.00 Benefit: 75% \$50.30: 85%/\$26.80 \$56.95				
† 59735	SIALOGRAPHY - one gland (R)(NS) Fee: \$48.50 Benefit: 75% \$36.40: 85%/\$26.80 \$41.25				
+ 59739	SINUSES AND FISTULAE (R) (A) Fee: \$21.50 Benefit: 75% \$16.15: 85%/\$26.80 \$18.30				
† 59741	SINUSES AND FISTULAE (R)(NS) Fee: \$15.80 Benefit: 75% \$11.85: 85%/\$26.80 \$13.45				
‡ + 59751	ARTHROGRAPHY - one joint (R) (A) Fee: \$67.00 Benefit: 75% \$50.30: 85%/\$26.80 \$56.95				
† 59753	ARTHROGRAPHY - one joint (R)(NS) Fee: \$49.00 Benefit: 75% \$36.75: 85%/\$26.80 \$41.65				
‡ + 59754	LYMPHANGIOGRAPHY, including initial and delayed radiography (R) Fee: \$66.00 Benefit: 75% \$49.50: 85%/\$26.80 \$56.10				
SUBGROUP 11 - TOMOGRAPHY AND REPORT					
* + ‡ 59800	TOMOGRAPHY OF ANY PART, not including preliminary plain films and not associated with intravenous pyelography or oral cholecystogram (R)(CP)(A) Fee: \$61.00 Benefit: 75% \$45.75: 85%/\$26.80 \$51.85				
† 59803	TOMOGRAPHY OF ANY PART, not including preliminary plain films and not associated with intravenous pyelography or oral cholecystogram (R)(OP)(A) Fee: \$44.00 Benefit: 75% \$33.00: 85%/\$26.80 \$37.40				
† 59806	TOMOGRAPHY OF ANY PART, not including preliminary plain films and not associated with intravenous pyelography or oral cholecystogram (R)(NS) Fee: \$44.00 Benefit: 75% \$33.00: 85%/\$26.80 \$37.40				
SUBGROUP 12 - ANGIOGRAPHY BY FILM TECHNIQUE AND REPORT					
‡ + 59903	SERIAL ANGIOCARDIOGRAPHY - each series (R) (A) (AU 8 - 17908) Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80 \$98.60				
+ 59912	SELECTIVE CORONARY ARTERIOGRAPHY (R) Fee: \$305.00 Benefit: 75% \$228.75: 85%/\$26.80 \$278.20				
+ 59915	CEREBRAL ANGIOGRAPHY - one side (R) Fee: \$78.00 Benefit: 75% \$58.50: 85%/\$26.80 \$66.30				
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DIAGNOSTIC RADIOLOGY		ANGIOGRAPHY			
+ 59921	AORTOGRAPHY (R) Fee: \$99.00	Benefit:	75% \$74.25:	85%/\$26.80	\$84.20
* + 59923	PERIPHERAL ARTERIOGRAPHY, one side (R) Fee: \$99.00	Benefit:	75% \$74.25:	85%/\$26.80	\$84.20
‡ + 59924	SELECTIVE ARTERIOGRAPHY OR SELECTIVE VENOGRAPHY, per injection and film run (R) Fee: \$99.00	Benefit:	75% \$74.25:	85%/\$26.80	\$84.20
* + ‡ 59927	VENOGRAPHY, one side (R) Fee: \$99.00	Benefit:	75% \$74.25:	85%/\$26.80	\$84.20
SUBGROUP 13 - ANGIOGRAPHY BY DIGITAL SUBTRACTION TECHNIQUE AND REPORT					
+ 60200	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF HEAD AND NECK with or without arch aortography, 1 to 3 data acquisition runs (R) Fee: \$490.00	Benefit:	75% \$367.50:	85%/\$26.80	\$463.20
+ 60203	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF HEAD AND NECK with or without arch aortography, 4 to 6 data acquisition runs (R) Fee: \$720.00	Benefit:	75% \$540.00:	85%/\$26.80	\$693.20
