

T8. SURGICAL OPERATIONS		1. GENERAL
	Group T8. Surgical Operations	
	Subgroup 1. General	
	OPERATIVE PROCEDURE, not being a service to which any other item in this Group applies, being a service to which an item in this Group would have applied had the procedure not been discontinued on medical grounds (See para TN.8.5 of explanatory notes to this Category)	
30001	Derived Fee: 50% of the fee which would have applied had the procedure not been discontinued	
	LOCALISED BURNS, dressing of, (not involving grafting) each attendance at which the procedure is performed, including any associated consultation	
30003	Fee: \$37.80 Benefit: 75% = \$28.35 85% = \$32.15	
	EXTENSIVE BURNS, dressing of, without anaesthesia (not involving grafting) each attendance at which the procedure is performed, including any associated consultation	
30006	Fee: \$48.40 Benefit: 75% = \$36.30 85% = \$41.15	
	LOCALISED BURNS, dressing of, under general anaesthesia (not involving grafting) (Anaes.)	
30010	Fee: \$76.95 Benefit: 75% = \$57.75	
	EXTENSIVE BURNS, dressing of, under general anaesthesia (not involving grafting) (Anaes.)	
30014	Fee: \$161.70 Benefit: 75% = \$121.30	
	BURNS, excision of, under general anaesthesia, involving not more than 10 per cent of body surface, where grafting is not carried out during the same operation (Anaes.) (Assist.)	
30017	Fee: \$339.25 Benefit: 75% = \$254.45 85% = \$288.40	
	BURNS, excision of, under general anaesthesia, involving more than 10 per cent of body surface, where grafting is not carried out during the same operation (Anaes.) (Assist.)	
30020	Fee: \$660.75 Benefit: 75% = \$495.60	
	WOUND OF SOFT TISSUE, traumatic, deep or extensively contaminated, debridement of, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Anaes.) (Assist.) (See para TN.8.6, TN.8.200 of explanatory notes to this Category)	
30023	Fee: \$339.25 Benefit: 75% = \$254.45 85% = \$288.40	
	WOUND OF SOFT TISSUE, debridement of extensively infected post-surgical incision or Fournier's Gangrene, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Anaes.) (Assist.)	
30024	Fee: \$339.25 Benefit: 75% = \$254.45 85% = \$288.40	
	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF WOUND OF, other than wound closure at time of surgery, not on face or neck, small (NOT MORE THAN 7 CM LONG), superficial, not being a service to which another item in Group T4 applies (Anaes.) (See para TN.8.6 of explanatory notes to this Category)	
30026	Fee: \$54.35 Benefit: 75% = \$40.80 85% = \$46.20	

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30029	<p>SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF WOUND OF, other than wound closure at time of surgery, not on face or neck, small (NOT MORE THAN 7 CM LONG), involving deeper tissue, not being a service to which another item in Group T4 applies (Anaes.)</p> <p>(See para TN.8.6 of explanatory notes to this Category) Fee: \$93.65 Benefit: 75% = \$70.25 85% = \$79.65</p>	
30032	<p>SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF WOUND OF, other than wound closure at time of surgery, on face or neck, small (NOT MORE THAN 7 CM LONG), superficial (Anaes.)</p> <p>(See para TN.8.6 of explanatory notes to this Category) Fee: \$85.80 Benefit: 75% = \$64.35 85% = \$72.95</p>	
30035	<p>SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF WOUND OF, other than wound closure at time of surgery, on face or neck, small (NOT MORE THAN 7 CM LONG), involving deeper tissue (Anaes.)</p> <p>(See para TN.8.6 of explanatory notes to this Category) Fee: \$122.35 Benefit: 75% = \$91.80 85% = \$104.00</p>	
30038	<p>SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF WOUND OF, other than wound closure at time of surgery, not on face or neck, large (MORE THAN 7 CM LONG), superficial, not being a service to which another item in Group T4 applies (Anaes.)</p> <p>(See para TN.8.6 of explanatory notes to this Category) Fee: \$93.65 Benefit: 75% = \$70.25 85% = \$79.65</p>	
30042	<p>SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF WOUND OF, other than wound closure at time of surgery, other than on face or neck, large (MORE THAN 7 CM LONG), involving deeper tissue, other than a service to which another item in Group T4 applies (Anaes.)</p> <p>(See para TN.8.6 of explanatory notes to this Category) Fee: \$193.10 Benefit: 75% = \$144.85 85% = \$164.15</p>	
30045	<p>SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF WOUND OF, other than wound closure at time of surgery, on face or neck, large (MORE THAN 7 CM LONG), superficial (Anaes.)</p> <p>(See para TN.8.6 of explanatory notes to this Category) Fee: \$122.35 Benefit: 75% = \$91.80 85% = \$104.00</p>	
30049	<p>SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF WOUND OF, other than wound closure at time of surgery, on face or neck, large (MORE THAN 7 CM LONG), involving deeper tissue (Anaes.)</p> <p>(See para TN.8.6 of explanatory notes to this Category) Fee: \$193.10 Benefit: 75% = \$144.85 85% = \$164.15</p>	
30052	<p>FULL THICKNESS LACERATION OF EAR, EYELID, NOSE OR LIP, repair of, with accurate apposition of each layer of tissue (Anaes.) (Assist.)</p> <p>Fee: \$264.25 Benefit: 75% = \$198.20 85% = \$224.65</p>	
30055	<p>Wounds, dressing of, under general, regional or intravenous sedation, with or without removal of sutures, other than a service associated with a service to which another item in this Group applies (Anaes.)</p> <p>Fee: \$76.95 Benefit: 75% = \$57.75 85% = \$65.45</p>	

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30058	POSTOPERATIVE HAEMORRHAGE, control of, under general anaesthesia, as an independent procedure (Anaes.) Fee: \$150.20 Benefit: 75% = \$112.65 85% = \$127.70	
30061	SUPERFICIAL FOREIGN BODY, REMOVAL OF, (including from cornea or sclera), as an independent procedure (Anaes.) Fee: \$24.45 Benefit: 75% = \$18.35 85% = \$20.80	
30062	Etonogestrel subcutaneous implant, removal of, as an independent procedure (Anaes.) Fee: \$63.20 Benefit: 75% = \$47.40 85% = \$53.75	
30064	SUBCUTANEOUS FOREIGN BODY, removal of, requiring incision and exploration, including closure of wound if performed, as an independent procedure (Anaes.) Fee: \$114.30 Benefit: 75% = \$85.75 85% = \$97.20	
30068	FOREIGN BODY IN MUSCLE, TENDON OR OTHER DEEP TISSUE, removal of, as an independent procedure (Anaes.) (Assist.) Fee: \$288.00 Benefit: 75% = \$216.00 85% = \$244.80	
30071	Diagnostic biopsy of skin, as an independent procedure, if the biopsy specimen is sent for pathological examination (Anaes.) (See para TN.8.7 of explanatory notes to this Category) Fee: \$54.35 Benefit: 75% = \$40.80 85% = \$46.20 Extended Medicare Safety Net Cap: \$43.50	
30072	Diagnostic biopsy of mucous membrane, as an independent procedure, if the biopsy specimen is sent for pathological examination (Anaes.) (See para TN.8.7 of explanatory notes to this Category) Fee: \$54.35 Benefit: 75% = \$40.80 85% = \$46.20	
30075	DIAGNOSTIC BIOPSY OF LYMPH NODE, MUSCLE OR OTHER DEEP TISSUE OR ORGAN, as an independent procedure, if the biopsy specimen is sent for pathological examination (Anaes.) Fee: \$155.85 Benefit: 75% = \$116.90 85% = \$132.50	
30078	DIAGNOSTIC DRILL BIOPSY OF LYMPH NODE, DEEP TISSUE OR ORGAN, as an independent procedure, where the biopsy specimen is sent for pathological examination (Anaes.) (See para TN.8.7 of explanatory notes to this Category) Fee: \$50.45 Benefit: 75% = \$37.85 85% = \$42.90	
30081	DIAGNOSTIC BIOPSY OF BONE MARROW by trephine using open approach, where the biopsy specimen is sent for pathological examination (Anaes.) (See para TN.8.7 of explanatory notes to this Category) Fee: \$114.30 Benefit: 75% = \$85.75 85% = \$97.20	
30084	DIAGNOSTIC BIOPSY OF BONE MARROW by trephine using percutaneous approach where the biopsy is sent for pathological examination (Anaes.) (See para TN.8.7 of explanatory notes to this Category) Fee: \$61.20 Benefit: 75% = \$45.90 85% = \$52.05	
30087	DIAGNOSTIC BIOPSY OF BONE MARROW by aspiration or PUNCH BIOPSY OF SYNOVIAL MEMBRANE, where the biopsy is sent for pathological examination (Anaes.)	

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	(See para TN.8.7 of explanatory notes to this Category) Fee: \$30.60 Benefit: 75% = \$22.95 85% = \$26.05	
30090	DIAGNOSTIC BIOPSY OF PLEURA, PERCUTANEOUS 1 or more biopsies on any 1 occasion, where the biopsy is sent for pathological examination (Anaes.) (See para TN.8.7 of explanatory notes to this Category) Fee: \$133.75 Benefit: 75% = \$100.35 85% = \$113.70	
30093	DIAGNOSTIC NEEDLE BIOPSY OF VERTEBRA, where the biopsy is sent for pathological examination (Anaes.) (See para TN.8.7 of explanatory notes to this Category) Fee: \$178.50 Benefit: 75% = \$133.90 85% = \$151.75	
30094	DIAGNOSTIC PERCUTANEOUS ASPIRATION BIOPSY of deep organ using interventional imaging techniques - but not including imaging, where the biopsy is sent for pathological examination (Anaes.) (See para TN.8.7 of explanatory notes to this Category) Fee: \$197.10 Benefit: 75% = \$147.85 85% = \$167.55	
30097	Personal performance of a Synacthen Stimulation Test, including associated consultation; by a medical practitioner with resuscitation training and access to facilities where life support procedures can be implemented, if: a. serum cortisol at 0830-0930 hours on any day in the preceding month has been measured at greater than 100 nmol/L but less than 400 nmol/L; or b. in a patient who is acutely unwell and adrenal insufficiency is suspected. (See para TN.8.139 of explanatory notes to this Category) Fee: \$101.10 Benefit: 75% = \$75.85 85% = \$85.95	
30099	SINUS, excision of, involving superficial tissue only (Anaes.) Fee: \$93.65 Benefit: 75% = \$70.25 85% = \$79.65	
30103	SINUS, excision of, involving muscle and deep tissue (Anaes.) Fee: \$191.35 Benefit: 75% = \$143.55 85% = \$162.65	
30104	Pre-auricular sinus, excision of, on a patient 10 years of age or over (Anaes.) Fee: \$132.10 Benefit: 75% = \$99.10 85% = \$112.30	
30105	Pre-auricular sinus, excision of, on a patient under 10 years of age (Anaes.) Fee: \$171.65 Benefit: 75% = \$128.75 85% = \$145.95	
30107	Excision of ganglion, other than a service associated with a service to which another item in this Group applies (Anaes.) Fee: \$228.85 Benefit: 75% = \$171.65 85% = \$194.55	
30165	Lipectomy, wedge excision of abdominal apron that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30168, 30171, 30172, 30176, 30177, 30179, 45530, 45564 or 45565 applies, if: (a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non surgical) treatment; and	

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	<p>(b) the abdominal apron interferes with the activities of daily living; and</p> <p>(c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.8 of explanatory notes to this Category) Fee: \$473.30 Benefit: 75% = \$355.00</p>	
30168	<p>Lipectomy, wedge excision of redundant non abdominal skin and fat that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30165, 30171, 30172, 30176, 30177, 30179, 45530, 45564 or 45565 applies, if:</p> <p>(a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non surgical) treatment; and</p> <p>(b) the redundant skin and fat interferes with the activities of daily living; and</p> <p>(c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy; and</p> <p>(d) the procedure involves 1 excision only</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.8 of explanatory notes to this Category) Fee: \$473.30 Benefit: 75% = \$355.00</p>	
30171	<p>Lipectomy, wedge excision of redundant non abdominal skin and fat that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30165, 30168, 30172, 30176, 30177, 30179, 45530, 45564 or 45565 applies, if:</p> <p>(a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non surgical) treatment; and</p> <p>(b) the redundant skin and fat interferes with the activities of daily living; and</p> <p>(c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy; and</p> <p>(d) the procedure involves 2 excisions only</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.8 of explanatory notes to this Category) Fee: \$719.75 Benefit: 75% = \$539.85</p>	
30172	<p>Lipectomy, wedge excision of redundant non abdominal skin and fat that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30165, 30168, 30171, 30176, 30177, 30179, 45530, 45564 or 45565 applies, if:</p> <p>(a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non surgical) treatment; and</p> <p>(b) the redundant skin and fat interferes with the activities of daily living; and</p>	

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	<p>(c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy; and</p> <p>(d) the procedure involves 3 or more excisions</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.8 of explanatory notes to this Category) Fee: \$719.75 Benefit: 75% = \$539.85</p>	
30176	<p>Lipectomy, radical abdominoplasty (Pitanguy type or similar), with excision of skin and subcutaneous tissue, repair of musculoaponeurotic layer and transposition of umbilicus, not being a service associated with a service to which item 30165, 30168, 30171, 30172, 30177, 30179, 45530, 45564 or 45565 applies, if the patient has previously had a massive intra-abdominal or pelvic tumour surgically removed (Anaes.) (Assist.)</p> <p>(See para TN.8.8 of explanatory notes to this Category) Fee: \$1,025.60 Benefit: 75% = \$769.20</p>	
30177	<p>Lipectomy, excision of skin and subcutaneous tissue associated with redundant abdominal skin and fat that is a direct consequence of significant weight loss, in conjunction with a radical abdominoplasty (Pitanguy type or similar), with or without repair of musculoaponeurotic layer and transposition of umbilicus, not being a service associated with a service to which item 30165, 30168, 30171, 30172, 30176, 30179, 45530, 45564 or 45565 applies, if:</p> <p>(a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non surgical) treatment; and</p> <p>(b) the redundant skin and fat interferes with the activities of daily living; and</p> <p>(c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.8 of explanatory notes to this Category) Fee: \$1,025.60 Benefit: 75% = \$769.20</p>	
30179	<p>Circumferential lipectomy, as an independent procedure, to correct circumferential excess of redundant skin and fat that is a direct consequence of significant weight loss, with or without a radical abdominoplasty (Pitanguy type or similar), not being a service associated with a service to which item 30165, 30168, 30171, 30172, 30176, 30177, 45530, 45564 or 45565 applies, if:</p> <p>(a) the circumferential excess of redundant skin and fat is complicated by intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non surgical) treatment; and</p> <p>(b) the circumferential excess of redundant skin and fat interferes with the activities of daily living; and</p> <p>(c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.8 of explanatory notes to this Category) Fee: \$1,262.30 Benefit: 75% = \$946.75</p>	
30180	<p>AXILLARY HYPERHIDROSIS, partial excision for (Anaes.)</p>	

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	Fee: \$142.05 Benefit: 75% = \$106.55 85% = \$120.75	
30183	AXILLARY HYPERHIDROSIS, total excision of sweat gland bearing area (Anaes.) Fee: \$256.50 Benefit: 75% = \$192.40 85% = \$218.05	
30187	PALMAR OR PLANTAR WARTS, removal of, by carbon dioxide laser or erbium laser, requiring admission to a hospital, or when performed by a specialist in the practice of his/her specialty, (5 or more warts) (Anaes.) (See para TN.8.9 of explanatory notes to this Category) Fee: \$267.35 Benefit: 75% = \$200.55 85% = \$227.25	
30189	WARTS or MOLLUSCUM CONTAGIOSUM (one or more), removal of, by any method (other than by chemical means), where undertaken in the operating theatre of a hospital, not being a service associated with a service to which another item in this Group applies (H) (Anaes.) (See para TN.8.9 of explanatory notes to this Category) Fee: \$153.25 Benefit: 75% = \$114.95	
30190	Angiofibromas, trichoepitheliomas or other severely disfiguring tumours of the face or neck (excluding melanocytic naevi, sebaceous hyperplasia, dermatosis papulosa nigra, Campbell De Morgan angiomas and seborrheic or viral warts), suitable for laser ablation as confirmed by the opinion of a specialist in the specialty of dermatology—removal of, by carbon dioxide laser or erbium laser ablation, including associated resurfacing (10 or more tumours) (Anaes.) Fee: \$413.85 Benefit: 75% = \$310.40 85% = \$351.80	
30191	Angiofibromas, trichoepithelioma, epidermal naevi, xanthelasma, pyogenic granuloma, genital angiokeratomas, hereditary haemorrhagic telangiectasia and other severely disfiguring or recurrently bleeding tumours (excluding melanocytic naevi, sebaceous hyperplasia, dermatosis papulosa nigra, Campbell De Morgan angiomas and seborrheic or viral warts), treatment of, with carbon dioxide/erbium or other appropriate laser (or curettage and fine point diathermy for pyogenic granuloma only), if confirmed by the opinion of a specialist in the specialty of dermatology, one or more lesions. Fee: \$66.05 Benefit: 75% = \$49.55 85% = \$56.15	
30192	PREMALIGNANT SKIN LESIONS (including solar keratoses), treatment of, by ablative technique (10 or more lesions) (Anaes.) (See para TN.8.9 of explanatory notes to this Category) Fee: \$41.15 Benefit: 75% = \$30.90 85% = \$35.00	
30196	Malignant neoplasm of skin or mucous membrane that has been: (a) proven by histopathology; or (b) confirmed by the opinion of a specialist in the specialty of dermatology or plastic surgery where a specimen has been submitted for histologic confirmation; removal of, by serial curettage, or carbon dioxide laser or erbium laser excision-ablation, including any associated cryotherapy or diathermy (Anaes.) (See para TN.8.10 of explanatory notes to this Category) Fee: \$131.35 Benefit: 75% = \$98.55 85% = \$111.65	
30202	Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by the opinion of a specialist in the specialty of dermatology or plastic surgery—removal of, by liquid nitrogen cryotherapy using repeat freeze thaw cycles	

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	(See para TN.8.10 of explanatory notes to this Category) Fee: \$50.30 Benefit: 75% = \$37.75 85% = \$42.80	
30207	Skin lesions, multiple injections with glucocorticoid preparations (Anaes.) Fee: \$46.40 Benefit: 75% = \$34.80 85% = \$39.45	
30210	Keloid and other skin lesions, extensive, multiple injections of glucocorticoid preparations, if undertaken in the operating theatre of a hospital on a patient less than 16 years of age (Anaes.) Fee: \$169.55 Benefit: 75% = \$127.20	
30216	HAEMATOMA, aspiration of (Anaes.) Fee: \$28.45 Benefit: 75% = \$21.35 85% = \$24.20	
30219	HAEMATOMA, FURUNCLE, SMALL ABSCESS OR SIMILAR LESION not requiring admission to a hospital - INCISION WITH DRAINAGE OF (excluding aftercare) (See para TN.8.4 of explanatory notes to this Category) Fee: \$28.45 Benefit: 75% = \$21.35 85% = \$24.20	
30223	LARGE HAEMATOMA, LARGE ABSCESS, CARBUNCLE, CELLULITIS or similar lesion, requiring admission to a hospital, INCISION WITH DRAINAGE OF (excluding aftercare) (Anaes.) (See para TN.8.4 of explanatory notes to this Category) Fee: \$169.55 Benefit: 75% = \$127.20	
30224	PERCUTANEOUS DRAINAGE OF DEEP ABSCESS using interventional imaging techniques - but not including imaging (Anaes.) Fee: \$247.20 Benefit: 75% = \$185.40 85% = \$210.15	
30225	ABSCESS DRAINAGE TUBE, exchange of using interventional imaging techniques - but not including imaging (Anaes.) Fee: \$278.55 Benefit: 75% = \$208.95 85% = \$236.80	
30226	MUSCLE, excision of (LIMITED), or fasciotomy (Anaes.) Fee: \$155.85 Benefit: 75% = \$116.90 85% = \$132.50	
30229	MUSCLE, excision of (EXTENSIVE) (Anaes.) (Assist.) Fee: \$284.00 Benefit: 75% = \$213.00 85% = \$241.40	
30232	MUSCLE, RUPTURED, repair of (limited), not associated with external wound (Anaes.) Fee: \$232.70 Benefit: 75% = \$174.55 85% = \$197.80	
30235	MUSCLE, RUPTURED, repair of (extensive), not associated with external wound (Anaes.) (Assist.) Fee: \$307.70 Benefit: 75% = \$230.80 85% = \$261.55	
30238	FASCIA, DEEP, repair of, FOR HERNIATED MUSCLE (Anaes.) Fee: \$155.85 Benefit: 75% = \$116.90 85% = \$132.50	
30241	BONE TUMOUR, INNOCENT, excision of, not being a service to which another item in this Group applies (Anaes.) (Assist.) Fee: \$370.80 Benefit: 75% = \$278.10 85% = \$315.20	
30244	STYLOID PROCESS OF TEMPORAL BONE, removal of (Anaes.) (Assist.)	

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	Fee: \$370.80 Benefit: 75% = \$278.10	
30246	PAROTID DUCT, repair of, using micro-surgical techniques (Anaes.) (Assist.) Fee: \$717.75 Benefit: 75% = \$538.35	
30247	PAROTID GLAND, total extirpation of (Anaes.) (Assist.) Fee: \$769.30 Benefit: 75% = \$577.00	
30250	PAROTID GLAND, total extirpation of, with preservation of facial nerve (Anaes.) (Assist.) Fee: \$1,301.75 Benefit: 75% = \$976.35	
30251	RECURRENT PAROTID TUMOUR, excision of, with preservation of facial nerve (Anaes.) (Assist.) Fee: \$1,999.65 Benefit: 75% = \$1499.75 85% = \$1914.95	
30253	PAROTID GLAND, SUPERFICIAL LOBECTOMY OF, with exposure of facial nerve (Anaes.) (Assist.) Fee: \$867.85 Benefit: 75% = \$650.90	
30255	SUBMANDIBULAR DUCTS, relocation of, for surgical control of drooling (Anaes.) (Assist.) Fee: \$1,155.65 Benefit: 75% = \$866.75	
30256	SUBMANDIBULAR GLAND, extirpation of (Anaes.) (Assist.) Fee: \$463.50 Benefit: 75% = \$347.65	
30259	SUBLINGUAL GLAND, extirpation of (Anaes.) Fee: \$206.60 Benefit: 75% = \$154.95 85% = \$175.65	
30262	SALIVARY GLAND, DILATATION OR DIATHERMY of duct (Anaes.) Fee: \$61.20 Benefit: 75% = \$45.90 85% = \$52.05	
30266	Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, 1 or more such procedures. (Anaes.) Fee: \$155.85 Benefit: 75% = \$116.90 85% = \$132.50	
30269	SALIVARY GLAND, repair of CUTANEOUS FISTULA OF (Anaes.) Fee: \$155.85 Benefit: 75% = \$116.90 85% = \$132.50	
30272	TONGUE, partial excision of (Anaes.) (Assist.) Fee: \$307.70 Benefit: 75% = \$230.80 85% = \$261.55	
30275	RADICAL EXCISION OF INTRAORAL TUMOUR INVOLVING RESECTION OF MANDIBLE AND LYMPH NODES OF NECK (commandotype operation) (Anaes.) (Assist.) Fee: \$1,834.15 Benefit: 75% = \$1375.65	
30278	TONGUE TIE, repair of, not being a service to which another item in this Group applies (Anaes.) Fee: \$48.40 Benefit: 75% = \$36.30 85% = \$41.15	
30281	Tongue tie, mandibular frenulum or maxillary frenulum, repair of, in a patient aged 2 years and over, under general anaesthesia (Anaes.) Fee: \$124.30 Benefit: 75% = \$93.25 85% = \$105.70	

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30283	RANULA OR MUCOUS CYST OF MOUTH, removal of (Anaes.) Fee: \$213.00 Benefit: 75% = \$159.75 85% = \$181.05	
30286	Branchial cyst, removal of, on a patient 10 years of age or over (Anaes.) (Assist.) Fee: \$413.95 Benefit: 75% = \$310.50 85% = \$351.90	
30287	Branchial cyst, removal of, on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$538.20 Benefit: 75% = \$403.65 85% = \$457.50	
30289	Branchial fistula, removal of, on a patient 10 years of age or over (Anaes.) (Assist.) Fee: \$522.60 Benefit: 75% = \$391.95	
30293	CERVICAL OESOPHAGOSTOMY or CLOSURE OF CERVICAL OESOPHAGOSTOMY with or without plastic repair (Anaes.) (Assist.) Fee: \$463.50 Benefit: 75% = \$347.65 85% = \$394.00	
30294	CERVICAL OESOPHAGECTOMY with tracheostomy and oesophagostomy, with or without plastic reconstruction; or LARYNGOPHARYNGECTOMY with tracheostomy and plastic reconstruction (Anaes.) (Assist.) Fee: \$1,834.15 Benefit: 75% = \$1375.65	
30296	THYROIDECTOMY, total (Anaes.) (Assist.) (See para TN.8.137 of explanatory notes to this Category) Fee: \$1,065.20 Benefit: 75% = \$798.90	
30297	THYROIDECTOMY following previous thyroid surgery (Anaes.) (Assist.) (See para TN.8.138 of explanatory notes to this Category) Fee: \$1,065.20 Benefit: 75% = \$798.90	
30299	SENTINEL LYMPH NODE BIOPSY OR BIOPSIES for breast cancer, involving dissection in a level I axilla, using preoperative lymphoscintigraphy and lymphotropic dye injection, not being a service associated with a service to which item 30300, 30302 or 30303 applies (Anaes.) (Assist.) (See para TN.8.12 of explanatory notes to this Category) Fee: \$663.25 Benefit: 75% = \$497.45	
30300	SENTINEL LYMPH NODE BIOPSY OR BIOPSIES for breast cancer, involving dissection in a level II/III axilla, using preoperative lymphoscintigraphy and lymphotropic dye injection, not being a service associated with a service to which item 30299, 30302 or 30303 applies (Anaes.) (Assist.) (See para TN.8.12 of explanatory notes to this Category) Fee: \$795.90 Benefit: 75% = \$596.95	
30302	SENTINEL LYMPH NODE BIOPSY OR BIOPSIES for breast cancer, involving dissection in a level I axilla, using lymphotropic dye injection, not being a service associated with a service to which item 30299, 30300 or 30303 applies (Anaes.) (Assist.) (See para TN.8.12 of explanatory notes to this Category) Fee: \$530.60 Benefit: 75% = \$397.95	
30303	SENTINEL LYMPH NODE BIOPSY OR BIOPSIES for breast cancer, involving dissection in a level II/III axilla, using lymphotropic dye injection, not being a service associated with a service to which item 30299, 30300 or 30302 applies (Anaes.) (Assist.) (See para TN.8.12 of explanatory notes to this Category)	

T8. SURGICAL OPERATIONS		1. GENERAL
	Fee: \$636.65 Benefit: 75% = \$477.50	
30306	TOTAL HEMITHYROIDECTOMY (Anaes.) (Assist.) (See para TN.8.137, TN.8.138 of explanatory notes to this Category) Fee: \$831.00 Benefit: 75% = \$623.25	
30310	Partial or subtotal thyroidectomy (Anaes.) (Assist.) (See para TN.8.137 of explanatory notes to this Category) Fee: \$831.00 Benefit: 75% = \$623.25	
30314	Thyroglossal cyst or fistula or both, radical removal of, including thyroglossal duct and portion of hyoid bone, on a patient 10 years of age or over (Anaes.) (Assist.) Fee: \$475.90 Benefit: 75% = \$356.95	
30315	Minimally invasive parathyroidectomy. Removal of 1 or more parathyroid adenoma through a small cervical incision for an image localised adenoma, including thymectomy. For any particular patient - applicable only once per occasion on which the service is provided. Not in association with a service to which item 30318, 30317 or 30320 applies. (Anaes.) (Assist.) Fee: \$1,186.10 Benefit: 75% = \$889.60	
30317	Redo parathyroidectomy. Cervical re-exploration for persistent or recurrent hyperparathyroidism, including thymectomy and cervical exploration of the mediastinum. For any particular patient - applicable only once per occasion on which the service is provided. Not in association with a service to which item 30315, 30318 or 30320 applies. (Anaes.) (Assist.) Fee: \$1,420.20 Benefit: 75% = \$1065.15	
30318	Open parathyroidectomy, exploration and removal of 1 or more adenoma or hyperplastic glands via a cervical incision including thymectomy and cervical exploration of the mediastinum when performed. For any particular patient - applicable only once per occasion on which the service is provided. Not in association with a service to which item 30315, 30317 or 30320 applies. (Anaes.) (Assist.) Fee: \$1,186.10 Benefit: 75% = \$889.60	
30320	Removal of a mediastinal parathyroid adenoma via sternotomy or mediastinal thorascopic approach. For any particular patient - applicable only once per occasion on which the service is provided. Not in association with a service to which item 30315, 30317 or 30318 applies. (Anaes.) (Assist.) Fee: \$1,420.20 Benefit: 75% = \$1065.15	
30323	Excision of pheochromocytoma or extraadrenal paraganglioma via endoscopic or open approach. (Anaes.) (Assist.) Fee: \$1,420.20 Benefit: 75% = \$1065.15	
30324	Excision of an adrenocortical tumour or hyperplasia via endoscopic or open approach. (Anaes.) (Assist.) Fee: \$1,420.20 Benefit: 75% = \$1065.15	

T8. SURGICAL OPERATIONS		1. GENERAL
30326	Thyroglossal cyst or fistula or both, radical removal of, including thyroglossal duct and portion of hyoid bone, on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$618.65 Benefit: 75% = \$464.00	
30329	LYMPH NODES of GROIN, limited excision of (Anaes.) Fee: \$256.95 Benefit: 75% = \$192.75 85% = \$218.45	
30330	LYMPH NODES of GROIN, radical excision of (Anaes.) (Assist.) Fee: \$747.85 Benefit: 75% = \$560.90	
30332	LYMPH NODES of AXILLA, limited excision of (sampling) (Anaes.) (Assist.) Fee: \$360.80 Benefit: 75% = \$270.60	
30335	LYMPH NODES of AXILLA, complete excision of, to level I (Anaes.) (Assist.) (See para TN.8.13 of explanatory notes to this Category) Fee: \$901.95 Benefit: 75% = \$676.50	
30336	LYMPH NODES of AXILLA, complete excision of, to level II or level III (Anaes.) (Assist.) (See para TN.8.13 of explanatory notes to this Category) Fee: \$1,082.40 Benefit: 75% = \$811.80	
30382	Enterocutaneous fistula, repair of, if dissection and resection of bowel is performed, with or without anastomosis or formation of a stoma (H) (Anaes.) (Assist.) Fee: \$1,359.85 Benefit: 75% = \$1019.90	
30384	Open or minimally invasive excision of a retroperitoneal mass, 4 cm or greater in largest dimension, lasting more than 3 hours, other than a service to which another item in this Group applies (H) (Anaes.) (Assist.) Fee: \$1,420.20 Benefit: 75% = \$1065.15	
30385	Unplanned return to theatre for laparotomy or laparoscopy for control or drainage of intra-abdominal haemorrhage following abdominal surgery (H) (Anaes.) (Assist.) Fee: \$586.15 Benefit: 75% = \$439.65	
30387	Laparoscopy or laparotomy when an operation is performed on abdominal, retroperitoneal or pelvic viscera, excluding lymph node biopsy, other than a service to which another item in this Group applies (H) (Anaes.) (Assist.) Fee: \$660.75 Benefit: 75% = \$495.60	
30388	Laparotomy for abdominal trauma, including control of haemorrhage (with or without packing) and containment of contamination (H) (Anaes.) (Assist.) Fee: \$1,108.20 Benefit: 75% = \$831.15	
30390	Laparoscopy, diagnostic, with or without aspiration of fluid, on a patient 10 years of age or over, if no other intra-abdominal procedure is performed (H) (Anaes.) (Assist.) (See para TN.8.15 of explanatory notes to this Category) Fee: \$228.85 Benefit: 75% = \$171.65	
30392	RADICAL OR DEBULKING OPERATION for advanced intra-abdominal malignancy, with or without omentectomy, as an independent procedure (Anaes.) (Assist.)	

T8. SURGICAL OPERATIONS		1. GENERAL
	Fee: \$701.85 Benefit: 75% = \$526.40	
30396	Laparotomy or laparoscopy for generalised intra-peritoneal sepsis (also known as peritonitis), with or without removal of foreign material or enteric contents, with lavage of the entire peritoneal cavity, with or without closure of the abdomen when performed by laparotomy (H) (Anaes.) (Assist.) Fee: \$1,057.75 Benefit: 75% = \$793.35	
30397	Laparostomy, via wound previously made and left open or closed, including change of dressings or packs, with or without drainage of loculated collections (H) (Anaes.) Fee: \$241.75 Benefit: 75% = \$181.35	
30399	Laparostomy, final closure of wound made at previous operation, after removal of dressings or packs (Anaes.) (Assist.) Fee: \$332.50 Benefit: 75% = \$249.40	
30400	LAPAROTOMY WITH INSERTION OF PORTACATH for administration of cytotoxic therapy including placement of reservoir (Anaes.) (Assist.) Fee: \$658.10 Benefit: 75% = \$493.60	
30406	PARACENTESIS ABDOMINIS (Anaes.) Fee: \$54.35 Benefit: 75% = \$40.80 85% = \$46.20	
30408	PERITONEOVENOUS shunt, insertion of (Anaes.) (Assist.) Fee: \$408.00 Benefit: 75% = \$306.00	
30409	LIVER BIOPSY, percutaneous (Anaes.) Fee: \$181.50 Benefit: 75% = \$136.15 85% = \$154.30	
30411	LIVER BIOPSY by wedge excision when performed in conjunction with another intraabdominal procedure (Anaes.) Fee: \$92.35 Benefit: 75% = \$69.30	
30412	LIVER BIOPSY by core needle, when performed in conjunction with another intra-abdominal procedure (Anaes.) Fee: \$54.50 Benefit: 75% = \$40.90 85% = \$46.35	
30414	LIVER, subsegmental resection of, (local excision), other than for trauma (Anaes.) (Assist.) Fee: \$717.75 Benefit: 75% = \$538.35	
30415	LIVER, segmental resection of, other than for trauma (Anaes.) (Assist.) Fee: \$1,435.35 Benefit: 75% = \$1076.55	
30416	Liver cysts, greater than 5 cm in diameter, marsupialisation of 4 or less (Anaes.) (Assist.) Fee: \$779.30 Benefit: 75% = \$584.50	
30417	Liver cysts, greater than 5 cm in diameter, marsupialisation of 5 or more (Anaes.) (Assist.) Fee: \$1,168.90 Benefit: 75% = \$876.70	
30418	LIVER, lobectomy of, other than for trauma (Anaes.) (Assist.) Fee: \$1,662.30 Benefit: 75% = \$1246.75	

T8. SURGICAL OPERATIONS		1. GENERAL
30419	Liver tumour, other than a hepatocellular carcinoma, destruction of one or more, by local ablation, other than a service associated with a service to which item 50950 or 50952 applies (Anaes.) (Assist.) Fee: \$850.20 Benefit: 75% = \$637.65 85% = \$765.50	
30421	Liver, extended lobectomy of, or central resections of segments 4, 5 and 8, other than for trauma (Anaes.) (Assist.) Fee: \$2,077.50 Benefit: 75% = \$1558.15	
30422	LIVER, repair of superficial laceration of, for trauma (Anaes.) (Assist.) Fee: \$702.70 Benefit: 75% = \$527.05	
30425	LIVER, repair of deep multiple lacerations of, or debridement of, for trauma (Anaes.) (Assist.) Fee: \$1,359.85 Benefit: 75% = \$1019.90	
30427	LIVER, segmental resection of, for trauma (Anaes.) (Assist.) Fee: \$1,624.25 Benefit: 75% = \$1218.20	
30428	LIVER, lobectomy of, for trauma (Anaes.) (Assist.) Fee: \$1,737.65 Benefit: 75% = \$1303.25 85% = \$1652.95	
30430	Liver, extended lobectomy of, or central resections of segments 4, 5 and 8, for trauma (Anaes.) (Assist.) Fee: \$2,417.40 Benefit: 75% = \$1813.05 85% = \$2332.70	
30431	Liver abscess, single, open or minimally invasive abdominal drainage of, excluding aftercare (Anaes.) (Assist.) Fee: \$542.40 Benefit: 75% = \$406.80 85% = \$461.05	
30433	Liver abscess, multiple, open or minimally invasive abdominal drainage of, excluding aftercare (Anaes.) (Assist.) Fee: \$755.45 Benefit: 75% = \$566.60	
30439	Intraoperative ultrasound of biliary tract, or operative cholangiography, if the service: (a) is performed in association with an intra-abdominal procedure; and (b) is not associated with a service to which item 30442 or 30445 applies (Anaes.) (Assist.) (See para TN.8.208 of explanatory notes to this Category) Fee: \$193.10 Benefit: 75% = \$144.85	
30440	CHOLANGIOGRAM, percutaneous transhepatic, and insertion of biliary drainage tube, using interventional imaging techniques - but not including imaging, not being a service associated with a service to which item 30451 applies (Anaes.) (Assist.) Fee: \$547.70 Benefit: 75% = \$410.80 85% = \$465.55	
30441	Intraoperative ultrasound for staging of intra-abdominal tumours (Anaes.) Fee: \$141.80 Benefit: 75% = \$106.35	
30442	CHOLEDOCHOSCOPY in conjunction with another procedure (Anaes.) (See para TN.8.208 of explanatory notes to this Category) Fee: \$193.10 Benefit: 75% = \$144.85	

T8. SURGICAL OPERATIONS		1. GENERAL
30443	Cholecystectomy, by any approach, without cholangiogram (Anaes.) (Assist.) Fee: \$668.45 Benefit: 75% = \$501.35	
30445	Cholecystectomy, by any approach, with attempted or completed cholangiogram or intraoperative ultrasound of the biliary system, when performed via laparoscopic or open approach or when conversion from laparoscopic to open approach is required (Anaes.) (Assist.) (See para TN.8.208 of explanatory notes to this Category) Fee: \$865.85 Benefit: 75% = \$649.40	
30448	Cholecystectomy, by any approach, involving removal of common duct calculi via the cystic duct, with or without stent insertion (Anaes.) (Assist.) (See para TN.8.208 of explanatory notes to this Category) Fee: \$1,012.35 Benefit: 75% = \$759.30	
30449	Cholecystectomy with removal of common duct calculi via choledochotomy, by any approach, with or without insertion of a stent (Anaes.) (Assist.) (See para TN.8.208 of explanatory notes to this Category) Fee: \$1,125.70 Benefit: 75% = \$844.30	
30450	Calculus of biliary tract, extraction of, using interventional imaging techniques (Anaes.) (Assist.) Fee: \$545.65 Benefit: 75% = \$409.25 85% = \$463.85	
30451	BILIARY DRAINAGE TUBE, exchange of, using interventional imaging techniques - but not including imaging, not being a service associated with a service to which item 30440 applies (Anaes.) (Assist.) Fee: \$278.55 Benefit: 75% = \$208.95 85% = \$236.80	
30452	CHOLEDOCHOSCOPY with balloon dilation of a stricture or passage of stent or extraction of calculi (Anaes.) (Assist.) Fee: \$392.80 Benefit: 75% = \$294.60	
30454	Choledochotomy without cholecystectomy, with or without removal of calculi (Anaes.) (Assist.) Fee: \$1,371.65 Benefit: 75% = \$1028.75	
30455	Choledochotomy with cholecystectomy, with removal of calculi, including biliary intestinal anastomosis (Anaes.) (Assist.) Fee: \$1,371.65 Benefit: 75% = \$1028.75	
30457	CHOLEDOCHOTOMY, intrahepatic, involving removal of intrahepatic bile duct calculi (Anaes.) (Assist.) Fee: \$1,435.35 Benefit: 75% = \$1076.55 85% = \$1350.65	
30458	TRANSDUODENAL OPERATION ON SPHINCTER OF ODDI, involving 1 or more of, removal of calculi, sphincterotomy, sphincteroplasty, biopsy, local excision of peri-ampullary or duodenal tumour, sphincteroplasty of the pancreatic duct, pancreatic duct septoplasty, with or without choledochotomy (Anaes.) (Assist.) Fee: \$1,055.10 Benefit: 75% = \$791.35	

T8. SURGICAL OPERATIONS		1. GENERAL
30460	<p>CHOLECYSTODUODENOSTOMY, CHOLECYSTOENTEROSTOMY, CHOLEDOCHOJEJUNOSTOMY or Roux-en-Y as a bypass procedure when no prior biliary surgery performed (Anaes.) (Assist.)</p> <p>Fee: \$897.45 Benefit: 75% = \$673.10</p>	
30461	<p>Radical resection of porta hepatis (including associated neuro-lymphatic tissue), for cancer, suspected cancer or choledochal cyst, including bile duct excision and biliary-enteric anastomoses, other than a service associated with a service to which item 30440, 30451 or 31454 applies (Anaes.) (Assist.)</p> <p>Fee: \$1,538.30 Benefit: 75% = \$1153.75</p>	
30463	<p>Radical resection of common hepatic duct and right and left hepatic ducts, with 2 duct anastomoses, for cancer, suspected cancer or choledochal cyst (Anaes.) (Assist.)</p> <p>Fee: \$1,888.75 Benefit: 75% = \$1416.60</p>	
30464	<p>Radical resection of common hepatic duct and right and left hepatic ducts, for cancer, suspected cancer or choledochal cyst, involving either or both of the following:</p> <p>(a) more than 2 anastomoses;</p> <p>(b) resection of segment (or major portion of segment) of liver; (Anaes.) (Assist.)</p> <p>Fee: \$2,266.50 Benefit: 75% = \$1699.90</p>	
30469	<p>BILIARY STRICTURE, repair of, after 1 or more operations on the biliary tree (Anaes.) (Assist.)</p> <p>Fee: \$1,790.65 Benefit: 75% = \$1343.00 85% = \$1705.95</p>	
30472	<p>Repair of bile duct injury, including immediate reconstruction, other than a service associated with a service to which item 30584 applies (Anaes.) (Assist.)</p> <p>Fee: \$1,386.90 Benefit: 75% = \$1040.20</p>	
30473	<p>Oesophagoscopy (not being a service to which item 41816 or 41822 applies), gastroscopy, duodenoscopy or panendoscopy (1 or more such procedures), with or without biopsy, not being a service associated with a service to which item 30478 or 30479 applies. (Anaes.)</p> <p>(See para TN.8.17 of explanatory notes to this Category)</p> <p>Fee: \$184.30 Benefit: 75% = \$138.25 85% = \$156.70</p>	
30475	<p>Endoscopic dilatation of stricture of upper gastrointestinal tract (including the use of imaging intensification where clinically indicated) (Anaes.)</p> <p>(See para TN.8.17, TN.8.133 of explanatory notes to this Category)</p> <p>Fee: \$363.10 Benefit: 75% = \$272.35 85% = \$308.65</p>	
30478	<p>Oesophagoscopy (other than a service to which item 41816, 41822 or 41825 applies), gastroscopy, duodenoscopy, panendoscopy or push enteroscopy, one or more such procedures, if:</p> <p>(a) the procedures are performed using one or more of the following endoscopic procedures:</p> <p>(i) polypectomy;</p> <p>(ii) sclerosing or adrenalin injections;</p> <p>(iii) banding;</p> <p>(iv) endoscopic clips;</p> <p>(v) haemostatic powders;</p>	

T8. SURGICAL OPERATIONS**1. GENERAL**

	<p>(vi) diathermy;</p> <p>(vii) argon plasma coagulation; and</p> <p>(b) the procedures are for the treatment of one or more of the following:</p> <p>(i) upper gastrointestinal tract bleeding;</p> <p>(ii) polyps;</p> <p>(iii) removal of foreign body;</p> <p>(iv) oesophageal or gastric varices;</p> <p>(v) peptic ulcers;</p> <p>(vi) neoplasia;</p> <p>(vii) benign vascular lesions;</p> <p>(viii) strictures of the gastrointestinal tract;</p> <p>(ix) tumorous overgrowth through or over oesophageal stents;</p> <p>other than a service associated with a service to which item 30473 or 30479 applies (Anaes.)</p> <p>(See para TN.8.17 of explanatory notes to this Category) Fee: \$255.55 Benefit: 75% = \$191.70 85% = \$217.25</p>
30479	<p>Endoscopy with laser therapy, for the treatment of one or more of the following:</p> <p>(a) neoplasia;</p> <p>(b) benign vascular lesions;</p> <p>(c) strictures of the gastrointestinal tract;</p> <p>(d) tumorous overgrowth through or over oesophageal stents;</p> <p>(e) peptic ulcers;</p> <p>(f) angiodysplasia;</p> <p>(g) gastric antral vascular ectasia;</p> <p>(h) post-polypectomy bleeding;</p> <p>other than a service associated with a service to which item 30473 or 30478 applies (Anaes.)</p> <p>(See para TN.8.17 of explanatory notes to this Category) Fee: \$495.35 Benefit: 75% = \$371.55 85% = \$421.05</p>

T8. SURGICAL OPERATIONS		1. GENERAL
30481	<p>PERCUTANEOUS GASTROSTOMY (initial procedure):</p> <p>(a) including any associated imaging services; and</p> <p>(b) excluding the insertion of a device for the purpose of facilitating weight loss (Anaes.)</p> <p>(See para TN.8.17 of explanatory notes to this Category)</p> <p>Fee: \$371.45 Benefit: 75% = \$278.60 85% = \$315.75</p>	
30482	<p>PERCUTANEOUS GASTROSTOMY (repeat procedure):</p> <p>(a) including any associated imaging services; and</p> <p>(b) excluding the insertion of a device for the purpose of facilitating weight loss (Anaes.)</p> <p>Fee: \$264.10 Benefit: 75% = \$198.10 85% = \$224.50</p>	
30483	<p>Gastrostomy button, caecostomy antegrade enema device (chait etc.) or stomal indwelling device:</p> <p>(a) non-endoscopic insertion of; or</p> <p>(b) non-endoscopic replacement of;</p> <p>on a patient 10 years of age or over, excluding the insertion of a device for the purpose of facilitating weight loss (Anaes.)</p> <p>Fee: \$184.25 Benefit: 75% = \$138.20 85% = \$156.65</p>	
30484	<p>ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (Anaes.)</p> <p>(See para TN.8.17 of explanatory notes to this Category)</p> <p>Fee: \$379.70 Benefit: 75% = \$284.80 85% = \$322.75</p>	
30485	<p>ENDOSCOPIC SPHINCTEROTOMY with or without extraction of stones from common bile duct (Anaes.)</p> <p>(See para TN.8.17 of explanatory notes to this Category)</p> <p>Fee: \$586.15 Benefit: 75% = \$439.65 85% = \$501.45</p>	
30488	<p>SMALL BOWEL INTUBATION as an independent procedure (Anaes.)</p> <p>Fee: \$93.65 Benefit: 75% = \$70.25 85% = \$79.65</p>	
30490	<p>OESOPHAGEAL PROSTHESIS, insertion of, including endoscopy and dilatation (Anaes.)</p> <p>(See para TN.8.17 of explanatory notes to this Category)</p> <p>Fee: \$547.70 Benefit: 75% = \$410.80 85% = \$465.55</p>	
30491	<p>BILE DUCT, ENDOSCOPIC STENTING OF (including endoscopy and dilatation) (Anaes.)</p> <p>(See para TN.8.17 of explanatory notes to this Category)</p> <p>Fee: \$577.85 Benefit: 75% = \$433.40 85% = \$493.15</p>	
30492	<p>BILE DUCT, PERCUTANEOUS STENTING OF (including dilatation when performed), using interventional imaging techniques - but not including imaging (Anaes.)</p> <p>Fee: \$819.20 Benefit: 75% = \$614.40</p>	
30494	<p>ENDOSCOPIC BILIARY DILATATION (Anaes.)</p> <p>(See para TN.8.17 of explanatory notes to this Category)</p> <p>Fee: \$437.55 Benefit: 75% = \$328.20</p>	

T8. SURGICAL OPERATIONS		1. GENERAL
30495	PERCUTANEOUS BILIARY DILATATION for biliary stricture, using interventional imaging techniques - but not including imaging (Anaes.) Fee: \$819.20 Benefit: 75% = \$614.40	
30515	Gastroenterostomy (including gastroduodenostomy), enterocolostomy or enteroenterostomy, as an independent procedure or in combination with another procedure, only if required for irresectable obstruction, other than a service to which any of items 31569 to 31581 apply (Anaes.) (Assist.) Fee: \$732.90 Benefit: 75% = \$549.70	
30517	Revision of gastroenterostomy, pyloroplasty or gastroduodenostomy (Anaes.) (Assist.) Fee: \$959.55 Benefit: 75% = \$719.70	
30518	Partial gastrectomy, not being a service associated with a service to which any of items 31569 to 31581 apply (Anaes.) (Assist.) Fee: \$1,027.50 Benefit: 75% = \$770.65	
30520	Gastric tumour, 2 cm or greater in diameter, removal of, by local excision, by laparoscopic or open approach, including any associated anastomosis, excluding polypectomy, other than a service to which item 30518 applies (Anaes.) (Assist.) Fee: \$884.00 Benefit: 75% = \$663.00	
30521	GASTRECTOMY, TOTAL, for benign disease (Anaes.) (Assist.) Fee: \$1,503.40 Benefit: 75% = \$1127.55	
30526	Gastrectomy, total, and removal of lower oesophagus, performed by open or minimally invasive approach, with anastomosis in the mediastinum, including any of the following (if performed): (a) distal pancreatectomy; (b) nodal dissection; (c) splenectomy (Anaes.) (Assist.) Fee: \$2,243.70 Benefit: 75% = \$1682.80	
30529	ANTIREFLUX operation by fundoplasty, with OESOPHAGOPLASTY for stricture or short oesophagus (Anaes.) (Assist.) (See para TN.8.19 of explanatory notes to this Category) Fee: \$1,359.85 Benefit: 75% = \$1019.90	
30530	ANTIREFLUX operation by cardiopexy, with or without fundoplasty (Anaes.) (Assist.) (See para TN.8.19 of explanatory notes to this Category) Fee: \$816.00 Benefit: 75% = \$612.00	
30532	Oesophagogastric myotomy (Heller's operation) by endoscopic, abdominal or thoracic approach, whether performed by open or minimally invasive approach, including fundoplication when performed laparoscopically (Anaes.) (Assist.) (See para TN.8.19 of explanatory notes to this Category) Fee: \$936.90 Benefit: 75% = \$702.70	
30533	OESOPHAGOGASTRIC MYOTOMY (Heller's operation) via abdominal or thoracic approach, WITH FUNDOPLASTY, with or without closure of the diaphragmatic hiatus, by laparoscopy or open operation (Anaes.) (Assist.) (See para TN.8.19 of explanatory notes to this Category) Fee: \$1,114.40 Benefit: 75% = \$835.80	

T8. SURGICAL OPERATIONS		1. GENERAL
30559	OESOPHAGUS, local excision for tumour of (Anaes.) (Assist.) Fee: \$884.00 Benefit: 75% = \$663.00 85% = \$799.30	
30560	Oesophageal perforation, repair of, by abdominal or thoracic approach, including thoracic drainage (Anaes.) (Assist.) Fee: \$982.05 Benefit: 75% = \$736.55	
30562	Enterostomy or colostomy, closure of (not involving resection of bowel), on a patient 10 years of age or over (Anaes.) (Assist.) Fee: \$619.05 Benefit: 75% = \$464.30	
30563	COLOSTOMY OR ILEOSTOMY, refashioning of, on a person 10 years of age or over (Anaes.) (Assist.) Fee: \$619.05 Benefit: 75% = \$464.30 85% = \$534.35	
30565	SMALL INTESTINE, resection of, without anastomosis (including formation of stoma) (Anaes.) (Assist.) Fee: \$906.65 Benefit: 75% = \$680.00	
30574	NOTE: <i>Multiple Operation and Multiple Anaesthetic rules apply to this item</i> Appendicectomy, when performed in conjunction with another intra-abdominal procedure and during which a specimen is collected and sent for pathological testing (Anaes.) Fee: \$64.10 Benefit: 75% = \$48.10	
30577	Initial pancreatic necrosectomy by open, laparoscopic or endoscopic approach, excluding aftercare (Anaes.) (Assist.) Fee: \$1,133.30 Benefit: 75% = \$850.00	
30583	Distal pancreatectomy with splenic preservation, by open or minimally invasive approach (Anaes.) (Assist.) Fee: \$1,617.35 Benefit: 75% = \$1213.05	
30584	Pancreatico duodenectomy (Whipple's procedure), with or without preservation of pylorus, including any of the following (if performed): (a) cholecystectomy; (b) pancreatico-biliary anastomosis; (c) gastro-jejunal anastomosis (Anaes.) (Assist.) Fee: \$3,121.55 Benefit: 75% = \$2341.20	
30589	PANCREATICO-JEJUNOSTOMY for pancreatitis or trauma (Anaes.) (Assist.) Fee: \$1,301.75 Benefit: 75% = \$976.35	
30590	PANCREATICO-JEJUNOSTOMY following previous pancreatic surgery (Anaes.) (Assist.) Fee: \$1,435.35 Benefit: 75% = \$1076.55	
30593	PANCREATECTOMY, near total or total (including duodenum), with or without splenectomy (Anaes.) (Assist.) Fee: \$1,964.20 Benefit: 75% = \$1473.15 85% = \$1879.50	

T8. SURGICAL OPERATIONS		1. GENERAL
30594	PANCREATECTOMY for pancreatitis following previously attempted drainage procedure or partial resection (Anaes.) (Assist.) Fee: \$2,266.50 Benefit: 75% = \$1699.90	
30596	SPLENORRHAPHY OR PARTIAL SPLENECTOMY (Anaes.) (Assist.) Fee: \$933.65 Benefit: 75% = \$700.25	
30599	SPLENECTOMY, for massive spleen (weighing more than 1500 grams) or involving thoraco-abdominal incision (Anaes.) (Assist.) Fee: \$1,359.85 Benefit: 75% = \$1019.90	
30600	Emergency repair of diaphragmatic laceration or hernia, following recent trauma, by any approach, including when performed in conjunction with another procedure indicated as a result of abdominal or chest trauma (Anaes.) (Assist.) Fee: \$808.60 Benefit: 75% = \$606.45	
30601	Diaphragmatic hernia, congenital, or delayed presentation of traumatic rupture, repair of, by thoracic or abdominal approach, on a patient 10 years of age or over, other than a service to which any of items 31569 to 31581 apply (Anaes.) (Assist.) Fee: \$996.10 Benefit: 75% = \$747.10	
30606	PORTAL HYPERTENSION, oesophageal transection via stapler or oversew of gastric varices with or without devascularisation (Anaes.) (Assist.) Fee: \$1,155.80 Benefit: 75% = \$866.85	
30608	Small intestine, resection of, with anastomosis, on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$1,309.25 Benefit: 75% = \$981.95	
30611	Benign tumour of soft tissue (other than tumours of skin, cartilage and bone, simple lipomas covered by item 31345 and lipomata), removal of, by surgical excision, on a patient under 10 years of age, if the specimen excised is sent for histological confirmation of diagnosis, other than a service to which another item in this Group applies (Anaes.) (Assist.) Fee: \$586.20 Benefit: 75% = \$439.65 85% = \$501.50	
30615	Strangulated, incarcerated or obstructed hernia, repair of, without bowel resection, on a patient 10 years of age or over (Anaes.) (Assist.) Fee: \$542.40 Benefit: 75% = \$406.80	
30618	Lymph nodes of neck, selective dissection of one or 2 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck, on a patient under 10 years of age (Anaes.) (Assist.) (See para TN.8.24 of explanatory notes to this Category) Fee: \$543.40 Benefit: 75% = \$407.55 85% = \$461.90	
30619	Laparoscopic splenectomy, on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$974.20 Benefit: 75% = \$730.65	
30621	Repair of symptomatic umbilical, epigastric or linea alba hernia requiring mesh or other repair, by open or minimally invasive approach, in a patient 10 years of age or over, other than a service to which item 30651 or 30655 applies (Anaes.) (Assist.) Fee: \$424.00 Benefit: 75% = \$318.00	

T8. SURGICAL OPERATIONS		1. GENERAL
30622	<p>Caecostomy, enterostomy, colostomy, enterotomy, colotomy, cholecystostomy, gastrostomy, gastrotomy, reduction of intussusception, removal of Meckel's diverticulum, suture of perforated peptic ulcer, simple repair of ruptured viscus, reduction of volvulus, pyloroplasty or drainage of pancreas, on a patient under 10 years of age (Anaes.) (Assist.)</p> <p>(See para TN.8.14 of explanatory notes to this Category)</p> <p>Fee: \$705.15 Benefit: 75% = \$528.90</p>	
30623	<p>Laparotomy involving division of peritoneal adhesions (if no other intra-abdominal procedure is performed), on a patient under 10 years of age (Anaes.) (Assist.)</p> <p>Fee: \$705.15 Benefit: 75% = \$528.90</p>	
30626	<p>Laparotomy involving division of adhesions in association with another intra-abdominal procedure if the time taken to divide the adhesions is between 45 minutes and 2 hours, on a patient under 10 years of age (Anaes.) (Assist.)</p> <p>Fee: \$708.40 Benefit: 75% = \$531.30</p>	
30627	<p>Laparoscopy, diagnostic, if no other intra-abdominal procedure is performed, on a patient under 10 years of age (H) (Anaes.)</p> <p>(See para TN.8.15 of explanatory notes to this Category)</p> <p>Fee: \$297.55 Benefit: 75% = \$223.20</p>	
30628	<p>HYDROCELE, tapping of</p> <p>Fee: \$37.05 Benefit: 75% = \$27.80 85% = \$31.50</p>	
30629	<p>Orchidectomy, radical, including spermatic cord, unilateral, for tumour, inguinal approach, without insertion of testicular prosthesis, other than a service associated with a service to which item 30631, 30635, 30641, 30643 or 30644 applies</p> <p>(Anaes.) (Assist.)</p> <p>Fee: \$542.40 Benefit: 75% = \$406.80</p>	
30630	<p>Insertion of testicular prosthesis, at least 6 months following orchidectomy (Anaes.) (Assist.)</p> <p>Fee: \$492.95 Benefit: 75% = \$369.75</p>	
30631	<p>Hydrocele, removal of, other than a service associated with a service to which item 30641, 30642 or 30644 applies (Anaes.)</p> <p>Fee: \$246.25 Benefit: 75% = \$184.70 85% = \$209.35</p>	
30635	<p>Varicocele, surgical correction of, including microsurgical techniques, other than a service associated with a service to which item 30390, 30627, 30641, 30642 or 30644 applies—one procedure (Anaes.) (Assist.)</p> <p>Fee: \$303.60 Benefit: 75% = \$227.70</p>	
30636	<p>Gastrostomy button, caecostomy antegrade enema device (chait etc.) or stomal indwelling device, non-endoscopic insertion of, or non-endoscopic replacement of, on a patient under 10 years of age (Anaes.)</p> <p>Fee: \$242.60 Benefit: 75% = \$181.95 85% = \$206.25</p>	
30637	<p>Enterostomy or colostomy, closure of (not involving resection of bowel), on a patient under 10 years of age (Anaes.) (Assist.)</p> <p>Fee: \$804.90 Benefit: 75% = \$603.70</p>	

T8. SURGICAL OPERATIONS		1. GENERAL
30639	Colostomy or ileostomy, refashioning of, on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$804.90 Benefit: 75% = \$603.70 85% = \$720.20	
30640	Repair of large and irreducible scrotal hernia, if surgery exceeds 2 hours, in a patient 10 years of age or over, other than a service to which item 30615, 30621, 30648, 30651 or 30655 applies (Anaes.) (Assist.) Fee: \$952.05 Benefit: 75% = \$714.05	
30641	ORCHIDECTOMY, simple or subscapsular, unilateral with or without insertion of testicular prosthesis (Anaes.) (Assist.) Fee: \$424.00 Benefit: 75% = \$318.00	
30642	Orchidectomy, radical, including spermatic cord, unilateral, for tumour, inguinal approach, with insertion of testicular prosthesis, other than a service associated with a service to which item 30631, 30635, 30641, 30643, 30644 or 45051 applies (Anaes.) (Assist.) Fee: \$788.90 Benefit: 75% = \$591.70	
30643	Exploration of spermatic cord, inguinal approach, with or without testicular biopsy, with or without excision of spermatic cord lesion, for a patient under 10 years of age, other than a service associated with a service to which item 30629, 30630 or 30642 applies (Anaes.) (Assist.) Fee: \$705.15 Benefit: 75% = \$528.90	
30644	Exploration of spermatic cord, inguinal approach, with or without testicular biopsy, with or without excision of spermatic cord lesion, for a patient at least 10 years of age, other than a service associated with a service to which item 30629, 30630 or 30642 applies (Anaes.) (Assist.) Fee: \$542.40 Benefit: 75% = \$406.80	
30645	Appendectomy, on a patient under 10 years of age, other than a service to which item 30574 applies (Anaes.) (Assist.) Fee: \$602.40 Benefit: 75% = \$451.80	
30646	Laparoscopic appendectomy, on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$602.40 Benefit: 75% = \$451.80	
30648	Femoral or inguinal hernia or infantile hydrocele, repair of, by open or minimally invasive approach, on a patient 10 years of age or over, other than a service to which item 30615 or 30651 applies (Anaes.) (Assist.) Fee: \$483.35 Benefit: 75% = \$362.55	
30649	Haemorrhage, arrest of, following circumcision requiring general anaesthesia, on a patient under 10 years of age (Anaes.) Fee: \$195.25 Benefit: 75% = \$146.45 85% = \$166.00	
30651	Ventral hernia repair involving primary fascial closure by suture, with or without onlay mesh or insertion of intraperitoneal onlay mesh repair, without closure of the defect or advancement of the rectus muscle toward the midline, by open or minimally invasive approach, in a patient 10 years of age or over, other than a service to which item 30621, 30655 or 30657 applies (Anaes.) (Assist.) Fee: \$542.40 Benefit: 75% = \$406.80	

T8. SURGICAL OPERATIONS		1. GENERAL
30652	<p>Recurrent groin hernia regardless of size of defect, repair of, with or without mesh, by open or minimally invasive approach, in a patient 10 years of age or over (Anaes.) (Assist.)</p> <p>Fee: \$542.40 Benefit: 75% = \$406.80</p>	
30654	<p>Circumcision of the penis, with topical or local analgesia, other than a service to which item 30658 applies</p> <p>Fee: \$48.40 Benefit: 75% = \$36.30 85% = \$41.15</p>	
30655	<p>Ventral hernia, repair of, with advancement of the rectus muscles to the midline using a retro-rectus, pre-peritoneal or sublay technique, by open or minimally invasive approach, in a patient 10 years of age or over, other than a service to which item 30621 or 30651 applies (Anaes.) (Assist.)</p> <p>Fee: \$952.05 Benefit: 75% = \$714.05</p>	
30657	<p>Unilateral abdominal wall reconstruction with component separation, including transversus abdominis release and external oblique release for abdominal wall closure by mobilising the rectus abdominis muscles to the midline, by open or minimally invasive approach (Anaes.) (Assist.)</p> <p>Fee: \$1,355.65 Benefit: 75% = \$1016.75</p>	
30658	<p>Circumcision of the penis, when performed under general or regional anaesthesia and in conjunction with a service to which an item in Group T7 or Group T10 applies (Anaes.)</p> <p>Fee: \$147.70 Benefit: 75% = \$110.80 85% = \$125.55</p>	
30663	<p>Haemorrhage, arrest of, following circumcision requiring general anaesthesia, on a patient 10 years of age or over (Anaes.)</p> <p>Fee: \$150.20 Benefit: 75% = \$112.65 85% = \$127.70</p>	
30666	<p>PARAPHIMOSIS or PHIMOSIS, reduction of, under general anaesthesia, with or without dorsal incision, not being a service associated with a service to which another item in this Group applies (Anaes.)</p> <p>Fee: \$49.35 Benefit: 75% = \$37.05 85% = \$41.95</p>	
30672	<p>COCCYX, excision of (Anaes.) (Assist.)</p> <p>Fee: \$463.50 Benefit: 75% = \$347.65</p>	
30676	<p>Pilonidal sinus or cyst, or sacral sinus or cyst, definitive excision of (Anaes.) (See para TN.8.207 of explanatory notes to this Category)</p> <p>Fee: \$394.40 Benefit: 75% = \$295.80 85% = \$335.25</p>	
30679	<p>PILONIDAL SINUS, injection of sclerosant fluid under anaesthesia (Anaes.)</p> <p>Fee: \$100.20 Benefit: 75% = \$75.15 85% = \$85.20</p>	
30680	<p>Balloon enteroscopy, examination of the small bowel (oral approach), with or without biopsy, WITHOUT intraprocedural therapy, for diagnosis of patients with obscure gastrointestinal bleeding, not in association with another item in this subgroup (with the exception of item 30682 or 30686)</p> <p>The patient to whom the service is provided must:</p> <p>(i) have recurrent or persistent bleeding; and</p>	

T8. SURGICAL OPERATIONS		1. GENERAL
	<p>(ii) be anaemic or have active bleeding; and</p> <p>(iii) have had an upper gastrointestinal endoscopy and a colonoscopy performed which did not identify the cause of the bleeding. (Anaes.)</p> <p>(See para TN.8.17 of explanatory notes to this Category) Fee: \$1,217.40 Benefit: 75% = \$913.05 85% = \$1132.70</p>	
30682	<p>Balloon enteroscopy, examination of the small bowel (anal approach), with or without biopsy, WITHOUT intraprocedural therapy, for diagnosis of patients with obscure gastrointestinal bleeding, not in association with another item in this subgroup (with the exception of item 30680 or 30684)</p> <p>The patient to whom the service is provided must:</p> <p>(i) have recurrent or persistent bleeding; and</p> <p>(ii) be anaemic or have active bleeding; and</p> <p>(iii) have had an upper gastrointestinal endoscopy and a colonoscopy performed which did not identify the cause of the bleeding.</p> <p>(Anaes.)</p> <p>(See para TN.8.17 of explanatory notes to this Category) Fee: \$1,217.40 Benefit: 75% = \$913.05 85% = \$1132.70</p>	
30684	<p>Balloon enteroscopy, examination of the small bowel (oral approach), with or without biopsy, WITH 1 or more of the following procedures (snare polypectomy, removal of foreign body, diathermy, heater probe, laser coagulation or argon plasma coagulation), for diagnosis and management of patients with obscure gastrointestinal bleeding, not in association with another item in this subgroup (with the exception of item 30682 or 30686)</p> <p>The patient to whom the service is provided must:</p> <p>(i) have recurrent or persistent bleeding; and</p> <p>(ii) be anaemic or have active bleeding; and</p> <p>(iii) have had an upper gastrointestinal endoscopy and a colonoscopy performed which did not identify the cause of the bleeding.</p> <p>(Anaes.)</p> <p>(See para TN.8.17 of explanatory notes to this Category) Fee: \$1,498.20 Benefit: 75% = \$1123.65 85% = \$1413.50</p>	
30686	<p>Balloon enteroscopy, examination of the small bowel (anal approach), with or without biopsy, WITH 1 or more of the following procedures (snare polypectomy, removal of foreign body, diathermy, heater probe, laser coagulation or argon plasma coagulation), for diagnosis and management of patients with obscure gastrointestinal bleeding, not in association with another item in this subgroup (with the exception of item 30680 or 30684)</p>	

T8. SURGICAL OPERATIONS		1. GENERAL
	<p>The patient to whom the service is provided must:</p> <ul style="list-style-type: none"> (i) have recurrent or persistent bleeding; and (ii) be anaemic or have active bleeding; and (iii) have had an upper gastrointestinal endoscopy and a colonoscopy performed which did not identify the cause of the bleeding. (Anaes.) <p>(See para TN.8.17 of explanatory notes to this Category) Fee: \$1,498.20 Benefit: 75% = \$1123.65 85% = \$1413.50</p>	
30687	<p>ENDOSCOPY with RADIOFREQUENCY ABLATION of mucosal metaplasia for the treatment of Barrett's Oesophagus in a single course of treatment, following diagnosis of high grade dysplasia confirmed by histological examination (Anaes.)</p> <p>(See para TN.8.17, TN.8.20 of explanatory notes to this Category) Fee: \$495.35 Benefit: 75% = \$371.55 85% = \$421.05</p>	
30688	<p>Endoscopic ultrasound (endoscopy with ultrasound imaging), with or without biopsy, for the staging of 1 or more of oesophageal, gastric or pancreatic cancer, not in association with another item in this Subgroup (other than item 30484, 30485, 30491 or 30494) and other than a service associated with the routine monitoring of chronic pancreatitis. (Anaes.)</p> <p>(See para TN.8.21, TN.8.17 of explanatory notes to this Category) Fee: \$379.70 Benefit: 75% = \$284.80 85% = \$322.75</p>	
30690	<p>Endoscopic ultrasound (endoscopy with ultrasound imaging), with or without biopsy, with fine needle aspiration, including aspiration of the locoregional lymph nodes if performed, for the staging of 1 or more of oesophageal, gastric or pancreatic cancer, not in association with another item in this Subgroup (other than item 30484, 30485, 30491 or 30494) and other than a service associated with the routine monitoring of chronic pancreatitis. (Anaes.)</p> <p>(See para TN.8.21, TN.8.17 of explanatory notes to this Category) Fee: \$586.15 Benefit: 75% = \$439.65 85% = \$501.45</p>	
30692	<p>Endoscopic ultrasound (endoscopy with ultrasound imaging), with or without biopsy, for the diagnosis of 1 or more of pancreatic, biliary or gastric submucosal tumours, not in association with another item in this Subgroup (other than item 30484, 30485, 30491 or 30494) and other than a service associated with the routine monitoring of chronic pancreatitis. (Anaes.)</p> <p>(See para TN.8.21, TN.8.17 of explanatory notes to this Category) Fee: \$379.70 Benefit: 75% = \$284.80 85% = \$322.75</p>	
30694	<p>Endoscopic ultrasound (endoscopy with ultrasound imaging), with or without biopsy, with fine needle aspiration, for the diagnosis of 1 or more of pancreatic, biliary or gastric submucosal tumours, not in association with another item in this Subgroup (other than item 30484, 30485, 30491 or 30494) and other than a service associated with the routine monitoring of chronic pancreatitis. (Anaes.)</p> <p>(See para TN.8.21, TN.8.17 of explanatory notes to this Category) Fee: \$586.15 Benefit: 75% = \$439.65 85% = \$501.45</p>	
30720	<p>Appendectomy, on a patient 10 years of age or over, whether performed by:</p> <ul style="list-style-type: none"> (a) laparoscopy or right iliac fossa open incision; or (b) conversion of a laparoscopy to an open right iliac fossa incision; <p>other than a service to which item 30574 applies (Anaes.) (Assist.)</p> <p>Fee: \$463.50 Benefit: 75% = \$347.65</p>	

T8. SURGICAL OPERATIONS		1. GENERAL
30721	<p>Laparotomy or laparoscopy, or laparoscopy converted to laparotomy, with or without associated biopsies, including the division of adhesions (if performed, but only if the time taken to divide adhesions is 45 minutes or less), if no other intra-abdominal procedure is performed (Anaes.) (Assist.)</p> <p>Fee: \$502.85 Benefit: 75% = \$377.15</p>	
30722	<p>Laparotomy or laparoscopy, on a patient 10 years of age or over, including any of the following procedures (if performed, and including division of one or more adhesions, but only if the time taken to divide the adhesions is 45 minutes or less):</p> <ul style="list-style-type: none"> (a) colostomy; (b) colotomy; (c) cholecystostomy; (d) enterostomy; (e) enterotomy; (f) gastrostomy; (g) gastrotomy; (h) caecostomy; (i) gastric fixation by cardiopexy; (j) reduction of intussusception; (k) simple repair of ruptured viscus (including perforated peptic ulcer); (l) reduction of volvulus; (m) drainage of pancreas (Anaes.) (Assist.) <p>(See para TN.8.14 of explanatory notes to this Category)</p> <p>Fee: \$542.40 Benefit: 75% = \$406.80</p>	
30723	<p>Laparotomy, laparoscopy or extra-peritoneal approach, for drainage of an intra-abdominal, pancreatic or retroperitoneal collection or abscess (Anaes.) (Assist.)</p> <p>Fee: \$542.40 Benefit: 75% = \$406.80</p>	
30724	<p>Laparotomy or laparoscopy with division of adhesions, lasting more than 45 minutes but less than 2 hours, performed either:</p> <ul style="list-style-type: none"> (a) as a primary procedure; or (b) when the division of adhesions is performed in conjunction with another primary procedure—to provide access to a surgical field (but excluding mobilisation or normal anatomical dissection of the organ or structure for which the primary procedure is being carried out) (Anaes.) (Assist.) <p>Fee: \$544.95 Benefit: 75% = \$408.75</p>	
30725	<p>Laparotomy or laparoscopy for intestinal obstruction or division of extensive, complex adhesions, lasting 2 hours or more, performed either:</p> <ul style="list-style-type: none"> a) as a primary procedure; or b) when the division of adhesions is performed in conjunction with another procedure—to provide access to a surgical field, but excluding mobilisation or normal anatomical dissection of the organ or structure for which the other procedure is being carried out (Anaes.) (Assist.) <p>Fee: \$965.75 Benefit: 75% = \$724.35</p>	
30730	<p>Small intestine, resection of, including either of the following:</p> <ul style="list-style-type: none"> (a) a small bowel diverticulum (such as Meckel's procedure) with anastomosis; (b) stricturoplasty (Anaes.) (Assist.) <p>Fee: \$1,007.10 Benefit: 75% = \$755.35</p>	
30731	<p>Intraoperative enterotomy for visualisation of the small intestine by endoscopy, including endoscopic examination using a flexible endoscope, with or without biopsies (Anaes.) (Assist.)</p>	

T8. SURGICAL OPERATIONS		1. GENERAL
	Fee: \$755.45 Benefit: 75% = \$566.60	
30732	Peritonectomy, lasting more than 5 hours, including hyperthermic intra-peritoneal chemotherapy (Anaes.) (Assist.) (See para TN.8.205 of explanatory notes to this Category) Fee: \$4,136.10 Benefit: 75% = \$3102.10	
30750	Oesophagectomy with colon or jejunal interposition graft, by any approach, including: (a) any gastrointestinal anastomoses (except vascular anastomoses); and (b) anastomoses in the chest or neck (if appropriate) One surgeon (Anaes.) (Assist.) Fee: \$2,145.80 Benefit: 75% = \$1609.35	
30751	Oesophagectomy with colon or jejunal interposition graft, by any approach, including: (a) any gastrointestinal anastomoses (except vascular anastomoses); and (b) anastomoses in the chest or neck (if appropriate) Conjoint surgery, principal surgeon (Anaes.) (Assist.) Fee: \$2,145.80 Benefit: 75% = \$1609.35	
30752	Oesophagectomy with colon or jejunal interposition graft, by any approach, including: (a) any gastrointestinal anastomoses (except vascular anastomoses); and (b) anastomoses in the chest or neck (if appropriate) Conjoint surgery, co-surgeon (Anaes.) (Assist.) Fee: \$1,609.35 Benefit: 75% = \$1207.05	
30753	Oesophagectomy, by any approach, including: (a) gastric reconstruction by abdominal mobilisation, thoracotomy or thoracoscopy; and (b) anastomosis in the neck or chest One surgeon (Anaes.) (Assist.) Fee: \$1,790.65 Benefit: 75% = \$1343.00	
30754	Oesophagectomy, by any approach, including: (a) gastric reconstruction by abdominal mobilisation, thoracotomy or thoracoscopy; and (b) anastomosis in the neck or chest Conjoint surgery, principal surgeon (Anaes.) (Assist.) Fee: \$1,790.65 Benefit: 75% = \$1343.00	
30755	Oesophagectomy by any approach, including: (a) gastric reconstruction by abdominal mobilisation, thoracotomy or thoracoscopy; and (b) anastomosis in the neck or chest Conjoint surgery, co-surgeon (Anaes.) (Assist.) Fee: \$1,343.00 Benefit: 75% = \$1007.25	
30756	Antireflux operation by fundoplasty, with or without cardiopexy, by any approach, with or without closure of the diaphragmatic hiatus, other than a service to which item 30601 applies (Anaes.) (Assist.) (See para TN.8.19 of explanatory notes to this Category) Fee: \$906.65 Benefit: 75% = \$680.00	
30760	Vagotomy, with or without gastroenterostomy, pyloroplasty or other drainage procedure (Anaes.) (Assist.) Fee: \$611.95 Benefit: 75% = \$459.00	

T8. SURGICAL OPERATIONS		1. GENERAL
30761	<p>Bleeding peptic ulcer, control of, by laparoscopy or laparotomy, involving suture of bleeding point or wedge excision (with or without gastric resection), including either of the following (if performed): (a) vagotomy and pyloroplasty; (b) gastroenterostomy (Anaes.) (Assist.)</p> <p>Fee: \$789.45 Benefit: 75% = \$592.10</p>	
30762	<p>Gastrectomy, subtotal or total radical, for carcinoma, by open or minimally invasive approach, including all necessary anastomoses, including either or both of the following (if performed): (a) extended lymph node dissection; (b) splenectomy (Anaes.) (Assist.)</p> <p>Fee: \$1,730.05 Benefit: 75% = \$1297.55</p>	
30763	<p>Gastric tumour, 2cm or greater in diameter, removal of, by local excision, by endoscopic approach, including any required anastomosis, excluding polypectomy, other than a service to which item 30518 applies (Anaes.) (Assist.)</p> <p>Fee: \$702.70 Benefit: 75% = \$527.05</p>	
30770	<p>Hydatid cyst of liver, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles, with omentoplasty or myeloplasty (Anaes.) (Assist.)</p> <p>Fee: \$870.25 Benefit: 75% = \$652.70</p>	
30771	<p>Portal hypertension, porto-caval, meso-caval or selective spleno-renal shunt for (Anaes.) (Assist.)</p> <p>Fee: \$1,755.20 Benefit: 75% = \$1316.40</p>	
30780	<p>Intrahepatic biliary bypass of left or right hepatic ductal system by Roux-en-Y loop to peripheral ductal system (Anaes.) (Assist.)</p> <p>Fee: \$1,461.85 Benefit: 75% = \$1096.40</p>	
30790	<p>Pancreatic cyst anastomosis to stomach, duodenum or small intestine, by endoscopic, open or minimally invasive approach, with or without the use of endoscopic or intraoperative ultrasound (Anaes.) (Assist.)</p> <p>Fee: \$729.70 Benefit: 75% = \$547.30</p>	
30791	<p>Pancreatic necrosectomy, by open, laparoscopic or endoscopic approach, excluding aftercare, subsequent procedure (Anaes.) (Assist.)</p> <p>Fee: \$453.35 Benefit: 75% = \$340.05</p>	
30792	<p>Distal pancreatectomy with splenectomy, by open or minimally invasive approach (Anaes.) (Assist.)</p> <p>Fee: \$1,242.65 Benefit: 75% = \$932.00</p>	
30800	<p>Splenectomy, by open or minimally invasive approach, other than a service to which item 30792 applies (Anaes.) (Assist.)</p> <p>Fee: \$749.40 Benefit: 75% = \$562.05</p>	
30810	<p>Exploration of pancreas or duodenum for endocrine tumour, including associated imaging, either: (a) followed by local excision of tumour; or (b) when, after extensive exploration, no tumour is found (Anaes.) (Assist.)</p> <p>(See para TN.8.206 of explanatory notes to this Category)</p> <p>Fee: \$1,193.70 Benefit: 75% = \$895.30</p>	

