

**Commonwealth Department of  
Health, Housing and Community Services**

**Supplement No 2 to**

**Medicare Benefits  
Schedule Book**

**of 1 December 1991**

**Effective - 1 April 1992**

*Amendment to:*

**GENERAL MEDICAL AND ORAL AND MAXILLOFACIAL SERVICES**

**Australian Government Publishing Service  
Canberra**

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ISBN 0 644 24390 2

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# PATHOLOGY SERVICES

The following changes should be made to the 1 February 1992 supplement to the Medicare Benefits Schedule Book.

*Page 2:*

AMEND: PB Requests, PB.2.6 ADD: Notes.  
Omit "The patient episode initiation" and substitute "The specimen referred".

*Page 7:*

OMIT: Paragraph 11 (3)

SUBSTITUTE: (3) A service mentioned in items 73901 to 73921 (inclusive) does not apply to a pathology service:

- (a) to which subsection 16A (7) of the Act applies; or
- (b) unless at least one of the items 65001 to 73529 (inclusive) also applies to that service.

OMIT: Paragraph 11 (5) section (b)

INSERT: Paragraph 11A

If item 73921 applies to a patient episode, none of items 73901 to 73917 (inclusive) applies to any pathology service rendered by the approved pathology authority or the approved pathology provider in respect of that patient episode.

*Pages 28 and 29:*

AMEND: Items 73901, 73903 and 73905. Omit "by collection of specimen for" and substitute "which consists only of".

AMEND: Items 73907, 73909, 73911, 73913, 73915 and 73917. Omit "Patient episode initiated" and substitute "initiation of a patient episode".

AMEND: Item 73913. Insert "73907, 73917" after "73905".

These changes are effective from 1 February 1992.

All reference in the Supplement to previous "OP" items should be disregarded.

**SUPPLEMENT TO 1 DECEMBER 1991  
 MEDICARE BENEFITS SCHEDULE BOOK  
 AMENDMENTS - EFFECTIVE 1 APRIL 1992**

This supplement provides details of changes to general medical services and the oral and maxillofacial services in Sections 2 and 4. The changes result in the main from reviews of services by the Medicare Benefits Consultative Committee, in consultation with the relevant professional groups.

The changes to the general medical services section, resulting from reviews of gynaecology and endovascular and image guided interventional services, involve mainly the introduction of new items and amendments to existing items to ensure these services reflect current medical practice. The remaining amendments to general medical services are incidental changes to correct anomalies and omissions.

The changes to oral and maxillofacial services in section 4 involve the realignment of a number of fees and descriptions with equivalent items in the general medical services section.

The amendments apply to services rendered on and after 1 April 1992.

*Only those items affected by the reviews have been included in this supplement with the exception of item 12203, which has been included for convenience of reference. All other items contained in the relevant Subgroups remain unchanged.*

**SUMMARY OF CHANGES**

**Deleted Items**

34703 47744

**New Items**

30094	30224	30225	30360	30361	30417	30424	35303	35306	35309	35312	35315
35318	35321	35324	35327	35507	35508	35615	35625	35626	35638	35644	35645
35647	35648	35649	36678	45597	47753	47756	47762	47765	47768	47771	47774
47777	47780	47783	47786	47789	52319						

**Items Re-numbered**

OLD	NEW
30585	35637
34700	35330
35206	35300

**Amended Description (including renumbered items)**

17600	17603	32177	32180	35300	35330	35536	35539	35542	35627	35630	35637
35646	47738	52318									

**Amended Fees (including renumbered items)**

16503	17600	35330	35630	45599	52024	52096	52099	52102	52105	52117	52123
52306	52327	52342	52345	52351	52354	52357	52363	52369	52375	52378	53006
53212	53400										

## **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 April 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 and additions should be made to the notes contained in Section 2 of the 1 December 1991 Medicare Benefits Schedule**

#### **Section 2 Diagnostic Procedures and Investigations**

##### **D1.5 Respiratory Function Tests (Item 11503)**

**SUBSTITUTE:** sub paragraph (j) change "respirator" to "ventilator"

**AMEND:** sub paragraph (n) to read: "Continuous monitoring of pulmonary function other than spirometry, tidal breathing and minute ventilation; of at least 6 hours duration"

