

Medicare Benefits Schedule

Summary of Changes

Effective 1 January 2010

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Publications Approval Number: P3-4526

Summary of Additions, Deletions, and Revisions undertaken since 1 January 2010

New Items are indicated as "New". Deleted items are indicated as "Del".

Amended items are indicated as "Amend". Within revised items, the deleted language appears with a ~~double strikethrough~~ while new text appears underlined. These changes will be highlighted in yellow.

Note: Revisions to the headings, notes, introductory paragraphs, and cross references are not included in this summary of changes.

New Items (New)

1 January 2010

[2702](#) [13201](#) [13202](#) [16401](#) [16404](#) [16591](#) [58120](#) [58121](#)

Deleted Items (Del)

No deleted items.

Amended Description (Amend)

1 January 2010

[104](#) [2710](#) [2712](#) [2713](#) [13200](#) [13203](#) [13206](#) [13209](#) [13212](#)
[13215](#) [13218](#) [13221](#) [13251](#) [16590](#) [63464](#)

Assist (Added)

No assist added to items.

Amended Fee

1 January 2010

[13200](#) [13203](#) [13206](#) [13209](#) [13212](#) [13215](#) [13218](#) [13221](#) [13251](#)
[16400](#) [16500](#) [16502](#) [16504](#) [16505](#) [16508](#) [16509](#) [16515](#) [16518](#)
[16519](#) [16520](#) [16522](#) [16525](#) [16590](#) [58108](#) [58115](#)

EMSN Cap (EMSN)

1 January 2010

[13200](#) [13203](#) [13206](#) [13209](#) [13212](#) [13215](#) [13218](#) [13221](#) [13251](#)
[16400](#) [16500](#) [16501](#) [16502](#) [16504](#) [16505](#) [16508](#) [16509](#) [16511](#)

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16567	16570	16571	16573	16590	16600	16603	16606	16609
16618	16624	16627	16633	16636	32500	45560	55700	55703
55704	55705	55706	55707	55708	55709	55712	55715	55718
55721	55723	55725	55729	55762	55764	55766	55768	55770
55772	55774							

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CATEGORY 1 – ATTENDANCES

	SPECIALIST
	GROUP A3 - SPECIALIST ATTENDANCES TO WHICH NO OTHER ITEM APPLIES
Amend	SPECIALIST, REFERRED CONSULTATION - SURGERY OR HOSPITAL (Professional attendance at consulting rooms or hospital by a specialist in the practice of his or her specialty where the patient is referred to him or her)
104 1 Jan 2010	- INITIAL attendance in a single course of treatment, not being a service to which ophthalmology items 106, or 109 or obstetric item 16401 apply. Fee: \$80.85 Benefit: 75% = \$60.65 85% = \$68.75
	GROUP A20 - GP MENTAL HEALTH TREATMENT
	SUBGROUP 1 - GP MENTAL HEALTH TREATMENT PLANS
New	PREPARATION by a medical practitioner who has not undertaken mental health skills training (including a general practitioner, but not including a specialist or consultant physician) of a GP MENTAL HEALTH TREATMENT PLAN for a patient (not being a service associated with a service to which items 2713 or 734 to 779 apply). A rebate will not be paid within twelve months of a previous claim for the same item or item 2710 or within three months following a claim for item 2712, except where there has been a significant change in the patient's clinical condition or care circumstances that requires the preparation of a new GP Mental Health Treatment Plan. (See para A43 of explanatory notes to this Category)
2702 1 Jan 2010	Fee: \$125.95 Benefit: 75% = \$94.50 100% = \$125.95
Amend	PREPARATION by a medical practitioner who has undertaken mental health skills training (including a general practitioner, but not including a specialist or consultant physician) of a GP MENTAL HEALTH TREATMENT PLAN for a patient (not being a service associated with a service to which items 2713 or 734 to 779 apply). A rebate will not be paid within twelve months of a previous claim for the same item or item 2702 or within three months following a claim for item 2712, except where there has been a significant change in the patient's clinical condition or care circumstances that requires the preparation of a new GP Mental Health Treatment Plan. (See para A43 of explanatory notes to this Category)
2710 1 Jan 2010	Fee: \$160.45 Benefit: 75% = \$120.35 100% = \$160.45
Amend	Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) to REVIEW a GP MENTAL HEALTH TREATMENT PLAN prepared by that medical practitioner (or an associated medical practitioner) to which item 2702 or 2710 applies or to REVIEW a PSYCHIATRIST ASSESSMENT AND MANAGEMENT PLAN to which item 291 applies (not being a service associated with a service to which items 2713 or 734 to 779 apply). A rebate will not be paid within three months of a previous claim for the same item or within four weeks following a claim for item 2710, except where there has been a significant change in the patient's clinical condition or care circumstances that requires the preparation of a new review of a GP Mental Health Treatment Plan. (See para A43 of explanatory notes to this Category)
2712 1 Jan 2010	Fee: \$106.95 Benefit: 75% = \$80.25 100% = \$106.95

<p>Amend</p> <p>2713</p> <p>1 Jan</p> <p>2010</p>	<p>Professional ATTENDANCE by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) involving taking relevant history, identifying presenting problem(s), providing treatment, advice and/or referral for other services or treatments and documenting the outcomes of the consultation, on a patient in relation to a mental disorder and lasting at least 20 minutes (not being a service associated with a service to which items 2702, 2710 or 2712 apply).</p> <p>SURGERY CONSULTATION (Professional attendance at consulting rooms) <i>(See para A43 of explanatory notes to this Category)</i></p> <p>Fee: \$70.60 Benefit: 100% = \$70.60</p>
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CATEGORY 3 – THERAPEUTIC PROCEDURES