T8. SURGICAL OPERATIONS		1. GENERAL
30820	<p>Lymph node of neck, biopsy of, by open procedure, if the specimen excised is sent for pathological examination (Anaes.)</p> <p>(See para TN.8.7 of explanatory notes to this Category)</p> <p>Fee: \$191.35 Benefit: 75% = \$143.55 85% = \$162.65</p>	
31000	<p>Mohs surgery of skin tumour located on the head, neck, genitalia, hand, digits, leg (below knee) or foot, utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—6 or fewer sections (Anaes.)</p> <p>(See para TN.8.151 of explanatory notes to this Category)</p> <p>Fee: \$604.45 Benefit: 75% = \$453.35 85% = \$519.75</p>	
31001	<p>Mohs surgery of skin tumour located on the head, neck, genitalia, hand, digits, leg (below knee) or foot, utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—7 to 12 sections (inclusive) (Anaes.)</p> <p>(See para TN.8.151 of explanatory notes to this Category)</p> <p>Fee: \$755.45 Benefit: 75% = \$566.60 85% = \$670.75</p>	
31002	<p>Mohs surgery of skin tumour located on the head, neck, genitalia, hand, digits, leg (below knee) or foot, utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—13 or more sections (Anaes.)</p> <p>(See para TN.8.151 of explanatory notes to this Category)</p> <p>Fee: \$906.65 Benefit: 75% = \$680.00 85% = \$821.95</p>	
31003	<p>Mohs surgery of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—6 or fewer sections</p> <p>Not applicable to a service performed in association with a service to which item 31000 applies (Anaes.)</p> <p>(See para TN.8.151 of explanatory notes to this Category)</p> <p>Fee: \$604.45 Benefit: 75% = \$453.35 85% = \$519.75</p>	
31004	<p>Mohs surgery of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—7 to 12 sections (inclusive)</p> <p>Not applicable to a service performed in association with a service to which item 31001 applies (Anaes.)</p> <p>(See para TN.8.151 of explanatory notes to this Category)</p> <p>Fee: \$755.45 Benefit: 75% = \$566.60 85% = \$670.75</p>	
31005	<p>Mohs surgery of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—13 or more sections</p>	

T8. SURGICAL OPERATIONS		1. GENERAL
	<p>Not applicable to a service performed in association with a service to which item 31002 applies (Anaes.)</p> <p>(See para TN.8.151 of explanatory notes to this Category)</p> <p>Fee: \$906.65 Benefit: 75% = \$680.00 85% = \$821.95</p>	
31206	<p>Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of and suture, if:</p> <p>(a) the lesion size is not more than 10 mm in diameter; and</p> <p>(b) the removal is from a mucous membrane by surgical excision (other than by shave excision); and</p> <p>(c) the specimen excised is sent for histological examination (Anaes.)</p> <p>Fee: \$99.35 Benefit: 75% = \$74.55 85% = \$84.45</p>	
31211	<p>Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of and suture, if:</p> <p>(a) the lesion size is more than 10 mm, but not more than 20 mm, in diameter; and</p> <p>(b) the removal is from a mucous membrane by surgical excision (other than by shave excision); and</p> <p>(c) the specimen excised is sent for histological examination (Anaes.)</p> <p>Fee: \$128.10 Benefit: 75% = \$96.10 85% = \$108.90</p>	
31216	<p>Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), removal of and suture, if:</p> <p>(a) the lesion size is more than 20 mm in diameter; and</p> <p>(b) the removal is from a mucous membrane by surgical excision (other than by shave excision); and</p> <p>(c) the specimen excised is sent for histological examination (Anaes.)</p> <p>Fee: \$149.40 Benefit: 75% = \$112.05 85% = \$127.00</p>	
31220	<p>Tumours (other than viral verrucae (common warts) and seborrheic keratoses), cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of 4 to 10 lesions and suture, if:</p> <p>(a) the size of each lesion is not more than 10 mm in diameter; and</p> <p>(b) each removal is from cutaneous or subcutaneous tissue by surgical excision (other than by shave excision); and</p> <p>(c) all of the specimens excised are sent for histological examination (Anaes.)</p> <p>Fee: \$223.25 Benefit: 75% = \$167.45 85% = \$189.80</p>	
31221	<p>Tumours, cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of 4 to 10 lesions, if:</p> <p>(a) the size of each lesion is not more than 10 mm in diameter; and</p> <p>(b) each removal is from a mucous membrane by surgical excision (other than by shave excision); and</p>	

T8. SURGICAL OPERATIONS		1. GENERAL
	<p>(c) each site of excision is closed by suture; and</p> <p>(d) all of the specimens excised are sent for histological examination (Anaes.)</p> <p>Fee: \$223.25 Benefit: 75% = \$167.45 85% = \$189.80</p>	
31225	<p>Tumours (other than viral verrucae (common warts) and seborrheic keratoses), cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of more than 10 lesions, if:</p> <p>(a) the size of each lesion is not more than 10 mm in diameter; and</p> <p>(b) each removal is from cutaneous or subcutaneous tissue or mucous membrane by surgical excision (other than by shave excision); and</p> <p>(c) each site of excision is closed by suture; and</p> <p>(d) all of the specimens excised are sent for histological examination (Anaes.)</p> <p>Fee: \$396.75 Benefit: 75% = \$297.60 85% = \$337.25</p>	
31245	<p>SKIN AND SUBCUTANEOUS TISSUE, extensive excision of, in the treatment of SUPPURATIVE HIDRADENITIS (excision from axilla, groin or natal cleft) or SYCOSIS BARBAE or NUCHAE (excision from face or neck) (Anaes.)</p> <p>(See para TN.8.23 of explanatory notes to this Category)</p> <p>Fee: \$383.90 Benefit: 75% = \$287.95 85% = \$326.35</p>	
31250	<p>GIANT HAIRY or COMPOUND NAEVUS, excision of an area at least 1 percent of body surface <i>where the specimen excised is sent for histological confirmation of diagnosis</i> (Anaes.)</p> <p>Fee: \$383.90 Benefit: 75% = \$287.95 85% = \$326.35</p>	
31340	<p>Muscle, bone or cartilage, excision of one or more of, if clinically indicated, and if:</p> <p>(a) the specimen excised is sent for histological confirmation; and</p> <p>(b) a malignant tumour of skin covered by item 31000, 31001, 31002, 31003, 31004, 31005, 31356, 31358, 31359, 31361, 31363, 31365, 31367, 31369, 31371, 31372, 31373, 31374, 31375 or 31376 is excised (Anaes.)</p> <p>Derived Fee: 75% of the fee for excision of malignant tumour</p>	
31345	<p>LIPOMA, removal of by surgical excision or liposuction, where lesion is subcutaneous and <u>50mm or more in diameter</u>, or is sub-fascial, <i>where the specimen is sent for histological confirmation of diagnosis</i> (Anaes.)</p> <p>Fee: \$219.50 Benefit: 75% = \$164.65 85% = \$186.60</p>	
31346	<p>Liposuction (suction assisted lipolysis) to one regional area for contour problems of abdominal, upper arm or thigh fat because of repeated insulin injections, if:</p> <p>(a) the lesion is subcutaneous; and</p> <p>(b) the lesion is 50 mm or more in diameter; and</p>	

T8. SURGICAL OPERATIONS		1. GENERAL
	<p>(c) photographic and/or diagnostic imaging evidence demonstrating the need for this service is documented in the patient notes (Anaes.)</p> <p>(See para TN.8.101 of explanatory notes to this Category) Fee: \$219.50 Benefit: 75% = \$164.65 85% = \$186.60</p>	
31350	<p>Benign tumour of soft tissue (other than tumours of skin, cartilage and bone, simple lipomas covered by item 31345 and lipomata), removal of, by surgical excision, on a patient 10 years of age or over, if the specimen excised is sent for histological confirmation of diagnosis, other than a service to which another item in this Group applies (Anaes.) (Assist.)</p> <p>Fee: \$450.90 Benefit: 75% = \$338.20 85% = \$383.30</p>	
31355	<p>MALIGNANT TUMOUR of SOFT TISSUE, excluding tumours of skin, cartilage and bone, removal of by surgical excision, where <i>histological proof of malignancy has been obtained</i>, not being a service to which another item in this Group applies (Anaes.) (Assist.)</p> <p>Fee: \$743.45 Benefit: 75% = \$557.60 85% = \$658.75</p>	
31356	<p>Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision) and repair of, if:</p> <ul style="list-style-type: none"> (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and (b) the necessary excision diameter is less than 6 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; <p>not in association with item 45201 (Anaes.)</p> <p>(See para TN.8.22, TN.8.125 of explanatory notes to this Category) Fee: \$230.30 Benefit: 75% = \$172.75 85% = \$195.80</p>	
31357	<p>Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if:</p> <ul style="list-style-type: none"> (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and (b) the necessary excision diameter is less than 6 mm; and (c) the excised specimen is sent for histological examination; <p>not in association with item 45201 (Anaes.)</p> <p>(See para TN.8.22, TN.8.125 of explanatory notes to this Category) Fee: \$114.10 Benefit: 75% = \$85.60 85% = \$97.00</p>	
31358	<p>Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision) and repair of, if:</p> <ul style="list-style-type: none"> (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and 	

T8. SURGICAL OPERATIONS		1. GENERAL
	<p>(b) the necessary excision diameter is 6 mm or more; and</p> <p>(c) the excised specimen is sent for histological examination; and</p> <p>(d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)</p> <p>(See para TN.8.22, TN.8.125 of explanatory notes to this Category) Fee: \$281.85 Benefit: 75% = \$211.40 85% = \$239.60</p>	
31359	<p>Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision), if:</p> <p>(a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia (the applicable site); and</p> <p>(b) the necessary excision area is at least one third of the surface area of the applicable site; and</p> <p>(c) the excised specimen is sent for histological examination; and</p> <p>(d) malignancy is confirmed from the excised specimen or previous biopsy</p> <p>(H) (Anaes.)</p> <p>(See para TN.8.22, TN.8.125 of explanatory notes to this Category) Fee: \$343.55 Benefit: 75% = \$257.70</p>	
31360	<p>Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and</p> <p>(b) the necessary excision diameter is 6 mm or more; and</p> <p>(c) the excised specimen is sent for histological examination (Anaes.)</p> <p>(See para TN.8.22, TN.8.125 of explanatory notes to this Category) Fee: \$174.85 Benefit: 75% = \$131.15 85% = \$148.65</p>	
31361	<p>Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and</p> <p>(b) the necessary excision diameter is less than 14 mm; and</p> <p>(c) the excised specimen is sent for histological examination; and</p> <p>(d) malignancy is confirmed from the excised specimen or previous biopsy;</p> <p>not in association with item 45201 (Anaes.)</p> <p>(See para TN.8.23, TN.8.22, TN.8.125 of explanatory notes to this Category) Fee: \$194.30 Benefit: 75% = \$145.75 85% = \$165.20</p>	

T8. SURGICAL OPERATIONS		1. GENERAL
31362	<p>Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and</p> <p>(b) the necessary excision diameter is less than 14 mm; and</p> <p>(c) the excised specimen is sent for histological examination;</p> <p>not in association with item 45201 (Anaes.)</p> <p>(See para TN.8.23, TN.8.22, TN.8.125 of explanatory notes to this Category)</p> <p>Fee: \$139.35 Benefit: 75% = \$104.55 85% = \$118.45</p>	
31363	<p>Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and</p> <p>(b) the necessary excision diameter is 14 mm or more; and</p> <p>(c) the excised specimen is sent for histological examination; and</p> <p>(d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)</p> <p>(See para TN.8.23, TN.8.22, TN.8.125 of explanatory notes to this Category)</p> <p>Fee: \$254.15 Benefit: 75% = \$190.65 85% = \$216.05</p>	
31364	<p>Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and</p> <p>(b) the necessary excision diameter is 14 mm or more; and</p> <p>(c) the excised specimen is sent for histological examination (Anaes.)</p> <p>(See para TN.8.23, TN.8.22, TN.8.125 of explanatory notes to this Category)</p> <p>Fee: \$174.85 Benefit: 75% = \$131.15 85% = \$148.65</p>	
31365	<p>Malignant skin lesion (other than a malignant skin lesion covered by item 31369, 31370, 31371, 31372 or 31373), surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the lesion is excised from any part of the body not covered by item 31356, 31358, 31359, 31361 or 31363; and</p>	

T8. SURGICAL OPERATIONS		1. GENERAL
	<p>(b) the necessary excision diameter is less than 15 mm; and</p> <p>(c) the excised specimen is sent for histological examination; and</p> <p>(d) malignancy is confirmed from the excised specimen or previous biopsy;</p> <p>not in association with item 45201 (Anaes.)</p> <p>(See para TN.8.22, TN.8.125 of explanatory notes to this Category) Fee: \$164.70 Benefit: 75% = \$123.55 85% = \$140.00</p>	
31366	<p>Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the lesion is excised from any part of the body not covered by item 31357, 31360, 31362 or 31364; and</p> <p>(b) the necessary excision diameter is less than 15 mm; and</p> <p>(c) the excised specimen is sent for histological examination;</p> <p>not in association with item 45201 (Anaes.)</p> <p>(See para TN.8.22, TN.8.125 of explanatory notes to this Category) Fee: \$99.35 Benefit: 75% = \$74.55 85% = \$84.45</p>	
31367	<p>Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the lesion is excised from any part of the body not covered by item 31356, 31358, 31359, 31361 or 31363; and</p> <p>(b) the necessary excision diameter is at least 15 mm but not more than 30 mm; and</p> <p>(c) the excised specimen is sent for histological examination; and</p> <p>(d) malignancy is confirmed from the excised specimen or previous biopsy;</p> <p>not in association with item 45201 (Anaes.)</p> <p>(See para TN.8.22, TN.8.125 of explanatory notes to this Category) Fee: \$222.25 Benefit: 75% = \$166.70 85% = \$188.95</p>	
31368	<p>Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the lesion is excised from any part of the body not covered by item 31357, 31360, 31362 or 31364; and</p> <p>(b) the necessary excision diameter is at least 15 mm but not more than 30mm; and</p> <p>(c) the excised specimen is sent for histological examination;</p> <p>not in association with item 45201 (Anaes.)</p> <p>(See para TN.8.22, TN.8.125 of explanatory notes to this Category) Fee: \$130.60 Benefit: 75% = \$97.95 85% = \$111.05</p>	

T8. SURGICAL OPERATIONS		1. GENERAL
31369	<p>Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375 or 31376), surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the lesion is excised from any part of the body not covered by item 31356, 31358, 31359, 31361 or 31363; and</p> <p>(b) the necessary excision diameter is more than 30 mm; and</p> <p>(c) the excised specimen is sent for histological examination; and</p> <p>(d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)</p> <p>(See para TN.8.22, TN.8.125 of explanatory notes to this Category)</p> <p>Fee: \$255.90 Benefit: 75% = \$191.95 85% = \$217.55</p>	
31370	<p>Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the lesion is excised from any part of the body not covered by item 31357, 31360, 31362 or 31364; and</p> <p>(b) the necessary excision diameter is more than 30 mm; and</p> <p>(c) the excised specimen is sent for histological examination (Anaes.)</p> <p>(See para TN.8.22, TN.8.125 of explanatory notes to this Category)</p> <p>Fee: \$149.40 Benefit: 75% = \$112.05 85% = \$127.00</p>	
31371	<p>Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the tumour is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and</p> <p>(b) the necessary excision diameter is 6 mm or more; and</p> <p>(c) the excised specimen is sent for histological examination; and</p> <p>(d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)</p> <p>(See para TN.8.22, TN.8.125 of explanatory notes to this Category)</p> <p>Fee: \$371.45 Benefit: 75% = \$278.60 85% = \$315.75</p>	
31372	<p>Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the tumour is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and</p> <p>(b) the necessary excision diameter is less than 14 mm; and</p> <p>(c) the excised specimen is sent for histological examination; and</p> <p>(d) malignancy is confirmed from the excised specimen or previous biopsy;</p>	

T8. SURGICAL OPERATIONS		1. GENERAL
	<p>not in association with item 45201 (Anaes.)</p> <p>(See para TN.8.23, TN.8.22, TN.8.125 of explanatory notes to this Category)</p> <p>Fee: \$321.20 Benefit: 75% = \$240.90 85% = \$273.05</p>	
31373	<p>Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the tumour is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and</p> <p>(b) the necessary excision diameter is 14 mm or more; and</p> <p>(c) the excised specimen is sent for histological examination; and</p> <p>(d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)</p> <p>(See para TN.8.23, TN.8.22, TN.8.125 of explanatory notes to this Category)</p> <p>Fee: \$371.25 Benefit: 75% = \$278.45 85% = \$315.60</p>	
31374	<p>Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the tumour is excised from any part of the body not covered by item 31371, 31372 or 31373; and</p> <p>(b) the necessary excision diameter is less than 15 mm; and</p> <p>(c) the excised specimen is sent for histological examination; and</p> <p>(d) malignancy is confirmed from the excised specimen or previous biopsy;</p> <p>not in association with item 45201 (Anaes.)</p> <p>(See para TN.8.125, TN.1.21 of explanatory notes to this Category)</p> <p>Fee: \$293.30 Benefit: 75% = \$220.00 85% = \$249.35</p>	
31375	<p>Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the tumour is excised from any part of the body not covered by item 31371, 31372 or 31373; and</p> <p>(b) the necessary excision diameter is at least 15 mm but not more than 30 mm; and</p> <p>(c) the excised specimen is sent for histological examination; and</p> <p>(d) malignancy is confirmed from the excised specimen or previous biopsy;</p> <p>not in association with item 45201 (Anaes.)</p> <p>(See para TN.8.22, TN.8.125 of explanatory notes to this Category)</p> <p>Fee: \$315.65 Benefit: 75% = \$236.75 85% = \$268.35</p>	
31376	<p>Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, if:</p> <p>(a) the tumour is excised from any part of the body not covered by item 31371, 31372 or 31373; and</p>	

T8. SURGICAL OPERATIONS		1. GENERAL
	(b) the necessary excision diameter is more than 30 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.) (See para TN.8.22, TN.8.125 of explanatory notes to this Category) Fee: \$365.85 Benefit: 75% = \$274.40 85% = \$311.00	
31400	MALIGNANT UPPER AERODIGESTIVE TRACT TUMOUR up to and including 20mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained (Anaes.) (Assist.) Fee: \$271.65 Benefit: 75% = \$203.75 85% = \$230.95	
31403	MALIGNANT UPPER AERODIGESTIVE TRACT TUMOUR more than 20mm and up to and including 40mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained (Anaes.) (Assist.) Fee: \$313.55 Benefit: 75% = \$235.20	
31406	MALIGNANT UPPER AERODIGESTIVE TRACT TUMOUR more than 40mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained (Anaes.) (Assist.) Fee: \$522.50 Benefit: 75% = \$391.90 85% = \$444.15	
31409	PARAPHARYNGEAL TUMOUR, excision of, by cervical approach (Anaes.) (Assist.) Fee: \$1,623.40 Benefit: 75% = \$1217.55	
31412	RECURRENT OR PERSISTENT PARAPHARYNGEAL TUMOUR, excision of, by cervical approach (Anaes.) (Assist.) Fee: \$1,999.65 Benefit: 75% = \$1499.75	
31423	Lymph nodes of neck, selective dissection of one or 2 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck, on a patient 10 years of age or over (Anaes.) (Assist.) (See para TN.8.24 of explanatory notes to this Category) Fee: \$418.05 Benefit: 75% = \$313.55 85% = \$355.35	
31426	LYMPH NODES OF NECK, selective dissection of 3 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck (Anaes.) (Assist.) (See para TN.8.24 of explanatory notes to this Category) Fee: \$836.00 Benefit: 75% = \$627.00	
31429	LYMPH NODES OF NECK, selective dissection of 4 lymph node levels on one side of the neck with preservation of one or more of: internal jugular vein, sternocleido-mastoid muscle, or spinal accessory nerve (Anaes.) (Assist.) (See para TN.8.24 of explanatory notes to this Category) Fee: \$1,302.85 Benefit: 75% = \$977.15	
31432	LYMPH NODES OF NECK, bilateral selective dissection of levels I, II and III (bilateral supraomohyoid dissections) (Anaes.) (Assist.) (See para TN.8.24 of explanatory notes to this Category) Fee: \$1,393.45 Benefit: 75% = \$1045.10	

T8. SURGICAL OPERATIONS		1. GENERAL
31435	<p>LYMPH NODES OF NECK, comprehensive dissection of all 5 lymph node levels on one side of the neck (Anaes.) (Assist.)</p> <p>(See para TN.8.24 of explanatory notes to this Category)</p> <p>Fee: \$1,024.20 Benefit: 75% = \$768.15</p>	
31438	<p>LYMPH NODES OF NECK, comprehensive dissection of all 5 lymph node levels on one side of the neck with preservation of one or more of: internal jugular vein, sternocleido-mastoid muscle, or spinal accessory nerve (Anaes.) (Assist.)</p> <p>(See para TN.8.24 of explanatory notes to this Category)</p> <p>Fee: \$1,623.40 Benefit: 75% = \$1217.55</p>	
31454	<p>Laparoscopy or laparotomy with drainage of bile, as an independent procedure (H) (Anaes.) (Assist.)</p> <p>Fee: \$586.15 Benefit: 75% = \$439.65</p>	
31456	<p>GASTROSCOPY and insertion of nasogastric or nasoenteral feeding tube, where blind insertion of the feeding tube has failed or is inappropriate due to the patient's medical condition (Anaes.)</p> <p>Fee: \$255.55 Benefit: 75% = \$191.70</p>	
31458	<p>GASTROSCOPY and insertion of nasogastric or nasoenteral feeding tube, where blind insertion of the feeding tube has failed or is inappropriate due to the patient's medical condition, and where the use of imaging intensification is clinically indicated (Anaes.)</p> <p>Fee: \$306.60 Benefit: 75% = \$229.95</p>	
31460	<p>PERCUTANEOUS GASTROSTOMY TUBE, jejunal extension to, including any associated imaging services (Anaes.) (Assist.)</p> <p>Fee: \$371.45 Benefit: 75% = \$278.60</p>	
31462	<p>OPERATIVE FEEDING JEJUNOSTOMY performed in conjunction with major upper gastro-intestinal resection (Anaes.) (Assist.)</p> <p>Fee: \$542.40 Benefit: 75% = \$406.80</p>	
31466	<p>ANTIREFLUX OPERATION BY FUNDOPLASTY, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus, revision procedure, by laparoscopy or open operation (Anaes.) (Assist.)</p> <p>(See para TN.8.19 of explanatory notes to this Category)</p> <p>Fee: \$1,359.90 Benefit: 75% = \$1019.95</p>	
31468	<p>Para-oesophageal hiatus hernia, repair of, with complete reduction of hernia, resection of sac and repair of hiatus, with or without fundoplication, other than a service associated with a service to which item 30756 or 31466 applies (Anaes.) (Assist.)</p> <p>Fee: \$1,494.05 Benefit: 75% = \$1120.55</p>	
31472	<p>Cholecystoduodenostomy, cholecystoenterostomy, choledochojejunostomy or Roux-en-y loop to provide biliary drainage or bypass, other than a service associated with a service to which item 30584 applies (Anaes.) (Assist.)</p> <p>Fee: \$1,399.80 Benefit: 75% = \$1049.85</p>	
31500	<p>BREAST, BENIGN LESION up to and including 50mm in diameter, including simple cyst, fibroadenoma or fibrocystic disease, open surgical biopsy or excision of, with or without frozen section histology (Anaes.)</p> <p>(See para TN.8.25 of explanatory notes to this Category)</p>	

T8. SURGICAL OPERATIONS		1. GENERAL
	Fee: \$270.55 Benefit: 75% = \$202.95 85% = \$230.00	
31503	BREAST, BENIGN LESION more than 50mm in diameter, excision of (Anaes.) (Assist.) (See para TN.8.25 of explanatory notes to this Category) Fee: \$360.80 Benefit: 75% = \$270.60 85% = \$306.70	
31506	BREAST, ABNORMALITY detected by mammography or ultrasound where guidewire or other localisation procedure is performed, excision biopsy of (Anaes.) (Assist.) (See para TN.8.25 of explanatory notes to this Category) Fee: \$405.90 Benefit: 75% = \$304.45	
31509	BREAST, MALIGNANT TUMOUR, open surgical biopsy of, with or without frozen section histology (Anaes.) (See para TN.8.25 of explanatory notes to this Category) Fee: \$360.80 Benefit: 75% = \$270.60 85% = \$306.70	
31512	BREAST, MALIGNANT TUMOUR, complete local excision of, with or without frozen section histology (Anaes.) (Assist.) Fee: \$676.50 Benefit: 75% = \$507.40	
31515	BREAST, TUMOUR SITE, re-excision of following open biopsy or incomplete excision of malignant tumour (Anaes.) (Assist.) (See para TN.8.25 of explanatory notes to this Category) Fee: \$453.85 Benefit: 75% = \$340.40	
31516	BREAST, MALIGNANT TUMOUR, complete local excision of, with or without frozen section histology when targeted intraoperative radiation therapy (using an Intrabeam® or Xofig® Axxent® device) is performed concurrently, if the patient satisfies the requirements mentioned in paragraphs (a) to (g) of item 15900 Applicable only once per breast per lifetime (H) (Anaes.) (Assist.) Fee: \$902.10 Benefit: 75% = \$676.60	
31519	BREAST, total mastectomy (H) (Anaes.) (Assist.) Fee: \$765.90 Benefit: 75% = \$574.45	
31524	BREAST, subcutaneous mastectomy (H) (Anaes.) (Assist.) Fee: \$1,082.40 Benefit: 75% = \$811.80	
31525	BREAST, mastectomy for gynecomastia, with or without liposuction (suction assisted lipolysis), not being a service associated with a service to which item 45585 applies (H) (Anaes.) (Assist.) Fee: \$541.05 Benefit: 75% = \$405.80	
31530	Breast, biopsy of solid tumour or tissue of, using a vacuum-assisted breast biopsy device under imaging guidance, for histological examination, if imaging has demonstrated: (a) microcalcification of lesion; or (b) impalpable lesion less than one cm in diameter; including pre-operative localisation of lesion, if performed, other than a service associated with a service to which item 31548 applies Fee: \$619.85 Benefit: 75% = \$464.90 85% = \$535.15	

T8. SURGICAL OPERATIONS		1. GENERAL
31533	FINE NEEDLE ASPIRATION of an impalpable breast lesion detected by mammography or ultrasound, imaging guided - but not including imaging (Anaes.) (See para TN.8.26 of explanatory notes to this Category) Fee: \$143.50 Benefit: 75% = \$107.65 85% = \$122.00	
31536	Breast, preoperative localisation of lesion of, by hookwire or similar device, using interventional imaging techniques, but not including imaging (Anaes.) (Anaes.) Fee: \$197.10 Benefit: 75% = \$147.85 85% = \$167.55	
31548	Breast, biopsy of solid tumour or tissue of, using mechanical biopsy device, for histological examination, other than a service associated with a service to which item 31530 applies (Anaes.) (Anaes.) (See para TN.8.26 of explanatory notes to this Category) Fee: \$208.10 Benefit: 75% = \$156.10 85% = \$176.90	
31551	BREAST, HAEMATOMA, SEROMA OR INFLAMMATORY CONDITION including abscess, granulomatous mastitis or similar, exploration and drainage of when undertaken in the operating theatre of a hospital, excluding aftercare (Anaes.) Fee: \$225.50 Benefit: 75% = \$169.15	
31554	BREAST, microdochotomy of, for benign or malignant condition (Anaes.) (Assist.) Fee: \$451.05 Benefit: 75% = \$338.30	
31557	BREAST CENTRAL DUCTS, excision of, for benign condition (Anaes.) (Assist.) Fee: \$360.80 Benefit: 75% = \$270.60 85% = \$306.70	
31560	ACCESSORY BREAST TISSUE, excision of (Anaes.) (Assist.) Fee: \$360.80 Benefit: 75% = \$270.60 85% = \$306.70 Extended Medicare Safety Net Cap: \$288.65	
31563	INVERTED NIPPLE, surgical eversion of (Anaes.) Fee: \$270.25 Benefit: 75% = \$202.70 85% = \$229.75	
31566	ACCESSORY NIPPLE, excision of (Anaes.) Fee: \$135.25 Benefit: 75% = \$101.45 85% = \$115.00	
31585	Removal of adjustable gastric band (Anaes.) (Assist.) Fee: \$865.85 Benefit: 75% = \$649.40	
BARIATRIC		
31569	Adjustable gastric band, placement of, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.) (See para TN.8.29 of explanatory notes to this Category) Fee: \$884.00 Benefit: 75% = \$663.00	
31572	Gastric bypass by Roux-en-Y including associated anastomoses, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity not being associated with a service to which item 30515 applies (Anaes.) (Assist.) (See para TN.8.29 of explanatory notes to this Category) Fee: \$1,087.80 Benefit: 75% = \$815.85	

T8. SURGICAL OPERATIONS		1. GENERAL
31575	Sleeve gastrectomy, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.) (See para TN.8.29 of explanatory notes to this Category) Fee: \$884.00 Benefit: 75% = \$663.00	
31578	Gastroplasty (excluding by gastric plication), with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.) (See para TN.8.29 of explanatory notes to this Category) Fee: \$884.00 Benefit: 75% = \$663.00	
31581	Gastric bypass by biliopancreatic diversion with or without duodenal switch including gastric resection and anastomoses, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.) (See para TN.8.29 of explanatory notes to this Category) Fee: \$1,087.80 Benefit: 75% = \$815.85	
31584	Surgical reversal of previous bariatric procedure, including revision or conversion, if: a) the previous procedure involved any of the following: (i) placement of adjustable gastric banding; (ii) gastric bypass; (iii) sleeve gastrectomy; (iv) gastroplasty (excluding gastric plication); (v) biliopancreatic diversion; and (b) any of items 31569 to 31581 applied to the previous procedure other than a service associated with a service to which item 31585 applies (Anaes.) (Assist.) (See para TN.8.30 of explanatory notes to this Category) Fee: \$1,601.50 Benefit: 75% = \$1201.15	
31587	Adjustment of gastric band as an independent procedure including any associated consultation Fee: \$101.90 Benefit: 75% = \$76.45 85% = \$86.65	
31590	Adjustment of gastric band reservoir, repair, revision or replacement of (Anaes.) (Assist.) Fee: \$261.95 Benefit: 75% = \$196.50 85% = \$222.70	

T8. SURGICAL OPERATIONS		2. COLORECTAL
	Group T8. Surgical Operations	
	Subgroup 2. Colorectal	
32000	LARGE INTESTINE, resection of, without anastomosis, including right hemicolectomy (including formation of stoma) (Anaes.) (Assist.) Fee: \$1,073.10 Benefit: 75% = \$804.85	
32003	LARGE INTESTINE, resection of, with anastomosis, including right hemicolectomy (Anaes.) (Assist.) Fee: \$1,122.50 Benefit: 75% = \$841.90	
32004	LARGE INTESTINE, subtotal colectomy (resection of right colon, transverse colon and splenic flexure) without anastomosis, not being a service associated with a service to which item 32000, 32003, 32005 or 32006 applies (Anaes.) (Assist.)	

T8. SURGICAL OPERATIONS		2. COLORECTAL
	Fee: \$1,197.00 Benefit: 75% = \$897.75	
32005	LARGE INTESTINE, subtotal colectomy (resection of right colon, transverse colon and splenic flexure) with anastomosis, not being a service associated with a service to which item 32000, 32003, 32004 or 32006 applies (Anaes.) (Assist.) Fee: \$1,352.20 Benefit: 75% = \$1014.15	
32006	LEFT HEMICOLECTOMY, including the descending and sigmoid colon (including formation of stoma) (Anaes.) (Assist.) Fee: \$1,197.00 Benefit: 75% = \$897.75	
32009	TOTAL COLECTOMY AND ILEOSTOMY (Anaes.) (Assist.) Fee: \$1,419.90 Benefit: 75% = \$1064.95	
32012	TOTAL COLECTOMY AND ILEORECTAL ANASTOMOSIS (Anaes.) (Assist.) Fee: \$1,568.45 Benefit: 75% = \$1176.35	
32015	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY 1 surgeon (Anaes.) (Assist.) Fee: \$1,927.60 Benefit: 75% = \$1445.70	
32018	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, COMBINED SYNCHRONOUS OPERATION; ABDOMINAL RESECTION (including aftercare) (Anaes.) (Assist.) Fee: \$1,634.55 Benefit: 75% = \$1225.95	
32021	TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, COMBINED SYNCHRONOUS OPERATION; PERINEAL RESECTION (Assist.) Fee: \$586.15 Benefit: 75% = \$439.65	
32023	Endoscopic insertion of stent or stents for large bowel obstruction, stricture or stenosis, including colonoscopy and any image intensification, where the obstruction is due to: <ul style="list-style-type: none"> a) a pre-diagnosed colorectal cancer, or cancer of an organ adjacent to the bowel; or b) an unknown diagnosis (Anaes.) (See para TN.8.17 of explanatory notes to this Category) Fee: \$577.85 Benefit: 75% = \$433.40	
32024	RECTUM, HIGH RESTORATIVE ANTERIOR RESECTION WITH INTRAPERITONEAL ANASTOMOSIS (of the rectum) greater than 10 centimetres from the anal verge excluding resection of sigmoid colon alone not being a service associated with a service to which item 32103, 32104 or 32106 applies (Anaes.) (Assist.) Fee: \$1,419.90 Benefit: 75% = \$1064.95	
32025	RECTUM, LOW RESTORATIVE ANTERIOR RESECTION WITH EXTRAPERITONEAL ANASTOMOSIS (of the rectum) less than 10 centimetres from the anal verge, with or without covering stoma not being a service associated with a service to which item 32103, 32104 or 32106 applies (Anaes.) (Assist.) Fee: \$1,899.25 Benefit: 75% = \$1424.45	

T8. SURGICAL OPERATIONS		2. COLORECTAL
32026	RECTUM, ULTRA LOW RESTORATIVE RESECTION, with or without covering stoma, where the anastomosis is sited in the anorectal region and is 6cm or less from the anal verge (Anaes.) (Assist.) Fee: \$2,045.30 Benefit: 75% = \$1534.00	
32028	RECTUM, LOW OR ULTRA LOW RESTORATIVE RESECTION, with peranal sutured coloanal anastomosis, with or without covering stoma (Anaes.) (Assist.) Fee: \$2,191.55 Benefit: 75% = \$1643.70	
32029	COLONIC RESERVOIR, construction of, being a service associated with a service to which any other item in this Subgroup applies (Anaes.) (Assist.) Fee: \$438.25 Benefit: 75% = \$328.70	
32030	RECTOSIGMOIDECTOMY (Hartmann's operation) (Anaes.) (Assist.) Fee: \$1,073.10 Benefit: 75% = \$804.85	
32033	RESTORATION OF BOWEL following Hartmann's or similar operation, including dismantling of the stoma (Anaes.) (Assist.) Fee: \$1,568.45 Benefit: 75% = \$1176.35	
32036	SACROCOCCYGEAL AND PRESACRAL TUMOUR excision of (Anaes.) (Assist.) Fee: \$1,989.30 Benefit: 75% = \$1492.00	
32039	RECTUM AND ANUS, ABDOMINOPERINEAL RESECTION OF 1 surgeon (Anaes.) (Assist.) Fee: \$1,597.25 Benefit: 75% = \$1197.95	
32042	RECTUM AND ANUS, ABDOMINOPERINEAL RESECTION OF, COMBINED SYNCHRONOUS OPERATION abdominal resection (Anaes.) (Assist.) Fee: \$1,345.55 Benefit: 75% = \$1009.20	
32045	RECTUM AND ANUS, ABDOMINOPERINEAL RESECTION OF, COMBINED SYNCHRONOUS OPERATION perineal resection (Assist.) Fee: \$503.60 Benefit: 75% = \$377.70	
32046	RECTUM and ANUS, abdomino-perineal resection of, combined synchronous operation - perineal resection where the perineal surgeon also provides assistance to the abdominal surgeon (Assist.) Fee: \$778.20 Benefit: 75% = \$583.65	
32047	PERINEAL PROCTECTOMY (Anaes.) (Assist.) Fee: \$906.65 Benefit: 75% = \$680.00	
32051	TOTAL COLECTOMY with excision of rectum and ileoanal anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomy 1 surgeon (Anaes.) (Assist.) Fee: \$2,410.45 Benefit: 75% = \$1807.85	
32054	TOTAL COLECTOMY with excision of rectum and ileoanal anastomosis with formation of ileal reservoir, with or without creation of temporary ileostomy conjoint surgery, abdominal surgeon (including aftercare) (Anaes.) (Assist.) Fee: \$2,212.35 Benefit: 75% = \$1659.30	

T8. SURGICAL OPERATIONS		2. COLORECTAL
32057	TOTAL COLECTOMY with excision of rectum and ileoanal anastomosis with formation of ileal reservoir conjoint surgery, perineal surgeon (Assist.) Fee: \$586.15 Benefit: 75% = \$439.65	
32060	ILEOSTOMY CLOSURE with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy 1 surgeon (Anaes.) (Assist.) Fee: \$2,410.45 Benefit: 75% = \$1807.85	
32063	ILEOSTOMY CLOSURE with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy conjoint surgery, abdominal surgeon (including aftercare) (Anaes.) (Assist.) Fee: \$2,212.35 Benefit: 75% = \$1659.30	
32066	ILEOSTOMY CLOSURE with rectal resection and mucosectomy and ileoanal anastomosis with formation of ileal reservoir, with or without temporary loop ileostomy conjoint surgery, perineal surgeon (Assist.) Fee: \$586.15 Benefit: 75% = \$439.65	
32069	ILEOSTOMY RESERVOIR, continent type, creation of, including conversion of existing ileostomy where appropriate (Anaes.) Fee: \$1,783.05 Benefit: 75% = \$1337.30	
32072	SIGMOIDOSCOPIC EXAMINATION (with rigid sigmoidoscope), with or without biopsy Fee: \$49.80 Benefit: 75% = \$37.35 85% = \$42.35	
32075	SIGMOIDOSCOPIC EXAMINATION (with rigid sigmoidoscope), UNDER GENERAL ANAESTHESIA, with or without biopsy, not being a service associated with a service to which another item in this Group applies (Anaes.) Fee: \$78.10 Benefit: 75% = \$58.60 85% = \$66.40	
32084	Sigmoidoscopy or colonoscopy up to the hepatic flexure, with or without biopsy, other than a service associated with a service to which any of items 32222 to 32228 applies. (Anaes.) (See para TN.8.17, TN.8.134 of explanatory notes to this Category) Fee: \$115.90 Benefit: 75% = \$86.95 85% = \$98.55	
32087	Endoscopic examination of the colon up to the hepatic flexure by sigmoidoscopy or colonoscopy for the removal of one or more polyps, other than a service associated with a service to which any of items 32222 to 32228 applies (Anaes.) (Anaes.) (See para TN.8.17, TN.8.134 of explanatory notes to this Category) Fee: \$213.00 Benefit: 75% = \$159.75 85% = \$181.05	
32094	ENDOSCOPIC DILATATION OF COLORECTAL STRICTURES including colonoscopy (Anaes.) (See para TN.8.17 of explanatory notes to this Category) Fee: \$574.20 Benefit: 75% = \$430.65	

T8. SURGICAL OPERATIONS		2. COLORECTAL
32095	<p>ENDOSCOPIC EXAMINATION of SMALL BOWEL with flexible endoscope passed by stoma, with or without biopsies (Anaes.)</p> <p>(See para TN.8.17 of explanatory notes to this Category)</p> <p>Fee: \$133.00 Benefit: 75% = \$99.75 85% = \$113.05</p>	
32096	<p>RECTAL BIOPSY, full thickness, under general anaesthesia, or under epidural or spinal (intrathecal) nerve block where undertaken in a hospital (Anaes.) (Assist.)</p> <p>Fee: \$267.35 Benefit: 75% = \$200.55</p>	
32099	<p>RECTAL TUMOUR of 5 centimetres or less in diameter, per anal submucosal excision of (Anaes.) (Assist.)</p> <p>Fee: \$346.75 Benefit: 75% = \$260.10</p>	
32102	<p>RECTAL TUMOUR of greater than 5 centimetres in diameter, indicated by pathological examination, per anal submucosal excision of (Anaes.) (Assist.)</p> <p>Fee: \$660.40 Benefit: 75% = \$495.30</p>	
32103	<p>RECTAL TUMOUR, of less than 4 cm in diameter, per anal excision of, using rectoscopy incorporating either 3 dimensional or 2 dimensional optic viewing systems, if removal is unable to be performed during colonoscopy or by local excision, other than a service associated with a service to which item 32024, 32025, 32104 or 32106 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.31, TN.8.17 of explanatory notes to this Category)</p> <p>Fee: \$803.55 Benefit: 75% = \$602.70</p>	
32104	<p>RECTAL TUMOUR, of 4 cm or greater in diameter, per anal excision of, using rectoscopy incorporating either 3 dimensional or 2 dimensional optic viewing systems, if removal is unable to be performed during colonoscopy or by local excision, other than a service associated with a service to which item 32024, 32025, 32103 or 32106 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.31, TN.8.17 of explanatory notes to this Category)</p> <p>Fee: \$1,040.20 Benefit: 75% = \$780.15</p>	
32105	<p>ANORECTAL CARCINOMA per anal full thickness excision of (Anaes.) (Assist.)</p> <p>Fee: \$503.60 Benefit: 75% = \$377.70 85% = \$428.10</p>	
32106	<p>ANTEROLATERAL INTRAPERITONEAL RECTAL TUMOUR, per anal excision of, using rectoscopy incorporating either 3 dimensional or 2 dimensional optic viewing systems, if removal is unable to be performed during colonoscopy and if removal requires dissection within the peritoneal cavity, other than a service associated with a service to which item 32024, 32025, 32103 or 32104 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.31, TN.8.17 of explanatory notes to this Category)</p> <p>Fee: \$1,419.90 Benefit: 75% = \$1064.95 85% = \$1335.20</p>	
32108	<p>RECTAL TUMOUR, transsphincteric excision of (Kraske or similar operation) (Anaes.) (Assist.)</p> <p>Fee: \$1,040.20 Benefit: 75% = \$780.15</p>	
32111	<p>RECTAL PROLAPSE Delorme procedure for (Anaes.) (Assist.)</p> <p>Fee: \$660.40 Benefit: 75% = \$495.30</p>	
32112	<p>RECTAL PROLAPSE, perineal recto-sigmoidectomy for (Anaes.) (Assist.)</p> <p>Fee: \$803.55 Benefit: 75% = \$602.70</p>	

T8. SURGICAL OPERATIONS		2. COLORECTAL
32114	RECTAL STRICTURE, per anal release of (Anaes.) Fee: \$181.50 Benefit: 75% = \$136.15 85% = \$154.30	
32115	RECTAL STRICTURE, dilatation of (Anaes.) Fee: \$132.05 Benefit: 75% = \$99.05	
32117	RECTAL PROLAPSE, abdominal rectopexy of (Anaes.) (Assist.) Fee: \$1,040.20 Benefit: 75% = \$780.15	
32120	RECTAL PROLAPSE, perineal repair of (Anaes.) (Assist.) Fee: \$267.35 Benefit: 75% = \$200.55	
32123	ANAL STRICTURE, anoplasty for (Anaes.) (Assist.) Fee: \$346.75 Benefit: 75% = \$260.10 85% = \$294.75	
32126	ANAL INCONTINENCE, Parks' intersphincteric procedure for (Anaes.) (Assist.) Fee: \$503.60 Benefit: 75% = \$377.70	
32129	ANAL SPHINCTER, direct repair of (Anaes.) (Assist.) Fee: \$660.40 Benefit: 75% = \$495.30	
32131	RECTOCELE, transanal repair of rectocele (Anaes.) (Assist.) Fee: \$555.25 Benefit: 75% = \$416.45	
32132	HAEMORRHOIDS OR RECTAL PROLAPSE sclerotherapy for (Anaes.) Fee: \$46.90 Benefit: 75% = \$35.20 85% = \$39.90	
32135	HAEMORRHOIDS OR RECTAL PROLAPSE rubber band ligation of, with or without sclerotherapy, cryotherapy or infra red therapy for (Anaes.) Fee: \$70.30 Benefit: 75% = \$52.75 85% = \$59.80	
32138	HAEMORRHOIDECTOMY including excision of anal skin tags when performed (Anaes.) Fee: \$382.65 Benefit: 75% = \$287.00 85% = \$325.30	
32139	HAEMORRHOIDECTOMY involving third or fourth degree haemorrhoids, including excision of anal skin tags when performed (Anaes.) (Assist.) Fee: \$382.65 Benefit: 75% = \$287.00	
32142	ANAL SKIN TAGS or ANAL POLYPS, excision of 1 or more of (Anaes.) Fee: \$70.30 Benefit: 75% = \$52.75 85% = \$59.80	
32145	ANAL SKIN TAGS or ANAL POLYPS, excision of 1 or more of, undertaken in the operating theatre of a hospital (Anaes.) Fee: \$140.50 Benefit: 75% = \$105.40	
32147	PERIANAL THROMBOSIS, incision of (Anaes.) Fee: \$46.90 Benefit: 75% = \$35.20 85% = \$39.90	

T8. SURGICAL OPERATIONS		2. COLORECTAL
32150	OPERATION FOR FISSURE IN ANO, including excision or sphincterotomy, but excluding dilatation only (Anaes.) (Assist.) Fee: \$267.35 Benefit: 75% = \$200.55 85% = \$227.25	
32153	ANUS, DILATATION OF, under general anaesthesia, with or without disimpaction of faeces, not being a service associated with a service to which another item in this Group applies (Anaes.) Fee: \$72.90 Benefit: 75% = \$54.70	
32156	FISTULA-IN-ANO, SUBCUTANEOUS, excision of (Anaes.) Fee: \$137.05 Benefit: 75% = \$102.80 85% = \$116.50	
32159	ANAL FISTULA, treatment of, by excision or by insertion of a Seton, or by a combination of both procedures, involving the lower half of the anal sphincter mechanism (Anaes.) (Assist.) Fee: \$346.75 Benefit: 75% = \$260.10	
32162	ANAL FISTULA, treatment of, by excision or by insertion of a Seton, or by a combination of both procedures, involving the upper half of the anal sphincter mechanism (Anaes.) (Assist.) Fee: \$503.60 Benefit: 75% = \$377.70	
32165	ANAL FISTULA, repair of, by mucosal flap advancement (Anaes.) (Assist.) Fee: \$660.40 Benefit: 75% = \$495.30 85% = \$575.70	
32166	ANAL FISTULA - readjustment of Seton (Anaes.) Fee: \$214.55 Benefit: 75% = \$160.95 85% = \$182.40	
32168	FISTULA WOUND, review of, under general or regional anaesthetic, as an independent procedure (Anaes.) Fee: \$137.05 Benefit: 75% = \$102.80	
32171	ANORECTAL EXAMINATION, with or without biopsy, under general anaesthetic, not being a service associated with a service to which another item in this Group applies (Anaes.) Fee: \$92.35 Benefit: 75% = \$69.30	
32174	INTR-AANAL, perianal or ischio-rectal abscess, drainage of (excluding aftercare) (Anaes.) Fee: \$92.35 Benefit: 75% = \$69.30 85% = \$78.50	
32175	INTRA-ANAL, PERIANAL or ISCHIO-RECTAL ABSCESS, draining of, undertaken in the operating theatre of a hospital (excluding aftercare) (Anaes.) Fee: \$169.25 Benefit: 75% = \$126.95	
32177	ANAL WARTS, removal of, under general anaesthesia, or under regional or field nerve block (excluding pudendal block) requiring admission to a hospital, where the time taken is less than or equal to 45 minutes - not being a service associated with a service to which item 35507 or 35508 applies (Anaes.) Fee: \$181.30 Benefit: 75% = \$136.00	
32180	ANAL WARTS, removal of, under general anaesthesia, or under regional or field nerve block (excluding pudendal block) requiring admission to a hospital, where the time taken is greater than 45 minutes - not being a service associated with a service to which item 35507 or 35508 applies (Anaes.) Fee: \$267.35 Benefit: 75% = \$200.55	

T8. SURGICAL OPERATIONS		2. COLORECTAL
32183	INTESTINAL SLING PROCEDURE prior to radiotherapy (Anaes.) (Assist.) Fee: \$584.40 Benefit: 75% = \$438.30	
32186	COLONIC LAVAGE, total, intra operative (Anaes.) (Assist.) Fee: \$584.40 Benefit: 75% = \$438.30	
32200	DISTAL MUSCLE, devascularisation of (Anaes.) (Assist.) Fee: \$307.70 Benefit: 75% = \$230.80 85% = \$261.55	
32203	ANAL OR PERINEAL GRACILOPLASTY (Anaes.) (Assist.) Fee: \$660.75 Benefit: 75% = \$495.60	
32206	STIMULATOR AND ELECTRODES, insertion of, following previous graciloplasty (Anaes.) (Assist.) Fee: \$596.95 Benefit: 75% = \$447.75	
32209	ANAL OR PERINEAL GRACILOPLASTY with insertion of stimulator and electrodes (Anaes.) (Assist.) Fee: \$959.30 Benefit: 75% = \$719.50	
32210	GRACILIS NEOSPHINCTER PACEMAKER, replacement of (Anaes.) Fee: \$265.80 Benefit: 75% = \$199.35 85% = \$225.95	
32212	ANO-RECTAL APPLICATION OF FORMALIN in the treatment of radiation proctitis, where performed in the operating theatre of a hospital, excluding aftercare (Anaes.) Fee: \$141.80 Benefit: 75% = \$106.35	
32213	Sacral nerve lead or leads, percutaneous placement using fluoroscopic guidance (or open placement) and intraoperative test stimulation, to manage faecal incontinence in a patient who: a) has an anatomically intact but functionally deficient anal sphincter; and b) has faecal incontinence that has been refractory to conservative non-surgical treatment for at least 12 months; other than a patient who: c) is medically unfit for surgery; or d) is pregnant or planning pregnancy; or e) has irritable bowel syndrome; or f) has congenital anorectal malformations; or g) has active anal abscesses or fistulas; or h) has anorectal organic bowel disease, including cancer; or i) has functional effects of previous pelvic irradiation; or j) has congenital or acquired malformations of the sacrum; or	

T8. SURGICAL OPERATIONS		2. COLORECTAL
	<p>k) has had rectal or anal surgery within the previous 12 months (Anaes.)</p> <p>Fee: \$687.75 Benefit: 75% = \$515.85</p>	
	<p>Neurostimulator or receiver, subcutaneous placement of, involving placement and connection of an extension wire to a sacral nerve electrode using fluoroscopic guidance, to manage faecal incontinence in a patient who:</p> <p>a) has an anatomically intact but functionally deficient anal sphincter; and</p> <p>b) has faecal incontinence that has been refractory to conservative non-surgical treatment for at least 12 months;</p> <p>other than a patient who:</p> <p>c) is medically unfit for surgery; or</p> <p>d) is pregnant or planning pregnancy; or</p> <p>e) has irritable bowel syndrome; or</p> <p>f) has congenital anorectal malformations; or</p> <p>g) has active anal abscesses or fistulas; or</p> <p>h) has anorectal organic bowel disease, including cancer; or</p> <p>i) has functional effects of previous pelvic irradiation; or</p> <p>j) has congenital or acquired malformations of the sacrum; or</p> <p>k) has had rectal or anal surgery within the previous 12 months</p> <p>(Anaes.) (Assist.)</p>	
32214	<p>Fee: \$347.55 Benefit: 75% = \$260.70</p>	
	<p>Sacral nerve electrode or electrodes, management, adjustment and electronic programming of the neurostimulator by a medical practitioner, to manage faecal incontinence, other than in a patient who:</p> <p>a) is medically unfit for surgery; or</p> <p>b) is pregnant or planning pregnancy; or</p> <p>c) has irritable bowel syndrome; or</p> <p>d) has congenital anorectal malformations; or</p> <p>e) has active anal abscesses or fistulas; or</p> <p>f) has anorectal organic bowel disease, including cancer; or</p> <p>g) has functional effects of previous pelvic irradiation; or</p> <p>h) has congenital or acquired malformations of the sacrum; or</p> <p>i) has had rectal or anal surgery within the previous 12 months</p>	
32215		

T8. SURGICAL OPERATIONS	2. COLORECTAL
	<p>—each day</p> <p>Fee: \$130.45 Benefit: 75% = \$97.85 85% = \$110.90</p>
32216	<p>Sacral nerve lead or leads, percutaneous surgical repositioning of, using fluoroscopic guidance (or open surgical repositioning of) and interoperative test stimulation, to correct displacement or unsatisfactory positioning, if the lead was inserted to manage faecal incontinence in a patient who:</p> <p>a) has an anatomically intact but functionally deficient anal sphincter; and</p> <p>b) has faecal incontinence that has been refractory to conservative non-surgical treatment for at least 12 months;</p> <p>other than a patient who:</p> <p>c) is medically unfit for surgery; or</p> <p>d) is pregnant or planning pregnancy; or</p> <p>e) has irritable bowel syndrome; or</p> <p>f) has congenital anorectal malformations; or</p> <p>g) has active anal abscesses or fistulas; or</p> <p>h) has anorectal organic bowel disease, including cancer; or</p> <p>i) has functional effects of previous pelvic irradiation; or</p> <p>j) has congenital or acquired malformations of the sacrum; or</p> <p>k) has had rectal or anal surgery within the previous 12 months</p> <p>other than a service to which item 32213 applies</p> <p>(Anaes.)</p> <p>Fee: \$617.60 Benefit: 75% = \$463.20</p>
32217	<p>Neurostimulator or receiver, removal of, if the neurostimulator or receiver was inserted to manage faecal incontinence in a patient who:</p> <p>a) has an anatomically intact but functionally deficient anal sphincter; and</p> <p>b) has faecal incontinence that has been refractory to conservative non-surgical treatment for at least 12 months;</p> <p>other than a patient who:</p> <p>c) is medically unfit for surgery; or</p> <p>d) is pregnant or planning pregnancy; or</p> <p>e) has irritable bowel syndrome; or</p> <p>f) has congenital anorectal malformations; or</p>

T8. SURGICAL OPERATIONS		2. COLORECTAL
	<p>g) has active anal abscesses or fistulas; or</p> <p>h) has anorectal organic bowel disease, including cancer; or</p> <p>i) has functional effects of previous pelvic irradiation; or</p> <p>j) has congenital or acquired malformations of the sacrum; or</p> <p>k) has had rectal or anal surgery within the previous 12 months</p> <p>(Anaes.)</p> <p>Fee: \$162.65 Benefit: 75% = \$122.00</p>	
32218	<p>Sacral nerve lead or leads, removal of, if the lead was inserted to manage faecal incontinence in a patient who:</p> <p>a) has an anatomically intact but functionally deficient anal sphincter; and</p> <p>b) has faecal incontinence that has been refractory to conservative non-surgical treatment for at least 12 months;</p> <p>other than a patient who:</p> <p>c) is medically unfit for surgery; or</p> <p>d) is pregnant or planning pregnancy; or</p> <p>e) has irritable bowel syndrome; or</p> <p>f) has congenital anorectal malformations; or</p> <p>g) has active anal abscesses or fistulas; or</p> <p>h) has anorectal organic bowel disease, including cancer; or</p> <p>i) has functional effects of previous pelvic irradiation; or</p> <p>j) has congenital or acquired malformations of the sacrum; or</p> <p>k) has had rectal or anal surgery within the previous 12 months</p> <p>(Anaes.)</p> <p>Fee: \$162.65 Benefit: 75% = \$122.00</p>	
32220	<p>Insertion of an artificial bowel sphincter for severe faecal incontinence in the treatment of a patient for whom conservative and other less invasive forms of treatment are contraindicated or have failed. Contraindicated in:</p> <p>(a) patients with inflammatory bowel disease, pelvic sepsis, pregnancy, progressive degenerative diseases or a scarred or fragile perineum; and</p> <p>(b) patients who have had an adverse reaction or radiopaque solution; and</p> <p>(c) patients who engage in receptive anal intercourse (Anaes.) (Assist.)</p> <p>Fee: \$940.55 Benefit: 75% = \$705.45 85% = \$855.85</p>	

T8. SURGICAL OPERATIONS	2. COLORECTAL
32221	<p>Removal or revision of an artificial bowel sphincter (with or without replacement) for severe faecal incontinence in the treatment of a patient for whom conservative and other less invasive forms of treatment are contraindicated or have failed. Contraindicated in:</p> <p>(a) patients with inflammatory bowel disease, pelvic sepsis, pregnancy, progressive degenerative diseases or a scarred or fragile perineum; and</p> <p>(b) patients who have had an adverse reaction to radiopaque solution; and</p> <p>(c) patients who engage in receptive anal intercourse (Anaes.) (Assist.)</p> <p>Fee: \$940.55 Benefit: 75% = \$705.45 85% = \$855.85</p>
32222	<p>Endoscopic examination of the colon to the caecum by colonoscopy, for a patient:</p> <p>(a) following a positive faecal occult blood test; or</p> <p>(b) who has symptoms consistent with pathology of the colonic mucosa; or</p> <p>(c) with anaemia or iron deficiency; or</p> <p>(d) for whom diagnostic imaging has shown an abnormality of the colon; or</p> <p>(e) who is undergoing the first examination following surgery for colorectal cancer; or</p> <p>(f) who is undergoing pre-operative evaluation; or</p> <p>(g) for whom a repeat colonoscopy is required due to inadequate bowel preparation for the patient's previous colonoscopy; or</p> <p>(h) for the management of inflammatory bowel disease</p> <p>Applicable only once on a day under a single episode of anaesthesia or other sedation (Anaes.)</p> <p>(See para TN.8.152, TN.8.17, TN.8.2 of explanatory notes to this Category)</p> <p>Fee: \$347.90 Benefit: 75% = \$260.95 85% = \$295.75</p>
32223	<p>Endoscopic examination of the colon to the caecum by colonoscopy, for a patient:</p> <p>(a) who has had a colonoscopy that revealed:</p> <p style="padding-left: 40px;">(i) 1 to 4 adenomas, each of which was less than 10 mm in diameter, had no villous features and had no high grade dysplasia; or</p> <p style="padding-left: 40px;">(ii) 1 or 2 sessile serrated lesions, each of which was less than 10 mm in diameter, and without dysplasia; or</p> <p>(b) with a moderate risk of colorectal cancer due to family history; or</p> <p>(c) with a history of colorectal cancer, who has had an initial post-operative colonoscopy that did not reveal any adenomas or colorectal cancer</p> <p>Applicable only once in any 5 year period.</p> <p>(See para TN.8.152, TN.8.2, TN.8.17 of explanatory notes to this Category)</p> <p>Fee: \$347.90 Benefit: 75% = \$260.95 85% = \$295.75</p>

T8. SURGICAL OPERATIONS

2. COLORECTAL

<p>32224</p>	<p>Endoscopic examination of the colon to the caecum by colonoscopy, for a patient with a moderate risk of colorectal cancer due to:</p> <p>(a) a history of adenomas, including an adenoma that:</p> <ul style="list-style-type: none"> (i) was 10 mm or greater in diameter; or (ii) had villous features; or (iii) had high grade dysplasia; or <p>(b) having had a previous colonoscopy that revealed:</p> <ul style="list-style-type: none"> (i) 5 to 9 adenomas, each of which was less than 10 mm in diameter, had no villous features and had no high grade dysplasia; or (ii) 1 or 2 sessile serrated lesions, each of which was 10 mm or greater in diameter or had dysplasia; or (iii) a hyperplastic polyp that was 10 mm or greater in diameter; or (iv) 3 or more sessile serrated lesions, each of which was less than 10 mm in diameter and had no dysplasia; or (v) 1 or 2 traditional serrated adenomas, of any size <p>Applicable only once in any 3 year period (Anaes.)</p> <p>(See para TN.8.152, TN.8.2, TN.8.17 of explanatory notes to this Category)</p> <p>Fee: \$347.90 Benefit: 75% = \$260.95 85% = \$295.75</p>
<p>32225</p>	<p>Endoscopic examination of the colon to the caecum by colonoscopy, for a patient with a high risk of colorectal cancer due to having had a previous colonoscopy that:</p> <p>(a) revealed 10 or more adenomas; or</p> <p>(b) included a piecemeal, or possibly incomplete, excision of a large, sessile polyp</p> <p>Applicable not more than 4 times in any 12 month period (Anaes.)</p> <p>(See para TN.8.152, TN.8.2, TN.8.17 of explanatory notes to this Category)</p> <p>Fee: \$347.90 Benefit: 75% = \$260.95 85% = \$295.75</p>
<p>32226</p>	<p>Endoscopic examination of the colon to the caecum by colonoscopy, for a patient who has a high risk of colorectal cancer due to:</p> <p>(a) having either:</p> <ul style="list-style-type: none"> (i) a known or suspected familial condition, such as familial adenomatous polyposis, Lynch syndrome or serrated polyposis syndrome; or (ii) a genetic mutation associated with hereditary colorectal cancer; or <p>(b) having had a previous colonoscopy that revealed:</p> <ul style="list-style-type: none"> (i) 5 or more sessile serrated lesions, each of which was less than 10 mm in diameter and had no dysplasia; or

T8. SURGICAL OPERATIONS		2. COLORECTAL
	<p>(ii) 3 or more sessile serrated lesions, 1 or more of which was 10 mm or greater in diameter or had dysplasia; or</p> <p>(iii) 3 or more traditional serrated adenomas, of any size</p> <p>Applicable only once in any 12 month period (Anaes.)</p> <p>(See para TN.8.152, TN.8.2, TN.8.17 of explanatory notes to this Category) Fee: \$347.90 Benefit: 75% = \$260.95 85% = \$295.75</p>	
32227	<p>Endoscopic examination of the colon to the caecum by colonoscopy:</p> <p>(a) for the treatment of bleeding, including one or more of the following:</p> <p>(i) radiation proctitis;</p> <p>(ii) angioectasia;</p> <p>(iii) post-polypectomy bleeding; or</p> <p>(b) for the treatment of colonic strictures with balloon dilatation</p> <p>Applicable only once on a day under a single episode of anaesthesia or other sedation (Anaes.)</p> <p>(See para TN.8.152, TN.8.17, TN.8.2 of explanatory notes to this Category) Fee: \$488.20 Benefit: 75% = \$366.15 85% = \$415.00</p>	
32228	<p>Endoscopic examination of the colon to the caecum by colonoscopy, other than a service to which item 32222, 32223, 32224, 32225, or 32226 applies. Applicable only once (Anaes.)</p> <p>(See para TN.8.17, TN.8.2, TN.8.152 of explanatory notes to this Category) Fee: \$347.90 Benefit: 75% = \$260.95 85% = \$295.75</p>	
32229	<p>Removal of one or more polyps during colonoscopy, in association with a service to which item 32222, 32223, 32224, 32225, 32226, or 32228 applies</p> <p>(Anaes.)</p> <p>(See para TN.8.152, TN.8.17, TN.8.2 of explanatory notes to this Category) Fee: \$280.60 Benefit: 75% = \$210.45 85% = \$238.55</p>	

T8. SURGICAL OPERATIONS		3. VASCULAR
	Group T8. Surgical Operations	
	Subgroup 3. Vascular	
	VARICOSE VEINS	
32500	<p>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.)</p> <p>(See para TN.8.4, TN.8.32 of explanatory notes to this Category) Fee: \$114.20 Benefit: 75% = \$85.65 85% = \$97.10 Extended Medicare Safety Net Cap: \$125.65</p>	

T8. SURGICAL OPERATIONS		3. VASCULAR
32504	<p>VARICOSE VEINS, multiple excision of tributaries, with or without division of 1 or more perforating veins - 1 leg - not being a service associated with a service to which item 32507, 32508, 32511, 32514 or 32517 applies on the same leg (Anaes.)</p> <p>(See para TN.8.32 of explanatory notes to this Category) Fee: \$278.55 Benefit: 75% = \$208.95 85% = \$236.80 Extended Medicare Safety Net Cap: \$222.85</p>	
32507	<p>VARICOSE VEINS, sub-fascial surgical exploration of one or more incompetent perforating veins - 1 leg - not being a service associated with a service to which item 32508, 32511, 32514 or 32517 applies on the same leg (Anaes.) (Assist.)</p> <p>(See para TN.8.32 of explanatory notes to this Category) Fee: \$555.25 Benefit: 75% = \$416.45 85% = \$472.00 Extended Medicare Safety Net Cap: \$444.20</p>	
32508	<p>VARICOSE VEINS, complete dissection at the sapheno-femoral OR sapheno-popliteal junction - 1 leg - with or without either ligation or stripping, or both, of the long or short saphenous veins, for the first time on the same leg, including excision or injection of either tributaries or incompetent perforating veins, or both (Anaes.) (Assist.)</p> <p>(See para TN.8.32 of explanatory notes to this Category) Fee: \$555.25 Benefit: 75% = \$416.45</p>	
32511	<p>VARICOSE VEINS, complete dissection at the sapheno-femoral AND sapheno-popliteal junction - 1 leg - with or without either ligation or stripping, or both, of the long or short saphenous veins, for the first time on the same leg, including excision or injection of either tributaries or incompetent perforating veins, or both (Anaes.) (Assist.)</p> <p>(See para TN.8.32 of explanatory notes to this Category) Fee: \$825.45 Benefit: 75% = \$619.10</p>	
32514	<p>VARICOSE VEINS, ligation of the long or short saphenous vein on the same leg, with or without stripping, by re-operation for recurrent veins in the same territory - 1 leg - including excision or injection of either tributaries or incompetent perforating veins, or both (Anaes.) (Assist.)</p> <p>(See para TN.8.32 of explanatory notes to this Category) Fee: \$964.35 Benefit: 75% = \$723.30</p>	
32517	<p>VARICOSE VEINS, ligation of the long and short saphenous vein on the same leg, with or without stripping, by re-operation for recurrent veins in either territory - 1 leg - including excision or injection of either tributaries or incompetent perforating veins, or both (Anaes.) (Assist.)</p> <p>(See para TN.8.32 of explanatory notes to this Category) Fee: \$1,241.80 Benefit: 75% = \$931.35</p>	
32520	<p>Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great (long) or small (short) saphenous vein of one leg (and major tributaries of saphenous veins as necessary), using a laser probe introduced by an endovenous catheter, if it is documented by duplex ultrasound that the great or small saphenous vein (whichever is to be treated) demonstrates reflux of 0.5 seconds or longer:</p> <p>(a) including all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both); and</p> <p>(b) not including radiofrequency diathermy, radiofrequency ablation or cyanoacrylate embolisation; and</p> <p>(c) not provided on the same occasion as a service described in any of items 32500, 32504 and 32507 (Anaes.)</p>	

T8. SURGICAL OPERATIONS		3. VASCULAR
	(See para TN.8.33 of explanatory notes to this Category) Fee: \$555.25 Benefit: 75% = \$416.45 85% = \$472.00 Extended Medicare Safety Net Cap: \$83.30	
32522	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great (long) and small (short) saphenous vein of one leg (and major tributaries of saphenous veins as necessary), using a laser probe introduced by an endovenous catheter, if it is documented by duplex ultrasound that the great and small saphenous veins demonstrate reflux of 0.5 seconds or longer: (a) including all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both); and (b) not including radiofrequency diathermy, radiofrequency ablation or cyanoacrylate embolisation, and not provided on the same occasion as a service described in any of items 32500, 32504 and 32507 (Anaes.) (See para TN.8.33 of explanatory notes to this Category) Fee: \$825.45 Benefit: 75% = \$619.10 85% = \$740.75 Extended Medicare Safety Net Cap: \$82.55	
32523	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great (long) or small (short) saphenous vein of one leg (and major tributaries of saphenous veins as necessary), using a radiofrequency catheter introduced by an endovenous catheter, if it is documented by duplex ultrasound that the great or small saphenous vein (whichever is to be treated) demonstrates reflux of 0.5 seconds or longer: (a) including all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both); and (b) not including endovenous laser therapy or cyanoacrylate embolisation; and (c) not provided on the same occasion as a service described in any of items 32500, 32504 and 32507 (Anaes.) (See para TN.8.33 of explanatory notes to this Category) Fee: \$555.25 Benefit: 75% = \$416.45 85% = \$472.00 Extended Medicare Safety Net Cap: \$83.30	
32526	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great (long) and small (short) saphenous vein of one leg (and major tributaries of saphenous veins as necessary), using a radiofrequency catheter introduced by an endovenous catheter, if it is documented by duplex ultrasound that the great and small saphenous veins demonstrate reflux of 0.5 seconds or longer: (a) including all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both); and (b) not including endovenous laser therapy or cyanoacrylate embolisation; and (c) not provided on the same occasion as a service described in any of items 32500, 32504 and 32507 (Anaes.) (See para TN.8.33 of explanatory notes to this Category) Fee: \$825.45 Benefit: 75% = \$619.10 85% = \$740.75 Extended Medicare Safety Net Cap: \$82.55	
32528	Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great (long) or small (short) saphenous vein of one leg (and major tributaries of saphenous veins as necessary), using	

T8. SURGICAL OPERATIONS	3. VASCULAR
	<p>cyanoacrylate adhesive, if it is documented by duplex ultrasound that the great or small saphenous vein (whichever is to be treated) demonstrates reflux of 0.5 seconds or longer:</p> <p>(a) including all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both); and</p> <p>(b) not including radiofrequency diathermy, radiofrequency ablation or endovenous laser therapy; and</p> <p>(c) not provided on the same occasion as a service described in any of items 32500, 32504 and 32507</p> <p>(Anaes.)</p> <p>(See para TN.8.33 of explanatory notes to this Category) Fee: \$555.25 Benefit: 75% = \$416.45 85% = \$472.00 Extended Medicare Safety Net Cap: \$83.30</p>
32529	<p>Varicose veins, abolition of venous reflux by occlusion of a primary or recurrent great (long) and small (short) saphenous vein of one leg (and major tributaries of saphenous veins as necessary), using cyanoacrylate adhesive, if it is documented by duplex ultrasound that the great and small saphenous veins demonstrate reflux of 0.5 seconds or longer:</p> <p>(a) including all preparation and immediate clinical aftercare (including excision or injection of either tributaries or incompetent perforating veins, or both); and</p> <p>(b) not including radiofrequency diathermy, radiofrequency ablation or endovenous laser therapy; and</p> <p>(c) not provided on the same occasion as a service described in any of items 32500, 32504 and 32507</p> <p>(Anaes.)</p> <p>(See para TN.8.33 of explanatory notes to this Category) Fee: \$825.45 Benefit: 75% = \$619.10 85% = \$740.75 Extended Medicare Safety Net Cap: \$82.55</p>
BYPASS OR ANASTOMOSIS FOR OCCLUSIVE ARTERIAL DISEASE	
32700	<p>ARTERY OF NECK, bypass using vein or synthetic material (Anaes.) (Assist.)</p> <p>Fee: \$1,494.55 Benefit: 75% = \$1120.95</p>
32703	<p>INTERNAL CAROTID ARTERY, transection and reanastomosis of, or resection of small length and reanastomosis of - with or without endarterectomy (Anaes.) (Assist.)</p> <p>Fee: \$1,236.35 Benefit: 75% = \$927.30</p>
32708	<p>AORTIC BYPASS for occlusive disease using a straight non-bifurcated graft (Anaes.) (Assist.)</p> <p>Fee: \$1,478.95 Benefit: 75% = \$1109.25</p>
32710	<p>AORTIC BYPASS for occlusive disease using a bifurcated graft with 1 or both anastomoses to the iliac arteries (Anaes.) (Assist.)</p> <p>Fee: \$1,643.25 Benefit: 75% = \$1232.45</p>
32711	<p>AORTIC BYPASS for occlusive disease using a bifurcated graft with 1 or both anastomoses to the common femoral or profunda femoris arteries (Anaes.) (Assist.)</p> <p>Fee: \$1,807.65 Benefit: 75% = \$1355.75</p>
32712	<p>ILIO-FEMORAL BYPASS GRAFTING (Anaes.) (Assist.)</p>

T8. SURGICAL OPERATIONS		3. VASCULAR
	Fee: \$1,306.70 Benefit: 75% = \$980.05	
32715	AXILLARY or SUBCLAVIAN TO FEMORAL BYPASS GRAFTING to 1 or both FEMORAL ARTERIES (Anaes.) (Assist.) Fee: \$1,306.70 Benefit: 75% = \$980.05	
32718	FEMORO-FEMORAL OR ILIO-FEMORAL CROSS-OVER BYPASS GRAFTING (Anaes.) (Assist.) Fee: \$1,236.35 Benefit: 75% = \$927.30	
32721	RENAL ARTERY, bypass grafting to (Anaes.) (Assist.) Fee: \$1,963.80 Benefit: 75% = \$1472.85	
32724	RENAL ARTERIES (both), bypass grafting to (Anaes.) (Assist.) Fee: \$2,229.95 Benefit: 75% = \$1672.50	
32730	MESENTERIC VESSEL (single), bypass grafting to (Anaes.) (Assist.) Fee: \$1,690.15 Benefit: 75% = \$1267.65	
32733	MESENTERIC VESSELS (multiple), bypass grafting to (Anaes.) (Assist.) Fee: \$1,963.80 Benefit: 75% = \$1472.85	
32736	INFERIOR MESENTERIC ARTERY, operation on, when performed in conjunction with another intra-abdominal vascular operation (Anaes.) (Assist.) Fee: \$430.30 Benefit: 75% = \$322.75	
32739	FEMORAL ARTERY BYPASS GRAFTING using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with above knee anastomosis (Anaes.) (Assist.) Fee: \$1,345.80 Benefit: 75% = \$1009.35	
32742	FEMORAL ARTERY BYPASS GRAFTING using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis to below knee popliteal artery (Anaes.) (Assist.) Fee: \$1,541.55 Benefit: 75% = \$1156.20	
32745	FEMORAL ARTERY BYPASS GRAFTING using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis to tibio peroneal trunk or tibial or peroneal artery (Anaes.) (Assist.) Fee: \$1,760.50 Benefit: 75% = \$1320.40	
32748	FEMORAL ARTERY BYPASS GRAFTING using vein, including harvesting of vein (when it is the ipsilateral long saphenous vein) with distal anastomosis within 5cms of the ankle joint (Anaes.) (Assist.) Fee: \$1,909.15 Benefit: 75% = \$1431.90	
32751	FEMORAL ARTERY BYPASS GRAFTING using synthetic graft, with lower anastomosis above or below the knee (Anaes.) (Assist.) Fee: \$1,236.35 Benefit: 75% = \$927.30	
32754	FEMORAL ARTERY BYPASS GRAFTING, using a composite graft (synthetic material and vein) with lower anastomosis above or below the knee, including use of a cuff or sleeve of vein at 1 or both anastomoses (Anaes.) (Assist.)	

