



Supplement to

**MEDICARE BENEFITS
SCHEDULE BOOK**

of 1 November 1994

Effective 1 July 1995



COMMONWEALTH DEPARTMENT OF HUMAN SERVICES AND HEALTH

**Commonwealth Department of
Human Services and Health**

Supplement to

**Medicare Benefits
Schedule Book**

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AMENDMENTS EFFECTIVE 1 JULY 1995

This supplement provides details of changes to the 1 November 1994 edition of the Medicare Benefits Schedule book. Any item not included in the summary of changes listed herein remains as it is shown in the 1 November 1994 Schedule book.

At the time of printing, the relevant legislation giving authority for the changes included herein may still be subject to the approval of Executive Council and the usual Parliamentary scrutiny.

Review of General Medical Services

A significant number of items included in the supplement relate to services previously covered by Ministerial Determination which are now included in the Regulations proper. These services do not have any symbols associated with their item numbers.

The other changes result, in the main, from reviews of services undertaken in consultation with the medical profession under the auspices of the Medicare Benefits Consultative Committee. The Schedule amendments involve the introduction of new items, the deletion of obsolete items and amendments to existing items to ensure that the Schedule reflects and supports current proper medical practice in Australia.

The changes relate to diagnostic neurology investigations, paediatric orthopaedic surgery, obstetric and gynaecological ultrasound guided procedures, neurosurgery (skull base surgery and spinal disorders surgery), urological laser surgery and minor changes to vascular surgery. In addition, a number of anomalies arising from the previous major review of anaesthesia services have been corrected. A new item covering C14 Urea breath testing for the diagnosis of H-pylori bacteria has been created. The assistance at operation items have been amended to preclude Medicare benefits for an assistant being claimed for in respect of upper and lower gastrointestinal endoscopies.

In respect of the changes to the items covering neurology investigations Medicare benefits will not be payable where the services involve quantitative topographic mapping using neurometrics or similar devices.

For new items 16600 to 16633, 35518 and 35674 there is no component in the Schedule fee for ultrasound as a separate benefit for the associated ultrasound would be payable. If diagnostic ultrasound is performed on a separate occasion to the procedure, benefits would be payable under the appropriate ultrasound item.

Safety Net

The Medicare "safety net" increased with effect from 1 January 1995 to \$258.10 (see para 1.1 of General Explanatory Notes to the 1 November 1994 Medicare Benefits Schedule book).

SUMMARY OF CHANGES

The changes outlined are summarised below and are identified in the Schedule pages by one or more of the following symbols appearing above the item number:-

- (a) new item †
- (b) description amended ‡
- (c) fee amended +
- (d) item number changed *
- (e) anaesthetics amended @

New Items

11724	12533	16606	16609	16612	16615	16618	16621	16624	16627	16633	18021	35518	35674
37207	37208	38530	38533	38536	39640	39642	39644	39646	39648	39650	39652	39654	39656
39658	39660	39662	39821	40316	40331	40332	40334	40335	40345	40348	40351	40903	41579
41884	50300	50303	50306	50309	50312	50324	50327	50330	50333	50336	50339	50342	50345
50348	50351	50354	50357	50360	50363	50366	50369	50372	50375	50378	50381	50384	50387
50390	50393	50396	50399	50402	50405	50408	50411	50414	50417	50420	50423	50426	51312
55058													

Ceased Items

16549	16552	32727	36515	37003	37007	37378	37600	39809	47939	47942	47943	47945	60951
60960													

Renumbered Items

Old	New	Old	New
16549	16600	49872	50318
16552	16603	49875	50321
49869	50315		

Amended Descriptions (Includes Current and Renumbered items)

11000	11003	11006	11024	11027	16600	16603	30653	30656	30659	30660	32138	34530	36839
36845	37203	37206	37318	37339	38212	39818	40012	40330	41578	41581	51300	51303	60957

Amended Anaesthetics

39013	42725	42731	55118
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Amended Fees (Includes Current and Renumbered Items)

13006	13009	16603	39115	50315	50318	50321
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NOTES FOR GUIDANCE

Amend Note 6.7

6.7 Assignment of Benefit Forms

6.7.1 To meet varying requirements the following types of stationery are available from Medicare. Note that these are approved forms under the Health Insurance Act, and no other forms can be used to assign benefits without the approval of the Health Insurance Commission.

- (1) Form DB2-GP. This form is used to assign benefits for General Practitioner Services other than requested pathology, specialist and optometrical services. It is loose leaf for imprinting and comprises a throw away cover sheet (after imprinting), a Medicare copy, a Practitioner copy and a Patient copy. There are 4 pre-printed items with provision for two other items, the form can also be used as an "offer to assign" when a request for pathology services is sent to an approved pathology practitioner and the patient does not attend the laboratory.
- (2) Form DB2-OP. This form is designed for the use of optical scanning equipment and is used to assign benefits for optometrical services. It is loose leaf to enable imprinting of patient details from the Medicare card and is similar in most respects to Form DB2-GP, except for content variations. This form may not be used as an offer to assign pathology services.
- (3) Form DB2-OT. This form is designed for the use of optical scanning equipment and is used to assign benefits for all specialist services. It is loose leaf to enable imprinting of patient details from the Medicare card and is similar in most respects to Form DB2-GP, except for content variations. There are no pre-printed items on this form.
- (4) Form DB4. It is a continuous stationery version of the DB2, and has been designed for use on most office accounting machines.
- (5) Form DB3. It is used to assign or offer to assign benefits for pathology tests rendered by approved pathology practitioners. It is loose leaf to enable imprinting of patient details from the Medicare card and is similar in most respects to Form DB2, except for content variations. The form may not be used for services other than pathology.
- (6) Form DB5. This is a continuous stationery form for pathology services which can be used on most office machines. It can not be used to assign benefits and must therefore be accompanied by an offer to assign (Form DB2, DB3 or DB4) or other form approved by the Health Insurance Commission for that purpose.

Amend Note 6.9

6.9 Direct-Bill Stationery

6.9.1 Medical practitioners wishing to direct-bill may obtain information on direct-bill stationery by telephoning 132150.

Form DB6A. This form is used to order stocks of forms DB3, DB4 and DB5 and where a practitioner uses these forms, DB1 and DB1H. These forms are available from Medicare.

Form DB6B. This form is used to re-order kits for optical scanning stationery which comprise DB2's (GP, OP and OT), DB1's pre addressed envelopes and an instruction sheet for the use of direct bill scanning stationery. The scanning stationery is only available in kit form. This form is supplied with the kit and is returned directly to the printer. Medicare is unable to provide information on the status of these orders.

Add New Note D2.1 C14 Urea Breath Testing

Benefits are only payable for this item under the following circumstances:

- For (a) To monitor the success of eradication of *Helicobacter pylori* in patients with duodenal ulcer, where the testing is performed at least one month after the completion of eradication treatment;
- For (b) To confirm *Helicobacter pylori* colonisation when:
 - (i) suitable biopsy material cannot be obtained for the diagnosis at endoscopy in patients with peptic ulceration, or when the diagnosis of duodenal ulcer has been made on barium meal: or
 - (ii) in patients with a history of non-ulcer dyspepsia, recurrent peptic ulceration, active chronic gastritis, gastric carcinoma or gastric lymphoma, when endoscopy is not indicated.

Add New Note T1.6.5 Procedures Associated with Intensive Care

Medicare benefits are not payable for sampling by arterial puncture under item 13839 in addition to item 13870 (and 13873) on the same day. Benefits are payable under item 13842 (Intra-arterial cannulisation) in addition to item 13870 (and 13873) when performed on the same day.

Add New Note T8.49 Limb Lengthening (Item 50303)

Where the limb lengthening is greater than 5 cms, an application should be made to the Medicare Benefits Advisory Committee for consideration of a higher fee.

Amend Note DIA.4.8

Amend the list of items that oral and maxillofacial surgeons may request by including items 61423, 61424, 61447, 61448 and 61490. Item 56218 is to be deleted from the existing list.

SPECIAL ARRANGEMENTS - TRANSITIONAL 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 July 1995 and continues beyond that date, the old item, fee and benefit levels will apply. In any other case, other than that set out in (b), the date the service is rendered will determine which item and fee is applicable.
- (b) However, in the case of the relevant obstetric items the fee and benefit will depend on the date of the actual confinement. If the confinement takes place before 1 July 1995, fees and benefits at the 1 November 1994 level will apply. If the confinement takes place on or after 1 July 1995, fees and benefits at the new (1 July 1995) level will apply.