**ADD:** new sub paragraph (v) "Spirometry performed before and after simple exercise testing undertaken as a provocation test for the investigation of asthma, in premises capable of performing complex lung function tests and equipped with a mechanical ventilator and defibrillator"

##### **D1.11 Sleep Apnoea Investigations (Item 12206)**

**ADD:** New Note D1.11 Sleep Apnoea Investigations (Item 12206) to read: "This item relates to overnight sleep apnoea investigations where it becomes necessary to conduct in excess of three such investigations in a twelve month period. A nominal fee only has been set for the item, the intention being that where additional investigations become necessary an application will be made under the provisions of Section 11 of the Health Insurance Act and an appropriate fee will be determined by the Medicare Benefits Advisory Committee (see paragraph 9.2 of Section 1 for details relating to the lodgement of such claims).

#### **Section 2 Surgical Operations**

**ADD:** New Note T8.20A Neoplastic changes of the cervix (Item 35644, 35645, 35646, 35647 and 35648) to read: "The term "previously confirmed intraepithelial neoplastic changes of the cervix" in these items refers to diagnosis made either by cytologic, colposcopic or histologic methods. This may also include persistent human papilloma virus (HPV) changes of the cervix".

**ADD:** New Note T8.20B Hysteroscopy (Item 35626) to read: "Hysteroscopy undertaken in the office/consulting rooms can be claimed under this item where the conditions set out in the description of the item are met".

DIAGNOSTIC	OTHER
	<b>GROUP D1 - MISCELLANEOUS DIAGNOSTIC PROCEDURES AND INVESTIGATIONS</b>
	<b>SUBGROUP 11 - OTHER DIAGNOSTIC PROCEDURES AND INVESTIGATIONS</b>
12203	<p>OVERNIGHT INVESTIGATION FOR SLEEP APNOEA FOR A PERIOD OF AT LEAST EIGHT HOURS DURATION, involving continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of EEG, EOG, submental EMG, anterior tibial EMG, respiratory movement, airflow, oxygen saturation and ECG, with continuous technician attendance, under the supervision of a consultant physician in the practice of his or her specialty of thoracic medicine, where the patient is referred to him or her by a medical practitioner, including interpretation by physician of recordings; payable no more than three times in any twelve month period (Ministerial Determination)</p> <p><b>Fee:</b> \$455.00      <b>Benefit:</b> 75% \$341.25: 85%/\$26.80 \$428.20</p>
†	<p>OVERNIGHT INVESTIGATION FOR SLEEP APNOEA FOR A PERIOD OF AT LEAST EIGHT HOURS DURATION, involving continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of EEG, EOG, submental EMG, anterior tibial EMG, respiratory movement, airflow, oxygen saturation and ECG, with continuous technician attendance, under the supervision of a consultant physician in the practice of his or her specialty of thoracic medicine, where the patient is referred to him or her by a medical practitioner, including interpretation by physician of recordings; being the fourth or subsequent investigation in a twelve month period (Ministerial Determination)</p> <p><i>(See para D1.11 of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$5.00      <b>Benefit:</b> 75% \$3.75: 85%/\$26.80 \$4.25</p>

**OBSTETRICS****GROUP T4 - OBSTETRICS**

+	ANTENATAL CARE (not including any service or services covered by Item 16516 or 16517) where attendances exceed ten
16503	Fee: \$210.00      Benefit: 75% \$157.50: 85%/\$26.80 \$183.20

ANAESTHETICS		EXAMINATION
<b>GROUP T6 - ANAESTHETICS</b>		
<b>SUBGROUP 1 - EXAMINATION BY AN ANAESTHETIST</b>		
‡ +  17600	EXAMINATION OF A PATIENT BY OTHER THAN A SPECIALIST IN THE PRACTICE OF HIS OR HER SPECIALITY IN PREPARATION FOR THE ADMINISTRATION OF AN ANAESTHETIC, being an examination carried out at a place other than an operating theatre or an anaesthetic induction room <b>Fee: \$21.00                      Benefit: 75% \$16.15: 85%/\$26.80 \$18.30</b>	
‡  17603	EXAMINATION OF A PATIENT BY A SPECIALIST IN THE PRACTICE OF HIS OR HER SPECIALTY IN PREPARATION FOR THE ADMINISTRATION OF AN ANAESTHETIC, being an examination carried out at a place other than an operating theatre or an anaesthetic induction room <b>Fee: \$29.50                      Benefit: 75% \$22.15: 85%/\$26.80 \$25.10</b>	
<b>LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed</b> <b>APRIL 1, 1992</b> <span style="float: right;"><b>Page 5</b></span>		