GROUP T1 - MISCELLANEOUS THERAPEUTIC PROCEDURES	
SUBGROUP 3 - ASSISTED REPRODUCTIVE SERVICES	
<p>Amend EMSN Fee</p> <p>13200</p> <p>1 Jan 2010</p>	<p>ASSISTED REPRODUCTIVE SERVICES TECHNOLOGIES SUPEROVULATED TREATMENT CYCLE PROCEEDING TO OOCYTE RETRIEVAL, (such as in vitro fertilisation, gamete intrafallopian transfer or similar procedures) involving the use of drugs to induce superovulation, and including quantitative estimation of hormones, semen preparation, ultrasound examinations, all treatment counselling and embryology laboratory services but excluding artificial insemination or transfer of frozen embryos or donated embryos or ova or a service to which item 13201, 13202, 13203, 13206, 13218 applies – being services rendered during 1 treatment cycle, if the duration of the treatment cycle is at least 9 days - INITIAL cycle in a single calendar year</p> <p><i>(See para T1.4 of explanatory notes to this Category)</i></p> <p>Fee: \$1,889.55 \$2,940.00 Benefit: 75% = \$1,417.20 \$2,205.00 85% = \$1,820.45 \$2,870.90</p> <p>Extended Medicare Safety Net Cap: \$1,550.00</p>
<p>New</p> <p>13201</p> <p>1 Jan 2010</p>	<p>ASSISTED REPRODUCTIVE TECHNOLOGIES SUPEROVULATED TREATMENT CYCLE PROCEEDING TO OOCYTE RETRIEVAL, involving the use of drugs to induce superovulation, and including quantitative estimation of hormones, semen preparation, ultrasound examinations, all treatment counselling and embryology laboratory services but excluding artificial insemination or transfer of frozen embryos or donated embryos or ova or a service to which item 13200, 13202, 13203, 13206, 13218 applies – being services rendered during 1 treatment cycle - each cycle SUBSEQUENT to the first in a single calendar year</p> <p>Fee: \$2,750.00 Benefit: 75% = \$2,062.50 85% = \$2,680.90</p> <p>Extended Medicare Safety Net Cap: \$2,250.00</p>
<p>New</p> <p>13202</p> <p>1 Jan 2010</p>	<p>ASSISTED REPRODUCTIVE TECHNOLOGIES SUPEROVULATED TREATMENT CYCLE THAT IS CANCELLED BEFORE TO OOCYTE RETRIEVAL, involving the use of drugs to induce superovulation and including quantitative estimation of hormones, semen preparation, ultrasound examinations, but excluding artificial insemination or transfer of frozen embryos or donated embryos or ova or a service to which Item 13200, 13201, 13203, 13206, 13218, applies being services rendered during 1 treatment cycle</p> <p>Fee: \$440.00 Benefit: 75% = \$330.00 85% = \$374.00</p> <p>Extended Medicare Safety Net Cap: \$60.00</p>
<p>Amend EMSN Fee</p> <p>13203</p>	<p>OVULATION MONITORING SERVICES, for superovulated treatment cycles of less than 9 days duration and artificial insemination – including quantitative estimation of hormones and ultrasound examinations, being services rendered during 1 treatment cycle but excluding a service to which Item 13200, 13201, 13202, 13206, 13212, 13215, or 13218 applies</p> <p><i>(See para T1.4 of explanatory notes to this Category)</i></p> <p>Fee: \$472.40 \$460.00 Benefit: 75% = \$354.30 \$345.00 85% = \$403.30 \$391.00</p> <p>Extended Medicare Safety Net Cap: \$100.00</p>
<p>Amend EMSN Fee</p> <p>13206</p>	<p>ASSISTED REPRODUCTIVE SERVICES TECHNOLOGIES TREATMENT CYCLE (such as in vitro fertilisation, Gamete intrafallopian transfer or similar procedures), using either the natural cycle or oral medication only to induce oocyte growth and development, unstimulated ovulation or ovulation stimulated only by clomiphene citrate, and including quantitative estimation of hormones, ultrasound examinations, semen preparation, all treatment counselling and embryology laboratory services but excluding artificial insemination, frozen embryo transfer or donated embryos or ova or treatment involving the use of injectable drugs to induce superovulation being services rendered during 1 treatment cycle but only if rendered in conjunction with a service to which item 13212 applies</p> <p><i>(See para T1.4 of explanatory notes to this Category)</i></p> <p>Fee: \$809.70 \$440.00 Benefit: 75% = \$607.30 \$330.00 85% = \$740.60 \$374.00</p> <p>Extended Medicare Safety Net Cap: \$60.00</p>

Amend EMSN Fee 13209 1 Jan 2010	PLANNING and MANAGEMENT of a referred patient by a specialist for the purpose of treatment by assisted reproductive technologies including in vitro fertilisation, gamete intrafallopian transfer and similar procedures , or for artificial insemination payable once only during 1 treatment cycle <i>(See para T1.4 of explanatory notes to this Category)</i> Fee: \$80.85 \$80.00 Benefit: 75% = \$60.65 \$60.00 85% = \$68.75 \$68.00 Extended Medicare Safety Net Cap: \$10.00
Amend EMSN Fee 13212 1 Jan 2010	OOCYTE RETRIEVAL by any means including laparoscopy or ultrasoundguided ova flushing , for the purposes of assisted reproductive technologies – only if rendered in conjunction with a service to which Item 13200, 13201 or 13206 applies (Anaes.) <i>(See para T1.4 of explanatory notes to this Category)</i> Fee: \$344.20 \$335.00 Benefit: 75% = \$258.15 \$251.25 85% = \$292.60 \$284.75 Extended Medicare Safety Net Cap: \$65.00
Amend EMSN Fee 13215 1 Jan 2010	TRANSFER OF EMBRYOS or both ova and sperm to the female reproductive system, by any means but excluding artificial insemination or the transfer of frozen or donated embryos – only if rendered in conjunction with a service to which item 13200, 13201 , 13206 or 13218 applies, being services rendered in 1 treatment cycle (Anaes.) <i>(See para T1.4 of explanatory notes to this Category)</i> Fee: \$108.00 \$105.00 Benefit: 75% = \$81.00 \$78.75 85% = \$91.80 \$89.25 Extended Medicare Safety Net Cap: \$45.00
Amend EMSN Fee 13218 1 Jan 2010	PREPARATION AND TRANSFER of frozen or donated embryos or both ova and sperm donated oocytes for transfer to the female reproductive system, by any means and including quantitative estimation of hormones and all treatment counselling but excluding artificial insemination services rendered in 1 treatment cycle and excluding a service to which item 13200, 13201 , 13202, 13203, 13206, 13212 applies (Anaes.) <i>(See para T1.4 of explanatory notes to this Category)</i> Fee: \$750.00 \$809.70 \$750.00 Benefit: 75% = \$562.50 \$607.30 \$607.30 85% = \$740.60 \$680.90 \$680.90 Extended Medicare Safety Net Cap: \$650.00
Amend EMSN Fee 13221 1 Jan 2010	PREPARATION OF SEMEN for the purposes of assisted reproductive technologies or artificial insemination - only if rendered in conjunction with a service to which item 13203 applies <i>(See para T1.4 of explanatory notes to this Category)</i> Fee: \$49.30 \$48.00 Benefit: 75% = \$37.00 \$36.00 85% = \$41.95 \$40.80 Extended Medicare Safety Net Cap: \$20.00
Amend EMSN Fee 13251 1 Jan 2010	INTRACYTOPLASMIC SPERM INJECTION for the purposes of assisted reproductive technologies, for male factor infertility, excluding a service to which Item 13203 or 13218 applies <i>(See para T1.5 of explanatory notes to this Category)</i> Fee: \$406.45 \$395.00 Benefit: 75% = \$304.85 \$296.25 \$296.25 85% = \$345.50 \$335.75 \$335.75 Extended Medicare Safety Net Cap: \$100.00

