



Commonwealth Department of  
Health and  
Aged Care

*John Kinoshita*

*Diagnostic  
Imaging  
Supplement to  
Medicare  
Benefits  
Schedule book  
of*

1 November 1999

*EFFECTIVE 1 FEBRUARY 2000*

**DIAGNOSTIC  
IMAGING**

**Supplement to the**

**Medicare Benefits Schedule Book**

**Of 1 November 1999**

**Effective 1 February 2000**

**Commonwealth Department of Health and Aged Care**

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**This book provides information on the arrangements for the payment of Medicare benefits for professional services rendered by registered medical practitioners and approved dental practitioners (oral surgeons). These arrangements operate under the Health Insurance Act 1973 (as amended). However, at the time of printing, the relevant legislation giving authority for the changes included in this edition of the book may still be subject to the approval of Executive Council and the usual Parliamentary scrutiny. This book is not a legal document, and, in cases of discrepancy, the legislation will be the source document for payment of Medicare benefits.**

**DIAGNOSTIC IMAGING SUPPLEMENT TO THE 1 NOVEMBER 1999 MEDICARE BENEFITS SCHEDULE**

**AMENDMENTS EFFECTIVE 1 FEBRUARY 2000**

**List of Changes**

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

**New Items**

55070	55073	55076	55079	55700	55703	55704	55705
55706	55709	55712	55715	55718	55721	55723	55725
55728	55731	55733	55736	55739	56030	56033	56036
56039							

**Deleted Items**

55034	55035	55040	55041	55042	55043	55046	55047
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**Amended Description**

55028	55029	55030	55031	55032	55033	55036	55037
55038	55039	55044	55045	55048	55049	55050	55051
55052	55053	56016	56056	57350			

**Fees Amended**

56001	56007	56013	56016	56022	56101	56107	56210
56301	56307	56401	56407	56409	56412	56501	56507
56619	56807	57341	57350	57506	57509	57512	57515
57518	57521	57524	57527	57700	57703	57706	57709
57712	57715	57721	57901	57902	57903	57906	57909
57912	57915	57918	57921	57924	57927	57930	57933
57936	57939	57942	57945	58100	58103	58106	58109
58112	58115	58300	58306	58500	58503	58506	58509
58521	58524	58527	58700	58706	58715	58718	58721
58900	58903	58909	58912	58915	58916	58921	58924
58927	58933	58936	58939	59503	59700	59703	59712
59715	59718	59724	59733	59736	59739	59751	59754
59760	59763	60100	60500	60503	60506	60509	60903
60915	60918	60927	61109				

**Item Number Change**

<b>Old</b>	<b>New</b>	<b>Old</b>	<b>New</b>
55042	55731	55046	55736
55043	55733	55047	55739

## NOTES FOR GUIDANCE

The following changes to the Diagnostic Imaging Services Table have been introduced as of 1 February 2000:

- restructuring of the items in relation to obstetric and gynaecological ultrasound services;
- the amendment of a range of item fees, in line with proposals from the profession as part of the management of the Diagnostic Imaging Agreement; and
- restructuring of a number of ultrasound and computed tomography (CT) items, including introduction of new items, according to clinical appropriateness.

In addition, a change to eligibility of MRI equipment was also effective from 1 November 1999 but was approved after printing deadlines for the 1 November 1999 MBS book closed. For information, this change is included below, together with some other small changes that took effect prior to 1 February 2000.

### **1) Changes to MRI arrangements (effective 1 November 1999)**

The regulations covering MRI arrangements have been amended to change the eligibility provisions for MRI units. This is explained more fully below. As a result, the Explanatory Notes in the 1 November 1999 MBS book are outdated. Paragraphs DIL.8 through DIL.13 should be replaced with the following paragraphs.

#### **DIL.8 Eligible equipment**

An eligible service must be provided within a medical practice, or the radiology department of a hospital, that offers a comprehensive range of alternative diagnostic imaging procedures. A minimum of diagnostic x-ray, ultrasound and computed tomography (CT) is needed to meet this requirement.

As from 1 November 1999, for a medical practice or hospital located in a metropolitan area, the equipment must:

- (a) have been installed in a medical practice, or hospital, in Australia before 7.30 pm on 12 May 1998, Eastern Standard Time; or
- (b) if uninstalled at that time on that day — have been purchased or leased under a contract, in writing (that did not contain an option to cancel), before 10 February 1998; or
- (c) be replacement equipment for equipment mentioned in paragraph (a) or (b).

There is an exemption to protect patients requiring MRI scans in non-metropolitan areas. For a medical practice or hospital located in a non-metropolitan area:

- (a) the equipment must have been installed in a medical practice, or hospital, in Australia before 7.30 pm on 12 May 1998, Eastern Standard Time; or
- (b) if the equipment was uninstalled at the time and on the day mentioned in paragraph (a) — it must:
  - (i) have been purchased or leased under a contract, in writing (that did not contain an option to cancel) before that time on that day; and
  - (ii) on or before 18 October 1999 — be in use for services for which a Medicare benefit is claimed; or

(c) be replacement equipment for equipment mentioned in paragraph (a) or (b).

Irrespective of location:

- The Commission must have been given on or before 11 October 1999 a statutory declaration in relation to the equipment, and (if the unit was not installed by 7.30pm on 12 May 1998, Eastern Standard Time) a copy of the contract, as required by the regulations; and
- once equipment is replaced the original equipment ceases to be eligible equipment.

**metropolitan area** includes any location within any of the Sydney, Melbourne, Brisbane, Adelaide, Perth, Greater Hobart, Darwin or Canberra major statistical divisions, as defined in the Australian Standard Geographical Classification 1999 published by the Australian Bureau of Statistics (publication number 1216.0 of 1999).

Information about eligible MRI sites or eligibility requirements may be obtained from the Provider Liaison Section at the Health Insurance Commission on 132 150.

#### **DIL.9 Eligible Provider Declaration**

The specialist must give the HIC a statutory declaration:

- (a) stating that he or she is enrolled in the RACR Quality and Accreditation Program;
- (b) specifying the location of the MRI equipment;
- (c) specifying the kinds of diagnostic imaging procedures offered at that location;
- (d) stating the date of installation of the equipment (and time of installation if this occurred on the 12 May 1998); and
- (e) if the equipment had not been installed before 7.30 pm on 12 May 1998 (Eastern Standard Time), the specialist must also give the HIC a copy of the contract for the purchase or lease of the equipment.

In addition, the HIC may request further supporting documentation or information. Specialists are advised to contact the Provider Liaison Section at the Health Insurance Commission on 132 150 prior to lodging a declaration.

#### **DIL.10 Review**

A Review of MRI arrangements is currently underway and is expected to be completed by March 2000.

#### **DIL.11 General Medical Services Table - Anaesthetic item 18013**

Item 18013 which relates to anaesthesia performed in connection with MRI services has been amended to cover anaesthesia performed in connection with any of items 63000 to 63946.