+ 60206	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF HEAD AND NECK with or without arch aortography, 7 to 9 data acquisition runs (R) Fee: \$1,025.00	Benefit:	75% \$768.75:	85%/\$26.80	\$998.20
+ 60209	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF HEAD AND NECK with or without arch aortography, 10 or more data acquisition runs (R) Fee: \$1,200.00	Benefit:	75% \$900.00:	85%/\$26.80	\$1,173.20
+ 60212	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF THORAX, 1 to 3 data acquisition runs (R) Fee: \$490.00	Benefit:	75% \$367.50:	85%/\$26.80	\$463.20
+ 60215	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF THORAX, 4 to 6 data acquisition runs (R) Fee: \$720.00	Benefit:	75% \$540.00:	85%/\$26.80	\$693.20
+ 60218	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF THORAX, 7 to 9 data acquisition runs (R) Fee: \$1,025.00	Benefit:	75% \$768.75:	85%/\$26.80	\$998.20
+ 60221	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF THORAX, 10 or more data acquisition runs (R) Fee: \$1,200.00	Benefit:	75% \$900.00:	85%/\$26.80	\$1,173.20
LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed 1 MAY 1992					

DIAGNOSTIC RADIOLOGY		ANGIOGRAPHY
† 60224	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF ABDOMEN, 1 to 3 data acquisition runs (R) Fee: \$490.00	Benefit: 75% \$367.50: 85%/\$26.80 \$463.20
† 60227	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF ABDOMEN, 4 to 6 data acquisition runs (R) Fee: \$720.00	Benefit: 75% \$540.00: 85%/\$26.80 \$693.20
† 60230	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF ABDOMEN, 7 to 9 data acquisition runs Fee: \$1,025.00	Benefit: 75% \$768.75: 85%/\$26.80 \$998.20
† 60233	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF ABDOMEN, 10 or more data acquisition runs Fee: \$1,200.00	Benefit: 75% \$900.00: 85%/\$26.80 \$1,173.20
† 60236	DIGITAL SUBTRACTION ANGIOGRAPHY OF UPPER LIMB OR LIMBS, 1 to 3 data acquisition runs (R) Fee: \$490.00	Benefit: 75% \$367.50: 85%/\$26.80 \$463.20
† 60239	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF UPPER LIMB OR LIMBS, 4 to 6 data acquisition runs (R) Fee: \$720.00	Benefit: 75% \$540.00: 85%/\$26.80 \$693.20
† 60242	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF UPPER LIMB OR LIMBS, 7 to 9 data acquisition runs (R) Fee: \$1,025.00	Benefit: 75% \$768.75: 85%/\$26.80 \$998.20
† 60245	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF UPPER LIMB OR LIMBS, 10 or more data acquisition runs (R) Fee: \$1,200.00	Benefit: 75% \$900.00: 85%/\$26.80 \$1,173.20
† 60248	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF LOWER LIMB OR LIMBS, 1 to 3 data acquisition runs (R) Fee: \$490.00	Benefit: 75% \$367.50: 85%/\$26.80 \$463.20
† 60251	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF LOWER LIMB OR LIMBS, 4 to 6 data acquisition runs (R) Fee: \$720.00	Benefit: 75% \$540.00: 85%/\$26.80 \$693.20