DIAGNOSTIC	NEUROLOGY
GROUP D1 - MISCELLANEOUS DIAGNOSTIC PROCEDURES AND INVESTIGATIONS	
SUBGROUP 1 - NEUROLOGY	
‡ 11000	ELECTROENCEPHALOGRAPHY, not being a service associated with a service to which item 11003, 11006 or 11009 applies or a service involving quantitative topographic mapping using neurometrics or similar devices (Anaes. 17708 = 5B + 3T) Fee: \$88.70 Benefit: 75% = \$66.55 85% = \$75.40
‡ 11003	ELECTROENCEPHALOGRAPHY, prolonged recording of at least 3 hours duration, not being a service associated with a service to which item 11000, 11006 or 11009 applies or a service involving quantitative topographic mapping using neurometrics or similar devices Fee: \$234.95 Benefit: 75% = \$176.25 85% = \$206.85
‡ 11006	ELECTROENCEPHALOGRAPHY, temporosphenoidal, not being a service involving quantitative topographic mapping using neurometrics or similar devices Fee: \$120.45 Benefit: 75% = \$90.35 85% = \$102.40
‡ 11024	CENTRAL NERVOUS SYSTEM EVOKED RESPONSES, INVESTIGATION OF, by computerised averaging techniques - 1 or 2 studies, not being a service involving quantitative topographic mapping of event-related potentials <i>(See para D1.1 of explanatory notes to this Category)</i> Fee: \$82.15 Benefit: 75% = \$61.65 85% = \$69.85
‡ 11027	CENTRAL NERVOUS SYSTEM EVOKED RESPONSES, INVESTIGATION OF, by computerised averaging techniques - 3 or more studies, not being a service involving quantitative topographic mapping of event-related potentials <i>(See para D1.1 of explanatory notes to this Category)</i> Fee: \$121.85 Benefit: 75% = \$91.40 85% = \$103.60
SUBGROUP 6 - CARDIOVASCULAR	
† 11724	UP-RIGHT TILT TABLE TESTING for the investigation of syncope of suspected cardiothoracic origin, including blood pressure monitoring, continuous ECG monitoring and the recording of the parameters, involving an established intravenous line and the continuous attendance of a specialist or consultant physician - on premises equipped with a mechanical respirator and defibrillator Fee: \$121.85 Benefit: 75% = \$91.40 85% = \$103.60
SUBGROUP 11 - OTHER DIAGNOSTIC PROCEDURES AND INVESTIGATIONS	
12203	OVERNIGHT INVESTIGATION FOR SLEEP APNOEA FOR A PERIOD OF AT LEAST 8 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 or under the supervision of a specialist in a sleep laboratory of a recognised hospital, where the patient is referred to him or her by a medical practitioner, including interpretation by physician of recordings; payable no more than 3 times in any 12 month period Fee: \$475.95 Benefit: 75% = \$357.00 85% = \$447.85
12206	OVERNIGHT INVESTIGATION FOR SLEEP APNOEA FOR A PERIOD OF AT LEAST 8 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 or under the supervision of a specialist in a sleep laboratory of a recognised hospital, 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 12 month period Fee: \$5.20 Benefit: 75% = \$3.90 85% = \$4.45

DIAGNOSTIC	NUCLEAR MEDICINE
GROUP D2 - NUCLEAR MEDICINE (NON-IMAGING)	
† 12533	<p>C-14 UREA BREATH TEST using oral C-14 urea, including the measurement of exhaled ¹⁴CO₂, performed by a specialist or a consultant physician where the patient is referred by another medical practitioner, for</p> <p>(a) the monitoring of the success of eradication therapy for Helicobacter pylori; or</p> <p>(b) the confirmation of Helicobacter pylori colonisation</p> <p><i>(See para D2.1 of explanatory notes to this Category)</i></p> <p>Fee: \$61.00 Benefit: 75% = \$45.75 85% = \$51.85</p>
GROUP T1 - MISCELLANEOUS THERAPEUTIC PROCEDURES	
SUBGROUP 1 - HYPERBARIC OXYGEN THERAPY	
+ 13006	<p>ADMINISTRATION OF A GENERAL ANAESTHETIC (including the administration of oxygen) during HYPERBARIC THERAPY where the medical practitioner is not confined in the chamber</p> <p>Fee: \$191.80 Benefit: 75% = \$143.85 85% = \$163.70</p>
+ 13009	<p>ADMINISTRATION OF A GENERAL ANAESTHETIC (including the administration of oxygen) during HYPERBARIC THERAPY where the medical practitioner is confined in the chamber</p> <p>Fee: \$356.20 Benefit: 75% = \$267.15 85% = \$328.10</p>
13012	<p>HYPERBARIC TREATMENT including oxygen therapy for a period of more than 2 hours (including examination immediately pre and post treatment) - per hour</p> <p>Fee: \$82.90 Benefit: 75% = \$62.20 85% = \$70.50</p>
SUBGROUP 11 - DERMATOLOGY	
14056	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of 2 metres, including any associated consultation, up to a maximum of 12 sessions (including any sessions to which items 14059, 14062, 14065, 14068, 14071 and 14074 apply) in any 12 month period - session of at least 30 minutes duration (Anaes. 17708 = 5B + 3T)</p> <p>Fee: \$91.35 Benefit: 75% = \$68.55 85% = \$77.65</p>
14059	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of 2 metres, including any associated consultation, up to a maximum of 12 sessions (including any sessions to which items 14056, 14062, 14065, 14068, 14071 and 14074 apply) in any 12 month period - session of at least 60 minutes duration (Anaes. 17710 = 5B + 5T)</p> <p>Fee: \$115.35 Benefit: 75% = \$86.55 85% = \$98.05</p>
14062	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of 2 metres, including any associated consultation, up to a maximum of 12 sessions (including any sessions to which items 14056, 14059, 14065, 14068, 14071 and 14074 apply) in any 12 month period - session of at least 1 hour and 15 minutes duration (Anaes. 17711 = 5B + 6T)</p> <p>Fee: \$139.40 Benefit: 75% = \$104.55 85% = \$118.50</p>
14065	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of 2 metres, including any associated consultation, up to a maximum of 12 sessions (including any sessions to which items 14056, 14059, 14062, 14068, 14071 and 14074 apply) in any 12 month period - session of at least 1 hour and 30 minutes duration (Anaes. 17712 = 5B + 7T)</p> <p>Fee: \$163.45 Benefit: 75% = \$122.60 85% = \$138.95</p>

MISCELLANEOUS	DERMATOLOGY
14068	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of 2 metres, including any associated consultation, up to a maximum of 12 sessions (including any sessions to which items 14056, 14059, 14062, 14065, 14071 and 14074 apply) in any 12 month period - session of at least 1 hour and 45 minutes duration (Anaes. 17713 = 5B + 8T)</p> <p>Fee: \$187.45 Benefit: 75% = \$140.60 85% = \$159.35</p>
14071	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of 2 metres, including any associated consultation, up to a maximum of 12 sessions (including any sessions to which items 14056, 14059, 14062, 14065, 14068 and 14074 apply) in any 12 month period - session of at least 2 hours duration (Anaes. 17714 = 5B + 9T)</p> <p>Fee: \$211.50 Benefit: 75% = \$158.65 85% = \$183.40</p>
14074	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of severely disfiguring vascular lesions of the head or neck where the individual abnormal vessels are visible at a distance of 2 metres, including any associated consultation, up to a maximum of 12 sessions (including any sessions to which items 14056, 14059, 14062, 14065, 14068 and 14071 apply) in any 12 month period - session of at least 2 hours and 15 minutes duration (Anaes. 17715 = 5B + 10T)</p> <p>Fee: \$235.50 Benefit: 75% = \$176.65 85% = \$207.40</p>
14077	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation, up to a maximum of 12 sessions (including any sessions to which items 14080, 14083, 14086, 14089, 14092 and 14095 apply) in any 12 month period - session of at least 30 minutes duration (Anaes. 17708 = 5B + 3T)</p> <p>Fee: \$91.35 Benefit: 75% = \$68.55 85% = \$77.65</p>
14080	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation, up to a maximum of 12 sessions (including any sessions to which items 14077, 14083, 14086, 14089, 14092 and 14095 apply) in any 12 month period - session of at least 60 minutes duration (Anaes. 17710 = 5B + 5T)</p> <p>Fee: \$115.35 Benefit: 75% = \$86.55 85% = \$98.05</p>
14083	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation, up to a maximum of 12 sessions (including any sessions to which items 14077, 14080, 14086, 14089, 14092 and 14095 apply) in any 12 month period - session of at least 1 hour and 15 minutes duration (Anaes. 17711 = 5B + 6T)</p> <p>Fee: \$139.40 Benefit: 75% = \$104.55 85% = \$118.50</p>
14086	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation, up to a maximum of 12 sessions (including any sessions to which items 14077, 14080, 14083, 14089, 14092, and 14095 apply) in any 12 month period - session of at least 1 hour and 30 minutes duration (Anaes. 17712 = 5B + 7T)</p> <p>Fee: \$163.45 Benefit: 75% = \$122.60 85% = \$138.95</p>
14089	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation, up to a maximum of 12 sessions (including any sessions to which items 14077, 14080, 14083, 14086, 14092, and 14095 apply) in any 12 month period - session of at least 1 hour and 45 minutes duration (Anaes. 17713 = 5B + 8T)</p> <p>Fee: \$187.45 Benefit: 75% = \$140.60 85% = \$159.35</p>
14092	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation, up to a maximum of 12 sessions (including any sessions to which items 14077, 14080, 14083, 14086, 14089, and 14095 apply) in any 12 month period - session of at least 2 hours duration (Anaes. 17714 = 5B + 9T)</p> <p>Fee: \$211.50 Benefit: 75% = \$158.65 85% = \$183.40</p>
14095	<p>LASER PHOTOCOAGULATION using laser light within the wave length of 510-600 nanometres in the treatment of port wine stains, including any associated consultation, up to a maximum of 12 sessions (including any sessions to which items 14077, 14080, 14083, 14086, 14089, and 14092 apply) in any 12 month period - session of at least 2 hours and 15 minutes duration (Anaes. 17715 = 5B + 10T)</p> <p>Fee: \$235.50 Benefit: 75% = \$176.65 85% = \$207.40</p>