#### **DIL.12 New Applications of MRI**

New clinical applications of MRI not listed in this Schedule will require consideration by the Medicare Services Advisory Committee (MSAC) prior to inclusion in the Schedule. To contact MSAC write to:

The Secretary

Medicare Services Advisory Committee

MDP 107

GPO Box 9848

Canberra ACT 2601

Email [msac.secretariat@health.gov.au](mailto:msac.secretariat@health.gov.au)

Fax: 61-2-6289 8799

## **2) Changes to Obstetric and Gynaecological ultrasound**

### **DIH.8 Subgroup 5 - Obstetric and Gynaecological Ultrasound Item Restructure**

The obstetric and gynaecological ultrasound items have been restructured and placed in a separate ultrasound subgroup. The obstetric items 55040 and 54041 have been deleted, and replaced with thirteen new items. The gynaecological items have undergone a fee adjustment and have changed item numbers to maintain them in sequence with the obstetric items. Item 55042 becomes 55731, item 55043 becomes 55733, 55046 becomes item 55736, item 55047 becomes item 55739.

These changes were developed on advice from representatives of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), the National Association of Specialist Obstetricians and Gynaecologists (NASOG), the Royal Australian and New Zealand College of Radiologists (RANZCR) and the Australian and New Zealand Association of Physicians in Nuclear Medicine (ANZAPNM). The Australian College of Rural and Remote Medicine (ACCRM) and the Royal Australasian College of General Practitioners (RACGP) were also consulted during the development process.

The new structure contains items which are clinically based and which will assist the more appropriate utilisation of these items. The fees for the new items are structured to reflect the varying levels of complexity in obstetric ultrasound.

#### New rules for Obstetric Ultrasound

There are two new rules in relation to obstetric ultrasound. These are:

##### **NR Requests**

Medicare benefits are not payable for more than 3 items of NR-type ultrasound services in Subgroup 5 of Group I1 (ultrasound) that are performed on the same patient in any 1 pregnancy.

##### **Clinical indications**

For items where clinical indications are listed, or where a clinical indication is required for performance of subsequent scans (items 55712, 55715, 55721 or 55725) the referral must identify the relevant clinical indication for the service.

If the service is self-determined, the clinical condition or indication must be recorded in the medical practitioner's clinical notes.

## **3) Fee adjustments of diagnostic radiology and CT**

Fees have been reduced for all diagnostic radiology, with the exception of mammography and angiography. Fee reductions have also been introduced for the twenty computed tomography (CT) items which form the bulk of Medicare benefits paid for CT. These fee reductions were undertaken in consultation with RANZCR and the Australian Diagnostic Imaging Association (ADIA).



Expenditure on diagnostic imaging exceeds the targets set out in the Diagnostic Imaging Agreement with the profession. The fee reductions, together with the restructuring of other items set out below, will assist in meeting the targets.

#### **4) Restructure of various ultrasound and CT items**

Amendments have been made to some ultrasound and CT items. These amendments were made on advice from RANZCR and ADIA, who identified a number of cases where items or schedule fees have not kept up with advances to appropriate clinical practice. The changes are summarised below.

- The current breast ultrasound items (55034 and 55035) have been replaced with new items, two of which cover scanning of one breast only (55070 and 55073) and two which cover scans of both breasts (55076 and 55079).
- Minor changes have been made to more effectively limit the payment of Medicare benefits for ultrasound scans of the urinary tract. Benefits may only be claimed once per 24 hours where any abdominal, urinary tract or pelvic scan has been undertaken (items 55036, 55038, 55044 and 55731).
- All references to item 11240 have been removed from the descriptors of items in Ultrasound subgroup 1 – General ultrasound (items 55028 to 55053). The reference is unnecessary as item 11240 belongs to the General Medical Services Table.
- Where CT axial scans are undertaken for the exclusion of acoustic neuroma, benefits are now payable under 56001 or 56007, not under 56016 and 56056 as previously the case.
- Benefits for CT scans of brain using intravenous contrast medium (items 56007 and 56047) will only be payable where non-contrast scans have been undertaken and are abnormal, and the contrast-enhanced scans are required as a result. This **only** applies where the service is to be used for the assessment of headache of a patient who is under 50 years, is otherwise well, has no localising symptoms or signs, and has no history of malignancy or immunosuppression.
- CT scans of the middle ear and temporal bone have been restricted to scan of petrous bones only (items 56016 and 56056).
- Items have been introduced for CT scans (without intravenous contrast medium) of facial bones and/or paranasal sinuses, which also include brain scan (items 56030 and 56033). Benefits would previously be payable through separate items for this service. New items have also been introduced to cover a similar service that includes intravenous contrast medium (items 56036 and 56039). However, these may only be used where non-contrast scans have been undertaken and are abnormal, and the contrast-enhanced scans are required as a result.
- Benefits for CT spiral angiography will only be payable for the exclusion of arterial stenosis, occlusion, aneurysm or embolism. This service additionally requires hardcopy recording of multiple projections (item 57350).

The following paragraphs should be added to the Explanatory Notes.

### **DII.9 Exclusion of acoustic neuroma**

Where axial scans are undertaken for the exclusion of acoustic neuroma, Medicare benefits are payable under item 56001 or 56007.

### **DII.10 Assessment of headache**

If the service described in item 56007 or 56047 is to be used for the assessment of headache of a patient to whom this rule applies, the fee mentioned in the item applies only if:

- (a) a scan without intravenous contrast medium has been undertaken on the patient; and
- (b) the service is required because the result of the scan mentioned in paragraph (a) is abnormal.

This rule applies to a patient who

- (a) is under 50 years; and
- (b) is (apart from the headache) otherwise well; and
- (c) has no localising symptoms or signs; and
- (d) has no history of malignancy or immunosuppression.

### **5) CT items for which prosthodontists may refer**

Prosthodontists may now request items 56053, 56056, 56062 and 56068. These are capital-sensitive (NK) versions of items they may already request which are listed in the Explanatory Notes (*DIA 4.8 Diagnostic Imaging Services Requested By Dental Practitioners, Chiropractors, Physiotherapists And Podiatrists*). This change took effect on 1 January 2000.

### **6) Exemption for pre-existing Diagnostic Imaging practices**

This exemption, discussed in paragraph *DIA 4.7 Pre-existing Diagnostic Imaging Practices* of the Explanatory Notes, has been extended to 1 January 2001.