OPERATIONS		GENERAL	
<b>GROUP T8 - SURGICAL OPERATIONS</b>			
<b>SUBGROUP 1 - GENERAL</b>			
† 30094	PERCUTANEOUS ASPIRATION BIOPSY of deep organ using interventional techniques - but not including imaging Fee: \$130.00	Benefit: 75% \$97.50:	85%/\$26.80 \$110.50
† 30224	PERCUTANEOUS DRAINAGE OF DEEP ABSCESS - but not including imaging Fee: \$164.00	Benefit: 75% \$123.00:	85%/\$26.80 \$139.45
† 30225	ABSCESS DRAINAGE TUBE, exchange of - but not including imaging Fee: \$184.00	Benefit: 75% \$138.00:	85%/\$26.80 \$157.20
† 30360	FINE NEEDLE BREAST BIOPSY, imaging guided - but not including imaging Fee: \$130.00	Benefit: 75% \$97.50:	85%/\$26.80 \$110.50
† 30361	BREAST, preoperative localisation of lesion by hookwire or similar device - but not including imaging Fee: \$130.00	Benefit: 75% \$97.50:	85%/\$26.80 \$110.50
† 30417	CHOLANGIOGRAM, percutaneous transhepatic, and biliary drainage - but not including imaging Fee: \$360.00	Benefit: 75% \$270.00:	85%/\$26.80 \$333.20
† 30424	BILIARY DRAINAGE TUBE, exchange of - but not including imaging Fee: \$184.00	Benefit: 75% \$138.00:	85%/\$26.80 \$157.20
‡ 30675 G 30676 S	PILONIDAL SINUS OR CYST, OR SACRAL SINUS OR CYST, excision of (AU 8 - 17908) Fee: \$205.00 Fee: \$260.00	Benefit: 75% \$153.75: Benefit: 75% \$195.00:	85%/\$26.80 \$178.20 85%/\$26.80 \$233.20

LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended \* Item no.Changed  
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OPERATIONS		COLORECTAL
SUBGROUP 2 - COLORECTAL		
‡	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 - not in association with Item 35507 or 35508 (AU 6 - 17906)	
32177	Fee: \$120.00	Benefit: 75% \$90.00: 85%/\$26.80 \$102.00
‡	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 - not in association with Item 35507 or 35508 (AU 11 - 17911)	
32180	Fee: \$178.00	Benefit: 75% \$133.50: 85%/\$26.80 \$151.30

OPERATIONS	VASCULAR
<b>SUBGROUP 3 - VASCULAR</b>	
<b>ENDOVASCULAR INTERVENTIONAL PROCEDURES</b>	
* ‡ 35300	<p>TRANSLUMINAL BALLOON ANGIOPLASTY of one peripheral artery or vein, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare</p> <p>Fee: \$355.00      Benefit: 75% \$266.25: 85%/\$26.80 \$328.20</p>
† 35303	<p>TRANSLUMINAL BALLOON ANGIOPLASTY of aortic arch branches, aortic visceral branches, or more than one peripheral artery or vein, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare</p> <p>Fee: \$455.00      Benefit: 75% \$341.25: 85%/\$26.80 \$428.20</p>
† 35306	<p>TRANSLUMINAL STENT INSERTION including associated balloon dilatation for one peripheral artery or vein, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare</p> <p>Fee: \$420.00      Benefit: 75% \$315.00: 85%/\$26.80 \$393.20</p>
† 35309	<p>TRANSLUMINAL STENT INSERTION including associated balloon dilatation for visceral arteries or veins, or more than one peripheral artery or vein, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare</p> <p>Fee: \$525.00      Benefit: 75% \$393.75: 85%/\$26.80 \$498.20</p>
† 35312	<p>PERIPHERAL ARTERIAL ATHERECTOMY including associated balloon dilatation, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare</p> <p>Fee: \$595.00      Benefit: 75% \$446.25: 85%/\$26.80 \$568.20</p>
† 35315	<p>PERIPHERAL LASER ANGIOPLASTY including associated balloon dilatation, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare</p> <p>Fee: \$595.00      Benefit: 75% \$446.25: 85%/\$26.80 \$568.20</p>
† 35318	<p>PERIPHERAL ARTERIAL or VENOUS CATHETERISATION with administration of thrombolytic or chemotherapeutic agents, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (not associated with Item 13903)</p> <p>Fee: \$245.00      Benefit: 75% \$183.75: 85%/\$26.80 \$218.20</p>
† 35321	<p>PERIPHERAL ARTERIAL CATHETERISATION to administer agents to occlude arteries, vein or arterio-venous fistulae or to arrest haemorrhage, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare</p> <p>Fee: \$560.00      Benefit: 75% \$420.00: 85%/\$26.80 \$533.20</p>
<p>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed  <b>APRIL 1, 1992</b> <span style="float: right;">Page 8</span></p>	