OBSTETRICS	
GROUP T4 - OBSTETRICS	
INTERVENTIONAL TECHNIQUES	
* † 16600	AMNIOCENTESIS, diagnostic Fee: \$45.80 Benefit: 75% = \$34.35 85% = \$38.95
* † + 16603	CHORIONIC VILLUS SAMPLING, by any route Fee: \$87.95 Benefit: 75% = \$66.00 85% = \$74.80
† 16606	FOETAL BLOOD SAMPLING, using interventional techniques from umbilical cord or foetus, including foetal neuromuscular blockade and amniocentesis Fee: \$175.40 Benefit: 75% = \$131.55 85% = \$149.10
† 16609	FOETAL INTRAVASCULAR BLOOD TRANSFUSION, using blood already collected, including neuromuscular blockade, amniocentesis and foetal blood sampling Fee: \$357.70 Benefit: 75% = \$268.30 85% = \$329.60
† 16612	FOETAL INTRAPERITONEAL BLOOD TRANSFUSION, using blood already collected, including neuromuscular blockade, amniocentesis and foetal blood sampling, not in conjunction with item 16609 Fee: \$281.55 Benefit: 75% = \$211.20 85% = \$253.45
† 16615	FOETAL INTRAPERITONEAL BLOOD TRANSFUSION, using blood already collected, including neuromuscular blockade, amniocentesis and foetal blood sampling, when performed in conjunction with item 16609 Fee: \$149.85 Benefit: 75% = \$112.40 85% = \$127.40
† 16618	AMNIOCENTESIS, THERAPEUTIC, when indicated because of polyhydramnios with at least 500ml being aspirated Fee: \$149.85 Benefit: 75% = \$112.40 85% = \$127.40
† 16621	AMNIOINFUSION, for diagnostic or therapeutic purposes in the presence of severe oligohydramnios Fee: \$149.85 Benefit: 75% = \$112.40 85% = \$127.40
† 16624	FOETAL FLUID FILLED CAVITY, drainage of Fee: \$215.70 Benefit: 75% = \$161.80 85% = \$187.60
† 16627	FOETO-AMNIOTIC SHUNT, insertion of, into foetal fluid filled cavity, including neuromuscular blockade and amniocentesis Fee: \$439.25 Benefit: 75% = \$329.45 85% = \$411.15
† 16633	PROCEDURE ON MULTIPLE PREGNANCIES relating to items 16600 to 16627 Derived Fee: 50% of the fee for the first foetus for any additional foetus tested
GROUP T6 - ANAESTHETICS	
SUBGROUP 2 - ADMINISTRATION OF AN ANAESTHETIC IN CONNECTION WITH A MEDICAL SERVICE	
† 18021	ADMINISTRATION of an anaesthetic in connection with muscle biopsy for malignant hyperpyrexia Fee: \$79.00 Benefit: 75% = \$59.25 85% = \$67.15

OPERATIONS	GENERAL
GROUP T8 - SURGICAL OPERATIONS	
SUBGROUP 1 - GENERAL	
30382	<p>ENTEROCUTANEOUS FISTULA, radical repair of, involving extensive dissection and resection of bowel (Anaes. 17716 = 7B + 9T) Fee: \$942.65 Benefit: 75% = \$707.00 85% = \$914.55</p>
30388	<p>LAPAROTOMY for trauma involving 3 or more organs (Anaes. 17721 = 7B + 14T) Fee: \$1,152.15 Benefit: 75% = \$864.15 85% = \$1,124.05</p>
30396	<p>LAPAROTOMY for gross intra peritoneal sepsis requiring debridement of fibrin, with or without removal of foreign material or enteric contents, with lavage of the entire peritoneal cavity via a major abdominal incision, with or without closure of abdomen and with or without mesh or zipper insertion (Anaes. 17720 = 7B + 13T) Fee: \$733.20 Benefit: 75% = \$549.90 85% = \$705.10</p>
30397	<p>LAPAROSTOMY, via wound previously made and left open or closed with zipper, involving change of dressings or packs, and with or without drainage of loculated collections (Anaes. 17713 = 7B + 6T) Fee: \$167.60 Benefit: 75% = \$125.70 85% = \$142.50</p>
30399	<p>LAPAROSTOMY, final closure of wound made at previous operation, after removal of dressings or packs and removal of mesh or zipper if previously inserted (Anaes. 17714 = 7B + 7T) Fee: \$230.45 Benefit: 75% = \$172.85 85% = \$202.35</p>
30405	<p>VENTRAL OR INCISIONAL HERNIA, repair of, requiring muscle transposition, mesh hernioplasty or resection of strangulated bowel (Anaes. 17716 = 6B + 10T) Fee: \$659.90 Benefit: 75% = \$494.95 85% = \$631.80</p>
30408	<p>PERITONEO venous (Leveen) shunt, insertion of (Anaes. 17711 = 7B + 4T) Fee: \$282.80 Benefit: 75% = \$212.10 85% = \$254.70</p>
30412	<p>LIVER BIOPSY by core needle, when performed in conjunction with another intra-abdominal procedure (Anaes. 17711 = 7B + 4T) Fee: \$37.70 Benefit: 75% = \$28.30 85% = \$32.05</p>
30414	<p>LIVER, subsegmental resection of, (local excision), other than for trauma (Anaes. 17716 = 7B + 9T) Fee: \$497.50 Benefit: 75% = \$373.15 85% = \$469.40</p>
30415	<p>LIVER, segmental resection of, other than for trauma (Anaes. 17722 = 13B + 9T) Fee: \$995.05 Benefit: 75% = \$746.30 85% = \$966.95</p>
30418	<p>LIVER, lobectomy of, other than for trauma (Anaes. 17724 = 13B + 11T) Fee: \$1,152.15 Benefit: 75% = \$864.15 85% = \$1,124.05</p>
30421	<p>LIVER, TRI-SEGMENTAL RESECTION (extended lobectomy) of, other than for trauma (Anaes. 17726 = 13B + 13T) Fee: \$1,440.15 Benefit: 75% = \$1,080.15 85% = \$1,412.05</p>
30422	<p>LIVER, repair of superficial laceration of, for trauma (Anaes. 17712 = 7B + 5T) Fee: \$487.05 Benefit: 75% = \$365.30 85% = \$458.95</p>
30425	<p>LIVER, repair of deep multiple lacerations of, or requiring debridement, for trauma (Anaes. 17718 = 7B + 11T) Fee: \$942.65 Benefit: 75% = \$707.00 85% = \$914.55</p>
30427	<p>LIVER, segmental resection of, for trauma (Anaes. 17724 = 13B + 11T) Fee: \$1,125.90 Benefit: 75% = \$844.45 85% = \$1,097.80</p>
30428	<p>LIVER, lobectomy of, for trauma (Anaes. 17726 = 13B + 13T) Fee: \$1,204.50 Benefit: 75% = \$903.40 85% = \$1,176.40</p>
30430	<p>LIVER, extended lobectomy (tri-segmental resection) of, for trauma (Anaes. 17728 = 13B + 15T) Fee: \$1,675.80 Benefit: 75% = \$1,256.85 85% = \$1,647.70</p>