## GROUP II - ULTRASOUND

## SUBGROUP 1 - GENERAL

‡ 55028	<p>HEAD, ultrasound scan of, performed by, or on behalf of, a medical practitioner where:</p> <p>(a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and</p> <p>(b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R)</p> <p><i>(See para DIH. of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$99.90                      <b>Benefit:</b> 75% = \$74.95                      85% = \$84.95</p>
‡ 55029	<p>HEAD, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR)</p> <p><i>(See para DIH. of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$34.65                      <b>Benefit:</b> 75% = \$26.00                      85% = \$29.50</p>
‡ 55030	<p>ORBITAL CONTENTS, ultrasound scan of, performed by, or on behalf of, a medical practitioner where:</p> <p>(a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and</p> <p>(b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R)</p> <p><i>(See para DIH. of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$99.90                      <b>Benefit:</b> 75% = \$74.95                      85% = \$84.95</p>
‡ 55031	<p>ORBITAL CONTENTS, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR)</p> <p><i>(See para DIH. of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$34.65                      <b>Benefit:</b> 75% = \$26.00                      85% = \$29.50</p>
‡ 55032	<p>NECK, 1 or more structures of, ultrasound scan of, performed by, or on behalf of, a medical practitioner where:</p> <p>(a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and</p> <p>(b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R)</p> <p><i>(See para DIH. of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$99.90                      <b>Benefit:</b> 75% = \$74.95                      85% = \$84.95</p>
‡ 55033	<p>NECK, 1 or more structures of, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR)</p> <p><i>(See para DIH. of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$34.65                      <b>Benefit:</b> 75% = \$26.00                      85% = \$29.50</p>
‡ 55036	<p>ABDOMEN, ultrasound scan of, including scan of urinary tract when undertaken, performed by, or on behalf of, a medical practitioner where:</p> <p>(a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies;</p> <p>(b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member; and</p> <p>(c) the service is not performed with item 55038, 55044 or 55731 on the same patient within 24 hours (R)</p> <p><i>(See para DIH. of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$101.95                      <b>Benefit:</b> 75% = \$76.50                      85% = \$86.70</p>
‡ 55037	<p>ABDOMEN, ultrasound scan of, including scan of urinary tract when undertaken, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR)</p> <p><i>(See para DIH. of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$34.65                      <b>Benefit:</b> 75% = \$26.00                      85% = \$29.50</p>
‡ 55038	<p>URINARY TRACT, ultrasound scan of, performed by, or on behalf of, a medical practitioner where:</p> <p>(a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and</p> <p>(b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member; and</p> <p>(c) the service is not performed with item 55036, 55044 or 55731 on the same patient within 24 hours (R)</p> <p><i>(See para DIH. of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$99.90                      <b>Benefit:</b> 75% = \$74.95                      85% = \$84.95</p>

**ULTRASOUND**

**GENERAL**

<p>‡ 55039</p>	<p>URINARY TRACT, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR) (See para DIH. of explanatory notes to this Category) <b>Fee:</b> \$34.65                      <b>Benefit:</b> 75% = \$26.00                      85% = \$29.50</p>
<p>‡ 55044</p>	<p>PELVIS, male, ultrasound scan of, by any or all approaches, performed by, or on behalf of, a medical practitioner where: (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies; (b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member; and (c) the service is not performed with item 55036 or 55038 on the same patient within 24 hours (R) (See para DIH. of explanatory notes to this Category) <b>Fee:</b> \$101.95                      <b>Benefit:</b> 75% = \$76.50                      85% = \$86.70</p>
<p>‡ 55045</p>	<p>PELVIS, male, ultrasound scan of, by any or all approaches, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR) (See para DIH. of explanatory notes to this Category) <b>Fee:</b> \$34.65                      <b>Benefit:</b> 75% = \$26.00                      85% = \$29.50</p>
<p>‡ 55048</p>	<p>SCROTUM, ultrasound scan of, performed by, or on behalf of, a medical practitioner where: (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R) (See para DIH. of explanatory notes to this Category) <b>Fee:</b> \$100.30                      <b>Benefit:</b> 75% = \$75.25                      85% = \$85.30</p>
<p>‡ 55049</p>	<p>SCROTUM, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR) (See para DIH. of explanatory notes to this Category) <b>Fee:</b> \$34.65                      <b>Benefit:</b> 75% = \$26.00                      85% = \$29.50</p>
<p>‡ 55050</p>	<p>MUSCULO - SKELETAL, 1 or more regions, ultrasound scan of, performed by, or on behalf of, a medical practitioner where: (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R) (See para DIH. of explanatory notes to this Category) <b>Fee:</b> \$100.30                      <b>Benefit:</b> 75% = \$75.25                      85% = \$85.30</p>
<p>‡ 55051</p>	<p>MUSCULO - SKELETAL, 1 or more regions, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR) (See para DIH. of explanatory notes to this Category) <b>Fee:</b> \$34.65                      <b>Benefit:</b> 75% = \$26.00                      85% = \$29.50</p>
<p>‡ 55052</p>	<p>JOINT, 1 or more, ultrasound scan of, performed by, or on behalf of, a medical practitioner where: (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R) (See para DIH. of explanatory notes to this Category) <b>Fee:</b> \$99.90                      <b>Benefit:</b> 75% = \$74.95                      85% = \$84.95</p>
<p>‡ 55053</p>	<p>JOINT, 1 or more, ultrasound scan of, where the patient is not referred by a medical practitioner, not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies (NR) (See para DIH. of explanatory notes to this Category) <b>Fee:</b> \$34.65                      <b>Benefit:</b> 75% = \$26.00                      85% = \$29.50</p>
<p>‡ 55070</p>	<p>BREAST, one, ultrasound scan of, performed by or on behalf of a medical practitioner, where: (a) the patient is referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (c) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R) <b>Fee:</b> \$90.00                      <b>Benefit:</b> 75% = \$67.50                      85% = \$76.50</p>

† 55073	<p>BREAST; one, ultrasound scan of, where:</p> <p>(a) the patient is not referred by a medical practitioner; and</p> <p>(b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies (NR)</p> <p><b>Fee:</b> \$31.20                      <b>Benefit:</b> 75% = \$23.40                      85% = \$26.55</p>
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† 55076	<p>BREASTS, both, ultrasound scan of, performed by or on behalf of a medical practitioner where:</p> <p>(a) the patient is referred by a medical practitioner; and</p> <p>(b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(c) the referring medical practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member (R)</p> <p><b>Fee:</b> \$99.90                      <b>Benefit:</b> 75% = \$74.95                      85% = \$84.95</p>
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† 55079	<p>BREASTS, both, ultrasound scan of, where:</p> <p>(a) the patient is not referred by a medical practitioner; and</p> <p>(b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies (NR)</p> <p><b>Fee:</b> \$34.65                      <b>Benefit:</b> 75% = \$26.00                      85% = \$29.50</p>
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**SUBGROUP 5 – OBSTETRIC AND GYNAECOLOGICAL**