OPERATIONS		VASCULAR
+	ANGIOSCOPY not combined with any other procedure, excluding associated radiological services or preparation, and excluding aftercare	
35324	Fee: \$210.00      Benefit: 75% \$157.50: 85%/\$26.80 \$183.20	
+	ANGIOSCOPY combined with any other procedure, excluding associated radiological services or preparation, and excluding aftercare	
35327	Fee: \$104.00      Benefit: 75% \$78.00: 85%/\$26.80 \$88.40	
* + ‡	INSERTION of INFERIOR VENA CAVAL FILTER, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare	
35330	Fee: \$355.00      Benefit: 75% \$266.25: 85%/\$26.80 \$328.20	
<b>LEGEND: + New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed</b> <b>APRIL 1, 1992</b> <span style="float: right;"><b>Page 9</b></span>		

OPERATIONS		GYNAECOLOGICAL	
SUBGROUP 4 - GYNAECOLOGICAL			
†	VULVAL OR VAGINAL 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 - not in association with Item 32177 or 32180 (AU 6 - 17906)	35507	Fee: \$120.00      Benefit: 75% \$90.00: 85%/\$26.80 \$102.00
†	VULVAL OR VAGINAL 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 - not in association with Item 32177 or 32180 (AU 11 - 17911)	35508	Fee: \$178.00      Benefit: 75% \$133.50: 85%/\$26.80 \$151.30
‡	VULVA, wide local excision of suspected malignancy or hemivulvectomy, one or both procedures (AU 9 - 17909)	35536	Fee: \$240.00      Benefit: 75% \$180.00: 85%/\$26.80 \$213.20
‡	COLPOSCOPICALLY DIRECTED CO2 LASER THERAPY for previously confirmed intraepithelial neoplastic changes of the cervix, vagina, vulva, urethra or anal canal, including any associated biopsies - one anatomical site (AU 5 - 17905)	35539	Fee: \$188.00      Benefit: 75% \$141.00: 85%/\$26.80 \$161.20
‡	COLPOSCOPICALLY DIRECTED CO2 LASER THERAPY for previously confirmed intraepithelial neoplastic changes of the cervix, vagina, vulva, urethra or anal canal, including any associated biopsies - two or more anatomical sites (AU 6 - 17906)	35542	Fee: \$220.00      Benefit: 75% \$165.00: 85%/\$26.80 \$193.20
†	VULVA, biopsy of, when performed in association with Item 35614	35615	Fee: \$37.00      Benefit: 75% \$27.75: 85%/\$26.80 \$31.45
†	ENDOMETRIUM, endoscopic ablation of, by laser or diathermy resection, for chronic refractory menorrhagia including any hysteroscopy or laparoscopy performed on the same day but excluding services covered by Item 30582 or 35637 (AU 9 - 17909)	35625	Fee: \$415.00      Benefit: 75% \$311.25: 85%/\$26.80 \$388.20
†	HYSTEROSCOPY, including biopsy, for the investigation of suspected intrauterine pathology (with or without local anaesthetic), where the patient is referred by a medical practitioner who is not a member of a group of practitioners of which the practitioner who ordered the service is a member - not in association with Item 35630	35626	Fee: \$57.00      Benefit: 75% \$42.80: 85%/\$26.80 \$48.50
‡	HYSTEROSCOPY with dilatation of cervix performed in the operating theatre of a hospital or approved day-hospital facility (AU 7 - 17907)	35627	Fee: \$74.00      Benefit: 75% \$55.50: 85%/\$26.80 \$62.90