† 60254	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF LOWER LIMB OR LIMBS, 7 to 9 data acquisition runs (R) Fee: \$1,025.00	Benefit: 75% \$768.75: 85%/\$26.80 \$998.20
† 60257	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF LOWER LIMB OR LIMBS, 10 or more data acquisition runs (R) Fee: \$1,200.00	Benefit: 75% \$900.00: 85%/\$26.80 \$1,173.20

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DIAGNOSTIC RADIOLOGY		ANGIOGRAPHY
† 60260	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF AORTA AND LOWER LIMB OR LIMBS, 1 to 3 data acquisition runs (R) Fee: \$490.00 Benefit: 75% \$367.50: 85%/\$26.80 \$463.20	
† 60263	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF AORTA AND LOWER LIMB OR LIMBS, 4 to 6 data acquisition runs (R) Fee: \$720.00 Benefit: 75% \$540.00: 85%/\$26.80 \$693.20	
† 60266	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF AORTA AND LOWER LIMB OR LIMBS, 7 to 9 data acquisition runs (R) Fee: \$1,025.00 Benefit: 75% \$768.75: 85%/\$26.80 \$998.20	
† 60269	DIGITAL SUBTRACTION ANGIOGRAPHY EXAMINATION OF AORTA AND LOWER LIMB OR LIMBS, 10 or more data acquisition runs (R) Fee: \$1,200.00 Benefit: 75% \$900.00: 85%/\$26.80 \$1,173.20	
† 60272	SELECTIVE ARTERIOGRAPHY or SELECTIVE VENOGRAPHY by digital subtraction angiography technique, one vessel (NR) (AU 6 - 17906) Fee: \$42.00 Benefit: 75% \$31.50: 85%/\$26.80 \$35.70	
† 60275	SELECTIVE ARTERIOGRAPHY or SELECTIVE VENOGRAPHY by digital subtraction angiography technique, two vessels (NR) (AU 6 - 17906) Fee: \$84.00 Benefit: 75% \$63.00: 85%/\$26.80 \$71.40	
† 60278	SELECTIVE ARTERIOGRAPHY or SELECTIVE VENOGRAPHY by digital subtraction angiography technique, three or more vessels (NR) (AU 6 - 17906) Fee: \$126.00 Benefit: 75% \$94.50: 85%/\$26.80 \$107.10	
	SUBGROUP 14 - FLUOROSCOPIC EXAMINATION WITH IMAGE INTENSIFICATION AND REPORT	
‡ @ + 60500	FLUOROSCOPY, with general anaesthesia (R) (A) (AU 7 - 17907) Fee: \$43.50 Benefit: 75% \$32.65: 85%/\$26.80 \$37.00	
+ 60502	FLUOROSCOPY, with general anaesthesia (R) (NS) (AU 7 - 17907) Fee: \$31.50 Benefit: 75% \$23.65: 85%/\$26.80 \$26.80	
‡ + 60503	FLUOROSCOPY, without general anaesthesia (R) (A) Fee: \$30.00 Benefit: 75% \$22.50: 85%/\$26.80 \$25.50	
+ 60506	FLUOROSCOPY, without general anaesthesia (R) (NS) Fee: \$21.50 Benefit: 75% \$16.15: 85%/\$26.80 \$18.30	
+ 60509	FLUOROSCOPY, using a mobile image intensifier, for a surgical procedure lasting less than one hour (R) Fee: \$64.00 Benefit: 75% \$48.00: 85%/\$26.80 \$54.40	

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DIAGNOSTIC RADIOLOGY		FLUOROSCOPIC EXAMINATION			
+	FLUOROSCOPY, using a mobile image intensifier, for a surgical procedure lasting more than one hour (R)				
60512	Fee: \$99.00	Benefit: 75%	\$74.25:	85%/\$26.80	\$84.20
SUBGROUP 15 - EXAMINATION NOT OTHERWISE COVERED AND REPORT					