OPERATIONS		GENERAL
30433	LIVER ABSCESS (multiple), open abdominal drainage of (Anaes. 17716 = 7B + 9T) Fee: \$523.70 Benefit: 75% = \$392.80 85% = \$495.60	
30434	HYDATID CYST OF LIVER, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles (Anaes. 17714 = 7B + 7T) Fee: \$424.15 Benefit: 75% = \$318.15 85% = \$396.05	
30436	HYDATID CYST OF LIVER, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles, with omentoplasty or myeloplasty (Anaes. 17716 = 7B + 9T) Fee: \$471.30 Benefit: 75% = \$353.50 85% = \$443.20	
30437	HYDATID CYST OF LIVER, total excision of, by cysto-pericystectomy (membrane plus fibrous wall) (Anaes. 17718 = 7B + 11T) Fee: \$586.55 Benefit: 75% = \$439.95 85% = \$558.45	
30445	LAPAROSCOPIC CHOLECYSTECTOMY (Anaes. 17715 = 7B + 8T) Fee: \$586.55 Benefit: 75% = \$439.95 85% = \$558.45	
30446	LAPAROSCOPIC CHOLECYSTECTOMY when procedure is completed by laparotomy (Anaes. 17717 = 7B + 10T) Fee: \$586.55 Benefit: 75% = \$439.95 85% = \$558.45	
30448	LAPAROSCOPIC CHOLECYSTECTOMY, involving removal of common duct calculi via the cystic duct (Anaes. 17718 = 7B + 11T) Fee: \$701.75 Benefit: 75% = \$526.35 85% = \$673.65	
30449	LAPAROSCOPIC CHOLECYSTECTOMY with removal of common duct calculi via laparoscopic choledochotomy (Anaes. 17720 = 7B + 13T) Fee: \$780.30 Benefit: 75% = \$585.25 85% = \$752.20	
30452	CHOLEDOCHOSCOPY with balloon dilation of a stricture or passage of stent or extraction of calculi (Anaes. 17716 = 7B + 9T) Fee: \$272.30 Benefit: 75% = \$204.25 85% = \$244.20	
30457	CHOLEDOCHOTOMY, intrahepatic, involving removal of intrahepatic bile duct calculi (Anaes. 17716 = 7B + 9T) Fee: \$995.05 Benefit: 75% = \$746.30 85% = \$966.95	
30463	RADICAL RESECTION of common hepatic duct and right and left hepatic ducts for carcinoma, with 2 duct anastomoses (Anaes. 17724 = 7B + 17T) Fee: \$1,309.20 Benefit: 75% = \$981.90 85% = \$1,281.10	
30464	RADICAL RESECTION of common hepatic duct and right and left hepatic ducts for carcinoma, involving more than 2 anastomoses or resection of segment or major portion of segment of liver (Anaes. 17730 = 7B + 23T) Fee: \$1,571.10 Benefit: 75% = \$1,178.35 85% = \$1,543.00	
30466	INTRAHEPATIC biliary bypass of left hepatic ductal system by Roux-en-Y loop to peripheral ductal system (Anaes. 17722 = 7B + 15T) Fee: \$906.00 Benefit: 75% = \$679.50 85% = \$877.90	
30467	INTRAHEPATIC BYPASS of right hepatic ductal system by Roux-en-Y loop to peripheral ductal system (Anaes. 17722 = 7B + 15T) Fee: \$1,120.70 Benefit: 75% = \$840.55 85% = \$1,092.60	
30469	BILIARY STRICTURE, repair of, after 1 or more operations on the biliary tree (Anaes. 17724 = 7B + 17T) Fee: \$1,241.15 Benefit: 75% = \$930.90 85% = \$1,213.05	
30470	BILE DUCT FISTULA, repair of, following previous bile duct surgery (Anaes. 17722 = 7B + 15T) Fee: \$785.55 Benefit: 75% = \$589.20 85% = \$757.45	
30472	HEPATIC OR COMMON BILE DUCT, repair of, as the primary procedure subsequent to transection of bile duct or ducts (Anaes. 17722 = 7B + 15T) Fee: \$670.30 Benefit: 75% = \$502.75 85% = \$642.20	
‡ 30653	CIRCUMCISION of a male UNDER 6 MONTHS of age (Anaes. 17705 = 3B + 2T) Fee: \$33.50 Benefit: 75% = \$25.15 85% = \$28.50	

OPERATIONS		GENERAL
‡ 30656	CIRCUMCISION of a male UNDER 10 YEARS of age but not less than 6 months of age (Anaes. 17706 = 3B + 3T) Fee: \$77.95 Benefit: 75% = \$58.50 85% = \$66.30	
‡ 30659 G 30660 S	CIRCUMCISION of a male 10 YEARS OF AGE OR OVER (Anaes. 17706 = 3B + 3T) Fee: \$108.00 Benefit: 75% = \$81.00 85% = \$91.80 Fee: \$134.00 Benefit: 75% = \$100.50 85% = \$113.90	
31000	MICROGRAPHICALLY CONTROLLED SERIAL EXCISION of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure - 6 or fewer sections Fee: \$418.95 Benefit: 75% = \$314.25 85% = \$390.85	
31001	MICROGRAPHICALLY CONTROLLED SERIAL EXCISION of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure - 7 to 12 sections Fee: \$523.70 Benefit: 75% = \$392.80 85% = \$495.60	
31002	MICROGRAPHICALLY CONTROLLED SERIAL EXCISION of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure - 13 or more sections Fee: \$628.45 Benefit: 75% = \$471.35 85% = \$600.35	
SUBGROUP 2 - COLORECTAL		
‡ 32138	HAEMORRHOIDECTOMY including excision of anal skin tags when performed (Anaes. 17707 = 4B + 3T) Fee: \$265.25 Benefit: 75% = \$198.95 85% = \$237.15	
SUBGROUP 3 - VASCULAR		
‡ 34530	HICKMAN OR BROVIAC CATHETER, OR OTHER CHEMOTHERAPY DEVICE, removal of by open surgical procedure (Anaes. 17709 = 5B + 4T) Fee: \$298.30 Benefit: 75% = \$223.75 85% = \$270.20	
SUBGROUP 4 - GYNAECOLOGICAL		
‡ 35518	OVARIAN CYST ASPIRATION, for cysts of at least 4cm diameter in premenopausal women and at least 2cm in postmenopausal women, by abdominal or vaginal route, using interventional imaging techniques and not associated with services provided for assisted reproductive techniques Fee: \$149.85 Benefit: 75% = \$112.40 85% = \$127.40	
‡ 35674	ULTRASOUND GUIDED NEEDLING and injection of ectopic pregnancy Fee: \$149.85 Benefit: 75% = \$112.40 85% = \$127.40	
SUBGROUP 5 - UROLOGICAL		
‡ 36839	CYSTOSCOPY, with resection or diathermy or visual laser destruction of bladder tumour or other lesion of the bladder or prostate, not being a service associated with a service to which item 36845 applies (Anaes. 17707 = 5B + 2T) Fee: \$233.10 Benefit: 75% = \$174.85 85% = \$205.00	
‡ 36845	CYSTOSCOPY, with diathermy or resection or visual laser destruction of multiple tumours in more than 2 quadrants of the bladder or solitary tumour greater than 2cm in diameter (Anaes. 17707 = 5B + 2T) Fee: \$498.70 Benefit: 75% = \$374.05 85% = \$470.60	