† 55700	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner, where:</p> <p>(a) the patient is referred by a medical practitioner; and</p> <p>(b) the dating of the pregnancy (as confirmed by ultrasound) is less than 12 weeks of gestation; and</p> <p>(c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and</p> <p>(d) the referring practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member, and</p> <p>(e) one or more of the following conditions are present:</p> <ul style="list-style-type: none"> <li>(i) hyperemesis gravidarum;</li> <li>(ii) diabetes mellitus;</li> <li>(iii) hypertension;</li> <li>(iv) toxæmia of pregnancy;</li> <li>(v) liver or renal disease;</li> <li>(vi) autoimmune disease;</li> <li>(vii) cardiac disease;</li> <li>(viii) alloimmunisation;</li> <li>(ix) maternal infection;</li> <li>(x) inflammatory bowel disease;</li> <li>(xi) bowel stoma;</li> <li>(xii) abdominal wall scarring;</li> <li>(xiii) previous spinal or pelvic trauma or disease;</li> <li>(xiv) drug dependency;</li> <li>(xv) thrombophilia;</li> <li>(xvi) gross maternal obesity;</li> <li>(xvii) advanced maternal age;</li> <li>(xviii) abdominal pain or mass;</li> <li>(xix) uncertain dates;</li> <li>(xx) high risk pregnancy;</li> <li>(xxi) previous post dates delivery;</li> <li>(xxii) previous caesarean section;</li> <li>(xxiii) poor obstetric history;</li> <li>(xxiv) suspicion of ectopic pregnancy;</li> <li>(xxv) risk of miscarriage;</li> <li>(xxvi) diminished symptoms of pregnancy;</li> <li>(xxvii) suspected or known cervical incompetence;</li> <li>(xxviii) suspected or known uterine abnormality;</li> <li>(xxix) pregnancy after assisted reproduction;</li> <li>(xxx) risk of fetal abnormality (R)</li> </ul> <p><b>Fee:</b> \$60.00                      <b>Benefit:</b> 75% = \$45.00                      85% = \$51.00</p>
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PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, ultrasound scan of, by any or all approaches, where:

- (a) the patient is not referred by a medical practitioner; and
- (b) the dating of the pregnancy (as confirmed by ultrasound) is less than 12 weeks of gestation; and
- (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and
- (d) one or more of the following conditions are present:
  - (i) hyperemesis gravidarum;
  - (ii) diabetes mellitus;
  - (iii) hypertension;
  - (iv) toxemia of pregnancy;
  - (v) liver or renal disease;
  - (vi) autoimmune disease;
  - (vii) cardiac disease;
  - (viii) alloimmunisation;
  - (ix) maternal infection;
  - (x) inflammatory bowel disease;
  - (xi) bowel stoma;
  - (xii) abdominal wall scarring;
  - (xiii) previous spinal or pelvic trauma or disease;
  - (xiv) drug dependency;
  - (xv) thrombophilia;
  - (xvi) gross maternal obesity;
  - (xvii) advanced maternal age;
  - (xviii) abdominal pain or mass;
  - (xix) uncertain dates;
  - (xx) high risk pregnancy;
  - (xxi) previous post dates delivery;
  - (xxii) previous caesarean section;
  - (xxiii) poor obstetric history;
  - (xxiv) suspicion of ectopic pregnancy;
  - (xxv) risk of miscarriage;
  - (xxvi) diminished symptoms of pregnancy;
  - (xxvii) suspected or known cervical incompetence;
  - (xxviii) suspected or known uterine abnormality;
  - (xxix) pregnancy after assisted reproduction;
  - (xxx) risk of fetal abnormality (NR)

†

55703

Fee: \$35.00

Benefit: 75% = \$26.25

85% = \$29.75

PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner, where:

- (a) the patient is referred by a medical practitioner; and
- (b) the dating of the pregnancy (as confirmed by ultrasound) is 12 to 16 weeks of gestation; and
- (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and
- (d) the referring practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member; and
- (e) one or more of the following conditions are present:
  - (i) hyperemesis gravidarum;
  - (ii) diabetes mellitus;
  - (iii) hypertension;
  - (iv) toxæmia of pregnancy;
  - (v) liver or renal disease;
  - (vi) autoimmune disease;
  - (vii) cardiac disease;
  - (viii) alloimmunisation;
  - (ix) maternal infection;
  - (x) inflammatory bowel disease;
  - (xi) bowel stoma;
  - (xii) abdominal wall scarring;
  - (xiii) previous spinal or pelvic trauma or disease;
  - (xiv) drug dependency;
  - (xv) thrombophilia;
  - (xvi) gross maternal obesity;
  - (xvii) advanced maternal age;
  - (xix) uncertain dates;
  - (xx) high risk pregnancy;
  - (xxi) previous post dates delivery;
  - (xxii) previous caesarean section;
  - (xxiii) poor obstetric history;
  - (xxiv) suspicion of ectopic pregnancy;
  - (xxv) risk of miscarriage;
  - (xxvi) diminished symptoms of pregnancy;
  - (xxvii) suspected or known cervical incompetence;
  - (xxviii) suspected or known uterine abnormality;
  - (xxix) pregnancy after assisted reproduction;
  - (xxx) risk of fetal abnormality (R)

†	55704	Fee: \$70.00	Benefit: 75% = \$52.50	85% = \$59.50
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PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, where:

- (a) the patient is not referred by a medical practitioner; and
- (b) the dating of the pregnancy (as confirmed by ultrasound) is 12 to 16 weeks of gestation; and
- (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and
- (d) one or more of the following conditions are present:
  - (i) hyperemesis gravidarum
  - (ii) diabetes mellitus;
  - (iii) hypertension;
  - (iv) toxoemia of pregnancy;
  - (v) liver or renal disease;
  - (vi) autoimmune disease;
  - (vii) cardiac disease;
  - (viii) alloimmunisation;
  - (ix) maternal infection;
  - (x) inflammatory bowel disease;
  - (xi) bowel stoma;
  - (xii) abdominal wall scarring;
  - (xiii) previous spinal or pelvic trauma or disease;
  - (xiv) drug dependency;
  - (xv) thrombophilia;
  - (xvi) gross maternal obesity;
  - (xvii) advanced maternal age;
  - (xviii) abdominal pain or mass;
  - (xix) uncertain dates;
  - (xx) high risk pregnancy;
  - (xxi) previous post dates delivery;
  - (xxii) previous caesarean section;
  - (xxiii) poor obstetric history;
  - (xxiv) suspicion of ectopic pregnancy;
  - (xxv) risk of miscarriage;
  - (xxvi) diminished symptoms of pregnancy;
  - (xxvii) suspected or known cervical incompetence;
  - (xxviii) suspected or known uterine abnormality;
  - (xxix) pregnancy after assisted reproduction;
  - (xxx) risk of fetal abnormality (NR)

†  
55705      Fee: \$35.00                      Benefit: 75% = \$26.25                      85% = \$29.75

PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner, where:

- (a) the patient is referred by a medical practitioner; and
- (b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and
- (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and
- (d) the referring practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member; and
- (e) the service is not performed in the same pregnancy as item 55709 (R)

†  
55706      Fee: \$100.00                      Benefit: 75% = \$75.00                      85% = \$85.00

Pelvis or abdomen, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, with measurement of all parameters for dating purposes, where:

- (a) the patient is not referred by a medical practitioner; and
- (b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and
- (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and
- (d) the service is not performed in the same pregnancy as item 55706 (NR)

†  
55709      Fee: \$38.00                      Benefit: 75% = \$28.50                      85% = \$32.30

PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner, where:

- (a) the patient is referred by a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists or who has a Diploma of Obstetrics; and
- (b) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and
- (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and
- (d) the referring practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member; and
- (e) further examination is clinically indicated in the same pregnancy to which item 55706 or 55709 applies (R)

†  
55712      Fee: \$115.00                      Benefit: 75% = \$86.25                      85% = \$97.75





PELVIS OR ABDOMEN, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound scan of by any or all approaches, performed by or on behalf of a medical practitioner, where:

- (a) the patient is referred by a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists or who has a Diploma of Obstetrics; and
- (b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and
- (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and
- (d) the referring practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member; and
- (e) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies (R)

†  
55721 **Fee:** \$115.00 **Benefit:** 75% = \$86.25 85% = \$97.75

PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy) of, by any or all approaches, where:

- (a) the patient is not referred by a medical practitioner; and
- (b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and
- (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and
- (d) the service is not performed in the same pregnancy as item 55718; and
- (e) one or more of the following conditions are present:
  - (i) known or suspected fetal abnormality or fetal cardiac arrhythmia;
  - (ii) fetal anatomy (late booking or incomplete mid-trimester scan);
  - (iii) malpresentation;
  - (iv) cervical assessment;
  - (v) clinical suspicion of amniotic fluid abnormality;
  - (vi) clinical suspicion of placental or umbilical cord abnormality;
  - (vii) previous complicated delivery;
  - (viii) uterine scar assessment;
  - (ix) uterine fibroid;
  - (x) previous fetal death in utero or neonatal death;
  - (xi) antepartum haemorrhage;
  - (xii) clinical suspicion of intrauterine growth retardation;
  - (xiii) clinical suspicion of macrosomia;
  - (xiv) reduced fetal movements;
  - (xv) suspected fetal death;
  - (xvi) abnormal cardiotocography;
  - (xvii) prolonged pregnancy;
  - (xviii) premature labour;
  - (xix) multiple pregnancy;
  - (xx) fetal infection;
  - (xxi) pregnancy after assisted reproduction;
  - (xxii) trauma;
  - (xxiii) diabetes mellitus;
  - (xxiv) hypertension;
  - (xxv) toxoemia of pregnancy;
  - (xxvi) liver or renal disease;
  - (xxvii) autoimmune disease;
  - (xxviii) cardiac disease;
  - (xxix) alloimmunisation;
  - (xxx) maternal infection;
  - (xxxi) inflammatory bowel disease;
  - (xxxii) bowel stoma;
  - (xxxiii) abdominal wall scarring;
  - (xxxiv) previous spinal or pelvic trauma or disease;
  - (xxxv) drug dependency;
  - (xxxvi) thrombophilia;
  - (xxxvii) gross maternal obesity;
  - (xxxviii) advanced maternal age;
  - (xxxix) abdominal pain or mass (NR)

†  
55723 **Fee:** \$38.00 **Benefit:** 75% = \$28.50 85% = \$32.30

PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologist, where:

- (a) the patient is not referred by a medical practitioner; and
- (b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and
- (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and
- (d) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies (NR)

†  
55725 **Fee:** \$40.00 **Benefit:** 75% = \$30.00 85% = \$34.00

**ULTRASOUND**

**OBSTETRIC AND GYNAECOLOGICAL**

<p>† 55728</p>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner, where:                  (a) the patient is referred by a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists or who has a Diploma of Obstetrics; and                  (b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and                  (c) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and                  (d) the referring practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member; and                  (e) it can be demonstrated that a clinical condition other than a condition mentioned in paragraph (f) of item 55718 or paragraph (e) of item 55723 is present (R)</p> <p><b>Fee: \$100.00</b>                      <b>Benefit: 75% = \$75.00</b>                      <b>85% = \$85.00</b></p>
<p><i>OLD 55042</i> † 55731</p>	<p>PELVIS, FEMALE, ultrasound scan of, by any or all approaches, performed by or on behalf of a medical practitioner, where:                  (a) the patient is referred by a medical practitioner; and                  (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and                  (c) the referring practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member; and                  (d) the service is not performed with item 55036 or 55038 on the same patient within 24 hours (R)</p> <p><b>Fee: \$98.00</b>                      <b>Benefit: 75% = \$73.50</b>                      <b>85% = \$83.30</b></p>
<p><i>OLD 55043</i> † 55733</p>	<p>PELVIS, FEMALE, ultrasound scan of, by any or all approaches, where:                  (a) the patient is not referred by a medical practitioner; and                  (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies (NR)</p> <p><b>Fee: \$35.00</b>                      <b>Benefit: 75% = \$26.25</b>                      <b>85% = \$29.75</b></p>
<p>† 55736</p>	<p>PELVIS, FEMALE, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, performed by or on behalf of a medical practitioner where:                  (a) the patient is referred by a medical practitioner; and                  (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and                  (c) the referring medical practitioner is not a member of a group of medical practitioners of which the first mentioned practitioner is a member; and                  (d) a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (R)</p> <p><b>Fee: \$127.00</b>                      <b>Benefit: 75% = \$95.25</b>                      <b>85% = \$107.95</b></p>
<p>† 55739</p>	<p>PELVIS, FEMALE, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, where:                  (a) the patient is not referred by a medical practitioner; and                  (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and                  (c) a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (NR)</p> <p><b>Fee: \$57.00</b>                      <b>Benefit: 75% = \$42.75</b>                      <b>85% = \$48.45</b></p>

COMPUTED TOMOGRAPHY	COMPUTED TOMOGRAPHY
<b>GROUP I2 - COMPUTED TOMOGRAPHY - EXAMINATION AND REPORT</b>	
‡ + 56016	COMPUTED TOMOGRAPHY - scan of petrous bones in axial and coronal planes in 1 mm or 2 mm sections, with or without contrast medium, with or without scan of brain (R) (K) <b>Fee:</b> \$290.00 <b>Benefit:</b> 75% = \$217.50                      85% = \$246.50
+ 56030	COMPUTED TOMOGRAPHY - scan of facial bones, paranasal sinuses or both, with scan of brain, without intravenous contrast medium (R) (K) <b>Fee:</b> \$300.00 <b>Benefit:</b> 75% = \$225.00                      85% = \$255.00
+ 56033	COMPUTED TOMOGRAPHY - scan of facial bones, paranasal sinuses or both, with scan of brain, without intravenous contrast medium (R) (NK) <b>Fee:</b> \$150.00 <b>Benefit:</b> 75% = \$112.50                      85% = \$127.50
+ 56036	COMPUTED TOMOGRAPHY - scan of facial bones, paranasal sinuses or both, with scan of brain, with intravenous contrast medium, where: (a) a scan without intravenous contrast medium has been undertaken; and (b) the service is required because the result of the scan mentioned in paragraph (a) is abnormal (R) (K) <b>Fee:</b> \$375.00 <b>Benefit:</b> 75% = \$281.25                      85% = \$324.10
+ 56039	COMPUTED TOMOGRAPHY - scan of facial bones, paranasal sinuses or both, with scan of brain, with intravenous contrast medium, where: (a) a scan without intravenous contrast medium has been undertaken; and (b) the service is required because the result of the scan mentioned in paragraph (a) is abnormal (R) (NK) <b>Fee:</b> \$187.50 <b>Benefit:</b> 75% = \$140.65                      85% = \$159.40
‡ 56056	COMPUTED TOMOGRAPHY - scan of petrous bones in axial and coronal planes in 1 mm or 2 mm sections, with or without intravenous contrast medium, with or without scan of brain (R) (NK) <b>Fee:</b> \$155.40 <b>Benefit:</b> 75% = \$116.55                      85% = \$132.10
<b>SPIRAL ANGIOGRAPHY</b>	
‡ + 57350	COMPUTED TOMOGRAPHY - spiral angiography with intravenous contrast medium and with any scans prior to intravenous contrast injection when undertaken - 1 or more spiral data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy recording of multiple projections, where: (a) the service is not a service to which another item in this group applies; and (b) the service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism; and (c) the service is not performed on the same patient within 12 months (R) (K) <b>Fee:</b> \$510.00 <b>Benefit:</b> 75% = \$382.50                      85% = \$459.10