OBSTETRICS		OBSTETRICS
GROUP T4 - OBSTETRICS		
ANTENATAL CARE		
EMSN Fee	<p>Antenatal service provided by a midwife, nurse or a registered Aboriginal Health Worker if:</p> <p>(a) the service is provided on behalf of, and under the supervision of, a medical practitioner;</p> <p>(b) the service is provided at, or from, a practice location in a regional, rural or remote area RRMA 3-7;</p> <p>(c) the service is not performed in conjunction with another antenatal attendance item (same patient, same practitioner on the same day);</p> <p>(d) the service is not provided for an admitted patient of a hospital; and</p> <p>to a maximum of 10 service per pregnancy (See para T4.1 of explanatory notes to this Category)</p>	
16400	Fee: \$23.45 \$25.80 Benefit: \$19.95 85% = \$21.95	
1 Jan 2010	Extended Medicare Safety Net Cap: \$10.15	
New	OBSTETRIC SPECIALIST, REFERRED CONSULTATION – SURGERY OR HOSPITAL	
16401	Professional attendance at consulting rooms or a hospital by a specialist in the practice of his or her specialty of obstetrics, after referral of the patient to him or her - each INITIAL attendance, in a single course of treatment, not being a service to which item 104 applies.	
1 Jan 2010	Fee: \$80.85 Benefit: 75% = \$60.65 85% = \$68.75	
	Extended Medicare Safety Net Cap: \$50.75	
New	Professional attendance at consulting rooms or a hospital by a specialist in the practice of his or her specialty of obstetrics after referral of the patient to him or her - each attendance SUBSEQUENT to the first attendance in a single course of treatment.	
16404	Fee: \$40.60 Benefit: 75% = \$30.45 85% = \$34.55	
1 Jan 2010	Extended Medicare Safety Net Cap: \$30.45	
EMSN Fee	ANTENATAL ATTENDANCE (See para T4.2 of explanatory notes to this Category)	
16500	Fee: \$40.45 \$44.55 Benefit: 75% = \$30.35 \$33.45 85% = \$34.40 \$37.90	
1 Jan 2010	Extended Medicare Safety Net Cap: \$30.45	
EMSN	EXTERNAL CEPHALIC VERSION for breech presentation, after 36 weeks where no contraindication exists, in a Unit with facilities for Caesarean Section, including pre- and post version CTG, with or without tocolysis, not being a service to which items 55718 to 55728 and 55768 to 55774 apply - chargeable whether or not the version is successful and limited to a maximum of 2 ECV's per pregnancy	
16501	(See para T4.3 of explanatory notes to this Category)	
1 Jan 2010	Fee: \$132.85 Benefit: 75% = \$99.65 85% = \$112.95	
	Extended Medicare Safety Net Cap: \$60.90	
EMSN Fee	POLYHYDRAMNIOS, UNSTABLE LIE, MULTIPLE PREGNANCY, PREGNANCY COMPLICATED BY DIABETES OR ANAEMIA, THREATENED PREMATURE LABOUR treated by bed rest only or oral medication, requiring admission to hospital each attendance that is not a routine antenatal attendance, to a maximum of 1 visit per day	
16502	Fee: \$40.45 \$44.55 Benefit: 75% = \$30.35 \$33.45 85% = \$34.40 \$37.90	
1 Jan 2010	Extended Medicare Safety Net Cap: \$20.30	