T8. SURGICAL OPERATIONS		3. VASCULAR
	Fee: \$1,541.55 Benefit: 75% = \$1156.20	
32757	FEMORAL ARTERY SEQUENTIAL BYPASS GRAFTING, (using a vein or synthetic material) where an additional anastomosis is made to separately revascularise more than 1 artery - each additional artery revascularised beyond a femoral bypass (Anaes.) (Assist.) Fee: \$430.30 Benefit: 75% = \$322.75	
32760	VEIN, HARVESTING OF, FROM LEG OR ARM for bypass or replacement graft when not performed on the limb which is the subject of the bypass or graft - each vein (Anaes.) (Assist.) Fee: \$422.50 Benefit: 75% = \$316.90	
32763	ARTERIAL BYPASS GRAFTING, using vein or synthetic material, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.) Fee: \$1,236.35 Benefit: 75% = \$927.30	
32766	ARTERIAL OR VENOUS ANASTOMOSIS, not being a service to which another item in this Sub-group applies, as an independent procedure (Anaes.) (Assist.) Fee: \$821.70 Benefit: 75% = \$616.30	
32769	ARTERIAL OR VENOUS ANASTOMOSIS not being a service to which another item in this Sub-group applies, when performed in combination with another vascular operation (including graft to graft anastomosis) (Anaes.) (Assist.) Fee: \$284.75 Benefit: 75% = \$213.60	
	BYPASS, REPLACEMENT, LIGATION OF ANEURYSMS	
33050	BYPASS GRAFTING to replace a popliteal aneurysm using vein, including harvesting vein (when it is the ipsilateral long saphenous vein) (Anaes.) (Assist.) Fee: \$1,514.30 Benefit: 75% = \$1135.75	
33055	BYPASS GRAFTING to replace a popliteal aneurysm using a synthetic graft (Anaes.) (Assist.) Fee: \$1,214.35 Benefit: 75% = \$910.80	
33070	ANEURYSM IN THE EXTREMITIES, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.) Fee: \$876.10 Benefit: 75% = \$657.10 85% = \$791.40	
33075	ANEURYSM IN THE NECK, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.) Fee: \$1,114.45 Benefit: 75% = \$835.85	
33080	INTRA-ABDOMINAL OR PELVIC ANEURYSM, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.) Fee: \$1,360.45 Benefit: 75% = \$1020.35	
33100	ANEURYSM OF COMMON OR INTERNAL CAROTID ARTERY, OR BOTH, replacement by graft of vein or synthetic material (Anaes.) (Assist.) Fee: \$1,494.55 Benefit: 75% = \$1120.95 85% = \$1409.85	
33103	THORACIC ANEURYSM, replacement by graft (Anaes.) (Assist.) Fee: \$2,096.95 Benefit: 75% = \$1572.75	

T8. SURGICAL OPERATIONS		3. VASCULAR
33109	THORACO-ABDOMINAL ANEURYSM, replacement by graft including re-implantation of arteries (Anaes.) (Assist.) Fee: \$2,535.25 Benefit: 75% = \$1901.45 85% = \$2450.55	
33112	SUPRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by graft including re-implantation of arteries (Anaes.) (Assist.) Fee: \$2,198.70 Benefit: 75% = \$1649.05	
33115	INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by tube graft, not being a service associated with a service to which item 33116 applies (Anaes.) (Assist.) Fee: \$1,478.95 Benefit: 75% = \$1109.25	
33116	INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by tube graft using endovascular repair procedure, excluding associated radiological services (Anaes.) (Assist.) Fee: \$1,455.70 Benefit: 75% = \$1091.80 85% = \$1371.00	
33118	INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to iliac arteries (with or without excision of common iliac aneurysms) not being a service associated with a service to which item 33119 applies (Anaes.) (Assist.) Fee: \$1,643.25 Benefit: 75% = \$1232.45	
33119	INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to one or both iliac arteries using endovascular repair procedure, excluding associated radiological services (Anaes.) (Assist.) Fee: \$1,617.55 Benefit: 75% = \$1213.20 85% = \$1532.85	
33121	INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to 1 or both femoral arteries (with or without excision or bypass of common iliac aneurysms) (Anaes.) (Assist.) Fee: \$1,807.65 Benefit: 75% = \$1355.75	
33124	ANEURYSM OF ILIAC ARTERY (common, external or internal), replacement by graft - unilateral (Anaes.) (Assist.) Fee: \$1,259.85 Benefit: 75% = \$944.90	
33127	ANEURYSMS OF ILIAC ARTERIES (common, external or internal), replacement by graft - bilateral (Anaes.) (Assist.) Fee: \$1,651.10 Benefit: 75% = \$1238.35 85% = \$1566.40	
33130	ANEURYSM OF VISCERAL ARTERY, excision and repair by direct anastomosis or replacement by graft (Anaes.) (Assist.) Fee: \$1,439.75 Benefit: 75% = \$1079.85	
33133	ANEURYSM OF VISCERAL ARTERY, dissection and ligation of arteries without restoration of continuity (Anaes.) (Assist.) Fee: \$1,079.70 Benefit: 75% = \$809.80	
33136	FALSE ANEURYSM, repair of, at aortic anastomosis following previous aortic surgery (Anaes.) (Assist.) Fee: \$2,722.80 Benefit: 75% = \$2042.10	

T8. SURGICAL OPERATIONS		3. VASCULAR
33139	FALSE ANEURYSM, repair of, in iliac artery and restoration of arterial continuity (Anaes.) (Assist.) Fee: \$1,651.10 Benefit: 75% = \$1238.35	
33142	FALSE ANEURYSM, repair of, in femoral artery and restoration of arterial continuity (Anaes.) (Assist.) Fee: \$1,541.55 Benefit: 75% = \$1156.20 85% = \$1456.85	
33145	RUPTURED THORACIC AORTIC ANEURYSM, replacement by graft (Anaes.) (Assist.) Fee: \$2,652.50 Benefit: 75% = \$1989.40	
33148	RUPTURED THORACO-ABDOMINAL AORTIC ANEURYSM, replacement by graft (Anaes.) (Assist.) Fee: \$3,294.10 Benefit: 75% = \$2470.60	
33151	RUPTURED SUPRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by graft (Anaes.) (Assist.) Fee: \$3,129.80 Benefit: 75% = \$2347.35	
33154	RUPTURED INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by tube graft (Anaes.) (Assist.) Fee: \$2,316.05 Benefit: 75% = \$1737.05	
33157	RUPTURED INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to iliac arteries (with or without excision or bypass of common iliac aneurysms) (Anaes.) (Assist.) Fee: \$2,582.05 Benefit: 75% = \$1936.55	
33160	RUPTURED INFRARENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to 1 or both femoral arteries (Anaes.) (Assist.) Fee: \$2,582.05 Benefit: 75% = \$1936.55	
33163	RUPTURED ILIAC ARTERY ANEURYSM, replacement by graft (Anaes.) (Assist.) Fee: \$2,191.05 Benefit: 75% = \$1643.30	
33166	RUPTURED ANEURYSM OF VISCERAL ARTERY, replacement by anastomosis or graft (Anaes.) (Assist.) Fee: \$2,191.05 Benefit: 75% = \$1643.30 85% = \$2106.35	
33169	RUPTURED ANEURYSM OF VISCERAL ARTERY, simple ligation of (Anaes.) (Assist.) Fee: \$1,705.80 Benefit: 75% = \$1279.35	
33172	ANEURYSM OF MAJOR ARTERY, replacement by graft, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.) Fee: \$1,330.15 Benefit: 75% = \$997.65	
33175	RUPTURED ANEURYSM IN THE EXTREMITIES, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.) Fee: \$1,225.85 Benefit: 75% = \$919.40	
33178	RUPTURED ANEURYSM IN THE NECK, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.)	

T8. SURGICAL OPERATIONS		3. VASCULAR
	Fee: \$1,558.90 Benefit: 75% = \$1169.20	
33181	RUPTURED INTRA-ABDOMINAL OR PELVIC ANEURYSM, ligation, suture closure or excision of, without bypass grafting (Anaes.) (Assist.) Fee: \$1,905.90 Benefit: 75% = \$1429.45	
	ENDARTERECTOMY AND ARTERIAL PATCH	
33500	ARTERY OR ARTERIES OF NECK, endarterectomy of, including closure by suture (where endarterectomy of 1 or more arteries is undertaken through 1 arteriotomy incision) (Anaes.) (Assist.) Fee: \$1,181.40 Benefit: 75% = \$886.05	
33506	INNOMINATE OR SUBCLAVIAN ARTERY, endarterectomy of, including closure by suture (Anaes.) (Assist.) Fee: \$1,322.40 Benefit: 75% = \$991.80	
33509	AORTIC ENDARTERECTOMY, including closure by suture, not being a service associated with another procedure on the aorta (Anaes.) (Assist.) Fee: \$1,478.95 Benefit: 75% = \$1109.25	
33512	AORTO-ILIAC ENDARTERECTOMY (1 or both iliac arteries), including closure by suture not being a service associated with a service to which item 33515 applies (Anaes.) (Assist.) Fee: \$1,643.25 Benefit: 75% = \$1232.45	
33515	AORTO-FEMORAL ENDARTERECTOMY (1 or both femoral arteries) or BILATERAL ILIO-FEMORAL ENDARTERECTOMY, including closure by suture, not being a service associated with a service to which item 33512 applies (Anaes.) (Assist.) Fee: \$1,807.65 Benefit: 75% = \$1355.75	
33518	ILIAC ENDARTERECTOMY, including closure by suture, not being a service associated with another procedure on the iliac artery (Anaes.) (Assist.) Fee: \$1,322.40 Benefit: 75% = \$991.80 85% = \$1237.70	
33521	ILIO-FEMORAL ENDARTERECTOMY (1 side), including closure by suture (Anaes.) (Assist.) Fee: \$1,431.80 Benefit: 75% = \$1073.85	
33524	RENAL ARTERY, endarterectomy of (Anaes.) (Assist.) Fee: \$1,690.15 Benefit: 75% = \$1267.65	
33527	RENAL ARTERIES (both), endarterectomy of (Anaes.) (Assist.) Fee: \$1,963.80 Benefit: 75% = \$1472.85	
33530	COELIAC OR SUPERIOR MESENTERIC ARTERY, endarterectomy of (Anaes.) (Assist.) Fee: \$1,690.15 Benefit: 75% = \$1267.65	
33533	COELIAC AND SUPERIOR MESENTERIC ARTERY, endarterectomy of (Anaes.) (Assist.) Fee: \$1,963.80 Benefit: 75% = \$1472.85	
33536	INFERIOR MESENTERIC ARTERY, endarterectomy of, not being a service associated with a service to which another item in this Sub-group applies (Anaes.) (Assist.) Fee: \$1,400.65 Benefit: 75% = \$1050.50	

T8. SURGICAL OPERATIONS		3. VASCULAR
33539	ARTERY OF EXTREMITIES, endarterectomy of, including closure by suture (Anaes.) (Assist.) Fee: \$1,009.35 Benefit: 75% = \$757.05	
33542	EXTENDED DEEP FEMORAL ENDARTERECTOMY where the endarterectomy is at least 7cms long (Anaes.) (Assist.) Fee: \$1,439.75 Benefit: 75% = \$1079.85	
33545	ARTERY, VEIN OR BYPASS GRAFT, patch grafting to by vein or synthetic material where patch is less than 3cm long (Anaes.) (Assist.) (See para TN.8.36 of explanatory notes to this Category) Fee: \$284.75 Benefit: 75% = \$213.60	
33548	ARTERY, VEIN OR BYPASS GRAFT, patch grafting to by vein or synthetic material where patch is 3cm long or greater (Anaes.) (Assist.) (See para TN.8.36 of explanatory notes to this Category) Fee: \$579.15 Benefit: 75% = \$434.40	
33551	VEIN, harvesting of from leg or arm for patch when not performed through same incision as operation (Anaes.) (Assist.) (See para TN.8.36 of explanatory notes to this Category) Fee: \$284.75 Benefit: 75% = \$213.60	
33554	ENDARTERECTOMY, in conjunction with an arterial bypass operation to prepare the site for anastomosis - each site (Anaes.) (Assist.) Fee: \$283.45 Benefit: 75% = \$212.60	
EMBOLECTOMY, THROMBECTOMY AND VASCULAR TRAUMA		
33800	EMBOLUS, removal of, from artery of neck (Anaes.) (Assist.) Fee: \$1,228.45 Benefit: 75% = \$921.35 85% = \$1143.75	
33803	EMBOLECTOMY or THROMBECTOMY, by abdominal approach, of an artery or bypass graft of trunk (Anaes.) (Assist.) Fee: \$1,173.75 Benefit: 75% = \$880.35	
33806	Embolectomy or thrombectomy (including the infusion of thrombolytic or other agents) from an artery or bypass graft of extremities, or embolectomy of abdominal artery via the femoral artery, item to be claimed once per extremity, regardless of the number of incisions required to access the artery or bypass graft (Anaes.) (Assist.) Fee: \$845.10 Benefit: 75% = \$633.85 85% = \$760.40	
33810	INFERIOR VENA CAVA OR ILIAC VEIN, closed thrombectomy by catheter via the femoral vein (Anaes.) (Assist.) Fee: \$616.50 Benefit: 75% = \$462.40 85% = \$531.80	
33811	INFERIOR VENA CAVA OR ILIAC VEIN, open removal of thrombus or tumour (Anaes.) (Assist.) Fee: \$1,835.25 Benefit: 75% = \$1376.45	
33812	THROMBUS, removal of, from femoral or other similar large vein (Anaes.) (Assist.) Fee: \$970.20 Benefit: 75% = \$727.65 85% = \$885.50	

T8. SURGICAL OPERATIONS		3. VASCULAR
33815	MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with restoration of continuity, by lateral suture (Anaes.) (Assist.) Fee: \$892.00 Benefit: 75% = \$669.00	
33818	MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with restoration of continuity, by direct anastomosis (Anaes.) (Assist.) Fee: \$1,040.70 Benefit: 75% = \$780.55	
33821	MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with restoration of continuity, by interposition graft of synthetic material or vein (Anaes.) (Assist.) Fee: \$1,189.30 Benefit: 75% = \$892.00	
33824	MAJOR ARTERY OR VEIN OF NECK, repair of wound of, with restoration of continuity, by lateral suture (Anaes.) (Assist.) Fee: \$1,134.50 Benefit: 75% = \$850.90	
33827	MAJOR ARTERY OR VEIN OF NECK, repair of wound of, with restoration of continuity, by direct anastomosis (Anaes.) (Assist.) Fee: \$1,330.15 Benefit: 75% = \$997.65	
33830	MAJOR ARTERY OR VEIN OF NECK, repair of wound of, with restoration of continuity, by interposition graft of synthetic material or vein (Anaes.) (Assist.) Fee: \$1,525.70 Benefit: 75% = \$1144.30	
33833	MAJOR ARTERY OR VEIN OF ABDOMEN, repair of wound of, with restoration of continuity by lateral suture (Anaes.) (Assist.) Fee: \$1,385.10 Benefit: 75% = \$1038.85	
33836	MAJOR ARTERY OR VEIN OF ABDOMEN, repair of wound of, with restoration of continuity by direct anastomosis (Anaes.) (Assist.) Fee: \$1,651.10 Benefit: 75% = \$1238.35	
33839	MAJOR ARTERY OR VEIN OF ABDOMEN, repair of wound of, with restoration of continuity by means of interposition graft (Anaes.) (Assist.) Fee: \$1,932.65 Benefit: 75% = \$1449.50	
33842	ARTERY OF NECK, re-operation for bleeding or thrombosis after carotid or vertebral artery surgery (Anaes.) (Assist.) Fee: \$954.60 Benefit: 75% = \$715.95	
33845	LAPAROTOMY for control of post operative bleeding or thrombosis after intra-abdominal vascular procedure, where no other procedure is performed (Anaes.) (Assist.) Fee: \$665.15 Benefit: 75% = \$498.90	
33848	EXTREMITY, re-operation on, for control of bleeding or thrombosis after vascular procedure, where no other procedure is performed (Anaes.) (Assist.) Fee: \$665.15 Benefit: 75% = \$498.90	
	LIGATION, EXCISION, ELECTIVE REPAIR, DECOMPRESSION OF VESSELS	

T8. SURGICAL OPERATIONS		3. VASCULAR
34100	MAJOR ARTERY OF NECK, elective ligation or exploration of, not being a service associated with any other vascular procedure (Anaes.) (Assist.) Fee: \$735.60 Benefit: 75% = \$551.70	
34103	Great artery (aorta or pulmonary artery) or great vein (superior or inferior vena cava), ligation or exploration of immediate branches or tributaries, or ligation or exploration of the subclavian, axillary, iliac, femoral or popliteal arteries or veins, if the service is not associated with item 32508, 32511, 32520, 32522, 32523, 32526, 32528 or 32529 - for a maximum of 2 services provided to the same patient on the same occasion (H) (Anaes.) (Assist.) Fee: \$430.30 Benefit: 75% = \$322.75	
34106	ARTERY OR VEIN (including brachial, radial, ulnar or tibial), ligation of, by elective operation, or exploration of, not being a service associated with any other vascular procedure except those services to which items 32508, 32511, 32514 or 32517 apply (Anaes.) (Assist.) Fee: \$303.50 Benefit: 75% = \$227.65 85% = \$258.00 Extended Medicare Safety Net Cap: \$242.80	
34109	TEMPORAL ARTERY, biopsy of (Anaes.) (Assist.) Fee: \$352.05 Benefit: 75% = \$264.05 85% = \$299.25	
34112	ARTERIO-VEIN FISTULA OF AN EXTREMITY, dissection and ligation (Anaes.) (Assist.) Fee: \$892.00 Benefit: 75% = \$669.00	
34115	ARTERIO-VEIN FISTULA OF THE NECK, dissection and ligation (Anaes.) (Assist.) Fee: \$1,009.35 Benefit: 75% = \$757.05	
34118	ARTERIO-VEIN FISTULA OF THE ABDOMEN, dissection and ligation (Anaes.) (Assist.) Fee: \$1,439.75 Benefit: 75% = \$1079.85 85% = \$1355.05	
34121	ARTERIO-VEIN FISTULA OF AN EXTREMITY, dissection and repair of, with restoration of continuity (Anaes.) (Assist.) Fee: \$1,150.15 Benefit: 75% = \$862.65	
34124	ARTERIO-VEIN FISTULA OF THE NECK, dissection and repair of, with restoration of continuity (Anaes.) (Assist.) Fee: \$1,259.85 Benefit: 75% = \$944.90	
34127	ARTERIO-VEIN FISTULA OF THE ABDOMEN, dissection and repair of, with restoration of continuity (Anaes.) (Assist.) Fee: \$1,651.10 Benefit: 75% = \$1238.35	
34130	SURGICALLY CREATED ARTERIO-VEIN FISTULA OF AN EXTREMITY, closure of (Anaes.) (Assist.) Fee: \$516.40 Benefit: 75% = \$387.30 85% = \$438.95	
34133	SCALENOTOMY (Anaes.) (Assist.) Fee: \$579.15 Benefit: 75% = \$434.40	
34136	FIRST RIB, resection of portion of (Anaes.) (Assist.) Fee: \$931.00 Benefit: 75% = \$698.25	

T8. SURGICAL OPERATIONS		3. VASCULAR
34139	CERVICAL RIB, removal of, or other operation for removal of thoracic outlet compression, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.) Fee: \$931.00 Benefit: 75% = \$698.25	
34142	COELIAC ARTERY, decompression of, for coeliac artery compression syndrome, as an independent procedure (Anaes.) (Assist.) Fee: \$1,150.15 Benefit: 75% = \$862.65	
34145	POPLITEAL ARTERY, exploration of, for popliteal entrapment, with or without division of fibrous tissue and muscle (Anaes.) (Assist.) Fee: \$837.20 Benefit: 75% = \$627.90	
34148	CAROTID ASSOCIATED TUMOUR, resection of, with or without repair or reconstruction of internal or common carotid arteries, when tumour is 4cm or less in maximum diameter (Anaes.) (Assist.) Fee: \$1,494.55 Benefit: 75% = \$1120.95	
34151	CAROTID ASSOCIATED TUMOUR, resection of, with or without repair or reconstruction of internal or common carotid arteries, when tumour is greater than 4cm in maximum diameter (Anaes.) (Assist.) Fee: \$2,042.15 Benefit: 75% = \$1531.65	
34154	RECURRENT CAROTID ASSOCIATED TUMOUR, resection of, with or without repair or replacement of portion of internal or common carotid arteries (Anaes.) (Assist.) Fee: \$2,433.50 Benefit: 75% = \$1825.15 85% = \$2348.80	
34157	NECK, excision of infected bypass graft, including closure of vessel or vessels (Anaes.) (Assist.) Fee: \$1,236.35 Benefit: 75% = \$927.30	
34160	AORTO-DUODENAL FISTULA, repair of, by suture of aorta and repair of duodenum (Anaes.) (Assist.) Fee: \$2,316.05 Benefit: 75% = \$1737.05	
34163	AORTO-DUODENAL FISTULA, repair of, by insertion of aortic graft and repair of duodenum (Anaes.) (Assist.) Fee: \$2,973.30 Benefit: 75% = \$2230.00	
34166	AORTO-DUODENAL FISTULA, repair of, by oversewing of abdominal aorta, repair of duodenum and axillo-bifemoral grafting (Anaes.) (Assist.) Fee: \$2,973.30 Benefit: 75% = \$2230.00	
34169	INFECTED BYPASS GRAFT FROM TRUNK, excision of, including closure of arteries (Anaes.) (Assist.) Fee: \$1,651.10 Benefit: 75% = \$1238.35	
34172	INFECTED AXILLO-FEMORAL OR FEMORO-FEMORAL GRAFT, excision of, including closure of arteries (Anaes.) (Assist.) Fee: \$1,345.80 Benefit: 75% = \$1009.35	
34175	INFECTED BYPASS GRAFT FROM EXTREMITIES, excision of including closure of arteries (Anaes.) (Assist.) Fee: \$1,236.35 Benefit: 75% = \$927.30	

T8. SURGICAL OPERATIONS		3. VASCULAR
OPERATIONS FOR VASCULAR ACCESS		
34500	ARTERIOVENOUS SHUNT, EXTERNAL, insertion of (Anaes.) (Assist.) Fee: \$320.90 Benefit: 75% = \$240.70 85% = \$272.80	
34503	ARTERIOVENOUS ANASTOMOSIS OF UPPER OR LOWER LIMB, in conjunction with another venous or arterial operation (Anaes.) (Assist.) Fee: \$430.30 Benefit: 75% = \$322.75	
34506	ARTERIOVENOUS SHUNT, EXTERNAL, removal of (Anaes.) (Assist.) Fee: \$218.95 Benefit: 75% = \$164.25	
34509	ARTERIOVENOUS ANASTOMOSIS OF UPPER OR LOWER LIMB, not in conjunction with another venous or arterial operation (Anaes.) (Assist.) Fee: \$1,017.15 Benefit: 75% = \$762.90	
34512	ARTERIOVENOUS ACCESS DEVICE, insertion of (Anaes.) (Assist.) Fee: \$1,119.00 Benefit: 75% = \$839.25	
34515	ARTERIOVENOUS ACCESS DEVICE, thrombectomy of (Anaes.) (Assist.) Fee: \$798.05 Benefit: 75% = \$598.55	
34518	STENOSIS OF ARTERIOVENOUS FISTULA OR PROSTHETIC ARTERIOVENOUS ACCESS DEVICE, correction of (Anaes.) (Assist.) Fee: \$1,337.85 Benefit: 75% = \$1003.40	
34521	INTRA-ABDOMINAL ARTERY OR VEIN, cannulation of, for infusion chemotherapy, by open operation (excluding aftercare) (Anaes.) (Assist.) (See para TN.8.4 of explanatory notes to this Category) Fee: \$822.00 Benefit: 75% = \$616.50	
34524	ARTERIAL CANNULATION for infusion chemotherapy by open operation, not being a service to which item 34521 applies (excluding after-care) (Anaes.) (Assist.) (See para TN.8.4 of explanatory notes to this Category) Fee: \$430.30 Benefit: 75% = \$322.75	
34527	CENTRAL VEIN CATHETERISATION by open technique, using subcutaneous tunnel with pump or access port as with central venous line catheter or other chemotherapy delivery device, including any associated percutaneous central vein catheterisation, on a patient 10 years of age or over (Anaes.) Fee: \$573.95 Benefit: 75% = \$430.50 85% = \$489.25	
34528	CENTRAL VEIN CATHETERISATION by percutaneous technique, using subcutaneous tunnel with pump or access port as with central venous line catheter or other chemotherapy delivery device, on a patient 10 years of age or over (Anaes.) Fee: \$283.45 Benefit: 75% = \$212.60 85% = \$240.95	
34529	CENTRAL VEIN CATHETERISATION by open technique, using subcutaneous tunnel with pump or access port as with central venous line catheter or other chemotherapy delivery device, including any associated percutaneous central vein catheterisation, on a patient under 10 years of age (Anaes.) Fee: \$746.15 Benefit: 75% = \$559.65 85% = \$661.45	

T8. SURGICAL OPERATIONS		3. VASCULAR
34530	CENTRAL VENOUS LINE, OR OTHER CHEMOTHERAPY DEVICE, removal of, by open surgical procedure in the operating theatre of a hospital on a patient 10 years of age or over (Anaes.) Fee: \$212.50 Benefit: 75% = \$159.40 85% = \$180.65	
34533	ISOLATED LIMB PERFUSION, including cannulation of artery and vein at commencement of procedure, regional perfusion for chemotherapy, or other therapy, repair of arteriotomy and venotomy at conclusion of procedure (excluding aftercare) (Anaes.) (Assist.) Fee: \$1,290.90 Benefit: 75% = \$968.20 85% = \$1206.20	
34534	CENTRAL VEIN CATHETERISATION by percutaneous technique, using subcutaneous tunnel with pump or access port as with central venous line catheter or other chemotherapy delivery device, on a patient under 10 years of age (Anaes.) Fee: \$368.45 Benefit: 75% = \$276.35 85% = \$313.20	
34538	CENTRAL VEIN CATHETERISATION by percutaneous technique, using subcutaneous tunnelled cuffed catheter or similar device, for the administration of haemodialysis or parenteral nutrition (Anaes.) Fee: \$283.45 Benefit: 75% = \$212.60 85% = \$240.95	
34539	TUNNELLED CUFFED CATHETER, OR SIMILAR DEVICE, removal of, by open surgical procedure (Anaes.) Fee: \$212.50 Benefit: 75% = \$159.40 85% = \$180.65	
34540	CENTRAL VENOUS LINE, OR OTHER CHEMOTHERAPY DEVICE, removal of, by open surgical procedure in the operating theatre of a hospital, on a patient under 10 years of age (Anaes.) Fee: \$276.25 Benefit: 75% = \$207.20 85% = \$234.85	
COMPLEX VENOUS OPERATIONS		
34800	INFERIOR VENA CAVA, plication, ligation, or application of caval clip (Anaes.) (Assist.) Fee: \$845.10 Benefit: 75% = \$633.85 85% = \$760.40	
34803	INFERIOR VENA CAVA, reconstruction of or bypass by vein or synthetic material (Anaes.) (Assist.) Fee: \$1,862.40 Benefit: 75% = \$1396.80	
34806	CROSS LEG BYPASS GRAFTING, saphenous to iliac or femoral vein (Anaes.) (Assist.) Fee: \$1,009.35 Benefit: 75% = \$757.05	
34809	SAPHENOUS VEIN ANASTOMOSIS to femoral or popliteal vein for femoral vein bypass (Anaes.) (Assist.) Fee: \$1,009.35 Benefit: 75% = \$757.05	
34812	VENOUS STENOSIS OR OCCLUSION, vein bypass for, using vein or synthetic material, not being a service associated with a service to which item 34806 or 34809 applies (Anaes.) (Assist.) Fee: \$1,220.60 Benefit: 75% = \$915.45	
34815	VEIN STENOSIS, patch angioplasty for, (excluding vein graft stenosis)-using vein or synthetic material (Anaes.) (Assist.) (See para TN.8.36 of explanatory notes to this Category) Fee: \$1,009.35 Benefit: 75% = \$757.05	

T8. SURGICAL OPERATIONS		3. VASCULAR
34818	VENOUS VALVE, plication or repair to restore valve competency (Anaes.) (Assist.) Fee: \$1,111.05 Benefit: 75% = \$833.30	
34821	VEIN TRANSPLANT to restore valvular function (Anaes.) (Assist.) Fee: \$1,510.20 Benefit: 75% = \$1132.65 85% = \$1425.50	
34824	EXTERNAL STENT, application of, to restore venous valve competency to superficial vein - 1 stent (Anaes.) (Assist.) Fee: \$516.40 Benefit: 75% = \$387.30	
34827	EXTERNAL STENTS, application of, to restore venous valve competency to superficial vein or veins - more than 1 stent (Anaes.) (Assist.) Fee: \$626.05 Benefit: 75% = \$469.55	
34830	EXTERNAL STENT, application of, to restore venous valve competency to deep vein (1 stent) (Anaes.) (Assist.) Fee: \$735.60 Benefit: 75% = \$551.70 85% = \$650.90	
34833	EXTERNAL STENTS, application of, to restore venous valve competency to deep vein or veins (more than 1 stent) (Anaes.) (Assist.) Fee: \$954.60 Benefit: 75% = \$715.95	
SYMPATHECTOMY		
35000	LUMBAR SYMPATHECTOMY (Anaes.) (Assist.) Fee: \$735.60 Benefit: 75% = \$551.70 85% = \$650.90	
35003	CERVICAL OR UPPER THORACIC SYMPATHECTOMY by any surgical approach (Anaes.) (Assist.) Fee: \$954.60 Benefit: 75% = \$715.95	
35006	CERVICAL OR UPPER THORACIC SYMPATHECTOMY, where operation is a reoperation for previous incomplete sympathectomy by any surgical approach (Anaes.) (Assist.) Fee: \$1,197.20 Benefit: 75% = \$897.90	
35009	LUMBAR SYMPATHECTOMY, where operation is following chemical sympathectomy or for previous incomplete surgical sympathectomy (Anaes.) (Assist.) Fee: \$931.00 Benefit: 75% = \$698.25	
35012	SACRAL or PRE-SACRAL SYMPATHECTOMY (Anaes.) (Assist.) Fee: \$735.60 Benefit: 75% = \$551.70	
DEBRIDEMENT AND AMPUTATIONS FOR VASCULAR DISEASE		
35100	ISCHAEMIC LIMB, debridement of necrotic material, gangrenous tissue, or slough in, in the operating theatre of a hospital, when debridement includes muscle, tendon or bone (Anaes.) (Assist.) Fee: \$383.45 Benefit: 75% = \$287.60	
35103	ISCHAEMIC LIMB, debridement of necrotic material, gangrenous tissue, or slough in, in the operating theatre of a hospital, superficial tissue only (Anaes.) Fee: \$244.05 Benefit: 75% = \$183.05	

T8. SURGICAL OPERATIONS		3. VASCULAR
MISCELLANEOUS VASCULAR PROCEDURES		
35200	OPERATIVE ARTERIOGRAPHY OR VENOGRAPHY, 1 or more of, performed during the course of an operative procedure on an artery or vein, 1 site (Anaes.) Fee: \$178.45 Benefit: 75% = \$133.85	
35202	MAJOR ARTERIES OR VEINS IN THE NECK, ABDOMEN OR EXTREMITIES, access to, as part of RE-OPERATION after prior surgery on these vessels (Anaes.) (Assist.) Fee: \$850.20 Benefit: 75% = \$637.65	
ENDOVASCULAR INTERVENTIONAL PROCEDURES		
35300	TRANSLUMINAL BALLOON ANGIOPLASTY of 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.) Fee: \$536.25 Benefit: 75% = \$402.20 85% = \$455.85	
35303	TRANSLUMINAL BALLOON ANGIOPLASTY of aortic arch branches, aortic visceral branches, or more than 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.) Fee: \$687.55 Benefit: 75% = \$515.70 85% = \$602.85	
35306	TRANSLUMINAL STENT INSERTION, 1 or more stents, including associated balloon dilatation for 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare. (Anaes.) (Assist.) Fee: \$634.60 Benefit: 75% = \$475.95 85% = \$549.90	
35307	TRANSLUMINAL STENT INSERTION, 1 or more stents (not drug-eluting), with or without associated balloon dilatation, for 1 carotid artery, percutaneous (not direct), with or without the use of an embolic protection device, in patients who: - meet the indications for carotid endarterectomy; and - have medical or surgical comorbidities that would make them at high risk of perioperative complications from carotid endarterectomy, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.) (See para TN.8.37 of explanatory notes to this Category) Fee: \$1,166.60 Benefit: 75% = \$874.95	
35309	TRANSLUMINAL STENT INSERTION, 1 or more stents, including associated balloon dilatation for visceral arteries or veins, or more than 1 peripheral artery or vein of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare. (Anaes.) (Assist.) Fee: \$793.25 Benefit: 75% = \$594.95 85% = \$708.55	
35312	PERIPHERAL ARTERIAL ATHERECTOMY including associated balloon dilatation of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.) Fee: \$899.00 Benefit: 75% = \$674.25	

T8. SURGICAL OPERATIONS		3. VASCULAR
35315	<p>PERIPHERAL LASER ANGIOPLASTY including associated balloon dilatation of 1 limb, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)</p> <p>Fee: \$899.00 Benefit: 75% = \$674.25</p>	
35317	<p>PERIPHERAL ARTERIAL OR VENOUS CATHETERISATION with administration of thrombolytic or chemotherapeutic agents, BY CONTINUOUS INFUSION, using percutaneous approach, excluding associated radiological services or preparation, and excluding aftercare (not being a service associated with a service to which another item in Subgroup 11 of Group T1 or items 35319 or 35320 applies and not being a service associated with photodynamic therapy with verteporfin) (Anaes.) (Assist.)</p> <p>(See para TN.8.38 of explanatory notes to this Category)</p> <p>Fee: \$370.20 Benefit: 75% = \$277.65 85% = \$314.70</p>	
35319	<p>PERIPHERAL ARTERIAL OR VENOUS CATHETERISATION with administration of thrombolytic or chemotherapeutic agents, BY PULSE SPRAY TECHNIQUE, using percutaneous approach, excluding associated radiological services or preparation, and excluding aftercare (not being a service associated with a service to which another item in Subgroup 11 of Group T1 or items 35317 or 35320 applies and not being a service associated with photodynamic therapy with verteporfin) (Anaes.) (Assist.)</p> <p>Fee: \$663.60 Benefit: 75% = \$497.70 85% = \$578.90</p>	
35320	<p>PERIPHERAL ARTERIAL OR VENOUS CATHETERISATION with administration of thrombolytic or chemotherapeutic agents, BY OPEN EXPOSURE, excluding associated radiological services or preparation, and excluding aftercare (not being a service associated with a service to which another item in Subgroup 11 of Group T1 or items 35317 or 35319 applies and not being a service associated with photodynamic therapy with verteporfin) (Anaes.) (Assist.)</p> <p>Fee: \$891.40 Benefit: 75% = \$668.55 85% = \$806.70</p>	
35321	<p>PERIPHERAL ARTERIAL OR VENOUS CATHETERISATION to administer agents to occlude arteries, veins or arterio-venous fistulae or to arrest haemorrhage, (but not for the treatment of uterine fibroids or varicose veins) percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare, not being a service associated with photodynamic therapy with verteporfin (Anaes.) (Assist.)</p> <p>(See para TN.8.32 of explanatory notes to this Category)</p> <p>Fee: \$846.25 Benefit: 75% = \$634.70 85% = \$761.55</p>	
35324	<p>ANGIOSCOPY not combined with any other procedure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)</p> <p>Fee: \$317.35 Benefit: 75% = \$238.05</p>	
35327	<p>ANGIOSCOPY combined with any other procedure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)</p> <p>Fee: \$425.30 Benefit: 75% = \$319.00</p>	
35330	<p>INSERTION of INFERIOR VENA CAVAL FILTER, percutaneous or by open exposure, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)</p> <p>Fee: \$536.25 Benefit: 75% = \$402.20 85% = \$455.85</p>	
35331	<p>RETRIEVAL OF INFERIOR VENA CAVAL FILTER, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (Anaes.)</p> <p>Fee: \$616.50 Benefit: 75% = \$462.40</p>	

T8. SURGICAL OPERATIONS		3. VASCULAR
35360	<p>Retrieval of foreign body in PULMONARY ARTERY, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare</p> <p><i>(foreign body does not include an instrument inserted for the purpose of a service being rendered)</i> (Anaes.) (Assist.)</p> <p>Fee: \$861.75 Benefit: 75% = \$646.35</p>	
35361	<p>Retrieval of foreign body in RIGHT ATRIUM, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare</p> <p><i>(foreign body does not include an instrument inserted for the purpose of a service being rendered)</i> (Anaes.) (Assist.)</p> <p>Fee: \$739.05 Benefit: 75% = \$554.30</p>	
35362	<p>Retrieval of foreign body in INFERIOR VENA CAVA or AORTA, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare</p> <p><i>(foreign body does not include an instrument inserted for the purpose of a service being rendered)</i> (Anaes.) (Assist.)</p> <p>Fee: \$616.50 Benefit: 75% = \$462.40</p>	
35363	<p>Retrieval of foreign body in PERIPHERAL VEIN or PERIPHERAL ARTERY, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare</p> <p><i>(foreign body does not include an instrument inserted for the purpose of a service being rendered)</i> (Anaes.) (Assist.)</p> <p>Fee: \$493.90 Benefit: 75% = \$370.45</p>	
INTERVENTIONAL RADIOLOGY PROCEDURES		
35404	<p>DOSIMETRY, HANDLING AND INJECTION OF SIR-SPHERES for selective internal radiation therapy of hepatic metastases which are secondary to colorectal cancer and are not suitable for resection or ablation, used in combination with systemic chemotherapy using 5-fluorouracil (5FU) and leucovorin, not being a service to which item 35317, 35319, 35320 or 35321 applies</p> <p>The procedure must be performed by a specialist or consultant physician recognised in the specialties of nuclear medicine or radiation oncology on an admitted patient in a hospital. To be claimed once in the patient's lifetime only.</p> <p>(See para TN.3.1, TN.8.40 of explanatory notes to this Category)</p> <p>Fee: \$360.65 Benefit: 75% = \$270.50</p>	
35406	<p>Trans-femoral catheterisation of the hepatic artery to administer SIR-Spheres to embolise the microvasculature of hepatic metastases which are secondary to colorectal cancer and are not suitable for resection or ablation, for selective internal radiation therapy used in combination with systemic</p>	

T8. SURGICAL OPERATIONS		3. VASCULAR
	<p>chemotherapy using 5-fluorouracil (5FU) and leucovorin, not being a service to which item 35317, 35319, 35320 or 35321 applies</p> <p>excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)</p> <p>(See para TN.3.1, TN.8.40 of explanatory notes to this Category)</p> <p>Fee: \$846.25 Benefit: 75% = \$634.70</p>	
35408	<p>Catheterisation of the hepatic artery via a permanently implanted hepatic artery port to administer SIR-Spheres to embolise the microvasculature of hepatic metastases which are secondary to colorectal cancer and are not suitable for resection or ablation, for selective internal radiation therapy used in combination with systemic chemotherapy using 5-fluorouracil (5FU) and leucovorin, not being a service to which item 35317, 35319, 35320 or 35321 applies</p> <p>excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)</p> <p>(See para TN.3.1, TN.8.40 of explanatory notes to this Category)</p> <p>Fee: \$634.80 Benefit: 75% = \$476.10</p>	
35410	<p>UTERINE ARTERY CATHETERISATION with percutaneous administration of occlusive agents, for the treatment of symptomatic uterine fibroids in a patient who has been referred for uterine artery embolisation by a specialist gynaecologist, excluding associated radiological services or preparation, and excluding aftercare (Anaes.) (Assist.)</p> <p>(See para TN.8.34 of explanatory notes to this Category)</p> <p>Fee: \$846.25 Benefit: 75% = \$634.70 85% = \$761.55</p>	
35412	<p>Intracranial aneurysm, ruptured or unruptured, endovascular occlusion with detachable coils, and assisted coiling if performed, with parent artery preservation, not for use with liquid embolics only, including aftercare, including intra-operative imaging, but in association with the following pre-operative diagnostic imaging items:</p> <ul style="list-style-type: none"> - either 60009 or 60010; and - either 60072, 60073, 60075, 60076, 60078 or 60079 (Anaes.) (Assist.) <p>(See para TN.8.35 of explanatory notes to this Category)</p> <p>Fee: \$2,973.30 Benefit: 75% = \$2230.00 85% = \$2888.60</p>	
35414	<p>Mechanical thrombectomy, in a patient with a diagnosis of acute ischaemic stroke caused by occlusion of a large vessel of the anterior cerebral circulation, including intra-operative imaging and aftercare, if:</p> <p>(a) the diagnosis is confirmed by an appropriate imaging modality such as computed tomography, magnetic resonance imaging or angiography; and</p> <p>(b) the service is performed by a specialist or consultant physician with appropriate training that is recognised by the Conjoint Committee for Recognition of Training in Interventional Neuroradiology; and</p> <p>(c) the service is provided in an eligible stroke centre.</p> <p>For any particular patient - applicable once per presentation by the patient at an eligible stroke centre, regardless of the number of times mechanical thrombectomy is attempted during that presentation (Anaes.) (Assist.)</p> <p>(See para TR.8.1 of explanatory notes to this Category)</p> <p>Fee: \$3,641.85 Benefit: 75% = \$2731.40</p>	

T8. SURGICAL OPERATIONS		4. GYNAECOLOGICAL
	Group T8. Surgical Operations	
	Subgroup 4. Gynaecological	
	GYNAECOLOGICAL EXAMINATION UNDER ANAESTHESIA, not being a service associated with a service to which another item in this Group applies (Anaes.)	
35500	Fee: \$84.60	Benefit: 75% = \$63.45 85% = \$71.95
	INTRAUTERINE DEVICE, INTRODUCTION OF, for the control of idiopathic menorrhagia, AND ENDOMETRIAL BIOPSY to exclude endometrial pathology, not being a service associated with a service to which another item in this Group applies (Anaes.)	
35502	Fee: \$83.40	Benefit: 75% = \$62.55 85% = \$70.90
	Intra uterine contraceptive device, introduction of, if the service is not associated with a service to which another item in this Group applies (other than a service mentioned in item 30062) (Anaes.)	
35503	Fee: \$55.70	Benefit: 75% = \$41.80 85% = \$47.35
	INTRAUTERINE CONTRACEPTIVE DEVICE, REMOVAL OF UNDER GENERAL ANAESTHESIA, not being a service associated with a service to which another item in this Group applies (Anaes.)	
35506	Fee: \$55.85	Benefit: 75% = \$41.90 85% = \$47.50
	VULVAL OR VAGINAL WARTS, removal of under general anaesthesia, or under regional or field nerve block (excluding pudendal block) requiring admission to a hospital, where the time taken is less than or equal to 45 minutes - not being a service associated with a service to which item 32177 or 32180 applies (Anaes.)	
35507	Fee: \$181.50	Benefit: 75% = \$136.15 85% = \$154.30
	VULVAL OR VAGINAL WARTS, removal of under general anaesthesia, or under regional or field nerve block (excluding pudendal block) requiring admission to a hospital, where the time taken is greater than 45 minutes - not being a service associated with a service to which item 32177 or 32180 applies (Anaes.) (Assist.)	
35508	Fee: \$267.35	Benefit: 75% = \$200.55 85% = \$227.25
	HYMENECTOMY (Anaes.)	
35509	Fee: \$93.10	Benefit: 75% = \$69.85 85% = \$79.15
	BARTHOLIN'S CYST, excision of (Anaes.)	
35513	Fee: \$230.70	Benefit: 75% = \$173.05 85% = \$196.10
	BARTHOLIN'S CYST OR GLAND, marsupialisation of (Anaes.)	
35517	Fee: \$151.95	Benefit: 75% = \$114.00 85% = \$129.20
	OVARIAN CYST ASPIRATION, for cysts of at least 4cm in diameter in a premenopausal person and at least 2cm in diameter in a postmenopausal person, by abdominal or vaginal route, using interventional imaging techniques and not associated with services provided for assisted reproductive techniques (Anaes.)	
	(See para TN.4.11 of explanatory notes to this Category)	
35518	Fee: \$216.30	Benefit: 75% = \$162.25 85% = \$183.90

T8. SURGICAL OPERATIONS		4. GYNAECOLOGICAL
35520	BARTHOLIN'S ABSCESS, incision of (Anaes.) Fee: \$60.70 Benefit: 75% = \$45.55 85% = \$51.60	
35523	URETHRA OR URETHRAL CARUNCLE, cauterisation of (Anaes.) Fee: \$60.70 Benefit: 75% = \$45.55 85% = \$51.60	
35527	URETHRAL CARUNCLE, excision of (Anaes.) Fee: \$151.95 Benefit: 75% = \$114.00 85% = \$129.20	
35530	CLITORIS, amputation of, where medically indicated (Anaes.) (Assist.) Fee: \$280.75 Benefit: 75% = \$210.60	
35533	Vulvoplasty or labioplasty, for repair of: (a) female genital mutilation; or (b) an anomaly associated with a major congenital anomaly of the uro-gynaecological tract other than a service associated with a service to which item 35536, 37836, 37050, 37842, 37851 or 43882 applies (Anaes.) (See para TN.8.123 of explanatory notes to this Category) Fee: \$364.05 Benefit: 75% = \$273.05	
35534	Vulvoplasty or labioplasty, in a patient aged 18 years or more, performed by a specialist in the practice of the specialist's specialty, for a structural abnormality that is causing significant functional impairment, if the patient's labium extends more than 8 cm below the vaginal introitus while the patient is in a standing resting position (Anaes.) (See para TN.8.123 of explanatory notes to this Category) Fee: \$364.05 Benefit: 75% = \$273.05	
35536	VULVA, wide local excision of suspected malignancy or hemivulvectomy, 1 or both procedures (Anaes.) (Assist.) Fee: \$362.60 Benefit: 75% = \$271.95 85% = \$308.25	
35539	COLPOSCOPICALLY DIRECTED CO ² LASER THERAPY for previously confirmed intraepithelial neoplastic changes of the cervix, vagina, vulva, urethra or anal canal, including any associated biopsies 1 anatomical site (Anaes.) Fee: \$284.00 Benefit: 75% = \$213.00 85% = \$241.40	
35542	COLPOSCOPICALLY DIRECTED CO ² LASER THERAPY for previously confirmed intraepithelial neoplastic changes of the cervix, vagina, vulva, urethra or anal canal, including any associated biopsies 2 or more anatomical sites (Anaes.) (Assist.) Fee: \$332.50 Benefit: 75% = \$249.40 85% = \$282.65	
35545	COLPOSCOPICALLY DIRECTED CO ² LASER THERAPY for condylomata, unsuccessfully treated by other methods (Anaes.) Fee: \$191.05 Benefit: 75% = \$143.30 85% = \$162.40	
35548	VULVECTOMY, radical, for malignancy (Anaes.) (Assist.) Fee: \$867.85 Benefit: 75% = \$650.90	

T8. SURGICAL OPERATIONS		4. GYNAECOLOGICAL
35551	Pelvic lymph nodes, radical excision of, unilateral, or sentinel node dissection (including any pre-operative injection) (Anaes.) (Assist.) Fee: \$962.20 Benefit: 75% = \$721.65	
35552	Pelvic lymph nodes, radical excision of, unilateral, following similar previous dissection, radiation or chemotherapy (Anaes.) (Assist.) Fee: \$1,447.50 Benefit: 75% = \$1085.65	
35554	VAGINA, DILATATION OF, as an independent procedure including any associated consultation (Anaes.) Fee: \$45.25 Benefit: 75% = \$33.95 85% = \$38.50	
35557	VAGINA, removal of simple tumour (including Gartner duct cyst) (Anaes.) Fee: \$223.20 Benefit: 75% = \$167.40 85% = \$189.75	
35560	VAGINA, partial or complete removal of (Anaes.) (Assist.) Fee: \$711.60 Benefit: 75% = \$533.70	
35561	VAGINECTOMY, radical, for proven invasive malignancy - 1 surgeon (Anaes.) (Assist.) Fee: \$1,435.35 Benefit: 75% = \$1076.55	
35562	VAGINECTOMY, radical, for proven invasive malignancy, conjoint surgery - abdominal surgeon (including aftercare) (Anaes.) (Assist.) Fee: \$1,178.45 Benefit: 75% = \$883.85	
35564	VAGINECTOMY, radical, for proven invasive malignancy, conjoint surgery - perineal surgeon (Assist.) Fee: \$544.00 Benefit: 75% = \$408.00	
35565	VAGINAL RECONSTRUCTION for congenital absence, gynatresia or urogenital sinus (Anaes.) (Assist.) Fee: \$711.60 Benefit: 75% = \$533.70	
35566	VAGINAL SEPTUM, excision of, for correction of double vagina (Anaes.) (Assist.) Fee: \$413.35 Benefit: 75% = \$310.05	
35568	SACROSPINOUS COLPOPEXY FOR MANAGEMENT OF UPPER VAGINAL PROLAPSE (Anaes.) (Assist.) Fee: \$649.90 Benefit: 75% = \$487.45	
35569	PLASTIC REPAIR TO ENLARGE VAGINAL ORIFICE (Anaes.) Fee: \$167.35 Benefit: 75% = \$125.55	
35570	Anterior vaginal compartment repair by vaginal approach for pelvic organ prolapse: (a) involving repair of urethrocele and cystocele; and (b) using native tissue without graft;	

T8. SURGICAL OPERATIONS		4. GYNAECOLOGICAL
	<p>other than a service associated with a service to which item 35573, 35577 or 35578 applies (Anaes.) (Assist.)</p> <p>Fee: \$576.30 Benefit: 75% = \$432.25</p>	
35571	<p>Posterior vaginal compartment repair by vaginal approach for pelvic organ prolapse:</p> <p>(a) involving repair of one or more of the following:</p> <ul style="list-style-type: none"> (i) perineum; (ii) rectocele; (iii) enterocele; and <p>(b) using native tissue without graft;</p> <p>other than a service associated with a service to which item 35573, 35577 or 35578 applies (Anaes.) (Assist.)</p> <p>Fee: \$576.30 Benefit: 75% = \$432.25</p>	
35572	<p>COLPOTOMY not being a service to which another item in this Group applies (Anaes.)</p> <p>Fee: \$128.85 Benefit: 75% = \$96.65</p>	
35573	<p>Anterior and posterior vaginal compartment repair by vaginal approach for pelvic organ prolapse:</p> <p>(a) involving anterior and posterior compartment defects; and</p> <p>(b) using native tissue without graft;</p> <p>other than a service associated with a service to which item 35577 or 35578 applies (Anaes.) (Assist.)</p> <p>Fee: \$864.55 Benefit: 75% = \$648.45</p>	
35577	<p>Manchester (Donald Fothergill) operation for pelvic organ prolapse, involving either or both of the following:</p> <p>(a) cervical amputation;</p> <p>(b) anterior and posterior native tissue vaginal wall repairs without graft</p> <p>(Anaes.) (Assist.)</p> <p>Fee: \$701.85 Benefit: 75% = \$526.40</p>	
35578	<p>LE FORT OPERATION for genital prolapse, not being a service associated with a service to which another item in this Subgroup applies (Anaes.) (Assist.)</p> <p>Fee: \$701.85 Benefit: 75% = \$526.40</p>	
35581	<p>Vaginal procedure for excision of graft material in symptomatic patients with graft related complications (including graft related pain or discharge and bleeding related to graft exposure), less than 2cm² in its maximum area, either singly or in multiple pieces, other than a service associated with a service to which item 35582 or 35585 applies</p> <p>(Anaes.) (Assist.)</p> <p>(See para TN.8.140 of explanatory notes to this Category)</p>	

T8. SURGICAL OPERATIONS		4. GYNAECOLOGICAL
	Fee: \$576.30 Benefit: 75% = \$432.25	
35582	<p>Vaginal procedure for excision of graft material in symptomatic patients with graft related complications (including graft related pain or discharge and bleeding related to graft exposure), 2cm² or more in its maximum area, either singly or in multiple pieces, other than a service associated with a service to which item 35581 or 35585 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.140 of explanatory notes to this Category)</p> <p>Fee: \$864.55 Benefit: 75% = \$648.45</p>	
35585	<p>Abdominal procedure, by open, laparoscopic or robot-assisted approach, if the service:</p> <p>(a) is for the removal of graft material:</p> <p style="padding-left: 40px;">(i) in symptomatic patients with graft related complications (including graft related pain or discharge and bleeding related to graft exposure); or</p> <p style="padding-left: 40px;">(ii) where the graft has penetrated adjacent organs such as the bladder (including urethra) or bowel; and</p> <p>(b) if required—includes retroperitoneal dissection, and mobilisation, of either or both of the bladder and bowel;</p> <p>other than a service associated with a service to which item 35581 or 35582 applies</p> <p>(Anaes.) (Assist.)</p> <p>Fee: \$1,532.85 Benefit: 75% = \$1149.65</p>	
35595	<p>LAPAROSCOPIC OR ABDOMINAL PELVIC FLOOR REPAIR INCORPORATING THE FIXATION OF THE UTEROSACRAL AND CARDINAL LIGAMENTS TO RECTOVAGINAL AND PUBOCERVICAL FASCIA for symptomatic upper vaginal vault prolapse (Anaes.) (Assist.)</p> <p>Fee: \$1,201.80 Benefit: 75% = \$901.35</p>	
35596	<p>FISTULA BETWEEN GENITAL AND URINARY OR ALIMENTARY TRACTS, repair of, not being a service to which item 37029, 37333 or 37336 applies (Anaes.) (Assist.)</p> <p>Fee: \$711.60 Benefit: 75% = \$533.70</p>	
35597	<p>SACRAL COLPOPEXY, laparoscopic or open procedure where graft or mesh secured to vault, anterior and posterior compartment and to sacrum for correction of symptomatic upper vaginal vault prolapse (Anaes.) (Assist.)</p> <p>Fee: \$1,532.85 Benefit: 75% = \$1149.65</p>	
35599	<p>Stress incontinence, procedure using a female synthetic mid-urethral sling, with diagnostic cystoscopy to assess the integrity of the lower urinary tract, other than a service associated with a service to which item 30405 or 36812 applies (Anaes.) (Assist.)</p> <p>Fee: \$788.60 Benefit: 75% = \$591.45</p>	
35602	<p>STRESS INCONTINENCE, combined synchronous ABDOMINOVAGINAL operation for; abdominal procedure, with or without mesh, (including aftercare), not being a service associated with a service to which item 30405 applies (Anaes.) (Assist.)</p> <p>Fee: \$701.85 Benefit: 75% = \$526.40</p>	

T8. SURGICAL OPERATIONS		4. GYNAECOLOGICAL
35605	STRESS INCONTINENCE, combined synchronous ABDOMINOVAGINAL operation for; vaginal procedure, with or without mesh, (including aftercare), not being a service associated with a service to which item 30405 applies (Assist.) Fee: \$380.80 Benefit: 75% = \$285.60 85% = \$323.70	
35608	CERVIX, cauterisation (other than by chemical means), ionisation, diathermy or biopsy of, with or without dilatation of cervix (Anaes.) Fee: \$66.55 Benefit: 75% = \$49.95 85% = \$56.60	
35611	CERVIX, removal of polyp or polypi, with or without dilatation of cervix, not being a service associated with a service to which item 35608 applies (Anaes.) Fee: \$66.55 Benefit: 75% = \$49.95 85% = \$56.60	
35612	CERVIX, RESIDUAL STUMP, removal of, by abdominal approach (Anaes.) (Assist.) Fee: \$526.50 Benefit: 75% = \$394.90 85% = \$447.55	
35613	CERVIX, RESIDUAL STUMP, removal of, by vaginal approach (Anaes.) (Assist.) Fee: \$421.20 Benefit: 75% = \$315.90	
35614	EXAMINATION OF LOWER TRACT by a Hinselmanntype colposcope in a patient with a previous abnormal cervical smear screen result or a history of maternal ingestion of oestrogen or where a patient, because of suspicious signs of cancer, has been referred by another medical practitioner (Anaes.) (See para TN.8.42 of explanatory notes to this Category) Fee: \$66.45 Benefit: 75% = \$49.85 85% = \$56.50	
35615	VULVA, biopsy of, when performed in conjunction with a service to which item 35614 applies Fee: \$55.85 Benefit: 75% = \$41.90 85% = \$47.50	
35616	ENDOMETRIUM, endoscopic examination of and ablation of, by microwave or thermal balloon or radiofrequency electrosurgery, for chronic refractory menorrhagia including any hysteroscopy performed on the same day, with or without uterine curettage (Anaes.) Fee: \$467.80 Benefit: 75% = \$350.85	
35618	CERVIX, cone biopsy, amputation or repair of, other than a service to which item 35577 or 35578 applies (Anaes.) Fee: \$226.80 Benefit: 75% = \$170.10 85% = \$192.80	
35620	ENDOMETRIAL BIOPSY where malignancy is suspected in patients with abnormal uterine bleeding or post menopausal bleeding (Anaes.) Fee: \$55.50 Benefit: 75% = \$41.65 85% = \$47.20	
35622	ENDOMETRIUM, endoscopic ablation of, by laser or diathermy, for chronic refractory menorrhagia including any hysteroscopy performed on the same day, with or without uterine curettage, not being a service associated with a service to which item 30390 applies (Anaes.) Fee: \$626.90 Benefit: 75% = \$470.20	
35623	HYSTEROSCOPIC RESECTION of myoma, or myoma and uterine septum resection (where both are performed), followed by endometrial ablation by laser or diathermy (Anaes.) Fee: \$852.45 Benefit: 75% = \$639.35	

T8. SURGICAL OPERATIONS		4. GYNAECOLOGICAL
35626	<p>HYSTEROSCOPY, including biopsy, performed by a specialist in the practice of his or her specialty where the patient is referred to him or her for the investigation of suspected intrauterine pathology (with or without local anaesthetic), not being a service associated with a service to which item 35627 or 35630 applies</p> <p>(See para TN.8.43 of explanatory notes to this Category)</p> <p>Fee: \$86.10 Benefit: 75% = \$64.60 85% = \$73.20</p>	
35627	<p>HYSTEROSCOPY with dilatation of the cervix performed in the operating theatre of a hospital - not being a service associated with a service to which item 35626 or 35630 applies (Anaes.)</p> <p>Fee: \$111.50 Benefit: 75% = \$83.65</p>	
35630	<p>HYSTEROSCOPY, with endometrial biopsy, performed in the operating theatre of a hospital - not being a service associated with a service to which item 35626 or 35627 applies (Anaes.)</p> <p>Fee: \$190.45 Benefit: 75% = \$142.85</p>	
35633	<p>HYSTEROSCOPY with uterine adhesiolysis or polypectomy or tubal catheterisation (including for insertion of device for sterilisation) or removal of IUD which cannot be removed by other means, 1 or more of (Anaes.)</p> <p>Fee: \$226.80 Benefit: 75% = \$170.10 85% = \$192.80</p>	
35634	<p>HYSTEROSCOPIC RESECTION of uterine septum followed by endometrial ablation by laser or diathermy (Anaes.)</p> <p>Fee: \$713.45 Benefit: 75% = \$535.10 85% = \$628.75</p>	
35635	<p>HYSTEROSCOPY involving resection of the uterine septum (Anaes.)</p> <p>Fee: \$311.60 Benefit: 75% = \$233.70</p>	
35636	<p>HYSTEROSCOPY, involving resection of myoma, or resection of myoma and uterine septum (where both are performed) (Anaes.)</p> <p>Fee: \$450.55 Benefit: 75% = \$337.95</p>	
35637	<p>LAPAROSCOPY, involving puncture of cysts, diathermy of endometriosis, ventrosuspension, division of adhesions or similar procedure - 1 or more procedures with or without biopsy - not being a service associated with any other laparoscopic procedure or hysterectomy (Anaes.) (Assist.)</p> <p>(See para TN.1.4 of explanatory notes to this Category)</p> <p>Fee: \$423.10 Benefit: 75% = \$317.35</p>	
35638	<p>COMPLICATED OPERATIVE LAPAROSCOPY, including use of laser when required, for 1 or more of the following procedures; oophorectomy, ovarian cystectomy, myomectomy, salpingectomy or salpingostomy, ablation of moderate or severe endometriosis requiring more than 1 hours operating time, or division of utero-sacral ligaments for significant dysmenorrhoea - not being a service associated with any other intraperitoneal or retroperitoneal procedure except item 30393 (Anaes.) (Assist.)</p> <p>Fee: \$740.35 Benefit: 75% = \$555.30</p>	
35640	<p>UTERUS, CURETTAGE OF, with or without dilatation (including curettage for incomplete miscarriage) under general anaesthesia, or under epidural or spinal (intrathecal) nerve block, including procedures to which item 35626, 35627 or 35630 applies, if performed (Anaes.)</p> <p>(See para TN.8.44 of explanatory notes to this Category)</p> <p>Fee: \$190.45 Benefit: 75% = \$142.85</p>	

T8. SURGICAL OPERATIONS		4. GYNAECOLOGICAL
35641	<p>ENDOMETRIOSIS LEVEL 4 OR 5, LAPAROSCOPIC RESECTION OF, involving any two of the following procedures, resection of the pelvic side wall including dissection of endometriosis or scar tissue from the ureter, resection of the Pouch of Douglas, resection of an ovarian endometrioma greater than 2 cms in diameter, dissection of bowel from uterus from the level of the endocervical junction or above: where the operating time exceeds 90 minutes (Anaes.) (Assist.)</p> <p>Fee: \$1,293.05 Benefit: 75% = \$969.80</p>	
35643	<p>EVACUATION OF THE CONTENTS OF THE GRAVID UTERUS BY CURETTAGE OR SUCTION CURETTAGE other than a service to which item 35640 applies, including procedures to which item 35626, 35627 or 35630 applies, if performed (Anaes.)</p> <p>Fee: \$226.80 Benefit: 75% = \$170.10 85% = \$192.80</p>	
35644	<p>CERVIX, electrocoagulation diathermy with colposcopy, for previously confirmed intraepithelial neoplastic changes of the cervix, including any local anaesthesia and biopsies, other than a service associated with a service to which item 35640 or 35647 applies (Anaes.)</p> <p>(See para TN.8.45 of explanatory notes to this Category)</p> <p>Fee: \$211.90 Benefit: 75% = \$158.95 85% = \$180.15</p>	
35645	<p>CERVIX, electrocoagulation diathermy with colposcopy, for previously confirmed intraepithelial neoplastic changes of the cervix, including any local anaesthesia and biopsies, in conjunction with ablative therapy of additional areas of intraepithelial change in 1 or more sites of vagina, vulva, urethra or anus, not being a service associated with a service to which item 35648 applies (Anaes.)</p> <p>(See para TN.8.45 of explanatory notes to this Category)</p> <p>Fee: \$331.60 Benefit: 75% = \$248.70 85% = \$281.90</p>	
35646	<p>CERVIX, colposcopy with radical diathermy of, with or without cervical biopsy, for previously confirmed intraepithelial neoplastic changes of the cervix (Anaes.)</p> <p>(See para TN.8.45 of explanatory notes to this Category)</p> <p>Fee: \$211.90 Benefit: 75% = \$158.95 85% = \$180.15</p>	
35647	<p>CERVIX, large loop excision of transformation zone together with colposcopy for previously confirmed intraepithelial neoplastic changes of the cervix, including any local anaesthesia and biopsies, not being a service associated with a service to which item 35644 applies (Anaes.)</p> <p>(See para TN.8.45 of explanatory notes to this Category)</p> <p>Fee: \$211.90 Benefit: 75% = \$158.95 85% = \$180.15</p>	
35648	<p>CERVIX, large loop excision diathermy for previously confirmed intraepithelial neoplastic changes of the cervix, including any local anaesthesia and biopsies, in conjunction with ablative treatment of additional areas of intraepithelial change of 1 or more sites of vagina, vulva, urethra or anus, not being a service associated with a service to which item 35645 applies (Anaes.)</p> <p>(See para TN.8.45 of explanatory notes to this Category)</p> <p>Fee: \$331.60 Benefit: 75% = \$248.70 85% = \$281.90</p>	
35649	<p>HYSTEROTOMY or UTERINE MYOMECTOMY, abdominal (Anaes.) (Assist.)</p> <p>Fee: \$557.70 Benefit: 75% = \$418.30</p>	
35653	<p>HYSTERECTOMY, ABDOMINAL, SUBTOTAL or TOTAL, with or without removal of uterine adnexae (Anaes.) (Assist.)</p> <p>Fee: \$702.05 Benefit: 75% = \$526.55</p>	

T8. SURGICAL OPERATIONS		4. GYNAECOLOGICAL
35657	<p>HYSTERECTOMY, VAGINAL, with or without uterine curettage, not being a service to which item 35673 applies</p> <p>NOTE: <i>Strict legal requirements apply in relation to sterilisation procedures on minors. Medicare benefits are not payable for services not rendered in accordance with relevant Commonwealth and State and Territory law. Observe the explanatory note before submitting a claim.</i> (Anaes.) (Assist.)</p> <p>(See para TN.8.46 of explanatory notes to this Category) Fee: \$702.05 Benefit: 75% = \$526.55</p>	
35658	<p>UTERUS (at least equivalent in size to a 10 week gravid uterus), debulking of, prior to vaginal removal at hysterectomy (Anaes.) (Assist.)</p> <p>(See para TN.8.47 of explanatory notes to this Category) Fee: \$432.90 Benefit: 75% = \$324.70</p>	
35661	<p>HYSTERECTOMY, ABDOMINAL, requiring extensive retroperitoneal dissection, with or without exposure of 1 or both ureters, for the management of severe endometriosis, pelvic inflammatory disease or benign pelvic tumours, with or without conservation of the ovaries (Anaes.) (Assist.)</p> <p>Fee: \$906.65 Benefit: 75% = \$680.00</p>	
35664	<p>RADICAL HYSTERECTOMY with radical excision of pelvic lymph nodes (with or without excision of uterine adnexae) for proven malignancy including excision of any 1 or more of parametrium, paracolpos, upper vagina or contiguous pelvic peritoneum and involving ureterolysis where performed (Anaes.) (Assist.)</p> <p>Fee: \$1,511.10 Benefit: 75% = \$1133.35</p>	
35667	<p>RADICAL HYSTERECTOMY without gland dissection (with or without excision of uterine adnexae) for proven malignancy including excision of any 1 or more of parametrium, paracolpos, upper vagina or contiguous pelvic peritoneum and involving ureterolysis where performed (Anaes.) (Assist.)</p> <p>Fee: \$1,284.25 Benefit: 75% = \$963.20</p>	
35670	<p>HYSTERECTOMY, abdominal, with radical excision of pelvic lymph nodes, with or without removal of uterine adnexae (Anaes.) (Assist.)</p> <p>Fee: \$1,057.50 Benefit: 75% = \$793.15</p>	
35673	<p>HYSTERECTOMY, VAGINAL (with or without uterine curettage) with salpingectomy, oophorectomy or excision of ovarian cyst, 1 or more, 1 or both sides (Anaes.) (Assist.)</p> <p>Fee: \$788.50 Benefit: 75% = \$591.40</p>	
35674	<p>ULTRASOUND GUIDED NEEDLING and injection of ectopic pregnancy</p> <p>(See para TN.4.11 of explanatory notes to this Category) Fee: \$216.30 Benefit: 75% = \$162.25 85% = \$183.90</p>	
35677	<p>ECTOPIC PREGNANCY, removal of (Anaes.) (Assist.)</p> <p>Fee: \$557.70 Benefit: 75% = \$418.30</p>	
35678	<p>ECTOPIC PREGNANCY, laparoscopic removal of (Anaes.) (Assist.)</p> <p>Fee: \$672.45 Benefit: 75% = \$504.35</p>	
35680	<p>BICORNUATE UTERUS, plastic reconstruction for (Anaes.) (Assist.)</p>	

T8. SURGICAL OPERATIONS		4. GYNAECOLOGICAL
	Fee: \$605.60 Benefit: 75% = \$454.20 85% = \$520.90	
35684	UTERUS, SUSPENSION OR FIXATION OF, as an independent procedure (Anaes.) (Assist.) Fee: \$490.25 Benefit: 75% = \$367.70	
35688	STERILISATION BY TRANSECTION OR RESECTION OF FALLOPIAN TUBES, via abdominal or vaginal routes or via laparoscopy using diathermy or any other method <i>NOTE: Strict legal requirements apply in relation to sterilisation procedures on minors. Medicare benefits are not payable for services not rendered in accordance with relevant Commonwealth and State and Territory law. Observe the explanatory note before submitting a claim. (Anaes.) (Assist.)</i> (See para TN.8.46 of explanatory notes to this Category) Fee: \$413.35 Benefit: 75% = \$310.05	
35691	STERILISATION BY INTERRUPTION OF FALLOPIAN TUBES, when performed in conjunction with Caesarean section <i>NOTE: Strict legal requirements apply in relation to sterilisation procedures on minors. Medicare benefits are not payable for services not rendered in accordance with relevant Commonwealth and State and Territory law. Observe the explanatory note before submitting a claim. (Anaes.) (Assist.)</i> (See para TN.8.46 of explanatory notes to this Category) Fee: \$165.10 Benefit: 75% = \$123.85	
35694	TUBOPLASTY (salpingostomy, salpingolysis or tubal implantation into uterus), UNILATERAL or BILATERAL, 1 or more procedures (Anaes.) (Assist.) Fee: \$663.50 Benefit: 75% = \$497.65	
35697	MICROSURGICAL TUBOPLASTY (salpingostomy, salpingolysis or tubal implantation into uterus), UNILATERAL or BILATERAL, 1 or more procedures (Anaes.) (Assist.) Fee: \$984.55 Benefit: 75% = \$738.45	
35700	FALLOPIAN TUBES, unilateral microsurgical anastomosis of, using operating microscope (Anaes.) (Assist.) Fee: \$759.70 Benefit: 75% = \$569.80	
35703	HYDROTUBATION OF FALLOPIAN TUBES as a nonrepetitive procedure not being a service associated with a service to which another item in this Sub-group applies (Anaes.) Fee: \$70.30 Benefit: 75% = \$52.75 85% = \$59.80	
35706	RUBIN TEST FOR PATENCY OF FALLOPIAN TUBES (Anaes.) Fee: \$70.30 Benefit: 75% = \$52.75 85% = \$59.80	
35709	FALLOPIAN TUBES, hydrotubation of, as a repetitive postoperative procedure (Anaes.) Fee: \$45.25 Benefit: 75% = \$33.95 85% = \$38.50	
35710	FALLOPOSCOPY, unilateral or bilateral, including hysteroscopy and tubal catheterization (Anaes.) (Assist.) Fee: \$482.05 Benefit: 75% = \$361.55	

T8. SURGICAL OPERATIONS		4. GYNAECOLOGICAL
35713	LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PARAOVARIAN, FIMBRIAL or BROAD LIGAMENT CYST - one such procedure, other than a service associated with hysterectomy (Anaes.) (Assist.) Fee: \$471.20 Benefit: 75% = \$353.40	
35717	LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PARAOVARIAN, FIMBRIAL or BROAD LIGAMENT CYST - 2 or more such procedures, unilateral or bilateral, other than a service associated with hysterectomy (Anaes.) (Assist.) Fee: \$567.35 Benefit: 75% = \$425.55	
35720	RADICAL OR DEBULKING OPERATION for advanced gynaecological malignancy, with or without omentectomy (Anaes.) (Assist.) (See para TN.8.57 of explanatory notes to this Category) Fee: \$701.85 Benefit: 75% = \$526.40	
35723	RETROPERITONEAL LYMPH NODE BIOPSIES from above the level of the aortic bifurcation, for staging or restaging of gynaecological malignancy (Anaes.) (Assist.) Fee: \$502.70 Benefit: 75% = \$377.05	
35726	INFRACOLIC OMENTECTOMY with multiple peritoneal biopsies for staging or restaging of gynaecological malignancy (Anaes.) (Assist.) Fee: \$502.70 Benefit: 75% = \$377.05	
35729	OVARIAN TRANSPOSITION out of the pelvis, in conjunction with radical hysterectomy for invasive malignancy (Anaes.) Fee: \$226.60 Benefit: 75% = \$169.95	
35730	Ovarian repositioning for one or both ovaries to preserve ovarian function, prior to gonadotoxic radiotherapy when the treatment volume and dose of radiation have a high probability of causing infertility (Anaes.) Fee: \$226.60 Benefit: 75% = \$169.95	
35750	LAPAROSCOPICALLY ASSISTED HYSTERECTOMY, including any associated laparoscopy (Anaes.) (Assist.) Fee: \$816.40 Benefit: 75% = \$612.30	
35753	LAPAROSCOPICALLY ASSISTED HYSTERECTOMY with one or more of the following procedures: salpingectomy, oophorectomy, excision of ovarian cyst or treatment of moderate endometriosis, one or both sides, including any associated laparoscopy (Anaes.) (Assist.) Fee: \$902.75 Benefit: 75% = \$677.10	
35754	LAPAROSCOPICALLY ASSISTED HYSTERECTOMY which requires dissection of endometriosis, or other pathology, from the ureter, one or both sides, including any associated laparoscopy, including when performed with one or more of the following procedures: salpingectomy, oophorectomy, excision of ovarian cyst, or treatment of endometriosis, not being a service to which item 35641 applies (Anaes.) (Assist.) Fee: \$1,136.15 Benefit: 75% = \$852.15	

T8. SURGICAL OPERATIONS		4. GYNAECOLOGICAL
35756	LAPAROSCOPICALLY ASSISTED HYSTERECTOMY, when procedure is completed by open hysterectomy, including any associated laparoscopy (Anaes.) (Assist.) Fee: \$816.40 Benefit: 75% = \$612.30	
35759	Procedure for the control of POST OPERATIVE HAEMORRHAGE following gynaecological surgery, under general anaesthesia, utilising a vaginal or abdominal and vaginal approach where no other procedure is performed (Anaes.) (Assist.) Fee: \$586.15 Benefit: 75% = \$439.65	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
	Group T8. Surgical Operations	
	Subgroup 5. Urological	
37046	Suprapubic or perineal procedure for excision of graft material, either singly or in multiple pieces, for a symptomatic patient with graft related complications (including graft related pain or discharge and bleeding related to graft exposure), if not more than one service to which this item applies has been provided to the patient by the same practitioner in the preceding 12 months (Anaes.) (Assist.) Fee: \$720.50 Benefit: 75% = \$540.40	
37226 S	Prostate or prostatic bed, needle biopsy of, using prostatic magnetic resonance imaging techniques and obtaining 1 or more prostatic specimens. (Anaes.) (Anaes.) (See para TN.8.2 of explanatory notes to this Category) Fee: \$292.25 Benefit: 75% = \$219.20 85% = \$248.45	
	GENERAL	
36502	PELVIC LYMPHADENECTOMY, open or laparoscopic, or both, unilateral or bilateral (Anaes.) (Assist.) Fee: \$711.60 Benefit: 75% = \$533.70	
36503	RENAL TRANSPLANT (not being a service to which item 36506 or 36509 applies) (Anaes.) (Assist.) Fee: \$1,447.50 Benefit: 75% = \$1085.65	
36506	RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together vascular anastomosis including aftercare (Anaes.) (Assist.) Fee: \$962.20 Benefit: 75% = \$721.65	
36509	RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together ureterovesical anastomosis including aftercare (Assist.) Fee: \$814.70 Benefit: 75% = \$611.05	
36516	Nephrectomy, complete, by open, laparoscopic or robot-assisted approach, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.) (See para TN.8.154 of explanatory notes to this Category) Fee: \$962.20 Benefit: 75% = \$721.65	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
36519	<p>Nephrectomy, complete, by open, laparoscopic or robot-assisted approach, complicated by previous surgery on the same kidney, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.154 of explanatory notes to this Category) Fee: \$1,343.45 Benefit: 75% = \$1007.60</p>	
36522	<p>Nephrectomy, partial, by open, laparoscopic or robot-assisted approach, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.154 of explanatory notes to this Category) Fee: \$1,152.90 Benefit: 75% = \$864.70</p>	
36525	<p>Nephrectomy, partial, by open, laparoscopic or robot-assisted approach:</p> <p>(a) if complicated by previous surgery or ablative procedure on the same kidney; or</p> <p>(b) for a patient with a solitary functioning kidney; or</p> <p>(c) for a patient with an estimated glomerular filtration rate (eGFR) of less than 60ml/min/1.73m²;</p> <p>other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)</p> <p>Fee: \$1,638.25 Benefit: 75% = \$1228.70</p>	
36528	<p>Nephrectomy, radical, by open, laparoscopic or robot-assisted approach, with or without en bloc dissection of lymph nodes, with or without adrenalectomy, for a tumour less than 10 cm in diameter, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.154 of explanatory notes to this Category) Fee: \$1,343.45 Benefit: 75% = \$1007.60</p>	
36529	<p>Nephrectomy, radical, by open, laparoscopic or robot-assisted approach, with or without en bloc dissection of lymph nodes, with or without adrenalectomy:</p> <p>(a) for a tumour 10 cm or more in diameter; or</p> <p>(b) if complicated by previous open or laparoscopic surgery on the same kidney;</p> <p>other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.154 of explanatory notes to this Category) Fee: \$1,658.00 Benefit: 75% = \$1243.50</p>	
36531	<p>Nephroureterectomy, complete, by open, laparoscopic or robot-assisted approach, including associated bladder repair and any associated endoscopic procedure, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.154 of explanatory notes to this Category) Fee: \$1,204.80 Benefit: 75% = \$903.60</p>	
36532	<p>Nephroureterectomy, for tumour, by open, laparoscopic or robot-assisted approach, with or without en bloc dissection of lymph nodes, including associated bladder repair and any associated endoscopic procedures, other than a service to which item 36533 applies or a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.154 of explanatory notes to this Category) Fee: \$1,729.20 Benefit: 75% = \$1296.90</p>	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
36533	Nephroureterectomy, for tumour, by open, laparoscopic or robot-assisted approach, with or without en bloc dissection of lymph nodes, including associated bladder repair and any associated endoscopic procedures, if complicated by previous open or laparoscopic surgery on the same kidney or ureter, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.) (See para TN.8.154 of explanatory notes to this Category) Fee: \$2,043.80 Benefit: 75% = \$1532.85	
36537	KIDNEY OR PERINEPHRIC AREA, EXPLORATION OF, with or without drainage of, by open exposure, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.) Fee: \$719.40 Benefit: 75% = \$539.55	
36543	Nephrolithotomy or pyelolithotomy, or both, extended, for one or more renal stones, including one or more of nephrostomy, pyelostomy, pedicle control with or without freezing, calyorrhaphy or pyeloplasty (Anaes.) (Assist.) Fee: \$1,343.45 Benefit: 75% = \$1007.60 85% = \$1258.75	
36546	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY (ESWL) to urinary tract and posttreatment care for 3 days, including pretreatment consultation, unilateral (Anaes.) Fee: \$719.40 Benefit: 75% = \$539.55 85% = \$634.70	
36549	Ureterolithotomy, by open, laparoscopic or robot-assisted approach (Anaes.) (Assist.) Fee: \$866.90 Benefit: 75% = \$650.20	
36552	NEPHROSTOMY or pyelostomy, open, as an independent procedure (Anaes.) (Assist.) Fee: \$771.55 Benefit: 75% = \$578.70	
36558	RENAL CYST OR CYSTS, excision or unroofing of (Anaes.) (Assist.) Fee: \$676.15 Benefit: 75% = \$507.15 85% = \$591.45	
36561	Renal biopsy, performed under image guidance (closed) (Anaes.) Fee: \$179.50 Benefit: 75% = \$134.65 85% = \$152.60	
36564	Pyeloplasty, (plastic reconstruction of the pelvi-ureteric junction) by open, laparoscopic or robot-assisted approach, with or without the use of a retroperitoneal approach (Anaes.) (Assist.) Fee: \$962.20 Benefit: 75% = \$721.65	
36567	Pyeloplasty in a kidney that is congenitally abnormal (in addition to the presence of pelvi-ureteric junction obstruction), or in a solitary kidney, by open, laparoscopic or robot-assisted approach, with or without the use of a retroperitoneal approach (Anaes.) (Assist.) (See para TN.8.155 of explanatory notes to this Category) Fee: \$1,057.50 Benefit: 75% = \$793.15	
36570	Pyeloplasty, complicated by previous surgery on the same kidney, by open, laparoscopic or robot-assisted approach, with or without the use of a retroperitoneal approach (Anaes.) (Assist.) Fee: \$1,343.45 Benefit: 75% = \$1007.60	
36573	DIVIDED URETER, repair of (Anaes.) (Assist.) Fee: \$962.20 Benefit: 75% = \$721.65	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
36576	<p>Kidney, exposure and exploration of, including repair or nephrectomy, for trauma, by open, laparoscopic or robot-assisted approach, other than a service associated with:</p> <p>(a) any other procedure performed on the kidney, renal pelvis or renal pedicle; or</p> <p>(b) a service to which item 30390 or 30627 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.154 of explanatory notes to this Category)</p> <p>Fee: \$1,204.80 Benefit: 75% = \$903.60</p>	
36579	<p>Ureterectomy, complete or partial:</p> <p>(a) for a tumour within the ureter, proven by histopathology at the time of surgery; or</p> <p>(b) for congenital anomaly;</p> <p>with or without associated bladder repair (Anaes.) (Assist.)</p> <p>Fee: \$771.55 Benefit: 75% = \$578.70</p>	
36585	<p>URETER, transplantation of, into skin (Anaes.) (Assist.)</p> <p>Fee: \$771.55 Benefit: 75% = \$578.70</p>	
36588	<p>URETER, reimplantation into bladder (Anaes.) (Assist.)</p> <p>Fee: \$962.20 Benefit: 75% = \$721.65</p>	
36591	<p>URETER, reimplantation into bladder with psoas hitch or Boari flap or both (Anaes.) (Assist.)</p> <p>Fee: \$1,152.90 Benefit: 75% = \$864.70</p>	
36594	<p>URETER, transplantation of, into intestine (Anaes.) (Assist.)</p> <p>Fee: \$962.20 Benefit: 75% = \$721.65</p>	
36597	<p>URETER, transplantation of, into another ureter (Anaes.) (Assist.)</p> <p>Fee: \$962.20 Benefit: 75% = \$721.65</p>	
36600	<p>URETER, transplantation of, into isolated intestinal segment, unilateral (Anaes.) (Assist.)</p> <p>(See para TN.8.153 of explanatory notes to this Category)</p> <p>Fee: \$1,152.90 Benefit: 75% = \$864.70 85% = \$1068.20</p>	
36603	<p>URETERS, transplantation of, into isolated intestinal segment, bilateral (Anaes.) (Assist.)</p> <p>(See para TN.8.153 of explanatory notes to this Category)</p> <p>Fee: \$1,343.45 Benefit: 75% = \$1007.60</p>	
36604	<p>Ureteric stent, passage of through percutaneous nephrostomy tube, using interventional radiology techniques, but not including imaging (Anaes.)</p> <p>Fee: \$278.55 Benefit: 75% = \$208.95 85% = \$236.80</p>	
36606	<p>INTESTINAL URINARY RESERVOIR, continent, formation of, including formation of nonreturn valves and implantation of ureters (1 or both) into reservoir (Anaes.) (Assist.)</p> <p>Fee: \$2,409.65 Benefit: 75% = \$1807.25</p>	
36607	<p>Ureteric stent insertion of, with balloon dilatation of:</p>	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
	<p>(a) the pelvicalyceal system; or</p> <p>(b) ureter; or</p> <p>(c) the pelvicalyceal system and ureter;</p> <p>through a nephrostomy tube using interventional radiology techniques, but not including imaging (Anaes.)</p> <p>Fee: \$718.70 Benefit: 75% = \$539.05</p>	
36608	<p>Ureteric stent, exchange of, percutaneously through either the ileal conduit or bladder, using interventional radiology techniques, but not including imaging, not being a service associated with a service to which items 36811 to 36854 apply (Anaes.)</p> <p>Fee: \$278.55 Benefit: 75% = \$208.95</p>	
36609	<p>Intestinal urinary conduit, reservoir or ureterostomy, revision of (Anaes.) (Assist.)</p> <p>Fee: \$771.55 Benefit: 75% = \$578.70</p>	
36610	<p>Intestinal urinary conduit, incontinent, formation of (including associated small bowel resection and anastomosis), including implantation of one or both ureters into reservoir (Anaes.) (Assist.)</p> <p>Fee: \$1,846.95 Benefit: 75% = \$1385.25</p>	
36611	<p>Intestinal urinary reservoir, continent, formation of (including associated small bowel resection and anastomosis), including formation of non-return valves and implantation of one or both ureters into reservoir, performed by open, laparoscopic or robot-assisted approach (Anaes.) (Assist.)</p> <p>Fee: \$2,913.20 Benefit: 75% = \$2184.90</p>	
36612	<p>URETER, exploration of, with or without drainage of, as an independent procedure (Anaes.) (Assist.)</p> <p>Fee: \$676.15 Benefit: 75% = \$507.15</p>	
36615	<p>Ureterolysis, unilateral, with or without repositioning of the ureter, for obstruction of the ureter, if:</p> <p>(a) the obstruction:</p> <p style="padding-left: 40px;">(i) is evident either radiologically or by proximal ureteric dilatation at operation; and</p> <p style="padding-left: 40px;">(ii) is secondary to retroperitoneal fibrosis; and</p> <p>(b) there is biopsy proven fibrosis, endometriosis or cancer at the site of the obstruction at time of surgery (Anaes.) (Assist.)</p> <p>(See para TN.8.156 of explanatory notes to this Category)</p> <p>Fee: \$771.55 Benefit: 75% = \$578.70</p>	
36618	<p>REDUCTION URETEROPLASTY (Anaes.) (Assist.)</p> <p>Fee: \$676.15 Benefit: 75% = \$507.15</p>	
36621	<p>CLOSURE OF CUTANEOUS URETEROSTOMY (Anaes.) (Assist.)</p> <p>Fee: \$483.35 Benefit: 75% = \$362.55</p>	
36624	<p>Nephrostomy, percutaneous, using interventional radiology techniques, but not including imaging (Anaes.) (Assist.)</p> <p>Fee: \$580.75 Benefit: 75% = \$435.60 85% = \$496.05</p>	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
36627	Nephroscopy, percutaneous, with or without any one or more of; stone extraction, biopsy or diathermy, not being a service to which item 36639 or 36645 applies (Anaes.) Fee: \$719.40 Benefit: 75% = \$539.55	
36633	Nephroscopy, percutaneous, with incision of any one or more of; renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, not being a service associated with a service to which item 36627, 36639 or 36645 applies (Anaes.) (Assist.) Fee: \$771.55 Benefit: 75% = \$578.70 85% = \$686.85	
36636	Nephroscopy, percutaneous, with incision of any one or more of; renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, being a service associated with a service to which item 36627, 36639 or 36645 applies (Anaes.) (Assist.) Fee: \$416.10 Benefit: 75% = \$312.10	
36639	Nephroscopy, percutaneous, with destruction and extraction of one or two stones using ultrasound or electrohydraulic shock waves or lasers, other than a service to which item 36645 applies (Anaes.) Fee: \$866.90 Benefit: 75% = \$650.20	
36645	NEPHROSCOPY, percutaneous, with removal or destruction of a stone greater than 3 cm in any dimension, or for 3 or more stones (Anaes.) (Assist.) Fee: \$1,109.50 Benefit: 75% = \$832.15	
36649	Nephrostomy drainage tube, exchange of, using interventional radiology techniques, but not including imaging (Anaes.) (Assist.) Fee: \$278.55 Benefit: 75% = \$208.95 85% = \$236.80	
36650	Nephrostomy tube, removal of, using interventional radiology techniques, but not including imaging, if the ureter has been stented with a double J ureteric stent and that stent is left in place (Anaes.) Fee: \$155.80 Benefit: 75% = \$116.85	
36652	PYELOSCOPY, retrograde, of one collecting system, with or without any one or more of, cystoscopy, ureteric meatotomy, ureteric dilatation, not being a service associated with a service to which item 36803, 36812 or 36824 applies (Anaes.) (Assist.) Fee: \$676.15 Benefit: 75% = \$507.15	
36654	PYELOSCOPY, retrograde, of one collecting system, being a service to which item 36652 applies, plus 1 or more of extraction of stone from the renal pelvis or calyces, or biopsy or diathermy of the renal pelvis or calyces, not being a service associated with a service to which item 36656 applies to a procedure performed in the same collecting system (Anaes.) (Assist.) Fee: \$866.90 Benefit: 75% = \$650.20	
36656	PYELOSCOPY, retrograde, of one collecting system, being a service to which item 36652 applies, plus extraction of 2 or more stones in the renal pelvis or calyces or destruction of stone with ultrasound, electrohydraulic or kinetic lithotripsy, or laser in the renal pelvis or calyces, with or without extraction of fragments, not being a service associated with a service to which item 36654 applies to a procedure performed in the same collecting system (Anaes.) (Assist.) Fee: \$1,109.50 Benefit: 75% = \$832.15	
OPERATIONS ON BLADDER		
36504	RIGID CYSTOSCOPY using blue light with hexaminolevulinate as an adjunct to white light, including catheterisation, with biopsy of bladder, not being a service associated with a service to which item	