**Medicare Benefits**

Item No.	Schedule Fee \$	75%	85% max Gap				
55028	99.90	74.95	84.95	55288	298.65	224.00	253.90
55029	34.65	26.00	29.50	55290	298.65	224.00	253.90
55030	99.90	74.95	84.95	55600	99.90	74.95	84.95
55031	34.65	26.00	29.50	55603	99.90	74.95	84.95
55032	99.90	74.95	84.95	55700	60.00	45.00	51.00
55033	34.65	26.00	29.50	55703	35.00	26.25	29.75
55035	34.65	26.00	29.50	55704	70.00	52.50	59.50
55036	101.95	76.50	86.70	55705	35.00	26.25	29.75
55037	34.65	26.00	29.50	55706	100.00	75.00	85.00
55038	99.90	74.95	84.95	55709	38.00	28.50	32.30
55039	34.65	26.00	29.50	55712	115.00	86.25	97.75
55044	101.95	76.50	86.70	55715	40.00	30.00	34.00
55045	34.65	26.00	29.50	55718	100.00	75.00	85.00
55048	100.30	75.25	85.30	55721	115.00	86.25	97.75
55049	34.65	26.00	29.50	55723	38.00	28.50	32.30
55050	100.30	75.25	85.30	55725	40.00	30.00	34.00
55051	34.65	26.00	29.50	55728	100.00	75.00	85.00
55052	99.90	74.95	84.95	55731	98.00	73.50	83.30
55053	34.65	26.00	29.50	55733	35.00	26.25	29.75
55054	99.90	74.95	84.95	55736	127.00	95.25	107.95
55058	27.25	20.45	23.20	55739	57.00	42.75	48.45
55070	90.00	67.50	76.50	56001 *	195.00	146.25	165.75
55073	31.20	23.40	26.55	56007 *	250.00	187.50	212.50
55076	99.90	74.95	84.95	56010	252.10	189.10	214.30
55079	34.65	26.00	29.50	56013 *	250.00	187.50	212.50
55102	163.90	122.95	139.35	56016 *	290.00	217.50	246.50
55105	92.75	69.60	78.85	56022 *	225.00	168.75	191.25
55112	257.65	193.25	219.05	56028	336.80	252.60	286.30
55118	257.05	192.80	218.50	56030	300.00	225.00	255.00
55130	372.20	279.15	321.30	56033	150.00	112.50	127.50
55238	169.45	127.10	144.05	56036	375.00	281.25	324.10
55240	197.00	147.75	167.45	56039	187.50	140.65	159.40
55242	218.50	163.90	185.75	56041	98.75	74.10	83.95
55244	169.45	127.10	144.05	56047	126.10	94.60	107.20
55245	197.00	147.75	167.45	56050	128.15	96.15	108.95
55246	169.45	127.10	144.05	56053	128.15	96.15	108.95
55247	197.00	147.75	167.45	56056	155.40	116.55	132.10
55248	169.45	127.10	144.05	56062	113.15	84.90	96.20
55250	197.00	147.75	167.45	56068	168.40	126.30	143.15
55252	169.45	127.10	144.05	56101 *	230.00	172.50	195.50
55254	197.00	147.75	167.45	56107 *	340.00	255.00	289.10
55256	169.45	127.10	144.05	56141	116.40	87.30	98.95
55258	197.00	147.75	167.45	56147	171.60	128.70	145.90
55260	218.50	163.90	185.75	56210 *	240.00	180.00	204.00
55262	169.45	127.10	144.05	56216	351.35	263.55	300.45
55263	197.00	147.75	167.45	56219	326.20	244.65	277.30
55264	169.45	127.10	144.05	56250	122.50	91.90	104.15
55265	197.00	147.75	167.45	56256	177.50	133.15	150.90
55266	169.45	127.10	144.05	56259	164.80	123.60	140.10
55268	197.00	147.75	167.45	56301 *	295.00	221.25	250.75
55270	169.45	127.10	144.05	56307 *	400.00	300.00	349.10
55272	197.00	147.75	167.45	56341	149.50	112.15	127.10
55274	169.45	127.10	144.05	56347	202.00	151.50	171.70
55276	169.45	127.10	144.05	56401 *	250.00	187.50	212.50
55277	109.40	82.05	93.00	56407 *	360.00	270.00	309.10
55278	169.45	127.10	144.05	56409 *	250.00	187.50	212.50
55279	109.40	82.05	93.00	56412 *	360.00	270.00	309.10
55280	169.45	127.10	144.05	56441	126.80	95.10	107.80
55282	169.45	127.10	144.05	56447	181.45	136.10	154.25
55284	169.45	127.10	144.05	56449	126.80	95.10	107.80
				56452	181.45	136.10	154.25
				56501 *	385.00	288.75	334.10
				56507 *	480.00	360.00	429.10
				56541	193.10	144.85	164.15
				56547	243.75	182.85	207.20
				56619 *	220.00	165.00	187.00