EMSN Fee 16504 1 Jan 2010	TREATMENT OF HABITUAL MISCARRIAGE by injection of hormones each injection up to a maximum of 12 injections, where the injection is not administered during a routine antenatal attendance Fee: \$40.45 \$44.55 Benefit: 75% = \$30.35 \$33.45 85% = \$34.40 \$37.90 Extended Medicare Safety Net Cap: \$20.30
EMSN Fee 16505 1 Jan 2010	THREATENED ABORTION, THREATENED MISCARRIAGE OR HYPEREMESIS GRAVIDARUM, requiring admission to hospital, treatment of each attendance that is not a routine antenatal attendance Fee: \$40.45 \$44.55 Benefit: 75% = \$30.35 \$33.45 85% = \$34.40 \$37.90 Extended Medicare Safety Net Cap: \$20.30
EMSN Fee 16508 1 Jan 2010	PREGNANCY COMPLICATED BY acute intercurrent infection, intrauterine growth retardation, threatened premature labour with ruptured membranes or threatened premature labour treated by intravenous therapy, requiring admission to hospital - each attendance that is not a routine antenatal attendance, to a maximum of 1 visit per day Fee: \$40.45 \$44.55 Benefit: 75% = \$30.35 \$33.45 85% = \$34.40 \$37.90 Extended Medicare Safety Net Cap: \$20.30
EMSN Fee 16509 1 Jan 2010	PREECLAMPSIA, ECLAMPSIA OR ANTEPARTUM HAEMORRHAGE, treatment of each attendance that is not a routine antenatal attendance Fee: \$40.45 \$44.55 Benefit: 75% = \$30.35 \$33.45 85% = \$34.40 \$37.90 Extended Medicare Safety Net Cap: \$20.30
EMSN 16511 1 Jan 2010	CERVIX, purse string ligation of (Anaes.) Fee: \$207.85 Benefit: 75% = \$155.90 85% = \$176.70 Extended Medicare Safety Net Cap: \$101.50
EMSN 16512 1 Jan 2010	CERVIX, removal of purse string ligature of (Anaes.) Fee: \$60.00 Benefit: 75% = \$45.00 85% = \$51.00 Extended Medicare Safety Net Cap: \$30.45
EMSN 16514 1 Jan 2010	ANTENATAL CARDIOTOGRAPHY in the management of high risk pregnancy (not during the course of the confinement) Fee: \$34.65 Benefit: 75% = \$26.00 85% = \$29.50 Extended Medicare Safety Net Cap: \$15.25
MANAGEMENT OF LABOUR AND DELIVERY	
EMSN Fee 16515 1 Jan 2010	MANAGEMENT OF VAGINAL DELIVERY as an independent procedure where the patient's care has been transferred by another medical practitioner for management of the delivery and the attending medical practitioner has not provided antenatal care to the patient, including all attendances related to the delivery (Anaes.) <i>(See para T4.4 of explanatory notes to this Category)</i> Fee: \$327.60 \$425.95 Benefit: 75% = \$245.70 \$319.50 85% = \$278.50 \$362.10 Extended Medicare Safety Net Cap: \$162.40
EMSN Fee 16518 1 Jan 2010	MANAGEMENT OF LABOUR, incomplete, where the patient's care has been transferred to another medical practitioner for completion of the delivery (Anaes.) <i>(See para T4.4 of explanatory notes to this Category)</i> Fee: \$327.60 \$425.95 Benefit: 75% = \$245.70 \$319.50 85% = \$278.50 \$362.10 Extended Medicare Safety Net Cap: \$162.40

EMSN Fee 16519	MANAGEMENT OF LABOUR and delivery by any means (including Caesarean section) including post-partum care for 5 days (Anaes.) <i>(See para T4.4 of explanatory notes to this Category)</i> Fee: \$504.50 \$655.85 Benefit: 75% = \$378.40 \$491.90 85% = \$435.40 \$586.75 Extended Medicare Safety Net Cap: \$304.50
EMSN Fee 16520 1 Jan 2010	CAESAREAN SECTION and post-operative care for 7 days where the patient's care has been transferred by another medical practitioner for management of the confinement and the attending medical practitioner has not provided any of the antenatal care (Anaes.) <i>(See para T4.5 of explanatory notes to this Category)</i> Fee: \$589.60 \$766.55 Benefit: 75% = \$442.20 \$574.95 85% = \$520.50 \$697.45 Extended Medicare Safety Net Cap: \$304.50
EMSN Fee 16522 1 Jan 2010	MANAGEMENT OF LABOUR AND DELIVERY, or delivery alone, (including Caesarean section), where in the course of antenatal supervision or intrapartum management 1 or more of the following conditions is present, including postnatal care for 7 days: <ul style="list-style-type: none"> - multiple pregnancy; - recurrent antepartum haemorrhage from 20 weeks gestation; - grades 2, 3 or 4 placenta praevia; - baby with a birth weight less than or equal to 2500gm; - preexisting diabetes mellitus dependent on medication, or gestational diabetes requiring at least daily blood; - glucose monitoring; - trial of vaginal delivery in a patient with uterine scar, or trial of vaginal breech delivery; - preexisting hypertension requiring antihypertensive medication, or pregnancy induced hypertension of at least 140/90mmHg associated with at least 1+ proteinuria on urinalysis; - prolonged labour greater than 12 hours with partogram evidence of abnormal cervimetric progress; - fetal distress defined by significant cardiotocograph or scalp pH abnormalities requiring immediate delivery; OR - conditions that pose a significant risk of maternal death. (Anaes.) <i>(See para T4.6 of explanatory notes to this Category)</i> Fee: \$1,184.55 \$1,539.90 Benefit: 75% = \$888.45 \$1,154.95 85% = \$1,115.45 \$1,470.80 Extended Medicare Safety Net Cap: \$406.00
EMSN Fee 16525 1 Jan 2010	MANAGEMENT OF SECOND TRIMESTER LABOUR, with or without induction, for intrauterine fetal death, gross fetal abnormality or life threatening maternal disease, not being a service to which item 35643 applies (Anaes.) <i>(See para T4.4 of explanatory notes to this Category)</i> Fee: \$279.45 \$363.25 Benefit: 75% = \$209.60 \$272.45 85% = \$237.55 \$308.80 Extended Medicare Safety Net Cap: \$142.10
OBSTETRICS	
EMSN 16564 1 Jan 2010	POST-PARTUM CARE EVACUATION OF RETAINED PRODUCTS OF CONCEPTION (placenta, membranes or mole) as a complication of confinement, with or without curettage of the uterus, as an independent procedure (Anaes.) <i>(See para T4.7 of explanatory notes to this Category)</i> Fee: \$206.05 Benefit: 75% = \$154.55 85% = \$175.15 Extended Medicare Safety Net Cap: \$203.00