	T8. SURGICAL OPERATIONS	5. UROLOGICAL
	<p>36505, 36507, 36508, 36812, 36830, 36836, 36840, 36845, 36848, 36854, 37203, 37206, 37215, 37230 or 37233 applies.</p> <p>(Anaes.)</p> <p>(See para TN.8.2 of explanatory notes to this Category) Fee: \$306.80 Benefit: 75% = \$230.10 85% = \$260.80</p>	
36505	<p>RIGID CYSTOSCOPY using blue light with hexaminolevulinate as an adjunct to white light, including catheterisation, with urethroscopy with or without urethral dilatation, not being a service associated with any other urological endoscopic procedure on the lower urinary tract except a service to which item 37327 applies.</p> <p>(Anaes.)</p> <p>(See para TN.8.2 of explanatory notes to this Category) Fee: \$241.10 Benefit: 75% = \$180.85 85% = \$204.95</p>	
36507	<p>RIGID CYSTOSCOPY using blue light with hexaminolevulinate as an adjunct to white light, including catheterisation, with resection, diathermy or visual laser destruction of bladder tumour or other lesion of the bladder, not being a service to which item 36840 or 36845 applies.</p> <p>(Anaes.)</p> <p>(See para TN.8.2 of explanatory notes to this Category) Fee: \$403.90 Benefit: 75% = \$302.95 85% = \$343.35</p>	
36508	<p>RIGID CYSTOSCOPY using blue light with hexaminolevulinate as an adjunct to white light, including catheterisation, with diathermy, resection or visual laser destruction of multiple tumours in more than 2 quadrants of the bladder or solitary tumour greater than 2cm in diameter, not being a service to which item 36845 applies.</p> <p>(Anaes.)</p> <p>(See para TN.8.2 of explanatory notes to this Category) Fee: \$787.05 Benefit: 75% = \$590.30 85% = \$702.35</p>	
36663	<p>Both:</p> <p>(a) percutaneous placement of sacral nerve lead or leads using fluoroscopic guidance, or open placement of sacral nerve lead or leads; and</p> <p>(b) intra-operative test stimulation, to manage:</p> <p style="padding-left: 40px;">(i) detrusor over-activity that has been refractory to at least 12 months conservative non-surgical treatment; or</p> <p style="padding-left: 40px;">(ii) non-obstructive urinary retention that has been refractory to at least 12 months conservative non-surgical treatment</p> <p>(Anaes.)</p> <p>Fee: \$687.75 Benefit: 75% = \$515.85 85% = \$603.05</p>	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
36664	<p>Both:</p> <p>(a) percutaneous repositioning of sacral nerve lead or leads using fluoroscopic guidance, or open repositioning of sacral nerve lead or leads; and</p> <p>(b) intra-operative test stimulation, to correct displacement or unsatisfactory positioning, if inserted for the management of:</p> <p style="padding-left: 40px;">(i) detrusor over-activity that has been refractory to at least 12 months conservative non-surgical treatment; or</p> <p style="padding-left: 40px;">(ii) non-obstructive urinary retention that has been refractory to at least 12 months conservative non-surgical treatment</p> <p style="padding-left: 40px;">—other than a service to which item 36663 applies (Anaes.)</p> <p>Fee: \$617.60 Benefit: 75% = \$463.20 85% = \$532.90</p>	
36665	<p>Sacral nerve electrode or electrodes, management and adjustment of the pulse generator by a medical practitioner, to manage detrusor overactivity or non obstructive urinary retention - each day</p> <p>Fee: \$130.45 Benefit: 75% = \$97.85 85% = \$110.90</p>	
36666	<p>Pulse generator, subcutaneous placement of, and placement and connection of extension wire or wires to sacral nerve electrode or electrodes, for the management of:</p> <p>(a) detrusor over-activity that has been refractory to at least 12 months conservative non-surgical treatment; or</p> <p>(b) non-obstructive urinary retention that has been refractory to at least 12 months conservative non-surgical treatment (Anaes.)</p> <p>Fee: \$347.55 Benefit: 75% = \$260.70 85% = \$295.45</p>	
36667	<p>Sacral nerve lead or leads, removal of, if the lead was inserted to manage:</p> <p>(a) detrusor over-activity that has been refractory to at least 12 months conservative non-surgical treatment; or</p> <p>(b) non-obstructive urinary retention that has been refractory to at least 12 months conservative non-surgical treatment</p> <p style="padding-left: 40px;">(Anaes.)</p> <p>Fee: \$162.65 Benefit: 75% = \$122.00 85% = \$138.30</p>	
36668	<p>Pulse generator, removal of, if the pulse generator was inserted to manage:</p> <p>(a) detrusor over-activity that has been refractory to at least 12 months conservative non-surgical treatment; or</p> <p>(b) non-obstructive urinary retention that has been refractory to at least 12 months conservative non-surgical treatment</p> <p style="padding-left: 40px;">(Anaes.)</p> <p>Fee: \$162.65 Benefit: 75% = \$122.00 85% = \$138.30</p>	

T8. SURGICAL OPERATIONS

5. UROLOGICAL

<p>36671</p>	<p>Percutaneous tibial nerve stimulation, initial treatment protocol, for the treatment of overactive bladder, by a specialist urologist, gynaecologist or urogynaecologist, if:</p> <ul style="list-style-type: none"> (a) the patient has been diagnosed with idiopathic overactive bladder; and (b) the patient has been refractory to, is contraindicated or otherwise not suitable for conservative treatments (including anti-cholinergic agents); and (c) the patient is contraindicated or otherwise not a suitable candidate for botulinum toxin type A therapy; and (d) the patient is contraindicated or otherwise not a suitable candidate for sacral nerve stimulation; and (e) the patient is willing and able to comply with the treatment protocol; and (f) the initial treatment protocol comprises 12 sessions, delivered over a 3 month period; and (g) each session lasts for a minimum of 45 minutes, of which neurostimulation lasts for 30 minutes. <p>For each patient—applicable only once, unless the patient achieves at least a 50% reduction in overactive bladder symptoms from baseline at any time during the 3 month treatment period.</p> <p>Not applicable for a service associated with a service to which item 36672 or 36673 applies</p> <p>Fee: \$208.10 Benefit: 75% = \$156.10 85% = \$176.90</p>
<p>36672</p>	<p>Percutaneous tibial nerve stimulation, tapering treatment protocol, for the treatment of overactive bladder, including any associated consultation at the time the percutaneous tibial nerve stimulation treatment is administered, if:</p> <ul style="list-style-type: none"> (a) the patient responded to the percutaneous tibial nerve stimulation initial treatment protocol and has achieved at least a 50% reduction in overactive bladder symptoms from baseline at any time during the treatment period for the initial treatment protocol; and (b) the tapering treatment protocol comprises no more than 5 sessions, delivered over a 3 month period, and the interval between sessions is adjusted with the aim of sustaining therapeutic benefit of the treatment; and (c) each session lasts for a minimum of 45 minutes, of which neurostimulation lasts for 30 minutes. <p>Not applicable for a service associated with a service to which item 36671 or 36673 applies</p> <p>Fee: \$208.10 Benefit: 75% = \$156.10 85% = \$176.90</p>
<p>36673</p>	<p>Percutaneous tibial nerve stimulation, maintenance treatment protocol, for the treatment of overactive bladder, including any associated consultation at the time the percutaneous tibial nerve stimulation treatment is administered, if:</p> <ul style="list-style-type: none"> (a) the patient responded to the percutaneous tibial nerve stimulation initial treatment protocol and to the tapering treatment protocol, and has achieved at least a 50% reduction in overactive bladder symptoms from baseline at any time during the treatment period for the initial treatment protocol; and

T8. SURGICAL OPERATIONS		5. UROLOGICAL
	<p>(b) the maintenance treatment protocol comprises no more than 12 sessions, delivered over a 12 month period, and the interval between sessions is adjusted with the aim of sustaining therapeutic benefit of the treatment; and</p> <p>(c) each session lasts for a minimum of 45 minutes, of which neurostimulation lasts for 30 minutes.</p> <p>Not applicable for service associated with a service to which item 36671 or 36672 applies</p> <p>Fee: \$208.10 Benefit: 75% = \$156.10 85% = \$176.90</p>	
36800	<p>BLADDER, catheterisation of, where no other procedure is performed (Anaes.)</p> <p>Fee: \$28.70 Benefit: 75% = \$21.55 85% = \$24.40</p>	
36803	<p>Ureteroscopy, of one ureter, with or without any one or more of; cystoscopy, ureteric meatotomy or ureteric dilatation, not being a service associated with a service to which item 36652, 36654, 36656, 36806, 36809, 36812, 36824 or 36848 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.51 of explanatory notes to this Category)</p> <p>Fee: \$485.25 Benefit: 75% = \$363.95 85% = \$412.50</p>	
36806	<p>Ureteroscopy, of one ureter:</p> <p>(a) with or without one or more of the following:</p> <ul style="list-style-type: none"> (i) cystoscopy; (ii) endoscopic incision of pelviureteric junction or ureteric stricture; (iii) ureteric meatotomy; (iv) ureteric dilatation; and <p>(b) with either or both of the following:</p> <ul style="list-style-type: none"> (i) extraction of stone from the ureter; (ii) biopsy or diathermy of the ureter; <p>other than:</p> <p>(c) a service associated with a service to which item 36803 or 36812 applies; or</p> <p>(d) a service associated with a service, performed on the same ureter, to which item 36809, 36824 or 36848 applies (Anaes.) (Assist.)</p> <p>Fee: \$676.15 Benefit: 75% = \$507.15</p>	
36809	<p>Ureteroscopy, of one ureter, with or without any one or more of, cystoscopy, ureteric meatotomy or ureteric dilatation, plus destruction of stone in the ureter with ultrasound, electrohydraulic or kinetic lithotripsy, or laser, with or without extraction of fragments, not being a service associated with a service to which item 36803 or 36812 applies, or a service associated with a service to which item 36806, 36824 or 36848 applies to a procedure performed on the same ureter (Anaes.) (Assist.)</p> <p>Fee: \$866.90 Benefit: 75% = \$650.20</p>	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
36811	<p>Cystoscopy, with insertion of one or more urethral or prostatic prostheses, other than a service associated with a service to which item 37203, 37207 or 37230 applies (Anaes.)</p> <p>Fee: \$336.50 Benefit: 75% = \$252.40 85% = \$286.05</p>	
36812	<p>Either or both of cystoscopy and urethroscopy, with or without urethral dilatation, other than a service associated with any other urological endoscopic procedure on the lower urinary tract (Anaes.)</p> <p>Fee: \$173.45 Benefit: 75% = \$130.10 85% = \$147.45</p>	
36815	<p>CYSTOSCOPY, with or without urethroscopy, for the treatment of penile warts or urethral warts, not being a service associated with a service to which item 30189 applies (Anaes.)</p> <p>(See para TN.8.9 of explanatory notes to this Category)</p> <p>Fee: \$247.55 Benefit: 75% = \$185.70 85% = \$210.45</p>	
36818	<p>Cystoscopy, with ureteric catheterisation, unilateral or bilateral, guided by fluoroscopic imaging of the upper urinary tract, other than a service associated with a service to which item 36824 or 36830 applies (Anaes.)</p> <p>Fee: \$287.80 Benefit: 75% = \$215.85 85% = \$244.65</p>	
36821	<p>Cystoscopy with one or more of; ureteric dilatation, insertion of ureteric stent, or brush biopsy of ureter or renal pelvis, unilateral (Anaes.) (Assist.)</p> <p>Fee: \$336.30 Benefit: 75% = \$252.25 85% = \$285.90</p>	
36822	<p>Cystoscopy, with ureteric catheterisation, unilateral:</p> <p>(a) guided by fluoroscopic imaging of the upper urinary tract; and</p> <p>(b) including one or more of ureteric dilatation, insertion of ureteric stent, or brush biopsy of ureter or of renal pelvis;</p> <p>other than a service associated with a service to which item 36818, 36821 or 36830 applies (Anaes.) (Assist.)</p> <p>Fee: \$480.25 Benefit: 75% = \$360.20 85% = \$408.25</p>	
36823	<p>Cystoscopy, with removal of ureteric stent and ureteric catheterisation, unilateral:</p> <p>(a) guided by fluoroscopic imaging of the upper urinary tract; and</p> <p>(b) including either or both of the following:</p> <p style="padding-left: 40px;">(i) ureteric dilatation; or</p> <p style="padding-left: 40px;">(ii) insertion of ureteric stent of ureter or of renal pelvis;</p> <p>other than a service associated with a service to which item 36818, 36821, 36830 or 36833 applies (Anaes.) (Assist.)</p> <p>Fee: \$552.20 Benefit: 75% = \$414.15 85% = \$469.40</p>	
36824	<p>Cystoscopy, with ureteric catheterisation, unilateral or bilateral, other than a service associated with a service to which item 36818 applies (Anaes.)</p> <p>Fee: \$221.80 Benefit: 75% = \$166.35 85% = \$188.55</p>	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
36827	Cystoscopy, with controlled hydrodilataion of the bladder, other than a service associated with a service to which item 37011 or 37245 applies (Anaes.) Fee: \$239.20 Benefit: 75% = \$179.40 85% = \$203.35	
36830	CYSTOSCOPY, with ureteric meatotomy (Anaes.) Fee: \$211.50 Benefit: 75% = \$158.65	
36833	Cystoscopy, with removal of ureteric stent or other foreign body in the lower urinary tract, unilateral (Anaes.) Fee: \$287.80 Benefit: 75% = \$215.85 85% = \$244.65	
36836	CYSTOSCOPY, with biopsy of bladder, not being a service associated with a service to which item 36812, 36830, 36840, 36845, 36848, 36854, 37203, 37206, 37215, 37230 or 37233 applies (Anaes.) (See para TN.8.2 of explanatory notes to this Category) Fee: \$239.20 Benefit: 75% = \$179.40 85% = \$203.35	
36840	Cystoscopy, with diathermy, resection or visual laser destruction of bladder tumour or other lesion of the bladder, for: (a) a tumour or lesion in only one quadrant of the bladder; or (b) a solitary tumour of not more than 2 cm in diameter; other than a service associated with a service to which item 36845 applies (Anaes.) Fee: \$336.30 Benefit: 75% = \$252.25 85% = \$285.90	
36842	Cystoscopy, with lavage of blood clots from bladder, including any associated cautery of prostate or bladder, other than a service associated with a service to which any of items 36812, 36827 to 36863, 37203, 37206, 37230 and 37233 apply (Anaes.) (See para TN.8.158 of explanatory notes to this Category) Fee: \$338.35 Benefit: 75% = \$253.80	
36845	Cystoscopy, with diathermy, resection or visual laser destruction of: (a) multiple tumours in 2 or more quadrants of the bladder; or (b) a solitary bladder tumour of more than 2 cm in diameter (Anaes.) Fee: \$719.40 Benefit: 75% = \$539.55 85% = \$634.70	
36848	CYSTOSCOPY, with resection of ureterocele (Anaes.) Fee: \$239.20 Benefit: 75% = \$179.40	
36851	Cystoscopy, with injection into bladder wall, other than a service associated with a service to which item 18375 or 18379 applies (H) (Anaes.) Fee: \$239.20 Benefit: 75% = \$179.40	
36854	CYSTOSCOPY, with endoscopic incision or resection of external sphincter, bladder neck or both (Anaes.) Fee: \$485.25 Benefit: 75% = \$363.95	
36860	ENDOSCOPIC EXAMINATION of intestinal conduit or reservoir (Anaes.)	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
	Fee: \$173.45 Benefit: 75% = \$130.10 85% = \$147.45	
36863	Litholapaxy, with or without cystoscopy (Anaes.) Fee: \$485.25 Benefit: 75% = \$363.95	
37000	BLADDER, partial excision of (Anaes.) (Assist.) (See para TN.8.157 of explanatory notes to this Category) Fee: \$771.55 Benefit: 75% = \$578.70	
37004	BLADDER, repair of rupture (Anaes.) (Assist.) Fee: \$676.15 Benefit: 75% = \$507.15	
37008	Open cystostomy or cystotomy, suprapubic, other than: (a) a service to which item 37011 applies; or (b) a service associated with a service to which item 37245 applies; or (c) another open bladder procedure (Anaes.) (Assist.) Fee: \$433.30 Benefit: 75% = \$325.00 85% = \$368.35	
37011	Suprapubic stab cystotomy, other than a service associated with a service to which item 36827 applies (Anaes.) (See para TN.8.159 of explanatory notes to this Category) Fee: \$97.10 Benefit: 75% = \$72.85 85% = \$82.55	
37014	BLADDER, total excision of (Anaes.) (Assist.) (See para TN.8.157 of explanatory notes to this Category) Fee: \$1,109.50 Benefit: 75% = \$832.15	
37015	Bladder, total excision of, following previous open, laparoscopic or robot-assisted surgery, or radiation therapy or chemotherapy to the pelvis (Anaes.) (Assist.) Fee: \$1,331.40 Benefit: 75% = \$998.55	
37016	Cystectomy, including prostatectomy and pelvic lymph node dissection, other than a service associated with a service to which items 37000, 37014, 37015, 37209, 35551 or 36502 applies (Anaes.) (Assist.) Fee: \$2,076.05 Benefit: 75% = \$1557.05	
37018	Cystectomy, including prostatectomy and pelvic lymph node dissection, following previous open, laparoscopic or robot-assisted surgery, or radiation therapy or chemotherapy to the pelvis, other than a service associated with a service to which items 37000, 37014, 37015, 37016, 37209, 35551 or 36502 applies (Anaes.) (Assist.) Fee: \$3,114.15 Benefit: 75% = \$2335.65	
37019	Cystectomy, including anterior exenteration and pelvic lymph node dissection, other than a service associated with a service to which any of items 37000, 37014, 37015, 35551, 36502, and 35653 to 35756 apply (Anaes.) (Assist.) Fee: \$2,073.70 Benefit: 75% = \$1555.30	
37020	BLADDER DIVERTICULUM, excision or obliteration of (Anaes.) (Assist.) Fee: \$771.55 Benefit: 75% = \$578.70	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
37021	Cystectomy, including anterior exenteration and pelvic lymph node dissection, following previous open, laparoscopic or robot-assisted surgery, radiation therapy or chemotherapy to the pelvis, other than a service associated with a service to which any of items 37000, 37014, 37015, 35551, 36502 and 35653 to 35756 apply (Anaes.) (Assist.) Fee: \$3,110.55 Benefit: 75% = \$2332.95	
37023	VESICAL FISTULA, cutaneous, operation for (Anaes.) Fee: \$433.30 Benefit: 75% = \$325.00	
37026	CUTANEOUS VESICOSTOMY, establishment of (Anaes.) (Assist.) Fee: \$433.30 Benefit: 75% = \$325.00	
37029	VESICOVAGINAL FISTULA, closure of, by abdominal approach (Anaes.) (Assist.) Fee: \$962.20 Benefit: 75% = \$721.65	
37038	VESICOINTESTINAL FISTULA, closure of, excluding bowel resection (Anaes.) (Assist.) Fee: \$719.75 Benefit: 75% = \$539.85	
37039	Bladder stress incontinence, sling procedure for, using a non-autologous biological sling (Anaes.) (Assist.) Fee: \$701.85 Benefit: 75% = \$526.40	
37040	Bladder stress incontinence, sling procedure for, using a non-adjustable synthetic male sling system, other than a service associated with a service to which item 30405 or 37042 applies (Anaes.) (Assist.) Fee: \$948.25 Benefit: 75% = \$711.20	
37041	BLADDER ASPIRATION by needle Fee: \$48.50 Benefit: 75% = \$36.40 85% = \$41.25	
37042	Bladder stress incontinence, sling procedure for, using autologous fascial sling, including harvesting of sling, other than a service associated with a service to which item 30405 or 35599 applies (Anaes.) (Assist.) Fee: \$948.25 Benefit: 75% = \$711.20	
37043	Bladder stress incontinence, Stamey or similar type needle colposuspension, other than a service associated with a service to which item 30405 or 35599 applies (Anaes.) (Assist.) Fee: \$701.85 Benefit: 75% = \$526.40	
37044	Bladder stress incontinence, suprapubic procedure for, eg Burch colposuspension, other than a service associated with a service to which item 30405 or 35599 applies (Anaes.) (Assist.) Fee: \$719.75 Benefit: 75% = \$539.85	
37045	CONTINENT CATHETERISATION BLADDER STOMAS (eg. Mitrofanoff), formation of (Anaes.) (Assist.) Fee: \$1,486.60 Benefit: 75% = \$1114.95	
37047	BLADDER ENLARGEMENT using intestine (Anaes.) (Assist.) Fee: \$1,733.55 Benefit: 75% = \$1300.20	
37048	Bladder neck closure for the management of urinary incontinence (Anaes.) (Assist.)	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
	Fee: \$962.20 Benefit: 75% = \$721.65	
37050	BLADDER EXSTROPHY CLOSURE, not involving sphincter reconstruction (Anaes.) (Assist.) Fee: \$771.55 Benefit: 75% = \$578.70	
37053	BLADDER TRANSECTION AND RE-ANASTOMOSIS TO TRIGONE (Anaes.) (Assist.) Fee: \$891.40 Benefit: 75% = \$668.55	
OPERATIONS ON PROSTATE		
37200	Prostatectomy, by open, laparoscopic or robot-assisted approach (Anaes.) (Assist.) (See para TN.8.162 of explanatory notes to this Category) Fee: \$1,057.50 Benefit: 75% = \$793.15	
37201	PROSTATE, transurethral radio-frequency needle ablation of, with or without cystoscopy and with or without urethroscopy, in patients with moderate to severe lower urinary tract symptoms who are not medically fit for transurethral resection of the prostate (that is, prostatectomy using diathermy or cold punch) and including services to which item 36854, 37203, 37206, 37207, 37208, 37245, 37303, 37321 or 37324 applies (Anaes.) (See para TN.8.53 of explanatory notes to this Category) Fee: \$862.45 Benefit: 75% = \$646.85	
37202	PROSTATE, transurethral radio-frequency needle ablation of, with or without cystoscopy and with or without urethroscopy, in patients with moderate to severe lower urinary tract symptoms who are not medically fit for transurethral resection of the prostate (that is prostatectomy using diathermy or cold punch) and including services to which item 36854, 37245, 37303, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by item 37201, 37203 or 37207 which had to be discontinued for medical reasons (Anaes.) (See para TN.8.53 of explanatory notes to this Category) Fee: \$432.90 Benefit: 75% = \$324.70 85% = \$368.00	
37203	Prostatectomy, transurethral resection using cautery, with or without cystoscopy and with or without urethroscopy, and including services to which item 36854, 37201, 37202, 37207, 37208, 37245, 37303, 37321 or 37324 applies (Anaes.) (See para TN.8.158 of explanatory notes to this Category) Fee: \$1,084.35 Benefit: 75% = \$813.30	
37206	Prostatectomy, endoscopic, using diathermy or other ablative techniques: (a) with or without cystoscopy and with or without urethroscopy; and (b) including services to which one or more of items 36854, 37303, 37321 and 37324 apply; continuation, within 10 days, of treatment of benign prostatic hyperplasia that had to be discontinued for medical reasons (Anaes.) (See para TN.8.158 of explanatory notes to this Category) Fee: \$580.75 Benefit: 75% = \$435.60	
37207	PROSTATE, endoscopic non-contact (side firing) visual laser ablation, with or without cystoscopy and with or without urethroscopy, and including services to which items 36854, 37201, 37202, 37203, 37206, 37245, 37303, 37321 or 37324 applies (Anaes.) Fee: \$1,084.35 Benefit: 75% = \$813.30	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
37208	<p>PROSTATE, endoscopic non-contact (side firing) visual laser ablation, with or without cystoscopy and with or without urethroscopy, and including services to which item 36854, 37303, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by items 37201, 37203, 37207 or 37245 which had to be discontinued for medical reasons (Anaes.)</p> <p>Fee: \$580.75 Benefit: 75% = \$435.60</p>	
37209	<p>PROSTATE, and/or SEMINAL VESICLE/AMPULLA OF VAS, unilateral or bilateral, total excision of, not being a service associated with a service to which item number 37210 or 37211 applies (Anaes.) (Assist.)</p> <p>Fee: \$1,343.45 Benefit: 75% = \$1007.60</p>	
37210	<p>Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated) with or without bladder neck reconstruction, other than a service associated with a service to which item 30390, 30627, 35551, 36502 or 37375 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.161 of explanatory notes to this Category)</p> <p>Fee: \$1,658.00 Benefit: 75% = \$1243.50</p>	
37211	<p>Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated):</p> <p>(a) with or without bladder neck reconstruction; and</p> <p>(b) with pelvic lymphadenectomy;</p> <p>other than a service associated with a service to which item 30390, 30627, 35551, 36502 or 37375 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.161 of explanatory notes to this Category)</p> <p>Fee: \$2,013.60 Benefit: 75% = \$1510.20</p>	
37213	<p>Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated):</p> <p>(a) complicated by:</p> <p style="padding-left: 40px;">(i) previous radiation therapy (including brachytherapy) on the prostate; or</p> <p style="padding-left: 40px;">(ii) previous ablative procedures on the prostate; and</p> <p>(b) with bladder neck reconstruction;</p> <p>other than a service associated with a service to which item 30390, 30627, 35551, 36502 or 37375 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.161 of explanatory notes to this Category)</p> <p>Fee: \$2,486.85 Benefit: 75% = \$1865.15</p>	
37214	<p>Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated):</p> <p>(a) complicated by:</p> <p style="padding-left: 40px;">(i) previous radiation therapy (including brachytherapy) on the prostate; or</p> <p style="padding-left: 40px;">(ii) previous ablative procedures on the prostate; and</p>	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
	<p>(b) with bladder neck reconstruction and pelvic lymphadenectomy;</p> <p>other than a service associated with a service to which item 30390, 30627, 35551, 36502 or 37375 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.161 of explanatory notes to this Category) Fee: \$3,020.65 Benefit: 75% = \$2265.50</p>	
37215	<p>Prostate, biopsy of, endoscopic, with or without cystoscopy (Anaes.)</p> <p>Fee: \$433.30 Benefit: 75% = \$325.00 85% = \$368.35</p>	
37216	<p>Prostate or prostatic bed, needle biopsy of, by the transrectal route, using prostatic ultrasound guidance and obtaining one or more prostatic specimens, being a service associated with a service to which item 55603 applies (Anaes.)</p> <p>(See para TN.8.160 of explanatory notes to this Category) Fee: \$146.15 Benefit: 75% = \$109.65 85% = \$124.25</p>	
37217	<p>Prostate, implantation of radio-opaque fiducial markers into the prostate gland or prostate surgical bed, under ultrasound guidance, being an item associated with a service to which item 55603 applies (Anaes.)</p> <p>(See para TN.8.54 of explanatory notes to this Category) Fee: \$143.90 Benefit: 75% = \$107.95 85% = \$122.35</p>	
37218	<p>Prostate, injection into, one or more, excluding insertion of fiducial markers (Anaes.)</p> <p>(See para TN.8.54 of explanatory notes to this Category) Fee: \$143.90 Benefit: 75% = \$107.95 85% = \$122.35</p>	
37219	<p>Prostate or prostatic bed, needle biopsy of, by the transperineal route, using prostatic ultrasound guidance and obtaining one or more prostatic specimens, being a service associated with a service to which item 55600 or 55603 applies (Anaes.)</p> <p>(See para TN.8.160 of explanatory notes to this Category) Fee: \$350.75 Benefit: 75% = \$263.10 85% = \$298.15</p>	
37220	<p>Prostate, radioactive seed implantation of, urological component, using transrectal ultrasound guidance:</p> <p>(a) for a patient with:</p> <ul style="list-style-type: none"> (i) localised prostatic malignancy at clinical stages T1 (clinically inapparent tumour not palpable or visible by imaging) or T2 (tumour confined within prostate); and (ii) a Gleason score of less than or equal to 7 (Grade Group 1 to Grade Group 3); and (iii) a prostate specific antigen (PSA) of not more than 10ng/ml at the time of diagnosis; and <p>(b) performed by a urologist at an approved site in association with a radiation oncologist; and</p> <p>(c) being a service associated with:</p> <ul style="list-style-type: none"> (i) services to which items 15338 and 55603 apply; and (ii) a service to which item 60506 or 60509 applies (Anaes.) <p>(See para TN.8.55 of explanatory notes to this Category) Fee: \$1,086.50 Benefit: 75% = \$814.90</p>	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
37221	Prostatic abscess, endoscopic drainage of (Anaes.) Fee: \$485.25 Benefit: 75% = \$363.95	
37223	PROSTATIC COIL, insertion of, under ultrasound control (Anaes.) Fee: \$214.60 Benefit: 75% = \$160.95	
37224	Prostate, diathermy or cauterisation, other than a service associated with a service to which item 37201, 37202, 37203, 37206, 37207, 37208 or 37215 applies (Anaes.) Fee: \$336.30 Benefit: 75% = \$252.25 85% = \$285.90	
37227	PROSTATE, transperineal insertion of catheters into, for high dose rate brachytherapy using ultrasound guidance including any associated cystoscopy. The procedure must be performed at an approved site in association with a radiation oncologist, and be associated with a service to which item 15331 or 15332 applies. (Anaes.) (See para TN.8.56 of explanatory notes to this Category) Fee: \$588.75 Benefit: 75% = \$441.60 85% = \$504.05	
37230	Prostate, ablation by electrocautery or high-energy transurethral microwave thermotherapy, with or without cystoscopy and with or without urethroscopy (Anaes.) (See para TN.8.163 of explanatory notes to this Category) Fee: \$1,084.35 Benefit: 75% = \$813.30 85% = \$999.65	
37233	Prostate, ablation by electrocautery or high-energy transurethral microwave thermotherapy, with or without cystoscopy and with or without urethroscopy, continuation, within 10 days, of a urological procedure of the prostate that had to be discontinued for medical reasons (Anaes.) (See para TN.8.163 of explanatory notes to this Category) Fee: \$580.75 Benefit: 75% = \$435.60 85% = \$496.05	
37245	Prostate, endoscopic enucleation of, for the treatment of benign prostatic hyperplasia: (a) with morcellation, including mechanical morcellation or by an endoscopic technique; and (b) with or without cystoscopy; and (c) with or without urethroscopy; and other than a service associated with a service to which item 36827, 36854, 37008, 37201, 37202, 37203, 37206, 37207, 37208, 37303, 37321 or 37324 applies (Anaes.) Fee: \$1,313.30 Benefit: 75% = \$985.00	
OPERATIONS ON URETHRA, PENIS OR SCROTUM		
37300	URETHRAL SOUNDS, passage of, as an independent procedure (Anaes.) Fee: \$48.50 Benefit: 75% = \$36.40 85% = \$41.25	
37303	URETHRAL STRICTURE, dilatation of (Anaes.) Fee: \$77.10 Benefit: 75% = \$57.85 85% = \$65.55	
37306	URETHRA, repair of rupture of distal section (Anaes.) (Assist.) Fee: \$676.15 Benefit: 75% = \$507.15	
37309	URETHRA, repair of rupture of prostatic or membranous segment (Anaes.) (Assist.)	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
	Fee: \$962.20 Benefit: 75% = \$721.65	
37318	Urethroscopy, with or without cystoscopy, with one or more of biopsy, diathermy, visual laser destruction of urethral calculi or removal of foreign body or calculi (Anaes.) Fee: \$287.80 Benefit: 75% = \$215.85 85% = \$244.65	
37321	URETHRAL MEATOTOMY, EXTERNAL (Anaes.) Fee: \$97.10 Benefit: 75% = \$72.85 85% = \$82.55	
37324	Urethrotomy or urethrostomy, internal or external (Anaes.) (Assist.) Fee: \$239.20 Benefit: 75% = \$179.40	
37327	URETHROTOMY, optical, for urethral stricture (Anaes.) (Assist.) Fee: \$336.30 Benefit: 75% = \$252.25	
37330	URETHRECTOMY, partial or complete, for removal of tumour (Anaes.) (Assist.) Fee: \$676.15 Benefit: 75% = \$507.15	
37333	URETHROVAGINAL FISTULA, closure of (Anaes.) (Assist.) Fee: \$580.75 Benefit: 75% = \$435.60	
37336	URETHRORECTAL FISTULA, closure of (Anaes.) (Assist.) Fee: \$771.55 Benefit: 75% = \$578.70	
37338	Urethral synthetic male sling system, division or removal of, for urethral obstruction, sling erosion, pain or infection, following previous surgery for urinary incontinence, other than a service associated with a service to which item 37340 or 37341 applies (Anaes.) (Assist.) Fee: \$948.25 Benefit: 75% = \$711.20	
37339	Periurethral or transurethral injection of urethral bulking agents for the treatment of urinary incontinence, including cystoscopy and urethroscopy, other than a service associated with a service to which item 18375 or 18379 applies (Anaes.) Fee: \$249.60 Benefit: 75% = \$187.20 85% = \$212.20	
37340	Urethral synthetic sling, division or removal of, for urethral obstruction, sling erosion, pain or infection following previous surgery for urinary incontinence, vaginal approach, other than a service associated with a service to which item 37341 or 37344 applies (Anaes.) (Assist.) Fee: \$948.25 Benefit: 75% = \$711.20	
37341	Urethral sling, division or removal of, for urethral obstruction, sling erosion, pain or infection following previous surgery for urinary incontinence, suprapubic, combined suprapubic and vaginal or combined suprapubic and perineal approach, other than a service associated with a service to which item 37340 or 37344 applies (Anaes.) (Assist.) Fee: \$948.25 Benefit: 75% = \$711.20	
37342	URETHROPLASTY single stage operation (Anaes.) (Assist.) Fee: \$866.90 Benefit: 75% = \$650.20	
37343	URETHROPLASTY, single stage operation, transpubic approach via separate incisions above and below the symphysis pubis, excluding laparotomy, symphysectomy and suprapubic cystotomy, with or without re-routing of the urethra around the crura (Anaes.) (Assist.)	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
	Fee: \$1,447.50 Benefit: 75% = \$1085.65	
37344	Urethral autologous fascial sling (or other biological sling), division or removal of, for urethral obstruction, sling erosion, pain or infection following previous surgery for urinary incontinence, vaginal approach, other than a service to which 37340 or 37341 applies (Anaes.) (Assist.) Fee: \$948.25 Benefit: 75% = \$711.20	
37345	URETHROPLASTY 2 stage operation first stage (Anaes.) (Assist.) Fee: \$719.40 Benefit: 75% = \$539.55	
37348	URETHROPLASTY 2 stage operation second stage (Anaes.) (Assist.) Fee: \$719.40 Benefit: 75% = \$539.55	
37351	URETHROPLASTY, not being a service to which another item in this Group applies (Anaes.) (Assist.) Fee: \$287.80 Benefit: 75% = \$215.85	
37354	HYPOSPADIAS, meatotomy and hemicircumcision (Anaes.) (Assist.) Fee: \$336.30 Benefit: 75% = \$252.25	
37369	URETHRA, excision of prolapse of (Anaes.) Fee: \$194.20 Benefit: 75% = \$145.65	
37372	Urethral diverticulum, excision of (Anaes.) (Assist.) Fee: \$962.20 Benefit: 75% = \$721.65	
37375	URETHRAL SPHINCTER, reconstruction by bladder tubularisation technique or similar procedure (Anaes.) (Assist.) Fee: \$1,204.80 Benefit: 75% = \$903.60	
37381	ARTIFICIAL URINARY SPHINCTER, insertion of cuff, perineal approach (Anaes.) (Assist.) Fee: \$771.55 Benefit: 75% = \$578.70	
37384	ARTIFICIAL URINARY SPHINCTER, insertion of cuff, abdominal approach (Anaes.) (Assist.) Fee: \$1,204.80 Benefit: 75% = \$903.60	
37387	ARTIFICIAL URINARY SPHINCTER, insertion of pressure regulating balloon and pump (Anaes.) (Assist.) Fee: \$336.30 Benefit: 75% = \$252.25	
37388	Artificial urinary sphincter, sterile, percutaneous adjustment of filling volume Fee: \$101.90 Benefit: 75% = \$76.45 85% = \$86.65	
37390	ARTIFICIAL URINARY SPHINCTER, revision or removal of, with or without replacement (Anaes.) (Assist.) Fee: \$962.20 Benefit: 75% = \$721.65	
37393	PRIAPISM, decompression by glanular stab cavernospongiosum shunt or penile aspiration with or without lavage (Anaes.)	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
	Fee: \$239.20 Benefit: 75% = \$179.40 85% = \$203.35	
37396	PRIAPISM, shunt operation for, not being a service to which item 37393 applies (Anaes.) (Assist.) Fee: \$771.55 Benefit: 75% = \$578.70	
37402	PENIS, partial amputation of (Anaes.) (Assist.) Fee: \$485.25 Benefit: 75% = \$363.95	
37405	PENIS, complete or radical amputation of (Anaes.) (Assist.) Fee: \$962.20 Benefit: 75% = \$721.65	
37408	PENIS, repair of laceration of cavernous tissue, or fracture involving cavernous tissue (Anaes.) (Assist.) Fee: \$485.25 Benefit: 75% = \$363.95	
37411	PENIS, repair of avulsion (Anaes.) (Assist.) Fee: \$962.20 Benefit: 75% = \$721.65 85% = \$877.50	
37415	Penis, injection of, for the investigation and treatment of erectile dysfunction. Applicable not more than twice in a 36-month period Fee: \$48.50 Benefit: 75% = \$36.40 85% = \$41.25	
37417	Penis, correction of chordee by plication techniques including Nesbit's corporoplasty (Anaes.) (Assist.) Fee: \$580.75 Benefit: 75% = \$435.60	
37418	Penis, correction of chordee with incision or excision of fibrous plaque or plaques, with or without mobilisation of one or both of the neuro-vascular bundle and urethra (Anaes.) (Assist.) Fee: \$771.55 Benefit: 75% = \$578.70 85% = \$686.85	
37423	Penis, lengthening by translocation of corpora, in conjunction with partial penectomy or penile epispadias secondary repair, either as primary or secondary procedures (Anaes.) (Assist.) (See para TN.8.164 of explanatory notes to this Category) Fee: \$962.20 Benefit: 75% = \$721.65	
37426	PENIS, artificial erection device, insertion of, into 1 or both corpora (Anaes.) (Assist.) Fee: \$1,014.05 Benefit: 75% = \$760.55	
37429	PENIS, artificial erection device, insertion of pump and pressure regulating reservoir (Anaes.) (Assist.) Fee: \$336.30 Benefit: 75% = \$252.25	
37432	PENIS, artificial erection device, complete or partial revision or removal of components, with or without replacement (Anaes.) (Assist.) Fee: \$962.20 Benefit: 75% = \$721.65	
37435	PENIS, frenuloplasty as an independent procedure (Anaes.) Fee: \$97.10 Benefit: 75% = \$72.85 85% = \$82.55	
37438	Scrotum, partial excision of, for histologically proven malignancy or infection (Anaes.) (Assist.) Fee: \$287.80 Benefit: 75% = \$215.85 85% = \$244.65	
	OPERATIONS ON TESTES, VASA OR SEMINAL VESICLES	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
37601	SPERMATOCELE OR EPIDIDYMAL CYST, excision of, 1 or more of, on 1 side (Anaes.) Fee: \$287.80 Benefit: 75% = \$215.85 85% = \$244.65	
37604	Exploration of scrotal contents, with or without fixation and with or without biopsy, unilateral or bilateral, other than a service associated with sperm harvesting for IVF (Anaes.) Fee: \$287.80 Benefit: 75% = \$215.85 85% = \$244.65	
37605	Transcutaneous sperm retrieval, unilateral, from either the testis or the epididymis, for the purposes of intracytoplasmic sperm injection, for male factor infertility, excluding a service to which item 13218 applies. (Anaes.) (See para TN.8.58, TN.1.5 of explanatory notes to this Category) Fee: \$388.60 Benefit: 75% = \$291.45 85% = \$330.35	
37606	Open surgical sperm retrieval, unilateral, including the exploration of scrotal contents, with our without biopsy, for the purposes of intracytoplasmic sperm injection, for male factor infertility, performed in a hospital, excluding a service to which item 13218 or 37604 applies. (Anaes.) (See para TN.1.5, TN.8.59 of explanatory notes to this Category) Fee: \$577.00 Benefit: 75% = \$432.75 85% = \$492.30	
37607	Bilateral retroperitoneal lymph node dissection, for testicular tumour, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.) (See para TN.8.165 of explanatory notes to this Category) Fee: \$1,443.25 Benefit: 75% = \$1082.45	
37610	Bilateral retroperitoneal lymph node dissection, for testicular tumour, following previous similar retroperitoneal dissection, retroperitoneal radiation therapy or chemotherapy, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.) (See para TN.8.165 of explanatory notes to this Category) Fee: \$2,171.30 Benefit: 75% = \$1628.50	
37613	EPIDIDYMECTOMY (Anaes.) Fee: \$287.80 Benefit: 75% = \$215.85 85% = \$244.65	
37616	VASOVASOSTOMY or VASOEPIDIDYMOSTOMY, unilateral, using operating microscope, not being a service associated with sperm harvesting for IVF (Anaes.) (Assist.) Fee: \$719.40 Benefit: 75% = \$539.55	
37619	VASOVASOSTOMY or VASOEPIDIDYMOSTOMY, unilateral, not being a service associated with sperm harvesting for IVF (Anaes.) (Assist.) Fee: \$287.80 Benefit: 75% = \$215.85 85% = \$244.65 Extended Medicare Safety Net Cap: \$230.25	
37623	VASOTOMY OR VASECTOMY, unilateral or bilateral <i>NOTE: Strict legal requirements apply in relation to sterilisation procedures on minors. Medicare benefits are not payable for services not rendered in accordance with relevant Commonwealth and State and Territory law. Observe the explanatory note before submitting a claim. (Anaes.)</i> (See para TN.8.46 of explanatory notes to this Category) Fee: \$239.20 Benefit: 75% = \$179.40 85% = \$203.35	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
	PAEDIATRIC GENITURINARY SURGERY	
37800	PATENT URACHUS, excision of, on a patient 10 years of age or over. (Anaes.) (Assist.) Fee: \$542.40 Benefit: 75% = \$406.80	
37801	PATENT URACHUS, excision of, when performed on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$705.15 Benefit: 75% = \$528.90	
37803	UNDESCENDED TESTIS, orchidopexy for, not being a service to which item 37806 applies, on a patient 10 years of age or over. (Anaes.) (Assist.) Fee: \$542.40 Benefit: 75% = \$406.80	
37804	UNDESCENDED TESTIS, orchidopexy for, not being a service to which item 37807 applies, on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$705.15 Benefit: 75% = \$528.90	
37806	UNDESCENDED TESTIS in inguinal canal close to deep inguinal ring or within abdominal cavity, orchidopexy for, on a patient 10 years of age or over (Anaes.) (Assist.) Fee: \$626.70 Benefit: 75% = \$470.05 85% = \$542.00	
37807	UNDESCENDED TESTIS in inguinal canal close to deep inguinal ring or within abdominal cavity, orchidopexy for, on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$814.70 Benefit: 75% = \$611.05 85% = \$730.00	
37809	UNDESCENDED TESTIS, revision orchidopexy for, on a patient 10 years of age or over. (Anaes.) (Assist.) Fee: \$626.70 Benefit: 75% = \$470.05	
37810	UNDESCENDED TESTIS, revision orchidopexy for, on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$814.70 Benefit: 75% = \$611.05	
37812	IMPALPABLE TESTIS, exploration of groin for, not being a service associated with a service to which items 37803, 37806 and 37809 applies, on a patient 10 years of age or over. (Anaes.) (Assist.) Fee: \$578.50 Benefit: 75% = \$433.90	
37813	IMPALPABLE TESTIS, exploration of groin for, not being a service associated with a service to which items 37804, 37807 and 37810 applies, on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$752.05 Benefit: 75% = \$564.05	
37815	HYPOSPADIAS, examination under anaesthesia with erection test on a patient 10 years of age or over. (Anaes.) Fee: \$96.50 Benefit: 75% = \$72.40	
37816	HYPOSPADIAS, examination under anaesthesia with erection test, on a patient under 10 years of age (Anaes.) Fee: \$125.50 Benefit: 75% = \$94.15	
37818	HYPOSPADIAS, glanuloplasty incorporating meatal advancement, on a patient 10 years of age or over (Anaes.) (Assist.)	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
	Fee: \$511.35 Benefit: 75% = \$383.55 85% = \$434.65	
37819	HYPOSPADIAS, glanuloplasty incorporating meatal advancement, on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$664.80 Benefit: 75% = \$498.60 85% = \$580.10	
37821	HYPOSPADIAS, distal, 1 stage repair, on a patient 10 years of age or over. (Anaes.) (Assist.) Fee: \$866.90 Benefit: 75% = \$650.20	
37822	HYPOSPADIAS, distal, 1 stage repair, on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$1,126.95 Benefit: 75% = \$845.25	
37824	HYPOSPADIAS, proximal, 1 stage repair, on a patient 10 years of age or over (Anaes.) (Assist.) Fee: \$1,205.25 Benefit: 75% = \$903.95	
37825	HYPOSPADIAS, proximal, 1 stage repair, on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$1,566.85 Benefit: 75% = \$1175.15	
37827	HYPOSPADIAS, staged repair, first stage, on a patient 10 years of age or over (Anaes.) (Assist.) Fee: \$555.25 Benefit: 75% = \$416.45	
37828	HYPOSPADIAS, staged repair, first stage, on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$721.80 Benefit: 75% = \$541.35	
37830	HYPOSPADIAS, staged repair, second stage, on a patient 10 years of age or over (Anaes.) (Assist.) Fee: \$719.40 Benefit: 75% = \$539.55 85% = \$634.70	
37831	HYPOSPADIAS, staged repair, second stage, on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$935.35 Benefit: 75% = \$701.55 85% = \$850.65	
37833	Hypospadias, repair of urethral fistula, on a patient 10 years of age or over (Anaes.) (Assist.) Fee: \$343.35 Benefit: 75% = \$257.55	
37834	Hypospadias, repair of urethral fistula, on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$446.35 Benefit: 75% = \$334.80	
37836	EPISPADIAS, staged repair, first stage (Anaes.) (Assist.) Fee: \$723.15 Benefit: 75% = \$542.40	
37839	EPISPADIAS, staged repair, second stage (Anaes.) (Assist.) Fee: \$819.50 Benefit: 75% = \$614.65	
37842	Exstrophy of bladder or epispadias, primary or secondary repair with or without bladder neck tightening, with or without ureteric reimplantation (Anaes.) (Assist.) Fee: \$1,591.05 Benefit: 75% = \$1193.30	
37845	Congenital disorder of sexual differentiation with urogenital sinus, external genitoplasty, with or without endoscopy (Anaes.) (Assist.) Fee: \$723.15 Benefit: 75% = \$542.40	

T8. SURGICAL OPERATIONS		5. UROLOGICAL
37848	Congenital disorder of sexual differentiation with urogenital sinus, external genitoplasty with endoscopy and vaginoplasty (Anaes.) (Assist.) Fee: \$1,301.70 Benefit: 75% = \$976.30	
37851	Congenital disorder of sexual differentiation, vaginoplasty for, with or without endoscopy (Anaes.) (Assist.) Fee: \$964.35 Benefit: 75% = \$723.30	
37854	Urethral valve, destruction of, including cystoscopy and urethroscopy (Anaes.) Fee: \$381.30 Benefit: 75% = \$286.00	

T8. SURGICAL OPERATIONS		6. CARDIO-THORACIC
	Group T8. Surgical Operations	
	Subgroup 6. Cardio-Thoracic	
38426 S	Trachea or bronchus, dilatation of stricture and endoscopic insertion of stent (Anaes.) (Assist.) Fee: \$471.70 Benefit: 75% = \$353.80	
	CARDIOLOGY PROCEDURES	
38200	<p>Right heart catheterisation with any one or more of the following:</p> <ul style="list-style-type: none"> (a) fluoroscopy; (b) oximetry; (c) dye dilution curves; (d) cardiac output measurement by any method; (e) shunt detection; (f) exercise stress test; <p>other than a service associated with a service to which item 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38254 or 38368 applies (Anaes.)</p> <p>(See para TN.8.220 of explanatory notes to this Category)</p> Fee: \$463.50 Benefit: 75% = \$347.65 85% = \$394.00	
38203	<p>Left heart catheterisation by percutaneous arterial puncture, arteriotomy or percutaneous left ventricular puncture, with any one or more of the following:</p> <ul style="list-style-type: none"> (a) fluoroscopy; (b) oximetry; (c) dye dilution curves; (d) cardiac output measurements by any method; (e) shunt detection; 	

T8. SURGICAL OPERATIONS		6. CARDIO-THORACIC
	<p>(f) exercise stress test;</p> <p>other than a service associated with a service to which item 38200, 38206, 38244, 38247, 38248, 38249, 38251, 38252 or 38254 applies (Anaes.)</p> <p>(See para TN.8.220 of explanatory notes to this Category) Fee: \$553.10 Benefit: 75% = \$414.85 85% = \$470.15</p>	
38206	<p>Right heart catheterisation with left heart catheterisation via the right heart or by another procedure, with any one or more of the following:</p> <p>(a) fluoroscopy;</p> <p>(b) oximetry;</p> <p>(c) dye dilution curves;</p> <p>(d) cardiac output measurements by any method;</p> <p>(e) shunt detection;</p> <p>(f) exercise stress test;</p> <p>other than a service associated with a service to which item 38200, 38203, 38244, 38247, 38248, 38249, 38251, 38252 or 38254 applies (Anaes.)</p> <p>(See para TN.8.220 of explanatory notes to this Category) Fee: \$668.70 Benefit: 75% = \$501.55 85% = \$584.00</p>	
38209	<p>CARDIAC ELECTROPHYSIOLOGICAL STUDY up to and including 3 catheter investigation of any 1 or more of syncope, atrioventricular conduction, sinus node function or simple ventricular tachycardia studies, not being a service associated with a service to which item 38212 or 38213 applies (Anaes.)</p> <p>(See para TN.8.60 of explanatory notes to this Category) Fee: \$858.60 Benefit: 75% = \$643.95 85% = \$773.90</p>	
38212	<p>Cardiac electrophysiological study involving 4 or more catheters for:</p> <p>(a) supraventricular tachycardia investigation; or</p> <p>(b) complex tachycardia inductions; or</p> <p>(c) multiple catheter mapping; or</p> <p>(d) acute intravenous anti-arrhythmic drug testing with pre and post drug inductions; or</p> <p>(e) catheter ablation to intentionally induce complete atrioventricular block; or</p> <p>(f) intraoperative mapping;</p> <p>other than a service associated with a service to which item 38209 or 38213 applies (Anaes.)</p> <p>(See para TN.8.60 of explanatory notes to this Category) Fee: \$1,428.05 Benefit: 75% = \$1071.05 85% = \$1343.35</p>	
38213	<p>Cardiac electrophysiological study, performed either:</p>	

T8. SURGICAL OPERATIONS	6. CARDIO-THORACIC
	<p>(a) during insertion of implantable defibrillator; or</p> <p>(b) for defibrillation threshold testing at a different time to implantation;</p> <p>other than a service associated with a service to which item 38209 or 38212 applies (Anaes.)</p> <p>Fee: \$425.30 Benefit: 75% = \$319.00 85% = \$361.55</p>
38241	<p>Use of a coronary pressure wire, if the service is:</p> <p>(a) performed during selective coronary angiography, percutaneous angioplasty or transluminal insertion of one or more stents; and</p> <p>(b) to measure fractional flow reserve, non-hyperaemic pressure ratios or coronary flow reserve in intermediate coronary artery or graft lesions (stenosis of 50 to 70%); and</p> <p>(c) to determine whether revascularisation is appropriate, if previous functional imaging:</p> <p>(i) has not been performed; or</p> <p>(ii) has been performed but the results are inconclusive or do not apply to the vessel being interrogated; and</p> <p>(d) performed on one or more coronary vascular territories</p> <p>(Anaes.)</p> <p>Fee: \$488.70 Benefit: 75% = \$366.55 85% = \$415.40</p>
38244	<p>Note: (acute coronary syndrome) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5</p> <p>Selective coronary angiography:</p> <p>(a) for a patient who is eligible for the service under clause 5.10.17A; and</p> <p>(b) with placement of one or more catheters and injection of opaque material into native coronary arteries; and</p> <p>(c) with or without left heart catheterisation, left ventriculography or aortography; and</p> <p>(d) including all associated imaging;</p> <p>other than a service associated with a service to which 38200, 38203, 38206, 38247, 38248, 38249, 38251 or 38252 applies (Anaes.)</p> <p>(See para TR.8.2, TR.8.5, TN.8.215 of explanatory notes to this Category)</p> <p>Fee: \$920.00 Benefit: 75% = \$690.00 85% = \$835.30</p>
38247	<p>Note: (acute coronary syndrome - graft) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5</p> <p>Selective coronary and graft angiography:</p> <p>(a) for a patient who is eligible for the service under clause 5.10.17A; and</p> <p>(b) with placement of one or more catheters and injection of opaque material into the native coronary arteries; and</p>

T8. SURGICAL OPERATIONS

6. CARDIO-THORACIC

	<p>(c) if free coronary grafts attached to the aorta or direct internal mammary artery grafts are present— with placement of one or more catheters and injection of opaque material into those grafts (irrespective of the number of grafts); and</p> <p>(d) with or without left heart catheterisation, left ventriculography or aortography; and</p> <p>(e) including all associated imaging;</p> <p>other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38248, 38249, 38251 or 38252 applies (Anaes.)</p> <p>(See para TR.8.2, TR.8.5, TN.8.215, TN.8.216 of explanatory notes to this Category)</p> <p>Fee: \$1,473.95 Benefit: 75% = \$1105.50 85% = \$1389.25</p>
38248	<p>Note: (stable coronary syndrome) the service only applies if the patient meets the requirements of the descriptor and the of Note: TR.8.3 and TR.8.5</p> <p>Selective coronary angiography:</p> <p>(a) for a patient who is eligible for the service under clause 5.10.17B; and</p> <p>(b) as part of the management of the patient; and</p> <p>(c) with placement of catheters and injection of opaque material into native coronary arteries; and</p> <p>(d) with or without left heart catheterisation, left ventriculography or aortography; and</p> <p>(e) including all associated imaging;</p> <p>other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38249, 38251 or 38252 applies—applicable each 3 months (Anaes.)</p> <p>(See para TR.8.3, TR.8.5, TR.8.6, TN.8.215 of explanatory notes to this Category)</p> <p>Fee: \$920.00 Benefit: 75% = \$690.00 85% = \$835.30</p>
38249	<p>Note: (stable coronary syndrome - graft) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.3 and TR.8.5</p> <p>Selective coronary and graft angiography:</p> <p>(a) for a patient who is eligible for the service under clause 5.10.17B; and</p> <p>(b) as part of the management of the patient; and</p> <p>(c) with placement of one or more catheters and injection of opaque material into native coronary arteries; and</p> <p>(d) if free coronary grafts attached to the aorta or direct internal mammary artery grafts are present— with placement of one or more catheters and injection of opaque material into those grafts (irrespective of the number of grafts); and</p> <p>(e) with or without left heart catheterisation, left ventriculography or aortography; and</p> <p>(f) including all associated imaging;</p> <p>other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38251 or 38252 applies—applicable once each 3 months (Anaes.)</p>

T8. SURGICAL OPERATIONS	6. CARDIO-THORACIC
	<p>(See para TR.8.3, TR.8.5, TR.8.6, TN.8.215, TN.8.216 of explanatory notes to this Category) Fee: \$1,473.95 Benefit: 75% = \$1105.50 85% = \$1389.25</p>
38251	<p>Note: (pre-operative assessment) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.5</p> <p>Selective coronary angiography:</p> <p>(a) for a symptomatic patient with valvular or other non-coronary structural heart disease; and</p> <p>(b) as part of the management of the patient for:</p> <p style="padding-left: 40px;">(i) pre-operative assessment for planning non-coronary cardiac surgery, including by transcatheter approaches; or</p> <p style="padding-left: 40px;">(ii) evaluation of valvular heart disease or other non-coronary structural heart disease where clinical impression is discordant with non-invasive assessment; and</p> <p>(c) with placement of catheters and injection of opaque material into native coronary arteries; and</p> <p>(d) with or without left heart catheterisation, left ventriculography or aortography; and</p> <p>(e) including all associated imaging;</p> <p>other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249 or 38252 applies—applicable once each 12 months (Anaes.)</p> <p>(See para TR.8.5, TN.8.215 of explanatory notes to this Category) Fee: \$920.00 Benefit: 75% = \$690.00 85% = \$835.30</p>
38252	<p>Note: (pre-operative assessment - graft) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.5</p> <p>Selective coronary and graft angiography:</p> <p>(a) for a symptomatic patient with valvular or other non-coronary structural heart disease; and</p> <p>(b) as part of the management of the patient for:</p> <p style="padding-left: 40px;">(i) pre-operative assessment for planning non-coronary cardiac surgery, including by transcatheter approaches; or</p> <p style="padding-left: 40px;">(ii) evaluation of valvular heart disease or other non-coronary structural heart disease where clinical impression is discordant with non-invasive assessment; and</p> <p>(c) with placement of one or more catheters and injection of opaque material into the native coronary arteries; and</p> <p>(d) if free coronary grafts attached to the aorta or direct internal mammary artery grafts are present— with placement of one or more catheters and injection of opaque material into those grafts (irrespective of the number of grafts); and</p> <p>(e) with or without left heart catheterisation, left ventriculography or aortography; and</p> <p>(f) including all associated imaging;</p>

T8. SURGICAL OPERATIONS		6. CARDIO-THORACIC
	<p>other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249 or 38251 applies—applicable once each 12 months (Anaes.)</p> <p>(See para TR.8.5, TN.8.215, TN.8.216 of explanatory notes to this Category)</p> <p>Fee: \$1,473.95 Benefit: 75% = \$1105.50 85% = \$1389.25</p>	
	<p>Right heart catheterisation:</p> <p>(a) performed at the same time as service to which item 38244, 38247, 38248, 38249, 38251 or 38252 applies; and</p> <p>(b) including any of the following (if performed):</p> <ul style="list-style-type: none"> (i) fluoroscopy; (ii) oximetry; (iii) dye dilution curves; (iv) cardiac output measurement; (v) shunt detection; (vi) exercise stress test <p>(Anaes.)</p>	
38254	<p>Fee: \$463.50 Benefit: 75% = \$347.65 85% = \$394.00</p>	
	<p>TEMPORARY TRANSVENOUS PACEMAKING ELECTRODE, insertion of (Anaes.)</p>	
38256	<p>Fee: \$278.10 Benefit: 75% = \$208.60 85% = \$236.40</p>	
	<p>BALLOON VALVULOPLASTY OR ISOLATED ATRIAL SEPTOSTOMY, including cardiac catheterisations before and after balloon dilatation (Anaes.) (Assist.)</p>	
38270	<p>Fee: \$949.25 Benefit: 75% = \$711.95 85% = \$864.55</p>	
	<p>Atrial septal defect or patent foramen closure:</p> <p>(a) for congenital heart disease in a patient with documented evidence of right heart overload or paradoxical embolism; and</p> <p>(b) using a septal occluder or similar device, by transcatheter approach; and</p> <p>(c) including right or left heart catheterisation (or both);</p> <p>other than a service associated with a service to which item 38200, 38203, 38206 or 38254 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.221 of explanatory notes to this Category)</p>	
38272	<p>Fee: \$949.25 Benefit: 75% = \$711.95 85% = \$864.55</p>	
	<p>Patent ductus arteriosus, transcatheter closure of, including cardiac catheterisation and any imaging associated with the service (Anaes.) (Assist.)</p>	
38273	<p>Fee: \$949.25 Benefit: 75% = \$711.95</p>	

T8. SURGICAL OPERATIONS		6. CARDIO-THORACIC
38274	Ventricular septal defect, transcatheter closure of, with cardiac catheterisation, excluding imaging (H) (Anaes.) (Assist.) Fee: \$777.60 Benefit: 75% = \$583.20	
38275	MYOCARDIAL BIOPSY, by cardiac catheterisation (Anaes.) Fee: \$310.25 Benefit: 75% = \$232.70 85% = \$263.75	
38276	Transcatheter occlusion of left atrial appendage, and cardiac catheterisation performed by the same practitioner, for stroke prevention in a patient who has non-valvular atrial fibrillation and a contraindication to life-long oral anticoagulation therapy, and is at increased risk of thromboembolism demonstrated by: (a) a prior stroke (whether of an ischaemic or unknown type), transient ischaemic attack or non-central nervous system systemic embolism; or (b) at least 2 of the following risk factors: (i) an age of 65 years or more; (ii) hypertension; (iii) diabetes mellitus; (iv) heart failure or left ventricular ejection fraction of 35% or less (or both); (v) vascular disease (prior myocardial infarction, peripheral artery disease or aortic plaque) (Anaes.) (Assist.) (See para TN.8.132 of explanatory notes to this Category) Fee: \$949.25 Benefit: 75% = \$711.95	
38285	Insertion of implantable ECG loop recorder, by a specialist or consultant physician, for the diagnosis of a primary disorder, including initial programming and testing, if: (a) the patient has recurrent unexplained syncope and does not have a structural heart defect associated with a high risk of sudden cardiac death; and (b) a diagnosis has not been achieved through all other available cardiac investigations; and (c) a neurogenic cause is not suspected (Anaes.) (See para TN.8.61, TN.8.211 of explanatory notes to this Category) Fee: \$160.55 Benefit: 75% = \$120.45 85% = \$136.50	
38286	Removal of implantable ECG loop recorder (Anaes.) (See para TN.8.211 of explanatory notes to this Category) Fee: \$144.60 Benefit: 75% = \$108.45 85% = \$122.95	
38288	Implantable loop recorder, insertion of, for diagnosis of atrial fibrillation, if:	

T8. SURGICAL OPERATIONS		6. CARDIO-THORACIC
	<p>(a) the patient to whom the service is provided has been diagnosed as having had an embolic stroke of undetermined source; and</p> <p>(b) the bases of the diagnosis included the following:</p> <p>(i) the medical history of the patient;</p> <p>(ii) physical examination;</p> <p>(iii) brain and carotid imaging;</p> <p>(iv) cardiac imaging;</p> <p>(v) surface ECG testing including 24-hour Holter monitoring; and</p> <p>(c) atrial fibrillation is suspected; and</p> <p>(d) the patient:</p> <p>(i) does not have a permanent indication for oral anticoagulants; or</p> <p>(ii) does not have a permanent oral anticoagulants contraindication;</p> <p>including initial programming and testing</p> <p>(Anaes.)</p> <p>Fee: \$200.75 Benefit: 75% = \$150.60 85% = \$170.65</p>	
CATHETER BASED ARRHYTHMIA ABLATION		
38287	<p>ABLATION OF ARRHYTHMIA CIRCUIT OR FOCUS or isolation procedure involving 1 atrial chamber (Anaes.) (Assist.)</p> <p>Fee: \$2,183.55 Benefit: 75% = \$1637.70 85% = \$2098.85</p>	
38290	<p>ABLATION OF ARRHYTHMIA CIRCUITS OR FOCI, or isolation procedure involving both atrial chambers and including curative procedures for atrial fibrillation (Anaes.) (Assist.)</p> <p>Fee: \$2,780.20 Benefit: 75% = \$2085.15</p>	
38293	<p>VENTRICULAR ARRHYTHMIA with mapping and ablation, including all associated electrophysiological studies performed on the same day (Anaes.) (Assist.)</p> <p>Fee: \$2,984.25 Benefit: 75% = \$2238.20 85% = \$2899.55</p>	
ENDOVASCULAR INTERVENTIONAL PROCEDURES		
38307	<p>Note: (acute coronary syndrome - 1 coronary territory with selective coronary angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5</p> <p>Percutaneous coronary intervention:</p> <p>(a) for a patient:</p> <p>(i) eligible for the service under clause 5.10.17A; and</p>	

T8. SURGICAL OPERATIONS	6. CARDIO-THORACIC
	<p>(ii) for whom selective coronary angiography has not been completed in the previous 3 months; and</p> <p>(b) including selective coronary angiography and all associated imaging, catheter and contrast; and</p> <p>(c) including either or both:</p> <p>(i) percutaneous angioplasty;</p> <p>(ii) transluminal insertion of one or more stents; and</p> <p>(d) performed on one coronary vascular territory; and</p> <p>(e) excluding aftercare;</p> <p>other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.217, TN.8.225, TR.8.2, TR.8.5 of explanatory notes to this Category)</p> <p>Fee: \$1,844.60 Benefit: 75% = \$1383.45 85% = \$1759.90</p>
38308	<p>Note: (acute coronary syndrome - 2 coronary territories with selective coronary angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5</p> <p>Percutaneous coronary intervention:</p> <p>(a) for a patient:</p> <p>(i) eligible for the service under clause 5.10.17A; and</p> <p>(ii) for whom selective coronary angiography has not been completed in the previous 3 months; and</p> <p>(b) including selective coronary angiography and all associated imaging, catheter and contrast; and</p> <p>(c) including either or both:</p> <p>(i) percutaneous angioplasty; and</p> <p>(ii) transluminal insertion of one or more stents; and</p> <p>(d) performed on 2 coronary vascular territories; and</p> <p>(e) excluding aftercare;</p> <p>other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.217, TN.8.225, TR.8.2, TR.8.5 of explanatory notes to this Category)</p> <p>Fee: \$2,122.25 Benefit: 75% = \$1591.70 85% = \$2037.55</p>
38309	<p>Percutaneous transluminal rotational atherectomy of one or more coronary arteries, including all associated imaging, if:</p>

T8. SURGICAL OPERATIONS	6. CARDIO-THORACIC
	<p>(a) the target stenosis within at least one coronary artery is heavily calcified and balloon angioplasty with or without stenting is not feasible without rotational artherectomy; and</p> <p>(b) the service is performed in conjunction with a service to which item 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies</p> <p>Applicable only once on each occasion the service is performed (Anaes.) (Assist.)</p> <p>(See para TN.8.222 of explanatory notes to this Category) Fee: \$1,250.70 Benefit: 75% = \$938.05 85% = \$1166.00</p>
38310	<p>Note: (acute coronary syndrome - 3 coronary territories with selective coronary angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5</p> <p>Percutaneous coronary intervention:</p> <p>(a) for a patient:</p> <ul style="list-style-type: none"> (i) eligible for the service under clause 5.10.17A; and (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and <p>(b) including selective coronary angiography and all associated imaging, catheter and contrast; and</p> <p>(c) including either or both:</p> <ul style="list-style-type: none"> (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and <p>(d) performed on 3 coronary vascular territories; and</p> <p>(e) excluding aftercare;</p> <p>other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.217, TN.8.225, TR.8.2, TR.8.5 of explanatory notes to this Category) Fee: \$2,399.90 Benefit: 75% = \$1799.95 85% = \$2315.20</p>
38311	<p>Note: (stable multi-vessel disease - 1 coronary territory with selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5</p> <p>Percutaneous coronary intervention:</p> <p>(a) for a patient:</p> <ul style="list-style-type: none"> (i) eligible under clause 5.10.17C for the service and a service to which item 38314 applies; and (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and <p>(b) including selective coronary angiography and all associated imaging, catheter and contrast; and</p>

T8. SURGICAL OPERATIONS

6. CARDIO-THORACIC

	<p>(c) including either or both:</p> <ul style="list-style-type: none"> (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and <p>(d) performed on one coronary vascular territory; and</p> <p>(e) excluding aftercare;</p> <p>other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.)</p> <p>(See para TR.8.4, TR.8.5, TN.8.226, TR.8.6, TN.8.218 of explanatory notes to this Category)</p> <p>Fee: \$1,844.60 Benefit: 75% = \$1383.45 85% = \$1759.90</p>
38313	<p>Note: (stable multi-vessel disease - 2 coronary territories with selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5</p> <p>Percutaneous coronary intervention:</p> <p>(a) for a patient:</p> <ul style="list-style-type: none"> (i) eligible under clause 5.10.17C for the service and a service to which item 38314 applies; and (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and <p>(b) including selective coronary angiography and all associated imaging, catheter and contrast; and</p> <p>(c) including either or both:</p> <ul style="list-style-type: none"> (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and <p>(d) performed on 2 coronary vascular territories; and</p> <p>(e) excluding aftercare;</p> <p>other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.)</p> <p>(See para TR.8.4, TR.8.5, TN.8.226, TR.8.6, TN.8.218 of explanatory notes to this Category)</p> <p>Fee: \$2,122.25 Benefit: 75% = \$1591.70 85% = \$2037.55</p>
38314	<p>Note: (stable multi-vessel disease - 3 coronary territory with selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5</p> <p>Percutaneous coronary intervention:</p> <p>(a) for a patient:</p>

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	<p>(i) eligible for the service under clause 5.10.17C; and</p> <p>(ii) for whom selective coronary angiography has not been completed in the previous 3 months; and</p> <p>(b) including selective coronary angiography and all associated imaging, catheter and contrast; and</p> <p>(c) including either or both:</p> <p>(i) percutaneous angioplasty; and</p> <p>(ii) transluminal insertion of one or more stents; and</p> <p>(d) performed on 3 coronary vascular territories; and</p> <p>(e) excluding aftercare;</p> <p>other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38316, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.)</p> <p>(See para TR.8.4, TR.8.5, TN.8.226, TR.8.7, TN.8.218, TN.8.219 of explanatory notes to this Category) Fee: \$2,399.90 Benefit: 75% = \$1799.95 85% = \$2315.20</p>
38316	<p>Note: (acute coronary syndrome - 1 coronary territory without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5</p> <p>Percutaneous coronary intervention:</p> <p>(a) for a patient:</p> <p>(i) eligible for the service under clause 5.10.17A; and</p> <p>(ii) for whom selective coronary angiography has been completed in the previous 3 months; and</p> <p>(b) including any associated coronary angiography; and</p> <p>(c) including either or both:</p> <p>(i) percutaneous angioplasty; and</p> <p>(ii) transluminal insertion of one or more stents; and</p> <p>(d) performed on one coronary vascular territory; and</p> <p>(e) excluding aftercare;</p> <p>other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.217, TN.8.225, TR.8.2, TR.8.5 of explanatory notes to this Category) Fee: \$1,648.95 Benefit: 75% = \$1236.75 85% = \$1564.25</p>

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6. CARDIO-THORACIC

<p>38317</p>	<p>Note: (acute coronary syndrome - 2 coronary territories without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5</p> <p>Percutaneous coronary intervention:</p> <p>(a) for a patient:</p> <ul style="list-style-type: none"> (i) eligible for the service under clause 5.10.17A; and (ii) for whom selective coronary angiography has been completed in the previous 3 months; and <p>(b) including any associated coronary angiography; and</p> <p>(c) including either or both:</p> <ul style="list-style-type: none"> (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and <p>(d) performed on 2 coronary vascular territories; and</p> <p>(e) excluding aftercare;</p> <p>other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 3808, 38310, 38311, 38313, 38314, 38316, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.217, TN.8.225, TR.8.2, TR.8.5 of explanatory notes to this Category)</p> <p>Fee: \$2,088.80 Benefit: 75% = \$1566.60 85% = \$2004.10</p>
<p>38319</p>	<p>Note: (acute coronary syndrome - 3 coronary territories without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5</p> <p>Percutaneous coronary intervention:</p> <p>(a) for a patient:</p> <ul style="list-style-type: none"> (i) eligible for the service under clause 5.10.17A; and (ii) for whom selective coronary angiography has been completed in the previous 3 months; and <p>(b) including any associated coronary angiography; and</p> <p>(c) including either or both:</p> <ul style="list-style-type: none"> (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and <p>(d) performed on 3 coronary vascular territories; and</p> <p>(e) excluding aftercare;</p>