56625	334.65	251.00	284.50	58715 *	142.85	107.15	121.45
56659	112.10	84.10	95.30	58718 *	118.90	89.20	101.10
56665	167.35	125.55	142.30	58721 *	130.30	97.75	110.80
56801	466.55	349.95	415.65	58900 *	33.65	25.25	28.65
56807 *	560.00	420.00	509.10	58903 *	44.85	33.65	38.15
56841	233.30	175.00	198.35	58909 *	84.80	63.60	72.10
56847	283.85	212.90	241.30	58912 *	103.95	78.00	88.40
57001	466.65	350.00	415.75	58915 *	74.40	55.80	63.25
57007	567.75	425.85	516.85	58916 *	130.55	97.95	111.00
57041	233.35	175.05	198.40	58921 *	127.50	95.65	108.40
57047	283.90	212.95	241.35	58924 *	79.20	59.40	67.35
57201	155.20	116.40	131.95	58927 *	72.05	54.05	61.25
57247	77.60	58.20	66.00	58933 *	193.80	145.35	164.75
57341 *	470.00	352.50	419.10	58936 *	184.70	138.55	157.00
57345	242.00	181.50	205.70	58939 *	131.30	98.50	111.65
57350 *	510.00	382.50	459.10	59300	82.00	61.50	69.70
57355	264.15	198.15	224.55	59303	49.45	37.10	42.05
57506 *	28.05	21.05	23.85	59306	94.55	70.95	80.40
57509 *	37.50	28.15	31.90	59309	189.10	141.85	160.75
57512 *	38.15	28.65	32.45	59312	82.00	61.50	69.70
57515 *	50.90	38.20	43.30	59314	49.45	37.10	42.05
57518 *	30.65	23.00	26.10	59318	44.35	33.30	37.75
57521 *	40.90	30.70	34.80	59503 *	84.25	63.20	71.65
57524 *	46.55	34.95	39.60	59700 *	91.00	68.25	77.35
57527 *	62.00	46.50	52.70	59703 *	71.55	53.70	60.85
57700 *	38.15	28.65	32.45	59712 *	107.20	80.40	91.15
57703 *	50.90	38.20	43.30	59715 *	135.30	101.50	115.05
57706 *	30.65	23.00	26.10	59718 *	126.95	95.25	107.95
57709 *	40.90	30.70	34.80	59724 *	213.45	160.10	181.45
57712 *	44.45	33.35	37.80	59733 *	101.50	76.15	86.30
57715 *	57.45	43.10	48.85	59736 *	58.45	43.85	49.70
57721 *	93.55	70.20	79.55	59739 *	69.50	52.15	59.10
57901 *	60.80	45.60	51.70	59751 *	131.15	98.40	111.50
57902 *	60.80	45.60	51.70	59754 *	206.75	155.10	175.75
57903 *	44.55	33.45	37.90	59760 *	108.55	81.45	92.30
57906 *	60.80	45.60	51.70	59763 *	126.20	94.65	107.30
57909 *	60.80	45.60	51.70	59900	87.55	65.70	74.45
57912 *	44.45	33.35	37.80	59903	120.60	90.45	102.55
57915 *	44.45	33.35	37.80	59906	120.60	90.45	102.55
57918 *	44.45	33.35	37.80	59912	321.25	240.95	273.10
57921 *	44.45	33.35	37.80	59915	81.95	61.50	69.70
57924 *	44.45	33.35	37.80	59918	103.95	78.00	88.40
57927 *	46.80	35.10	39.80	59921	103.95	78.00	88.40
57930 *	31.00	23.25	26.35	59924	103.95	78.00	88.40
57933 *	73.75	55.35	62.70	59970	158.65	119.00	134.90
57936 *	44.65	33.50	38.00	60000	531.60	398.70	480.70
57939 *	60.80	45.60	51.70	60003	779.60	584.70	728.70
57942 *	46.80	35.10	39.80	60006	1108.60	831.45	1057.70
57945 *	40.90	30.70	34.80	60009	1297.30	973.00	1246.40
58100 *	63.30	47.50	53.85	60012	531.60	398.70	480.70
58103 *	51.95	39.00	44.20	60015	779.60	584.70	728.70
58106 *	72.55	54.45	61.70	60018	1108.60	831.45	1057.70
58109 *	44.30	33.25	37.70	60021	1297.30	973.00	1246.40
58112 *	91.65	68.75	77.95	60024	531.60	398.70	480.70
58115 *	125.30	94.00	106.55	60027	779.60	584.70	728.70
58300 *	37.80	28.35	32.15	60030	1108.60	831.45	1057.70
58306 *	84.25	63.20	71.65	60033	1297.30	973.00	1246.40
58500 *	33.30	25.00	28.35	60036	531.60	398.70	480.70
58503 *	44.45	33.35	37.80	60039	779.60	584.70	728.70
58506 *	57.30	43.00	48.75	60042	1108.60	831.45	1057.70
58509 *	37.50	28.15	31.90	60045	1297.30	973.00	1246.40
58521 *	40.90	30.70	34.80	60048	531.60	398.70	480.70
58524 *	53.25	39.95	45.30	60051	779.60	584.70	728.70
58527 *	65.45	49.10	55.65	60054	1108.60	831.45	1057.70
58700 *	43.40	32.55	36.90	60057	1297.30	973.00	1246.40
58706 *	148.85	111.65	126.55	60060	531.60	398.70	480.70