EMSN 16567 1 Jan 2010	MANAGEMENT OF POSTPARTUM HAEMORRHAGE by special measures such as packing of uterus, as an independent procedure (Anaes.) (See para T4.7 of explanatory notes to this Category) Fee: \$301.30 Benefit: 75% = \$226.00 85% = \$256.15 Extended Medicare Safety Net Cap: \$203.00
EMSN 16570 1 Jan 2010	ACUTE INVERSION OF THE UTERUS, vaginal correction of, as an independent procedure (Anaes.) (See para T4.7 of explanatory notes to this Category) Fee: \$393.20 Benefit: 75% = \$294.90 85% = \$334.25 Extended Medicare Safety Net Cap: \$203.00
EMSN 16571 1 Jan 2010	CERVIX, repair of extensive laceration or lacerations (Anaes.) (See para T4.7 of explanatory notes to this Category) Fee: \$301.30 Benefit: 75% = \$226.00 85% = \$256.15 Extended Medicare Safety Net Cap: \$203.00
EMSN 16573 1 Jan 2010	THIRD DEGREE TEAR, involving anal sphincter muscles and rectal mucosa, repair of, as an independent procedure (Anaes.) (See para T4.7 of explanatory notes to this Category) Fee: \$245.55 Benefit: 75% = \$184.20 85% = \$208.75 Extended Medicare Safety Net Cap: \$203.00
EMSN Fee Amend 16590 1 Jan 2010	Planning and management of a pregnancy that has progressed beyond 20 weeks provided the fee does not include any amount for the management of the labour and/or delivery, payable once only for any pregnancy that has progressed beyond 20 weeks where the practitioner intends to undertake the delivery for a privately admitted patient, not being a service to which item 16591 applies Fee: \$122.50 \$306.30 Benefit: 75% = \$91.90 \$229.75 85% = \$104.15 \$260.40 Extended Medicare Safety Net Cap: \$203.00
New 16591 1 Jan 2010	Planning and management of a pregnancy that has progressed beyond 20 weeks provided the fee does not include any amount for the management of the labour and delivery if the care of the patient will be transferred to another medical practitioner, payable once only for any pregnancy that has progressed beyond 20 weeks, not being a service to which item 16590 applies. Fee: \$134.80 Benefit: 75% = \$101.10 85% = \$114.60 Extended Medicare Safety Net Cap: \$101.50
EMSN 16600 1 Jan 2010	INTERVENTIONAL TECHNIQUES AMNIOCENTESIS, diagnostic (See para T4.8 of explanatory notes to this Category) Fee: \$60.00 Benefit: 75% = \$45.00 85% = \$51.00 Extended Medicare Safety Net Cap: \$30.45
EMSN 16603 1 Jan 2010	CHORIONIC VILLUS SAMPLING, by any route (See para T4.8 of explanatory notes to this Category) Fee: \$115.20 Benefit: 75% = \$86.40 85% = \$97.95 Extended Medicare Safety Net Cap: \$60.90
EMSN 16606 1 Jan 2010	FETAL BLOOD SAMPLING, using interventional techniques from umbilical cord or fetus, including fetal neuromuscular blockade and amniocentesis (Anaes.) (See para T4.8 of explanatory notes to this Category) Fee: \$229.85 Benefit: 75% = \$172.40 85% = \$195.40 Extended Medicare Safety Net Cap: \$121.80

EMSN 16609 1 Jan 2010	FETAL INTRAVASCULAR BLOOD TRANSFUSION, using blood already collected, including neuromuscular blockade, amniocentesis and fetal blood sampling (Anaes.) <i>(See para T4.8 of explanatory notes to this Category)</i> Fee: \$468.75 Benefit: 75% = \$351.60 85% = \$399.65 Extended Medicare Safety Net Cap: \$233.45
EMSN 16618 1 Jan 2010	AMNIOCENTESIS, THERAPEUTIC, when indicated because of polyhydramnios with at least 500ml being aspirated <i>(See para T4.8 of explanatory notes to this Category)</i> Fee: \$196.40 Benefit: 75% = \$147.30 85% = \$166.95 Extended Medicare Safety Net Cap: \$96.45
OBSTETRICS	
EMSN 16624 1 Jan 2010	FETAL FLUID FILLED CAVITY, drainage of <i>(See para T4.8 of explanatory notes to this Category)</i> Fee: \$282.65 Benefit: 75% = \$212.00 85% = \$240.30 Extended Medicare Safety Net Cap: \$131.95
EMSN 16627 1 Jan 2010	FETO-AMNIOTIC SHUNT, insertion of, into fetal fluid filled cavity, including neuromuscular blockade and amniocentesis <i>(See para T4.8 of explanatory notes to this Category)</i> Fee: \$575.55 Benefit: 75% = \$431.70 85% = \$506.45 Extended Medicare Safety Net Cap: \$284.20
EMSN 16633 1 Jan 2010	PROCEDURE ON MULTIPLE PREGNANCIES relating to items 16606, 16609, 16612, 16615 and 16627 <i>(See para T4.8 of explanatory notes to this Category)</i> Derived Fee: 50% of the fee for the first foetus for any additional foetus tested Extended Medicare Safety Net Cap: \$213.15
EMSN 16636 1 Jan 2010	PROCEDURE ON MULTIPLE PREGNANCIES relating to items 16600, 16603, 16618, 16621 and 16624 <i>(See para T4.8 of explanatory notes to this Category)</i> Derived Fee: 50% of the fee for the first foetus for any additional foetus tested Extended Medicare Safety Net Cap: \$81.20

OPERATIONS	VASCULAR
GROUP T8 - SURGICAL OPERATIONS	
SUBGROUP 3 - VASCULAR	
VARICOSE VEINS	
EMSN 32500 1 Jan 2010	VARICOSE VEINS where varicosity measures 2.5mm or greater in diameter, multiple injections of sclerosant using continuous compression techniques, including associated consultation - 1 or both legs - not being a service associated with any other varicose vein operation on the same leg (excluding after-care) - to a maximum of 6 treatments in a 12 month period (Anaes.) <i>(See para T8.33 of explanatory notes to this Category)</i> Fee: \$103.80 Benefit: 75% = \$77.85 85% = \$88.25 Extended Medicare Safety Net Cap: \$111.65
SUBGROUP 9 - OPHTHALMOLOGY	
EMSN 42702 1 Jan 2010	LENS EXTRACTION AND INSERTION OF ARTIFICIAL LENS, excluding surgery performed for the correction of refractive error <i>except for anisometropia greater than 3 dioptres following the removal of cataract in the first eye</i> (Anaes.) Fee: \$491.85 Benefit: 75% = \$368.90 85% = \$422.75 Extended Medicare Safety Net Cap: \$101.50
SUBGROUP 13 - PLASTIC AND RECONSTRUCTIVE SURGERY	
OTHER GRAFTS AND MISCELLANEOUS PROCEDURES	
EMSN 45560 1 Jan 2010	HAIR TRANSPLANTATION for the treatment of alopecia of congenital or traumatic origin or due to disease, excluding male pattern baldness, not being a service to which another item in this Group applies (Anaes.) Fee: \$491.85 Benefit: 75% = \$368.90 85% = \$422.75 Extended Medicare Safety Net Cap: \$152.25