T8. SURGICAL OPERATIONS	6. CARDIO-THORACIC
	<p>other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38320, 38322 or 38323 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.217, TN.8.225, TR.8.2, TR.8.5 of explanatory notes to this Category) Fee: \$2,366.45 Benefit: 75% = \$1774.85 85% = \$2281.75</p>
38320	<p>Note: (stable multi-vessel disease - 1 coronary territory without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5</p> <p>Percutaneous coronary intervention:</p> <p>(a) for a patient:</p> <ul style="list-style-type: none"> (i) eligible under clause 5.10.17C for the service and a service to which item 38323 applies; and (ii) for whom selective coronary angiography has been completed in the previous 3 months; and <p>(b) including any associated coronary angiography; and</p> <p>(c) including either or both:</p> <ul style="list-style-type: none"> (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and <p>(d) performed on one coronary vascular territory; and</p> <p>(e) excluding aftercare;</p> <p>other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38322 or 38323 applies (Anaes.) (Assist.)</p> <p>(See para TR.8.4, TR.8.5, TN.8.226, TR.8.6, TN.8.218 of explanatory notes to this Category) Fee: \$1,648.95 Benefit: 75% = \$1236.75 85% = \$1564.25</p>
38322	<p>Note: (stable multi-vessel disease - 2 coronary territories with selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5</p> <p>Percutaneous coronary intervention:</p> <p>(a) for a patient:</p> <ul style="list-style-type: none"> (i) eligible under clause 5.10.17C for the service and a service to which item 38323 applies; and (ii) for whom selective coronary angiography has been completed in the previous 3 months; and <p>(b) including any associated coronary angiography; and</p> <p>(c) including either or both:</p> <ul style="list-style-type: none"> (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and

T8. SURGICAL OPERATIONS	6. CARDIO-THORACIC
	<p>(d) performed on 2 coronary vascular territories; and</p> <p>(e) excluding aftercare;</p> <p>other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320 or 38323 applies (Anaes.) (Assist.)</p> <p>(See para TR.8.4, TR.8.5, TN.8.226, TR.8.6, TN.8.218 of explanatory notes to this Category) Fee: \$2,088.80 Benefit: 75% = \$1566.60 85% = \$2004.10</p>
38323	<p>Note: (stable multi-vessel disease - 3 coronary territories with selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5</p> <p>Percutaneous coronary intervention:</p> <p>(a) for a patient:</p> <ul style="list-style-type: none"> (i) eligible for the service under clause 5.10.17C; and (ii) for whom selective coronary angiography has been completed in the previous 3 months; and <p>(b) including any associated coronary angiography; and</p> <p>(c) including either or both:</p> <ul style="list-style-type: none"> (i) percutaneous angioplasty; and (ii) transluminal insertion of one or more stents; and <p>(d) performed on 3 coronary vascular territories; and</p> <p>(e) excluding aftercare;</p> <p>other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320 or 38322 applies (Anaes.) (Assist.)</p> <p>(See para TR.8.4, TR.8.5, TN.8.226, TR.8.7, TN.8.218, TN.8.219 of explanatory notes to this Category) Fee: \$2,366.45 Benefit: 75% = \$1774.85 85% = \$2281.75</p>
MISCELLANEOUS CARDIAC PROCEDURES	
38350	<p>SINGLE CHAMBER PERMANENT TRANSVENOUS ELECTRODE, insertion, removal or replacement of, including cardiac electrophysiological services where used for pacemaker implantation (Anaes.)</p> <p>(See para TN.8.60 of explanatory notes to this Category) Fee: \$664.55 Benefit: 75% = \$498.45</p>
38353	<p>PERMANENT CARDIAC PACEMAKER, insertion, removal or replacement of, not for cardiac resynchronisation therapy, including cardiac electrophysiological services where used for pacemaker implantation (Anaes.)</p> <p>(See para TN.8.60 of explanatory notes to this Category) Fee: \$265.80 Benefit: 75% = \$199.35</p>

T8. SURGICAL OPERATIONS		6. CARDIO-THORACIC
38356	<p>DUAL CHAMBER PERMANENT TRANSVENOUS ELECTRODES, insertion, removal or replacement of, including cardiac electrophysiological services where used for pacemaker implantation (Anaes.)</p> <p>(See para TN.8.60 of explanatory notes to this Category) Fee: \$871.25 Benefit: 75% = \$653.45</p>	
38358	<p>Extraction of one or more chronically implanted transvenous pacing or defibrillator leads, by percutaneous method, with locking stylets and snares, with extraction sheaths (if any), if:</p> <p>(a) the leads have been in place for more than 6 months and require removal; and</p> <p>(b) the service is performed:</p> <p>(i) in association with a service to which item 61109 or 60509 applies; and</p> <p>(ii) by a specialist or consultant physician who has undertaken the training to perform the service; and</p> <p>(iii) in a facility where cardiothoracic surgery is available and a thoracotomy can be performed immediately and without transfer; and</p> <p>(c) if the service is performed by an interventional cardiologist—a cardiothoracic surgeon is in attendance during the service</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.64, TN.8.214 of explanatory notes to this Category) Fee: \$2,089.00 Benefit: 75% = \$1566.75</p>	
38359	<p>PERICARDIUM, paracentesis of (excluding aftercare) (Anaes.)</p> <p>Fee: \$139.00 Benefit: 75% = \$104.25 85% = \$118.15</p>	
38362	<p>INTRA-AORTIC BALLOON PUMP, percutaneous insertion of (Anaes.)</p> <p>Fee: \$400.50 Benefit: 75% = \$300.40 85% = \$340.45</p>	
38365	<p>Insertion, removal or replacement of permanent cardiac synchronisation device, if the patient:</p> <p>(a) has all of the following:</p> <p>(i) chronic heart failure, classified as New York Heart Association class III or IV (despite optimised medical therapy);</p> <p>(ii) left ventricular ejection fraction of less than 35%;</p> <p>(iii) QRS duration of greater than or equal to 130 ms; or</p> <p>(b) has all of the following:</p> <p>(i) chronic heart failure, classified as New York Heart Association class II (despite optimised medical therapy);</p> <p>(ii) left ventricular ejection fraction of less than 35%;</p> <p>(iii) QRS duration of greater than or equal to 150 ms;</p> <p>other than a service associated with a service to which item 38212 applies (H) (Anaes.) (Assist.)</p>	

T8. SURGICAL OPERATIONS	6. CARDIO-THORACIC
	<p>(See para TN.8.63 of explanatory notes to this Category) Fee: \$265.80 Benefit: 75% = \$199.35</p>
38368	<p>Insertion, removal or replacement of permanent transvenous left ventricular electrode, through the coronary sinus, for the purpose of cardiac resynchronisation therapy, including right heart catheterisation and any associated venograms, if the patient:</p> <p>(a) has all of the following:</p> <ul style="list-style-type: none"> (i) chronic heart failure, classified as New York Heart Association class III or IV (despite optimised medical therapy); (ii) left ventricular ejection fraction of less than 35%; (iii) QRS duration of greater than or equal to 130 ms; or <p>(b) has all of the following:</p> <ul style="list-style-type: none"> (i) chronic heart failure, classified as New York Heart Association class II (despite optimised medical therapy); (ii) left ventricular ejection fraction of less than 35%; (iii) QRS duration of greater than or equal to 150 ms; <p>other than a service associated with a service to which item 35200, 38200 or 38212 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.63 of explanatory notes to this Category) Fee: \$1,274.20 Benefit: 75% = \$955.65</p>
38471	<p>Insertion of implantable defibrillator, including insertion of patches for the insertion of one or more transvenous endocardial leads, if the patient has one of the following:</p> <p>(a) a history of haemodynamically significant ventricular arrhythmias in the presence of structural heart disease;</p> <p>(b) documented high-risk genetic cardiac disease;</p> <p>(c) ischaemic heart disease, with a left ventricular ejection fraction of less than 30% at least one month after experiencing a myocardial infarction and while on optimised medical therapy;</p> <p>(d) chronic heart failure, classified as New York Heart Association class II or III, with a left ventricular ejection fraction of less than 35% (despite optimised medical therapy);</p> <p>other than a service to which item 38212 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,095.30 Benefit: 75% = \$821.50</p>
38472	<p>Insertion, replacement or removal of implantable defibrillator generator, if the patient has one of the following:</p> <p>(a) a history of haemodynamically significant ventricular arrhythmias in the presence of structural heart disease;</p> <p>(b) documented high-risk genetic cardiac disease;</p>

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	<p>(c) ischaemic heart disease, with a left ventricular ejection fraction of less than 30% at least one month after experiencing a myocardial infarction and while on optimised medical therapy;</p> <p>(d) chronic heart failure, classified as New York Heart Association class II or III, with a left ventricular ejection fraction of less than 35% (despite optimised medical therapy);</p> <p>other than a service to which item 38212 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$299.50 Benefit: 75% = \$224.65</p>	
THORACIC SURGERY		
38415	<p>EMPHYEMA, radical operation for, involving resection of rib (Anaes.) (Assist.)</p> <p>Fee: \$415.55 Benefit: 75% = \$311.70 85% = \$353.25</p>	
38416 S	<p>Endoscopic ultrasound guided fine needle aspiration biopsy or biopsies (endoscopy with ultrasound imaging) to obtain one or more specimens from either or both of the following:</p> <p>(a) mediastinal masses;</p> <p>(b) locoregional nodes to stage non-small cell lung carcinoma;</p> <p>other than a service associated with a service to which an item in Subgroup 1 of this Group, or item 38417 or 55054, applies (Anaes.)</p> <p>(See para TN.8.21 of explanatory notes to this Category)</p> <p>Fee: \$586.15 Benefit: 75% = \$439.65 85% = \$501.45</p>	
38417 S	<p>Endobronchial ultrasound guided biopsy or biopsies (bronchoscopy with ultrasound imaging, with or without associated fluoroscopic imaging) to obtain one or more specimens by:</p> <p>(a) transbronchial biopsy or biopsies of peripheral lung lesions; or</p> <p>(b) fine needle aspirations of one or more mediastinal masses; or</p> <p>(c) fine needle aspirations of locoregional nodes to stage non-small cell lung carcinoma;</p> <p>other than a service associated with a service to which an item in Subgroup 1 of this Group, item 38416, 38420 or 38423, or an item in Subgroup I5 of Group I3, applies (Anaes.)</p> <p>(See para TN.8.21 of explanatory notes to this Category)</p> <p>Fee: \$586.15 Benefit: 75% = \$439.65 85% = \$501.45</p>	
38418	<p>THORACOTOMY, exploratory, with or without biopsy (Anaes.) (Assist.)</p> <p>Fee: \$997.25 Benefit: 75% = \$747.95</p>	
38419 S	<p>Bronchoscopy, as an independent procedure (Anaes.)</p> <p>Fee: \$185.25 Benefit: 75% = \$138.95 85% = \$157.50</p>	
38420 S	<p>Bronchoscopy with one or more endobronchial biopsies or other diagnostic or therapeutic procedures (Anaes.)</p> <p>Fee: \$244.60 Benefit: 75% = \$183.45 85% = \$207.95</p>	
38421	<p>THORACOTOMY, with pulmonary decortication (Anaes.) (Assist.)</p> <p>Fee: \$1,594.05 Benefit: 75% = \$1195.55</p>	

T8. SURGICAL OPERATIONS		6. CARDIO-THORACIC
38422 S	Bronchus, removal of foreign body in (Anaes.) (Assist.) Fee: \$382.65 Benefit: 75% = \$287.00	
38423 S	Fibreoptic bronchoscopy with one or more transbronchial lung biopsies, with or without bronchial or broncho-alveolar lavage, with or without the use of interventional imaging (Anaes.) (Assist.) Fee: \$267.35 Benefit: 75% = \$200.55 85% = \$227.25	
38424	THORACOTOMY, with pleurectomy or pleurodesis, OR ENUCLEATION OF HYDATID cysts (Anaes.) (Assist.) Fee: \$997.25 Benefit: 75% = \$747.95	
38425 S	Endoscopic laser resection of endobronchial tumours for relief of obstruction including any associated endoscopic procedures (Anaes.) (Assist.) Fee: \$628.75 Benefit: 75% = \$471.60	
38427	THORACOPLASTY (complete) - 3 or more ribs (Anaes.) (Assist.) Fee: \$1,231.40 Benefit: 75% = \$923.55	
38430	THORACOPLASTY (in stages) each stage (Anaes.) (Assist.) Fee: \$634.60 Benefit: 75% = \$475.95	
38436	THORACOSCOPY, with or without division of pleural adhesions, including insertion of intercostal catheter where necessary, with or without biopsy (Anaes.) Fee: \$259.85 Benefit: 75% = \$194.90	
38438	PNEUMONECTOMY or LOBECTOMY or SEGMENTECTOMY not being a service associated with a service to which Item 38418 applies (Anaes.) (Assist.) Fee: \$1,594.05 Benefit: 75% = \$1195.55	
38440	LUNG, wedge resection of (Anaes.) (Assist.) Fee: \$1,193.70 Benefit: 75% = \$895.30	
38441	RADICAL LOBECTOMY or PNEUMONECTOMY including resection of chest wall, diaphragm, pericardium, or formal mediastinal node dissection (Anaes.) (Assist.) Fee: \$1,888.75 Benefit: 75% = \$1416.60	
38446	THORACOTOMY or STERNOTOMY, for removal of thymus or mediastinal tumour (Anaes.) (Assist.) Fee: \$1,231.40 Benefit: 75% = \$923.55	
38447	PERICARDIECTOMY via sternotomy or anterolateral thoracotomy without cardiopulmonary bypass (Anaes.) (Assist.) Fee: \$1,594.05 Benefit: 75% = \$1195.55	
38448	MEDIASTINUM, cervical exploration of, with or without biopsy (Anaes.) (Assist.) Fee: \$377.75 Benefit: 75% = \$283.35	
38449	PERICARDIECTOMY via sternotomy or anterolateral thoracotomy with cardiopulmonary bypass (Anaes.) (Assist.) Fee: \$2,230.05 Benefit: 75% = \$1672.55	

T8. SURGICAL OPERATIONS		6. CARDIO-THORACIC
38450	PERICARDIUM, transthoracic open surgical drainage of (Anaes.) (Assist.) Fee: \$891.35 Benefit: 75% = \$668.55	
38452	PERICARDIUM, subxiphoid open surgical drainage of (Anaes.) (Assist.) Fee: \$596.95 Benefit: 75% = \$447.75	
38453	TRACHEAL excision and repair without cardiopulmonary bypass (Anaes.) (Assist.) Fee: \$1,790.65 Benefit: 75% = \$1343.00	
38455	TRACHEAL EXCISION AND REPAIR OF, with cardiopulmonary bypass (Anaes.) (Assist.) Fee: \$2,422.00 Benefit: 75% = \$1816.50	
38456	INTRATHORACIC OPERATION on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than 1 of those organs, not being a service to which another item in this Group applies (Anaes.) (Assist.) Fee: \$1,594.05 Benefit: 75% = \$1195.55	
38457	PECTUS EXCAVATUM or PECTUS CARINATUM, repair or radical correction of (Anaes.) (Assist.) Fee: \$1,488.20 Benefit: 75% = \$1116.15	
38458	PECTUS EXCAVATUM, repair of, with implantation of subcutaneous prosthesis (Anaes.) (Assist.) Fee: \$793.25 Benefit: 75% = \$594.95	
38460	STERNAL WIRE OR WIRES, removal of (Anaes.) Fee: \$286.55 Benefit: 75% = \$214.95	
38462	STERNOTOMY WOUND, debridement of, not involving reopening of the mediastinum (Anaes.) Fee: \$339.65 Benefit: 75% = \$254.75	
38464	STERNOTOMY WOUND, debridement of, involving curettage of infected bone with or without removal of wires but not involving reopening of the mediastinum (Anaes.) Fee: \$369.20 Benefit: 75% = \$276.90	
38466	STERNUM, reoperation on, for dehiscence or infection involving reopening of the mediastinum, with or without rewiring (Anaes.) (Assist.) Fee: \$996.85 Benefit: 75% = \$747.65	
38468	STERNUM AND MEDIASTINUM, reoperation for infection of, involving muscle advancement flaps or greater omentum (Anaes.) (Assist.) Fee: \$1,535.95 Benefit: 75% = \$1152.00	
38469	STERNUM AND MEDIASTINUM, reoperation for infection of, involving muscle advancement flaps and greater omentum (Anaes.) (Assist.) Fee: \$1,790.65 Benefit: 75% = \$1343.00	
CARDIAC SURGERY PROCEDURES		
38467	Insertion, removal or replacement of permanent myocardial electrode, by open surgical approach, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)	

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	Fee: \$997.25	Benefit: 75% = \$747.95
	VALVULAR PROCEDURES	
	<p>TMVr, by transvenous or transeptal techniques, for permanent coaptation of mitral valve leaflets using one or more Mitraclips™, including intra-operative diagnostic imaging, if:</p> <p>(a) the patient has each of the following risk factors:</p> <ul style="list-style-type: none"> (i) moderate to severe, or severe, symptomatic degenerative (primary) mitral valve regurgitation (grade 3+ or 4+); (ii) left ventricular ejection fraction of 20% or more; (iii) symptoms of mild, moderate or severe chronic heart failure (New York Heart Association class II, III or IV); and <p>(b) as a result of a TMVr suitability case conference, the patient has been:</p> <ul style="list-style-type: none"> (i) assessed as having an unacceptably high risk for surgical mitral valve replacement; and (ii) recommended as being suitable for the service; and <p>(c) the service is performed:</p> <ul style="list-style-type: none"> (i) by a cardiothoracic surgeon, or an interventional cardiologist, accredited by the TMVr accreditation committee to perform the service; and (ii) via transfemoral venous delivery, unless transfemoral venous delivery is contraindicated or not feasible; and (iii) in a hospital that is accredited by the TMVr accreditation committee as a suitable hospital for the service; and <p>(d) a service to which this item, or item 38463, applies has not been provided to the patient in the previous 5 years</p> <p>(H) (Anaes.) (Assist.)</p>	
38461	Fee: \$1,490.25	Benefit: 75% = \$1117.70
38463	<p>TMVr, by transvenous or transeptal techniques, for permanent coaptation of mitral valve leaflets using one or more Mitraclips™, including intra-operative diagnostic imaging, if:</p> <p>(a) the patient has each of the following risk factors:</p> <ul style="list-style-type: none"> (i) moderate to severe, or severe, symptomatic functional (secondary) mitral valve regurgitation (grade 3+ or 4+); (ii) left ventricular ejection fraction of 20% to 50%; (iii) left ventricular end systolic diameter of not more than 70mm; (iv) symptoms of mild, moderate or severe chronic heart failure (New York Heart Association class II, III or IV) that persist despite maximally tolerated guideline directed medical therapy; and 	

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6. CARDIO-THORACIC

	<p>(b) as a result of a TMVr suitability case conference, the patient has been:</p> <p>(i) assessed as having an unacceptably high risk for surgical mitral valve replacement; and</p> <p>(ii) recommended as being suitable for the service; and</p> <p>(c) the service is performed:</p> <p>(i) by a cardiothoracic surgeon, or an interventional cardiologist, accredited by the TMVr accreditation committee to perform the service; and</p> <p>(ii) via transfemoral venous delivery, unless transfemoral venous delivery is contraindicated or not feasible; and</p> <p>(iii) in a hospital that is accredited by the TMVr accreditation committee as a suitable hospital for the service; and</p> <p>(d) a service to which this item, or item 38461, applies has not been provided to the patient in the previous 5 years</p> <p>(H) (Anaes.) (Assist.)</p> <p>Fee: \$1,490.25 Benefit: 75% = \$1117.70</p>
38477	<p>Valve annuloplasty with insertion of ring, other than:</p> <p>(a) a service to which item 38516 or 38517 applies; or</p> <p>(b) a service associated with a service to which to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67, TN.8.213 of explanatory notes to this Category)</p> <p>Fee: \$2,084.55 Benefit: 75% = \$1563.45</p>
38484	<p>Aortic or pulmonary valve replacement with bioprosthesis or mechanical prosthesis, including retrograde cardioplegia (if performed), other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$2,112.20 Benefit: 75% = \$1584.15</p>
38485	<p>MITRAL ANNULUS, reconstruction of, after decalcification, when performed in association with valve surgery (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$850.20 Benefit: 75% = \$637.65</p>
38487	<p>MITRAL VALVE, open valvotomy of (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$1,790.65 Benefit: 75% = \$1343.00</p>
38490	<p>Reconstruction and re-implantation of sub-valvular structures, if performed in conjunction with a service to which item 38499 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$577.00 Benefit: 75% = \$432.75</p>

T8. SURGICAL OPERATIONS		6. CARDIO-THORACIC
38493	<p>OPERATIVE MANAGEMENT of acute infective endocarditis, in association with heart valve surgery (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$2,036.90 Benefit: 75% = \$1527.70</p>	
38495	<p>TAVI, for the treatment of symptomatic severe aortic stenosis, performed via transfemoral delivery, unless transfemoral delivery is contraindicated or not feasible, in a TAVI Hospital on a TAVI Patient by a TAVI Practitioner – includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient.</p> <p>(Not payable more than once per patient in a five year period.) (Anaes.) (Assist.)</p> <p>(See para AN.33.1, TN.8.135 of explanatory notes to this Category)</p> <p>Fee: \$1,490.25 Benefit: 75% = \$1117.70 85% = \$1405.55</p>	
38499	<p>Mitral or tricuspid valve replacement with bioprosthesis or mechanical prosthesis, including retrograde cardioplegia (if performed), other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$2,112.20 Benefit: 75% = \$1584.15</p>	
38516	<p>Simple valve repair:</p> <p>(a) with or without annuloplasty; and</p> <p>(b) including quadrangular resection, cleft closure or alfieri; and</p> <p>(c) including retrograde cardioplegia (if performed);</p> <p>other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$2,509.25 Benefit: 75% = \$1881.95</p>	
38517	<p>Complex valve repair:</p> <p>(a) with or without annuloplasty; and</p> <p>(b) including retrograde cardioplegia (if performed); and</p> <p>(c) including one of the following:</p> <p style="padding-left: 40px;">(i) neochords;</p> <p style="padding-left: 40px;">(ii) chordal transfer;</p> <p style="padding-left: 40px;">(iii) patch augmentation;</p> <p style="padding-left: 40px;">(iv) multiple leaflets;</p> <p>other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$3,055.85 Benefit: 75% = \$2291.90</p>	

T8. SURGICAL OPERATIONS		6. CARDIO-THORACIC
38519	<p>Valve explant of a previous prosthesis, if performed during a service to which item 38484 or 38499 applies, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,100.00 Benefit: 75% = \$825.00</p>	
SURGERY FOR ISCHAEMIC HEART DISEASE		
38502	<p>Coronary artery bypass, including cardiopulmonary bypass, with or without retrograde cardioplegia, with or without vein grafts, and including at least one of the following:</p> <p>(a) harvesting of left internal mammary artery and vein graft material;</p> <p>(b) harvesting of left internal mammary artery;</p> <p>(c) harvesting of vein graft material;</p> <p>other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$2,451.55 Benefit: 75% = \$1838.70</p>	
38508	<p>Repair or reconstruction of left ventricular aneurysm, including plication, resection and primary and patch repairs, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$1,996.20 Benefit: 75% = \$1497.15</p>	
38509	<p>Repair of ischaemic ventricular septal rupture,, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$2,485.45 Benefit: 75% = \$1864.10</p>	
38510	<p>Artery harvesting (other than of the left internal mammary), for coronary artery bypass, if:</p> <p>(a) more than one arterial graft is required; and</p> <p>(b) the service is performed in conjunction with a service to which item 38502 applies</p> <p>(H) (Anaes.) (Assist.)</p> <p>Fee: \$649.25 Benefit: 75% = \$486.95</p>	
38511	<p>Coronary artery bypass, with the aid of tissue stabilisers, if the service is performed:</p> <p>(a) without cardiopulmonary bypass; and</p> <p>(b) in conjunction with a service to which item 38502 applies</p> <p>(H) (Anaes.) (Assist.)</p> <p>Fee: \$624.30 Benefit: 75% = \$468.25</p>	
38513	<p>Creation of graft anastomosis, including Y-graft, T-graft and graft-to-graft extensions, with micro-arterial or micro-venous anastomosis using microsurgical techniques, if the service is performed in conjunction with a service to which item 38502 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,040.55 Benefit: 75% = \$780.45</p>	

T8. SURGICAL OPERATIONS		6. CARDIO-THORACIC
ARRHYTHMIA SURGERY		
38512	<p>Division of accessory pathway, isolation procedure, procedure on atrioventricular node or perinodal tissues involving one atrial chamber only, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category) Fee: \$2,183.55 Benefit: 75% = \$1637.70</p>	
38515	<p>Division of accessory pathway, isolation procedure, procedure on atrioventricular node or perinodal tissues involving both atrial chambers and including curative surgery for atrial fibrillation, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category) Fee: \$2,780.20 Benefit: 75% = \$2085.15</p>	
38518	<p>Ventricular arrhythmia with mapping and muscle ablation, with or without aneurysmeotomy, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category) Fee: \$2,984.25 Benefit: 75% = \$2238.20</p>	
PROCEDURES ON THORACIC AORTA		
38550	<p>Repair or replacement of ascending thoracic aorta:</p> <p>(a) including:</p> <ul style="list-style-type: none"> (i) cardiopulmonary bypass; and (ii) retrograde cardioplegia (if performed); and <p>(b) not including valve replacement or repair or implantation of coronary arteries;</p> <p>other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category) Fee: \$2,337.50 Benefit: 75% = \$1753.15</p>	
38553	<p>Repair or replacement of ascending thoracic aorta:</p> <p>(a) including:</p> <ul style="list-style-type: none"> (i) aortic valve replacement or repair; and (i) cardiopulmonary bypass; and (ii) retrograde cardioplegia (if performed); and <p>(b) not including implantation of coronary arteries;</p> <p>other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category) Fee: \$2,942.90 Benefit: 75% = \$2207.20</p>	

T8. SURGICAL OPERATIONS		6. CARDIO-THORACIC
38554	<p>Valve sparing aortic root surgery, with reimplantation of aortic valve and coronary arteries and replacement of the ascending aorta, including cardiopulmonary bypass, and including retrograde cardioplegia (if performed), other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$4,236.45 Benefit: 75% = \$3177.35</p>	
38555	<p>Simple replacement or repair of aortic arch, performed in conjunction with a service to which item 38550, 38553, 38554, 38556, 38568 or 38571 applies, including:</p> <p>(a) deep hypothermic circulatory arrest; and</p> <p>(b) peripheral cannulation for cardiopulmonary bypass; and</p> <p>(c) antegrade or retrograde cerebral perfusion (if performed);</p> <p>other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38603, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$3,374.00 Benefit: 75% = \$2530.50</p>	
38556	<p>Repair or replacement of ascending thoracic aorta, including:</p> <p>(a) aortic valve replacement or repair; and</p> <p>(b) implantation of coronary arteries; and</p> <p>(c) cardiopulmonary bypass; and</p> <p>(d) retrograde cardioplegia (if performed);</p> <p>other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38603, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$3,230.50 Benefit: 75% = \$2422.90</p>	
38557	<p>Complex replacement or repair of aortic arch, performed in conjunction with a service to which item 38550, 38553, 38554, 38556, 38568 or 38571 applies, including:</p> <p>(a) debranching and reimplantation of head and neck vessels; and</p> <p>(b) deep hypothermic circulatory arrest; and</p> <p>(c) peripheral cannulation for cardiopulmonary bypass; and</p> <p>(d) antegrade or retrograde cerebral perfusion (if performed);</p> <p>other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$3,894.30 Benefit: 75% = \$2920.75</p>	
38558	<p>Aortic repair involving augmentation of hypoplastic or interrupted aortic arch, if:</p> <p>(a) the patient is a neonate; and</p> <p>(b) the service includes:</p>	

T8. SURGICAL OPERATIONS		6. CARDIO-THORACIC
	<p>(i) the use of antegrade cerebral perfusion or deep hypothermic circulatory arrest and associated myocardial preservation; and</p> <p>(ii) retrograde cardioplegia;</p> <p>other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$5,083.70 Benefit: 75% = \$3812.80</p>	
38568	<p>Repair or replacement of descending thoracic aorta, without shunt or cardiopulmonary bypass, by open exposure, percutaneous or endovascular means, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$1,938.45 Benefit: 75% = \$1453.85</p>	
38571	<p>Repair or replacement of descending thoracic aorta, with shunt or cardiopulmonary bypass, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$2,209.65 Benefit: 75% = \$1657.25</p>	
38572	<p>Operative management of acute rupture or dissection, if the service:</p> <p>(a) is performed in conjunction with a service to which item 38550, 38553, 38554, 38555, 38556, 38557, 38558, 38568, 38571, 38706 or 38709 applies; and</p> <p>(b) is not associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$2,067.60 Benefit: 75% = \$1550.70</p>	
CIRCULATORY SUPPORT PROCEDURES		
38600	<p>CENTRAL CANNULATION for cardiopulmonary bypass excluding post-operative management, not being a service associated with a service to which another item in this Subgroup applies (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$1,594.05 Benefit: 75% = \$1195.55</p>	
38603	<p>Peripheral cannulation for cardiopulmonary bypass, excluding post-operative management, other than a service:</p> <p>(a) in which peripheral cannulation is used in preference to central cannulation for valve or coronary bypass procedures; or</p> <p>(b) associated with a service to which item 38555 or 38572 applies</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$997.25 Benefit: 75% = \$747.95</p>	

T8. SURGICAL OPERATIONS		6. CARDIO-THORACIC
38609	<p>Insertion of intra-aortic balloon pump, by arteriotomy, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category) Fee: \$498.55 Benefit: 75% = \$373.95</p>	
38612	<p>Removal of intra-aortic balloon pump, with closure of artery by direct suture, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category) Fee: \$558.90 Benefit: 75% = \$419.20</p>	
38615	<p>Insertion of a left or right ventricular assist device, for use as:</p> <p>(a) a bridge to cardiac transplantation in patients with refractory heart failure who are:</p> <p style="padding-left: 20px;">(i) currently on a heart transplant waiting list, or</p> <p style="padding-left: 20px;">(ii) expected to be suitable candidates for cardiac transplantation following a period of support on the ventricular assist device; or</p> <p>(b) acute post cardiectomy support for failure to wean from cardiopulmonary transplantation; or</p> <p>(c) cardio-respiratory support for acute cardiac failure which is likely to recover with short term support of less than 6 weeks;</p> <p>other than a service associated with a service to which:</p> <p>(d) item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies; or</p> <p>(e) another item in this Schedule applies if the service described in the item is for the use of a ventricular assist device as destination therapy in the management of a patient with heart failure who is not expected to be a suitable candidate for cardiac transplantation</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category) Fee: \$1,594.05 Benefit: 75% = \$1195.55</p>	
38618	<p>Insertion of a left and right ventricular assist device, for use as:</p> <p>(a) a bridge to cardiac transplantation in patients with refractory heart failure who are:</p> <p style="padding-left: 20px;">(i) currently on a heart transplant waiting list, or</p> <p style="padding-left: 20px;">(ii) expected to be suitable candidates for cardiac transplantation following a period of support on the ventricular assist device; or</p> <p>(b) acute post cardiectomy support for failure to wean from cardiopulmonary transplantation; or</p> <p>(c) cardio-respiratory support for acute cardiac failure which is likely to recover with short term support of less than 6 weeks;</p> <p>other than a service associated with a service to which:</p>	

T8. SURGICAL OPERATIONS		6. CARDIO-THORACIC
	<p>(d) item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies; or</p> <p>(e) another item in this Schedule applies if the service described in the item is for the use of a ventricular assist device as destination therapy in the management of a patient with heart failure who is not expected to be a suitable candidate for cardiac transplantation</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category) Fee: \$1,986.95 Benefit: 75% = \$1490.25</p>	
38621	<p>LEFT OR RIGHT VENTRICULAR ASSIST DEVICE, removal of, as an independent procedure, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38627, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category) Fee: \$793.25 Benefit: 75% = \$594.95</p>	
38624	<p>LEFT AND RIGHT VENTRICULAR ASSIST DEVICE, removal of, as an independent procedure, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38627, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category) Fee: \$891.35 Benefit: 75% = \$668.55</p>	
38627	<p>EXTRA-CORPOREAL MEMBRANE OXYGENATION, BYPASS OR VENTRICULAR ASSIST DEVICE CANNULAE, adjustment and re-positioning of, by open operation, in patients supported by these devices, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38627, 38806 or 45503 applies</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category) Fee: \$696.70 Benefit: 75% = \$522.55</p>	
RE-OPERATION		
38637	<p>PATENT DISEASED coronary artery bypass vein graft or grafts, dissection, disconnection and oversewing of, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category) Fee: \$577.00 Benefit: 75% = \$432.75</p>	
MISCELLANEOUS CARDIOTHORACIC SURGICAL PROCEDURES		
38643	<p>Re-operation via thoracotomy or sternotomy, by any procedure:</p> <p>(a) including any division of adhesions if the time taken to divide the adhesions exceeds 30 minutes; and</p> <p>(b) other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category) Fee: \$1,567.65 Benefit: 75% = \$1175.75</p>	
38653	<p>Open heart surgery, other than a service:</p>	

T8. SURGICAL OPERATIONS		6. CARDIO-THORACIC
	(a) to which another item in this Group applies; or (b) associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.) (See para TN.8.67 of explanatory notes to this Category) Fee: \$2,090.50 Benefit: 75% = \$1567.90	
38656	THORACOTOMY or median sternotomy for post-operative bleeding, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.) (See para TN.8.67 of explanatory notes to this Category) Fee: \$997.25 Benefit: 75% = \$747.95	
38764	Ventricular myectomy, for relief of right or left ventricular obstruction, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.) Fee: \$2,221.00 Benefit: 75% = \$1665.75	
CARDIAC TUMOURS		
38670	CARDIAC TUMOUR, excision of, involving the wall of the atrium or inter-atrial septum, without patch or conduit reconstruction, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.) (See para TN.8.67 of explanatory notes to this Category) Fee: \$1,986.55 Benefit: 75% = \$1489.95	
38673	CARDIAC TUMOUR, excision of, involving the wall of the atrium or inter-atrial septum, requiring reconstruction with patch or conduit, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.) (See para TN.8.67 of explanatory notes to this Category) Fee: \$2,235.95 Benefit: 75% = \$1677.00	
38677	CARDIAC TUMOUR arising from ventricular myocardium, partial thickness excision of, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.) (See para TN.8.67 of explanatory notes to this Category) Fee: \$2,091.80 Benefit: 75% = \$1568.85	
38680	CARDIAC TUMOUR arising from ventricular myocardium, full thickness excision of including repair or reconstruction, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.) Fee: \$2,481.20 Benefit: 75% = \$1860.90	
CONGENITAL CARDIAC SURGERY		
38474	Repair, augmentation or replacement of branch pulmonary arteries—left or right (or both), with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.) Fee: \$2,257.10 Benefit: 75% = \$1692.85	
38700	PATENT DUCTUS ARTERIOSUS, shunt, collateral or other single large vessel, division or ligation of, without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a	

T8. SURGICAL OPERATIONS		6. CARDIO-THORACIC
	<p>service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$1,110.65 Benefit: 75% = \$833.00</p>	
38703	<p>Patent ductus arteriosus, shunt, collateral or other single large vessel, division or ligation of, with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$2,008.85 Benefit: 75% = \$1506.65</p>	
38706	<p>AORTA, anastomosis or repair of, without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$1,896.20 Benefit: 75% = \$1422.15</p>	
38709	<p>Anastomosis or repair of aorta, with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$2,235.45 Benefit: 75% = \$1676.60</p>	
38715	<p>MAIN PULMONARY ARTERY, banding, debanding or repair of, without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$1,775.45 Benefit: 75% = \$1331.60</p>	
38718	<p>Banding, debanding or repair of main pulmonary artery, with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$2,245.70 Benefit: 75% = \$1684.30</p>	
38721	<p>VENA CAVA, anastomosis or repair of, without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$1,556.45 Benefit: 75% = \$1167.35</p>	
38724	<p>Vena cava, anastomosis or repair of, with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$2,264.55 Benefit: 75% = \$1698.45</p>	
38727	<p>Anastomosis or repair of intrathoracic vessels, without cardiopulmonary bypass, performed as a primary procedure, other than a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38700, 38703, 38706, 38709, 38715, 38718, 38721, 38724, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p>	

T8. SURGICAL OPERATIONS		6. CARDIO-THORACIC
	(See para TN.8.67 of explanatory notes to this Category) Fee: \$1,556.45 Benefit: 75% = \$1167.35	
38730	Anastomosis or repair of intrathoracic vessels, with cardiopulmonary bypass, performed as a primary procedure, other than a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38700, 38703, 38706, 38709, 38712, 38715, 38718, 38721, 38724, 38806 or 45503 applies (H) (Anaes.) (Assist.) (See para TN.8.67 of explanatory notes to this Category) Fee: \$2,221.00 Benefit: 75% = \$1665.75	
38733	SYSTEMIC PULMONARY or CAVO-PULMONARY SHUNT, creation of, without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.) (See para TN.8.67 of explanatory notes to this Category) Fee: \$1,556.45 Benefit: 75% = \$1167.35	
38736	SYSTEMIC PULMONARY or CAVO-PULMONARY SHUNT, creation of, with cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.) (See para TN.8.67 of explanatory notes to this Category) Fee: \$2,221.00 Benefit: 75% = \$1665.75	
38739	Atrial septectomy, with or without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.) (See para TN.8.67 of explanatory notes to this Category) Fee: \$2,036.55 Benefit: 75% = \$1527.45	
38742	Atrial septal defect, closure by open exposure and direct suture or patch, for congenital heart disease in a patient with documented evidence of right heart overload or paradoxical embolism, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.) (See para TN.8.67, TN.8.210 of explanatory notes to this Category) Fee: \$2,002.05 Benefit: 75% = \$1501.55	
38745	INTRA-ATRIAL BAFFLE, insertion of, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.) (See para TN.8.67 of explanatory notes to this Category) Fee: \$2,221.00 Benefit: 75% = \$1665.75	
38748	VENTRICULAR SEPTECTOMY, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.) (See para TN.8.67 of explanatory notes to this Category) Fee: \$2,221.00 Benefit: 75% = \$1665.75	
38751	Ventricular septal defect, closure by direct suture or patch, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.) (See para TN.8.67 of explanatory notes to this Category) Fee: \$2,221.00 Benefit: 75% = \$1665.75	

T8. SURGICAL OPERATIONS		6. CARDIO-THORACIC
38754	<p>INTRAVENTRICULAR BAFFLE OR CONDUIT, insertion of, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$2,780.20 Benefit: 75% = \$2085.15</p>	
38757	<p>EXTRACARDIAC CONDUIT, insertion of, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$2,221.00 Benefit: 75% = \$1665.75</p>	
38760	<p>EXTRACARDIAC CONDUIT, replacement of, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$2,221.00 Benefit: 75% = \$1665.75</p>	
38766	<p>VENTRICULAR AUGMENTATION, right or left, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.67 of explanatory notes to this Category)</p> <p>Fee: \$2,221.00 Benefit: 75% = \$1665.75</p>	
MISCELLANEOUS PROCEDURES ON THE CHEST		
38800	<p>THORACIC CAVITY, aspiration of, for diagnostic purposes, not being a service associated with a service to which item 38803 applies</p> <p>Fee: \$40.05 Benefit: 75% = \$30.05 85% = \$34.05</p>	
38803	<p>THORACIC CAVITY, aspiration of, with therapeutic drainage (paracentesis), with or without diagnostic sample</p> <p>Fee: \$80.00 Benefit: 75% = \$60.00 85% = \$68.00</p>	
38806	<p>INTERCOSTAL DRAIN, insertion of, not involving resection of rib (excluding aftercare) (Anaes.)</p> <p>Fee: \$139.00 Benefit: 75% = \$104.25 85% = \$118.15</p>	
38809	<p>INTERCOSTAL DRAIN, insertion of, with pleurodesis and not involving resection of rib (excluding aftercare) (Anaes.)</p> <p>Fee: \$171.25 Benefit: 75% = \$128.45 85% = \$145.60</p>	
38812	<p>PERCUTANEOUS NEEDLE BIOPSY of lung (Anaes.)</p> <p>Fee: \$217.65 Benefit: 75% = \$163.25 85% = \$185.05</p>	

T8. SURGICAL OPERATIONS		7. NEUROSURGICAL
	Group T8. Surgical Operations	
	Subgroup 7. Neurosurgical	

T8. SURGICAL OPERATIONS		7. NEUROSURGICAL
	GENERAL	
39000	LUMBAR PUNCTURE (Anaes.) Fee: \$78.35 Benefit: 75% = \$58.80 85% = \$66.60	
39007	Procedure to obtain access to intracranial space (including subdural space, ventricle or basal cistern), percutaneously or by burr-hole (Anaes.) Fee: \$165.90 Benefit: 75% = \$124.45 85% = \$141.05	
39013	INJECTION UNDER IMAGE INTENSIFICATION with 1 or more of contrast media, local anaesthetic or corticosteroid into 1 or more zygo-apophyseal or costo-transverse joints or 1 or more primary posterior rami of spinal nerves (Anaes.) (See para TN.8.4 of explanatory notes to this Category) Fee: \$113.55 Benefit: 75% = \$85.20 85% = \$96.55	
39015	Intracranial parenchymal pressure monitoring device, insertion of—including burr hole (excluding after care) (Anaes.) (See para TN.8.4, TN.8.166 of explanatory notes to this Category) Fee: \$391.25 Benefit: 75% = \$293.45	
39018	Cerebrospinal reservoir, ventricular reservoir or external ventricular drain, insertion of, with or without stereotaxy (Anaes.) (Assist.) Fee: \$860.15 Benefit: 75% = \$645.15	
	PAIN RELIEF	
39100	INJECTION OF PRIMARY BRANCH OF TRIGEMINAL NERVE with alcohol, cortisone, phenol, or similar substance (Anaes.) (See para TN.8.4 of explanatory notes to this Category) Fee: \$247.20 Benefit: 75% = \$185.40 85% = \$210.15	
39109	Trigeminal gangliotomy by radiofrequency, balloon or glycerol, including stereotaxy (Anaes.) (Assist.) Fee: \$1,475.05 Benefit: 75% = \$1106.30 85% = \$1390.35	
39113	Cranial nerve, neurectomy or intracranial decompression of, using microsurgical techniques, including stereotaxy and cranioplasty (Anaes.) (Assist.) Fee: \$2,474.45 Benefit: 75% = \$1855.85	
39115	PERCUTANEOUS NEUROTOMY of posterior divisions (or rami) of spinal nerves by any method, including any associated spinal, epidural or regional nerve block (payable once only in a 30 day period) (Anaes.) (See para TN.8.4 of explanatory notes to this Category) Fee: \$78.35 Benefit: 75% = \$58.80 85% = \$66.60	
39118	PERCUTANEOUS NEUROTOMY for facet joint denervation by radio-frequency probe or cryoprobe using radiological imaging control (Anaes.) (Assist.) (See para TN.8.4 of explanatory notes to this Category) Fee: \$309.90 Benefit: 75% = \$232.45 85% = \$263.45	
39121	PERCUTANEOUS CORDOTOMY (Anaes.) (Assist.) (See para TN.8.4 of explanatory notes to this Category) Fee: \$657.35 Benefit: 75% = \$493.05 85% = \$572.65	

T8. SURGICAL OPERATIONS		7. NEUROSURGICAL
39124	<p>CORDOTOMY OR MYELOTOMY, partial or total laminectomy for, or operation for dorsal root entry zone (Drez) lesion (Anaes.) (Assist.)</p> <p>Fee: \$1,682.30 Benefit: 75% = \$1261.75</p>	
39125	<p>Intrathecal or epidural SPINAL CATHETER insertion or replacement of, and connection to a subcutaneous implanted infusion pump, for the management of chronic intractable pain (Anaes.) (Assist.)</p> <p>Fee: \$310.10 Benefit: 75% = \$232.60</p>	
39126	<p>INFUSION PUMP, subcutaneous implantation or replacement of, and connection of the pump to an intrathecal or epidural catheter, and filling of reservoir with a therapeutic agent or agents, with or without programming the pump, for the management of chronic intractable pain (Anaes.) (Assist.)</p> <p>Fee: \$376.55 Benefit: 75% = \$282.45</p>	
39127	<p>SUBCUTANEOUS RESERVOIR AND SPINAL CATHETER, insertion of, for the management of chronic intractable pain (Anaes.)</p> <p>(See para TN.8.4 of explanatory notes to this Category)</p> <p>Fee: \$492.85 Benefit: 75% = \$369.65</p>	
39128	<p>INFUSION PUMP, subcutaneous implantation of, AND intrathecal or epidural SPINAL CATHETER insertion of, and connection of pump to catheter, and filling of reservoir with a therapeutic agent or agents, with or without programming the pump, for the management of chronic intractable pain (Anaes.) (Assist.)</p> <p>Fee: \$686.65 Benefit: 75% = \$515.00</p>	
39130	<p>EPIDURAL LEAD, percutaneous placement of, including intraoperative test stimulation, for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris, to a maximum of 4 leads (Anaes.)</p> <p>(See para TN.8.4 of explanatory notes to this Category)</p> <p>Fee: \$701.45 Benefit: 75% = \$526.10</p>	
39131	<p>ELECTRODES, epidural or peripheral nerve, management of patient and adjustment or reprogramming of neurostimulator by a medical practitioner, for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris - each day</p> <p>Fee: \$133.00 Benefit: 75% = \$99.75 85% = \$113.05</p>	
39133	<p>Removal of subcutaneously IMPLANTED INFUSION PUMP OR removal or repositioning of intrathecal or epidural SPINAL CATHETER, for the management of chronic intractable pain (Anaes.)</p> <p>(See para TN.8.4 of explanatory notes to this Category)</p> <p>Fee: \$165.90 Benefit: 75% = \$124.45</p>	
39134	<p>NEUROSTIMULATOR or RECEIVER, subcutaneous placement of, including placement and connection of extension wires to epidural or peripheral nerve electrodes, for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris (Anaes.) (Assist.)</p> <p>Fee: \$354.40 Benefit: 75% = \$265.80</p>	
39135	<p>NEUROSTIMULATOR or RECEIVER, that was inserted for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris, removal of, performed in the operating theatre of a hospital (Anaes.)</p> <p>Fee: \$165.90 Benefit: 75% = \$124.45</p>	

T8. SURGICAL OPERATIONS		7. NEUROSURGICAL
39136	<p>LEAD, epidural or peripheral nerve that was inserted for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris, removal of, performed in the operating theatre of a hospital (Anaes.)</p> <p>(See para TN.8.4 of explanatory notes to this Category)</p> <p>Fee: \$165.90 Benefit: 75% = \$124.45</p>	
39137	<p>LEAD, epidural or peripheral nerve that was inserted for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris, surgical repositioning to correct displacement or unsatisfactory positioning, including intraoperative test stimulation, not being a service to which item 39130, 39138 or 39139 applies (Anaes.)</p> <p>Fee: \$629.90 Benefit: 75% = \$472.45</p>	
39138	<p>PERIPHERAL NERVE LEAD, surgical placement of, including intraoperative test stimulation, for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris, to a maximum of 4 leads (Anaes.) (Assist.)</p> <p>Fee: \$701.45 Benefit: 75% = \$526.10</p>	
39139	<p>Epidural lead, surgical placement of one or more by partial or total laminectomy, including intraoperative test stimulation, for the management of chronic intractable neuropathic pain or pain from refractory angina pectoris—to a maximum of 4 leads (H) (Anaes.) (Assist.)</p> <p>Fee: \$941.80 Benefit: 75% = \$706.35</p>	
39140	<p>EPIDURAL CATHETER, insertion of, under imaging control, with epidurogram and epidural therapeutic injection for lysis of adhesions (Anaes.)</p> <p>Fee: \$304.70 Benefit: 75% = \$228.55 85% = \$259.00</p>	
PERIPHERAL NERVES		
39300	<p>Nerve, digital or cutaneous, primary repair of, using microsurgical techniques, other than a service associated with a service to which item 39330 applies—applicable once per nerve (H) (Anaes.) (Assist.)</p> <p>Fee: \$367.70 Benefit: 75% = \$275.80</p>	
39303	<p>Nerve, digital or cutaneous, delayed repair of, using microsurgical techniques, including either or both of the following (if performed):</p> <p>(a) neurolysis;</p> <p>(b) transposition of nerve to facilitate repair;</p> <p>other than a service associated with a service to which item 30023 applies—applicable once per nerve (H) (Anaes.) (Assist.)</p> <p>Fee: \$485.00 Benefit: 75% = \$363.75</p>	
39306	<p>Nerve trunk, primary repair of, using microsurgical techniques, other than a service associated with a service to which item 39330 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$704.25 Benefit: 75% = \$528.20</p>	
39307	<p>Reconstruction of nerve trunk using biological or synthetic nerve conduit, using microsurgical techniques, other than a service associated with a service to which item 39330 applies (Anaes.) (Assist.)</p> <p>Fee: \$857.55 Benefit: 75% = \$643.20 85% = \$772.85</p>	

T8. SURGICAL OPERATIONS		7. NEUROSURGICAL
39309	<p>Nerve trunk, delayed repair of, using microsurgical techniques, including either or both of the following (if performed):</p> <p>(a) neurolysis;</p> <p>(b) transposition of nerve or nerve transfer to facilitate repair;</p> <p>other than a service associated with a service to which item 30023 or 39321 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$743.35 Benefit: 75% = \$557.55</p>	
39312	<p>Nerve trunk, internal (interfascicular), neurolysis of, using microsurgical techniques, other than a service associated with a service to which item 30023 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$414.70 Benefit: 75% = \$311.05</p>	
39315	<p>Nerve trunk, nerve graft to, by cable graft, using microsurgical techniques, including any of the following (if performed):</p> <p>(a) harvesting of nerve graft;</p> <p>(b) proximal and distal anastomosis of nerve graft;</p> <p>(c) transposition of nerve to facilitate grafting;</p> <p>(d) neurolysis;</p> <p>other than a service associated with a service to which item 30023 or 39330 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,071.95 Benefit: 75% = \$804.00</p>	
39318	<p>Nerve, digital or cutaneous, nerve graft to, using microsurgical techniques, including either or both of the following (if performed):</p> <p>(a) harvesting of nerve graft from separate donor site;</p> <p>(b) proximal and distal anastomosis of nerve graft;</p> <p>other than a service associated with a service to which item 39330 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$665.15 Benefit: 75% = \$498.90</p>	
39319	<p>Reconstruction of digital or cutaneous nerve using biological or synthetic nerve conduit, using microsurgical techniques, other than a service associated with a service to which item 39330 applies (Anaes.) (Assist.)</p> <p>Fee: \$485.00 Benefit: 75% = \$363.75 85% = \$412.25</p>	
39321	<p>Transposition of nerve, excluding the ulnar nerve at the elbow, other than a service associated with a service to which item 39330 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.189 of explanatory notes to this Category)</p> <p>Fee: \$492.85 Benefit: 75% = \$369.65</p>	
39323	<p>PERCUTANEOUS NEUROTOMY by cryotherapy or radiofrequency lesion generator, not being a service to which another item applies (Anaes.) (Assist.)</p> <p>Fee: \$288.00 Benefit: 75% = \$216.00 85% = \$244.80</p>	

T8. SURGICAL OPERATIONS		7. NEUROSURGICAL
39324	<p>Neurectomy or removal of tumour or neuroma from superficial peripheral nerve (Anaes.) (Assist.)</p> <p>(See para TN.8.4 of explanatory notes to this Category)</p> <p>Fee: \$288.00 Benefit: 75% = \$216.00 85% = \$244.80</p>	
39327	<p>NEURECTOMY, NEUROTOMY or removal of tumour from deep peripheral or cranial nerve, by open operation, not being a service to which item 41575, 41576, 41578 or 41579 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.4 of explanatory notes to this Category)</p> <p>Fee: \$492.95 Benefit: 75% = \$369.75</p>	
39328	<p>Neurectomy, neurotomy or removal of tumour from deep peripheral nerve, by open operation, for upper limb surgery (H) (Anaes.) (Assist.)</p> <p>Fee: \$492.95 Benefit: 75% = \$369.75</p>	
39329	<p>Extensive neurolysis of radial, median or ulnar nerve trunk nerve in the forearm or arm, other than a service associated with a service to which item 30023, 39303, 39309, 39312, 39315, 39318, 39324, 39327 or 39333 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.186 of explanatory notes to this Category)</p> <p>Fee: \$367.70 Benefit: 75% = \$275.80 85% = \$312.55</p>	
39330	<p>Neurolysis by open operation without transposition, other than a service associated with a service to which item 30023, 39321, 39328, 39329, 39332, 39336, 39339, 39342, 39345, 49774 or 49775 applies (H)</p> <p>(Anaes.) (Assist.)</p> <p>(See para TN.8.200, TN.8.196 of explanatory notes to this Category)</p> <p>Fee: \$288.00 Benefit: 75% = \$216.00</p>	
39331	<p>Carpal tunnel release, including division of transverse carpal ligament or release of median nerve, by any method, including either or both of the following (if performed):</p> <p>(a) synovectomy;</p> <p>(b) neurolysis</p> <p>Other than a service associated with a service to which item 30023 or 46339 applies (Anaes.) (Assist.)</p> <p>Fee: \$288.00 Benefit: 75% = \$216.00 85% = \$244.80</p>	
39332	<p>Revision of carpal tunnel release, including division of transverse carpal ligament or release of median nerve, by any method, including either or both of the following (if performed):</p> <p>(a) synovectomy;</p> <p>(b) neurolysis;</p> <p>other than a service associated with a service to which item 30023 or 46339 applies. (Anaes.) (Assist.)</p> <p>Fee: \$432.05 Benefit: 75% = \$324.05 85% = \$367.25</p>	
39333	<p>BRACHIAL PLEXUS, exploration of, not being a service to which another item in this Group applies (Anaes.) (Assist.)</p>	

T8. SURGICAL OPERATIONS		7. NEUROSURGICAL
	Fee: \$414.70 Benefit: 75% = \$311.05 85% = \$352.50	
39336	Ulnar nerve decompression at elbow or wrist (cubital tunnel or Guyon's canal) without transposition, by any method, including neurolysis (if performed), other than a service associated with a service to which item 30023 applies (Anaes.) (Assist.) Fee: \$288.00 Benefit: 75% = \$216.00 85% = \$244.80	
39339	Revision of ulnar nerve decompression at elbow (cubital tunnel) without transposition, by any method, including neurolysis (if performed), other than a service associated with a service to which item 30023 applies (Anaes.) (Assist.) Fee: \$432.05 Benefit: 75% = \$324.05 85% = \$367.25	
39342	Ulnar nerve decompression at elbow (cubital tunnel), including any of the following (if performed): (a) associated transposition; (b) subcutaneous or submuscular transposition of the nerve; (c) medial epicondylectomy; (d) ostetomy and reconstruction of the flexor origin; (e) neurolysis; other than a service associated with a service to which item 30023 applies (Anaes.) (Assist.) Fee: \$566.75 Benefit: 75% = \$425.10 85% = \$482.05	
39345	Localised decompression of radial, median or ulnar nerve, or branches of, in the forearm for compressive neuropathy, including neurolysis (if performed), other than a service associated with a service to which item 30023 applies (Anaes.) (Assist.) (See para TN.8.186 of explanatory notes to this Category) Fee: \$288.00 Benefit: 75% = \$216.00 85% = \$244.80	
CRANIAL NERVES		
39503	Facio-hypoglossal nerve or facio-accessory nerve, anastomosis of (Anaes.) (Assist.) (See para TN.8.166 of explanatory notes to this Category) Fee: \$993.70 Benefit: 75% = \$745.30	
CRANIO-CEREBRAL INJURIES		
39604	Any of the following procedures for intracranial haemorrhage or swelling: (a) craniotomy, craniectomy or burr-holes for removal of intracranial haemorrhage, including stereotaxy; (b) craniotomy or craniectomy for brain swelling, stroke, or raised intracranial pressure, including for subtemporal decompression, including stereotaxy; or (c) post-operative re-opening, including for swelling or post-operative cerebrospinal fluid leak. (Anaes.) (Assist.) Fee: \$1,866.25 Benefit: 75% = \$1399.70	
39610	Fractured skull, without brain laceration or dural penetration, repair of (Anaes.) (Assist.) Fee: \$993.70 Benefit: 75% = \$745.30	

T8. SURGICAL OPERATIONS		7. NEUROSURGICAL
39612	Fractured skull, with brain laceration or dural penetration but without cerebrospinal fluid, rhinorrhoea or otorrhoea, repair of (Anaes.) (Assist.) Fee: \$1,165.90 Benefit: 75% = \$874.45	
39615	Fractured skull, after trauma, with cerebrospinal fluid rhinorrhoea or otorrhoea, repair of, including stereotaxy and dermofat graft (Anaes.) (Assist.) Fee: \$1,989.50 Benefit: 75% = \$1492.15	
SKULL BASE SURGERY		
39638	Anterior or middle cranial fossa or cavernous sinus, tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, principal surgeon (Anaes.) (Assist.) (See para TN.8.70 of explanatory notes to this Category) Fee: \$4,429.65 Benefit: 75% = \$3322.25	
39639	Anterior or middle cranial fossa or cavernous sinus, tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, co-surgeon (Assist.) (See para TN.8.70 of explanatory notes to this Category) Fee: \$3,539.75 Benefit: 75% = \$2654.85	
39641	Anterior or middle cranial fossa or cavernous sinus, tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty - one surgeon (Anaes.) (Assist.) (See para TN.8.70 of explanatory notes to this Category) Fee: \$4,672.15 Benefit: 75% = \$3504.15	
39651	Petro-clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty - one surgeon (Anaes.) (Assist.) (See para TN.8.70 of explanatory notes to this Category) Fee: \$5,764.25 Benefit: 75% = \$4323.20	
39654	Petro-clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, principal surgeon (Anaes.) (Assist.) (See para TN.8.70 of explanatory notes to this Category) Fee: \$4,429.65 Benefit: 75% = \$3322.25	
39656	Petro clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, co surgeon (Assist.) (See para TN.8.70 of explanatory notes to this Category) Fee: \$3,539.75 Benefit: 75% = \$2654.85	
INTRA-CRANIAL NEOPLASMS		
39700	Skull tumour, benign or malignant, excision of, including stereotaxy and cranioplasty (Anaes.) (Assist.) Fee: \$1,885.80 Benefit: 75% = \$1414.35	
39703	Intracranial tumour, cyst or other brain tissue, either or both of: (a) burr hole and biopsy of; (b) drainage of; including stereotaxy (Anaes.) (Assist.) Fee: \$1,514.20 Benefit: 75% = \$1135.65	

T8. SURGICAL OPERATIONS		7. NEUROSURGICAL
39710	Intracranial tumour, one or more, biopsy, drainage, decompression or removal of, through a single craniotomy, including stereotaxy and cranioplasty (Anaes.) (Assist.) Fee: \$2,521.60 Benefit: 75% = \$1891.20	
39712	Transcranial tumour removal or biopsy of one or more of any of the following: (a) meningioma; (b) pinealoma; (c) cranio pharyngioma; (d) pituitary tumour; (e) intraventricular lesion; (f) brain stem lesion; (g) any other intracranial tumour; by any means (with or without endoscopy), through a single craniotomy, including stereotaxy and cranioplasty (Anaes.) (Assist.) Fee: \$3,851.65 Benefit: 75% = \$2888.75	
39715	Pituitary tumour, removal of, by transphenoidal approach, including stereotaxy and dermis, dermofat or fascia grafting, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.) Fee: \$2,811.05 Benefit: 75% = \$2108.30	
39718	Arachnoidal cyst, craniotomy for, including stereotaxy and neuroendoscopy (Anaes.) (Assist.) Fee: \$1,698.05 Benefit: 75% = \$1273.55	
39720	Awake craniotomy for functional neurosurgery (Anaes.) (Assist.) Fee: \$3,603.20 Benefit: 75% = \$2702.40	
CEREBROVASCULAR DISEASE		
39801	Aneurysm, clipping, proximal ligation, or reinforcement of sac, including stereotaxy and cranioplasty (Anaes.) (Assist.) Fee: \$5,764.25 Benefit: 75% = \$4323.20	
39803	Intracranial arteriovenous malformation or fistula, treatment through a craniotomy, including stereotaxy, cranioplasty and all angiography (Anaes.) (Assist.) Fee: \$5,764.25 Benefit: 75% = \$4323.20	
39815	CAROTID-CAVERNOUS FISTULA, obliteration of - combined cervical and intracranial procedure (Anaes.) (Assist.) Fee: \$1,901.30 Benefit: 75% = \$1426.00 85% = \$1816.60	
39818	Intracranial vascular bypass using indirect techniques, including stereotaxy (Anaes.) (Assist.) Fee: \$2,523.45 Benefit: 75% = \$1892.60	
39821	Intracranial vascular bypass using direct anastomosis techniques, including stereotaxy (Anaes.) (Assist.) Fee: \$3,595.40 Benefit: 75% = \$2696.55	
40004	Ventricular, lumbar or cisternal shunt diversion, insertion or revision of, including stereotaxy (Anaes.) (Assist.) Fee: \$1,721.50 Benefit: 75% = \$1291.15	

T8. SURGICAL OPERATIONS		7. NEUROSURGICAL
INFECTION		
39900	Intracranial infection, treated by burr hole, including stereotaxy, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.) Fee: \$1,514.20 Benefit: 75% = \$1135.65	
39903	Intracranial infection, treated by craniotomy, including stereotaxy, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.) Fee: \$2,273.20 Benefit: 75% = \$1704.90	
39906	Osteomyelitis of skull or removal of infected bone flap, craniectomy for, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.) (See para TN.8.166 of explanatory notes to this Category) Fee: \$829.40 Benefit: 75% = \$622.05	
CEREBROSPINAL FLUID CIRCULATION DISORDERS		
40012	Endoscopic ventriculostomy for treatment of cerebrospinal fluid circulation disorders, including stereotaxy (Anaes.) (Assist.) Fee: \$1,780.20 Benefit: 75% = \$1335.15	
40018	LUMBAR CEREBROSPINAL FLUID DRAIN, insertion of (Anaes.) Fee: \$165.90 Benefit: 75% = \$124.45 85% = \$141.05	
CONGENITAL DISORDERS		
40104	Spinal myelomeningocele or spinal meningocele, excision and closure of, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.) (See para TN.8.166 of explanatory notes to this Category) Fee: \$1,056.35 Benefit: 75% = \$792.30	
40106	Chiari malformation, decompression or reconstruction of, including laminectomy, dermofat graft and stereotaxy, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.) Fee: \$2,507.80 Benefit: 75% = \$1880.85	
40109	Encephalocele or cranial meningocele, excision and closure of, including stereotaxy and dermofat graft (Anaes.) (Assist.) Fee: \$1,946.40 Benefit: 75% = \$1459.80	
40112	Tethered cord, release of, including lipomeningocele or diastematomyelia, multiple levels, including laminectomy and rhizolysis, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.) Fee: \$2,486.35 Benefit: 75% = \$1864.80	
40119	Craniostenosis, operation for, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.) Fee: \$993.70 Benefit: 75% = \$745.30	
SKULL RECONSTRUCTION		
40600	Cranioplasty, reconstructive, other than a service associated with a service to which item 39113, 39638, 39639, 39641, 39651, 39654, 39656, 39700, 39710, 39712, 39715, 39801, 39803 or 40703 applies (Anaes.) (Assist.)	

T8. SURGICAL OPERATIONS		7. NEUROSURGICAL
	Fee: \$993.70 Benefit: 75% = \$745.30	
	EPILEPSY	
40700	Corpus callosotomy, for epilepsy, including stereotaxy (Anaes.) (Assist.) Fee: \$2,437.45 Benefit: 75% = \$1828.10	
40701	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, subcutaneous placement of electrical pulse generator, for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (Anaes.) (Assist.) Fee: \$354.40 Benefit: 75% = \$265.80	
40702	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical repositioning or removal of electrical pulse generator inserted for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (Anaes.) (Assist.) Fee: \$165.90 Benefit: 75% = \$124.45	
40703	Corticectomy, topectomy or partial lobectomy, for epilepsy, including stereotaxy and cranioplasty (Anaes.) (Assist.) Fee: \$2,521.60 Benefit: 75% = \$1891.20	
40704	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical placement of lead, including connection of lead to left vagus nerve and intra-operative test stimulation, for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (Anaes.) (Assist.) Fee: \$701.45 Benefit: 75% = \$526.10	
40705	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical repositioning or removal of lead attached to left vagus nerve for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (Anaes.) (Assist.) Fee: \$629.90 Benefit: 75% = \$472.45	
40706	Hemispherectomy or functional hemispherectomy, for intractable epilepsy, including stereotaxy (Anaes.) (Assist.) Fee: \$3,603.25 Benefit: 75% = \$2702.45	
40707	Vagus nerve stimulation therapy through stimulation of the left vagus nerve, electrical analysis and programming of vagus nerve stimulation therapy device using external wand, for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery Fee: \$197.40 Benefit: 75% = \$148.05 85% = \$167.80	

T8. SURGICAL OPERATIONS		7. NEUROSURGICAL
40708	<p>Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical replacement of battery in electrical pulse generator inserted for:</p> <p>(a) management of refractory generalised epilepsy; or</p> <p>(b) treating refractory focal epilepsy not suitable for resective epilepsy surgery (Anaes.) (Assist.)</p> <p>Fee: \$354.40 Benefit: 75% = \$265.80</p>	
40709	<p>Intracranial electrode placement by burr hole, including stereotaxy (Anaes.) (Assist.)</p> <p>Fee: \$1,514.20 Benefit: 75% = \$1135.65</p>	
40712	<p>Intracranial electrode placement by craniotomy, single or multiple, including stereotactic EEG, including stereotaxy (Anaes.) (Assist.)</p> <p>Fee: \$3,603.25 Benefit: 75% = \$2702.45</p>	
STEREOTACTIC PROCEDURES		
40801	<p>Functional stereotactic procedure including computer assisted anatomical localisation, physiological localisation, and lesion production, by any method, in the basal ganglia, brain stem or deep white matter tracts, other than a service associated with deep brain stimulation for Parkinson's disease, essential tremor or dystonia (Anaes.) (Assist.)</p> <p>Fee: \$1,816.55 Benefit: 75% = \$1362.45</p>	
40803	<p>Intracranial stereotactic procedure by any method, other than:</p> <p>(a) a service to which item 40801 applies; or</p> <p>(b) a service associated with a service to which item 39018, 39109, 39113, 39604, 39615, 39638, 39639, 39641, 39651, 39654, 39656, 39700, 39703, 39710, 39712, 39715, 39718, 39720, 39801, 39803, 39818, 39821, 39900, 39903, 40004, 40012, 40106, 40109, 40700, 40703, 40706, 40709 or 40712 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.166 of explanatory notes to this Category)</p> <p>Fee: \$1,244.15 Benefit: 75% = \$933.15 85% = \$1159.45</p>	
40850	<p>DEEP BRAIN STIMULATION (unilateral) functional stereotactic procedure including computer assisted anatomical localisation, physiological localisation including twist drill, burr hole craniotomy or craniectomy and insertion of electrodes for the treatment of:</p> <p>Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or</p> <p>Essential tremor or dystonia where the patient's symptoms cause severe disability (Anaes.) (Assist.)</p> <p>Fee: \$2,356.20 Benefit: 75% = \$1767.15</p>	
40851	<p>DEEP BRAIN STIMULATION (bilateral) functional stereotactic procedure including computer assisted anatomical localisation, physiological localisation including twist drill, burr hole craniotomy or craniectomy and insertion of electrodes for the treatment of:</p>	

T8. SURGICAL OPERATIONS		7. NEUROSURGICAL
	<p>Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or</p> <p>Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.) (Assist.)</p> <p>Fee: \$4,123.60 Benefit: 75% = \$3092.70</p>	
40852	<p>DEEP BRAIN STIMULATION (unilateral) subcutaneous placement of neurostimulator receiver or pulse generator for the treatment of:</p> <p>Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or</p> <p>Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.) (Assist.)</p> <p>Fee: \$354.40 Benefit: 75% = \$265.80</p>	
40854	<p>DEEP BRAIN STIMULATION (unilateral) revision or removal of brain electrode for the treatment of:</p> <p>Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or</p> <p>Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.)</p> <p>Fee: \$547.70 Benefit: 75% = \$410.80</p>	
40856	<p>DEEP BRAIN STIMULATION (unilateral) removal or replacement of neurostimulator receiver or pulse generator for the treatment of:</p> <p>Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or</p> <p>Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.)</p> <p>Fee: \$265.80 Benefit: 75% = \$199.35</p>	
40858	<p>DEEP BRAIN STIMULATION (unilateral) placement, removal or replacement of extension lead for the treatment of:</p> <p>Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or</p> <p>Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.)</p> <p>Fee: \$547.70 Benefit: 75% = \$410.80</p>	
40860	<p>DEEP BRAIN STIMULATION (unilateral) target localisation incorporating anatomical and physiological techniques, including intra-operative clinical evaluation, for the insertion of a single neurostimulation wire for the treatment of:</p>	

T8. SURGICAL OPERATIONS		7. NEUROSURGICAL
	<p>Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or</p> <p>Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.)</p> <p>Fee: \$2,104.65 Benefit: 75% = \$1578.50</p>	
40862	<p>DEEP BRAIN STIMULATION (unilateral) electronic analysis and programming of neurostimulator pulse generator for the treatment of:</p> <p>Parkinson's disease where the patient's response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or</p> <p>Essential tremor or dystonia where the patient's symptoms cause severe disability. (Anaes.)</p> <p>Fee: \$197.40 Benefit: 75% = \$148.05 85% = \$167.80</p>	
MISCELLANEOUS		
40905	<p>Craniotomy, performed by a neurosurgeon in conjunction with the correction of craniofacial abnormalities (Anaes.) (Assist.)</p> <p>Fee: \$626.10 Benefit: 75% = \$469.60</p>	

T8. SURGICAL OPERATIONS		8. EAR, NOSE AND THROAT
	Group T8. Surgical Operations	
	Subgroup 8. Ear, Nose And Throat	
41500	<p>EAR, foreign body (other than ventilating tube) in, removal of, other than by simple syringing (Anaes.)</p> <p>(See para TN.8.72 of explanatory notes to this Category)</p> <p>Fee: \$85.80 Benefit: 75% = \$64.35 85% = \$72.95</p>	
41501	<p>Examination of glottal cycles and vibratory characteristics of the vocal folds by a specialist in the practice of the specialist's specialty of otolaryngology using videostroboscopy, including capturing audio, video, frequency and intensity, for confirmation of diagnosis, or for confirmation of treatment effectiveness where there is failure to progress or respond as expected, for:</p> <ul style="list-style-type: none"> a. dysphonia where non stroboscopic techniques of the visualising the larynx have failed to identify any frank abnormality of the vocal folds; or b. benign or malignant vocal fold lesions; or c. premalignant or malignant laryngeal lesions; or d. vocal fold motion impairment or glottal insufficiency; or e. evaluation of vocal fold function after treatment or phonosurgery <p>other than a service associated with a service to which item 41764 applies or with a services associated with the administration of a general anaesthetic</p> <p>(See para TN.8.76 of explanatory notes to this Category)</p> <p>Fee: \$193.10 Benefit: 75% = \$144.85 85% = \$164.15</p>	
41503	<p>EAR, foreign body in, removal of, involving incision of external auditory canal (Anaes.)</p> <p>Fee: \$248.45 Benefit: 75% = \$186.35 85% = \$211.20</p>	

T8. SURGICAL OPERATIONS		8. EAR, NOSE AND THROAT
41506	AURAL POLYP, removal of (Anaes.) Fee: \$149.85 Benefit: 75% = \$112.40 85% = \$127.40	
41509	EXTERNAL AUDITORY MEATUS, surgical removal of keratosis obturans from, not being a service to which another item in this Group applies (Anaes.) Fee: \$169.55 Benefit: 75% = \$127.20 85% = \$144.15	
41512	MEATOPLASTY involving removal of cartilage or bone or both cartilage and bone, not being a service to which item 41515 applies (Anaes.) (Assist.) Fee: \$609.65 Benefit: 75% = \$457.25	
41515	MEATOPLASTY involving removal of cartilage or bone or both cartilage and bone, being a service associated with a service to which item 41530, 41548, 41557, 41560 or 41563 applies (Anaes.) (Assist.) (See para TN.8.73 of explanatory notes to this Category) Fee: \$400.10 Benefit: 75% = \$300.10	
41518	EXTERNAL AUDITORY MEATUS, removal of EXOSTOSES IN (Anaes.) (Assist.) Fee: \$966.35 Benefit: 75% = \$724.80	
41521	Correction of AUDITORY CANAL STENOSIS, including meatoplasty, with or without grafting (Anaes.) (Assist.) Fee: \$1,028.90 Benefit: 75% = \$771.70	
41524	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL, being a service associated with a service to which items 41557, 41560 and 41563 apply (Anaes.) (Assist.) (See para TN.8.74 of explanatory notes to this Category) Fee: \$297.25 Benefit: 75% = \$222.95	
41527	MYRINGOPLASTY, transcanal approach (Rosen incision) (Anaes.) (Assist.) Fee: \$611.40 Benefit: 75% = \$458.55	
41530	MYRINGOPLASTY, postaural or endaural approach with or without mastoid inspection (Anaes.) Fee: \$996.10 Benefit: 75% = \$747.10	
41533	ATTICOTOMY without reconstruction of the bony defect, with or without myringoplasty (Anaes.) (Assist.) Fee: \$1,190.65 Benefit: 75% = \$893.00	
41536	ATTICOTOMY with reconstruction of the bony defect, with or without myringoplasty (Anaes.) (Assist.) Fee: \$1,333.65 Benefit: 75% = \$1000.25	
41539	OSSICULAR CHAIN RECONSTRUCTION (Anaes.) (Assist.) Fee: \$1,134.05 Benefit: 75% = \$850.55	
41542	OSSICULAR CHAIN RECONSTRUCTION AND MYRINGOPLASTY (Anaes.) (Assist.) Fee: \$1,242.65 Benefit: 75% = \$932.00	
41545	MASTOIDECTOMY (CORTICAL) (Anaes.) (Assist.) Fee: \$542.40 Benefit: 75% = \$406.80	

T8. SURGICAL OPERATIONS		8. EAR, NOSE AND THROAT
41548	OBLITERATION OF THE MASTOID CAVITY (Anaes.) (Assist.) Fee: \$719.75 Benefit: 75% = \$539.85	
41551	MASTOIDECTOMY, intact wall technique, with myringoplasty (Anaes.) (Assist.) Fee: \$1,657.65 Benefit: 75% = \$1243.25	
41554	MASTOIDECTOMY, intact wall technique, with myringoplasty and ossicular chain reconstruction (Anaes.) (Assist.) Fee: \$1,953.00 Benefit: 75% = \$1464.75	
41557	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) (Anaes.) (Assist.) Fee: \$1,134.05 Benefit: 75% = \$850.55	
41560	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) AND MYRINGOPLASTY (Anaes.) Fee: \$1,242.65 Benefit: 75% = \$932.00	
41563	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL), MYRINGOPLASTY AND OSSICULAR CHAIN RECONSTRUCTION (Anaes.) (Assist.) Fee: \$1,538.30 Benefit: 75% = \$1153.75	
41564	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL), OBLITERATION OF THE MASTOID CAVITY, BLIND SAC CLOSURE OF EXTERNAL AUDITORY CANAL AND OBLITERATION OF EUSTACHIAN TUBE (Anaes.) (Assist.) Fee: \$1,989.30 Benefit: 75% = \$1492.00	
41566	REVISION OF MASTOIDECTOMY (radical, modified radical or intact wall), including myringoplasty (Anaes.) (Assist.) Fee: \$1,134.05 Benefit: 75% = \$850.55	
41569	DECOMPRESSION OF FACIAL NERVE in its mastoid portion (Anaes.) (Assist.) Fee: \$1,242.65 Benefit: 75% = \$932.00	
41572	LABYRINTHOTOMY OR DESTRUCTION OF LABYRINTH (Anaes.) (Assist.) Fee: \$1,075.10 Benefit: 75% = \$806.35	
41575	CEREBELLO PONTINE ANGLE TUMOUR, removal of by 2 surgeons operating conjointly, by transmastoid, translabyrinthine or retromastoid approach transmastoid, translabyrinthine or retromastoid procedure (including aftercare) (Anaes.) (Assist.) Fee: \$2,534.35 Benefit: 75% = \$1900.80	
41576	CEREBELLO - PONTINE ANGLE TUMOUR, removal of, by transmastoid, translabyrinthine or retromastoid approach - intracranial procedure (including aftercare) not being a service to which item 41578 or 41579 applies (Anaes.) (Assist.) Fee: \$3,801.65 Benefit: 75% = \$2851.25	
41578	CEREBELLO PONTINE ANGLE TUMOUR, removal of, by transmastoid, translabyrinthine or retromastoid approach, (intracranial procedure) - conjoint surgery, principal surgeon (Anaes.) (Assist.) Fee: \$2,534.35 Benefit: 75% = \$1900.80	

T8. SURGICAL OPERATIONS		8. EAR, NOSE AND THROAT
41579	<p>CEREBELLO-PONTINE ANGLE TUMOUR, removal of, by transmastoid, translabyrinthine or retromastoid approach, (intracranial procedure) - conjoint surgery, co-surgeon (Assist.)</p> <p>Fee: \$1,900.80 Benefit: 75% = \$1425.60</p>	
41581	<p>TUMOUR INVOLVING INFRA-TEMPORAL FOSSA, removal of, involving craniotomy and radical excision of (Anaes.) (Assist.)</p> <p>Fee: \$2,915.05 Benefit: 75% = \$2186.30</p>	
41584	<p>PARTIAL TEMPORAL BONE RESECTION for removal of tumour involving mastoidectomy with or without decompression of facial nerve (Anaes.) (Assist.)</p> <p>Fee: \$2,000.55 Benefit: 75% = \$1500.45</p>	
41587	<p>TOTAL TEMPORAL BONE RESECTION for removal of tumour (Anaes.) (Assist.)</p> <p>Fee: \$2,724.70 Benefit: 75% = \$2043.55</p>	
41590	<p>ENDOLYMPHATIC SAC, TRANSMASTOID DECOMPRESSION with or without drainage of (Anaes.) (Assist.)</p> <p>Fee: \$1,242.65 Benefit: 75% = \$932.00</p>	
41593	<p>TRANSLABYRINTHINE VESTIBULAR NERVE SECTION (Anaes.) (Assist.)</p> <p>Fee: \$1,619.55 Benefit: 75% = \$1214.70</p>	
41596	<p>RETROLABYRINTHINE VESTIBULAR NERVE SECTION or COCHLEAR NERVE SECTION, or BOTH (Anaes.) (Assist.)</p> <p>Fee: \$1,810.00 Benefit: 75% = \$1357.50</p>	
41599	<p>INTERNAL AUDITORY MEATUS, exploration by middle cranial fossa approach with cranial nerve decompression (Anaes.) (Assist.)</p> <p>Fee: \$1,810.00 Benefit: 75% = \$1357.50</p>	
41603	<p>OSSEO-INTEGRATION PROCEDURE - implantation of titanium fixture for use with implantable bone conduction hearing system device, in patients:</p> <ul style="list-style-type: none"> - With a permanent or long term hearing loss; and - Unable to utilise conventional air or bone conduction hearing aid for medical or audiological reasons; and - With bone conduction thresholds that accord to recognised criteria for the implantable bone conduction hearing device being inserted. <p>Not being a service associated with a service to which items 41554, 45794 or 45797 (Anaes.)</p> <p>Fee: \$524.30 Benefit: 75% = \$393.25 85% = \$445.70</p>	
41604	<p>OSSEO-INTEGRATION PROCEDURE - fixation of transcutaneous abutment implantation of titanium fixture for use with implantable bone conduction hearing system device, in patients:</p> <ul style="list-style-type: none"> - With a permanent or long term hearing loss; and - Unable to utilise conventional air or bone conduction hearing aid for medical or audiological reasons; and 	

T8. SURGICAL OPERATIONS		8. EAR, NOSE AND THROAT
	<p>- With bone conduction thresholds that accord to recognised criteria for the implantable bone conduction hearing device being inserted.</p> <p>Not being a service associated with a service to which items 41554, 45794 or 45797 (Anaes.)</p> <p>Fee: \$194.10 Benefit: 75% = \$145.60 85% = \$165.00</p>	
41608	<p>STAPEDECTOMY (Anaes.) (Assist.)</p> <p>Fee: \$1,134.05 Benefit: 75% = \$850.55</p>	
41611	<p>STAPES MOBILISATION (Anaes.) (Assist.)</p> <p>Fee: \$729.70 Benefit: 75% = \$547.30</p>	
41614	<p>ROUND WINDOW SURGERY including repair of cochleotomy (Anaes.) (Assist.)</p> <p>Fee: \$1,134.05 Benefit: 75% = \$850.55 85% = \$1049.35</p>	
41615	<p>OVAL WINDOW SURGERY, including repair of fistula, not being a service associated with a service to which any other item in this Group applies (Anaes.) (Assist.)</p> <p>Fee: \$1,134.05 Benefit: 75% = \$850.55 85% = \$1049.35</p>	
41617	<p>COCHLEAR IMPLANT, insertion of, including mastoidectomy (Anaes.) (Assist.)</p> <p>Fee: \$1,972.00 Benefit: 75% = \$1479.00</p>	
41618	<p>Middle ear implant, partially implantable, insertion of, via mastoidectomy, for patients with:</p> <p>(a) stable sensorineural hearing loss; and</p> <p>(b) outer ear pathology that prevents the use of a conventional hearing aid; and</p> <p>(c) a PTA4 of less than 80 dBHL; and</p> <p>(d) bilateral, symmetrical hearing loss with PTA thresholds in both ears within 20 dBHL (0.5-4kHz) of each other; and</p> <p>(e) speech perception discrimination of at least 65% correct for word lists with appropriately amplified sound; and</p> <p>(f) a normal middle ear; and</p> <p>(g) normal tympanometry; and</p> <p>(h) on audiometry, an air-bone gap of less than 10 dBHL (0.5-4kHz) across all frequencies; and</p> <p>(i) no other inner ear disorders</p> <p>(Anaes.) (Assist.)</p> <p>Fee: \$1,953.00 Benefit: 75% = \$1464.75</p>	
41620	<p>GLOMUS TUMOUR, transtympanic removal of (Anaes.) (Assist.)</p> <p>Fee: \$857.95 Benefit: 75% = \$643.50</p>	
41623	<p>GLOMUS TUMOUR, transmastoid removal of, including mastoidectomy (Anaes.) (Assist.)</p> <p>Fee: \$1,242.65 Benefit: 75% = \$932.00</p>	

T8. SURGICAL OPERATIONS		8. EAR, NOSE AND THROAT
41626	<p>ABCESS OR INFLAMMATION OF MIDDLE EAR, operation for (excluding aftercare) (Anaes.)</p> <p>(See para TN.8.4 of explanatory notes to this Category)</p> <p>Fee: \$149.85 Benefit: 75% = \$112.40 85% = \$127.40</p>	
41629	<p>MIDDLE EAR, EXPLORATION OF (Anaes.) (Assist.)</p> <p>Fee: \$542.40 Benefit: 75% = \$406.80</p>	
41632	<p>MIDDLE EAR, insertion of tube for DRAINAGE OF (including myringotomy) (Anaes.)</p> <p>Fee: \$248.45 Benefit: 75% = \$186.35 85% = \$211.20</p>	
41635	<p>CLEARANCE OF MIDDLE EAR FOR GRANULOMA, CHOLESTEATOMA and POLYP, 1 or more, with or without myringoplasty (Anaes.) (Assist.)</p> <p>Fee: \$1,190.65 Benefit: 75% = \$893.00 85% = \$1105.95</p>	
41638	<p>CLEARANCE OF MIDDLE EAR FOR GRANULOMA, CHOLESTEATOMA and POLYP, 1 or more, with or without myringoplasty with ossicular chain reconstruction (Anaes.) (Assist.)</p> <p>Fee: \$1,486.20 Benefit: 75% = \$1114.65</p>	
41641	<p>PERFORATION OF TYMPANUM, cauterisation or diathermy of (Anaes.)</p> <p>Fee: \$49.35 Benefit: 75% = \$37.05 85% = \$41.95</p>	
41644	<p>EXCISION OF RIM OF EARDRUM PERFORATION, not being a service associated with myringoplasty (Anaes.)</p> <p>Fee: \$148.65 Benefit: 75% = \$111.50 85% = \$126.40</p>	
41647	<p>EAR TOILET requiring use of operating microscope and microinspection of tympanic membrane with or without general anaesthesia (Anaes.)</p> <p>Fee: \$114.30 Benefit: 75% = \$85.75 85% = \$97.20</p>	
41650	<p>TYMPANIC MEMBRANE, microinspection of 1 or both ears under general anaesthesia, not being a service associated with a service to which another item in this Group applies (Anaes.)</p> <p>Fee: \$114.30 Benefit: 75% = \$85.75 85% = \$97.20</p>	
41653	<p>EXAMINATION OF NASAL CAVITY or POSTNASAL SPACE, or NASAL CAVITY AND POSTNASAL SPACE, UNDER GENERAL ANAESTHESIA, not being a service associated with a service to which another item in this Group applies (Anaes.)</p> <p>Fee: \$74.85 Benefit: 75% = \$56.15 85% = \$63.65</p>	
41656	<p>NASAL HAEMORRHAGE, POSTERIOR, ARREST OF, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding aftercare) (Anaes.)</p> <p>(See para TN.8.4 of explanatory notes to this Category)</p> <p>Fee: \$127.80 Benefit: 75% = \$95.85 85% = \$108.65</p>	
41659	<p>NOSE, removal of FOREIGN BODY IN, other than by simple probing (Anaes.)</p> <p>Fee: \$80.70 Benefit: 75% = \$60.55 85% = \$68.60</p>	
41662	<p>NASAL POLYP OR POLYPI (SIMPLE), removal of</p> <p>(See para TN.8.75 of explanatory notes to this Category)</p> <p>Fee: \$85.80 Benefit: 75% = \$64.35 85% = \$72.95</p>	

T8. SURGICAL OPERATIONS		8. EAR, NOSE AND THROAT
41668	NASAL POLYP OR POLYPI, removal of (Anaes.) (See para TN.8.75 of explanatory notes to this Category) Fee: \$228.85 Benefit: 75% = \$171.65	
41671	NASAL SEPTUM, SEPTOPLASTY, SUBMUCOUS RESECTION or closure of septal perforation (Anaes.) (See para TN.8.104 of explanatory notes to this Category) Fee: \$502.85 Benefit: 75% = \$377.15	
41672	NASAL SEPTUM, reconstruction of (Anaes.) (Assist.) Fee: \$627.30 Benefit: 75% = \$470.50	
41674	Cauterisation (other than by chemical means) or cauterisation by chemical means when performed under general anaesthesia or diathermy of septum or turbinates—one or more of these procedures (including any consultation on the same occasion) other than a service associated with another operation on the nose (Anaes.) Fee: \$104.60 Benefit: 75% = \$78.45 85% = \$88.95	
41677	NASAL HAEMORRHAGE, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both (Anaes.) Fee: \$93.65 Benefit: 75% = \$70.25 85% = \$79.65	
41683	DIVISION OF NASAL ADHESIONS, with or without stenting not being a service associated with any other operation on the nose and not performed during the postoperative period of a nasal operation (Anaes.) Fee: \$122.00 Benefit: 75% = \$91.50 85% = \$103.70	
41686	DISLOCATION OF TURBINATE OR TURBINATES, 1 or both sides, not being a service associated with a service to which another item in this Group applies (Anaes.) Fee: \$74.85 Benefit: 75% = \$56.15 85% = \$63.65	
41689	TURBINECTOMY or turbinectomies, partial or total, unilateral (Anaes.) Fee: \$142.05 Benefit: 75% = \$106.55	
41692	TURBINATES, submucous resection of, unilateral (Anaes.) Fee: \$185.25 Benefit: 75% = \$138.95	
41698	MAXILLARY ANTRUM, PROOF PUNCTURE AND LAVAGE OF (Anaes.) Fee: \$33.85 Benefit: 75% = \$25.40 85% = \$28.80	
41701	MAXILLARY ANTRUM, proof puncture and lavage of, under general anaesthesia (requiring admission to hospital) not being a service associated with a service to which another item in this Group applies (Anaes.) Fee: \$95.60 Benefit: 75% = \$71.70	
41704	MAXILLARY ANTRUM, LAVAGE OF each attendance at which the procedure is performed, including any associated consultation (Anaes.) Fee: \$37.80 Benefit: 75% = \$28.35 85% = \$32.15	
41707	MAXILLARY ARTERY, transantral ligation of (Anaes.) (Assist.)	