60063	779.60	584.70	728.70	61446	290.75	218.10	247.15
60066	1108.60	831.45	1057.70	61449	397.70	298.30	346.80
60069	1297.30	973.00	1246.40	61450	346.50	259.90	295.60
60072	45.35	34.05	38.60	61453	448.60	336.45	397.70
60075	90.60	67.95	77.05	61454	303.40	227.55	257.90
60078	135.95	102.00	115.60	61457	410.10	307.60	359.20
60100 *	57.30	43.00	48.75	61458	345.95	259.50	295.05
60500 *	40.90	30.70	34.80	61461	460.10	345.10	409.20
60503 *	28.05	21.05	23.85	61465	231.45	173.60	196.75
60506 *	60.10	45.10	51.10	61469	303.40	227.55	257.90
60509 *	93.20	69.90	79.25	61473	152.85	114.65	129.95
60903 *	120.80	90.60	102.70	61480	337.20	252.90	286.65
60915 *	66.55	49.95	56.60	61484	767.80	575.85	716.90
60918 *	49.65	37.25	42.25	61485	871.00	653.25	820.10
60927 *	40.05	30.05	34.05	61495	194.45	145.85	165.30
61109 *	244.05	183.05	207.45	61499	220.55	165.45	187.50
61302	391.25	293.45	340.35	63000	475.00	356.25	424.10
61303	492.75	369.60	441.85	63003	475.00	356.25	424.10
61306	618.60	463.95	567.70	63006	475.00	356.25	424.10
61307	727.75	545.85	676.85	63009	475.00	356.25	424.10
61310	320.15	240.15	272.15	63012	475.00	356.25	424.10
61313	264.45	198.35	224.80	63015	475.00	356.25	424.10
61314	366.10	274.60	315.20	63018	475.00	356.25	424.10
61316	332.20	249.15	282.40	63021	475.00	356.25	424.10
61317	429.15	321.90	378.25	63024	475.00	356.25	424.10
61320	199.55	149.70	169.65	63050	475.00	356.25	424.10
61328	189.40	142.05	161.00	63053	475.00	356.25	424.10
61340	220.55	165.45	187.50	63056	475.00	356.25	424.10
61348	386.45	289.85	335.55	63059	475.00	356.25	424.10
61352	226.05	169.55	192.15	63062	475.00	356.25	424.10
61353	336.95	252.75	286.45	63100	475.00	356.25	424.10
61356	342.35	256.80	291.45	63103	475.00	356.25	424.10
61360	351.60	263.70	300.70	63106	475.00	356.25	424.10
61361	402.20	301.65	351.30	63109	475.00	356.25	424.10
61364	433.15	324.90	382.25	63112	475.00	356.25	424.10
61368	194.45	145.85	165.30	63115	475.00	356.25	424.10
61372	194.45	145.85	165.30	63118	475.00	356.25	424.10
61373	426.85	320.15	375.95	63121	475.00	356.25	424.10
61376	125.00	93.75	106.25	63124	475.00	356.25	424.10
61381	500.65	375.50	449.75	63127	475.00	356.25	424.10
61383	544.80	408.60	493.90	63130	475.00	356.25	424.10
61384	599.45	449.60	548.55	63133	475.00	356.25	424.10
61386	289.80	217.35	246.35	63150	475.00	356.25	424.10
61387	375.45	281.60	324.55	63153	475.00	356.25	424.10
61389	323.00	242.25	274.55	63156	475.00	356.25	424.10
61390	357.40	268.05	306.50	63159	475.00	356.25	424.10
61393	527.80	395.85	476.90	63162	475.00	356.25	424.10
61397	215.20	161.40	182.95	63200	475.00	356.25	424.10
61401	141.45	106.10	120.25	63203	475.00	356.25	424.10
61402	527.40	395.55	476.50	63206	475.00	356.25	424.10
61405	301.60	226.20	256.40	63209	475.00	356.25	424.10
61409	761.40	571.05	710.50	63212	475.00	356.25	424.10
61413	196.95	147.75	167.45	63215	475.00	356.25	424.10
61417	103.55	77.70	88.05	63218	475.00	356.25	424.10
61421	418.20	313.65	367.30	63221	475.00	356.25	424.10
61425	523.60	392.70	472.70	63250	475.00	356.25	424.10
61426	483.60	362.70	432.70	63253	475.00	356.25	424.10
61429	473.30	355.00	422.40	63256	475.00	356.25	424.10
61430	574.80	431.10	523.90	63270	475.00	356.25	424.10
61433	433.15	324.90	382.25	63273	475.00	356.25	424.10
61434	536.40	402.30	485.50	63276	475.00	356.25	424.10
61437	473.10	354.85	422.20	63279	475.00	356.25	424.10
61438	586.60	439.95	535.70	63290	475.00	356.25	424.10
61441	426.85	320.15	375.95	63293	475.00	356.25	424.10
61442	655.75	491.85	604.85	63300	475.00	356.25	424.10
61445	250.00	187.50	212.50	63303	475.00	356.25	424.10

63306	475.00	356.25	424.10	63656	475.00	356.25	424.10
63309	475.00	356.25	424.10	63659	475.00	356.25	424.10
63312	475.00	356.25	424.10	63662	475.00	356.25	424.10
63315	475.00	356.25	424.10	63665	475.00	356.25	424.10
63350	475.00	356.25	424.10	63668	475.00	356.25	424.10
63353	475.00	356.25	424.10	63671	475.00	356.25	424.10
63356	475.00	356.25	424.10	63674	475.00	356.25	424.10
63359	475.00	356.25	424.10	63677	475.00	356.25	424.10
63362	475.00	356.25	424.10	63680	475.00	356.25	424.10
63365	475.00	356.25	424.10	63700	475.00	356.25	424.10
63400	475.00	356.25	424.10	63703	475.00	356.25	424.10
63403	475.00	356.25	424.10	63706	475.00	356.25	424.10
63406	475.00	356.25	424.10	63709	475.00	356.25	424.10
63409	475.00	356.25	424.10	63712	475.00	356.25	424.10
63412	475.00	356.25	424.10	63715	475.00	356.25	424.10
63415	475.00	356.25	424.10	63718	475.00	356.25	424.10
63418	475.00	356.25	424.10	63721	475.00	356.25	424.10
63421	475.00	356.25	424.10	63736	475.00	356.25	424.10
63424	475.00	356.25	424.10	63739	475.00	356.25	424.10
63427	475.00	356.25	424.10	63742	475.00	356.25	424.10
63430	475.00	356.25	424.10	63745	475.00	356.25	424.10
63450	475.00	356.25	424.10	63750	475.00	356.25	424.10
63453	475.00	356.25	424.10	63753	475.00	356.25	424.10
63456	475.00	356.25	424.10	63756	475.00	356.25	424.10
63459	475.00	356.25	424.10	63800	475.00	356.25	424.10
63462	475.00	356.25	424.10	63803	475.00	356.25	424.10
63465	475.00	356.25	424.10	63806	475.00	356.25	424.10
63468	475.00	356.25	424.10	63850	475.00	356.25	424.10
63471	475.00	356.25	424.10	63853	475.00	356.25	424.10
63474	475.00	356.25	424.10	63856	475.00	356.25	424.10
63477	475.00	356.25	424.10	63859	475.00	356.25	424.10
63480	475.00	356.25	424.10	63862	475.00	356.25	424.10
63500	475.00	356.25	424.10	63865	475.00	356.25	424.10
63503	475.00	356.25	424.10	63868	475.00	356.25	424.10
63506	475.00	356.25	424.10	63870	475.00	356.25	424.10
63509	475.00	356.25	424.10	63880	475.00	356.25	424.10
63512	475.00	356.25	424.10	63883	475.00	356.25	424.10
63515	475.00	356.25	424.10	63900	475.00	356.25	424.10
63518	475.00	356.25	424.10	63903	475.00	356.25	424.10
63521	475.00	356.25	424.10	63906	475.00	356.25	424.10
63524	475.00	356.25	424.10	63909	475.00	356.25	424.10
63550	475.00	356.25	424.10	63920	475.00	356.25	424.10
63553	475.00	356.25	424.10	63930	475.00	356.25	424.10
63556	475.00	356.25	424.10	63940	475.00	356.25	424.10
63559	475.00	356.25	424.10	63943	475.00	356.25	424.10
63562	475.00	356.25	424.10	63946	475.00	356.25	424.10
63565	475.00	356.25	424.10				
63568	475.00	356.25	424.10				
63571	475.00	356.25	424.10				
63574	475.00	356.25	424.10				
63580	475.00	356.25	424.10				
63583	475.00	356.25	424.10				
63590	475.00	356.25	424.10				
63593	475.00	356.25	424.10				
63600	475.00	356.25	424.10				
63603	475.00	356.25	424.10				
63606	475.00	356.25	424.10				
63609	475.00	356.25	424.10				
63612	475.00	356.25	424.10				
63615	475.00	356.25	424.10				
63618	475.00	356.25	424.10				
63621	475.00	356.25	424.10				
63624	475.00	356.25	424.10				
63627	475.00	356.25	424.10				
63650	475.00	356.25	424.10				
63653	475.00	356.25	424.10				

\* Indicates fee amended



***Diagnostic Imaging: Supplement to Medicare Benefits Schedule book of 1 November 1999***  
**Effective 1 February 2000**