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended \* Item no.Changed  
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OPERATIONS		GYNAECOLOGICAL			
‡ +	HYSTEROSCOPY, with or without endometrial biopsy, performed in the operating theatre of a hospital or approved day-hospital facility - not covered by Item 35626 and including procedures covered by Item 35639, 35640 or 35643 where performed (AU 7 - 17907)	35630	Fee: \$104.00	Benefit: 75% \$78.00: 85%/\$26.80	\$88.40
* ‡	LAPAROSCOPY, involving puncture of cysts, diathermy of endometriosis, ventrosuspension, division of adhesions or any other gynaecological procedure - one or more procedures with or without biopsy - not associated with Item 30582, 35687 or 35688 (AU 7 - 17907)	35637	Fee: \$280.00	Benefit: 75% \$210.00: 85%/\$26.80	\$253.20
†	COMPLICATED OPERATIVE LAPAROSCOPY, including use of laser when required, for one or more of the following procedures; oophorectomy, ovarian cystectomy, myomectomy, salpingectomy or salpingostomy, ablation of moderate or severe endometriosis requiring more than one hours operating time, division of adhesions requiring more than one hours operating time or division of utero-sacral ligaments for significant dysmenorrhoea (AU 12 - 17912)	35638	Fee: \$490.00	Benefit: 75% \$367.50: 85%/\$26.80	\$463.20
†	CERVIX, electrocoagulation diathermy with colposcopy, for previously confirmed intraepithelial neoplastic changes of the cervix, including any local anaesthesia and biopsies, not associated with Item 35647 (AU 8 - 17908)	35644	Fee: \$140.00	Benefit: 75% \$105.00: 85%/\$26.80	\$119.00
†	CERVIX, electrocoagulation diathermy with colposcopy, for previously confirmed intraepithelial neoplastic changes of the cervix, including any local anaesthesia and biopsies, in association with ablative therapy of additional areas of intraepithelial change in one or more sites of vagina, vulva, urethra or anus, not associated with Item 35648 (AU 8 - 17908)	35645	Fee: \$220.00	Benefit: 75% \$165.00: 85%/\$26.80	\$193.20
‡	CERVIX, colposcopy with cervical biopsy and radical diathermy of, with or without cervical biopsy, for previously confirmed intraepithelial neoplastic changes of the cervix (AU 8 - 17908) <i>(See para T8.21 of explanatory notes to this Category)</i>	35646	Fee: \$140.00	Benefit: 75% \$105.00: 85%/\$26.80	\$119.00
†	CERVIX, large loop excision of transformation zone together with colposcopy for previously confirmed intraepithelial neoplastic changes of the cervix, including any local anaesthesia and biopsies, not associated with Item 35644 (AU 8 - 17908)	35647	Fee: \$140.00	Benefit: 75% \$105.00: 85%/\$26.80	\$119.00
†	CERVIX, large loop excision diathermy for previously confirmed intraepithelial neoplastic changes of the cervix, including any local anaesthesia and biopsies, in association with ablative treatment of additional areas of intraepithelial change of one or more sites of vagina, vulva, urethra or anus, not associated with Item 35645 (AU 8 - 17908)	35648	Fee: \$220.00	Benefit: 75% \$165.00: 85%/\$26.80	\$193.20

LEGEND: † New Service ‡ Description Amended + Fees Amended © AU Units Amended \* Item no.Changed  
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OPERATIONS		GYNAECOLOGICAL	
† 35678	ECTOPIC PREGNANCY, laparoscopic removal of (AU 10 - 17910) Fee: \$445.00      Benefit: 75% \$333.75: 85%/\$26.80 \$418.20		
<b>SUBGROUP 5 - UROLOGICAL</b>			
† 36649	NEPHROSTOMY DRAINAGE TUBE, exchange of - but not including imaging Fee: \$184.00      Benefit: 75% \$138.00: 85%/\$26.80 \$157.20		
<b>LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended * Item no.Changed</b> <b>APRIL 1, 1992</b> <span style="float: right;"><b>Page 12</b></span>			