T8. SURGICAL OPERATIONS		8. EAR, NOSE AND THROAT
	Fee: \$466.75 Benefit: 75% = \$350.10	
41710	ANTROSTOMY (RADICAL) (Anaes.) (Assist.) Fee: \$542.40 Benefit: 75% = \$406.80	
41713	ANTROSTOMY (RADICAL) with transantral ethmoidectomy or transantral vidian neurectomy (Anaes.) (Assist.) Fee: \$631.10 Benefit: 75% = \$473.35	
41716	ANTRUM, intranasal operation on, or removal of foreign body from (Anaes.) (Assist.) Fee: \$307.70 Benefit: 75% = \$230.80	
41719	ANTRUM, drainage of, through tooth socket (Anaes.) Fee: \$122.35 Benefit: 75% = \$91.80 85% = \$104.00	
41722	OROANTRAL FISTULA, plastic closure of (Anaes.) (Assist.) Fee: \$611.40 Benefit: 75% = \$458.55 85% = \$526.70	
41725	ETHMOIDAL ARTERY OR ARTERIES, transorbital ligation of (unilateral) (Anaes.) (Assist.) Fee: \$466.75 Benefit: 75% = \$350.10	
41728	LATERAL RHINOTOMY with removal of tumour (Anaes.) (Assist.) Fee: \$933.65 Benefit: 75% = \$700.25	
41729	DERMOID OF NOSE, excision of, with intranasal extension (Anaes.) (Assist.) Fee: \$591.70 Benefit: 75% = \$443.80	
41731	FRONTONASAL ETHMOIDECTOMY by external approach with or without sphenoidectomy (Anaes.) (Assist.) Fee: \$808.60 Benefit: 75% = \$606.45	
41734	RADICAL FRONTOETHMOIDECTOMY with osteoplastic flap (Anaes.) (Assist.) Fee: \$1,055.10 Benefit: 75% = \$791.35	
41737	FRONTAL SINUS, OR ETHMOIDAL SINUSES ON THE ONE SIDE, intranasal operation on (Anaes.) (Assist.) Fee: \$502.85 Benefit: 75% = \$377.15	
41740	FRONTAL SINUS, catheterisation of (Anaes.) Fee: \$61.20 Benefit: 75% = \$45.90	
41743	FRONTAL SINUS, trephine of (Anaes.) (Assist.) Fee: \$351.15 Benefit: 75% = \$263.40	
41746	FRONTAL SINUS, radical obliteration of (Anaes.) (Assist.) Fee: \$808.60 Benefit: 75% = \$606.45 85% = \$723.90	
41749	ETHMOIDAL SINUSES, external operation on (Anaes.) (Assist.) Fee: \$631.10 Benefit: 75% = \$473.35	

T8. SURGICAL OPERATIONS		8. EAR, NOSE AND THROAT
41752	SPHENOIDAL SINUS, intranasal operation on (Anaes.) (Assist.) Fee: \$307.70 Benefit: 75% = \$230.80	
41755	EUSTACHIAN TUBE, catheterisation of (Anaes.) Fee: \$48.40 Benefit: 75% = \$36.30 85% = \$41.15	
41764	NASENOSCOPY or SINOSCOPY or FIBROPTIC EXAMINATION of NASOPHARYNX and LARYNX, one or more of these procedures, unilateral or bilateral examination (Anaes.) Fee: \$127.80 Benefit: 75% = \$95.85 85% = \$108.65	
41767	NASOPHARYNGEAL ANGIOFIBROMA, removal of (Anaes.) (Assist.) Fee: \$766.90 Benefit: 75% = \$575.20 85% = \$682.20	
41770	PHARYNGEAL POUCH, removal of, with or without cricopharyngeal myotomy (Anaes.) (Assist.) Fee: \$729.70 Benefit: 75% = \$547.30	
41773	PHARYNGEAL POUCH, ENDOSCOPIC RESECTION OF (Dohlman's operation) (Anaes.) (Assist.) Fee: \$611.40 Benefit: 75% = \$458.55	
41776	CRICOPHARYNGEAL MYOTOMY with or without inversion of pharyngeal pouch (Anaes.) (Assist.) Fee: \$609.65 Benefit: 75% = \$457.25	
41779	PHARYNGOTOMY (lateral), with or without total excision of tongue (Anaes.) (Assist.) Fee: \$729.70 Benefit: 75% = \$547.30	
41782	PARTIAL PHARYNGECTOMY via PHARYNGOTOMY (Anaes.) (Assist.) Fee: \$990.70 Benefit: 75% = \$743.05 85% = \$906.00	
41785	PARTIAL PHARYNGECTOMY via PHARYNGOTOMY with partial or total glossectomy (Anaes.) (Assist.) Fee: \$1,229.00 Benefit: 75% = \$921.75	
41786	UVULOPALATOPHARYNGOPLASTY, with or without tonsillectomy, by any means (Anaes.) (Assist.) Fee: \$766.90 Benefit: 75% = \$575.20	
41787	UVULECTOMY AND PARTIAL PALATECTOMY WITH LASER INCISION OF THE PALATE, with or without tonsillectomy, 1 or more stages, including any revision procedures within 12 months (Anaes.) (Assist.) Fee: \$591.70 Benefit: 75% = \$443.80 85% = \$507.00	
41789	Tonsils or tonsils and adenoids, removal of, in a patient aged less than 12 years (including any examination of the postnasal space and nasopharynx and the infiltration of local anaesthetic), not being a service to which item 41764 applies (Anaes.) Fee: \$307.70 Benefit: 75% = \$230.80	

T8. SURGICAL OPERATIONS		8. EAR, NOSE AND THROAT
41793	Tonsils or tonsils and adenoids, removal of, in a patient 12 years of age or over (including any examination of the postnasal space and nasopharynx and the infiltration of local anaesthetic), not being a service to which item 41764 applies (Anaes.) Fee: \$386.55 Benefit: 75% = \$289.95	
41797	TONSILS OR TONSILS AND ADENOIDS, ARREST OF HAEMORRHAGE requiring general anaesthesia, following removal of (Anaes.) Fee: \$149.85 Benefit: 75% = \$112.40	
41801	Adenoids, removal of (including any examination of the postnasal space and nasopharynx and the infiltration of local anaesthetic), not being a service to which item 41764 applies (Anaes.) Fee: \$169.55 Benefit: 75% = \$127.20	
41804	LINGUAL TONSIL OR LATERAL PHARYNGEAL BANDS, removal of (Anaes.) Fee: \$93.65 Benefit: 75% = \$70.25	
41807	PERITONSILLAR ABSCESS (quinsy), incision of (Anaes.) Fee: \$72.90 Benefit: 75% = \$54.70 85% = \$62.00	
41810	UVULOTOMY or UVULECTOMY (Anaes.) Fee: \$37.05 Benefit: 75% = \$27.80 85% = \$31.50	
41813	VALLECULAR OR PHARYNGEAL CYSTS, removal of (Anaes.) (Assist.) Fee: \$370.80 Benefit: 75% = \$278.10	
41816	OESOPHAGOSCOPY (with rigid oesophagoscope) (Anaes.) Fee: \$193.10 Benefit: 75% = \$144.85 85% = \$164.15	
41822	OESOPHAGOSCOPY (with rigid oesophagoscope), with biopsy (Anaes.) Fee: \$248.45 Benefit: 75% = \$186.35	
41825	OESOPHAGOSCOPY (with rigid oesophagoscope), with removal of foreign body (Anaes.) (Assist.) Fee: \$370.80 Benefit: 75% = \$278.10	
41828	OESOPHAGEAL STRICTURE, dilatation of, without oesophagoscopy (Anaes.) Fee: \$54.35 Benefit: 75% = \$40.80 85% = \$46.20	
41831	Oesophagus, endoscopic pneumatic dilatation of, for treatment of achalasia (Anaes.) (Assist.) Fee: \$371.45 Benefit: 75% = \$278.60 85% = \$315.75	
41832	OESOPHAGUS, balloon dilatation of, using interventional imaging techniques (Anaes.) Fee: \$237.75 Benefit: 75% = \$178.35 85% = \$202.10	
41834	LARYNGECTOMY (TOTAL) (Anaes.) (Assist.) Fee: \$1,341.40 Benefit: 75% = \$1006.05	
41837	VERTICAL HEMILARYNGECTOMY including tracheostomy (Anaes.) (Assist.) Fee: \$1,286.15 Benefit: 75% = \$964.65	

T8. SURGICAL OPERATIONS		8. EAR, NOSE AND THROAT
41840	SUPRAGLOTTIC LARYNGECTOMY including tracheostomy (Anaes.) (Assist.) Fee: \$1,581.35 Benefit: 75% = \$1186.05	
41843	LARYNGOPHARYNGECTOMY or PRIMARY RESTORATION OF ALIMENTARY CONTINUITY after laryngopharyngectomy USING STOMACH OR BOWEL (Anaes.) (Assist.) Fee: \$1,390.60 Benefit: 75% = \$1042.95	
41855	MICROLARYNGOSCOPY (Anaes.) (Assist.) Fee: \$299.85 Benefit: 75% = \$224.90	
41858	MICROLARYNGOSCOPY with removal of juvenile papillomata (Anaes.) (Assist.) (See para TN.8.77 of explanatory notes to this Category) Fee: \$514.20 Benefit: 75% = \$385.65	
41861	MICROLARYNGOSCOPY with removal of benign lesions of the larynx by laser surgery (Anaes.) (Assist.) Fee: \$628.75 Benefit: 75% = \$471.60	
41864	MICROLARYNGOSCOPY WITH REMOVAL OF TUMOUR (Anaes.) (Assist.) Fee: \$424.00 Benefit: 75% = \$318.00	
41867	MICROLARYNGOSCOPY with arytenoidectomy (Anaes.) (Assist.) Fee: \$638.25 Benefit: 75% = \$478.70	
41868	LARYNGEAL WEB, division of, using microlaryngoscopic techniques (Anaes.) Fee: \$404.40 Benefit: 75% = \$303.30	
41870	INJECTION OF VOCAL CORD BY TEFLON, FAT, COLLAGEN OR GELFOAM (Anaes.) (Assist.) Fee: \$473.30 Benefit: 75% = \$355.00	
41873	LARYNX, FRACTURED, operation for (Anaes.) (Assist.) Fee: \$611.40 Benefit: 75% = \$458.55 85% = \$526.70	
41876	LARYNX, external operation on, OR LARYNGOFISSURE with or without cordectomy (Anaes.) (Assist.) Fee: \$611.40 Benefit: 75% = \$458.55 85% = \$526.70	
41879	LARYNGOPLASTY or TRACHEOPLASTY, including tracheostomy (Anaes.) (Assist.) Fee: \$990.70 Benefit: 75% = \$743.05	
41880	TRACHEOSTOMY by a percutaneous technique using sequential dilatation or partial splitting method to allow insertion of a cuffed tracheostomy tube (Anaes.) Fee: \$264.40 Benefit: 75% = \$198.30	
41881	TRACHEOSTOMY by open exposure of the trachea, including separation of the strap muscles or division of the thyroid isthmus, where performed (Anaes.) (Assist.) Fee: \$418.05 Benefit: 75% = \$313.55	
41884	CRICOTHYROSTOMY by direct stab or Seldinger technique, using mini tracheostomy device (Anaes.)	

T8. SURGICAL OPERATIONS		8. EAR, NOSE AND THROAT
	Fee: \$94.75 Benefit: 75% = \$71.10	
41885	TRACHE-OESOPHAGEAL FISTULA, formation of, as a secondary procedure following laryngectomy, including associated endoscopic procedures (Anaes.) (Assist.) Fee: \$299.55 Benefit: 75% = \$224.70 85% = \$254.65	
41886	TRACHEA, removal of foreign body in (Anaes.) Fee: \$185.25 Benefit: 75% = \$138.95 85% = \$157.50	
41904	BRONCHOSCOPY with dilatation of tracheal stricture (Anaes.) Fee: \$256.50 Benefit: 75% = \$192.40 85% = \$218.05	
41907	NASAL SEPTUM BUTTON, insertion of (Anaes.) Fee: \$127.80 Benefit: 75% = \$95.85 85% = \$108.65	
41910	DUCT OF MAJOR SALIVARY GLAND, transposition of (Anaes.) (Assist.) Fee: \$406.05 Benefit: 75% = \$304.55	

T8. SURGICAL OPERATIONS		9. OPHTHALMOLOGY
	Group T8. Surgical Operations	
	Subgroup 9. Ophthalmology	
42503	OPHTHALMOLOGICAL EXAMINATION under general anaesthesia, not being a service associated with a service to which another item in this Group applies (Anaes.) Fee: \$106.65 Benefit: 75% = \$80.00	
42504 S	Glaucoma, implantation of a micro-bypass surgery stent system into the trabecular meshwork, if: (a) conservative therapies have failed, are likely to fail, or are contraindicated; and (b) the service is performed by a specialist with training that is recognised by the Conjoint Committee for the Recognition of Training in Micro-Bypass Glaucoma Surgery (Anaes.) (See para GN.5.16 of explanatory notes to this Category) Fee: \$312.95 Benefit: 75% = \$234.75 85% = \$266.05 Extended Medicare Safety Net Cap: \$46.95	

T8. SURGICAL OPERATIONS		9. OPHTHALMOLOGY
42505	<p>Complete removal from the eye of a trans-trabecular drainage device or devices, with or without replacement, following device related medical complications necessitating complete removal. (Anaes.)</p> <p>Fee: \$312.95 Benefit: 75% = \$234.75 85% = \$266.05 Extended Medicare Safety Net Cap: \$46.95</p>	
42506	<p>EYE, ENUCLEATION OF, with or without sphere implant (Anaes.) (Assist.)</p> <p>Fee: \$500.75 Benefit: 75% = \$375.60 85% = \$425.65</p>	
42509	<p>EYE, ENUCLEATION OF, with insertion of integrated implant (Anaes.) (Assist.)</p> <p>Fee: \$633.75 Benefit: 75% = \$475.35</p>	
42510	<p>EYE, enucleation of, with insertion of hydroxy apatite implant or similar coralline implant (Anaes.) (Assist.)</p> <p>Fee: \$730.50 Benefit: 75% = \$547.90</p>	
42512	<p>GLOBE, EVISCERATION OF (Anaes.) (Assist.)</p> <p>Fee: \$500.75 Benefit: 75% = \$375.60 85% = \$425.65</p>	
42515	<p>GLOBE, EVISCERATION OF, AND INSERTION OF INTRASCLERAL BALL OR CARTILAGE (Anaes.) (Assist.)</p> <p>Fee: \$633.75 Benefit: 75% = \$475.35</p>	
42518	<p>ANOPHTHALMIC ORBIT, INSERTION OF CARTILAGE OR ARTIFICIAL IMPLANT as a delayed procedure, or REMOVAL OF IMPLANT FROM SOCKET, or PLACEMENT OF A MOTILITY INTEGRATING PEG by drilling into an existing orbital implant (Anaes.) (Assist.)</p> <p>Fee: \$367.70 Benefit: 75% = \$275.80</p>	
42521	<p>ANOPHTHALMIC SOCKET, treatment of, by insertion of a wired-in conformer, integrated implant or dermofat graft, as a secondary procedure (Anaes.) (Assist.)</p> <p>Fee: \$1,251.95 Benefit: 75% = \$939.00</p>	
42524	<p>ORBIT, SKIN GRAFT TO, as a delayed procedure (Anaes.)</p> <p>Fee: \$212.85 Benefit: 75% = \$159.65 85% = \$180.95</p>	
42527	<p>CONTRACTED SOCKET, RECONSTRUCTION INCLUDING MUCOUS MEMBRANE GRAFTING AND STENT MOULD (Anaes.) (Assist.)</p> <p>Fee: \$422.50 Benefit: 75% = \$316.90</p>	
42530	<p>ORBIT, EXPLORATION with or without biopsy, requiring REMOVAL OF BONE (Anaes.) (Assist.)</p> <p>Fee: \$657.35 Benefit: 75% = \$493.05</p>	
42533	<p>ORBIT, EXPLORATION OF, with drainage or biopsy not requiring removal of bone (Anaes.) (Assist.)</p> <p>Fee: \$422.50 Benefit: 75% = \$316.90</p>	
42536	<p>ORBIT, EXENTERATION OF, with or without skin graft and with or without temporalis muscle transplant (Anaes.) (Assist.)</p> <p>Fee: \$868.40 Benefit: 75% = \$651.30</p>	

T8. SURGICAL OPERATIONS		9. OPHTHALMOLOGY
42539	ORBIT, EXPLORATION OF, with removal of tumour or foreign body, requiring removal of bone (Anaes.) (Assist.) Fee: \$1,236.35 Benefit: 75% = \$927.30	
42542	ORBIT, exploration of anterior aspect with removal of tumour or foreign body (Anaes.) (Assist.) Fee: \$524.30 Benefit: 75% = \$393.25	
42543	ORBIT, exploration of retrobulbar aspect with removal of tumour or foreign body (Anaes.) (Assist.) Fee: \$919.65 Benefit: 75% = \$689.75	
42545	ORBIT, decompression of, for dysthyroid eye disease, by fenestration of 2 or more walls, or by the removal of intraorbital peribulbar and retrobulbar fat from each quadrant of the orbit, 1 eye (Anaes.) (Assist.) Fee: \$1,330.15 Benefit: 75% = \$997.65	
42548	OPTIC NERVE MENINGES, incision of (Anaes.) (Assist.) Fee: \$790.15 Benefit: 75% = \$592.65	
42551	EYE, PENETRATING WOUND OR RUPTURE OF, not involving intraocular structures repair involving suture of cornea or sclera, or both, not being a service to which item 42632 applies (Anaes.) (Assist.) Fee: \$657.35 Benefit: 75% = \$493.05 85% = \$572.65	
42554	EYE, PENETRATING WOUND OR RUPTURE OF, with incarceration or prolapse of uveal tissue repair (Anaes.) (Assist.) Fee: \$766.90 Benefit: 75% = \$575.20	
42557	EYE, PENETRATING WOUND OR RUPTURE OF, with incarceration of lens or vitreous repair (Anaes.) (Assist.) Fee: \$1,071.95 Benefit: 75% = \$804.00	
42563	INTRAOCULAR FOREIGN BODY, removal from anterior segment (Anaes.) (Assist.) Fee: \$540.00 Benefit: 75% = \$405.00 85% = \$459.00	
42569	INTRAOCULAR FOREIGN BODY, removal from posterior segment (Anaes.) (Assist.) Fee: \$1,071.95 Benefit: 75% = \$804.00	
42572	ORBITAL ABSCESS OR CYST, drainage of (Anaes.) Fee: \$122.15 Benefit: 75% = \$91.65 85% = \$103.85	
42573	DERMOID, periorbital, excision of, on a patient 10 years of age or over (Anaes.) Fee: \$236.65 Benefit: 75% = \$177.50 85% = \$201.20	
42574	DERMOID, orbital, excision of (Anaes.) (Assist.) Fee: \$502.85 Benefit: 75% = \$377.15 85% = \$427.45	
42575	TARSAL CYST, extirpation of (Anaes.) Fee: \$86.05 Benefit: 75% = \$64.55 85% = \$73.15	

T8. SURGICAL OPERATIONS		9. OPHTHALMOLOGY
42576	DERMOID, periorbital, excision of, on a patient under 10 years of age (Anaes.) Fee: \$307.70 Benefit: 75% = \$230.80 85% = \$261.55	
42581	ECTROPION OR ENTROPION, tarsal cauterisation of (Anaes.) Fee: \$122.15 Benefit: 75% = \$91.65 85% = \$103.85	
42584	TARSORRHAPHY (Anaes.) (Assist.) Fee: \$288.00 Benefit: 75% = \$216.00 85% = \$244.80	
42587	TRICHIASIS (due to causes other than trachoma), treatment of by cryotherapy, laser or electrolysis - each eyelid (Anaes.) Fee: \$54.10 Benefit: 75% = \$40.60 85% = \$46.00	
42588	TRICHIASIS (due to trachoma), treatment of by cryotherapy, laser or electrolysis - each eyelid (Anaes.) Fee: \$54.10 Benefit: 75% = \$40.60 85% = \$46.00	
42590	CANTHOPLASTY, medial or lateral (Anaes.) (Assist.) Fee: \$352.05 Benefit: 75% = \$264.05 85% = \$299.25 Extended Medicare Safety Net Cap: \$281.65	
42593	LACRIMAL GLAND, excision of palpebral lobe (Anaes.) Fee: \$212.85 Benefit: 75% = \$159.65	
42596	LACRIMAL SAC, excision of, or operation on (Anaes.) (Assist.) Fee: \$524.30 Benefit: 75% = \$393.25 85% = \$445.70	
42599	LACRIMAL CANALICULAR SYSTEM, establishment of patency by closed operation using silicone tubes or similar, 1 eye (Anaes.) (Assist.) Fee: \$657.35 Benefit: 75% = \$493.05 85% = \$572.65	
42602	LACRIMAL CANALICULAR SYSTEM, establishment of patency by open operation, 1 eye (Anaes.) (Assist.) Fee: \$657.35 Benefit: 75% = \$493.05 85% = \$572.65	
42605	LACRIMAL CANALICULUS, immediate repair of (Anaes.) (Assist.) Fee: \$485.00 Benefit: 75% = \$363.75 85% = \$412.25	
42608	LACRIMAL DRAINAGE by insertion of glass tube, as an independent procedure (Anaes.) (Assist.) Fee: \$312.95 Benefit: 75% = \$234.75 85% = \$266.05	
42610	NASOLACRIMAL TUBE (unilateral), removal or replacement of, or LACRIMAL PASSAGES, probing for obstruction, unilateral, with or without lavage - under general anaesthesia (Anaes.) Fee: \$100.15 Benefit: 75% = \$75.15 85% = \$85.15	
42611	NASOLACRIMAL TUBE (bilateral), removal or replacement of, or LACRIMAL PASSAGES, probing for obstruction, bilateral, with or without lavage - under general anaesthesia (Anaes.) Fee: \$150.20 Benefit: 75% = \$112.65 85% = \$127.70	

T8. SURGICAL OPERATIONS		9. OPHTHALMOLOGY
42614	NASOLACRIMAL TUBE (unilateral), removal or replacement of, or LACRIMAL PASSAGES, probing to establish patency of the lacrimal passage and/or site of obstruction, unilateral, including lavage, not being a service associated with a service to which item 42610 applies (excluding aftercare) (See para TN.8.4 of explanatory notes to this Category) Fee: \$50.25 Benefit: 75% = \$37.70 85% = \$42.75	
42615	NASOLACRIMAL TUBE (bilateral), removal or replacement of, or LACRIMAL PASSAGES, probing to establish patency of the lacrimal passage and/or site of obstruction, bilateral, including lavage, not being a service associated with a service to which item 42611 applies (excluding aftercare) Fee: \$75.15 Benefit: 75% = \$56.40 85% = \$63.90	
42617	PUNCTUM SNIP operation (Anaes.) Fee: \$142.50 Benefit: 75% = \$106.90 85% = \$121.15	
42620	PUNCTUM, occlusion of, by use of a plug (Anaes.) Fee: \$54.80 Benefit: 75% = \$41.10 85% = \$46.60	
42622	PUNCTUM, permanent occlusion of, by use of electrical cautery (Anaes.) Fee: \$86.05 Benefit: 75% = \$64.55 85% = \$73.15	
42623	DACRYOCYSTORHINOSTOMY (Anaes.) (Assist.) Fee: \$727.80 Benefit: 75% = \$545.85	
42626	DACRYOCYSTORHINOSTOMY where a previous dacryocystorhinostomy has been performed (Anaes.) (Assist.) Fee: \$1,173.75 Benefit: 75% = \$880.35 85% = \$1089.05	
42629	CONJUNCTIVORHINOSTOMY including dacryocystorhinostomy and fashioning of conjunctival flaps (Anaes.) (Assist.) Fee: \$884.15 Benefit: 75% = \$663.15	
42632	CONJUNCTIVAL PERITOMY OR REPAIR OF CORNEAL LACERATION by conjunctival flap (Anaes.) Fee: \$122.15 Benefit: 75% = \$91.65 85% = \$103.85	
42635	CORNEAL PERFORATIONS, sealing of, with tissue adhesive (Anaes.) (Assist.) Fee: \$312.95 Benefit: 75% = \$234.75 85% = \$266.05	
42638	CONJUNCTIVAL GRAFT OVER CORNEA (Anaes.) (Assist.) Fee: \$391.25 Benefit: 75% = \$293.45 85% = \$332.60	
42641	AUTOCONJUNCTIVAL TRANSPLANT, or mucous membrane graft (Anaes.) (Assist.) Fee: \$508.55 Benefit: 75% = \$381.45 85% = \$432.30	
42644	CORNEA OR SCLERA, complete removal of embedded foreign body from - not more than once on the same day by the same practitioner (excluding aftercare) (Anaes.) (See para TN.8.78, TN.8.4 of explanatory notes to this Category) Fee: \$75.05 Benefit: 75% = \$56.30 85% = \$63.80	

T8. SURGICAL OPERATIONS		9. OPHTHALMOLOGY
42647	CORNEAL SCARS, removal of, by partial keratectomy, not being a service associated with a service to which item 42686 applies (Anaes.) Fee: \$212.85 Benefit: 75% = \$159.65 85% = \$180.95	
42650	CORNEA, epithelial debridement for corneal ulcer or corneal erosion (excluding aftercare) (Anaes.) (See para TN.8.4 of explanatory notes to this Category) Fee: \$75.05 Benefit: 75% = \$56.30 85% = \$63.80	
42651	CORNEA, epithelial debridement for eliminating band keratopathy (Anaes.) Fee: \$167.30 Benefit: 75% = \$125.50 85% = \$142.25	
42652	Corneal collagen cross linking, on a patient with a corneal ectatic disorder, with evidence of progression—per eye (Anaes.) (See para TN.8.136 of explanatory notes to this Category) Fee: \$1,248.65 Benefit: 75% = \$936.50 85% = \$1163.95	
42653	CORNEA transplantation of (Anaes.) (Assist.) Fee: \$1,360.75 Benefit: 75% = \$1020.60	
42656	CORNEA, transplantation of, second and subsequent procedures (Anaes.) (Assist.) Fee: \$1,737.10 Benefit: 75% = \$1302.85	
42662	SCLERA, transplantation of, full thickness, including collection of donor material (Anaes.) (Assist.) Fee: \$938.85 Benefit: 75% = \$704.15	
42665	SCLERA, transplantation of, superficial or lamellar, including collection of donor material (Anaes.) (Assist.) Fee: \$626.05 Benefit: 75% = \$469.55 85% = \$541.35	
42667	RUNNING CORNEAL SUTURE, manipulation of, performed within 4 months of corneal grafting, to reduce astigmatism where a reduction of 2 dioptres of astigmatism is obtained, including any associated consultation Fee: \$147.65 Benefit: 75% = \$110.75 85% = \$125.55	
42668	CORNEAL SUTURES, removal of, not earlier than 6 weeks after operation requiring use of slit lamp or operating microscope (Anaes.) Fee: \$78.35 Benefit: 75% = \$58.80 85% = \$66.60	
42672	CORNEAL INCISIONS, to correct corneal astigmatism of more than 1 ¹ / ₂ dioptres following anterior segment surgery, including appropriate measurements and calculations, performed as an independent procedure (Anaes.) (Assist.) (See para TN.8.79 of explanatory notes to this Category) Fee: \$938.85 Benefit: 75% = \$704.15 85% = \$854.15	
42673	ADDITIONAL CORNEAL INCISIONS, to correct corneal astigmatism of more than 1 ¹ / ₂ dioptres, including appropriate measurements and calculations, performed in conjunction with other anterior segment surgery (Anaes.) (Assist.) Fee: \$469.35 Benefit: 75% = \$352.05 85% = \$398.95	
42676	CONJUNCTIVA, biopsy of, as an independent procedure	

T8. SURGICAL OPERATIONS		9. OPHTHALMOLOGY
	Fee: \$120.35 Benefit: 75% = \$90.30 85% = \$102.30	
42677	CONJUNCTIVA, CAUTERY OF, INCLUDING TREATMENT OF PANNUS each attendance at which treatment is given including any associated consultation (Anaes.) Fee: \$63.45 Benefit: 75% = \$47.60 85% = \$53.95	
42680	CONJUNCTIVA, cryotherapy to, for melanotic lesions or similar using CO ² or N ² O (Anaes.) Fee: \$312.95 Benefit: 75% = \$234.75 85% = \$266.05	
42683	CONJUNCTIVAL CYSTS, removal of, requiring admission to hospital or approved day-hospital facility (Anaes.) Fee: \$125.25 Benefit: 75% = \$93.95	
42686	PTERYGIUM, removal of (Anaes.) Fee: \$284.75 Benefit: 75% = \$213.60 85% = \$242.05	
42689	PINGUECULA, removal of, not being a service associated with the fitting of contact lenses (Anaes.) Fee: \$122.15 Benefit: 75% = \$91.65 85% = \$103.85	
42692	LIMBIC TUMOUR, removal of, excluding Pterygium (Anaes.) (Assist.) Fee: \$288.00 Benefit: 75% = \$216.00 85% = \$244.80	
42695	LIMBIC TUMOUR, excision of, requiring keratectomy or sclerectomy, excluding Pterygium (Anaes.) (Assist.) Fee: \$469.35 Benefit: 75% = \$352.05 85% = \$398.95	
42698	LENS EXTRACTION, 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.) (See para TN.8.80 of explanatory notes to this Category) Fee: \$618.80 Benefit: 75% = \$464.10 85% = \$534.10	
42701	INTRAOCULAR LENS, insertion of, 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.) (See para TN.8.80 of explanatory notes to this Category) Fee: \$345.15 Benefit: 75% = \$258.90 85% = \$293.40	
42702	LENS EXTRACTION AND INSERTION OF INTRAOCULAR LENS, excluding surgery performed for the correction of refractive error except for anisometropia greater than 3 dioptres following the removal of cataract in the first eye (Anaes.) Fee: \$791.45 Benefit: 75% = \$593.60 85% = \$706.75 Extended Medicare Safety Net Cap: \$118.75	
42703	INTRAOCULAR LENS or IRIS PROSTHESIS insertion of, into the posterior chamber with fixation to the iris or sclera (Anaes.) (Assist.) Fee: \$595.20 Benefit: 75% = \$446.40 85% = \$510.50	
42704	INTRAOCULAR LENS, REMOVAL or REPOSITIONING of by open operation, not being a service associated with a service to which item 42701 applies (Anaes.) Fee: \$485.00 Benefit: 75% = \$363.75 85% = \$412.25	

T8. SURGICAL OPERATIONS		9. OPHTHALMOLOGY
42705	<p>LENS EXTRACTION AND INSERTION OF INTRAOCULAR LENS, excluding surgery performed for the correction of refractive error except for anisometropia greater than 3 dioptres following the removal of cataract in the first eye, performed in association with insertion of a trans-trabecular drainage device or devices, in a patient diagnosed with open angle glaucoma who is not adequately responsive to topical anti-glaucoma medications or who is intolerant of anti-glaucoma medication. (Anaes.)</p> <p>Fee: \$948.05 Benefit: 75% = \$711.05 85% = \$863.35 Extended Medicare Safety Net Cap: \$142.25</p>	
42707	<p>INTRAOCULAR LENS, REMOVAL of and REPLACEMENT with a different lens, excluding surgery performed for the correction of refractive error except for anisometropia greater than 3 dioptres following the removal of cataract in the first eye (Anaes.)</p> <p>Fee: \$829.40 Benefit: 75% = \$622.05 85% = \$744.70</p>	
42710	<p>INTRAOCULAR LENS, removal of, and replacement with a lens inserted into the posterior chamber and fixated to the iris or sclera (Anaes.) (Assist.)</p> <p>Fee: \$938.85 Benefit: 75% = \$704.15 85% = \$854.15</p>	
42713	<p>IRIS SUTURING, McCannell technique or similar, for fixation of intraocular lens or repair of iris defect (Anaes.) (Assist.)</p> <p>Fee: \$391.25 Benefit: 75% = \$293.45 85% = \$332.60</p>	
42716	<p>CATARACT, JUVENILE, removal of, including subsequent needlings (Anaes.) (Assist.)</p> <p>Fee: \$1,244.15 Benefit: 75% = \$933.15 85% = \$1159.45</p>	
42719	<p>REMOVAL OF VITREOUS, and/or CAPSULAR or LENS MATERIAL, via a limbal approach, not being a service associated with a service to which item 42698, 42702, 42716, 42725 or 42731 applies (Anaes.) (Assist.)</p> <p>Fee: \$540.00 Benefit: 75% = \$405.00 85% = \$459.00</p>	
42725	<p>Vitreotomy via pars plana sclerotomy, including one or more of the following:</p> <ul style="list-style-type: none"> (a) removal of vitreous; (b) division of vitreous bands; (c) removal of epiretinal membranes; (d) capsulotomy (Anaes.) (Assist.) <p>Fee: \$1,392.65 Benefit: 75% = \$1044.50</p>	
42731	<p>LIMBAL OR PARS PLANA LENSECTOMY combined with vitrectomy, not being a service associated with items 42698, 42702, 42719, or 42725 (Anaes.) (Assist.)</p> <p>Fee: \$1,580.55 Benefit: 75% = \$1185.45</p>	
42734	<p>Capsulotomy, other than by laser, and other than a service associated with a service to which item 42725 or 42731 applies (Anaes.) (Assist.)</p> <p>Fee: \$312.95 Benefit: 75% = \$234.75 85% = \$266.05</p>	

T8. SURGICAL OPERATIONS	9. OPHTHALMOLOGY
42738	<p>PARACENTESIS OF ANTERIOR CHAMBER OR VITREOUS CAVITY, or both, for the injection of therapeutic substances, or the removal of aqueous or vitreous humours for diagnostic or therapeutic purposes, 1 or more of, as an independent procedure.</p> <p>(See para TN.8.121 of explanatory notes to this Category) Fee: \$312.95 Benefit: 75% = \$234.75 85% = \$266.05 Extended Medicare Safety Net Cap: \$250.40</p>
42739	<p>PARACENTESIS OF ANTERIOR CHAMBER OR VITREOUS CAVITY, or both, for the injection of therapeutic substances, or the removal of aqueous or vitreous humours for diagnostic or therapeutic purposes, one or more of, as an independent procedure, for a patient requiring the administration of anaesthetic by an anaesthetist. (Anaes.)</p> <p>(See para TN.8.121 of explanatory notes to this Category) Fee: \$312.95 Benefit: 75% = \$234.75 85% = \$266.05 Extended Medicare Safety Net Cap: \$250.40</p>
42740	<p>INTRAVITREAL INJECTION OF THERAPEUTIC SUBSTANCES, or the removal of vitreous humour for diagnostic purposes, 1 or more of, as a procedure associated with other intraocular surgery. (Anaes.)</p> <p>(See para TN.8.121 of explanatory notes to this Category) Fee: \$312.95 Benefit: 75% = \$234.75 85% = \$266.05 Extended Medicare Safety Net Cap: \$250.40</p>
42741	<p>Posterior juxtасcleral depot injection of a therapeutic substance, for the treatment of subfoveal choroidal neovascularisation due to age-related macular degeneration, 1 or more of (Anaes.)</p> <p>(See para TN.8.81 of explanatory notes to this Category) Fee: \$312.95 Benefit: 75% = \$234.75 85% = \$266.05</p>
42743	<p>ANTERIOR CHAMBER, IRRIGATION OF BLOOD FROM, as an independent procedure (Anaes.) (Assist.)</p> <p>Fee: \$657.35 Benefit: 75% = \$493.05 85% = \$572.65</p>
42744	<p>Needle revision of glaucoma filtration bleb, following glaucoma filtering procedure (Anaes.)</p> <p>Fee: \$312.75 Benefit: 75% = \$234.60 85% = \$265.85</p>
42746	<p>GLAUCOMA, filtering operation for, where conservative therapies have failed, are likely to fail, or are contraindicated (Anaes.) (Assist.)</p> <p>Fee: \$993.70 Benefit: 75% = \$745.30</p>
42749	<p>GLAUCOMA, filtering operation for, where previous filtering operation has been performed (Anaes.) (Assist.)</p> <p>Fee: \$1,244.15 Benefit: 75% = \$933.15</p>
42752	<p>GLAUCOMA, insertion of drainage device incorporating an extraocular reservoir for, such as a Molteno device (Anaes.) (Assist.)</p> <p>(See para TN.8.83 of explanatory notes to this Category) Fee: \$1,392.65 Benefit: 75% = \$1044.50</p>
42755	<p>GLAUCOMA, removal of drainage device incorporating an extraocular reservoir for, such as a Molteno device (Anaes.)</p> <p>Fee: \$172.15 Benefit: 75% = \$129.15 85% = \$146.35</p>

T8. SURGICAL OPERATIONS		9. OPHTHALMOLOGY
42758	Goniotomy for the treatment of primary congenital glaucoma, excluding the minimally invasive implantation of glaucoma drainage devices (Anaes.) (Assist.) Fee: \$727.80 Benefit: 75% = \$545.85	
42761	DIVISION OF ANTERIOR OR POSTERIOR SYNECHIAE, as an independent procedure, other than by laser (Anaes.) (Assist.) Fee: \$540.00 Benefit: 75% = \$405.00 85% = \$459.00	
42764	IRIDECTOMY (including excision of tumour of iris) OR IRIDOTOMY, as an independent procedure, other than by laser (Anaes.) (Assist.) Fee: \$540.00 Benefit: 75% = \$405.00 85% = \$459.00	
42767	TUMOUR, INVOLVING CILIARY BODY OR CILIARY BODY AND IRIS, excision of (Anaes.) (Assist.) Fee: \$1,134.50 Benefit: 75% = \$850.90	
42770	CYCLODESTRUCTIVE procedures for the treatment of intractable glaucoma, treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.) (Assist.) (See para TN.8.82 of explanatory notes to this Category) Fee: \$306.75 Benefit: 75% = \$230.10 85% = \$260.75	
42773	DETACHED RETINA, pneumatic retinopexy for, not being a service associated with a service to which item 42776 applies (Anaes.) (Assist.) Fee: \$938.85 Benefit: 75% = \$704.15 85% = \$854.15	
42776	DETACHED RETINA, buckling or resection operation for (Anaes.) (Assist.) Fee: \$1,392.65 Benefit: 75% = \$1044.50	
42779	DETACHED RETINA, revision of scleral buckling operation for (Anaes.) (Assist.) Fee: \$1,737.10 Benefit: 75% = \$1302.85	
42782	LASER TRABECULOPLASTY, for the treatment of glaucoma. Each treatment to 1 eye, to a maximum of 4 treatments to that eye in a 2 year period (Anaes.) (Assist.) (See para TN.8.84 of explanatory notes to this Category) Fee: \$469.35 Benefit: 75% = \$352.05 85% = \$398.95	
42785	LASER IRIDOTOMY - each treatment episode to 1 eye, to a maximum of 3 treatments to that eye in a 2 year period (Anaes.) (Assist.) (See para TN.8.85 of explanatory notes to this Category) Fee: \$367.70 Benefit: 75% = \$275.80 85% = \$312.55	
42788	Laser capsulotomy—each treatment episode to one eye, to a maximum of 2 treatments to that eye in a 2 year period—other than a service associated with a service to which item 42702 applies (Anaes.) (Assist.) (See para TN.8.86 of explanatory notes to this Category) Fee: \$367.70 Benefit: 75% = \$275.80 85% = \$312.55	
42791	Laser vitreolysis or corticolysis of lens material or fibrinolysis, excluding vitreolysis in the posterior vitreous cavity—each treatment to one eye, to a maximum of 3 treatments to that eye in a 2 year period (Anaes.) (Assist.) (See para TN.8.87 of explanatory notes to this Category)	

T8. SURGICAL OPERATIONS		9. OPHTHALMOLOGY
	Fee: \$367.70 Benefit: 75% = \$275.80 85% = \$312.55	
42794	DIVISION OF SUTURE BY LASER following glaucoma filtration surgery, each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.) (See para TN.8.88 of explanatory notes to this Category) Fee: \$70.45 Benefit: 75% = \$52.85 85% = \$59.90	
42801	EPISCLERAL RADIOACTIVE PLAQUE (Ruthenium 106 or Iodine 125), for the treatment of choroidal melanomas, insertion of (Anaes.) (Assist.) Fee: \$1,092.25 Benefit: 75% = \$819.20	
42802	EPISCLERAL RADIOACTIVE PLAQUE (Ruthenium 106 or Iodine 125), for the treatment of choroidal melanomas, removal of (Anaes.) (Assist.) Fee: \$545.95 Benefit: 75% = \$409.50	
42805	TANTALUM MARKERS, surgical insertion to the sclera to localise the tumour base to assist in planning of radiotherapy of choroidal melanomas, 1 or more (Anaes.) (Assist.) Fee: \$610.30 Benefit: 75% = \$457.75 85% = \$525.60	
42806	IRIS TUMOUR, laser photocoagulation of (Anaes.) (Assist.) Fee: \$367.70 Benefit: 75% = \$275.80 85% = \$312.55	
42807	PHOTOMYDRIASIS, laser Fee: \$370.20 Benefit: 75% = \$277.65 85% = \$314.70	
42808	Laser peripheral iridoplasty Fee: \$370.20 Benefit: 75% = \$277.65 85% = \$314.70	
42809	RETINA, photocoagulation of, not being a service associated with photodynamic therapy with verteporfin (Anaes.) (Assist.) Fee: \$469.35 Benefit: 75% = \$352.05 85% = \$398.95	
42810	PHOTOTHERAPEUTIC KERATECTOMY, by laser, for corneal scarring or disease, excluding surgery for refractive error (Anaes.) Fee: \$590.70 Benefit: 75% = \$443.05 85% = \$506.00	
42811	TRANSPUPILLARY THERMOTHERAPY, for treatment of choroidal and retinal tumours or vascular malformations (Anaes.) Fee: \$469.35 Benefit: 75% = \$352.05 85% = \$398.95	
42812	Removal of scleral buckling material, from an eye having undergone previous scleral buckling surgery (Anaes.) Fee: \$172.15 Benefit: 75% = \$129.15 85% = \$146.35	
42815	VITREOUS CAVITY, removal of silicone oil or other liquid vitreous substitutes from, during a procedure other than that in which the vitreous substitute is inserted (Anaes.) (Assist.) Fee: \$657.35 Benefit: 75% = \$493.05	
42818	RETINA, CRYOTHERAPY TO, as an independent procedure, or when performed in conjunction with item 42809 or 42770 (Anaes.) Fee: \$610.30 Benefit: 75% = \$457.75 85% = \$525.60	

T8. SURGICAL OPERATIONS		9. OPHTHALMOLOGY
42821	OCULAR TRANSILLUMINATION, for the diagnosis and measurement of intraocular tumours (Anaes.) Fee: \$94.05 Benefit: 75% = \$70.55 85% = \$79.95	
42824	RETROBULBAR INJECTION OF ALCOHOL OR OTHER DRUG, as an independent procedure Fee: \$72.70 Benefit: 75% = \$54.55 85% = \$61.80	
42833	SQUINT, OPERATION FOR, ON 1 OR BOTH EYES, the operation involving a total of 1 OR 2 MUSCLES on a patient aged 15 years or over (Anaes.) (Assist.) Fee: \$610.30 Benefit: 75% = \$457.75	
42836	SQUINT, OPERATION FOR, ON 1 OR BOTH EYES, the operation involving a total of 1 OR 2 MUSCLES, on a patient aged 14 years or under, or where the patient has had previous squint, retinal or extra ocular operations on the eye or eyes, or on a patient with concurrent thyroid eye disease (Anaes.) (Assist.) Fee: \$758.95 Benefit: 75% = \$569.25	
42839	SQUINT, OPERATION FOR, ON 1 OR BOTH EYES, the operation involving a total of 3 OR MORE MUSCLES on a patient aged 15 years or over (Anaes.) (Assist.) Fee: \$727.80 Benefit: 75% = \$545.85	
42842	SQUINT, OPERATION FOR, ON 1 OR BOTH EYES, the operation involving a total of 3 or MORE MUSCLES, on a patient aged 14 years or under, or where the patient has had previous squint, retinal or extra ocular operations on the eye or eyes, or on a patient with concurrent thyroid eye disease (Anaes.) (Assist.) Fee: \$907.65 Benefit: 75% = \$680.75	
42845	READJUSTMENT OF ADJUSTABLE SUTURES, 1 or both eyes, as an independent procedure following an operation for correction of squint (Anaes.) (See para TN.8.89 of explanatory notes to this Category) Fee: \$197.10 Benefit: 75% = \$147.85 85% = \$167.55	
42848	SQUINT, muscle transplant for (Hummelsheim type, or similar operation) on a patient aged 15 years or over (Anaes.) (Assist.) Fee: \$727.80 Benefit: 75% = \$545.85	
42851	SQUINT, muscle transplant for (Hummelsheim type, or similar operation) on a patient aged 14 years or under, or where the patient has had previous squint, retinal or extra ocular operations on the eye or eyes, or on a patient with concurrent thyroid eye disease (Anaes.) (Assist.) Fee: \$907.65 Benefit: 75% = \$680.75	
42854	RUPTURED MEDIAL PALPEBRAL LIGAMENT or ruptured EXTRAOCULAR MUSCLE, repair of (Anaes.) (Assist.) Fee: \$422.50 Benefit: 75% = \$316.90 85% = \$359.15	
42857	RESUTURING OF WOUND FOLLOWING INTRAOCULAR PROCEDURES with or without excision of prolapsed iris (Anaes.) (Assist.) Fee: \$422.50 Benefit: 75% = \$316.90 85% = \$359.15	

T8. SURGICAL OPERATIONS		9. OPHTHALMOLOGY
42860	EYELID (upper or lower), scleral or Goretex or other non-autogenous graft to, with recession of the lid retractors (Anaes.) (Assist.) Fee: \$938.85 Benefit: 75% = \$704.15 85% = \$854.15	
42863	EYELID, recession of (Anaes.) (Assist.) Fee: \$805.95 Benefit: 75% = \$604.50 85% = \$721.25	
42866	ENTROPION or TARSAL ECTROPION, repair of, by tightening, shortening or repair of inferior retractors by open operation across the entire width of the eyelid (Anaes.) (Assist.) Fee: \$782.35 Benefit: 75% = \$586.80 85% = \$697.65	
42869	EYELID closure in facial nerve paralysis, insertion of foreign implant for (Anaes.) (Assist.) Fee: \$571.25 Benefit: 75% = \$428.45 85% = \$486.55	
42872	EYEBROW, elevation of, by skin excision, to correct for a reduced field of vision caused by parietic, involuntal, or traumatic eyebrow descent/ptosis to a position below the superior orbital rim (Anaes.) Fee: \$250.45 Benefit: 75% = \$187.85 85% = \$212.90	
43021	Photodynamic therapy, one eye, including the infusion of Verteporfin continuously through a peripheral vein, using a non-thermal laser at a wavelength of 689nm, for the treatment of choroidal neovascularisation. Fee: \$473.50 Benefit: 75% = \$355.15 85% = \$402.50	
43022	Photodynamic therapy, both eyes, including the infusion of Verteporfin continuously through a peripheral vein, using a non-thermal laser at a wavelength of 689nm, for the treatment of choroidal neovascularisation. Fee: \$568.25 Benefit: 75% = \$426.20 85% = \$483.55	
43023	Infusion of Verteporfin for discontinued photodynamic therapy, where a session of therapy which would have been provided under item 43021 or 43022 has been discontinued on medical grounds. Fee: \$92.05 Benefit: 75% = \$69.05 85% = \$78.25	

T8. SURGICAL OPERATIONS		10. OPERATIONS FOR OSTEOMYELITIS
	Group T8. Surgical Operations	
	Subgroup 10. Operations For Osteomyelitis	
	CHRONIC	
43521	OPERATION ON SKULL (Anaes.) (Assist.) Fee: \$483.35 Benefit: 75% = \$362.55	
43527	Operation on sternum, clavicle, rib, metacarpus, carpus, phalanx, metatarsus, tarsus, mandible or maxilla (other than alveolar margins), by open or arthroscopic means, for septic arthritis or osteomyelitis—one approach, inclusive of the adjoining joint (H) (Anaes.) (Assist.) Fee: \$370.80 Benefit: 75% = \$278.10	
43530	Operation on scapula, ulna, radius, tibia, fibula, humerus or femur, by open or arthroscopic means, for septic arthritis or osteomyelitis—one approach, inclusive of the adjoining joint (Anaes.) (Assist.)	

T8. SURGICAL OPERATIONS		10. OPERATIONS FOR OSTEOMYELITIS	
	Fee: \$370.80	Benefit: 75% = \$278.10	85% = \$315.20
	Operation on spine or pelvic bones, by open or arthroscopic means, for septic arthritis or osteomyelitis—one approach, inclusive of the adjoining joint (Anaes.) (Assist.)		
43533	Fee: \$611.40	Benefit: 75% = \$458.55	85% = \$526.70

T8. SURGICAL OPERATIONS		11. PAEDIATRIC	
	Group T8. Surgical Operations		
	Subgroup 11. Paediatric		
	SURGERY IN NEONATE OR YOUNG CHILD		
	INTESTINAL MALROTATION with or without volvulus, laparotomy for, not involving bowel resection (Anaes.) (Assist.)		
43801	Fee: \$996.10	Benefit: 75% = \$747.10	
	INTESTINAL MALROTATION with or without volvulus, laparotomy for, with bowel resection and anastomosis, with or without formation of stoma (Anaes.) (Assist.)		
43804	Fee: \$1,060.55	Benefit: 75% = \$795.45	
	UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, on a patient under 10 years of age (Anaes.)		
43805	Fee: \$370.80	Benefit: 75% = \$278.10	
	DUODENAL ATRESIA or STENOSIS, duodenoduodenostomy or duodenojejunostomy for (Anaes.) (Assist.)		
43807	Fee: \$1,157.05	Benefit: 75% = \$867.80	
	JEJUNAL ATRESIA, bowel resection and anastomosis for, with or without tapering (Anaes.) (Assist.)		
43810	Fee: \$1,349.90	Benefit: 75% = \$1012.45	
	MECONIUM ILEUS, laparotomy for, complicated by 1 or more of associated volvulus, atresia, intestinal perforation with or without meconium peritonitis (Anaes.) (Assist.)		
43813	Fee: \$1,349.90	Benefit: 75% = \$1012.45	
	ILEAL ATRESIA, COLONIC ATRESIA OR MECONIUM ILEUS not being a service associated with a service to which item 43813 applies, laparotomy for (Anaes.) (Assist.)		
43816	Fee: \$1,253.40	Benefit: 75% = \$940.05	
	Agangliosis Coli, laparotomy for, with or without frozen section biopsies and formation of stoma (Anaes.) (Assist.)		
43819	Fee: \$1,012.40	Benefit: 75% = \$759.30	
	ANORECTAL MALFORMATION, laparotomy and colostomy for (Anaes.) (Assist.)		
43822	Fee: \$1,012.40	Benefit: 75% = \$759.30	
	NEONATAL ALIMENTARY OBSTRUCTION, laparotomy for, not being a service to which any other item in this Subgroup applies (Anaes.) (Assist.)		
43825			

T8. SURGICAL OPERATIONS		11. PAEDIATRIC
	Fee: \$1,157.05 Benefit: 75% = \$867.80	
43828	ACUTE NEONATAL NECROTISING ENTEROCOLITIS, laparotomy for, with resection, including any anastomoses or stoma formation (Anaes.) (Assist.) Fee: \$1,278.30 Benefit: 75% = \$958.75	
43831	ACUTE NEONATAL NECROTISING ENTEROCOLITIS where no definitive procedure is possible, laparotomy for (Anaes.) (Assist.) Fee: \$996.10 Benefit: 75% = \$747.10	
43832	Branchial fistula, removal of, on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$679.40 Benefit: 75% = \$509.55	
43834	BOWEL RESECTION for necrotising enterocolitis stricture or strictures, including any anastomoses or stoma formation (Anaes.) (Assist.) Fee: \$1,157.05 Benefit: 75% = \$867.80	
43835	STRANGULATED, INCARCERATED OR OBSTRUCTED HERNIA, repair of, without bowel resection, on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$705.15 Benefit: 75% = \$528.90	
43837	CONGENITAL DIAPHRAGMATIC HERNIA, repair by thoracic or abdominal approach, with diagnosis confirmed in the first 24 hours of life (Anaes.) (Assist.) Fee: \$1,446.25 Benefit: 75% = \$1084.70	
43838	Diaphragmatic hernia, congenital repair of, by thoracic or abdominal approach, not being a service to which any of items 31569 to 31581 apply, on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$1,294.90 Benefit: 75% = \$971.20	
43840	CONGENITAL DIAPHRAGMATIC HERNIA, repair by thoracic or abdominal approach, diagnosed after the first day of life and before 20 days of age (Anaes.) (Assist.) Fee: \$1,253.40 Benefit: 75% = \$940.05	
43841	FEMORAL OR INGUINAL HERNIA OR INFANTILE HYDROCELE, repair of, not being a service to which item 30403 or 43835 applies, on a patient under 10 years of age (Anaes.) (Assist.) Fee: \$628.30 Benefit: 75% = \$471.25	
43843	OESOPHAGEAL ATRESIA (with or without repair of tracheo-oesophageal fistula), complete correction of, not being a service to which item 43846 applies (Anaes.) (Assist.) Fee: \$1,928.45 Benefit: 75% = \$1446.35	
43846	OESOPHAGEAL ATRESIA (with or without repair of tracheo-oesophageal fistula), complete correction of, in infant of birth weight less than 1500 grams (Anaes.) (Assist.) Fee: \$2,073.05 Benefit: 75% = \$1554.80	
43849	OESOPHAGEAL ATRESIA, gastrostomy for (Anaes.) (Assist.) Fee: \$530.30 Benefit: 75% = \$397.75	
43852	OESOPHAGEAL ATRESIA, thoracotomy for, and division of tracheo-oesophageal fistula without anastomosis (Anaes.) (Assist.) Fee: \$1,687.25 Benefit: 75% = \$1265.45	

T8. SURGICAL OPERATIONS		11. PAEDIATRIC
43855	OESOPHAGEAL ATRESIA, delayed primary anastomosis for (Anaes.) (Assist.) Fee: \$1,783.85 Benefit: 75% = \$1337.90	
43858	OESOPHAGEAL ATRESIA, cervical oesophagostomy for (Anaes.) (Assist.) Fee: \$626.70 Benefit: 75% = \$470.05	
43861	CONGENITAL CYSTADENOMATOID MALFORMATION OR CONGENITAL LOBAR EMPHYSEMA, thoracotomy and lung resection for (Anaes.) (Assist.) Fee: \$1,735.65 Benefit: 75% = \$1301.75	
43864	GASTROSCHISIS, operation for (Anaes.) (Assist.) Fee: \$1,301.70 Benefit: 75% = \$976.30	
43867	GASTROSCHISIS or Exomphalos, secondary operation for, with removal of silo (Anaes.) (Assist.) Fee: \$723.15 Benefit: 75% = \$542.40	
43870	EXOMPHALOS containing small bowel only, operation for (Anaes.) (Assist.) Fee: \$1,012.40 Benefit: 75% = \$759.30	
43873	EXOMPHALOS containing small bowel and other viscera, operation for (Anaes.) (Assist.) Fee: \$1,349.90 Benefit: 75% = \$1012.45	
43876	SACROCOCCYGEAL TERATOMA, excision of, by posterior approach (Anaes.) (Assist.) Fee: \$1,157.05 Benefit: 75% = \$867.80	
43879	SACROCOCCYGEAL TERATOMA, excision of, by combined posterior and abdominal approach (Anaes.) (Assist.) Fee: \$1,349.90 Benefit: 75% = \$1012.45	
43882	CLOACAL EXSTROPHY, operation for (Anaes.) (Assist.) Fee: \$1,735.65 Benefit: 75% = \$1301.75 85% = \$1650.95	
THORACIC SURGERY		
43900	TRACHEO-OESOPHAGEAL FISTULA without atresia, division and repair of (Anaes.) (Assist.) Fee: \$1,157.05 Benefit: 75% = \$867.80	
43903	OESOPHAGEAL ATRESIA or CORROSIVE OESOPHAGEAL STRICTURE, oesophageal replacement for, utilizing gastric tube, jejunum or colon (Anaes.) (Assist.) Fee: \$1,928.45 Benefit: 75% = \$1446.35	
43906	OESOPHAGUS, resection of congenital, anastomic or corrosive stricture and anastomosis, not being a service to which item 43903 applies (Anaes.) (Assist.) Fee: \$1,687.25 Benefit: 75% = \$1265.45	
43909	TRACHEOMALACIA, aortopexy for (Anaes.) (Assist.) Fee: \$1,687.25 Benefit: 75% = \$1265.45	
43912	THORACOTOMY and excision of 1 or more of bronchogenic or enterogenous cyst or mediastinal teratoma (Anaes.) (Assist.)	

T8. SURGICAL OPERATIONS		11. PAEDIATRIC
	Fee: \$1,594.05 Benefit: 75% = \$1195.55	
	EVENTRATION, plication of diaphragm for (Anaes.) (Assist.)	
43915	Fee: \$1,205.25 Benefit: 75% = \$903.95	
	ABDOMINAL SURGERY	
	HYPERTROPHIC PYLORIC STENOSIS, pyloromyotomy for (Anaes.) (Assist.)	
43930	Fee: \$463.50 Benefit: 75% = \$347.65	
	IDIOPATHIC INTUSSUSCEPTION, laparotomy and manipulative reduction of (Anaes.) (Assist.)	
43933	Fee: \$542.55 Benefit: 75% = \$406.95	
	INTUSSUSCEPTION, laparotomy and resection with anastomosis (Anaes.) (Assist.)	
43936	Fee: \$1,012.40 Benefit: 75% = \$759.30	
	VENTRAL HERNIA following neonatal closure of exomphalos or gastroschisis, repair of (Anaes.) (Assist.)	
43939	Fee: \$771.35 Benefit: 75% = \$578.55	
	ABDOMINAL WALL VITELLO INTESTINAL REMNANT, excision of (Anaes.)	
43942	Fee: \$241.10 Benefit: 75% = \$180.85	
	PATENT VITELLO INTESTINAL DUCT, excision of (Anaes.) (Assist.)	
43945	Fee: \$1,012.40 Benefit: 75% = \$759.30	
	UMBILICAL GRANULOMA, excision of, under general anaesthesia (Anaes.)	
43948	Fee: \$144.75 Benefit: 75% = \$108.60	
	GASTRO-OESOPHAGEAL REFLUX with or without hiatus hernia, laparotomy and fundoplication for, without gastrostomy (Anaes.) (Assist.)	
43951	Fee: \$906.65 Benefit: 75% = \$680.00	
	GASTRO-OESOPHAGEAL REFLUX with or without hiatus hernia, laparotomy and fundoplication for, with gastrostomy (Anaes.) (Assist.)	
43954	Fee: \$1,108.95 Benefit: 75% = \$831.75	
	GASTRO-OESOPHAGEAL REFLUX, LAPAROTOMY AND FUNDOPLICATION for, with or without hiatus hernia, in child with neurological disease, with gastrostomy (Anaes.) (Assist.)	
43957	Fee: \$1,205.25 Benefit: 75% = \$903.95	
	ANORECTAL MALFORMATION, perineal anoplasty of (Anaes.) (Assist.)	
43960	Fee: \$424.00 Benefit: 75% = \$318.00	
	ANORECTAL MALFORMATION, posterior sagittal anorectoplasty of (Anaes.) (Assist.)	
43963	Fee: \$1,687.25 Benefit: 75% = \$1265.45	
	ANORECTAL MALFORMATION, posterior sagittal anorectoplasty of, with laparotomy (Anaes.) (Assist.)	
43966	Fee: \$1,928.45 Benefit: 75% = \$1446.35	

T8. SURGICAL OPERATIONS		11. PAEDIATRIC
43969	PERSISTENT CLOACA, total correction of, with genital repair using posterior sagittal approach, with or without laparotomy (Anaes.) (Assist.) Fee: \$2,651.60 Benefit: 75% = \$1988.70	
43972	CHOLEDOCHAL CYST, resection of, with 1 duct anastomosis (Anaes.) (Assist.) Fee: \$1,928.45 Benefit: 75% = \$1446.35	
43975	CHOLEDOCHAL CYST, resection of, with 2 duct anastomoses (Anaes.) (Assist.) Fee: \$2,265.95 Benefit: 75% = \$1699.50	
43978	BILIARY ATRESIA, portoenterostomy for (Anaes.) (Assist.) Fee: \$1,928.45 Benefit: 75% = \$1446.35	
43981	NEPHROBLASTOMA, NEUROBLASTOMA OR OTHER MALIGNANT TUMOUR, laparotomy (exploratory), including associated biopsies, where no other intra-abdominal procedure is performed (Anaes.) (Assist.) Fee: \$530.30 Benefit: 75% = \$397.75	
43984	NEPHROBLASTOMA, radical nephrectomy for (Anaes.) (Assist.) Fee: \$1,349.90 Benefit: 75% = \$1012.45	
43987	NEUROBLASTOMA, radical excision of (Anaes.) (Assist.) Fee: \$1,494.65 Benefit: 75% = \$1121.00	
43990	Aganglioneurosis Coli, definitive resection with pull-through anastomosis, with or without frozen section biopsies, when aganglionic segment extends to sigmoid colon (Anaes.) (Assist.) Fee: \$1,832.10 Benefit: 75% = \$1374.10	
43993	Aganglioneurosis Coli, definitive resection with pull-through anastomosis, with or without frozen section biopsies, when aganglionic segment extends into descending or transverse colon with or without resiting of stoma (Anaes.) (Assist.) Fee: \$1,976.65 Benefit: 75% = \$1482.50	
43996	Aganglioneurosis Coli, total colectomy for total colonic aganglioneurosis with ileoanal pull-through, with or without side to side ileocolic anastomosis (Anaes.) (Assist.) Fee: \$2,217.75 Benefit: 75% = \$1663.35	
43999	Aganglioneurosis Coli, anal sphincterotomy as an independent procedure for (Anaes.) (Assist.) Fee: \$277.30 Benefit: 75% = \$208.00	
44101	RECTUM, examination of, on a patient under 2 years of age, under general anaesthesia with full thickness biopsy or removal of polyp or similar lesion (Anaes.) (Assist.) Fee: \$347.60 Benefit: 75% = \$260.70	
44102	RECTUM, examination of, on a patient 2 years of age or over, under general anaesthesia with full thickness biopsy or removal of polyp or similar lesion (Anaes.) (Assist.) Fee: \$267.35 Benefit: 75% = \$200.55	
44104	RECTAL PROLAPSE, SUBMUCOSAL or perirectal injection for, on a patient under 2 years of age, under general anaesthesia (Anaes.)	

