

# **Medicare Benefits Schedule**

## **Summary of Changes**

**Effective 1 July 2010**

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## 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-strike-through~~ 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 May 2010

597	598	599	600	701	703	705	707	
715	732	735	739	743	747	750	758	
10985	10986	15710	36663	36664	36665	36666	36667	36668
73290	73291	73292	73293	73294				

#### 1 January 2010

2702	13201	13202	16401	16404	16591	58120	58121	
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### Deleted Items (Del)

#### 1 July 2010

10985

#### 1 May 2010

1	2	13	19	25	33	38	40	48
50	81	83	84	86	87	89	90	91
97	98	601	602	603	696	697	698	700
702	704	706	708	709	710	711	712	713
714	716	717	718	719	725	727	734	736
738	740	742	744	746	749	757	759	762
765	768	771	773	775	778	779	5007	5026
5046	5064	5240	5243	5247	5248			

**Amended Description (Amend)**

**1 July 2010**

[10992](#)    [61369](#)    [61650](#)

**1 May 2010**

3	4	20	23	24	35	36	37	43
44	47	51	58	59	60	65	173	193
195	197	199	410	411	412	413	414	415
416	417	721	723	729	731	2497	2501	2503
2504	2506	2507	2509	2517	2518	2521	2522	2525
2526	2546	2547	2552	2553	2558	2559	5000	5003
5010	5020	5023	5028	5040	5043	5049	5060	5063
5067	5220	5223	5227	5228	5260	5263	5265	5267
15700	15705	18354	18356	18358	30479	32087	32093	73287
73289	81100	81110	81120	81300				

**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 May 2010**

36	44	197	199	412	413	2504	2507	2521
2525	2552	2558	5040	5060				

**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
16512	16514	16515	16518	16519	16520	16522	16525	16564
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 5 – Diagnostic Imaging Services**

NUCLEAR MEDICINE IMAGING		NUCLEAR MEDICINE IMAGING	
GROUP 14 - NUCLEAR MEDICINE IMAGING			
<b>Amend 61369</b>	<p>INDIUM-LABELLED OCTREOTIDE STUDY - including single photon emission tomography when undertaken, where:</p> <p>(a) there is a suspected gastro-entero-pancreatic endocrine tumour, based on biochemical evidence, with negative or equivocal conventional imaging; or</p> <p>(b) a surgically amenable gastro-entero-pancreatic endocrine tumour has been identified based on conventional techniques, in order to exclude additional disease sites. <b>Ministerial Determination (R)</b></p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$2,015.75      <b>Benefit:</b> 75% = \$1,511.85    85% = \$1,946.65</p>		
<b>Amend 61650</b>	<p>LEUKOSCAN STUDY, for use in diagnostic imaging of the long bones and feet in patients with suspected osteomyelitis, and where patients do not have access to <i>ex-vivo WBC scanning</i>. <b>Ministerial Determination (R)</b></p> <p><i>Note</i> LeukoScan is only indicated for diagnostic imaging in patients suspected of infection in the long bones and feet, including those with diabetic ulcers. The descriptor does not cover patients who are being investigated for other sites of infection</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$878.70      <b>Benefit:</b> 75% = \$659.05    85% = \$809.60</p>		

**Category 8 – Miscellaneous Services**

MISCELLANEOUS	MISCELLANEOUS
<p><b>Amend</b> <b>10992</b></p>	<p>A medical service to which item <del>1, 97, 601, 603, 696, 697, 597, 598, 599, 600</del>, 5003, <del>5007</del>, 5010, 5023, <del>5026</del>, 5028, 5043, <del>5046</del>, 5049, 5063, <del>6064</del>, 5067, 5220, 5223, 5227, 5228, <del>5240, 5243, 5247, 5248</del>, 5260, 5263, 5265 or 5267 applies if:</p> <p>(a) the service is an unreferral service; and</p> <p>(b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and</p> <p>(c) the person is not an admitted patient of a hospital; and</p> <p>(d) the service is not provided in consulting rooms; and</p> <p>(e) the service is provided in one of the following eligible areas:</p> <p>(i) a regional, rural or remote area; or</p> <p>(ii) Tasmania; or</p> <p>(iii) A geographical area included in any of the following SSD spatial units:</p> <p>(A) Beaudesert Shire Part A</p> <p>(B) Belconnen</p> <p>(C) Darwin City</p> <p>(D) Eastern Outer Melbourne</p> <p>(E) East Metropolitan, Perth</p> <p>(F) Frankston City</p> <p>(G) Gosford-Wyong</p> <p>(H) Greater Geelong City Part A</p> <p>(I) Gungahlin-Hall</p> <p>(J) Ipswich City (part in BSD)</p> <p>(K) Litchfield Shire</p> <p>(L) Melton-Wyndham</p> <p>(M) Mornington Peninsula Shire</p> <p>(N) Newcastle</p> <p>(O) North Canberra</p> <p>(P) Palmerston-East Arm</p> <p>(Q) Pine Rivers Shire</p> <p>(R) Queanbeyan</p> <p>(S) South Canberra</p> <p>(T) South Eastern Outer Melbourne</p> <p>(U) Southern Adelaide</p> <p>(V) South West Metropolitan, Perth</p> <p>(W) Thuringowa City Part A</p> <p>(X) Townsville City Part A</p> <p>(Y) Tuggeranong</p> <p>(Z) Weston Creek-Stromlo</p> <p>(ZA) Woden Valley</p> <p>(ZB) Yarra Ranges Shire Part A; or</p> <p>(iv) the geographical area included in the SLA spatial unit of Palm Island (AC)</p> <p>(f) the service is provided by, or on behalf of, a medical practitioner whose practice location is not in an eligible area; and</p> <p>(g) the service is bulk billed in respect of the fees for:</p> <p>(i) this item; and</p> <p>(ii) the other item in this table applying to the service.</p> <p><i>(See para M1.2 of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$10.05                      <b>Benefit:</b> 85% = \$8.55</p>