**OPERATIONS**

**PLASTIC & RECONSTRUCTIVE**

**SUBGROUP 13 - PLASTIC AND RECONSTRUCTIVE SURGERY**

+	45597	MAXILLA, total resection of both maxillae (AU 30 - 17930) <b>Fee:</b> \$830.00 <b>Benefit:</b> 75% \$622.50: 85%/\$26.80 \$803.20
+	45599	MANDIBLE, total resection of both sides, including condylectomies where performed (AU 35 - 17935) <b>Fee:</b> \$645.00 <b>Benefit:</b> 75% \$483.75: 85%/\$26.80 \$618.20



OPERATIONS		ORTHOPAEDIC
SUBGROUP 15 - ORTHOPAEDIC		
‡ 47738	NASAL BONES, treatment of fracture of, by reduction (AU 8 - 17908) Fee: \$162.00      Benefit: 75% \$121.50: 85%/\$26.80 \$137.70	
† 47753	MAXILLA, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (AU 14 - 17914) Fee: \$280.00      Benefit: 75% \$210.00: 85%/\$26.80 \$253.20	
† 47756	MANDIBLE, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (AU 14 - 17914) Fee: \$280.00      Benefit: 75% \$210.00: 85%/\$26.80 \$253.20	
† 47762	ZYGOMATIC BONE, treatment of fracture of, requiring surgical reduction by a temporal, intra-oral or other approach (AU 7 - 17907) Fee: \$164.00      Benefit: 75% \$123.00: 85%/\$26.80 \$139.45	
† 47765	ZYGOMATIC BONE, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at one (1) site (AU 9 - 17909) Fee: \$270.00      Benefit: 75% \$202.50: 85%/\$26.80 \$243.20	
† 47768	ZYGOMATIC BONE, treatment of fracture of, requiring surgical reduction and involving internal and/or external fixation at two (2) sites (AU 10 - 17910) Fee: \$330.00      Benefit: 75% \$247.50: 85%/\$26.80 \$303.20	
† 47771	ZYGOMATIC BONE, treatment of fracture of, requiring surgical reduction and involving internal and/or external fixation at three (3) sites (AU 11 - 17911) Fee: \$380.00      Benefit: 75% \$285.00: 85%/\$26.80 \$353.20	
† 47774	MAXILLA, treatment of fracture of, requiring open operation (AU 7 - 17907) Fee: \$300.00      Benefit: 75% \$225.00: 85%/\$26.80 \$273.20	
† 47777	MANDIBLE, treatment of fracture of, requiring open reduction (AU 7 - 17907) Fee: \$300.00      Benefit: 75% \$225.00: 85%/\$26.80 \$273.20	
† 47780	MAXILLA, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (AU 9 - 17909) Fee: \$390.00      Benefit: 75% \$292.50: 85%/\$26.80 \$363.20	
† 47783	MANDIBLE, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (AU 9 - 17909) Fee: \$390.00      Benefit: 75% \$292.50: 85%/\$26.80 \$363.20	
† 47786	MAXILLA, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (AU 11 - 17911) Fee: \$495.00      Benefit: 75% \$371.25: 85%/\$26.80 \$468.20	
† 47789	MANDIBLE, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (AU 11 - 17911) Fee: \$495.00      Benefit: 75% \$371.25: 85%/\$26.80 \$468.20	

LEGEND: † New Service ‡ Description Amended + Fees Amended @ AU Units Amended \* Item no.Changed  
APRIL 1, 1992