OPERATIONS		UROLOGICAL
‡ 37203	PROSTATECTOMY (endoscopic, using diathermy or cold punch), with or without cystoscopy and with or without urethroscopy, and including services to which item 36854, 37207, 37208, 37303, 37321 or 37324 applies (Anaes. 17710 = 6B + 4T) Fee: \$835.15	Benefit: 75% = \$626.40 85% = \$807.05
‡ 37206	PROSTATECTOMY (endoscopic, using diathermy or cold punch), with or without cystoscopy and with or without urethroscopy, and including services to which item 36854, 37303, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by item 37203 or 37208 which had to be discontinued for medical reasons (Anaes. 17709 = 6B + 3T) Fee: \$402.55	Benefit: 75% = \$301.95 85% = \$374.45
† 37207	PROSTATE, endoscopic non-contact (side firing) visual laser ablation, with or without cystoscopy and with or without urethroscopy, and including services to which items 36854, 37203, 37206, 37321 or 37324 applies (Anaes. 17710 = 6B + 4T) Fee: \$625.00	Benefit: 75% = \$468.75 85% = \$596.90
† 37208	PROSTATE, endoscopic non-contact (side firing) visual laser ablation, with or without cystoscopy and with or without urethroscopy, and including services to which items 36854, 37203, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by items 37203 or 37207, which had to be discontinued for medical reasons (Anaes. 17709 = 6B + 3T) Fee: \$300.00	Benefit: 75% = \$225.00 85% = \$271.90
‡ 37318	URETHROSCOPY with any 1 or more of - biopsy, diathermy, visual laser destruction of stone or removal of foreign body or stone (Anaes. 17705 = 3B + 2T) Fee: \$199.45	Benefit: 75% = \$149.60 85% = \$171.35
‡ 37339	PERIURETHRAL OR TRANSURETHRAL INJECTION of materials for the treatment of urinary incontinence, including cystoscopy and urethroscopy (Anaes. 17705 = 3B + 2T) Fee: \$173.00	Benefit: 75% = \$129.75 85% = \$147.05
SUBGROUP 6 - CARDIO-THORACIC		
‡ 38212	CARDIAC ELECTROPHYSIOLOGICAL STUDY - 4 or more catheter supraventricular tachycardia investigation; or complex ventricular tachycardia investigation involving multiple ventricular tachycardia inductions; or multiple catheter mapping; or acute intravenous anti-arrhythmic drug testing with pre and post drug inductions; or catheter ablation to intentionally induce complete AV block; or intra-operative mapping; or electrophysiological services during defibrillator implantation or testing - not being a service associated with a service to which item 38209 applies (Anaes. 17727 = 7B + 20T) Fee: \$989.95	Benefit: 75% = \$742.50 85% = \$961.85
† 38530	ARRHYTHMIA ABLATION ABLATION OF ARRHYTHMIA CIRCUIT OR FOCUS or isolation procedure involving 1 atrial chamber (Anaes. 17734 = 20B + 14T) Fee: \$1,513.50	Benefit: 75% = \$1,135.15 85% = \$1,485.40
† 38533	ABLATION OF ARRHYTHMIA CIRCUITS OR FOCI, or isolation procedure involving both atrial chambers and including curative procedures for atrial fibrillation (Anaes. 17738 = 20B + 18T) Fee: \$1,927.15	Benefit: 75% = \$1,445.40 85% = \$1,899.05
† 38536	VENTRICULAR ARRHYTHMIA with mapping and ablation, including all associated electrophysiological studies performed on the same day (Anaes. 17744 = 20B + 24T) Fee: \$2,068.60	Benefit: 75% = \$1,551.45 85% = \$2,040.50
CONGENITAL CARDIAC SURGERY		
38700	PATENT DUCTUS ARTERIOSUS, shunt, collateral or other single large vessel, division or ligation of, without cardiopulmonary bypass, for congenital heart disease (Anaes. 17727 = 15B + 12T) Fee: \$769.85	Benefit: 75% = \$577.40 85% = \$741.75
38703	PATENT DUCTUS ARTERIOSUS, shunt, collateral or other single large vessel, division or ligation of, with cardiopulmonary bypass, for congenital heart disease (Anaes. 17732 = 20B + 12T) Fee: \$1,387.80	Benefit: 75% = \$1,040.85 85% = \$1,359.70

OPERATIONS		CARDIO-THORACIC	
38706	AORTA, anastomosis or repair of, without cardiopulmonary bypass, for congenital heart disease (Anaes. 17729 = 15B + 14T) Fee: \$1,314.50	Benefit: 75% = \$985.90	85% = \$1,286.40
38709	AORTA, anastomosis or repair of, with cardiopulmonary bypass, for congenital heart disease (Anaes. 17736 = 20B + 16T) Fee: \$1,539.65	Benefit: 75% = \$1,154.75	85% = \$1,511.55
38712	AORTIC INTERRUPTION, repair of, for congenital heart disease (Anaes. 17729 = 15B + 14T) Fee: \$1,848.65	Benefit: 75% = \$1,386.50	85% = \$1,820.55
38715	MAIN PULMONARY ARTERY, banding, debanding or repair of, without cardiopulmonary bypass, for congenital heart disease (Anaes. 17727 = 15B + 12T) Fee: \$1,230.70	Benefit: 75% = \$923.05	85% = \$1,202.60
38718	MAIN PULMONARY ARTERY, banding, debanding or repair of, with cardiopulmonary bypass, for congenital heart disease (Anaes. 17734 = 20B + 14T) Fee: \$1,539.65	Benefit: 75% = \$1,154.75	85% = \$1,511.55
38721	VENA CAVA, anastomosis or repair of, without cardiopulmonary bypass, for congenital heart disease (Anaes. 17731 = 15B + 16T) Fee: \$1,078.85	Benefit: 75% = \$809.15	85% = \$1,050.75
38724	VENA CAVA, anastomosis or repair of, with cardiopulmonary bypass, for congenital heart disease (Anaes. 17738 = 20B + 18T) Fee: \$1,539.65	Benefit: 75% = \$1,154.75	85% = \$1,511.55
38727	INTRATHORACIC VESSELS, anastomosis or repair of, without cardiopulmonary bypass, not being a service to which item 38700, 38703, 38706, 38709, 38712, 38715, 38718, 38721 or 38724 applies, for congenital heart disease (Anaes. 17732 = 15B + 17T) Fee: \$1,078.85	Benefit: 75% = \$809.15	85% = \$1,050.75
38730	INTRATHORACIC VESSELS, anastomosis or repair of, with cardiopulmonary bypass, not being a service to which item 38700, 38703, 38706, 38709, 38712, 38715, 38718, 38721 or 38724 applies, for congenital heart disease (Anaes. 17736 = 20B + 16T) Fee: \$1,539.65	Benefit: 75% = \$1,154.75	85% = \$1,511.55
38733	SYSTEMIC PULMONARY or CAVO-PULMONARY SHUNT, creation of, without cardiopulmonary bypass, for congenital heart disease (Anaes. 17733 = 15B + 18T) Fee: \$1,078.85	Benefit: 75% = \$809.15	85% = \$1,050.75
38736	SYSTEMIC PULMONARY or CAVO-PULMONARY SHUNT, creation of, with cardiopulmonary bypass, for congenital heart disease (Anaes. 17740 = 20B + 20T) Fee: \$1,539.65	Benefit: 75% = \$1,154.75	85% = \$1,511.55
38739	ATRIAL SEPTECTOMY, with or without cardiopulmonary bypass, for congenital heart disease (Anaes. 17733 = 15B + 18T) Fee: \$1,387.80	Benefit: 75% = \$1,040.85	85% = \$1,359.70
38742	ATRIAL SEPTAL DEFECT, closure by direct suture or patch, for congenital heart disease (Anaes. 17734 = 20B + 14T) Fee: \$1,387.80	Benefit: 75% = \$1,040.85	85% = \$1,359.70
38745	INTRA-ATRIAL BAFFLE, insertion of, for congenital heart disease (Anaes. 17734 = 20B + 14T) Fee: \$1,539.65	Benefit: 75% = \$1,154.75	85% = \$1,511.55
38748	VENTRICULAR SEPTECTOMY, for congenital heart disease (Anaes. 17734 = 20B + 14T) Fee: \$1,539.65	Benefit: 75% = \$1,154.75	85% = \$1,511.55
38751	VENTRICULAR SEPTAL DEFECT, closure by direct suture or patch, for congenital heart disease (Anaes. 17736 = 20B + 16T) Fee: \$1,539.65	Benefit: 75% = \$1,154.75	85% = \$1,511.55
38754	INTRAVENTRICULAR BAFFLE OR CONDUIT, insertion of, for congenital heart disease (Anaes. 17738 = 20B + 18T) Fee: \$1,927.15	Benefit: 75% = \$1,445.40	85% = \$1,899.05
38757	EXTRACARDIAC CONDUIT, insertion of, for congenital heart disease (Anaes. 17734 = 20B + 14T) Fee: \$1,539.65	Benefit: 75% = \$1,154.75	85% = \$1,511.55