+	RADIOGRAPHIC EXAMINATION of any part and report not covered by any item in this Group (R) <i>(See para D1J. of explanatory notes to this Category)</i>				
60700	Fee: \$5.00	Benefit: 75%	\$3.75:	85%/\$26.80	\$4.25
+	RADIOGRAPHIC EXAMINATION of any part and report not covered by any item in this Group (NR)				
60703	Fee: \$5.00	Benefit: 75%	\$3.75:	85%/\$26.80	\$4.25
SUBGROUP 16 - PREPARATION FOR RADIOLOGICAL PROCEDURE					
‡	CEREBRAL ANGIOGRAPHY BY FILM TECHNIQUE, each side (NR) (AU 10 - 17910)				
60903	Fee: \$124.00	Benefit: 75%	\$93.05:	85%/\$26.80	\$105.40
* ‡	PERIPHERAL ARTERIOGRAPHY or VENOGRAPHY by film technique, each side (NR) (AU 6 - 17906)				
60908	Fee: \$51.00	Benefit: 75%	\$38.25:	85%/\$26.80	\$43.35
*	SELECTIVE ARTERIOGRAPHY or SELECTIVE VENOGRAPHY by film technique, on vessel (NR) (AU 6 - 17906)				
60911	Fee: \$42.00	Benefit: 75%	\$31.50:	85%/\$26.80	\$35.70
* ‡	AORTOGRAPHY by film technique (NR) (AU 8 - 17908)				
60923	Fee: \$69.00	Benefit: 75%	\$51.75:	85%/\$26.80	\$58.65
*	DACRYOCYSTOGRAPHY - one side (NR)				
60926	Fee: \$38.50	Benefit: 75%	\$28.90:	85%/\$26.80	\$32.75
‡	PERCUTANEOUS INJECTION of opaque contrast into RENAL CYST (including aspiration) or RENAL PELVIS for antegrade pyelography (NR)				
60930	Fee: \$59.00	Benefit: 75%	\$44.25:	85%/\$26.80	\$50.15
* ‡	CHOLEGRAPHY (NR)				
60932	Fee: \$35.50	Benefit: 75%	\$26.65:	85%/\$26.80	\$30.20
‡	ARTHROGRAPHY excluding arthrography of the vertebral apophyseal and costovertebral joints, each joint (NR)				
60936	Fee: \$47.00	Benefit: 75%	\$35.25:	85%/\$26.80	\$39.95
‡	RETROGRADE or PERCUTANEOUS MICTURATING CYSTOURETHROGRAPHY or CYSTOGRAPHY or URETHROGRAPHY (NR)				
60942	Fee: \$66.00	Benefit: 75%	\$49.50:	85%/\$26.80	\$56.10
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DIAGNOSTIC RADIOLOGY		PREPARATION
60945	HYSTEROSALPINGOGRAPHY (NR) (AU 6 - 17906) Fee: \$59.00 Benefit: 75% \$44.25: 85%/\$26.80	\$50.15
60948	DISCOGRAPHY - one disc (NR) (AU 5 - 17905) Fee: \$38.50 Benefit: 75% \$28.90: 85%/\$26.80	\$32.75
‡ + 60957	MYELOGRAPHY (NR) (AU 11 - 17911) Fee: \$132.00 Benefit: 75% \$99.00: 85%/\$26.80	\$112.20
‡ 60963	CISTERNAL PUNCTURE OR LATERAL C1 - C2 PUNCTURE (NR) Fee: \$76.00 Benefit: 75% \$57.00: 85%/\$26.80	\$64.60
‡ 60966	SINUS or FISTULA (NR) Fee: \$20.00 Benefit: 75% \$15.00: 85%/\$26.80	\$17.00
‡ 60969	SIALOGRAPHY, each gland (NR) Fee: \$53.00 Benefit: 75% \$39.75: 85%/\$26.80	\$45.05
‡ 60972	LYMPHANGIOGRAPHY - each side (NR) Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80	\$98.60
‡ 60981	PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAM (NR) (AU 11 - 17911) Fee: \$116.00 Benefit: 75% \$87.00: 85%/\$26.80	\$98.60
+ 60984	MAMMARY DUCTOGRAM - one side (NR) Fee: \$20.00 Benefit: 75% \$15.00: 85%/\$26.80	\$17.00

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed
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