ORAL & MAXILLOFACIAL	GENERAL SURGERY
<b>GROUP O3 - GENERAL SURGERY</b>	
+ 52024	BIOPSY OF SKIN OR MUCOUS MEMBRANE, as an independent procedure (AU 5 - 17905) <b>Fee:</b> \$36.00 <b>Benefit:</b> 75% \$27.00: 85%/\$26.80 \$30.60
+ 52096	ORTHOPAEDIC PIN OR WIRE, insertion of, into maxilla or mandible or zygoma, as an independent procedure (AU 5 - 17905) <b>Fee:</b> \$78.00 <b>Benefit:</b> 75% \$58.50: 85%/\$26.80 \$66.30
+ 52099	BURIED WIRE, PIN or SCREW, one or more, which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, per bone, not associated with Items 52102 or 52105 (AU 6 - 17906) <b>Fee:</b> \$97.00 <b>Benefit:</b> 75% \$72.75: 85%/\$26.80 \$82.50
+ 52102	BURIED WIRE, PIN or SCREW, one or more, which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, where undertaken in the operating theatre of a hospital or approved day-hospital facility, per bone (AU 6 - 17906) <b>Fee:</b> \$97.00 <b>Benefit:</b> 75% \$72.75: 85%/\$26.80 \$82.50
+ 52105	PLATE, one or more of, and associated screw and wire which were inserted for internal fixation purposes into maxilla or mandible or zygoma, removal of, requiring anaesthesia, incision, dissection and suturing, per bone, not associated with Items 52099 or 52102 (AU 6 - 17906) <b>Fee:</b> \$182.00 <b>Benefit:</b> 75% \$136.50: 85%/\$26.80 \$155.20
+ 52117	MANDIBLE, including lower border, or MAXILLA, sub-total resection of (AU 13 - 17913) <b>Fee:</b> \$480.00 <b>Benefit:</b> 75% \$360.00: 85%/\$26.80 \$453.20
+ 52123	MANDIBLE, total resection of both sides, including condylectomies where performed (AU 35 - 17935) <b>Fee:</b> \$645.00 <b>Benefit:</b> 75% \$483.75: 85%/\$26.80 \$618.20
<b>LEGEND:</b> † New Service ‡ Description Amended + Fees Amended © AU Units Amended * Item no.Changed <b>APRIL 1, 1992</b> <span style="float: right;"><b>Page 15</b></span>	

ORAL & MAXILLOFACIAL		PLASTIC & RECONSTRUCTION	
GROUP 04 - PLASTIC & RECONSTRUCTIVE			
+	SINGLE STAGE LOCAL FLAP, where indicated, repair to one defect, using temporalis muscle (AU 10 - 17910)		
52306	Fee: \$415.00	Benefit: 75% \$311.25:	85%/\$26.80 \$388.20
‡ @ +	BONE GRAFT, harvesting of, via separate incision, associated with any other item in Groups O3 to O9 - Autogenous - small quantity (AU 7 - 17907)		
52318	Fee: \$97.00	Benefit: 75% \$72.75:	85%/\$26.80 \$82.50
+	BONE GRAFT, harvesting of, via separate incision, associated with any other item in Groups O3 to O9 - Autogenous - large quantity (AU 7 - 17907)		
52319	Fee: \$162.00	Benefit: 75% \$121.50:	85%/\$26.80 \$137.70
+	DIRECT FLAP REPAIR, using tongue, second stage (AU 7 - 17907)		
52327	Fee: \$162.00	Benefit: 75% \$121.50:	85%/\$26.80 \$137.70
+	MANDIBLE or MAXILLA, UNILATERAL OSTEOTOMY or OSTEECTOMY of, including transposition of nerves and vessels and bone grafts taken from the same site (AU 14 - 17914)		
52342	(See para OC. of explanatory notes to this Category) Fee: \$665.00	Benefit: 75% \$498.75:	85%/\$26.80 \$638.20
+	MANDIBLE or MAXILLA, UNILATERAL OSTEOTOMY or OSTEECTOMY of, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 19 - 17919)		
52345	(See para OC. of explanatory notes to this Category) Fee: \$750.00	Benefit: 75% \$562.50:	85%/\$26.80 \$723.20
+	MANDIBLE or MAXILLA, BILATERAL OSTEOTOMY or OSTEECTOMY of, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 29 - 17929)		
52351	(See para OC. of explanatory notes to this Category) Fee: \$955.00	Benefit: 75% \$716.25:	85%/\$26.80 \$928.20
+	MANDIBLE or MAXILLA, OSTEOTOMIES or OSTEECTOMIES of, involving THREE OR MORE such procedures on the ONE JAW, including transposition of nerves and vessels and bone grafts taken from the same site (AU 29 - 17929)		
52354	(See para OC. of explanatory notes to this Category) Fee: \$965.00	Benefit: 75% \$723.75:	85%/\$26.80 \$938.20
+	MANDIBLE or MAXILLA, OSTEOTOMIES or OSTEECTOMIES of, involving three or more such procedures on the one jaw, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 32 - 17932)		
52357	(See para OC. of explanatory notes to this Category) Fee: \$1,085.00	Benefit: 75% \$813.75:	85%/\$26.80 \$1,058.20