OPERATIONS		CARDIO-THORACIC
38760	EXTRACARDIAC CONDUIT, replacement of, for congenital heart disease (Anaes. 17736 = 20B + 16T) Fee: \$1,539.65 Benefit: 75% = \$1,154.75 85% = \$1,511.55	
38763	VENTRICULAR MYECTOMY, for relief of ventricular obstruction, right or left, for congenital heart disease (Anaes. 17734 = 20B + 14T) Fee: \$1,539.65 Benefit: 75% = \$1,154.75 85% = \$1,511.55	
38766	VENTRICULAR AUGMENTATION, right or left, for congenital heart disease (Anaes. 17736 = 20B + 16T) Fee: \$1,539.65 Benefit: 75% = \$1,154.75 85% = \$1,511.55	
SUBGROUP 7 - NEUROSURGICAL		
@ 39013	INJECTION UNDER IMAGE INTENSIFICATION with 1 or more of contrast media, local anaesthetic or corticosteroid into 1 or more zygo-apophyseal or costo-transverse joints or 1 or more primary posterior rami of spinal nerves (Anaes. 17708 = 5B + 3T) Fee: \$78.85 Benefit: 75% = \$59.15 85% = \$67.05	
+ 39115	PERCUTANEOUS NEUROTOMY of posterior divisions (or rami) of spinal nerves by any method, including any associated spinal, epidural or regional nerve block (payable once only in a 30 day period) (Anaes. 17707 = 5B + 2T) Fee: \$54.25 Benefit: 75% = \$40.70 85% = \$46.15	
† 39640	SKULL BASE SURGERY	
† 39642	TUMOUR INVOLVING ANTERIOR CRANIAL FOSSA, removal of, involving craniotomy, radical excision of the skull base, and dural repair (Anaes. 17748 = 12B + 36T) Fee: \$1,547.50 Benefit: 75% = \$1,160.65 85% = \$1,519.40	
† 39644	TUMOUR INVOLVING ANTERIOR CRANIAL FOSSA, removal of, involving frontal craniotomy with lateral rhinotomy for clearance of paranasal sinus extension (intracranial procedure), conjoint surgery, principal surgeon (Anaes. 17751 = 12B + 39T) Fee: \$1,625.00 Benefit: 75% = \$1,218.75 85% = \$1,596.90	
† 39644	TUMOUR INVOLVING ANTERIOR CRANIAL FOSSA, removal of, involving frontal craniotomy with lateral rhinotomy for clearance of paranasal sinus extension (intracranial procedure), conjoint surgery, co-surgeon Fee: \$1,218.75 Benefit: 75% = \$914.10 85% = \$1,190.65	
† 39646	TUMOUR INVOLVING ANTERIOR CRANIAL FOSSA, removal of, involving frontal craniotomy with lateral rhinotomy and radical clearance of paranasal sinus and orbital fossa extensions, with intracranial decompression of the optic nerve (intracranial procedure), conjoint surgery, principal surgeon (Anaes. 17754 = 12B + 42T) Fee: \$1,875.00 Benefit: 75% = \$1,406.25 85% = \$1,846.90	
† 39648	TUMOUR INVOLVING ANTERIOR CRANIAL FOSSA, removal of, involving frontal craniotomy with lateral rhinotomy and radical clearance of paranasal sinus and orbital fossa extensions, with intracranial decompression of the optic nerve (intracranial procedure), conjoint surgery, co-surgeon Fee: \$1,406.25 Benefit: 75% = \$1,054.70 85% = \$1,378.15	
† 39650	TUMOUR INVOLVING INFRA-TEMPORAL FOSSA, removal of, involving craniotomy and radical excision, with division and reconstruction of zygomatic arch, and disarticulation of temporo-mandibular joint and complete facial nerve mobilisation (intracranial procedure), conjoint surgery, principal surgeon (Anaes. 17763 = 12B + 51T) Fee: \$1,345.00 Benefit: 75% = \$1,008.75 85% = \$1,316.90	
† 39652	TUMOUR INVOLVING INFRA-TEMPORAL FOSSA, removal of, involving craniotomy and radical excision, with division and reconstruction of zygomatic arch, and disarticulation of temporo-mandibular joint and complete facial nerve mobilisation (intra cranial procedure), conjoint surgery, co-surgeon Fee: \$1,008.75 Benefit: 75% = \$756.60 85% = \$980.65	
† 39654	PETRO-CLIVAL AND CLIVAL TUMOUR, removal of, by supra and infratentorial approaches for radical excision (intracranial procedure), conjoint surgery, principal surgeon (Anaes. 17763 = 12B + 51T) Fee: \$1,750.00 Benefit: 75% = \$1,312.50 85% = \$1,721.90	

OPERATIONS		NEUROSURGICAL	
† 39656	PETRO-CLIVAL AND CLIVAL TUMOUR, removal of, by supra and infratentorial approaches for radical excision, (intracranial procedure) conjoint surgery, co-surgeon Fee: \$1,312.50	Benefit: 75% = \$984.40	85% = \$1,284.40
† 39658	TUMOUR INVOLVING THE CLIVUS, radical excision of, involving transoral approach and division of palate (Anaes. 17763 = 12B + 51T) Fee: \$1,547.50	Benefit: 75% = \$1,160.65	85% = \$1,519.40
† 39660	TUMOUR OR VASCULAR LESION OF CAVERNOUS SINUS, radical excision of, involving craniotomy with or without carotid artery exposure (Anaes. 17762 = 20B + 42T) Fee: \$1,547.50	Benefit: 75% = \$1,160.65	85% = \$1,519.40
† 39662	TUMOUR OR VASCULAR LESION OF FORAMEN MAGNUM, radical excision of, via transcondylar or far lateral suboccipital approach (Anaes. 17762 = 20B + 42T) Fee: \$1,547.50	Benefit: 75% = \$1,160.65	85% = \$1,519.40
‡ 39818	EXTRACRANIAL TO INTRACRANIAL BYPASS using superficial temporal artery (Anaes. 17744 = 20B + 24T) Fee: \$1,318.05	Benefit: 75% = \$988.55	85% = \$1,289.95
† 39821	EXTRACRANIAL TO INTRACRANIAL BYPASS using saphenous vein graft (Anaes. 17750 = 20B + 30T) Fee: \$1,565.00	Benefit: 75% = \$1,173.75	85% = \$1,536.90
‡ 40012	THIRD VENTRICULOSTOMY (open or endoscopic) with or without endoscopic septum pellucidotomy (Anaes. 17720 = 10B + 10T) Fee: \$743.05	Benefit: 75% = \$557.30	85% = \$714.95
† 40316	ODONTOID screw fixation (Anaes. 17728 = 10B + 18T) Fee: \$1,500.00	Benefit: 75% = \$1,125.00	85% = \$1,471.90
‡ 40330	SPINAL RHIZOLYSIS involving exposure of spinal nerve roots, for lateral recess or exit foraminal stenosis or adhesive radiculopathy or extensive epidural fibrosis at 1 or more levels, with or without laminectomy (Anaes. 17719 = 9B + 10T) Fee: \$688.85	Benefit: 75% = \$516.65	85% = \$660.75
† 40331	CERVICAL DECOMPRESSION of spinal cord with or without involvement of nerve roots, without fusion, 1 level, by any approach, not being a service to which item 40330 applies (Anaes. 17720 = 10B + 10T) Fee: \$688.85	Benefit: 75% = \$516.65	85% = \$660.75
† 40332	CERVICAL DECOMPRESSION of spinal cord with or without involvement of nerve roots, including anterior fusion, 1 level, not being a service to which item 40330 applies (Anaes. 17724 = 10B + 14T) Fee: \$860.00	Benefit: 75% = \$645.00	85% = \$831.90
† 40334	CERVICAL DECOMPRESSION of spinal cord with or without involvement of nerve roots, without fusion, more than 1 level, by any approach, not being a service to which item 40330 applies (Anaes. 17724 = 10B + 14T) Fee: \$760.00	Benefit: 75% = \$570.00	85% = \$731.90
† 40335	CERVICAL DECOMPRESSION of spinal cord with or without involvement of nerve roots, including anterior fusion, more than 1 level, by any approach, not being a service to which item 40330 applies (Anaes. 17728 = 10B + 18T) Fee: \$1,185.00	Benefit: 75% = \$888.75	85% = \$1,156.90
† 40345	THORACIC DECOMPRESSION of spinal cord with or without involvement of nerve roots, via pedicle or costotransversectomy (Anaes. 17726 = 10B + 16T) Fee: \$984.65	Benefit: 75% = \$738.50	85% = \$956.55
† 40348	THORACIC DECOMPRESSION of spinal cord via thoracotomy with vertebrectomy, not including stabilisation procedure (Anaes. 17735 = 13B + 22T) Fee: \$1,250.00	Benefit: 75% = \$937.50	85% = \$1,221.90
† 40351	THORACO-LUMBAR or high lumbar anterior decompression of spinal cord, not including stabilisation procedure (Anaes. 17732 = 10B + 22T) Fee: \$1,250.00	Benefit: 75% = \$937.50	85% = \$1,221.90