T8. SURGICAL OPERATIONS		11. PAEDIATRIC
	Fee: \$61.05 Benefit: 75% = \$45.80 85% = \$51.90	
44105	RECTAL PROLAPSE, SUBMUCOSAL or perirectal injection for, on a patient 2 years of age or over, under general anaesthesia (Anaes.) Fee: \$46.90 Benefit: 75% = \$35.20 85% = \$39.90	
44108	INGUINAL HERNIA repair at age less than 12 months (Anaes.) (Assist.) Fee: \$511.35 Benefit: 75% = \$383.55	
44111	OBSTRUCTED OR STRANGULATED INGUINAL HERNIA, repair, at age, less than 12 months including orchidopexy when performed (Anaes.) (Assist.) Fee: \$598.95 Benefit: 75% = \$449.25 85% = \$514.25	
44114	INGUINAL HERNIA repair at age less than 12 months when orchidopexy also required (Anaes.) (Assist.) Fee: \$598.95 Benefit: 75% = \$449.25	
MISCELLANEOUS SURGERY		
44130	LYMPHADENECTOMY, for atypical mycobacterial infection or other granulomatous disease (Anaes.) (Assist.) Fee: \$482.05 Benefit: 75% = \$361.55 85% = \$409.75	
44133	TORTICOLLIS, open division of sternomastoid muscle for (Anaes.) (Assist.) Fee: \$382.65 Benefit: 75% = \$287.00	
44136	INGROWN TOE NAIL, operation for, under general anaesthesia (Anaes.) Fee: \$176.35 Benefit: 75% = \$132.30 85% = \$149.90	

T8. SURGICAL OPERATIONS		12. AMPUTATIONS
	Group T8. Surgical Operations	
	Subgroup 12. Amputations	
44325	Amputation of hand, transcarpal (H) (Anaes.) (Assist.) Fee: \$307.70 Benefit: 75% = \$230.80	
44328	Amputation of hand, proximal to wrist radiocarpal joint, through forearm (H) (Anaes.) (Assist.) Fee: \$370.80 Benefit: 75% = \$278.10	
44331	AMPUTATION AT SHOULDER (Anaes.) (Assist.) Fee: \$611.40 Benefit: 75% = \$458.55	
44334	INTERSCAPULOTHORACIC AMPUTATION (Anaes.) (Assist.) Fee: \$1,242.65 Benefit: 75% = \$932.00 85% = \$1157.95	
44338	Amputation of one digit of one foot, distal to metatarsal head, including any of the following (if performed): (a) resection of bone or joint;	

T8. SURGICAL OPERATIONS		12. AMPUTATIONS
	(b) excision of neuroma; (c) skin cover with homodigital flaps (H) (Anaes.) (Assist.) Fee: \$149.85 Benefit: 75% = \$112.40	
44342	Amputation of 2 digits of one foot, distal to metatarsal head, including any of the following (if performed): (a) resection of bone or joint; (b) excision of neuroma; (c) skin cover with homodigital flaps (H) (Anaes.) (Assist.) Fee: \$228.85 Benefit: 75% = \$171.65	
44346	Amputation of 3 digits of one foot, distal to metatarsal head, including any of the following (if performed): (a) resection of bone or joint; (b) excision of neuroma; (c) skin cover with homodigital flaps (H) (Anaes.) (Assist.) Fee: \$264.25 Benefit: 75% = \$198.20	
44350	Amputation of 4 digits of one foot, distal to metatarsal head, including any of the following (if performed): (a) resection of bone or joint; (b) excision of neuroma; (c) skin cover with homodigital flaps (H) (Anaes.) (Assist.) Fee: \$299.85 Benefit: 75% = \$224.90	
44354	Amputation of 5 digits of one foot, distal to metatarsal head, including any of the following (if performed): (a) resection of bone or joint; (b) excision of neuroma; (c) skin cover with homodigital flaps (H) (Anaes.) (Assist.) Fee: \$343.20 Benefit: 75% = \$257.40	

T8. SURGICAL OPERATIONS		12. AMPUTATIONS
44358	<p>Amputation of one ray of one foot, proximal to the metatarsal head, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) resection of bone; (b) excision of neuromas; (c) skin cover or recontouring with homodigital flaps <p>(H) (Anaes.) (Assist.)</p> <p>Fee: \$228.85 Benefit: 75% = \$171.65</p>	
44359	<p>Amputation of one or more toes of one foot, or amputation at midfoot or hindfoot of one foot, for diabetic or other microvascular disease;</p> <p>(a) including any of the following (if performed):</p> <ul style="list-style-type: none"> (i) resection of bone; (ii) excision of neuromas; (iii) excision of one or more bones of the foot; (iv) treatment of underlying infection; (v) skin cover or recontouring with homodigital flaps; and <p>(b) excluding aftercare;</p> <p>—applicable only once per foot per occasion on which the service is performed (H) (Anaes.) (Assist.)</p> <p>Fee: \$274.60 Benefit: 75% = \$205.95</p>	
44361	<p>Amputation of foot, at ankle or hindfoot, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) resection of bone; (b) excision of neuromas; (c) skin cover; <p>(H) (Anaes.) (Assist.)</p> <p>Fee: \$454.10 Benefit: 75% = \$340.60</p>	
44364	<p>Amputation of foot, transtarsal, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) resection of bone; (b) excision of neuromas; (c) skin cover; <p>(H) (Anaes.) (Assist.)</p> <p>Fee: \$307.70 Benefit: 75% = \$230.80</p>	

T8. SURGICAL OPERATIONS		12. AMPUTATIONS
44367	Amputation through thigh, at knee or below knee (H) (Anaes.) (Assist.) Fee: \$543.10 Benefit: 75% = \$407.35	
44370	AMPUTATION AT HIP (Anaes.) (Assist.) Fee: \$749.40 Benefit: 75% = \$562.05	
44373	HINDQUARTER, amputation of (Anaes.) (Assist.) Fee: \$1,538.30 Benefit: 75% = \$1153.75 85% = \$1453.60	
44376	Amputation stump, re-amputation of, to provide adequate skin and muscle cover (Anaes.) (Assist.) Derived Fee: 75% of the original amputation fee	

T8. SURGICAL OPERATIONS		13. PLASTIC AND RECONSTRUCTIVE SURGERY
	Group T8. Surgical Operations	
	Subgroup 13. Plastic And Reconstructive Surgery	
	GENERAL	
45000	Single stage local muscle flap repair, on eyelid, nose, lip, neck, hand, thumb, finger or genitals not in association with any of items 31356 to 31376 (Anaes.) Fee: \$563.25 Benefit: 75% = \$422.45 85% = \$478.80	
45003	Single stage local myocutaneous flap repair to one defect, simple and small not in association with any of items 31356 to 31376 (Anaes.) Fee: \$626.05 Benefit: 75% = \$469.55 85% = \$541.35 Extended Medicare Safety Net Cap: \$500.85	
45006	SINGLE STAGE LARGE MYOCUTANEOUS FLAP REPAIR to 1 defect, (pectoralis major, latissimus dorsi, or similar large muscle) (Anaes.) (Assist.) Fee: \$1,079.70 Benefit: 75% = \$809.80	
45009	SINGLE STAGE LOCAL muscle flap repair to 1 defect, simple and small (Anaes.) (Assist.) Fee: \$394.40 Benefit: 75% = \$295.80	
45012	SINGLE STAGE LARGE MUSCLE FLAP REPAIR to 1 defect, (pectoralis major, gastrocnemius, gracilis or similar large muscle) (Anaes.) (Assist.) Fee: \$660.75 Benefit: 75% = \$495.60	
45015	MUSCLE OR MYOCUTANEOUS FLAP, delay of (Anaes.) Fee: \$312.95 Benefit: 75% = \$234.75	
45018	Dermis, dermofat or fascia graft (other than transfer of fat by injection): (a) if the service is not associated with neurosurgical services for spinal disorders mentioned in any of items 51011 to 51171; and	

T8. SURGICAL OPERATIONS	13. PLASTIC AND RECONSTRUCTIVE SURGERY
	<p>(b) other than a service associated with a service to which item 39615, 39715, 40106 or 40109 applies (Anaes.) (Assist.)</p> <p>Fee: \$492.85 Benefit: 75% = \$369.65 85% = \$418.95</p>
45019	<p>Full face chemical peel for severely sun-damaged skin, if:</p> <p>(a) the damage affects at least 75% of the facial skin surface area; and</p> <p>(b) the damage involves photo-damage (dermatoheliosis); and</p> <p>(c) the photo-damage involves:</p> <p style="padding-left: 40px;">(i) a solar keratosis load exceeding 30 individual lesions; or</p> <p style="padding-left: 40px;">(ii) solar lentigines; or</p> <p style="padding-left: 40px;">(iii) freckling, yellowing or leathering of the skin; or</p> <p style="padding-left: 40px;">(iv) solar kertoses which have proven refractory to, or recurred following, medical therapies; and</p> <p>(d) at least medium depth peeling agents are used; and</p> <p>(e) the chemical peel is performed in the operating theatre of a hospital by a medical practitioner recognised as a specialist in the specialty of dermatology or plastic surgery.</p> <p>Applicable once only in any 12 month period (Anaes.)</p> <p>Fee: \$412.80 Benefit: 75% = \$309.60</p>
45021	<p>ABRASIVE THERAPY for severely disfiguring scarring resulting from trauma, burns or acne - limited to 1 aesthetic area (Anaes.)</p> <p>(See para TN.8.91 of explanatory notes to this Category)</p> <p>Fee: \$184.55 Benefit: 75% = \$138.45 85% = \$156.90</p>
45024	<p>ABRASIVE THERAPY for severely disfiguring scarring resulting from trauma, burns or acne - more than 1 aesthetic area (Anaes.)</p> <p>(See para TN.8.91 of explanatory notes to this Category)</p> <p>Fee: \$414.70 Benefit: 75% = \$311.05 85% = \$352.50</p>
45025	<p>CARBON DIOXIDE LASER OR ERBIUM LASER (not including fractional laser therapy) resurfacing of the face or neck for severely disfiguring scarring resulting from trauma, burns or acne - limited to 1 aesthetic area (Anaes.)</p> <p>(See para TN.8.91 of explanatory notes to this Category)</p> <p>Fee: \$184.55 Benefit: 75% = \$138.45 85% = \$156.90</p> <p>Extended Medicare Safety Net Cap: \$147.65</p>
45026	<p>CARBON DIOXIDE LASER OR ERBIUM LASER (not including fractional laser therapy) resurfacing of the face or neck for severely disfiguring scarring resulting from trauma, burns or acne - more than 1 aesthetic area (Anaes.)</p> <p>(See para TN.8.91 of explanatory notes to this Category)</p> <p>Fee: \$414.70 Benefit: 75% = \$311.05 85% = \$352.50</p> <p>Extended Medicare Safety Net Cap: \$331.80</p>

T8. SURGICAL OPERATIONS		13. PLASTIC AND RECONSTRUCTIVE SURGERY
45027	<p>ANGIOMA, cauterisation of or injection into, where undertaken in the operating theatre of a hospital (Anaes.)</p> <p>Fee: \$125.25 Benefit: 75% = \$93.95 85% = \$106.50</p>	
45030	<p>ANGIOMA (haemangioma or lymphangioma or both) of skin and subcutaneous tissue (excluding facial muscle or breast) or mucous surface, small, excision and suture of (Anaes.)</p> <p>Fee: \$134.45 Benefit: 75% = \$100.85 85% = \$114.30</p>	
45033	<p>ANGIOMA, (haemangioma or lymphangioma or both), large or involving deeper tissue including facial muscle or breast, excision and suture of (Anaes.)</p> <p>Fee: \$250.45 Benefit: 75% = \$187.85 85% = \$212.90</p>	
45035	<p>ANGIOMA (haemangioma or lymphangioma or both), large and deep, involving muscles or nerves, excision of (Anaes.) (Assist.)</p> <p>Fee: \$730.50 Benefit: 75% = \$547.90</p>	
45036	<p>ANGIOMA (haemangioma or lymphangioma or both) of neck, deep, excision of (Anaes.) (Assist.)</p> <p>Fee: \$1,173.75 Benefit: 75% = \$880.35</p>	
45039	<p>ARTERIOVENOUS MALFORMATION (3 centimetres or less) of superficial tissue, excision of (Anaes.)</p> <p>Fee: \$250.45 Benefit: 75% = \$187.85 85% = \$212.90</p>	
45042	<p>ARTERIOVENOUS MALFORMATION, (greater than 3 centimetres), excision of (Anaes.) (Assist.)</p> <p>Fee: \$320.90 Benefit: 75% = \$240.70 85% = \$272.80</p>	
45045	<p>ARTERIOVENOUS MALFORMATION on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, excision of (Anaes.)</p> <p>Fee: \$320.90 Benefit: 75% = \$240.70 85% = \$272.80</p>	
45048	<p>LYMPHOEDEMATOUS tissue or lymphangiectasis, of lower leg and foot, or thigh, or upper arm, or forearm and hand, major excision of (Anaes.) (Assist.)</p> <p>Fee: \$805.95 Benefit: 75% = \$604.50</p>	
45051	<p>Contour reconstruction by open repair of contour defects, due to deformity, if:</p> <p>(a) contour reconstructive surgery is indicated because the deformity is secondary to congenital absence of tissue or has arisen from trauma (other than trauma from previous cosmetic surgery); and</p> <p>(b) insertion of a non-biological implant is required, other than one or more of the following:</p> <ul style="list-style-type: none"> (i) insertion of a non-biological implant that is a component of another service specified in Group T8; (ii) injection of liquid or semisolid material; (iii) an oral and maxillofacial implant service to which item 52321 applies; (iv) a service to insert mesh; and 	

T8. SURGICAL OPERATIONS		13. PLASTIC AND RECONSTRUCTIVE SURGERY
	(c) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (Assist.) Fee: \$492.95 Benefit: 75% = \$369.75	
45054	LIMB OR CHEST, decompression escharotomy of (including all incisions), for acute compartment syndrome secondary to burn (Anaes.) (Assist.) (See para TN.8.92 of explanatory notes to this Category) Fee: \$256.10 Benefit: 75% = \$192.10	
45060	Developmental breast abnormality, single stage correction of, if: (a) the correction involves either: (i) bilateral mastopexy for symmetrical tubular breasts; or (ii) surgery on both breasts with a combination of insertion of one or more implants (which must have at least a 10% volume difference), mastopexy or reduction mammoplasty, if there is a difference in breast volume, as demonstrated by an appropriate volumetric measurement technique, of at least 20% in normally shaped breasts, or 10% in tubular breasts or in breasts with abnormally high inframammary folds; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes Applicable only once per occasion on which the service is provided (Anaes.) (Assist.) Fee: \$1,322.80 Benefit: 75% = \$992.10	
45061	Developmental breast abnormality, 2 stage correction of, first stage, involving surgery on both breasts with a combination of insertion of one or more tissue expanders, mastopexy or reduction mammoplasty, if: (a) there is a difference in breast volume, as demonstrated by an appropriate volumetric measurement technique, of at least: (i) 20% in normally shaped breasts; or (ii) 10% in tubular breasts or in breasts with abnormally high inframammary folds; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes. Applicable only once per occasion on which the service is provided (Anaes.) (Assist.) Fee: \$1,322.80 Benefit: 75% = \$992.10	
45062	Developmental breast abnormality, 2 stage correction of, second stage, involving surgery on both breasts with a combination of exchange of one or more tissue expanders for one or more implants (which must have at least a 10% volume difference), mastopexy or reduction mammoplasty, if: (a) there is a difference in breast volume, as demonstrated by an appropriate volumetric measurement technique, of at least: (i) 20% in normally shaped breasts; or	

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	<p>(ii) 10% in tubular breasts or in breasts with abnormally high inframammary folds; and</p> <p>(b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes.</p> <p>Applicable only once per occasion on which the service is provided (Anaes.) (Assist.)</p> <p>Fee: \$957.25 Benefit: 75% = \$717.95</p>	
SKIN FLAP SURGERY		
45200	<p>Single stage local flap, if indicated to repair one defect, simple and small, excluding flap for male pattern baldness and excluding H-flap or double advancement flap not in association with any of items 31356 to 31376 (Anaes.)</p> <p>(See para TN.8.93 of explanatory notes to this Category)</p> <p>Fee: \$295.90 Benefit: 75% = \$221.95 85% = \$251.55</p> <p>Extended Medicare Safety Net Cap: \$236.75</p>	
45201	<p>Muscle, myocutaneous or skin flap, where clinically indicated to repair one surgical excision made in the removal of a malignant or non-malignant skin lesion (only in association with items 31000, 31001, 31002, 31003, 31004, 31005, 31358, 31359, 31360, 31363, 31364, 31369, 31370, 31371, 31373 or 31376)-may be claimed only once per defect (Anaes.)</p> <p>(See para TN.8.93 of explanatory notes to this Category)</p> <p>Fee: \$430.70 Benefit: 75% = \$323.05 85% = \$366.10</p>	
45202	<p>Muscle, myocutaneous or skin flap, where clinically indicated to repair one surgical excision made in the removal of a malignant or non-malignant skin lesion in a patient, if the clinical relevance of the procedure is clearly annotated in the patient's record and either:</p> <p>(a) item 45201 applies and additional flap repair is required for the same defect; or</p> <p>(b) item 45201 does not apply and either:</p> <p style="padding-left: 20px;">(i) the patient has severe pre-existing scarring, severe skin atrophy or sclerodermoid changes; or</p> <p style="padding-left: 20px;">(ii) the repair is contiguous with a free margin (Anaes.)</p> <p>(See para TN.8.93, TN.8.126 of explanatory notes to this Category)</p> <p>Fee: \$430.70 Benefit: 75% = \$323.05 85% = \$366.10</p>	
45203	<p>Single stage local flap, if indicated to repair one defect, complicated or large, excluding flap for male pattern baldness and excluding H-flap or double advancement flap not in association with any of items 31356 to 31376 (Anaes.) (Assist.)</p> <p>(See para TN.8.93, TN.8.207 of explanatory notes to this Category)</p> <p>Fee: \$422.50 Benefit: 75% = \$316.90 85% = \$359.15</p> <p>Extended Medicare Safety Net Cap: \$338.00</p>	
45206	<p>Single stage local flap if indicated to repair one defect, on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals and excluding H-flap or double advancement flap not in association with any of items 31356 to 31376 (Anaes.)</p> <p>(See para TN.8.93 of explanatory notes to this Category)</p> <p>Fee: \$399.10 Benefit: 75% = \$299.35 85% = \$339.25</p> <p>Extended Medicare Safety Net Cap: \$319.30</p>	

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	H-flap or double advancement flap if indicated to repair one defect, on eyelid, eyebrow or forehead not in association with any of items 31356 to 31376 (Anaes.)	
45207	Fee: \$399.10	Benefit: 75% = \$299.35 85% = \$339.25
	DIRECT FLAP REPAIR (cross arm, abdominal or similar), first stage (Anaes.) (Assist.)	
45209	Fee: \$492.95	Benefit: 75% = \$369.75 85% = \$419.05
	DIRECT FLAP REPAIR (cross arm, abdominal or similar), second stage (Anaes.)	
45212	Fee: \$244.60	Benefit: 75% = \$183.45 85% = \$207.95
	DIRECT FLAP REPAIR, cross leg, first stage (Anaes.) (Assist.)	
45215	Fee: \$1,055.10	Benefit: 75% = \$791.35
	DIRECT FLAP REPAIR, cross leg, second stage (Anaes.) (Assist.)	
45218	Fee: \$473.30	Benefit: 75% = \$355.00
	DIRECT FLAP REPAIR, small (cross finger or similar), first stage (Anaes.)	
45221	Fee: \$272.20	Benefit: 75% = \$204.15 85% = \$231.40
	DIRECT FLAP REPAIR, small (cross finger or similar), second stage (Anaes.)	
45224	Fee: \$122.35	Benefit: 75% = \$91.80 85% = \$104.00
	INDIRECT FLAP OR TUBED PEDICLE, formation of (Anaes.) (Assist.)	
45227	Fee: \$463.50	Benefit: 75% = \$347.65 85% = \$394.00
	DIRECT OR INDIRECT FLAP OR TUBED PEDICLE, delay of (Anaes.)	
45230	Fee: \$231.75	Benefit: 75% = \$173.85 85% = \$197.00
	INDIRECT FLAP OR TUBED PEDICLE, preparation of intermediate or final site and attachment to the site (Anaes.) (Assist.)	
45233	Fee: \$492.95	Benefit: 75% = \$369.75 85% = \$419.05
	INDIRECT FLAP OR TUBED PEDICLE, spreading of pedicle, as a separate procedure (Anaes.)	
45236	Fee: \$386.55	Benefit: 75% = \$289.95
	DIRECT, INDIRECT OR LOCAL FLAP, revision of, by incision and suture, not being a service to which item 45240 applies (Anaes.)	
45239	Fee: \$272.20	Benefit: 75% = \$204.15 85% = \$231.40
	DIRECT, INDIRECT OR LOCAL FLAP, revision of, by liposuction, not being a service to which item 45239, 45497, 45498 or 45499 applies (Anaes.)	
45240	Fee: \$272.20	Benefit: 75% = \$204.15 85% = \$231.40
	FREE GRAFTS	
	FREE GRAFTING (split skin) of a granulating area, small (Anaes.)	
45400	Fee: \$213.00	Benefit: 75% = \$159.75 85% = \$181.05
45403	FREE GRAFTING (split skin) of a granulating area, extensive (Anaes.) (Assist.)	

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	Fee: \$424.00 Benefit: 75% = \$318.00 85% = \$360.40	
45406	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving not more than 3 per cent of total body surface (Anaes.) (Assist.) (See para TN.8.94 of explanatory notes to this Category) Fee: \$469.35 Benefit: 75% = \$352.05 85% = \$398.95	
45409	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 3 per cent or more but less than 6 per cent of total body surface (Anaes.) (Assist.) (See para TN.8.94 of explanatory notes to this Category) Fee: \$626.05 Benefit: 75% = \$469.55	
45412	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 6 per cent or more but less than 9 per cent of total body surface (Anaes.) (Assist.) (See para TN.8.94 of explanatory notes to this Category) Fee: \$860.85 Benefit: 75% = \$645.65	
45415	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 9 per cent or more but less than 12 per cent of total body surface (Anaes.) (Assist.) (See para TN.8.94 of explanatory notes to this Category) Fee: \$938.85 Benefit: 75% = \$704.15	
45418	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 12 per cent or more but less than 15 per cent of total body surface (Anaes.) (Assist.) (See para TN.8.94 of explanatory notes to this Category) Fee: \$1,017.15 Benefit: 75% = \$762.90	
45439	FREE GRAFTING (split skin) to 1 defect, including elective dissection, small (Anaes.) Fee: \$295.90 Benefit: 75% = \$221.95 85% = \$251.55	
45442	FREE GRAFTING (split skin) to 1 defect, including elective dissection, extensive (Anaes.) (Assist.) Fee: \$610.30 Benefit: 75% = \$457.75 85% = \$525.60	
45445	FREE GRAFTING (split skin) as inlay graft to 1 defect including elective dissection using a mould (including insertion of, and removal of mould) (Anaes.) (Assist.) Fee: \$579.15 Benefit: 75% = \$434.40 85% = \$494.45	
45448	FREE GRAFTING (split skin) to 1 defect, including elective dissection on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, not being a service to which item 45442 or 45445 applies (Anaes.) Fee: \$391.25 Benefit: 75% = \$293.45 85% = \$332.60	
45451	FREE GRAFTING (full thickness), to 1 defect, excluding grafts for male pattern baldness (Anaes.) (Assist.) Fee: \$492.95 Benefit: 75% = \$369.75 85% = \$419.05	
45460	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving 15 percent or more but less than 20 percent of total body surface - one surgeon (Anaes.) (Assist.) Fee: \$1,304.10 Benefit: 75% = \$978.10	

T8. SURGICAL OPERATIONS		13. PLASTIC AND RECONSTRUCTIVE SURGERY
45461	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving <i>15 percent or more but less than 20 percent</i> of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.) Fee: \$929.45 Benefit: 75% = \$697.10	
45462	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving <i>15 percent or more but less than 20 percent</i> of total body surface - conjoint surgery, co- surgeon (Assist.) Fee: \$701.35 Benefit: 75% = \$526.05	
45464	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving <i>20 percent or more but less than 30 percent</i> of total body surface - one surgeon (Anaes.) (Assist.) Fee: \$1,990.60 Benefit: 75% = \$1492.95	
45465	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving <i>20 percent or more but less than 30 percent</i> of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.) Fee: \$1,418.20 Benefit: 75% = \$1063.65 85% = \$1333.50	
45466	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving <i>20 percent or more but less than 30 percent</i> of total body surface - conjoint surgery, co-surgeon (Assist.) Fee: \$1,069.60 Benefit: 75% = \$802.20 85% = \$984.90	
45468	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving <i>30 percent or more but less than 40 percent</i> of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.) Fee: \$1,906.90 Benefit: 75% = \$1430.20	
45469	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving <i>30 percent or more but less than 40 percent</i> of total body surface - conjoint surgery, co-surgeon (Assist.) Fee: \$1,438.70 Benefit: 75% = \$1079.05 85% = \$1354.00	
45471	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving <i>40 percent or more but less than 50 percent</i> of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.) Fee: \$2,397.00 Benefit: 75% = \$1797.75 85% = \$2312.30	
45472	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving <i>40 percent or more but less than 50 percent</i> of total body surface - conjoint surgery, co-surgeon (Assist.) Fee: \$1,808.05 Benefit: 75% = \$1356.05 85% = \$1723.35	
45474	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving <i>50 percent or more but less than 60 percent</i> of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.) Fee: \$2,885.65 Benefit: 75% = \$2164.25 85% = \$2800.95	
45475	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving <i>50 percent or more but less than 60 percent</i> of total body surface - conjoint surgery, co-surgeon (Assist.) Fee: \$2,177.25 Benefit: 75% = \$1632.95 85% = \$2092.55	

T8. SURGICAL OPERATIONS		13. PLASTIC AND RECONSTRUCTIVE SURGERY
45477	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving <i>60 percent or more but less than 70 percent</i> of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.) Fee: \$3,374.40 Benefit: 75% = \$2530.80 85% = \$3289.70	
45478	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving <i>60 percent or more but less than 70 percent</i> of total body surface - conjoint surgery, co-surgeon (Assist.) Fee: \$2,545.20 Benefit: 75% = \$1908.90 85% = \$2460.50	
45480	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving <i>70 percent or more but less than 80 percent</i> of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.) Fee: \$3,863.05 Benefit: 75% = \$2897.30 85% = \$3778.35	
45481	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving <i>70 percent or more but less than 80 percent</i> of total body surface - conjoint surgery, co-surgeon (Assist.) Fee: \$2,914.60 Benefit: 75% = \$2185.95 85% = \$2829.90	
45483	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving <i>80 percent or more</i> of total body surface - conjoint surgery, principal surgeon (Anaes.) (Assist.) Fee: \$4,401.35 Benefit: 75% = \$3301.05 85% = \$4316.65	
45484	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - involving <i>80 percent or more</i> of total body surface - conjoint surgery, co-surgeon (Assist.) Fee: \$3,320.80 Benefit: 75% = \$2490.60 85% = \$3236.10	
45485	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - upper eyelid, nose, lip, ear or palm of the hand (Anaes.) (Assist.) Fee: \$549.10 Benefit: 75% = \$411.85	
45486	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - forehead, cheek, anterior aspect of the neck, chin, plantar aspect of the foot, heel or genitalia (Anaes.) (Assist.) Fee: \$469.35 Benefit: 75% = \$352.05	
45487	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - whole of toe (Anaes.) (Assist.) Fee: \$422.50 Benefit: 75% = \$316.90 85% = \$359.15	
45488	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - the whole of 1 digit of the hand (Anaes.) (Assist.) Fee: \$469.35 Benefit: 75% = \$352.05	
45489	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - the whole of 2 digits of the hand (Anaes.) (Assist.) Fee: \$704.25 Benefit: 75% = \$528.20 85% = \$619.55	
45490	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - the whole of 3 digits of the hand (Anaes.) (Assist.) Fee: \$939.10 Benefit: 75% = \$704.35	

T8. SURGICAL OPERATIONS		13. PLASTIC AND RECONSTRUCTIVE SURGERY
45491	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - the whole of 4 digits of the hand (Anaes.) (Assist.) Fee: \$1,173.75 Benefit: 75% = \$880.35	
45492	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - the whole of 5 digits of the hand (Anaes.) (Assist.) Fee: \$1,408.45 Benefit: 75% = \$1056.35	
45493	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - portion of digit of hand (Anaes.) (Assist.) Fee: \$422.50 Benefit: 75% = \$316.90	
45494	FREE GRAFTING (split skin) to burns, including excision of burnt tissue - whole of face (excluding ears) (Anaes.) (Assist.) Fee: \$1,705.05 Benefit: 75% = \$1278.80 85% = \$1620.35	
OTHER GRAFTS AND MISCELLANEOUS PROCEDURES		
45496	FLAP, free tissue transfer using microvascular techniques - <i>revision of</i> , by open operation (Anaes.) Fee: \$432.90 Benefit: 75% = \$324.70	
45497	FLAP, free tissue transfer using microvascular techniques, <i>or</i> any autogenous breast reconstruction - <i>complete revision of</i> , by liposuction (Anaes.) Fee: \$338.10 Benefit: 75% = \$253.60	
45498	FLAP, free tissue transfer using microvascular techniques, <i>or</i> any autogenous breast reconstruction - <i>staged revision of</i> , by liposuction - first stage (Anaes.) Fee: \$272.20 Benefit: 75% = \$204.15	
45499	FLAP, free tissue transfer using microvascular techniques, <i>or</i> any autogenous breast reconstruction - <i>staged revision of</i> , by liposuction - second stage (Anaes.) Fee: \$202.85 Benefit: 75% = \$152.15	
45500	MICROVASCULAR REPAIR using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit (Anaes.) (Assist.) Fee: \$1,134.50 Benefit: 75% = \$850.90	
45501	MICROVASCULAR ANASTOMOSIS of artery using microsurgical techniques, for re-implantation of limb or digit (Anaes.) (Assist.) Fee: \$1,846.60 Benefit: 75% = \$1384.95	
45502	MICROVASCULAR ANASTOMOSIS of vein using microsurgical techniques, for re-implantation of limb or digit (Anaes.) (Assist.) Fee: \$1,846.60 Benefit: 75% = \$1384.95	
45503	MICRO-ARTERIAL OR MICRO-VEINOUS GRAFT using microsurgical techniques (Anaes.) (Assist.) Fee: \$2,112.65 Benefit: 75% = \$1584.50	
45504	MICROVASCULAR ANASTOMOSIS of artery using microsurgical techniques, for free transfer of tissue including setting in of free flap (Anaes.) (Assist.)	

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	Fee: \$1,846.60 Benefit: 75% = \$1384.95	
45505	MICROVASCULAR ANASTOMOSIS of vein using microsurgical techniques, for free transfer of tissue including setting in of free flap (Anaes.) (Assist.) Fee: \$1,846.60 Benefit: 75% = \$1384.95	
45506	SCAR, of face or neck, not more than 3 cm in length, revision of, where undertaken in the operating theatre of a hospital, or where performed by a specialist in the practice of his or her specialty (Anaes.) (See para TN.8.95 of explanatory notes to this Category) Fee: \$228.85 Benefit: 75% = \$171.65 85% = \$194.55	
45512	SCAR, of face or neck, more than 3 cm in length, revision of, where undertaken in the operating theatre of a hospital, or where performed by a specialist in the practice of his or her specialty (Anaes.) (See para TN.8.95 of explanatory notes to this Category) Fee: \$307.70 Benefit: 75% = \$230.80 85% = \$261.55	
45515	SCAR, other than on face or neck, not more than 7 cms in length, revision of, as an independent procedure, where undertaken in the operating theatre of a hospital or where performed by a specialist in the practice of his or her specialty (Anaes.) (See para TN.8.95 of explanatory notes to this Category) Fee: \$194.10 Benefit: 75% = \$145.60 85% = \$165.00	
45518	SCAR, other than on face or neck, more than 7 cms in length, revision of, as an independent procedure, where undertaken in the operating theatre of a hospital, or where performed by a specialist in the practice of his or her specialty (Anaes.) (See para TN.8.95 of explanatory notes to this Category) Fee: \$234.85 Benefit: 75% = \$176.15 85% = \$199.65	
45519	EXTENSIVE BURN SCARS OF SKIN (more than 1 percent of body surface area), excision of, for correction of scar contracture (Anaes.) (Assist.) Fee: \$446.45 Benefit: 75% = \$334.85	
45520	Reduction mammoplasty (unilateral) with surgical repositioning of nipple, in the context of breast cancer or developmental abnormality of the breast (Anaes.) (Assist.) Fee: \$936.90 Benefit: 75% = \$702.70	
45522	Reduction mammoplasty (unilateral) without surgical repositioning of the nipple: (a) excluding the treatment of gynaecomastia; and (b) not with insertion of any prosthesis (Anaes.) (Assist.) Fee: \$657.35 Benefit: 75% = \$493.05	
45523	Reduction mammoplasty (bilateral) with surgical repositioning of the nipple: (a) for patients with macromastia and experiencing pain in the neck or shoulder region; and (b) not with insertion of any prosthesis (Anaes.) (Assist.) Fee: \$1,405.45 Benefit: 75% = \$1054.10	
45524	Mammoplasty, augmentation (unilateral) in the context of:	

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	<p>(a) breast cancer; or</p> <p>(b) developmental abnormality of the breast, if there is a difference in breast volume, as demonstrated by an appropriate volumetric measurement technique, of at least:</p> <p style="padding-left: 40px;">(i) 20% in normally shaped breasts; or</p> <p style="padding-left: 40px;">(ii) 10% in tubular breasts or in breasts with abnormally high inframammary folds.</p> <p>Applicable only once per occasion on which the service is provided (Anaes.) (Assist.)</p> <p>(See para TN.8.96 of explanatory notes to this Category) Fee: \$771.70 Benefit: 75% = \$578.80</p>	
45527	<p>Breast reconstruction (unilateral), following mastectomy, using a permanent prosthesis (Anaes.) (Assist.)</p> <p>(See para TN.8.96 of explanatory notes to this Category) Fee: \$771.70 Benefit: 75% = \$578.80</p>	
45528	<p>Mammoplasty, augmentation, bilateral (other than a service to which item 45527 applies), if:</p> <p>(a) reconstructive surgery is indicated because of:</p> <p style="padding-left: 40px;">(i) developmental malformation of breast tissue (excluding hypomastia); or</p> <p style="padding-left: 40px;">(ii) disease of or trauma to the breast (other than trauma resulting from previous elective cosmetic surgery); or</p> <p style="padding-left: 40px;">(iii) amastia secondary to a congenital endocrine disorder; and</p> <p>(b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (Assist.)</p> <p>(See para TN.8.96 of explanatory notes to this Category) Fee: \$1,157.40 Benefit: 75% = \$868.05</p>	
45530	<p>Breast reconstruction (unilateral), using a latissimus dorsi or other large muscle or myocutaneous flap, including repair of secondary skin defect, if required, excluding repair of muscular aponeurotic layer, other than a service associated with a service to which item 30165, 30168, 30171, 30172, 30176, 30177 or 30179 applies</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.97 of explanatory notes to this Category) Fee: \$1,143.95 Benefit: 75% = \$858.00</p>	
45533	<p>BREAST RECONSTRUCTION using breast sharing technique (first stage) including breast reduction, transfer of complex skin and breast tissue flap, split skin graft to pedicle of flap or other similar procedure (Anaes.) (Assist.)</p> <p>(See para TN.8.8 of explanatory notes to this Category) Fee: \$1,295.50 Benefit: 75% = \$971.65</p>	
45536	<p>BREAST RECONSTRUCTION using breast sharing technique (second stage) including division of pedicle, inseting of breast flap, with closure of donor site or other similar procedure (Anaes.) (Assist.)</p> <p>Fee: \$476.45 Benefit: 75% = \$357.35</p>	

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45539	<p>BREAST RECONSTRUCTION (unilateral), following mastectomy, using tissue expansion - insertion of tissue expansion unit and all attendances for subsequent expansion injections (Anaes.) (Assist.)</p> <p>Fee: \$1,114.65 Benefit: 75% = \$836.00</p>	
45542	<p>BREAST RECONSTRUCTION (unilateral), following mastectomy, using tissue expansion - removal of tissue expansion unit and insertion of permanent prosthesis (Anaes.) (Assist.)</p> <p>Fee: \$638.25 Benefit: 75% = \$478.70</p>	
45545	<p>NIPPLE OR AREOLA or both, reconstruction of, by any surgical technique (Anaes.) (Assist.)</p> <p>(See para TN.8.100 of explanatory notes to this Category)</p> <p>Fee: \$647.80 Benefit: 75% = \$485.85 85% = \$563.10</p> <p>Extended Medicare Safety Net Cap: \$518.25</p>	
45546	<p>NIPPLE OR AREOLA or both, intradermal colouration of, following breast reconstruction after mastectomy or for congenital absence of nipple</p> <p>(See para TN.8.100 of explanatory notes to this Category)</p> <p>Fee: \$205.85 Benefit: 75% = \$154.40 85% = \$175.00</p>	
45548	<p>BREAST PROsthESIS, removal of, as an independent procedure (Anaes.)</p> <p>Fee: \$288.00 Benefit: 75% = \$216.00 85% = \$244.80</p>	
45551	<p>Breast prosthesis, removal of, with excision of at least half of the fibrous capsule, not with insertion of any prosthesis. The excised specimen must be sent for histopathology and the volume removed must be documented in the histopathology report (Anaes.) (Assist.)</p> <p>(See para TN.8.167 of explanatory notes to this Category)</p> <p>Fee: \$461.65 Benefit: 75% = \$346.25</p>	
45553	<p>Breast prosthesis, removal of and replacement with another prosthesis, following medical complications (for rupture, migration of prosthetic material or symptomatic capsular contracture), if:</p> <p>(a) either:</p> <p style="padding-left: 40px;">(i) it is demonstrated by intra-operative photographs post-removal that removal alone would cause unacceptable deformity; or</p> <p style="padding-left: 40px;">(ii) the original implant was inserted in the context of breast cancer or developmental abnormality; and</p> <p>(b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (Assist.)</p> <p>(See para TN.8.98 of explanatory notes to this Category)</p> <p>Fee: \$594.75 Benefit: 75% = \$446.10</p>	
45554	<p>Breast prosthesis, removal and replacement with another prosthesis, following medical complications (for rupture, migration of prosthetic material or symptomatic capsular contracture), including excision of at least half of the fibrous capsule or formation of a new pocket, or both, if:</p> <p>(a) either:</p> <p style="padding-left: 40px;">(i) it is demonstrated by intra-operative photographs post-removal that removal alone would cause unacceptable deformity; or</p>	

	<p style="text-align: center;">13. PLASTIC AND RECONSTRUCTIVE SURGERY</p>
	<p>(ii) the original implant was inserted in the context of breast cancer or developmental abnormality; and</p> <p>(b) the excised specimen is sent for histopathology and the volume removed is documented in the histopathology report; and</p> <p>(c) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (Assist.)</p> <p>(See para TN.8.98 of explanatory notes to this Category) Fee: \$727.80 Benefit: 75% = \$545.85</p>
45556	<p>Breast ptosis, correction of (unilateral), in the context of breast cancer or developmental abnormality, if photographic evidence (including anterior, left lateral and right lateral views) and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes</p> <p>Applicable only once per occasion on which the service is provided (Anaes.) (Assist.)</p> <p>(See para TN.8.99 of explanatory notes to this Category) Fee: \$797.05 Benefit: 75% = \$597.80</p>
45558	<p>Breast ptosis, correction by mastopexy of (bilateral), if:</p> <p>(a) at least two-thirds of the breast tissue, including the nipple, lies inferior to the infra-mammary fold where the nipple is located at the most dependent, inferior part of the breast contour; and</p> <p>(b) if the patient has been pregnant—the correction is performed not less than 1 year, or more than 7 years, after completion of the most recent pregnancy of the patient; and</p> <p>(c) photographic evidence (including anterior, left lateral and right lateral views), with a marker at the level of the inframammary fold, demonstrating the clinical need for this service, is documented in the patient notes</p> <p>Applicable only once per lifetime (Anaes.) (Assist.)</p> <p>(See para TN.8.99 of explanatory notes to this Category) Fee: \$1,195.50 Benefit: 75% = \$896.65</p>
45560	<p>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.)</p> <p>Fee: \$492.85 Benefit: 75% = \$369.65 85% = \$418.95 Extended Medicare Safety Net Cap: \$172.50</p>
45561	<p>MICROVASCULAR ANASTOMOSIS of artery or vein using microsurgical techniques, for supercharging of pedicled flaps (Anaes.) (Assist.)</p> <p>Fee: \$1,846.60 Benefit: 75% = \$1384.95</p>
45562	<p>FREE TRANSFER OF TISSUE involving raising of tissue on vascular or neurovascular pedicle, including direct repair of secondary cutaneous defect if performed, excluding flap for male pattern baldness (Anaes.) (Assist.)</p> <p>Fee: \$1,143.95 Benefit: 75% = \$858.00 85% = \$1059.25</p>
45563	<p>NEUROVASCULAR ISLAND FLAP, including direct repair of secondary cutaneous defect if performed, excluding flap for male pattern baldness (Anaes.) (Assist.)</p>

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	Fee: \$1,143.95 Benefit: 75% = \$858.00 85% = \$1059.25	
45564	Free transfer of tissue reconstructive surgery for the repair of major tissue defect due to congenital deformity, surgery or trauma, involving anastomoses of up to 2 vessels using microvascular techniques and including raising of tissue on a vascular or neurovascular pedicle, preparation of recipient vessels, transfer of tissue, inseting of tissue at recipient site and direct repair of secondary cutaneous defect if performed, other than a service associated with a service to which item 30165, 30168, 30171, 30172, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies-conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.) (See para TN.8.8 of explanatory notes to this Category) Fee: \$2,649.50 Benefit: 75% = \$1987.15	
45565	Free transfer of tissue reconstructive surgery for the repair of major tissue defect due to congenital deformity, surgery or trauma, involving anastomoses of up to 2 vessels using microvascular techniques and including raising of tissue on a vascular or neurovascular pedicle, preparation of recipient vessels, transfer of tissue, inseting of tissue at recipient site and direct repair of secondary cutaneous defect if performed, other than a service associated with a service to which item 30165, 30168, 30171, 30172, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies-conjoint surgery, conjoint specialist surgeon (H) (Assist.) (See para TN.8.8 of explanatory notes to this Category) Fee: \$1,987.20 Benefit: 75% = \$1490.40	
45566	TISSUE EXPANSION not being a service to which item 45539 or 45542 applies - insertion of tissue expansion unit and all attendances for subsequent expansion injections (Anaes.) (Assist.) Fee: \$1,114.65 Benefit: 75% = \$836.00	
45568	TISSUE EXPANDER, removal of, with complete excision of fibrous capsule (Anaes.) (Assist.) Fee: \$461.65 Benefit: 75% = \$346.25	
45569	CLOSURE OF ABDOMEN WITH RECONSTRUCTION OF UMBILICUS, with or without lipectomy, being a service associated with items 45562, 45564, 45565 or 45530 (Anaes.) (Assist.) Fee: \$705.10 Benefit: 75% = \$528.85	
45570	CLOSURE OF ABDOMEN, repair of musculoaponeurotic layer, being a service associated with item 45569 (Anaes.) (Assist.) Fee: \$952.05 Benefit: 75% = \$714.05 85% = \$867.35	
45572	INTRA OPERATIVE TISSUE EXPANSION performed during an operation when combined with a service to which another item in Group T8 applies including expansion injections and excluding treatment of male pattern baldness (Anaes.) Fee: \$303.50 Benefit: 75% = \$227.65 85% = \$258.00	
45575	FACIAL NERVE PARALYSIS, free fascia graft for (Anaes.) (Assist.) Fee: \$749.40 Benefit: 75% = \$562.05 85% = \$664.70	
45578	FACIAL NERVE PARALYSIS, muscle transfer for (Anaes.) (Assist.) Fee: \$867.85 Benefit: 75% = \$650.90	
45581	FACIAL NERVE PALSY, excision of tissue for (Anaes.) Fee: \$288.00 Benefit: 75% = \$216.00 85% = \$244.80	

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45584	<p>Liposuction (suction assisted lipolysis) to one regional area (one limb or trunk), for treatment of post traumatic pseudolipoma, if photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)</p> <p>(See para TN.8.8, TN.8.101 of explanatory notes to this Category)</p> <p>Fee: \$657.35 Benefit: 75% = \$493.05</p>	
45585	<p>Liposuction (suction assisted lipolysis) to one regional area (one limb or trunk), other than a service associated with a service to which item 31525 applies, if:</p> <p>(a) the liposuction is for:</p> <p style="padding-left: 40px;">(i) the treatment of Barraquer-Simons syndrome, lymphoedema or macrodystrophia lipomatosa; or</p> <p style="padding-left: 40px;">(ii) the reduction of a buffalo hump that is secondary to an endocrine disorder or pharmacological treatment of a medical condition; and</p> <p>(b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)</p> <p>(See para TN.8.8, TN.8.101 of explanatory notes to this Category)</p> <p>Fee: \$657.35 Benefit: 75% = \$493.05</p>	
45587	<p>Meloplasty for correction of facial asymmetry if:</p> <p>(a) the asymmetry is secondary to trauma (including previous surgery), a congenital condition or a medical condition (such as facial nerve palsy); and</p> <p>(b) the meloplasty is limited to one side of the face (Anaes.) (Assist.)</p> <p>(See para TN.8.102 of explanatory notes to this Category)</p> <p>Fee: \$926.95 Benefit: 75% = \$695.25</p>	
45588	<p>Meloplasty (excluding browlifts and chinlift platysmaplasties), bilateral, if:</p> <p>(a) surgery is indicated to correct a functional impairment due to a congenital condition, disease (excluding post-acne scarring) or trauma (other than trauma resulting from previous elective cosmetic surgery); and</p> <p>(b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (Assist.)</p> <p>(See para TN.8.102 of explanatory notes to this Category)</p> <p>Fee: \$1,390.55 Benefit: 75% = \$1042.95</p>	
45590	<p>ORBITAL CAVITY, reconstruction of a wall or floor, with or without foreign implant (Anaes.) (Assist.)</p> <p>Fee: \$502.85 Benefit: 75% = \$377.15</p>	
45593	<p>ORBITAL CAVITY, bone or cartilage graft to orbital wall or floor including reduction of prolapsed or entrapped orbital contents (Anaes.) (Assist.)</p> <p>Fee: \$590.65 Benefit: 75% = \$443.00</p>	
45596	<p>MAXILLA, total resection of (Anaes.) (Assist.)</p> <p>Fee: \$936.90 Benefit: 75% = \$702.70</p>	

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45597	MAXILLA, total resection of both maxillae (Anaes.) (Assist.) Fee: \$1,254.25 Benefit: 75% = \$940.70	
45599	MANDIBLE, total resection of both sides, including condylectomies where performed (Anaes.) (Assist.) Fee: \$974.50 Benefit: 75% = \$730.90 85% = \$889.80	
45602	MANDIBLE, including lower border, OR MAXILLA, sub-total resection of (Anaes.) (Assist.) Fee: \$727.80 Benefit: 75% = \$545.85	
45605	MANDIBLE OR MAXILLA, segmental resection of, for tumours or cysts (Anaes.) (Assist.) Fee: \$611.40 Benefit: 75% = \$458.55	
45608	MANDIBLE, hemimandibular reconstruction with bone graft, not being a service associated with a service to which item 45599 applies (Anaes.) (Assist.) Fee: \$860.85 Benefit: 75% = \$645.65	
45611	MANDIBLE, condylectomy (Anaes.) (Assist.) Fee: \$492.95 Benefit: 75% = \$369.75	
45614	EYELID, WHOLE THICKNESS RECONSTRUCTION OF other than by direct suture only (Anaes.) (Assist.) Fee: \$611.40 Benefit: 75% = \$458.55 85% = \$526.70 Extended Medicare Safety Net Cap: \$489.15	
45617	Upper eyelid, reduction of, if: (a) the reduction is for any of the following: (i) skin redundancy that causes a visual field defect (confirmed by an optometrist or ophthalmologist) or intertriginous inflammation of the eyelid; (ii) herniation of orbital fat in exophthalmos; (iii) facial nerve palsy; (iv) post-traumatic scarring; (v) the restoration of symmetry of contralateral upper eyelid in respect of one of the conditions mentioned in subparagraphs (i) to (iv); and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (See para TN.8.103 of explanatory notes to this Category) Fee: \$244.60 Benefit: 75% = \$183.45 85% = \$207.95 Extended Medicare Safety Net Cap: \$195.70	
45620	Lower eyelid, reduction of, if: (a) the reduction is for:	

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	<p>(i) herniation of orbital fat in exophthalmos, facial nerve palsy or post-traumatic scarring; or</p> <p>(ii) the restoration of symmetry of the contralateral lower eyelid in respect of one of these conditions; and</p> <p>(b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)</p> <p>(See para TN.8.103 of explanatory notes to this Category) Fee: \$339.25 Benefit: 75% = \$254.45 85% = \$288.40 Extended Medicare Safety Net Cap: \$271.40</p>
45623	<p>Ptosis of upper eyelid (unilateral), correction of, by:</p> <p>(a) sutured elevation of the tarsal plate on the eyelid retractors (Muller's or levator muscle or levator aponeurosis); or</p> <p>(b) sutured suspension to the brow/frontalis muscle;</p> <p>Not applicable to a service for repair of mechanical ptosis to which item 45617 applies (Anaes.) (Assist.)</p> <p>Fee: \$752.30 Benefit: 75% = \$564.25 85% = \$667.60 Extended Medicare Safety Net Cap: \$601.85</p>
45624	<p>Ptosis of upper eyelid, correction of, by:</p> <p>(a) sutured elevation of the tarsal plate on the eyelid retractors (Muller's or levator muscle or levator aponeurosis); or</p> <p>(b) sutured suspension to the brow/frontalis muscle;</p> <p>if a previous ptosis surgery has been performed on that side (Anaes.) (Assist.)</p> <p>Fee: \$975.40 Benefit: 75% = \$731.55 85% = \$890.70 Extended Medicare Safety Net Cap: \$780.35</p>
45625	<p>PTOSIS of eyelid, correction of eyelid height by revision of levator sutures within one week of primary repair by levator resection or advancement, performed in the operating theatre of a hospital (Anaes.)</p> <p>Fee: \$195.15 Benefit: 75% = \$146.40</p>
45626	<p>Ectropion or entropion, not caused by trachoma, correction of (unilateral) (Anaes.)</p> <p>Fee: \$339.25 Benefit: 75% = \$254.45 85% = \$288.40</p>
45627 S	<p>Ectropion or entropion, caused by trachoma, correction of (unilateral) (Anaes.)</p> <p>Fee: \$339.25 Benefit: 75% = \$254.45 85% = \$288.40</p>
45629	<p>SYMBLEPHARON, grafting for (Anaes.) (Assist.)</p> <p>Fee: \$492.95 Benefit: 75% = \$369.75 85% = \$419.05</p>
45632	<p>Rhinoplasty, partial, involving correction of lateral or alar cartilages, if:</p> <p>(a) the indication for surgery is:</p> <p>(i) airway obstruction and the patient has a self-reported NOSE Scale score of greater than 45; or</p>

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	<p>(ii) significant acquired, congenital or developmental deformity; and</p> <p>(b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)</p> <p>(See para TN.8.104 of explanatory notes to this Category) Fee: \$532.70 Benefit: 75% = \$399.55 85% = \$452.80 Extended Medicare Safety Net Cap: \$426.20</p>
45635	<p>Rhinoplasty, partial, involving correction of bony vault only, if:</p> <p>(a) the indication for surgery is:</p> <p style="padding-left: 40px;">(i) airway obstruction and the patient has a self-reported NOSE Scale score of greater than 45; or</p> <p style="padding-left: 40px;">(ii) significant acquired, congenital or developmental deformity; and</p> <p>(b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)</p> <p>(See para TN.8.104 of explanatory notes to this Category) Fee: \$611.40 Benefit: 75% = \$458.55 85% = \$526.70 Extended Medicare Safety Net Cap: \$489.15</p>
45641	<p>Rhinoplasty, total, including correction of all bony and cartilaginous elements of the external nose, with or without autogenous cartilage or bone graft from a local site (nasal), if:</p> <p>(a) the indication for surgery is:</p> <p style="padding-left: 40px;">(i) airway obstruction and the patient has a self-reported NOSE Scale score of greater than 45; or</p> <p style="padding-left: 40px;">(ii) significant acquired, congenital or developmental deformity; and</p> <p>(b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)</p> <p>(See para TN.8.104 of explanatory notes to this Category) Fee: \$1,109.20 Benefit: 75% = \$831.90</p>
45644	<p>Rhinoplasty, total, including correction of all bony and cartilaginous elements of the external nose involving autogenous bone or cartilage graft obtained from distant donor site, including obtaining of graft, if:</p> <p>(a) the indication for surgery is:</p> <p style="padding-left: 40px;">(i) airway obstruction and the patient has a self-reported NOSE Scale score of greater than 45; or</p> <p style="padding-left: 40px;">(ii) significant acquired, congenital or developmental deformity; and</p> <p>(b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (Assist.)</p> <p>(See para TN.8.104 of explanatory notes to this Category) Fee: \$1,331.25 Benefit: 75% = \$998.45</p>
45645	<p>CHOANAL ATRESIA, repair of by puncture and dilatation (Anaes.)</p> <p>Fee: \$232.70 Benefit: 75% = \$174.55</p>

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45646	CHOANAL ATRESIA - correction by open operation with bone removal (Anaes.) (Assist.) Fee: \$936.90 Benefit: 75% = \$702.70 85% = \$852.20	
45647	FACE, contour restoration of 1 region, using autogenous bone or cartilage graft (not being a service to which item 45644 applies) (Anaes.) (Assist.) (See para TN.8.105 of explanatory notes to this Category) Fee: \$1,331.25 Benefit: 75% = \$998.45	
45650	Rhinoplasty, revision of, if: (a) the indication for surgery is: (i) airway obstruction and the patient has a self-reported NOSE Scale score of greater than 45; or (ii) significant acquired, congenital or developmental deformity; and (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (See para TN.8.104 of explanatory notes to this Category) Fee: \$153.75 Benefit: 75% = \$115.35 85% = \$130.70	
45652	Rhinophyma of a moderate or severe degree, carbon dioxide laser or erbium laser excision - ablation of (Anaes.) Fee: \$370.80 Benefit: 75% = \$278.10 85% = \$315.20 Extended Medicare Safety Net Cap: \$296.65	
45653	RHINOPHYMA, shaving of (Anaes.) Fee: \$370.80 Benefit: 75% = \$278.10 85% = \$315.20	
45656	COMPOSITE GRAFT (Chondrocutaneous or chondromucosal) to nose, ear or eyelid (Anaes.) (Assist.) Fee: \$522.60 Benefit: 75% = \$391.95 85% = \$444.25	
45658 S	Correction of a congenital deformity of the ear if: (a) the congenital deformity is not related to a prominent ear; and (b) the deformity has been clinically diagnosed as a constricted ear, Stahl's ear, or a similar congenital deformity; and (c) photographic evidence demonstrating the clinical need for this service is documented in the patient notes. (Anaes.) (Assist.) Fee: \$542.40 Benefit: 75% = \$406.80	
45659	Correction of a congenital deformity of the ear if: (a) the patient is less than 18 years of age; and (b) the deformity is characterised by an absence of the antihelical fold and/or large scapha and/or large concha; and (c) photographic evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.) (Assist.)	

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	Fee: \$542.40 Benefit: 75% = \$406.80	
45660	EXTERNAL EAR, COMPLEX TOTAL RECONSTRUCTION OF, using multiple costal cartilage grafts to form a framework, including the harvesting and sculpturing of the cartilage and its insertion, for congenital absence, microtia or post-traumatic loss of entire or substantial portion of pinna (first stage) - performed by a specialist in the practice of his or her specialty (Anaes.) (Assist.) Fee: \$2,995.35 Benefit: 75% = \$2246.55	
45661	EXTERNAL EAR, COMPLEX TOTAL RECONSTRUCTION OF, elevation of costal cartilage framework using cartilage previously stored in abdominal wall, including the use of local skin and fascia flaps and full thickness skin graft to cover cartilage (second stage) - performed by a specialist in the practice of his or her specialty (Anaes.) (Assist.) Fee: \$1,331.25 Benefit: 75% = \$998.45	
45662	CONGENITAL ATRESIA, reconstruction of external auditory canal (Anaes.) (Assist.) Fee: \$729.70 Benefit: 75% = \$547.30	
45665	LIP, EYELID OR EAR, FULL THICKNESS WEDGE EXCISION OF, with repair by direct sutures (Anaes.) Fee: \$339.25 Benefit: 75% = \$254.45 85% = \$288.40	
45668	VERMILIONECTOMY, by surgical excision (Anaes.) Fee: \$339.25 Benefit: 75% = \$254.45 85% = \$288.40	
45669	Vermilionectomy for biopsy-confirmed cellular atypia, using carbon dioxide laser or erbium laser excision - ablation (Anaes.) (See para TN.8.106 of explanatory notes to this Category) Fee: \$339.25 Benefit: 75% = \$254.45 85% = \$288.40	
45671	LIP OR EYELID RECONSTRUCTION using full thickness flap (Abbe or similar), first stage (Anaes.) (Assist.) Fee: \$867.85 Benefit: 75% = \$650.90 85% = \$783.15	
45674	LIP OR EYELID RECONSTRUCTION using full thickness flap (Abbe or similar), second stage (Anaes.) Fee: \$252.40 Benefit: 75% = \$189.30 85% = \$214.55	
45675	MACROCHEILIA or macroglossia, operation for (Anaes.) (Assist.) Fee: \$502.85 Benefit: 75% = \$377.15	
45676	MACROSTOMIA, operation for (Anaes.) (Assist.) Fee: \$598.60 Benefit: 75% = \$448.95	
45677	CLEFT LIP, unilateral primary repair, 1 stage, without anterior palate repair (Anaes.) (Assist.) Fee: \$563.25 Benefit: 75% = \$422.45	
45680	CLEFT LIP, unilateral - primary repair, 1 stage, with anterior palate repair (Anaes.) (Assist.) Fee: \$704.25 Benefit: 75% = \$528.20	
45683	CLEFT LIP, bilateral - primary repair, 1 stage, without anterior palate repair (Anaes.) (Assist.)	

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	Fee: \$782.35	Benefit: 75% = \$586.80
45686	CLEFT LIP, bilateral - primary repair, 1 stage, with anterior palate repair (Anaes.) (Assist.)	
	Fee: \$923.50	Benefit: 75% = \$692.65
45689	CLEFT LIP, lip adhesion procedure, unilateral or bilateral (Anaes.) (Assist.)	
	Fee: \$272.40	Benefit: 75% = \$204.30
45692	CLEFT LIP, partial revision, including minor flap revision alignment and adjustment, including revision of minor whistle deformity if performed (Anaes.)	
	Fee: \$312.95	Benefit: 75% = \$234.75 85% = \$266.05
45695	CLEFT LIP, total revision, including major flap revision, muscle reconstruction and revision of major whistle deformity (Anaes.) (Assist.)	
	Fee: \$508.55	Benefit: 75% = \$381.45
45698	CLEFT LIP, primary columella lengthening procedure, bilateral (Anaes.)	
	Fee: \$477.35	Benefit: 75% = \$358.05
45701	CLEFT LIP RECONSTRUCTION using full thickness flap (Abbe or similar), first stage (Anaes.) (Assist.)	
	Fee: \$860.85	Benefit: 75% = \$645.65
45704	CLEFT LIP RECONSTRUCTION using full thickness flap (Abbe or similar), second stage (Anaes.)	
	Fee: \$312.95	Benefit: 75% = \$234.75 85% = \$266.05
45707	CLEFT PALATE, primary repair (Anaes.) (Assist.)	
	Fee: \$813.60	Benefit: 75% = \$610.20
45710	CLEFT PALATE, secondary repair, closure of fistula using local flaps (Anaes.)	
	Fee: \$508.55	Benefit: 75% = \$381.45
45713	CLEFT PALATE, secondary repair, lengthening procedure (Anaes.) (Assist.)	
	Fee: \$579.15	Benefit: 75% = \$434.40
45714	ORO-NASAL FISTULA, plastic closure of, including services to which item 45200, 45203 or 45239 applies (Anaes.) (Assist.)	
	Fee: \$813.60	Benefit: 75% = \$610.20
45716	VELO-PHARYNGEAL INCOMPETENCE, pharyngeal flap for, or pharyngoplasty for (Anaes.)	
	Fee: \$813.60	Benefit: 75% = \$610.20
45720	MANDIBLE OR MAXILLA, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.) (See para TN.8.107 of explanatory notes to this Category)	
	Fee: \$1,005.95	Benefit: 75% = \$754.50 85% = \$921.25
45723	MANDIBLE OR MAXILLA, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws,	

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	plates or pins, or any combination, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.) (See para TN.8.107 of explanatory notes to this Category) Fee: \$1,134.50 Benefit: 75% = \$850.90	
45726	MANDIBLE OR MAXILLA, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.) (See para TN.8.107 of explanatory notes to this Category) Fee: \$1,282.00 Benefit: 75% = \$961.50	
45729	MANDIBLE OR MAXILLA, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.) (See para TN.8.107 of explanatory notes to this Category) Fee: \$1,439.75 Benefit: 75% = \$1079.85	
45731	MANDIBLE or MAXILLA, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.) (See para TN.8.107 of explanatory notes to this Category) Fee: \$1,459.55 Benefit: 75% = \$1094.70	
45732	MANDIBLE OR MAXILLA, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.) (See para TN.8.107 of explanatory notes to this Category) Fee: \$1,643.15 Benefit: 75% = \$1232.40	
45735	MANDIBLE AND MAXILLA, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.) (See para TN.8.107 of explanatory notes to this Category) Fee: \$1,676.35 Benefit: 75% = \$1257.30	
45738	MANDIBLE AND MAXILLA, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.) (See para TN.8.107 of explanatory notes to this Category) Fee: \$1,885.80 Benefit: 75% = \$1414.35	
45741	MANDIBLE AND MAXILLA, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.) (See para TN.8.107 of explanatory notes to this Category) Fee: \$1,844.10 Benefit: 75% = \$1383.10	

T8. SURGICAL OPERATIONS		13. PLASTIC AND RECONSTRUCTIVE SURGERY
45744	<p>MANDIBLE AND MAXILLA, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.)</p> <p>(See para TN.8.107 of explanatory notes to this Category)</p> <p>Fee: \$2,073.45 Benefit: 75% = \$1555.10</p>	
45747	<p>MANDIBLE AND MAXILLA, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty (when performed) and transposition of nerves and vessels and bone grafts taken from the same site, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.)</p> <p>(See para TN.8.107 of explanatory notes to this Category)</p> <p>Fee: \$2,011.90 Benefit: 75% = \$1508.95 85% = \$1927.20</p>	
45752	<p>MANDIBLE AND MAXILLA, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.)</p> <p>(See para TN.8.107 of explanatory notes to this Category)</p> <p>Fee: \$2,253.50 Benefit: 75% = \$1690.15</p>	
45753	<p>MIDFACIAL OSTEOTOMIES - Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)</p> <p>Fee: \$2,266.85 Benefit: 75% = \$1700.15 85% = \$2182.15</p>	
45754	<p>MIDFACIAL OSTEOTOMIES - Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar-Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (Anaes.) (Assist.)</p> <p>Fee: \$2,717.45 Benefit: 75% = \$2038.10</p>	
45755	<p>TEMPOROMANDIBULAR PARTIAL OR TOTAL MENISCECTOMY (Anaes.) (Assist.)</p> <p>Fee: \$382.65 Benefit: 75% = \$287.00 85% = \$325.30</p>	
45758	<p>TEMPORO-MANDIBULAR JOINT, arthroplasty (Anaes.) (Assist.)</p> <p>Fee: \$684.75 Benefit: 75% = \$513.60</p>	
45761	<p>GENIOPLASTY, including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)</p> <p>(See para TN.8.108 of explanatory notes to this Category)</p> <p>Fee: \$779.00 Benefit: 75% = \$584.25</p>	
45767	<p>HYPERTELORISM, correction of, intracranial (Anaes.) (Assist.)</p> <p>Fee: \$2,613.45 Benefit: 75% = \$1960.10 85% = \$2528.75</p>	
45770	<p>HYPERTELORISM, correction of, subcranial (Anaes.) (Assist.)</p> <p>Fee: \$2,001.85 Benefit: 75% = \$1501.40</p>	

T8. SURGICAL OPERATIONS		13. PLASTIC AND RECONSTRUCTIVE SURGERY
45773	TREACHER COLLINS SYNDROME, PERIORBITAL CORRECTION OF, with rib and iliac bone grafts (Anaes.) (Assist.) Fee: \$1,824.40 Benefit: 75% = \$1368.30 85% = \$1739.70	
45776	ORBITAL DYSTOPIA (UNILATERAL), CORRECTION OF, with total repositioning of 1 orbit, intracranial (Anaes.) (Assist.) Fee: \$1,824.40 Benefit: 75% = \$1368.30	
45779	ORBITAL DYSTOPIA (UNILATERAL), CORRECTION OF, with total repositioning of 1 orbit, extracranial (Anaes.) (Assist.) Fee: \$1,341.40 Benefit: 75% = \$1006.05	
45782	FRONTOORBITAL ADVANCEMENT, UNILATERAL (Anaes.) (Assist.) Fee: \$1,025.60 Benefit: 75% = \$769.20 85% = \$940.90	
45785	CRANIAL VAULT RECONSTRUCTION for oxycephaly, brachycephaly, turriccephaly or similar condition (bilateral frontoorbital advancement) (Anaes.) (Assist.) Fee: \$1,735.70 Benefit: 75% = \$1301.80	
45788	GLENOID FOSSA, ZYGOMATIC ARCH AND TEMPORAL BONE, RECONSTRUCTION OF, (Obwegeser technique) (Anaes.) (Assist.) Fee: \$1,715.95 Benefit: 75% = \$1287.00	
45791	ABSENT CONDYLE AND ASCENDING RAMUS in hemifacial microsomia, CONSTRUCTION OF, not including harvesting of graft material (Anaes.) (Assist.) Fee: \$926.95 Benefit: 75% = \$695.25	
45794	OSSEO-INTEGRATION PROCEDURE - extra-oral, implantation of titanium fixture, not for implantable bone conduction hearing system device (Anaes.) Fee: \$524.30 Benefit: 75% = \$393.25 85% = \$445.70	
45797	OSSEO-INTEGRATION PROCEDURE, fixation of transcutaneous abutment, not for implantable bone conduction hearing system device (Anaes.) Fee: \$194.10 Benefit: 75% = \$145.60 85% = \$165.00	
ORAL AND MAXILLOFACIAL SURGERY		
45799	ASPIRATION BIOPSY of 1 or MORE JAW CYSTS as an independent procedure to obtain material for diagnostic purposes and not being a service associated with an operative procedure on the same day (Anaes.) Fee: \$30.60 Benefit: 75% = \$22.95 85% = \$26.05	
45801	TUMOUR, CYST, ULCER OR SCAR, (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, not being a service to which item 45803 applies (Anaes.) (See para TN.8.109 of explanatory notes to this Category) Fee: \$132.10 Benefit: 75% = \$99.10 85% = \$112.30	
45803	TUMOURS, CYSTS, ULCERS OR SCARS, (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, up to 3 cm in diameter, removal from cutaneous	

T8. SURGICAL OPERATIONS		13. PLASTIC AND RECONSTRUCTIVE SURGERY
	or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on more than 3 but not more than 10 lesions (Anaes.) (Assist.) (See para TN.8.109 of explanatory notes to this Category) Fee: \$339.25 Benefit: 75% = \$254.45 85% = \$288.40	
45805	TUMOUR, CYST, ULCER OR SCAR, (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, more than 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane (Anaes.) (See para TN.8.109 of explanatory notes to this Category) Fee: \$179.50 Benefit: 75% = \$134.65 85% = \$152.60	
45807	TUMOUR, CYST (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5mm separation between the cyst lining and tooth structure or where a tumour or cyst has been proven by positive histopathology), ULCER OR SCAR (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, removal of, not being a service to which another item in this Subgroup applies, involving muscle, bone, or other deep tissue (Anaes.) (See para TN.8.109 of explanatory notes to this Category) Fee: \$256.50 Benefit: 75% = \$192.40 85% = \$218.05	
45809	TUMOUR OR DEEP CYST (other than a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5mm separation between the cyst lining and tooth structure or where a tumour or cyst has been proven by positive histopathology), in the oral and maxillofacial region, removal of, requiring wide excision, not being a service to which another item in this Subgroup applies (Anaes.) (Assist.) (See para TN.8.109 of explanatory notes to this Category) Fee: \$386.55 Benefit: 75% = \$289.95 85% = \$328.60	
45811	TUMOUR, in the oral and maxillofacial region, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, without skin or mucosal graft (Anaes.) (Assist.) (See para TN.8.109 of explanatory notes to this Category) Fee: \$522.60 Benefit: 75% = \$391.95 85% = \$444.25	
45813	TUMOUR, in the oral and maxillofacial region, removal of, from soft tissue (including muscle, fascia and connective tissue), extensive excision of, with skin or mucosal graft (Anaes.) (Assist.) (See para TN.8.109 of explanatory notes to this Category) Fee: \$611.40 Benefit: 75% = \$458.55 85% = \$526.70	
45815	OPERATION ON MANDIBLE OR MAXILLA (other than alveolar margins) for chronic osteomyelitis - 1 bone or in combination with adjoining bones (Anaes.) (Assist.) Fee: \$370.80 Benefit: 75% = \$278.10 85% = \$315.20	
45817	OPERATION on SKULL for OSTEOMYELITIS (Anaes.) (Assist.) Fee: \$483.35 Benefit: 75% = \$362.55 85% = \$410.85	
45819	OPERATION ON ANY COMBINATION OF ADJOINING BONES IN THE ORAL AND MAXILLOFACIAL REGION, being bones referred to in item 45817 (Anaes.) (Assist.) Fee: \$611.35 Benefit: 75% = \$458.55 85% = \$526.65	

T8. SURGICAL OPERATIONS		13. PLASTIC AND RECONSTRUCTIVE SURGERY
45821	BONE GROWTH STIMULATOR IN THE ORAL AND MAXILLOFACIAL REGION, insertion of (Anaes.) (Assist.) Fee: \$396.25 Benefit: 75% = \$297.20 85% = \$336.85	
45823	ARCH BARS, 1 or more, which were inserted for dental fixation purposes to the maxilla or mandible, <u>removal of</u> , requiring general anaesthesia where undertaken in the operating theatre of a hospital (Anaes.) Fee: \$113.30 Benefit: 75% = \$85.00	
45825	MANDIBULAR OR PALATAL EXOSTOSIS, excision of (Anaes.) (Assist.) Fee: \$352.05 Benefit: 75% = \$264.05 85% = \$299.25	
45827	MYLOHYOID RIDGE, reduction of (Anaes.) (Assist.) Fee: \$336.50 Benefit: 75% = \$252.40 85% = \$286.05	
45829	MAXILLARY TUBEROSITY, reduction of (Anaes.) Fee: \$256.70 Benefit: 75% = \$192.55 85% = \$218.20	
45831	PAPILLARY HYPERPLASIA OF THE PALATE, removal of - less than 5 lesions (Anaes.) (Assist.) Fee: \$336.50 Benefit: 75% = \$252.40 85% = \$286.05	
45833	PAPILLARY HYPERPLASIA OF THE PALATE, removal of - 5 to 20 lesions (Anaes.) (Assist.) Fee: \$422.50 Benefit: 75% = \$316.90 85% = \$359.15	
45835	PAPILLARY HYPERPLASIA OF THE PALATE, removal of - more than 20 lesions (Anaes.) (Assist.) Fee: \$524.30 Benefit: 75% = \$393.25 85% = \$445.70	
45837	VESTIBULOPLASTY, submucosal or open, including excision of muscle and skin or mucosal graft when performed - unilateral or bilateral (Anaes.) (Assist.) Fee: \$610.30 Benefit: 75% = \$457.75 85% = \$525.60	
45839	FLOOR OF MOUTH LOWERING (Obwegeser or similar procedure), including excision of muscle and skin or mucosal graft when performed - unilateral (Anaes.) (Assist.) Fee: \$610.30 Benefit: 75% = \$457.75 85% = \$525.60	
45841	ALVEOLAR RIDGE AUGMENTATION with bone or alloplast or both - unilateral (Anaes.) (Assist.) Fee: \$492.85 Benefit: 75% = \$369.65 85% = \$418.95	
45843	ALVEOLAR RIDGE AUGMENTATION - unilateral, insertion of tissue expanding device into maxillary or mandibular alveolar ridge region for (Anaes.) (Assist.) Fee: \$302.30 Benefit: 75% = \$226.75 85% = \$257.00	
45845	OSSEO-INTEGRATION PROCEDURE - intra-oral implantation of titanium fixture to facilitate restoration of the dentition following resection of part of the maxilla or mandible for benign or malignant tumours (Anaes.) Fee: \$524.30 Benefit: 75% = \$393.25 85% = \$445.70	
45847	OSSEO-INTEGRATION PROCEDURE - fixation of transmucosal abutment to fixtures placed following resection of part of the maxilla or mandible for benign or malignant tumours (Anaes.)	

T8. SURGICAL OPERATIONS		13. PLASTIC AND RECONSTRUCTIVE SURGERY
	Fee: \$194.10 Benefit: 75% = \$145.60 85% = \$165.00	
45849	MAXILLARY SINUS, BONE GRAFT to floor of maxillary sinus following elevation of mucosal lining (sinus lift procedure), (unilateral) (Anaes.) (Assist.) Fee: \$604.45 Benefit: 75% = \$453.35 85% = \$519.75	
45851	TEMPOROMANDIBULAR JOINT, manipulation of, performed in the operating theatre of a hospital, not being a service associated with a service to which another item in this Subgroup applies (Anaes.) Fee: \$148.80 Benefit: 75% = \$111.60	
45853	ABSENT CONDYCLE and ASCENDING RAMUS in hemifacial microsomia, construction of, not including harvesting of graft material (Anaes.) (Assist.) Fee: \$926.95 Benefit: 75% = \$695.25 85% = \$842.25	
45855	TEMPOROMANDIBULAR JOINT, arthroscopy of, with or without biopsy, not being a service associated with any other arthroscopic procedure of that joint (Anaes.) (Assist.) Fee: \$425.30 Benefit: 75% = \$319.00 85% = \$361.55	
45857	TEMPOROMANDIBULAR JOINT, arthroscopy of, removal of loose bodies, debridement, or treatment of adhesions - 1 or more such procedure of that joint, not being a service associated with any other arthroscopic procedure of the temporomandibular joint (Anaes.) (Assist.) Fee: \$680.25 Benefit: 75% = \$510.20 85% = \$595.55	
45859	TEMPOROMANDIBULAR JOINT, arthrotomy of, not being a service to which another item in this Subgroup applies (Anaes.) (Assist.) Fee: \$342.90 Benefit: 75% = \$257.20 85% = \$291.50	
45861	TEMPOROMANDIBULAR JOINT, open surgical exploration of, with or without microsurgical techniques (Anaes.) (Assist.) Fee: \$907.65 Benefit: 75% = \$680.75 85% = \$822.95	
45863	TEMPOROMANDIBULAR JOINT, open surgical exploration of, with condylectomy or condylotomy, with or without microsurgical techniques (Anaes.) (Assist.) Fee: \$1,006.15 Benefit: 75% = \$754.65 85% = \$921.45	
45865	ARTHROCENTESIS, irrigation of temporomandibular joint after insertion of 2 cannuli into the appropriate joint space(s) (Anaes.) (Assist.) Fee: \$302.30 Benefit: 75% = \$226.75 85% = \$257.00	
45867	TEMPOROMANDIBULAR JOINT, synovectomy of, not being a service to which another item in this Subgroup applies (Anaes.) (Assist.) Fee: \$324.95 Benefit: 75% = \$243.75 85% = \$276.25	
45869	TEMPOROMANDIBULAR JOINT, open surgical exploration of, with or without meniscus or capsular surgery, including partial or total meniscectomy when performed, with or without microsurgical techniques (Anaes.) (Assist.) Fee: \$1,236.35 Benefit: 75% = \$927.30 85% = \$1151.65	
45871	TEMPOROMANDIBULAR JOINT, open surgical exploration of, with meniscus, capsular and condylar head surgery, with or without microsurgical techniques (Anaes.) (Assist.)	

T8. SURGICAL OPERATIONS		13. PLASTIC AND RECONSTRUCTIVE SURGERY
	Fee: \$1,392.65 Benefit: 75% = \$1044.50 85% = \$1307.95	
45873	TEMPOROMANDIBULAR JOINT, surgery of, involving procedures to which items 45863, 45867, 45869 and 45871 apply and also involving the use of tissue flaps, or cartilage graft, or allograft implants, with or without microsurgical techniques (Anaes.) (Assist.) Fee: \$1,564.95 Benefit: 75% = \$1173.75 85% = \$1480.25	
45875	TEMPOROMANDIBULAR JOINT, stabilisation of, involving 1 or more of: repair of capsule, repair of ligament or internal fixation, not being a service to which another item in this Subgroup applies (Anaes.) (Assist.) Fee: \$489.75 Benefit: 75% = \$367.35 85% = \$416.30	
45877	TEMPOROMANDIBULAR JOINT, arthrodesis of, with synovectomy if performed, not being a service to which another item in this Subgroup applies (Anaes.) (Assist.) Fee: \$489.75 Benefit: 75% = \$367.35 85% = \$416.30	
45879	TEMPOROMANDIBULAR JOINT OR JOINTS, application of external fixator to, other than for treatment of fractures (Anaes.) (Assist.) Fee: \$324.95 Benefit: 75% = \$243.75 85% = \$276.25	
45882	The treatment of a premalignant lesion of the oral mucosa by a treatment using cryotherapy, diathermy or carbon dioxide laser. Fee: \$44.75 Benefit: 75% = \$33.60 85% = \$38.05	
45885	Facial, mandibular or lingual artery or vein or artery and vein, ligation of, not being a service to which item 41707 applies (Anaes.) (Assist.) Fee: \$461.65 Benefit: 75% = \$346.25 85% = \$392.45	
45888	FOREIGN BODY, in the oral and maxillofacial region, deep, removal of using interventional imaging techniques (Anaes.) (Assist.) Fee: \$430.30 Benefit: 75% = \$322.75 85% = \$365.80	
45891	SINGLE-STAGE LOCAL FLAP where indicated, repair to 1 defect, using temporalis muscle (Anaes.) (Assist.) Fee: \$626.90 Benefit: 75% = \$470.20 85% = \$542.20	
45894	FREE GRAFTING, in the oral and maxillofacial region, (mucosa or split skin) of a granulating area (Anaes.) Fee: \$213.00 Benefit: 75% = \$159.75 85% = \$181.05	
45897	ALVEOLAR CLEFT (congenital) unilateral, grafting of, including plastic closure of associated oronasal fistulae and ridge augmentation (Anaes.) (Assist.) Fee: \$1,112.40 Benefit: 75% = \$834.30 85% = \$1027.70	
45900	MANDIBLE, fixation by intermaxillary wiring, excluding wiring for obesity Fee: \$250.90 Benefit: 75% = \$188.20 85% = \$213.30	
45939	PERIPHERAL BRANCHES OF THE TRIGEMINAL NERVE, cryosurgery of, for pain relief (Anaes.) (Assist.) Fee: \$465.20 Benefit: 75% = \$348.90 85% = \$395.45	

T8. SURGICAL OPERATIONS		13. PLASTIC AND RECONSTRUCTIVE SURGERY
45945	MANDIBLE, treatment of a dislocation of, requiring open reduction (Anaes.) Fee: \$123.50 Benefit: 75% = \$92.65 85% = \$105.00	
45975	MAXILLA, unilateral or bilateral, treatment of fracture of, not requiring splinting (See para TN.8.110 of explanatory notes to this Category) Fee: \$134.40 Benefit: 75% = \$100.80 85% = \$114.25	
45978	MANDIBLE, treatment of fracture of, not requiring splinting (See para TN.8.110 of explanatory notes to this Category) Fee: \$164.25 Benefit: 75% = \$123.20 85% = \$139.65	
45981	ZYGOMATIC BONE, treatment of fracture of, not requiring surgical reduction (See para TN.8.110 of explanatory notes to this Category) Fee: \$89.10 Benefit: 75% = \$66.85 85% = \$75.75	
45984	MAXILLA, treatment of a complicated fracture of, involving viscera, blood vessels or nerves requiring open reduction not involving plate(s) (Anaes.) (Assist.) (See para TN.8.110 of explanatory notes to this Category) Fee: \$641.60 Benefit: 75% = \$481.20 85% = \$556.90	
45987	MANDIBLE, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction not involving plate(s) (Anaes.) (Assist.) (See para TN.8.110 of explanatory notes to this Category) Fee: \$641.60 Benefit: 75% = \$481.20 85% = \$556.90	
45990	MAXILLA, treatment of a complicated fracture of, involving viscera, blood vessels or nerves requiring open reduction involving the use of plate(s) (Anaes.) (Assist.) (See para TN.8.110 of explanatory notes to this Category) Fee: \$876.40 Benefit: 75% = \$657.30 85% = \$791.70	
45993	MANDIBLE, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction involving the use of plate(s) (Anaes.) (Assist.) (See para TN.8.110 of explanatory notes to this Category) Fee: \$876.40 Benefit: 75% = \$657.30 85% = \$791.70	
45996	MANDIBLE, treatment of a closed fracture of, involving a joint surface (Anaes.) (See para TN.8.110 of explanatory notes to this Category) Fee: \$248.45 Benefit: 75% = \$186.35 85% = \$211.20	

T8. SURGICAL OPERATIONS		14. HAND SURGERY
	Group T8. Surgical Operations	
	Subgroup 14. Hand Surgery	
46300	Arthrodesis of interphalangeal or metacarpophalangeal joint of hand, including either or both of the following (if performed): (a) joint debridement;	

T8. SURGICAL OPERATIONS		14. HAND SURGERY
	(b) synovectomy —one joint (H) (Anaes.) (Assist.) Fee: \$422.55 Benefit: 75% = \$316.95	
46303	Arthrodesis of carpometacarpal joint of hand, including either or both of the following (if performed): (a) joint debridement; (b) synovectomy —one joint (H) (Anaes.) (Assist.) Fee: \$547.85 Benefit: 75% = \$410.90	
46308	Volar plate or soft tissue interposition arthroplasty of interphalangeal or metacarpophalangeal joint of hand, including either or both of the following (if performed): (a) realignment procedures; (b) tendon transfer —one joint (Anaes.) (Assist.) Fee: \$547.80 Benefit: 75% = \$410.85 85% = \$465.65	
46309	Prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed): (a) ligament reconstruction; (b) ligament realignment; (c) synovectomy; (d) tendon transfer —one joint (H) (Anaes.) (Assist.) Fee: \$547.80 Benefit: 75% = \$410.85	
46312	Prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed): (a) ligament reconstruction; (b) ligament realignment; (c) synovectomy; (d) tendon transfer —2 joints of one hand (H) (Anaes.) (Assist.) Fee: \$704.40 Benefit: 75% = \$528.30	
46315	Prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed):	

T8. SURGICAL OPERATIONS		14. HAND SURGERY
	(a) ligament reconstruction; (b) ligament realignment; (c) synovectomy; (d) tendon transfer —3 joints of one hand (H) (Anaes.) (Assist.) Fee: \$939.15 Benefit: 75% = \$704.40	
46318	Prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed): (a) ligament reconstruction; (b) ligament realignment; (c) synovectomy; (d) tendon transfer —4 joints of one hand (H) (Anaes.) (Assist.) Fee: \$1,173.95 Benefit: 75% = \$880.50	
46321	Prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed): (a) ligament reconstruction; (b) ligament realignment; (c) synovectomy; (d) tendon transfer; —5 joints of one hand (H) (Anaes.) (Assist.) Fee: \$1,408.75 Benefit: 75% = \$1056.60	
46322	Revision of prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal or metacarpal joint of hand, including any of the following (if performed): (a) bone grafting; (b) ligament reconstruction; (c) ligament realignment; (d) synovectomy; (e) tendon or ligament reconstruction; (f) tendon transfer; —one joint (H) (Anaes.) (Assist.)	