ORAL & MAXILLOFACIAL		PLASTIC & RECONSTRUCTION	
+	MANDIBLE or MAXILLA, OSTEOTOMIES or OSTEECTOMIES of, involving two such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 32 - 17932) (See para OC. of explanatory notes to this Category)	52363	Fee: \$1,250.00      Benefit: 75% \$937.50: 85%/\$26.80 \$1,223.20
+	MANDIBLE or MAXILLA, COMPLEX BILATERAL OSTEOTOMIES or OSTEECTOMIES of, involving three or more such procedures of one jaw and two such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 50 - 17950) (See para OC. of explanatory notes to this Category)	52369	Fee: \$1,370.00      Benefit: 75% \$1,027.50: 85%/\$26.80 \$1,343.20
+	MANDIBLE or MAXILLA, COMPLEX BILATERAL OSTEOTOMIES or OSTEECTOMIES of, involving THREE OR MORE such procedures of EACH JAW, including GENIOPLASTY when performed and transposition of nerves and vessels and bone grafts taken from the same site and rigid fixation by bone plates, screws or both (AU 59 - 17959) (See para OC. of explanatory notes to this Category)	52375	Fee: \$1,490.00      Benefit: 75% \$1,117.50: 85%/\$26.80 \$1,463.20
+	GENIOPLASTY including transposition of nerves and vessels and bone grafts taken from the same site (AU 16 - 17916) (See para OC. of explanatory notes to this Category)	52378	Fee: \$515.00      Benefit: 75% \$386.25: 85%/\$26.80 \$488.20

ORAL & MAXILLOFACIAL

EAR, NOSE & THROAT

GROUP 07 - EAR, NOSE & THROAT

+  
53006

ANTROSTOMY (RADICAL) (AU 9 - 17909)

Fee: \$360.00

Benefit: 75% \$270.00: 85%/\$26.80 \$333.20

GROUP 08 - TEMPOROMANDIBULAR JOINT

+	ABSENT CONDYLE and ASCENDING RAMUS in hemifacial microsomia, construction of, not including harvesting of graft material (AU 15 - 17915)
53212	Fee: \$615.00      Benefit: 75% \$461.25: 85%/\$26.80 \$588.20

ORAL & MAXILLOFACIAL		TREATMENT OF FRACTURES	
GROUP O9 - TREATMENT OF FRACTURES			
+ 53400	MAXILLA, unilateral or bilateral, treatment of fracture of, not requiring splinting	Fee: \$89.00	Benefit: 75% \$66.75: 85%/\$26.80 \$75.65
‡ 53415	MAXILLA, treatment of fracture of, requiring open reduction (AU 7 - 17907)	Fee: \$300.00	Benefit: 75% \$225.00: 85%/\$26.80 \$273.20
‡ 53418	MAXILLA, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (AU 9 - 17909)	Fee: \$390.00	Benefit: 75% \$292.50: 85%/\$26.80 \$363.20
‡ 53419	MANDIBLE, treatment of fracture of, requiring open reduction and internal fixation not involving plate(s) (AU 9 - 17909)	Fee: \$390.00	Benefit: 75% \$292.50: 85%/\$26.80 \$363.20
‡ 53422	MAXILLA, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (AU 11 - 17911)	Fee: \$495.00	Benefit: 75% \$371.25: 85%/\$26.80 \$468.20
‡ 53423	MANDIBLE, treatment of fracture of, requiring open reduction and internal fixation involving plate(s) (AU 11 - 17911)	Fee: \$495.00	Benefit: 75% \$371.25: 85%/\$26.80 \$468.20

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