OPERATIONS	NEUROSURGICAL
† 40903	<p style="text-align: center;">MISCELLANEOUS</p> <p>NEUROENDOSCOPY, for inspection of an intraventricular lesion, with or without biopsy including burr hole (Anaes. 17722 = 12B + 10T) Fee: \$400.00 Benefit: 75% = \$300.00 85% = \$371.90</p>
SUBGROUP 8 - EAR, NOSE AND THROAT	
‡ 41578	<p>CEREBELLO - PONTINE ANGLE TUMOUR, removal of, by transmastoid or translabyrinthine or retromastoid approach, (intracranial procedure) conjoint surgery, principal surgeon (Anaes. 17748 = 12B + 36T) Fee: \$1,756.85 Benefit: 75% = \$1,317.65 85% = \$1,728.75</p>
† 41579	<p>CEREBELLO-PONTINE ANGLE TUMOUR, removal of, by transmastoid or translabyrinthine or retromastoid approach, (intracranial procedure) conjoint surgery, co-surgeon Fee: \$1,317.65 Benefit: 75% = \$988.25 85% = \$1,289.55</p>
‡ 41581	<p>TUMOUR INVOLVING INFRA-TEMPORAL FOSSA, removal of, involving craniotomy and radical excision of (Anaes. 17749 = 12B + 37T) Fee: \$2,020.70 Benefit: 75% = \$1,515.55 85% = \$1,992.60</p>
† 41884	<p>CRICOTHYROSTOMY, by direct stab or Seldinger technique, using Minitrach or similar device, for tracheobronchial toilet (Anaes. 17708 = 6B + 2T) Fee: \$65.60 Benefit: 75% = \$49.20 85% = \$55.80</p>
SUBGROUP 9 - OPHTHALMOLOGY	
@ 42725	<p>VITRECTOMY by posterior chamber sclerotomy - including the removal of vitreous, division of bands or removal of pre-retinal membranes by cutting and suction and replacement by saline, Hartmann's or similar solution, not being a service associated with any other intraocular operation on that eye, other than a service to which item 42728 applies (Anaes. 17718 = 10B + 8T) <i>(See para T8.32 of explanatory notes to this Category)</i> Fee: \$965.45 Benefit: 75% = \$724.10 85% = \$937.35</p>
@ 42731	<p>CAPSULECTOMY or LENSECTOMY by posterior chamber sclerotomy in conjunction with the removal of vitreous or division of vitreous bands or removal of pre-retinal membrane from the posterior chamber by cutting and suction and replacement by saline, Hartmann's or similar solution, not being a service associated with any other intraocular operation (Anaes. 17718 = 10B + 8T) <i>(See para T8.32 of explanatory notes to this Category)</i> Fee: \$1,095.65 Benefit: 75% = \$821.75 85% = \$1,067.55</p>
SUBGROUP 15 - ORTHOPAEDIC	
† 50300	<p style="text-align: center;">CONGENITAL ORTHOPAEDIC SURGERY</p> <p style="text-align: center;"><i>LIMB LENGTHENING AND DEFORMITY CORRECTION</i></p> <p>JOINT DEFORMITY, slow correction of, using ring fixator or similar device, including all associated attendances, payable once in any 12 month period (Anaes. 17718 = 4B + 14T) Fee: \$835.00 Benefit: 75% = \$626.25 85% = \$806.90</p>
† 50303	<p>LIMB LENGTHENING, up to and including 5cms, requiring slow distraction under general anaesthesia in the operating theatre of a hospital or approved day surgery facility, with or without application of a ring fixator or similar device, including all associated attendances, payable once in any 12 month period (Anaes. 17721 = 4B + 17T) <i>(See para T8.49 of explanatory notes to this Category)</i> Fee: \$1,140.00 Benefit: 75% = \$855.00 85% = \$1,111.90</p>

OPERATIONS		ORTHOPAEDIC
† 50306	LIMB LENGTHENING , where the lengthening is bipolar, or bone transport is performed or where the fixator is extended to correct an adjacent joint deformity (Anaes. 17734 = 4B + 30T) Fee: \$1,780.00 Benefit: 75% = \$1,335.00 85% = \$1,751.90	
† 50309	RING FIXATOR OR SIMILAR DEVICE, adjustment of, with or without insertion or removal of fixation pins, performed under general anaesthesia in the operating theatre of a hospital or approved day care facility, not being a service to which item 50303 or 50306 applies (Anaes. 17708 = 3B + 5T) Fee: \$220.00 Benefit: 75% = \$165.00 85% = \$191.90	
† 50312	ANKLE, synovectomy of (Anaes. 17711 = 3B + 8T) Fee: \$505.00 Benefit: 75% = \$378.75 85% = \$476.90	
* + 50315	TALIPES EQUINOVARUS, posterior release of (Anaes. 17707 = 3B + 4T) Fee: \$500.00 Benefit: 75% = \$375.00 85% = \$471.90	
* + 50318	TALIPES EQUINOVARUS, medial release of (Anaes. 17707 = 3B + 4T) Fee: \$500.00 Benefit: 75% = \$375.00 85% = \$471.90	
* + 50321	TALIPES EQUINOVARUS, combined postero-medial release of (Anaes. 17709 = 3B + 6T) Fee: \$670.00 Benefit: 75% = \$502.50 85% = \$641.90	
† 50324	TALIPES EQUINOVARUS, combined postero-medial release of, revision procedure (Anaes. 17715 = 3B + 12T) Fee: \$955.00 Benefit: 75% = \$716.25 85% = \$926.90	
† 50327	TALIPES EQUINOVARUS, bilateral procedures (Anaes. 17718 = 3B + 15T) Fee: \$1,165.00 Benefit: 75% = \$873.75 85% = \$1,136.90	
† 50330	TALIPES EQUINOVARUS, or congenital vertical talus, post-operative manipulation and change of plaster, performed under general anaesthesia in the operating theatre of a hospital or approved day hospital facility, not being a service to which item 50315, 50318, 50321, 50324 or 50327 applies (Anaes. 17707 = 3B + 4T) Fee: \$165.00 Benefit: 75% = \$123.75 85% = \$140.25	
† 50333	TARSAL COALITION, excision of, with interposition of muscle, fat graft or similar (Anaes. 17711 = 3B + 8T) Fee: \$445.00 Benefit: 75% = \$333.75 85% = \$416.90	
† 50336	TALUS, VERTICAL, CONGENITAL, combined anterior and posterior reconstruction (Anaes. 17716 = 3B + 13T) Fee: \$665.00 Benefit: 75% = \$498.75 85% = \$636.90	
† 50339	FOOT AND ANKLE, tibialis anterior tendon (split or whole) transfer to lateral column (Anaes. 17710 = 3B + 7T) Fee: \$405.00 Benefit: 75% = \$303.75 85% = \$376.90	
† 50342	FOOT AND ANKLE, tibialis or tibialis posterior tendon transfer, through the interosseous membrane to anterior or posterior aspect of foot (Anaes. 17711 = 3B + 8T) Fee: \$470.00 Benefit: 75% = \$352.50 85% = \$441.90	
† 50345	HYPEREXTENSION DEFORMITY OF TOE, release incorporating V-Y plasty of skin, lengthening of extensor tendons and release of capsule contracture (Anaes. 17708 = 3B + 5T) Fee: \$250.00 Benefit: 75% = \$187.50 85% = \$221.90	
† 50348	HIP, KNEE AND LEG PROCEDURES	
† 50348	KNEE, deformity of, or post-operative manipulation and change of plaster, performed under general anaesthesia in the operating theatre of a hospital or approved day hospital facility (Anaes. 17707 = 3B + 4T) Fee: \$165.00 Benefit: 75% = \$123.75 85% = \$140.25	
† 50351	HIP, congenital or developmental dislocation of, open reduction of (Anaes. 17720 = 6B + 14T) Fee: \$720.00 Benefit: 75% = \$540.00 85% = \$691.90	
† 50354	TIBIA, pseudarthrosis of, congenital, resection and internal fixation (Anaes. 17715 = 3B + 12T) Fee: \$945.00 Benefit: 75% = \$708.75 85% = \$916.90	
† 50357	KNEE, LEG OR THIGH, rectus femoris tendon transfer, or medial or lateral hamstring tendon transfer (Anaes. 17712 = 4B + 8T) Fee: \$405.00 Benefit: 75% = \$303.75 85% = \$376.90	