DIAGNOSTIC IMAGING

ULTRASOUND	OBSTETRIC AND GYNAECOLOGICAL
GROUP I1 - ULTRASOUND	
SUBGROUP 5 - OBSTETRIC AND GYNAECOLOGICAL	
<p>EMSN 55700 1 Jan 2010</p>	<p> PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, ultrasound scan of, by any or all approaches, where: (a) the patient is 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) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (e) one or more of the following conditions are present: (i) hyperemesis gravidarum; (ii) diabetes mellitus; (iii) hypertension; (iv) toxaemia 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) significant 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 (R) </p> <p>Footnote: For nuchal translucency measurements performed when the pregnancy is dated by a crown rump length of 45 to 84mm, refer to item number 55707 (R). Fee is payable only for item 55700 or item 55707, not both items. <i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$60.00 Benefit: 75% = \$45.00 85% = \$51.00 Extended Medicare Safety Net Cap: \$30.45</p>

ULTRASOUND

OBSTETRIC AND GYNAECOLOGICAL

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) toxaemia 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) significant 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)

EMSN

Footnote: For nuchal translucency measurements performed when the pregnancy is dated by a crown rump length of 45 to 84mm, refer to item number 55708 (R). Fee is payable only for item 55703 or item 55707, not both items.

55703

(See para DIQ of explanatory notes to this Category)

1 Jan

Fee: \$35.00

Benefit: 75% = \$26.25

85% = \$29.75

2010

Extended Medicare Safety Net Cap: \$15.25

ULTRASOUND

OBSTETRIC AND GYNAECOLOGICAL

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 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 providing 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) significant 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 (R)

EMSN

Footnote: For nuchal translucency measurements performed when the pregnancy is dated by a crown rump length of 45 to 84mm, refer to item number 55707 (R). Fee is payable only for item 55704 or item 55707, not both items.

55704

(See para DIQ of explanatory notes to this Category)

1 Jan

Fee: \$70.00 **Benefit:** 75% = \$52.50 85% = \$59.50

2010

Extended Medicare Safety Net Cap: \$35.55

ULTRASOUND

OBSTETRIC AND GYNAECOLOGICAL

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) toxaemia 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) significant 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)

EMSN

Footnote: For nuchal translucency measurements performed when the pregnancy is dated by a crown rump length of 45 to 84mm, refer to item number 55708 (R). Fee is payable only for item 55705 or item 55708, not both items.

55705

(See para DIQ of explanatory notes to this Category)

1 Jan

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

2010

Extended Medicare Safety Net Cap: \$15.25

<p>EMSN 55706 1 Jan 2010</p>	<p>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 referred by a medical practitioner; and (b) the dating for 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 providing practitioner is a member; and (e) the service is not performed in the same pregnancy as item 55709 (R) <i>(See para DIQ of explanatory notes to this Category)</i> Fee: \$100.00 Benefit: 75% = \$75.00 85% = \$85.00 Extended Medicare Safety Net Cap: \$50.75</p>
<p>ULTRASOUND OBSTETRIC AND GYNAECOLOGICAL</p>	
<p>EMSN 55707 1 Jan 2010</p>	<p>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 referred by a medical practitioner; and (b) the pregnancy (as confirmed by ultrasound) is dated by a crown rump length of 45 to 84mm; 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 providing practitioner is a member; and (e) one or more of the conditions mentioned in subparagraphs (e) (i) to (xxx) of item 55704 are present; and (f) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (g) the service is not performed with item 55700, 55703, 55704 or 55705 on the same patient within 24 hours (R) <i>(See para DIQ of explanatory notes to this Category)</i> Fee: \$70.00 Benefit: 75% = \$52.50 85% = \$59.50 Extended Medicare Safety Net Cap: \$35.55</p>
<p>EMSN 55708 1 Jan 2010</p>	<p>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 pregnancy (as confirmed by ultrasound) is dated by a crown rump length of 45 to 84mm; 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 conditions in subparagraphs (e) (i) to (xxx) of item 55704 are present; and (e) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (f) the service is not performed in conjunction with item 55700, 55703, 55704 or 55705 on the same patient within 24 hours (NR) <i>(See para DIQ of explanatory notes to this Category)</i> Fee: \$35.00 Benefit: 75% = \$26.25 85% = \$29.75 Extended Medicare Safety Net Cap: \$15.25</p>

<p>EMSN 55709 1 Jan 2010</p>	<p>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) <i>(See para DIQ of explanatory notes to this Category)</i> Fee: \$38.00 Benefit: 75% = \$28.50 85% = \$32.30 Extended Medicare Safety Net Cap: \$20.30</p>
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<p>EMSN 55712 1 Jan 2010</p>	<p>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, 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 or has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics or has obstetric privileges at a non-metropolitan hospital; 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 providing practitioner is a member; and (e) further examination is clinically indicated in the same pregnancy to which item 55706 or 55709 applies (R) <i>(See para DIQ of explanatory notes to this Category)</i> Fee: \$115.00 Benefit: 75% = \$86.25 85% = \$97.75 Extended Medicare Safety Net Cap: \$60.90</p>
<p>EMSN 55715 1 Jan 2010</p>	<p>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 who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, 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) further examination is clinically indicated in the same pregnancy to which item 55706 or 55709 applies (NR) <i>(See para DIQ of explanatory notes to this Category)</i> Fee: \$40.00 Benefit: 75% = \$30.00 85% = \$34.00 Extended Medicare Safety Net Cap: \$20.30</p>