OPERATIONS		ORTHOPAEDIC
† 50360	KNEE, LEG OR THIGH, combined medial and lateral hamstring tendon transfer (Anaes. 17712 = 4B + 8T) Fee: \$470.00 Benefit: 75% = \$352.50 85% = \$441.90	
† 50363	KNEE, contracture of, posterior release involving multiple tendon lengthening or tenotomies, unilateral (Anaes. 17712 = 4B + 8T) Fee: \$360.00 Benefit: 75% = \$270.00 85% = \$331.90	
† 50366	KNEE, contracture of, posterior release involving multiple tendon lengthening or tenotomies, bilateral (Anaes. 17718 = 4B + 14T) Fee: \$630.00 Benefit: 75% = \$472.50 85% = \$601.90	
† 50369	KNEE, contracture of, posterior release involving multiple tendon lengthening with or without tenotomies and release of joint capsule with or without cruciate ligaments, unilateral (Anaes. 17714 = 4B + 10T) Fee: \$470.00 Benefit: 75% = \$352.50 85% = \$441.90	
† 50372	KNEE, contracture of, posterior release involving multiple tendon lengthening with or without tenotomies and release of joint capsule with or without cruciate ligaments, bilateral (Anaes. 17720 = 4B + 16T) Fee: \$825.00 Benefit: 75% = \$618.75 85% = \$796.90	
† 50375	HIP, contracture of, medial release, involving lengthening of, or division of the adductors and psoas with or without division of the obturator nerve, unilateral (Anaes. 17714 = 4B + 10T) Fee: \$360.00 Benefit: 75% = \$270.00 85% = \$331.90	
† 50378	HIP, contracture of, medial release, involving lengthening of, or division of the adductors and psoas with or without division of the obturator nerve, bilateral (Anaes. 17718 = 4B + 14T) Fee: \$630.00 Benefit: 75% = \$472.50 85% = \$601.90	
† 50381	HIP, contracture of, anterior release, involving lengthening of, or division of the hip flexors and psoas with or without division of the joint capsule, unilateral (Anaes. 17714 = 4B + 10T) Fee: \$470.00 Benefit: 75% = \$352.50 85% = \$441.90	
† 50384	HIP, contracture of, anterior release, involving lengthening of, or division of the hip flexors and psoas with or without division of the joint capsule, bilateral (Anaes. 17722 = 4B + 18T) Fee: \$825.00 Benefit: 75% = \$618.75 85% = \$796.90	
† 50387	HIP, iliopsoas tendon transfer to greater trochanter, or transfer of abdominal musculature to greater trochanter, or transfer of adductors to ischium (Anaes. 17716 = 4B + 12T) Fee: \$470.00 Benefit: 75% = \$352.50 85% = \$441.90	
† 50390	PERTHES, CEREBRAL PALSY, or other neuromuscular conditions, affecting hips or knees, application of cast under general anaesthesia, performed in the operating theatre of a hospital or approved day hospital facility (Anaes. 17709 = 3B + 6T) Fee: \$165.00 Benefit: 75% = \$123.75 85% = \$140.25	
† 50393	PELVIS, bone graft or shelf procedures for acetabular dysplasia (Anaes. 17720 = 6B + 14T) Fee: \$610.00 Benefit: 75% = \$457.50 85% = \$581.90	
† 50396	SHOULDER, ARM AND FOREARM PROCEDURES	
† 50396	HAND, congenital abnormalities or duplication of digits, amputation or splitting of phalanx or phalanges, with ligament or joint reconstruction (Anaes. 17711 = 3B + 8T) Fee: \$335.00 Benefit: 75% = \$251.25 85% = \$306.90	
† 50399	FOREARM, RADIAL APLASIA, DYSPLASIA (radial club hand), centralisation, radialisation (Anaes. 17727 = 3B + 24T) Fee: \$665.00 Benefit: 75% = \$498.75 85% = \$636.90	
† 50402	TORTICOLLIS, bipolar release of sternocleidomastoid muscle and associated soft tissue (Anaes. 17712 = 5B + 7T) Fee: \$305.00 Benefit: 75% = \$228.75 85% = \$276.90	
† 50405	ELBOW, flexorplasty, or tendon transfer to restore elbow function (Anaes. 17713 = 3B + 10T) Fee: \$415.00 Benefit: 75% = \$311.25 85% = \$386.90	
† 50408	SHOULDER, congenital or developmental dislocation, open reduction of (Anaes. 17721 = 5B + 16T) Fee: \$720.00 Benefit: 75% = \$540.00 85% = \$691.90	

OPERATIONS	ORTHOPAEDIC
† 50411	<p style="text-align: center;">AMPUTATIONS OR RECONSTRUCTIONS FOR CONGENITAL DEFORMITIES</p> <p>LOWER LIMB DEFICIENCY, treatment of congenital deficiency of the femur by resection of the distal femur and proximal tibia followed by knee fusion (Anaes. 17721 = 5B + 16T) Fee: \$945.00 Benefit: 75% = \$708.75 85% = \$916.90</p>
† 50414	<p>LOWER LIMB DEFICIENCY, treatment of congenital deficiency of the femur by resection of the distal femur and proximal tibia followed by knee fusion and rotationplasty (Anaes. 17732 = 5B + 27T) Fee: \$1,275.00 Benefit: 75% = \$956.25 85% = \$1,246.90</p>
† 50417	<p>LOWER LIMB DEFICIENCY, treatment of congenital deficiency of the tibia by reconstruction of the knee, involving transfer of fibula or tibia, repair of quadriceps mechanism (Anaes. 17727 = 5B + 22T) Fee: \$945.00 Benefit: 75% = \$708.75 85% = \$916.90</p>
† 50420	<p>PATELLA, congenital dislocation of, reconstruction of the quadriceps (Anaes. 17720 = 4B + 16T) Fee: \$780.00 Benefit: 75% = \$585.00 85% = \$751.90</p>
† 50423	<p>TIBIA OR FIBULA OR BOTH, congenital deficiency of, transfer of the fibula to tibia, with internal fixation (Anaes. 17720 = 4B + 16T) Fee: \$720.00 Benefit: 75% = \$540.00 85% = \$691.90</p>
† 50426	<p style="text-align: center;">TUMOROUS CONDITIONS</p> <p>DIAPHYSEAL ACLASIA, removal of lesion or lesions from bone, per approach (Anaes. 17714 = 6B + 8T) Fee: \$335.00 Benefit: 75% = \$251.25 85% = \$306.90</p>
GROUP T9 - ASSISTANCE AT OPERATIONS	
‡ 51300	<p>NOTE: <i>Benefit in respect of assistance at an operation is not payable unless the assistance is rendered by a medical practitioner other than the anaesthetist or assistant anaesthetist. The amount specified is the amount payable whether the assistance is rendered by one or more than one medical practitioner.</i></p> <p>Assistance at any operation for which the fee exceeds \$183.20 but does not exceed \$325.45 or at a series or a combination of operations where the fee for at least 1 of the operations exceeds \$183.20 but where the fee for the series or combination of operations does not exceed \$325.45 not being a service associated with a service to which item 30473, 30475, 30476, 30478, 32072, 32075, 32078, 32081, 32084, 32087, 32090 or 32093 applies Fee: \$62.25 Benefit: 75% = \$46.70 85% = \$52.95</p>
‡ 51303	<p>Assistance at any operation for which the fee exceeds \$325.45 or at a combination of operations for which the aggregate fee exceeds \$325.45 provided that the fee for at least 1 of the operations exceeds \$183.20 not being a service associated with a service to which item 30473, 30475, 30476, 30478, 32072, 32075, 32078, 32081, 32084, 32087, 32090 or 32093 applies Derived Fee: one fifth of the established fee for the operation or combination of operations</p>
† 51312	<p>Assistance at any interventional obstetric procedure covered by items 16609, 16612, 16615, 16630 and 16633 Derived Fee: one fifth of the established fee for the procedure or combination of procedures</p>

ULTRASOUND	GENERAL
GROUP II - ULTRASOUND	
SUBGROUP 1 - GENERAL	
† 55058	<p>MEASUREMENT OF UMBILICAL ARTERY using pulsed wave or continuous wave Doppler techniques after the 26th week of gestation where the patient is referred by a medical practitioner for this procedure and where there is reason to suspect intrauterine growth retardation or a significant risk of foetal death, not being a service associated with a service to which an item in this Group applies - examination and report (R)</p> <p>Fee: \$26.45 Benefit: 75% = \$19.85 85% = \$22.50</p>
SUBGROUP 2 - CARDIAC	
@ 55118	<p>HEART, 2 DIMENSIONAL REAL TIME TRANSOESOPHAGEAL EXAMINATION of, from at least 2 oesophageal windows:</p> <p>(i) performed using a mechanical sector scanner or phased array transducer; with</p> <p style="padding-left: 20px;">(a) measurement of blood flow velocities across the cardiac valves using pulsed wave and continuous Doppler techniques;</p> <p style="padding-left: 20px;">(b) real time colour flow mapping from at least 2 oesophageal windows; and</p> <p style="padding-left: 20px;">(c) recordings on video tape; and</p> <p>(ii) not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies (R) (Anaes. 17708 = 6B + 2T)</p> <p>Fee: \$245.70 Benefit: 75% = \$184.30 85% = \$217.60</p>
GROUP I3 - DIAGNOSTIC RADIOLOGY	
SUBGROUP 18 - PREPARATION FOR RADIOLOGICAL PROCEDURE	
† 60957	<p>MYELOGRAPHY (NR) (Anaes. 17712 = 7B + 5T)</p> <p>Fee: \$121.15 Benefit: 75% = \$90.90 85% = \$103.00</p>

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