ULTRASOUND

OBSTETRIC AND GYNAECOLOGICAL

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 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 referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member;

and

- (e) the service is not performed in the same pregnancy as item 55723; and
- (f) 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) fetal infection;
- (xx) pregnancy after assisted reproduction;
- (xxi) trauma;
- (xxii) diabetes mellitus;
- (xxiii) hypertension;
- (xxiv) toxemia of pregnancy;
- (xxv) liver or renal disease;
- (xxvi) autoimmune disease;
- (xxvii) cardiac disease;
- (xxviii) alloimmunisation;
- (xxix) maternal infection;
- (xxx) inflammatory bowel disease;
- (xxxi) bowel stoma;
- (xxxii) abdominal wall scarring;
- (xxxiii) previous spinal or pelvic trauma or disease;
- (xxxiv) drug dependency;
- (xxxv) thrombophilia;
- (xxxvi) significant maternal obesity;
- (xxxvii) advanced maternal age;
- (xxxviii) abdominal pain or mass (R)

EMSN

55718

(See para DIQ of explanatory notes to this Category)

1 Jan
2010

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

Extended Medicare Safety Net Cap: \$50.75

<p>EMSN</p> <p>55721</p> <p>1 Jan 2010</p>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of by any or all approaches, where:</p> <p>(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 or has qualifications recognised by the Royal Australian and New Zealand College of Obstericians and Gynaecologists as being equivalent to a Diploma of obstetrics or has obstetric privileges at a non-metropolitan hospital; and</p> <p>(b) the dating of the pregnancy (as confirmed by ultrasound) is after 22 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 providing practitioner is a member; and</p> <p>(e) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$115.00 Benefit: 75% = \$86.25 85% = \$97.75</p> <p>Extended Medicare Safety Net Cap: \$60.90</p>
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ULTRASOUND

OBSTETRIC AND GYNAECOLOGICAL

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) fetal infection;
 - (xx) pregnancy after assisted reproduction;
 - (xxi) trauma;
 - (xxii) diabetes mellitus;
 - (xxiii) hypertension;
 - (xxiv) toxemia of pregnancy;
 - (xxv) liver or renal disease;
 - (xxvi) autoimmune disease;
 - (xxvii) cardiac disease;
 - (xxviii) alloimmunisation;
 - (xxix) maternal infection;
 - (xxx) inflammatory bowel disease;
 - (xxxi) bowel stoma;
 - (xxxii) abdominal wall scarring;
 - (xxxiii) previous spinal or pelvic trauma or disease;
 - (xxxiv) drug dependency;
 - (xxxv) thrombophilia;
 - (xxxvi) significant maternal obesity;
 - (xxxvii) advanced maternal age;
 - (xxxviii) abdominal pain or mass (NR)

EMSN

55723

(See para DIQ of explanatory notes to this Category)

1 Jan
2010

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

Extended Medicare Safety Net Cap: \$20.30

<p>EMSN 55725 1 Jan 2010</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 who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, 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) <i>(See para DIQ of explanatory notes to this Category)</i> Fee: \$40.00 Benefit: 75% = \$30.00 85% = \$34.00 Extended Medicare Safety Net Cap: \$20.30</p>
<p>EMSN 55729 1 Jan 2010</p>	<p>Duplex scanning involving B mode ultrasound imaging and integrated Doppler flow measurements by spectral analysis of the umbilical artery, and measured assessment of amniotic fluid volume after the 24th 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 - (R) <i>(See para DIQ of explanatory notes to this Category)</i> Fee: \$27.25 Benefit: 75% = \$20.45 85% = \$23.20 Extended Medicare Safety Net Cap: \$15.25</p>

ULTRASOUND **OBSTETRIC AND GYNAECOLOGICAL**

<p>EMSN 55762 1 Jan 2010</p>	<p>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:</p> <p>(a) the patient is not referred by a medical practitioner; and (b) ultrasound of the same pregnancy confirms a multiple pregnancy; and (c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and (d) the service is not performed in conjunction with item 55706, 55709, 55712, 55715 or 55759 during the same pregnancy; and (e) the service is not associated with a service to which an item in Subgroups 2 or 3 of this group applies (NR)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$60.00 Benefit: 75% = \$45.00 85% = \$51.00</p> <p>Extended Medicare Safety Net Cap: \$30.45</p>
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<p>EMSN 55764 1 Jan 2010</p>	<p>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, where:</p> <p>(a) the patient is referred by a medical practitioner who is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists or who has a Diploma of Obstetrics or has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of obstetrics or has obstetric privileges at a non-metropolitan hospital; and (b) ultrasound of the same pregnancy confirms a multiple pregnancy; and (c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks gestation; and (d) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (e) the referring practitioner is not a member of a group of practitioners to which the providing practitioner is a member; and (f) further examination is clinically indicated in the same pregnancy to which item 55759 or 55762 has been performed; and (g) not performed in conjunction with item 55706, 55709, 55712 or 55715 during the same pregnancy (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$160.00 Benefit: 75% = \$120.00 85% = \$136.00</p> <p>Extended Medicare Safety Net Cap: \$81.20</p>
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<p>EMSN 55766 1 Jan 2010</p>	<p>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 who is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, where:</p> <p>(a) the patient is not referred by a medical practitioner; and (b) ultrasound of the same pregnancy confirms a multiple pregnancy; and (c) the dating of the pregnancy (as confirmed by ultrasound) is 17 to 22 weeks of gestation; and (d) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; (e) further examination is clinically indicated in the same pregnancy to which item 55759, or 55762 has been performed; and (f) not performed in conjunction with item 55706, 55709, 55712 or 55715 during the same pregnancy (NR)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$65.00 Benefit: 75% = \$48.75 85% = \$55.25</p> <p>Extended Medicare Safety Net Cap: \$30.45</p>
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<p>EMSN 55768 1 Jan 2010</p>	<p>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:</p> <p>(a) dating of the pregnancy (as confirmed by ultrasound) is after 22 weeks of gestation; and</p> <p>(b) the ultrasound confirms a multiple pregnancy; and</p> <p>(c) the patient is referred by a medical practitioner; and</p> <p>(d) the service is not performed in the same pregnancy as item 55770; and</p> <p>(e) the service is not associated with a service to which an item in Subgroups 2 or 3 of this group applies; and</p> <p>(f) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member;</p> <p>and</p> <p>(g) the service is not performed in conjunction with item 55718, 55721, 55723 or 55725 during the same pregnancy (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$150.00 Benefit: 75% = \$112.50 85% = \$127.50</p> <p>Extended Medicare Safety Net Cap: \$76.15</p>
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ULTRASOUND **OBSTETRIC AND GYNAECOLOGICAL**

<p>EMSN 55770 1 Jan 2010</p>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan (not exceeding 1 service in any 1 pregnancy), by any or all approaches, where:</p> <p>(a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and</p> <p>(b) the patient is not referred by a medical practitioner; and</p> <p>(c) the service is not performed in the same pregnancy as item 55768; and</p> <p>(d) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and</p> <p>(e) the service is not associated with a service to which an item in Subgroups 2 or 3 of this group applies; and</p> <p>(f) the service is not performed in conjunction with item 55718, 55721, 55723 or 55725 during the same pregnancy (NR)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$60.00 Benefit: 75% = \$45.00 85% = \$51.00</p> <p>Extended Medicare Safety Net Cap: \$30.45</p>
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<p>EMSN 55772 1 Jan 2010</p>	<p>PELVIS OR ABDOMEN, pregnancy related or pregnancy complication, fetal development and anatomy, ultrasound scan of, by any or all approaches, where:</p> <p>(a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and</p> <p>(b) the patient is referred by a medical practitioner who is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists or who has a Diploma of Obstetrics or has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of obstetrics or has obstetric privileges at a non-metropolitan hospital; and</p> <p>(c) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed; and</p> <p>(d) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and</p> <p>(e) the service is not associated with a service to which an item in Subgroups 2 or 3 of this group applies; and</p> <p>(f) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and</p> <p>(g) the service is not performed in conjunction with item 55718, 55721, 55723 or 55725 during the same pregnancy (R)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$160.00 Benefit: 75% = \$120.00 85% = \$136.00</p> <p>Extended Medicare Safety Net Cap: \$81.20</p>
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<p>EMSN</p> <p>55774</p> <p>1 Jan 2010</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 who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, where:</p> <p>(a) dating of the pregnancy as confirmed by ultrasound is after 22 weeks of gestation; and</p> <p>(b) the patient is not referred by a medical practitioner; and</p> <p>(c) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed ;and</p> <p>(d) the pregnancy as confirmed by ultrasound is a multiple pregnancy; and</p> <p>(e) the service is not associated with a service to which an item in Subgroups 2 or 3 of this group applies; and</p> <p>(f) the service is not performed in conjunction with item 55718, 55721 55723 or 55725 during the same pregnancy (NR)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p>Fee: \$65.00 Benefit: 75% = \$48.75 85% = \$55.25</p> <p>Extended Medicare Safety Net Cap: \$35.55</p>
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GROUP 13 - DIAGNOSTIC RADIOLOGY	
SUBGROUP 4 - RADIOGRAPHIC EXAMINATION OF SPINE	
Fee 58108 1 Jan 2010	Spine, four regions, cervical, thoracic, lumbosacral and sacrococcygeal (R) <i>(See para DIQ of explanatory notes to this Category)</i> Fee: \$132.90 <u>\$110.00</u> Benefit: 75% = \$99.70 <u>\$82.50</u> 85% = \$113.00 <u>\$93.50</u>
Fee 58115 1 Jan 2010	<i>NOTE: An account issued or a patient assignment form must show the item numbers of the examinations performed under this item</i> Spine, three examinations of the kind mentioned in items 58100, 58103, 58106 and 58109 (R) <i>(See para DIQ of explanatory notes to this Category)</i> Fee: \$132.90 <u>\$110.00</u> Benefit: 75% = \$99.70 <u>\$82.50</u> 85% = \$113.00 <u>\$93.50</u>
New 58120 1 Jan 2010	Spine, four regions, cervical, thoracic, lumbosacral and sacrococcygeal (R), if the service to which item 58120 or 58121 applies has not been performed on the same patient within the same calendar year Fee: \$110.00 Benefit: 75% = \$82.50 85% = \$93.50
New 58121 1 Jan 2010	<i>NOTE: An account issued or a patient assignment form must show the item numbers of the examinations performed under this item</i> Spine, three examinations of the kind mentioned in items 58100, 58103, 58106 and 58109 (R), if the service to which item 58120 or 58121 applies has not been performed on the same patient within the same calendar year Fee: \$110.00 Benefit: 75% = \$82.50 85% = \$93.50

GROUP 15 - MAGNETIC RESONANCE IMAGING	
SUBGROUP 19 - SCAN OF BODY - FOR SPECIFIED CONDITIONS	
<p>Amend 63464 1 Jan 2010</p>	<p>MAGNETIC RESONANCE IMAGING performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where:</p> <p>(a) a dedicated breast coil is used; and</p> <p>(b) the request for scan identifies that the woman is asymptomatic and is less than 50 years of age; and</p> <p>(c) the request for scan identifies either:</p> <p>(i) that the patient is at high risk of developing breast cancer, due to 1 of the following:</p> <p>(A) 3 or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer;</p> <p>(B) 2 or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer, including any of the following features if any of the following applies to at least 1 of the relatives:</p> <ul style="list-style-type: none"> - has been diagnosed with bilateral breast cancer; - had onset of breast cancer before the age of 40 years; - had onset of ovarian cancer before the age of 50 years; - has been diagnosed with breast and ovarian cancer, at the same time or at different times in one relative; - has Ashkenazi Jewish ancestry; - is a male relative who has been diagnosed with breast cancer in a male relative; <p>(C) 1 first or second degree relative diagnosed with breast cancer at age 45 years or younger, plus another first or second degree relative on the same side of the family with bone or soft tissue sarcoma at age 45 years or younger; or</p> <p>(ii) that genetic testing has identified the presence of a high risk breast cancer gene mutation.</p> <p>Scan of both breasts for:</p> <ul style="list-style-type: none"> - detection of cancer (R) <p>NOTE: Benefits are payable on one occasion only in any 12 month period (Anaes.) <i>(See para D1Q of explanatory notes to this Category)</i></p> <p>Fee: \$690.00 Benefit: 75% = \$517.50 85% = \$620.90</p>