T8. SURGICAL OPERATIONS		14. HAND SURGERY
	Fee: \$821.80 Benefit: 75% = \$616.35	
	Trapezium replacement arthroplasty or prosthetic interpositional replacement of carpometacarpal joint of thumb, including either or both of the following (if performed): (a) ligament and tendon transfers; (b) rebalancing procedures (H) (Anaes.) (Assist.)	
46324	Fee: \$958.55 Benefit: 75% = \$718.95	
	Excisional arthroplasty of carpometacarpal joint of thumb, with excision of adjacent trapezoid, including either or both of the following (if performed): (a) ligament and tendon transfers; (b) realignment procedures (H) (Anaes.) (Assist.)	
46325	Fee: \$958.55 Benefit: 75% = \$718.95	
	Ligamentous or capsular repair or reconstruction of interphalangeal or metacarpophalangeal joint of hand, including any of the following (if performed): (a) arthrotomy; (b) joint stabilisation; (c) synovectomy; —one joint (H) (Anaes.) (Assist.)	
46330	Fee: \$360.10 Benefit: 75% = \$270.10	
	Ligamentous or capsular repair or reconstruction of interphalangeal or metacarpophalangeal joint of hand with graft, using graft or implant, including any of the following (if performed): (a) arthrotomy; (b) harvest of graft; (c) joint stabilisation; (d) synovectomy; other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 apply—one joint (H) (Anaes.) (Assist.)	
46333	Fee: \$586.90 Benefit: 75% = \$440.20	
	Synovectomy of digital extensor tendons of hand, distal to wrist, for diagnosed inflammatory arthritis, including any of the following (if performed): (a) reconstruction of extensor retinaculum; (b) removal of tendon nodules;	
46335		

T8. SURGICAL OPERATIONS	14. HAND SURGERY
	<p>(c) tenolysis;</p> <p>(d) tenoplasty;</p> <p>other than a service associated with a service to which item 30023, 39331 or 39330 applies—applicable only once per occasion on which the service is performed (Anaes.) (Assist.)</p> <p>(See para TN.8.184, TN.8.185 of explanatory notes to this Category) Fee: \$485.10 Benefit: 75% = \$363.85 85% = \$412.35</p>
46336	<p>Synovectomy of interphalangeal, metacarpophalangeal or carpometacarpal joint of hand, including any of the following (if performed):</p> <p>(a) capsulectomy;</p> <p>(b) debridement;</p> <p>(c) ligament or tendon realignment (or both);</p> <p>other than a service combined with a service to which item 46495 applies—one joint (Anaes.) (Assist.)</p> <p>Fee: \$273.95 Benefit: 75% = \$205.50 85% = \$232.90</p>
46339	<p>Synovectomy of digital flexor tendons at wrist level, for diagnosed inflammatory arthritis, including either or both of the following (if performed):</p> <p>(a) tenolysis;</p> <p>(b) release of median nerve and carpal tunnel;</p> <p>other than a service associated with a service to which item 30023, 39331 or 39330 applies—applicable only once per occasion on which the service is performed (H) (Anaes.) (Assist.)</p> <p>Fee: \$485.10 Benefit: 75% = \$363.85</p>
46340	<p>Synovectomy of wrist flexor or extensor tendons of hand or wrist, for diagnosed inflammatory tenosynovitis, including any of the following (if performed):</p> <p>(a) reconstruction of flexor or extensor retinaculum;</p> <p>(b) removal of tendon nodules;</p> <p>(c) tenolysis;</p> <p>(d) tenoplasty;</p> <p>other than a service associated with a service to which item 30023, 39331 or 39330 applies—one or more compartments (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.184, TN.8.185 of explanatory notes to this Category) Fee: \$412.35 Benefit: 75% = \$309.30</p>
46341	<p>Synovectomy of wrist flexor or extensor tendons of hand or wrist, for non-inflammatory tenosynovitis or post traumatic synovitis, including any of the following (if performed):</p> <p>(a) reconstruction of flexor or extensor retinaculum;</p> <p>(b) removal of tendon nodules;</p>

T8. SURGICAL OPERATIONS		14. HAND SURGERY
	<p>(c) tenolysis;</p> <p>(d) tenoplasty;</p> <p>other than a service associated with a service to which item 30023, 39331 or 39330 applies—one or more compartments (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.185 of explanatory notes to this Category)</p> <p>Fee: \$264.45 Benefit: 75% = \$198.35</p>	
46342	<p>Synovectomy of distal radioulnar or carpometacarpal joint of hand—one or more joints (H) (Anaes.) (Assist.)</p> <p>Fee: \$485.10 Benefit: 75% = \$363.85</p>	
46345	<p>Resection arthroplasty of distal radioulnar joint of hand, partial or complete, including any of the following (if performed):</p> <p>(a) ligament or tendon reconstruction;</p> <p>(b) joint stabilisation;</p> <p>(c) synovectomy</p> <p>(H) (Anaes.) (Assist.)</p> <p>Fee: \$586.90 Benefit: 75% = \$440.20</p>	
46348	<p>Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed):</p> <p>(a) removal of intratendinous nodules;</p> <p>(b) tenolysis;</p> <p>(c) tenoplasty;</p> <p>other than a service associated with a service to which item 30023 or 46363 applies—one ray (H) (Anaes.) (Assist.)</p> <p>Fee: \$254.35 Benefit: 75% = \$190.80</p>	
46351	<p>Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed):</p> <p>(a) removal of intratendinous nodules;</p> <p>(b) tenolysis;</p> <p>(c) tenoplasty;</p> <p>other than a service associated with a service to which item 30023 or 46363 applies—2 rays of one hand (H) (Anaes.) (Assist.)</p> <p>Fee: \$379.60 Benefit: 75% = \$284.70</p>	
46354	<p>Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed):</p>	

T8. SURGICAL OPERATIONS		14. HAND SURGERY
	<p>(a) removal of intratendinous nodules;</p> <p>(b) tenolysis;</p> <p>(c) tenoplasty;</p> <p>other than a service associated with a service to which item 30023 or 46363 applies—3 rays of one hand (H) (Anaes.) (Assist.)</p> <p>Fee: \$508.65 Benefit: 75% = \$381.50</p>	
46357	<p>Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed):</p> <p>(a) removal of intratendinous nodules;</p> <p>(b) tenolysis;</p> <p>(c) tenoplasty;</p> <p>other than a service associated with a service to which item 30023 or 46363 applies—4 rays of one hand (H) (Anaes.) (Assist.)</p> <p>Fee: \$633.90 Benefit: 75% = \$475.45</p>	
46360	<p>Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed):</p> <p>(a) removal of intratendinous nodules;</p> <p>(b) tenolysis;</p> <p>(c) tenoplasty;</p> <p>other than a service associated with a service to which item 30023 or 46363 applies—5 rays of one hand (H) (Anaes.) (Assist.)</p> <p>Fee: \$763.10 Benefit: 75% = \$572.35</p>	
46363	<p>Trigger finger release, for stenosing tenosynoviti, including either or both of the following (if performed):</p> <p>(a) synovectomy;</p> <p>(b) synovial biopsy;</p> <p>—one ray (Anaes.) (Assist.)</p> <p>Fee: \$219.10 Benefit: 75% = \$164.35 85% = \$186.25</p>	
46364	<p>Digital sympathectomy of hand, using microsurgical techniques, other than a service associated with a service to which item 30023 or 46363 applies—one digit or palmer arch (or both) or radial or ulnar artery (or both) (Anaes.) (Assist.)</p> <p>Fee: \$485.10 Benefit: 75% = \$363.85 85% = \$412.35</p>	
46365	<p>Excision of rheumatoid nodules of hand —one lesion (Anaes.) (Assist.)</p> <p>Fee: \$273.95 Benefit: 75% = \$205.50 85% = \$232.90</p>	

T8. SURGICAL OPERATIONS		14. HAND SURGERY
46367	<p>De Quervain's release, including any of the following (if performed):</p> <p>(a) synovectomy of extensor pollicis brevis;</p> <p>(b) synovectomy of abductor pollicis longus tendons;</p> <p>(c) retinaculum reconstruction;</p> <p>other than a service associated with a service to which item 46339 applies (Anaes.) (Assist.)</p> <p>Fee: \$413.70 Benefit: 75% = \$310.30 85% = \$351.65</p>	
46370	<p>Percutaneous fasciotomy for Dupuytren's contracture, by needle or chemical method, including either or both of the following (if performed):</p> <p>(a) immediate or delayed manipulation;</p> <p>(b) local or regional nerve block;</p> <p>—one ray (Anaes.) (Assist.)</p> <p>Fee: \$133.10 Benefit: 75% = \$99.85 85% = \$113.15</p>	
46372	<p>Fasciectomy for Dupuytren's contracture, including dissection of nerves (if performed)—one ray (H) (Anaes.) (Assist.)</p> <p>Fee: \$445.25 Benefit: 75% = \$333.95</p>	
46375	<p>Fasciectomy for Dupuytren's contracture, including dissection of nerves (if performed)—2 rays (H) (Anaes.) (Assist.)</p> <p>Fee: \$528.25 Benefit: 75% = \$396.20</p>	
46378	<p>Fasciectomy for Dupuytren's contracture, including dissection of nerves (if performed)—3 rays (H) (Anaes.) (Assist.)</p> <p>Fee: \$704.40 Benefit: 75% = \$528.30</p>	
46379	<p>Fasciectomy for Dupuytren's contracture, including dissection of nerves (if performed)—4 rays (H) (Anaes.) (Assist.)</p> <p>Fee: \$887.40 Benefit: 75% = \$665.55</p>	
46380	<p>Fasciectomy for Dupuytren's contracture, including dissection of nerves (if performed)—5 rays (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,118.05 Benefit: 75% = \$838.55</p>	
46381	<p>Release of interphalangeal joint of hand, by open procedure, when performed in conjunction with an operation for Dupuytren's contracture—one joint (H) (Anaes.) (Assist.)</p> <p>Fee: \$313.00 Benefit: 75% = \$234.75</p>	
46384	<p>Z-plasty or similar local flap procedure, when performed in conjunction with an operation for Dupuytren's contracture, including raising, transfer in-setting and suturing of both components (flaps)—one Z-plasty or local flap procedure (H) (Anaes.) (Assist.)</p> <p>Fee: \$313.00 Benefit: 75% = \$234.75</p>	
46387	<p>Fasciectomy for recurrence of Dupuytren's contracture, including either or both of the following (if performed):</p>	

T8. SURGICAL OPERATIONS		14. HAND SURGERY
	(a) dissection of nerves; (b) neurolysis; other than a service associated with a service to which item 30023 applies—one ray (H) (Anaes.) (Assist.) Fee: \$645.75 Benefit: 75% = \$484.35	
46390	Fasciectomy for recurrence of Dupuytren's contracture, including either or both of the following (if performed): (a) dissection of nerves; (b) neurolysis; other than a service associated with a service to which item 30023 applies—2 rays (H) (Anaes.) (Assist.) Fee: \$861.05 Benefit: 75% = \$645.80	
46393	Fasciectomy for recurrence of Dupuytren's contracture, including either or both of the following (if performed): (a) dissection of nerves; (b) neurolysis; other than a service associated with a service to which item 30023 applies—3 rays (H) (Anaes.) (Assist.) Fee: \$997.85 Benefit: 75% = \$748.40	
46394	Fasciectomy for recurrence of Dupuytren's contracture, including either or both of the following (if performed): (a) dissection of nerves; (b) neurolysis; other than a service associated with a service to which item 30023 applies—4 rays (H) (Anaes.) (Assist.) Fee: \$1,243.45 Benefit: 75% = \$932.60	
46395	Fasciectomy for recurrence of Dupuytren's contracture, including either or both of the following (if performed): (a) dissection of nerves; (b) neurolysis; other than a service associated with a service to which item 30023 applies—5 rays (H) (Anaes.) (Assist.) Fee: \$1,549.55 Benefit: 75% = \$1162.20	
46399	Osteotomy of phalanx or metacarpal of hand, with internal fixation—one bone (H) (Anaes.) (Assist.)	

T8. SURGICAL OPERATIONS		14. HAND SURGERY
	Fee: \$538.80	Benefit: 75% = \$404.10
46401	Operative treatment of non-union of phalanx or metacarpal of hand, including internal fixation (if performed) (Anaes.) (Assist.) Fee: \$432.45 Benefit: 75% = \$324.35 85% = \$367.60	
46408	Reconstruction of tendon of hand or wrist, by tendon graft, including either or both of the following (if performed): (a) harvest of graft; (b) tenolysis; other than a service associated with a service to which item 30023 applies (H) (Anaes.) (Assist.) Fee: \$720.00 Benefit: 75% = \$540.00	
46411	Reconstruction of complete flexor tendon pulley of hand or wrist, with graft, including harvest of graft (if performed)—one pulley (H) (Anaes.) (Assist.) Fee: \$422.60 Benefit: 75% = \$316.95	
46414	Insertion of artificial tendon prosthesis in preparation for grafting of tendon of hand or wrist, including tenolysis (if performed), other than a service associated with a service to which item 30023 applies (Anaes.) (Assist.) Fee: \$547.70 Benefit: 75% = \$410.80 85% = \$465.55	
46417	Transfer of tendon of hand or wrist, for restoration of hand or digit motion, including harvest of donor motor unit (if performed)—one transfer (H) (Anaes.) (Assist.) Fee: \$508.65 Benefit: 75% = \$381.50	
46420	Primary repair of extensor tendon of hand or wrist—one tendon (Anaes.) (Assist.) Fee: \$212.85 Benefit: 75% = \$159.65 85% = \$180.95	
46423	Delayed repair of extensor tendon of hand or wrist, including tenolysis (if performed), other than a service associated with a service to which item 30023 applies (Anaes.) (Assist.) Fee: \$340.45 Benefit: 75% = \$255.35 85% = \$289.40	
46426	Primary repair of flexor tendon of hand or wrist, proximal to A1 pulley, other than a service to repair a tendon of a digit if 2 tendons of the same digit have been repaired during the same procedure—one tendon (H) (Anaes.) (Assist.) Fee: \$352.10 Benefit: 75% = \$264.10	
46432	Primary repair of flexor tendon of hand or wrist, distal to A1 pulley, other than a service to repair a tendon of a digit if 2 tendons of the same digit have been repaired during the same procedure—one tendon (H) (Anaes.) (Assist.) Fee: \$587.10 Benefit: 75% = \$440.35	
46434	Delayed repair of flexor tendon of hand or wrist, including tenolysis (if performed), other than a service associated with a service to which item 30023 applies (Anaes.) (Assist.) Fee: \$505.80 Benefit: 75% = \$379.35 85% = \$429.95	
46438	Closed pin fixation of mallet finger (Anaes.)	

T8. SURGICAL OPERATIONS		14. HAND SURGERY
	Fee: \$140.90 Benefit: 75% = \$105.70 85% = \$119.80	
	Open reduction of mallet finger, including any of the following (if performed): (a) joint release; (b) pin fixation; (c) tenolysis (Anaes.) (Assist.)	
46441	Fee: \$340.45 Benefit: 75% = \$255.35 85% = \$289.40	
	MALLET FINGER with intra articular fracture involving more than one third of base of terminal phalanx - open reduction (Anaes.) (Assist.)	
46442	Fee: \$292.25 Benefit: 75% = \$219.20	
	Reconstruction of Boutonniere or swan neck deformity of hand, including either or both of the following (if performed): (a) tendon graft harvest; (b) tendon transfer —one joint (H) (Anaes.) (Assist.)	
46444	Fee: \$508.65 Benefit: 75% = \$381.50	
	Tenolysis of extensor tendon of hand or wrist, following tendon injury or graft, other than a service: (a) for acute, traumatic injury; or (b) associated with a service to which item 30023 applies —one ray (H) (Anaes.)	
46450	Fee: \$234.85 Benefit: 75% = \$176.15	
	Tenolysis of flexor tendon of hand or wrist, following tendon injury, repair or graft, other than a service: (a) for acute, traumatic injury; or (b) associated with a service to which item 30023 applies (H) (Anaes.) (Assist.)	
46453	Fee: \$391.35 Benefit: 75% = \$293.55	
46456	Percutaneous tenotomy of digit of hand (Anaes.) Fee: \$101.75 Benefit: 75% = \$76.35 85% = \$86.50	
46464	Amputation of a supernumerary complete digit of hand (H) (Anaes.) (Assist.) Fee: \$234.85 Benefit: 75% = \$176.15	
46465	Amputation of digit of hand, distal to metacarpal head, including any of the following (if performed):	

T8. SURGICAL OPERATIONS		14. HAND SURGERY
	(a) excision of neuroma; (b) resection of bone; (c) skin cover with local flaps —one ray (H) (Anaes.) (Assist.) Fee: \$234.85 Benefit: 75% = \$176.15	
46468	Amputation of digit of hand, distal to metacarpal head, including any of the following (if performed): (a) excision of neuroma; (b) resection of bone; (c) skin cover with local flaps —2 rays (H) (Anaes.) (Assist.) Fee: \$410.85 Benefit: 75% = \$308.15	
46471	Amputation of digit of hand, distal to metacarpal head, including any of the following (if performed): (a) excision of neuroma; (b) resection of bone; (c) skin cover with local flaps —3 rays (H) (Anaes.) (Assist.) Fee: \$586.90 Benefit: 75% = \$440.20	
46474	Amputation of digit of hand, distal to metacarpal head, including any of the following (if performed): (a) excision of neuroma; (b) resection of bone; (c) skin cover with local flaps —4 rays (H) (Anaes.) (Assist.) Fee: \$763.10 Benefit: 75% = \$572.35	
46477	Amputation of digit of hand, distal to metacarpal head, including any of the following (if performed): (a) excision of neuroma; (b) resection of bone; (c) skin cover with local flaps —5 rays (H) (Anaes.) (Assist.) Fee: \$939.15 Benefit: 75% = \$704.40	
46480	Amputation of ray of hand, proximal to metacarpal head, including any of the following (if performed):	

T8. SURGICAL OPERATIONS		14. HAND SURGERY
	(a) excision of neuroma; (b) recontouring; (c) resection of bone; (d) skin cover with local flaps —one ray (H) (Anaes.) (Assist.) Fee: \$391.35 Benefit: 75% = \$293.55	
46483	Revision of amputation stump of hand to provide adequate cover, including any of the following (if performed): (a) bone shortening; (b) excision of nail bed remnants; (c) excision of neuroma (H) (Anaes.) (Assist.) Fee: \$313.00 Benefit: 75% = \$234.75	
46486	Accurate reconstruction of nail bed laceration using magnification (H) (Anaes.) Fee: \$234.85 Benefit: 75% = \$176.15	
46489	Secondary reconstruction of nail bed deformity using magnification, including removal of nail (if performed), other than a service associated with a service to which item 46513 or 45451 applies (H) (Anaes.) (Assist.) (See para TN.8.188 of explanatory notes to this Category) Fee: \$273.95 Benefit: 75% = \$205.50	
46492	Surgical correction of contracture of joint of hand, flexor or extensor tendon, involving tissues deeper than skin and subcutaneous tissue—one joint (H) (Anaes.) (Assist.) Fee: \$375.70 Benefit: 75% = \$281.80	
46493	Resection of boss of metacarpal base of hand, including either or both of the following (if performed): (a) excision of ganglion; (b) synovectomy (Anaes.) (Assist.) Fee: \$342.90 Benefit: 75% = \$257.20 85% = \$291.50	
46495	Complete excision of one or more ganglia or mucous cysts of interphalangeal, metacarpophalangeal or carpometacarpal joint of hand, including any of the following (if performed): (a) arthrotomy; (b) osteophyte resections (c) synovectomy	

T8. SURGICAL OPERATIONS		14. HAND SURGERY
	<p>other than a service associated with a service to which item 30107 or 46336 applies—one joint (H) (Anaes.) (Assist.)</p> <p>Fee: \$211.40 Benefit: 75% = \$158.55</p>	
46498	<p>Excision of ganglion of flexor tendon sheath of hand, including any of the following (if performed):</p> <p>(a) flexor tenosynovectomy;</p> <p>(b) sheath excision;</p> <p>(c) skin closure by any method</p> <p>other than a service associated with a service to which item 30106, 30107 or 46363 applies (Anaes.)</p> <p>Fee: \$228.85 Benefit: 75% = \$171.65 85% = \$194.55</p>	
46500	<p>Excision of ganglion of dorsal wrist joint of hand, including any of the following (if performed):</p> <p>(a) arthrotomy;</p> <p>(b) capsular or ligament repair (or both);</p> <p>(c) synovectomy</p> <p>other than a service associated with a service to which item 30106 or 30107 applies (Anaes.) (Assist.)</p> <p>Fee: \$273.95 Benefit: 75% = \$205.50 85% = \$232.90</p>	
46501	<p>Excision of ganglion of volar wrist joint of hand, including any of the following (if performed):</p> <p>(a) arthrotomy;</p> <p>(b) capsular or ligament repair (or both);</p> <p>(c) synovectomy;</p> <p>other than a service associated with a service to which item 30106, 30107 or 46325 applies (Anaes.) (Assist.)</p> <p>Fee: \$342.50 Benefit: 75% = \$256.90 85% = \$291.15</p>	
46502	<p>Excision of recurrent ganglion of dorsal wrist joint of hand, including any of the following (if performed):</p> <p>(a) arthrotomy;</p> <p>(b) capsular or ligament repair (or both);</p> <p>(c) synovectomy</p> <p>(Anaes.) (Assist.)</p> <p>Fee: \$410.90 Benefit: 75% = \$308.20 85% = \$349.30</p>	
46503	<p>Excision of recurrent ganglion of volar wrist joint of hand, including any of the following (if performed):</p> <p>(a) arthrotomy;</p>	

T8. SURGICAL OPERATIONS		14. HAND SURGERY
	(b) capsular or ligament repair (or both); (c) synovectomy; other than a service associated with a service to which item 30106 or 30107 applies (Anaes.) (Assist.) Fee: \$393.70 Benefit: 75% = \$295.30 85% = \$334.65	
46504	Neurovascular island flap, heterodigital, for pulp re-innervation and soft tissue cover (Anaes.) (Assist.) (See para TN.8.187 of explanatory notes to this Category) Fee: \$1,150.35 Benefit: 75% = \$862.80 85% = \$1065.65	
46507	Transposition or transfer of digit or ray on vascular pedicle of hand, including any of the following (if performed): (a) nerve transfer; (b) skin closure, by any means; (c) rebalancing procedures (H) (Anaes.) (Assist.) Fee: \$1,560.75 Benefit: 75% = \$1170.60	
46510	Surgical reduction of enlarged elements resulting from macrodactyly, including any of the following (if performed): (a) nerve transfer; (b) skin closure, by any means; (c) rebalancing procedures —one digit (H) (Anaes.) (Assist.) Fee: \$365.20 Benefit: 75% = \$273.90	
46513	Removal of nail of finger or thumb—one nail (Anaes.) Fee: \$58.75 Benefit: 75% = \$44.10 85% = \$49.95	
46519	Drainage of midpalmar, thenar or hypothenar spaces or dorsum of hand, excluding aftercare (Anaes.) (Assist.) Fee: \$146.95 Benefit: 75% = \$110.25 85% = \$124.95	
46522	Open operation and drainage of infection for flexor tendon sheath of finger or thumb, including either or both of the following (if performed): (a) synovectomy; (b) tenolysis; other than a service associated with a service to which item 30023 applies—one digit (H) (Anaes.) (Assist.) Fee: \$438.25 Benefit: 75% = \$328.70	

T8. SURGICAL OPERATIONS		14. HAND SURGERY
46525	<p>Incision for pulp space infection of hand:</p> <p>(a) other than a service:</p> <p style="padding-left: 40px;">(i) to which another item in this Group applies; or</p> <p style="padding-left: 40px;">(ii) associated with a service to which item 30023 applies; and</p> <p>(b) excluding aftercare</p> <p>(H) (Anaes.)</p> <p>Fee: \$58.75 Benefit: 75% = \$44.10</p>	
46528	<p>Wedge resection for ingrowing nail of finger or thumb:</p> <p>(a) including each of the following:</p> <p style="padding-left: 40px;">(i) excision and partial ablation of germinal matrix;</p> <p style="padding-left: 40px;">(ii) removal of segment of nail;</p> <p style="padding-left: 40px;">(iii) removal of unguual fold; and</p> <p>(b) including phenolisation (if performed)</p> <p>(Anaes.)</p> <p>Fee: \$176.35 Benefit: 75% = \$132.30 85% = \$149.90</p>	
46531	<p>Partial resection of ingrowing nail of finger or thumb, including phenolisation (Anaes.)</p> <p>Fee: \$88.60 Benefit: 75% = \$66.45 85% = \$75.35</p>	
46534	<p>Complete ablation of nail germinal matrix (H) (Anaes.)</p> <p>Fee: \$245.05 Benefit: 75% = \$183.80</p>	
T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	Group T8. Surgical Operations	
	Subgroup 15. Orthopaedic	
49783	<p>Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed):</p> <p>(a) capsulotomy;</p> <p>(b) joint release;</p> <p>(c) synovectomy;</p> <p>(d) local tendon transfer;</p> <p>(e) joint debridement;</p>	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	—3 joints (H) (Anaes.) (Assist.) Fee: \$789.00 Benefit: 75% = \$591.75	
TREATMENT OF DISLOCATIONS		
47000	Treatment of dislocation of mandible, by closed reduction (Anaes.) Fee: \$73.55 Benefit: 75% = \$55.20 85% = \$62.55	
47003	Treatment of dislocation of clavicle, by closed reduction (Anaes.) Fee: \$88.25 Benefit: 75% = \$66.20 85% = \$75.05	
47007	Repair of acromioclavicular or sternoclavicular joint dislocation (acute or chronic), by open, mini-open or arthroscopic technique, including either or both of the following (if performed): (a) ligament augmentation; (b) tendon transfers (Anaes.) (Assist.) Fee: \$367.35 Benefit: 75% = \$275.55 85% = \$312.25	
47009	Treatment of dislocation of shoulder, requiring general anaesthesia, other than a service to which item 47012 applies (Anaes.) Fee: \$176.35 Benefit: 75% = \$132.30 85% = \$149.90	
47012	Treatment of dislocation of shoulder, requiring general anaesthesia, by open reduction (H) (Anaes.) (Assist.) Fee: \$352.55 Benefit: 75% = \$264.45	
47015	Treatment of dislocation of shoulder, not requiring general anaesthesia Fee: \$88.25 Benefit: 75% = \$66.20 85% = \$75.05	
47018	Treatment of dislocation of elbow, by closed reduction (Anaes.) Fee: \$205.60 Benefit: 75% = \$154.20 85% = \$174.80	
47021	Treatment of dislocation of elbow, by open reduction (H) (Anaes.) (Assist.) Fee: \$274.25 Benefit: 75% = \$205.70	
47024	Treatment of dislocation of distal or proximal radioulnar joint, by closed reduction, other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of treating fracture or dislocation in the same region (Anaes.) Fee: \$205.60 Benefit: 75% = \$154.20 85% = \$174.80	
47027	Treatment of dislocation of distal or proximal radioulnar joint, by open reduction, including either or both of the following (if performed): (a) styloid fracture; (b) triangular fibrocartilage complex repair;	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of treating fracture or dislocation in the same region (Anaes.) (Assist.) Fee: \$676.05 Benefit: 75% = \$507.05 85% = \$591.35	
47030	Treatment of dislocation of carpus, carpus on radius and ulna or carpometacarpal joint, by closed reduction (Anaes.) Fee: \$205.60 Benefit: 75% = \$154.20 85% = \$174.80	
47033	Treatment of dislocation of carpus, carpus on radius and ulna or carpometacarpal joint, by open reduction, including ligament repair (if performed) (Anaes.) (Assist.) Fee: \$676.05 Benefit: 75% = \$507.05 85% = \$591.35	
47042	Treatment of dislocation of interphalangeal or metacarpophalangeal joint, by closed reduction (Anaes.) Fee: \$117.40 Benefit: 75% = \$88.05 85% = \$99.80	
47045	Treatment of dislocation of interphalangeal or metacarpophalangeal joint, by open reduction, including any of the following (if performed): (a) arthrotomy; (b) capsule repair; (c) ligament repair; (d) volar plate repair (Anaes.) (Assist.) Fee: \$438.55 Benefit: 75% = \$328.95 85% = \$372.80	
47047	Treatment of dislocation of prosthetic hip, by closed reduction (Anaes.) (Assist.) Fee: \$337.95 Benefit: 75% = \$253.50 85% = \$287.30	
47049	Treatment of dislocation of prosthetic hip, by open reduction (Anaes.) (Assist.) Fee: \$450.50 Benefit: 75% = \$337.90 85% = \$382.95	
47052	Treatment of dislocation of native hip, by closed reduction (Anaes.) (Assist.) Fee: \$439.35 Benefit: 75% = \$329.55 85% = \$373.45	
47053	Treatment of dislocation of native hip, by open reduction, with internal fixation (if performed) (Anaes.) (Assist.) Fee: \$585.65 Benefit: 75% = \$439.25 85% = \$500.95	
47054	Treatment of dislocation of knee, by closed reduction, including application of external fixator (if performed) (Anaes.) (Assist.) Fee: \$337.95 Benefit: 75% = \$253.50 85% = \$287.30	
47057	Treatment of dislocation of patella, by closed reduction (Anaes.) Fee: \$132.20 Benefit: 75% = \$99.15 85% = \$112.40	
47060	Treatment of dislocation of patella, by open reduction (Anaes.) (Assist.)	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	Fee: \$176.35 Benefit: 75% = \$132.30 85% = \$149.90	
47063	Treatment of dislocation of ankle or tarsus, by closed reduction (Anaes.) (Assist.) Fee: \$264.45 Benefit: 75% = \$198.35 85% = \$224.80	
47066	Treatment of dislocation of ankle or tarsus, by open reduction, including any of the following (if performed): (a) arthrotomy; (b) capsule repair; (c) removal of loose fragments or intervening soft tissue; (d) washout of joint (H) (Anaes.) (Assist.) Fee: \$352.55 Benefit: 75% = \$264.45	
Amend 47069	Treatment of dislocation of toe, by closed reduction—one toe (Anaes.) Fee: \$73.55 Benefit: 75% = \$55.20 85% = \$62.55	
TREATMENT OF FRACTURES		
47301	Treatment of fracture of middle or proximal phalanx, by closed reduction, requiring anaesthesia—one bone (Anaes.) (See para TN.8.124 of explanatory notes to this Category) Fee: \$90.30 Benefit: 75% = \$67.75 85% = \$76.80	
47304	Treatment of fracture of metacarpal, by closed reduction, requiring anaesthesia—one bone (H) (Anaes.) (See para TN.8.124 of explanatory notes to this Category) Fee: \$102.90 Benefit: 75% = \$77.20	
47307	Treatment of fracture of phalanx or metacarpal, by closed reduction, including percutaneous K-wire fixation (if performed)—one bone (H) (Anaes.) (Assist.) (See para TN.8.124 of explanatory notes to this Category) Fee: \$208.10 Benefit: 75% = \$156.10	
47310	Treatment of fracture of phalanx or metacarpal, by open reduction, with internal fixation (H) (Anaes.) (Assist.) (See para TN.8.124 of explanatory notes to this Category) Fee: \$343.40 Benefit: 75% = \$257.55	
47313	Treatment of intra-articular fracture of phalanx or metacarpal, by closed reduction, including: (a) percutaneous K-wire fixation; and (b) external or dynamic fixation (if performed) (H) (Anaes.) (Assist.) (See para TN.8.124 of explanatory notes to this Category) Fee: \$332.95 Benefit: 75% = \$249.75	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
47316	<p>Treatment of intra-articular fracture of phalanx or metacarpal, by open reduction with fixation, other than a service provided on the same occasion as a service to which item 47319 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.124 of explanatory notes to this Category)</p> <p>Fee: \$660.75 Benefit: 75% = \$495.60</p>	
47319	<p>Treatment of intra-articular fracture of proximal end of middle phalanx, by open reduction, with fixation, other than a service provided on the same occasion as a service to which item 47316 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.124 of explanatory notes to this Category)</p> <p>Fee: \$676.35 Benefit: 75% = \$507.30</p>	
47348	<p>Treatment of fracture of carpus (excluding scaphoid), by cast immobilisation, other than a service associated with a service to which item 47351 applies</p> <p>(Anaes.)</p> <p>Fee: \$97.80 Benefit: 75% = \$73.35 85% = \$83.15</p>	
47351	<p>Treatment of fracture of carpus (excluding scaphoid), by open reduction, with internal fixation (Anaes.) (Assist.)</p> <p>Fee: \$245.05 Benefit: 75% = \$183.80 85% = \$208.30</p>	
47354	<p>Treatment of fracture of carpal scaphoid, by cast immobilisation, other than a service associated with a service to which item 47357 applies (Anaes.)</p> <p>Fee: \$176.35 Benefit: 75% = \$132.30 85% = \$149.90</p>	
47357	<p>Treatment of fracture of carpal scaphoid, by open reduction, with internal or percutaneous fixation (Anaes.) (Assist.)</p> <p>Fee: \$391.80 Benefit: 75% = \$293.85 85% = \$333.05</p>	
47361	<p>Treatment of fracture of distal end of radius or ulna (or both), by cast immobilisation, other than a service associated with a service to which item 47362, 47364, 47367, 47370 or 47373 applies</p> <p>(See para TN.8.124 of explanatory notes to this Category)</p> <p>Fee: \$137.15 Benefit: 75% = \$102.90 85% = \$116.60</p>	
47362	<p>Treatment of fracture of distal end of radius or ulna (or both), by closed reduction, requiring general or major regional anaesthesia, but excluding local infiltration, other than a service associated with a service to which item 47361, 47364, 47367, 47370 or 47373 applies</p> <p>(Anaes.)</p> <p>(See para TN.8.124 of explanatory notes to this Category)</p> <p>Fee: \$205.60 Benefit: 75% = \$154.20 85% = \$174.80</p>	
47364	<p>Treatment of fracture of distal end of radius or ulna (not involving joint surface), by open reduction with fixation, other than a service associated with a service to which item 47361 or 47362 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.124 of explanatory notes to this Category)</p> <p>Fee: \$291.35 Benefit: 75% = \$218.55</p>	
47367	<p>Treatment of fracture of distal end of radius, by closed reduction with percutaneous fixation, other than a service associated with a service to which item 47361 or 47362 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.124 of explanatory notes to this Category)</p>	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	Fee: \$232.70 Benefit: 75% = \$174.55	
47370	Treatment of intra-articular fracture of distal end of radius, by open reduction with fixation, other than a service associated with a service to which item 47361 or 47362 applies (H) (Anaes.) (Assist.) (See para TN.8.124 of explanatory notes to this Category) Fee: \$422.45 Benefit: 75% = \$316.85	
47373	Treatment of intra-articular fracture of distal end of ulna, by open reduction with fixation, other than a service associated with a service to which item 47361 or 47362 applies (H) (Anaes.) (Assist.) (See para TN.8.124 of explanatory notes to this Category) Fee: \$301.75 Benefit: 75% = \$226.35	
47381	Treatment of fracture of shaft of radius or ulna, by closed reduction (H) (Anaes.) Fee: \$264.45 Benefit: 75% = \$198.35	
47384	Treatment of fracture of shaft of radius or ulna, by open reduction with internal fixation (H) (Anaes.) (Assist.) Fee: \$352.55 Benefit: 75% = \$264.45	
47385	Treatment of: (a) fracture of shaft of radius or ulna; and (b) dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury); by closed reduction (H) (Anaes.) (Assist.) Fee: \$303.55 Benefit: 75% = \$227.70	
47386	Treatment of: (a) fracture of shaft of radius or ulna; and (b) dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury); by open reduction, with internal fixation, including reduction of dislocation (if performed) (H) (Anaes.) (Assist.) Fee: \$489.75 Benefit: 75% = \$367.35	
47387	Treatment of fracture of distal or shaft of radius or ulna (or both), by cast immobilisation, other than a service to which item 47390 or 47393 applies (Anaes.) (Assist.) Fee: \$284.00 Benefit: 75% = \$213.00 85% = \$241.40	
47390	Treatment of fracture of shafts of radius and ulna, by closed reduction (H) (Anaes.) Fee: \$426.15 Benefit: 75% = \$319.65	
47393	Treatment of fracture of shafts of radius and ulna, by open reduction, with internal fixation (H) (Anaes.) (Assist.) Fee: \$568.10 Benefit: 75% = \$426.10	
47396	Treatment of fracture of olecranon, by closed reduction (Anaes.)	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	Fee: \$195.80 Benefit: 75% = \$146.85 85% = \$166.45	
47399	Treatment of fracture of olecranon, by open reduction (H) (Anaes.) (Assist.) Fee: \$391.80 Benefit: 75% = \$293.85	
47402	Treatment of fracture of olecranon, with excision of olecranon fragment and reimplantation of tendon (Anaes.) (Assist.) Fee: \$293.75 Benefit: 75% = \$220.35 85% = \$249.70	
47405	Treatment of fracture of head or neck of radius, by closed reduction (Anaes.) Fee: \$195.80 Benefit: 75% = \$146.85 85% = \$166.45	
47408	Treatment of fracture of head or neck of radius, by open reduction, including internal fixation and excision (if performed) (H) (Anaes.) (Assist.) Fee: \$391.80 Benefit: 75% = \$293.85	
47411	Treatment of fracture of tuberosity of humerus, other than a service to which item 47417 applies (Anaes.) Fee: \$117.40 Benefit: 75% = \$88.05 85% = \$99.80	
47414	Treatment of fracture of tuberosity of humerus, by open reduction (Anaes.) Fee: \$235.15 Benefit: 75% = \$176.40 85% = \$199.90	
47417	Treatment of fracture of tuberosity of humerus and associated dislocation of shoulder, by closed reduction (Anaes.) (Assist.) Fee: \$274.25 Benefit: 75% = \$205.70 85% = \$233.15	
47420	Treatment of fracture of tuberosity of humerus and associated dislocation of shoulder, by open reduction (H) (Anaes.) (Assist.) Fee: \$538.80 Benefit: 75% = \$404.10	
47423	Humerus, proximal, treatment of fracture of, other than a service to which item 47426, 47429 or 47432 applies (Anaes.) Fee: \$225.25 Benefit: 75% = \$168.95 85% = \$191.50	
47426	Humerus, proximal, treatment of fracture of, by closed reduction (H) (Anaes.) Fee: \$337.95 Benefit: 85% = \$287.30	
47429	Humerus, proximal, treatment of fracture of, by open reduction (H) (Anaes.) (Assist.) Fee: \$450.50 Benefit: 75% = \$337.90	
47432	Humerus, proximal, treatment of intra-articular fracture of, by open reduction (H) (Anaes.) (Assist.) Fee: \$563.20 Benefit: 75% = \$422.40	
47435	Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by closed reduction (Anaes.) (Assist.) Fee: \$431.05 Benefit: 75% = \$323.30 100% = \$431.05	
47438	Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by open reduction (H) (Anaes.) (Assist.)	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	Fee: \$685.85	Benefit: 75% = \$514.40
47441	Humerus, proximal, treatment of intra-articular fracture of, and associated dislocation of shoulder, by open reduction (H) (Anaes.) (Assist.)	
	Fee: \$857.15	Benefit: 75% = \$642.90
47444	Humerus, shaft of, treatment of fracture of, other than a service to which item 47447 or 47450 applies (Anaes.)	
	Fee: \$235.15	Benefit: 75% = \$176.40 85% = \$199.90
47447	Humerus, shaft of, treatment of fracture of, by closed reduction (H) (Anaes.)	
	Fee: \$352.55	Benefit: 75% = \$264.45
47450	Humerus, shaft of, treatment of fracture of, by internal or external (H) (Anaes.) (Assist.)	
	Fee: \$470.30	Benefit: 75% = \$352.75
47451	Humerus, shaft of, treatment of fracture of, by intramedullary fixation (H) (Anaes.) (Assist.)	
	Fee: \$566.85	Benefit: 75% = \$425.15
47453	Humerus, distal, (supracondylar or condylar), treatment of fracture of, other than a service to which item 47456 or 47459 applies (Anaes.) (Assist.)	
	Fee: \$274.25	Benefit: 75% = \$205.70 85% = \$233.15
47456	Humerus, distal (supracondylar or condylar), treatment of fracture of, by closed reduction (H) (Anaes.) (Assist.)	
	Fee: \$411.55	Benefit: 75% = \$308.70
47459	Humerus, distal (supracondylar or condylar), treatment of fracture of, by open reduction (H) (Anaes.) (Assist.)	
	Fee: \$548.65	Benefit: 75% = \$411.50
47462	Clavicle, treatment of fracture of, other than a service to which item 47465 applies (Anaes.)	
	Fee: \$117.40	Benefit: 75% = \$88.05 85% = \$99.80
47465	Clavicle, treatment of fracture of, by open reduction (Anaes.) (Assist.)	
	Fee: \$538.80	Benefit: 75% = \$404.10 85% = \$458.00
47466	Sternum, treatment of fracture of, other than a service to which item 47467 applies (Anaes.)	
	Fee: \$117.40	Benefit: 75% = \$88.05 85% = \$99.80
47467	Sternum, treatment of fracture of, by open reduction (H) (Anaes.)	
	Fee: \$235.15	Benefit: 75% = \$176.40
47468	SCAPULA, neck or glenoid region of, treatment of fracture of, by open reduction (Anaes.) (Assist.)	
	Fee: \$450.50	Benefit: 75% = \$337.90 85% = \$382.95
47471	RIBS (one or more), treatment of fracture of - each attendance	
	Fee: \$44.75	Benefit: 75% = \$33.60 85% = \$38.05
47474	PELVIC RING, treatment of fracture of, not involving disruption of pelvic ring or acetabulum	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	Fee: \$195.80 Benefit: 75% = \$146.85 85% = \$166.45	
47477	PELVIC RING, treatment of fracture of, with disruption of pelvic ring or acetabulum Fee: \$245.05 Benefit: 75% = \$183.80 85% = \$208.30	
47480	PELVIC RING, treatment of fracture of, requiring traction (H) (Anaes.) (Assist.) Fee: \$489.75 Benefit: 75% = \$367.35	
47483	PELVIC RING, treatment of fracture of, requiring control by external fixation (H) (Anaes.) (Assist.) Fee: \$587.75 Benefit: 75% = \$440.85	
47486	Treatment of fracture of anterior pelvic ring or sacroiliac joint disruption (or both), by open reduction, with internal fixation (H) (Anaes.) (Assist.) Fee: \$979.60 Benefit: 75% = \$734.70	
47489	Treatment of fracture of posterior pelvic ring or sacroiliac joint disruption (or both), by open reduction, with internal fixation (H) (Anaes.) (Assist.) Fee: \$1,469.40 Benefit: 75% = \$1102.05	
47495	Treatment of fracture of acetabulum and associated dislocation of hip, including the application and management of traction (if performed), excluding aftercare (Anaes.) (Assist.) Fee: \$489.75 Benefit: 75% = \$367.35 85% = \$416.30	
47498	Treatment of isolated posterior wall fracture of acetabulum and associated dislocation of hip, by open reduction, with internal fixation, including the application and management of traction (if performed) (H) (Anaes.) (Assist.) Fee: \$734.65 Benefit: 75% = \$551.00	
47501	Treatment of anterior or posterior column fracture of acetabulum, by open reduction, with internal fixation, including any of the following (if performed): (a) capsular stabilisation; (b) capsulotomy; (c) osteotomy (H) (Anaes.) (Assist.) (See para TN.8.168 of explanatory notes to this Category) Fee: \$979.60 Benefit: 75% = \$734.70	
47511	Treatment of combined column T-Type, transverse, anterior column or posterior hemitransverse fractures of acetabulum, by open reduction, with internal fixation, performed through single or dual approach (including fixation of the posterior wall fracture), including any of the following (if performed): (a) capsular stabilisation; (b) capsulotomy; (c) osteotomy (H) (Anaes.) (Assist.)	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	Fee: \$1,469.40 Benefit: 75% = \$1102.05	
47514	Treatment of posterior wall fracture of acetabulum and associated femoral head fracture, by open reduction, with internal fixation (H) (Anaes.) (Assist.) Fee: \$857.15 Benefit: 75% = \$642.90	
47516	FEMUR, treatment of fracture of, by closed reduction or traction (Anaes.) (Assist.) Fee: \$450.50 Benefit: 75% = \$337.90 85% = \$382.95	
47519	FEMUR, treatment of trochanteric or subcapital fracture of, by internal fixation (H) (Anaes.) (Assist.) Fee: \$901.30 Benefit: 75% = \$676.00	
47528	FEMUR, treatment of fracture of, by internal fixation or external fixation (H) (Anaes.) (Assist.) Fee: \$783.80 Benefit: 75% = \$587.85	
47531	FEMUR, treatment of fracture of shaft, by intramedullary fixation and cross fixation (H) (Anaes.) (Assist.) Fee: \$999.15 Benefit: 75% = \$749.40	
47534	Femur, condylar region of, treatment of intra-articular (T-shaped condylar) fracture of, requiring internal fixation, with or without internal fixation of one or more osteochondral fragments (H) (Anaes.) (Assist.) Fee: \$1,126.55 Benefit: 75% = \$844.95	
47537	Femur, condylar region of, treatment of fracture of, requiring internal fixation of one or more osteochondral fragments, other than a service associated with a service to which item 47534 applies (Anaes.) (Assist.) Fee: \$450.50 Benefit: 75% = \$337.90 85% = \$382.95	
47540	Hip spica or shoulder spica, application of, as an independent procedure (Anaes.) Fee: \$225.25 Benefit: 75% = \$168.95 85% = \$191.50	
47543	Tibia, plateau of, treatment of medial or lateral fracture of, other than a service to which item 47546 or 47549 applies (Anaes.) Fee: \$235.15 Benefit: 75% = \$176.40 85% = \$199.90	
47546	Tibia, plateau of, treatment of medial or lateral fracture of, by closed reduction (Anaes.) Fee: \$352.55 Benefit: 75% = \$264.45 85% = \$299.70	
47549	Treatment of medial or lateral fracture of plateau of tibia, by open reduction, with internal fixation, including any of the following (if performed): (a) arthroscopy; (b) arthrotomy; (c) meniscal repair (H) (Anaes.) (Assist.) Fee: \$560.05 Benefit: 75% = \$420.05	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
47552	Tibia, plateau of, treatment of both medial and lateral fractures of, other than a service to which item 47555 or 47558 applies (Anaes.) (Assist.) Fee: \$391.80 Benefit: 75% = \$293.85 85% = \$333.05	
47555	Tibia, plateau of, treatment of both medial and lateral fractures of, by closed reduction (H) (Anaes.) Fee: \$587.75 Benefit: 75% = \$440.85	
47558	Treatment of medial and lateral fractures of tibia, by open reduction, with internal fixation, including any of the following (if performed): (a) arthroscopy; (b) arthrotomy; (c) meniscal repair (H) (Anaes.) (Assist.) Fee: \$1,038.40 Benefit: 75% = \$778.80	
47559	Treatment of medial or lateral (or both) fracture of plateau of tibia, with application of a bridging external fixator to the plateau (Anaes.) (Assist.) Fee: \$795.25 Benefit: 75% = \$596.45 85% = \$710.55	
47561	Treatment of fracture of shaft of tibia, by cast immobilisation, other than a service to which item 47570 or 47573 applies (Anaes.) Fee: \$284.00 Benefit: 75% = \$213.00 85% = \$241.40	
47565	Tibia, shaft of, treatment of fracture of, by internal fixation or external fixation (H) (Anaes.) (Assist.) Fee: \$741.25 Benefit: 75% = \$555.95	
47566	Tibia, shaft of, treatment of fracture of, by intramedullary fixation and cross fixation (H) (Anaes.) (Assist.) Fee: \$944.90 Benefit: 75% = \$708.70	
47568	Closed reduction of proximal tibia, distal tibia or shaft of tibia, with or without treatment of fibular fracture (Anaes.) (Assist.) Fee: \$426.15 Benefit: 75% = \$319.65 85% = \$362.25	
47570	Tibia, shaft of, treatment of fracture of, by open reduction, with or without treatment of fibular fracture (Anaes.) (Assist.) Fee: \$568.10 Benefit: 75% = \$426.10 85% = \$483.40	
47573	Treatment of proximal or distal intra-articular fracture of shaft of tibia, by open reduction, with or without treatment of fibular fracture, including any of the following (if performed): (a) arthroscopy; (b) arthrotomy; (c) capsule repair; (d) removal of intervening soft tissue;	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	<p>(e) removal of loose fragments;</p> <p>(f) washout of joint;</p> <p>other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of treating a medial malleolus fracture of the distal tibia (H) (Anaes.) (Assist.)</p> <p>Fee: \$710.20 Benefit: 75% = \$532.65</p>	
47579	<p>Treatment of fracture of patella, other than a service to which item 47582 or 47585 applies (Anaes.)</p> <p>Fee: \$166.55 Benefit: 75% = \$124.95 85% = \$141.60</p>	
47582	<p>Treatment of fracture of patella, with internal fixation, including bone grafting (if performed), other than a service associated with a service to which item 47579 or 47585 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$440.95 Benefit: 75% = \$330.75</p>	
47585	<p>Treatment of proximal or distal fracture of patella, by open reduction, with internal fixation, including any of the following (if performed):</p> <p>(a) arthrotomy;</p> <p>(b) excision of patellar pole, with reattachment of tendon;</p> <p>(c) removal of loose fragments;</p> <p>(d) repair of quadriceps or patellar tendon (or both);</p> <p>(e) stabilisation of patello-femoral joint</p> <p>(H) (Anaes.) (Assist.)</p> <p>Fee: \$455.85 Benefit: 75% = \$341.90</p>	
47588	<p>Knee joint, treatment of fracture of, by internal fixation of intra-articular fractures of femoral condylar or tibial articular surfaces and requiring repair or reconstruction of one or more ligaments (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,371.25 Benefit: 75% = \$1028.45</p>	
47591	<p>Knee joint, treatment of fracture of, by internal fixation of intra-articular fractures of femoral condylar and tibial articular surfaces and requiring repair or reconstruction of one or more ligaments (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,665.50 Benefit: 75% = \$1249.15</p>	
47593	<p>Repair or reconstruction (or both) of acute traumatic chondral injury to the distal femoral and proximal tibial articular surfaces of the knee, using chondral or osteochondral implants or transfers (H) (Anaes.) (Assist.)</p> <p>Fee: \$830.30 Benefit: 75% = \$622.75</p>	
47595	<p>Treatment of fracture of ankle joint, hindfoot, midfoot, metatarsals or toes, by non-surgical management—one leg (Anaes.)</p> <p>Fee: \$167.60 Benefit: 75% = \$125.70 85% = \$142.50</p>	
47597	<p>Treatment of fracture of ankle joint, by closed reduction (Anaes.) (Assist.)</p>	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	Fee: \$337.95 Benefit: 75% = \$253.50 85% = \$287.30	
	<p>Treatment of fracture of ankle joint:</p> <p>(a) by internal fixation of the malleolus, fibula or diastasis; and</p> <p>(b) including any of the following (if performed):</p> <ul style="list-style-type: none"> (i) arthrotomy; (ii) capsule repair; (iii) removal of loose fragments or intervening soft tissue; (iv) washout of joint <p>(H) (Anaes.) (Assist.)</p>	
47600	Fee: \$587.75 Benefit: 75% = \$440.85	
	<p>Treatment of fracture of ankle joint:</p> <p>(a) by internal fixation of 2 or more of the malleolus, fibula, diastasis and medial tissue interposition; and</p> <p>(b) including any of the following (if performed):</p> <ul style="list-style-type: none"> (i) arthrotomy; (ii) capsule repair; (iii) removal of loose fragments or intervening soft tissue; (iv) washout of joint <p>(H) (Anaes.) (Assist.)</p>	
47603	Fee: \$741.25 Benefit: 75% = \$555.95	
	Treatment of intra-articular fracture of hindfoot, by closed reduction, with or without dislocation—one foot (Anaes.) (Assist.)	
47612	Fee: \$426.15 Benefit: 75% = \$319.65 85% = \$362.25	
	<p>Treatment of fracture of hindfoot, by open reduction, with or without dislocation, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) arthrotomy; (b) capsule repair; (c) removal of loose fragments or intervening soft tissue; (d) washout of joint <p>—one foot (Anaes.) (Assist.)</p>	
47615	Fee: \$489.75 Benefit: 75% = \$367.35 85% = \$416.30	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
47618	<p>Treatment of intra-articular fracture of hindfoot, by open reduction, with or without dislocation, including any of the following (if performed):</p> <p>(a) arthrotomy;</p> <p>(b) capsule repair;</p> <p>(c) removal of loose fragments or intervening soft tissue;</p> <p>(d) washout of joint</p> <p>—one foot (H) (Anaes.) (Assist.)</p> <p>Fee: \$612.25 Benefit: 75% = \$459.20</p>	
47621	<p>Treatment of intra-articular fracture of midfoot, by closed reduction, with or without dislocation—one foot (Anaes.) (Assist.)</p> <p>Fee: \$426.15 Benefit: 75% = \$319.65 85% = \$362.25</p>	
47624	<p>Treatment of fracture of tarso-metatarsal, by open reduction, with or without dislocation, including any of the following (if performed):</p> <p>(a) arthrotomy;</p> <p>(b) capsule or ligament repair;</p> <p>(c) removal of loose fragments or intervening soft tissue;</p> <p>(d) washout of joint</p> <p>—one joint (H) (Anaes.) (Assist.)</p> <p>Fee: \$587.75 Benefit: 75% = \$440.85</p>	
47630	<p>Treatment of fracture of cuneiform, by open reduction, with or without dislocation, including any of the following (if performed):</p> <p>(a) arthrotomy;</p> <p>(b) capsule or ligament repair;</p> <p>(c) removal of loose fragments or intervening soft tissue;</p> <p>(d) washout of joint</p> <p>—one bone (Anaes.) (Assist.)</p> <p>Fee: \$352.55 Benefit: 75% = \$264.45 85% = \$299.70</p>	
47637	<p>Treatment of fractures of metatarsal, by closed reduction—one or more metatarsals of one foot (Anaes.) (Assist.)</p> <p>Fee: \$199.60 Benefit: 75% = \$149.70 85% = \$169.70</p>	
47639	<p>Treatment of fracture of metatarsal, by open reduction, including removal of loose fragments or intervening soft tissue (if performed)—one metatarsal (Anaes.) (Assist.)</p> <p>Fee: \$235.15 Benefit: 75% = \$176.40 85% = \$199.90</p>	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
47648	<p>Treatment of fracture of metatarsal, by open reduction, including removal of loose fragments or intervening soft tissue (if performed)—2 metatarsals of one foot (H) (Anaes.) (Assist.)</p> <p>Fee: \$313.25 Benefit: 75% = \$234.95</p>	
47657	<p>Treatment of fracture of metatarsal, by open reduction, including removal of loose fragments or intervening soft tissue (if performed)—3 or more metatarsals of one foot (H) (Anaes.) (Assist.)</p> <p>Fee: \$489.75 Benefit: 75% = \$367.35</p>	
47663	<p>Treatment of fracture of phalanx of toe, by closed reduction—one toe (Anaes.)</p> <p>Fee: \$146.95 Benefit: 75% = \$110.25 85% = \$124.95</p>	
47666	<p>Treatment of fracture or dislocation of phalanx of great toe, by open reduction, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) arthrotomy; (b) capsule repair; (c) removal of loose fragments; (d) removal of intervening soft tissue; (e) washout of joint <p>— one great toe (Anaes.)</p> <p>Fee: \$245.05 Benefit: 75% = \$183.80 85% = \$208.30</p>	
47672	<p>Treatment of fracture or dislocation of phalanx of toe, by open reduction, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) arthrotomy; (b) capsule repair; (c) removal of loose fragments; (d) removal of intervening soft tissue; (e) washout of joint <p>—one toe (other than great toe) of one foot (Anaes.)</p> <p>Fee: \$117.40 Benefit: 75% = \$88.05 85% = \$99.80</p>	
47678	<p>Treatment of fracture or dislocation of phalanx of toe, by open reduction, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) arthrotomy; (b) capsule repair; (c) removal of loose fragments; (d) removal of intervening soft tissue; 	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	(e) washout of joint —2 or more toes (other than great toe) of one foot (Anaes.) Fee: \$176.35 Benefit: 75% = \$132.30 85% = \$149.90	
47735	Nasal bones, treatment of fracture of, other than a service to which item 47738 or 47741 applies—each attendance Fee: \$44.80 Benefit: 75% = \$33.60 85% = \$38.10	
47738	Nasal bones, treatment of fracture of, by reduction (Anaes.) Fee: \$245.05 Benefit: 75% = \$183.80 85% = \$208.30	
47741	Nasal bones, treatment of fracture of, by open reduction involving osteotomies (H) (Anaes.) (Assist.) Fee: \$499.80 Benefit: 75% = \$374.85	
47753	Maxilla, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (H) (Anaes.) (Assist.) Fee: \$423.10 Benefit: 75% = \$317.35	
47756	Mandible, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (H) (Anaes.) (Assist.) Fee: \$423.10 Benefit: 75% = \$317.35	
47762	Zygomatic bone, treatment of fracture of, requiring surgical reduction by a temporal, intra-oral or other approach (Anaes.) Fee: \$248.45 Benefit: 75% = \$186.35 85% = \$211.20	
47765	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at 1 site (H) (Anaes.) (Assist.) Fee: \$408.00 Benefit: 75% = \$306.00	
47768	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 2 sites (H) (Anaes.) (Assist.) Fee: \$499.80 Benefit: 75% = \$374.85	
47771	Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 3 sites (H) (Anaes.) (Assist.) Fee: \$574.20 Benefit: 75% = \$430.65	
47774	Maxilla, treatment of fracture of, requiring open operation (H) (Anaes.) (Assist.) Fee: \$453.30 Benefit: 75% = \$340.00	
47777	Mandible, treatment of fracture of, requiring open reduction (H) (Anaes.) (Assist.) Fee: \$453.30 Benefit: 75% = \$340.00	
47780	Maxilla, treatment of fracture of, requiring open reduction and internal fixation not involving plate (H) (Anaes.) (Assist.) Fee: \$589.30 Benefit: 75% = \$442.00	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
47783	Mandible, treatment of fracture of, requiring open reduction and internal fixation not involving plate (Anaes.) (Assist.) Fee: \$589.30 Benefit: 75% = \$442.00 85% = \$504.60	
47786	Maxilla, treatment of fracture of, requiring open reduction and internal fixation involving plate (H) (Anaes.) (Assist.) Fee: \$747.85 Benefit: 75% = \$560.90	
47789	Mandible, treatment of fracture of, requiring open reduction and internal fixation involving plate (H) (Anaes.) (Assist.) Fee: \$747.85 Benefit: 75% = \$560.90	
GENERAL OPERATIONS		
47900	Injection into, or aspiration of, unicameral bone cyst (Anaes.) (See para TN.8.169 of explanatory notes to this Category) Fee: \$176.35 Benefit: 75% = \$132.30 85% = \$149.90	
47903	Epicondylitis, open operation for (Anaes.) Fee: \$245.05 Benefit: 75% = \$183.80 85% = \$208.30	
47904	Digital nail of toe, removal of, not being a service to which item 47906 applies (Anaes.) Fee: \$58.75 Benefit: 75% = \$44.10 85% = \$49.95	
47906	Digital nail of toe, removal of, in the operating theatre of a hospital (H) (Anaes.) Fee: \$117.40 Benefit: 75% = \$88.05	
47915	Wedge resection for ingrowing nail of toe: (a) including each of the following: (i) removal of segment of nail; (ii) removal of unguual fold; (iii) excision and partial ablation of germinal matrix and portion of nail bed; and (b) including phenolisation (if performed) (Anaes.) (Assist.) Fee: \$176.35 Benefit: 75% = \$132.30 85% = \$149.90	
47916	Partial resection for ingrowing nail of toe, including phenolisation (Anaes.) Fee: \$88.60 Benefit: 75% = \$66.45 85% = \$75.35	
47918	Complete ablation of nail germinal matrix: (a) including each of the following: (i) removal of segment of nail; (ii) removal of unguual fold;	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	<p>(iii) excision and ablation of germinal matrix and portion of nail bed; and</p> <p>(b) including phenolisation (if performed)</p> <p>(Anaes.) (Assist.)</p> <p>Fee: \$245.05 Benefit: 75% = \$183.80 85% = \$208.30</p>	
47921	<p>Orthopaedic pin or wire, insertion of, as an independent procedure (Anaes.)</p> <p>Fee: \$117.40 Benefit: 75% = \$88.05 85% = \$99.80</p>	
47924	<p>Removal of one or more buried wires, pins or screws (inserted for internal fixation purposes), with incision, other than a service associated with a service to which item 47927 or 47929 applies—one bone (Anaes.)</p> <p>(See para TN.8.179 of explanatory notes to this Category)</p> <p>Fee: \$39.15 Benefit: 75% = \$29.40 85% = \$33.30</p>	
47927	<p>Removal of one or more buried wires, pins or screws (inserted for internal fixation purposes)—one bone (H) (Anaes.)</p> <p>(See para TN.8.179 of explanatory notes to this Category)</p> <p>Fee: \$146.95 Benefit: 75% = \$110.25</p>	
47929	<p>Removal of fixation elements (including plate, rod or nail and associated wires, pins, screws or external fixation), other than a service associated with a service to which item 47924 or 47927 applies—one bone (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.179 of explanatory notes to this Category)</p> <p>Fee: \$391.80 Benefit: 75% = \$293.85</p>	
47953	<p>Repair of distal biceps brachii tendon, by any method, performed as an independent procedure (Anaes.) (Assist.)</p> <p>Fee: \$450.50 Benefit: 75% = \$337.90 85% = \$382.95</p>	
47954	<p>Repair of traumatic tear or rupture of tendon, other than a service associated with:</p> <p>(a) a service to which item 39330 applies; or</p> <p>(b) a service to which another item in this Schedule applies if the service described in the other item is for the purpose of repairing peripheral nerve items in the same region (Anaes.) (Assist.)</p> <p>(See para TN.8.180 of explanatory notes to this Category)</p> <p>Fee: \$391.80 Benefit: 75% = \$293.85 85% = \$333.05</p>	
47955	<p>Repair of gluteal or rectus femoris tendon, by open or arthroscopic means, when performed as an independent procedure, including either or both of the following (if performed):</p> <p>(a) bursectomy;</p> <p>(b) preparation of greater trochanter;</p> <p>other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the hip (H) (Anaes.) (Assist.)</p> <p>Fee: \$678.05 Benefit: 75% = \$508.55</p>	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
47956	Repair of proximal hamstring tendon, performed as an independent procedure, other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the hip (H) (Anaes.) (Assist.) Fee: \$1,017.05 Benefit: 75% = \$762.80	
47960	TENOTOMY, SUBCUTANEOUS, not being a service to which another item in this Group applies (Anaes.) Fee: \$137.15 Benefit: 75% = \$102.90 85% = \$116.60	
47964	Iliopsoas tenotomy, by open or arthroscopic means, when performed as an independent procedure, other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the hip (H) (Anaes.) (Assist.) Fee: \$225.25 Benefit: 75% = \$168.95	
47967	Restoration of shoulder function by major muscle tendon transfer, including associated dissection of neurovascular pedicle, excluding micro-anastomosis and biceps tenodesis—one transfer (H) (Anaes.) (Assist.) Fee: \$450.50 Benefit: 75% = \$337.90	
47975	Forearm or calf, decompression fasciotomy of, for acute compartment syndrome, requiring excision of muscle and deep tissue (H) (Anaes.) (Assist.) Fee: \$384.15 Benefit: 75% = \$288.15	
47978	Forearm or calf, decompression fasciotomy of, for chronic compartment syndrome, requiring excision of muscle and deep tissue (H) (Anaes.) Fee: \$233.30 Benefit: 75% = \$175.00	
47981	Forearm, calf or interosseous muscle space of hand, decompression fasciotomy of, other than a service to which another item in this Group applies (Anaes.) Fee: \$156.65 Benefit: 75% = \$117.50 85% = \$133.20	
47982	Forge (Drill decompression), of neck or head of femur, or both (H) (Anaes.) (Assist.) Fee: \$379.70 Benefit: 75% = \$284.80	
47983	Stabilisation of slipped capital femoral epiphysis, by internal fixation (H) (Anaes.) (Assist.) Fee: \$901.30 Benefit: 75% = \$676.00	
47984	Open subcapital realignment of slipped capital femoral epiphysis, other than a service associated with a service to which item 48427 applies (H) (Anaes.) (Assist.) Fee: \$901.30 Benefit: 75% = \$676.00	
BONE GRAFTS		
48245	Harvesting and insertion of bone graft (autograft) via separate incisions and at separate surgical fields (H) (Anaes.) (Assist.) (See para TN.8.177 of explanatory notes to this Category) Fee: \$325.45 Benefit: 75% = \$244.10	
48248	Harvesting and insertion of bone graft (autograft) via separate incisions, including internal fixation of the graft or fusion fixation (or both) (H) (Anaes.) (Assist.)	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	(See para TN.8.177 of explanatory notes to this Category) Fee: \$504.00 Benefit: 75% = \$378.00	
48251	Harvesting and insertion of osteochondral graft (autograft) via separate incisions at the same joint or joint complex (H) (Anaes.) (Assist.) (See para TN.8.177 of explanatory notes to this Category) Fee: \$414.75 Benefit: 75% = \$311.10	
48254	Harvesting and insertion of pedicled bone flap (autograft), including internal fixation of the bone flap (if performed), other than a service associated with a service to which item 45562, 45504 or 45505 applies (H) (Anaes.) (Assist.) (See para TN.8.177 of explanatory notes to this Category) Fee: \$950.25 Benefit: 75% = \$712.70	
48257	Preparation and insertion of metallic, cortical or other graft substitute (allograft), where substitute is structural cortico-cancellous bone or structural bone (or both), including internal fixation (if performed) (H) (Anaes.) (Assist.) (See para TN.8.177, TN.8.178 of explanatory notes to this Category) Fee: \$414.75 Benefit: 75% = \$311.10	
OSTEOTOMY AND OSTEECTOMY		
48400	Osteotomy of phalanx or metatarsal of foot, for correction of deformity, excision of accessory bone or sesamoid bone, including any of the following (if performed): (a) removal of bone; (b) excision of surrounding osteophytes; (c) synovectomy; (d) joint release; —one bone (H) (Anaes.) (Assist.) (See para TN.8.168, TN.8.200, TN.8.223, TN.8.196 of explanatory notes to this Category) Fee: \$342.90 Benefit: 75% = \$257.20	
48403	Osteotomy of phalanx or metatarsal of first toe of foot, for correction of deformity, with internal fixation, including any of the following (if performed): (a) removal of bone; (b) excision of surrounding osteophytes; (c) synovectomy; (d) joint release; —one bone (H) (Anaes.) (Assist.) (See para TN.8.168, TN.8.200, TN.8.223, TN.8.196 of explanatory notes to this Category) Fee: \$538.80 Benefit: 75% = \$404.10	
48406	Osteotomy of fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, for correction of deformity, including any of the following (if performed):	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	(a) removal of bone; (b) excision of surrounding osteophytes; (c) synovectomy; (d) joint release; —one bone (H) (Anaes.) (Assist.) (See para TN.8.168, TN.8.200, TN.8.196 of explanatory notes to this Category) Fee: \$342.90 Benefit: 75% = \$257.20	
48409	Osteotomy of fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, for correction of deformity, with internal fixation, including any of the following (if performed): (a) removal of bone; (b) excision of surrounding osteophytes; (c) synovectomy; (d) joint release; —one bone (H) (Anaes.) (Assist.) (See para TN.8.168, TN.8.200, TN.8.196 of explanatory notes to this Category) Fee: \$538.80 Benefit: 75% = \$404.10	
48412	Osteotomy of humerus, without internal fixation (H) (Anaes.) (Assist.) (See para TN.8.168 of explanatory notes to this Category) Fee: \$656.20 Benefit: 75% = \$492.15	
48415	Osteotomy of humerus, with internal fixation (H) (Anaes.) (Assist.) (See para TN.8.168 of explanatory notes to this Category) Fee: \$832.65 Benefit: 75% = \$624.50	
48419	Osteotomy of distal tibia, for correction of deformity, without internal or external fixation, including any of the following (if performed): (a) excision of surrounding osteophytes; (b) release of joint; (c) removal of bone; (d) synovectomy; —one bone (H) (Anaes.) (Assist.) Fee: \$656.20 Benefit: 75% = \$492.15	
48420	Osteotomy of distal tibia, for correction of deformity, with internal or external fixation by any method, including any of the following (if performed): (a) excision of surrounding osteophytes;	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	(b) release of joint; (c) removal of bone; (d) synovectomy; —one bone (H) (Anaes.) (Assist.) Fee: \$832.65 Benefit: 75% = \$624.50	
48421	Osteotomy of proximal tibia, to alter lower limb alignment or rotation (or both), with internal or external fixation (or both) (H) (Anaes.) (Assist.) (See para TN.8.168, TN.8.200, TN.8.196 of explanatory notes to this Category) Fee: \$956.30 Benefit: 75% = \$717.25	
48422	Osteotomy of distal femur, to alter lower limb alignment or rotation (or both), with internal or external fixation (or both) (H) (Anaes.) (Assist.) (See para TN.8.168 of explanatory notes to this Category) Fee: \$950.25 Benefit: 75% = \$712.70	
48423	Osteotomy of pelvis, in a patient aged 18 years or over, including any of the following (if performed): (a) associated intra-articular procedures; (b) bone grafting; (c) internal fixation (H) (Anaes.) (Assist.) (See para TN.8.168 of explanatory notes to this Category) Fee: \$783.80 Benefit: 75% = \$587.85	
48424	Osteotomy of pelvis, in a patient aged less than 18 years, with application of hip spica, including internal fixation (if performed), other than a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.) (See para TN.8.127, TN.8.168 of explanatory notes to this Category) Fee: \$783.80 Benefit: 75% = \$587.85	
48426	Osteotomy of femur, in a patient aged 18 years or over, including either or both of the following (if performed): (a) bone grafting; (b) internal fixation (H) (Anaes.) (Assist.) (See para TN.8.168 of explanatory notes to this Category) Fee: \$950.25 Benefit: 75% = \$712.70	
48427	Osteotomy of femur, in a patient aged less than 18 years, including internal fixation (if performed), other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.) (See para TN.8.168 of explanatory notes to this Category) Fee: \$950.25 Benefit: 75% = \$712.70	

T8. SURGICAL OPERATIONS

15. ORTHOPAEDIC

48430	<p>Excision of one or more osteophytes of the foot or ankle, or simple removal of bunion, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) capsulotomy; (b) excision of surrounding osteophytes; (c) release of ligaments; (d) removal of one or more associated bursae or ganglia; (e) removal of bone; (f) synovectomy; <p>—each incision (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200, TN.8.201, TN.8.196 of explanatory notes to this Category)</p> <p>Fee: \$279.20 Benefit: 75% = \$209.40</p>
48433	<p>Treatment of non-union or malunion, with preservation of the joint, for ankle or hindfoot fracture, with internal or external fixation by any method, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) arthrotomy; (b) debridement; (c) excision of surrounding osteophytes; (d) osteotomy; (e) release of joint; (f) removal of bone; (g) removal of hardware; (h) synovectomy; <p>—one bone (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,111.90 Benefit: 75% = \$833.95</p>
48435	<p>Treatment of non-union or malunion, with preservation of the joint, for midfoot or forefoot fracture, with internal or external fixation by any method, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) arthrotomy; (b) debridement; (c) excision of surrounding osteophytes; (d) osteotomy; (e) release of joint; (f) removal of bone;

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	(g) removal of hardware; (h) synovectomy; —one bone (H) (Anaes.) (Assist.) Fee: \$587.75 Benefit: 75% = \$440.85	
50395	Osteotomy and distillation of greater trochanter, with internal fixation (H) (Anaes.) (Assist.) Fee: \$950.25 Benefit: 75% = \$712.70	
GROWTH PLATE PROCEDURES		
48507	Epiphysiodesis of a long bone, in a patient less than 18 years of age (H) (Anaes.) (Assist.) Fee: \$381.05 Benefit: 75% = \$285.80	
48509	Hemiepiphysiodesis, partial growth plate arrest using internal fixation, in a patient less than 18 years of age (H) (Anaes.) (Assist.) Fee: \$342.90 Benefit: 75% = \$257.20	
48512	Epiphysiolysis, release of focal growth plate closure, in a patient less than 18 years of age (H) (Anaes.) (Assist.) Fee: \$930.65 Benefit: 75% = \$698.00	
SHOULDER		
48900	Shoulder, excision of coraco-acromial ligament or removal of calcium deposit from cuff or both (Anaes.) (Assist.) Fee: \$293.75 Benefit: 75% = \$220.35 85% = \$249.70	
48903	Shoulder, decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, or any combination (H) (Anaes.) (Assist.) Fee: \$587.75 Benefit: 75% = \$440.85	
48906	Shoulder, repair of rotator cuff, including excision of coraco-acromial ligament or removal of calcium deposit from cuff, or both—other than a service associated with a service to which item 48900 applies (H) (Anaes.) (Assist.) Fee: \$587.75 Benefit: 75% = \$440.85	
48909	Shoulder, repair of rotator cuff, including decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, or any combination, other than a service associated with a service to which item 48903 applies (H) (Anaes.) (Assist.) Fee: \$783.80 Benefit: 75% = \$587.85	
48915	Shoulder, hemi-arthroplasty of (H) (Anaes.) (Assist.) Fee: \$783.80 Benefit: 75% = \$587.85	
48918	Anatomic or reverse total shoulder replacement, including any of the following (if performed): (a) associated rotator cuff repair;	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	(b) biceps tenodesis; (c) tuberosity osteotomy; other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the shoulder region by open or arthroscopic means (H) (Anaes.) (Assist.) Fee: \$1,567.50 Benefit: 75% = \$1175.65	
48921	Shoulder, total replacement arthroplasty, revision of (H) (Anaes.) (Assist.) Fee: \$1,616.30 Benefit: 75% = \$1212.25	
48924	Revision of total shoulder replacement, including either or both of the following (if performed): (a) bone graft to humerus; (b) bone graft to scapula (H) (Anaes.) (Assist.) Fee: \$1,861.30 Benefit: 75% = \$1396.00	
48927	Shoulder prosthesis, removal of (H) (Anaes.) (Assist.) Fee: \$381.90 Benefit: 75% = \$286.45	
48939	Shoulder, arthrodesis of, with synovectomy if performed (H) (Anaes.) (Assist.) Fee: \$1,126.55 Benefit: 75% = \$844.95	
48942	Arthrodesis of shoulder, with bone grafting or internal fixation, including either or both of the following (if performed): (a) removal of prosthesis; (b) synovectomy; other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.) Fee: \$1,469.40 Benefit: 75% = \$1102.05	
48945	SHOULDER, diagnostic arthroscopy of (including biopsy) - not being a service associated with any other arthroscopic procedure of the shoulder region (H) (Anaes.) (Assist.) Fee: \$284.00 Benefit: 75% = \$213.00	
48948	SHOULDER, arthroscopic surgery of, involving any 1 or more of: removal of loose bodies; decompression of calcium deposit; debridement of labrum, synovium or rotator cuff; or chondroplasty - not being a service associated with any other arthroscopic procedure of the shoulder region (H) (Anaes.) (Assist.) Fee: \$636.75 Benefit: 75% = \$477.60	
48951	SHOULDER, arthroscopic division of coraco-acromial ligament including acromioplasty - not being a service associated with any other arthroscopic procedure of the shoulder region (H) (Anaes.) (Assist.) Fee: \$930.65 Benefit: 75% = \$698.00	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
48954	Synovectomy of shoulder, performed as an independent procedure, including release of contracture (if performed), other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the shoulder region by arthroscopic means (H) (Anaes.) (Assist.) Fee: \$979.60 Benefit: 75% = \$734.70	
48958	Joint stabilisation procedure for multi-directional instability of shoulder, anterior or posterior repair, by open or arthroscopic means, including labral repair or attachment (if performed), excluding bone grafting and removal of hardware, other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the shoulder region by arthroscopic means (H) (Anaes.) (Assist.) Fee: \$1,126.55 Benefit: 75% = \$844.95	
48960	SHOULDER, reconstruction or repair of, including repair of rotator cuff by arthroscopic, arthroscopic assisted or mini open means; arthroscopic acromioplasty; or resection of acromioclavicular joint by separate approach when performed - not being a service associated with any other procedure of the shoulder region (H) (Anaes.) (Assist.) Fee: \$979.60 Benefit: 75% = \$734.70	
48972	Tenodesis of biceps, by open or arthroscopic means, performed as an independent procedure (H) (Anaes.) (Assist.) Fee: \$450.50 Benefit: 75% = \$337.90	
48980	Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the shoulder girdle (H) (Anaes.) (Assist.) Fee: \$832.65 Benefit: 75% = \$624.50	
ELBOW		
48983	Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the elbow (H) (Anaes.) (Assist.) Fee: \$610.65 Benefit: 75% = \$458.00	
48986	Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the forearm (H) (Anaes.) (Assist.) Fee: \$832.65 Benefit: 75% = \$624.50	
49100	ELBOW, arthrotomy of, involving 1 or more of lavage, removal of loose body or division of contracture (H) (Anaes.) (Assist.) Fee: \$342.90 Benefit: 75% = \$257.20	
49104	Repair of one or more ligaments of the elbow, for acute instability—within 6 weeks after the time of injury (H) (Anaes.) (Assist.) Fee: \$551.00 Benefit: 75% = \$413.25	
49105	Stabilisation of one or more ligaments of the elbow, for chronic instability, including harvesting of tendon graft—6 weeks or more after the time of injury (H) (Anaes.) (Assist.) Fee: \$808.15 Benefit: 75% = \$606.15	
49106	ELBOW, arthrodesis of, with synovectomy if performed (Anaes.) (Assist.) Fee: \$979.60 Benefit: 75% = \$734.70 85% = \$894.90	

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49109	ELBOW, total synovectomy of (H) (Anaes.) (Assist.) Fee: \$734.65 Benefit: 75% = \$551.00	
49112	Radial head replacement of elbow, other than a service associated with a service to which item 49115 applies (H) (Anaes.) (Assist.) Fee: \$734.65 Benefit: 75% = \$551.00	
49115	Total or hemi humeral arthroplasty of elbow, excluding isolated radial head replacement and ligament stabilisation procedures, other than a service associated with a service to which item 49112 applies (H) (Anaes.) (Assist.) Fee: \$1,175.40 Benefit: 75% = \$881.55	
49116	ELBOW, total replacement arthroplasty of, revision procedure, including removal of prosthesis (H) (Anaes.) (Assist.) Fee: \$1,551.55 Benefit: 75% = \$1163.70	
49117	Revision of total replacement arthroplasty of elbow, including bone grafting and removal of prosthesis (H) (Anaes.) (Assist.) Fee: \$1,861.85 Benefit: 75% = \$1396.40	
49118	ELBOW, diagnostic arthroscopy of, including biopsy and lavage, not being a service associated with any other arthroscopic procedure of the elbow (H) (Anaes.) (Assist.) Fee: \$284.00 Benefit: 75% = \$213.00	
49121	Surgery of the elbow, by arthroscopic means, including any of the following (if performed): (a) chondroplasty; (b) drilling of defect; (c) osteoplasty; (d) removal of loose bodies; (e) release of contracture or adhesions; (f) treatment of epicondylitis; other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of an arthroscopic procedure of the elbow (H) (Anaes.) (Assist.) Fee: \$636.75 Benefit: 75% = \$477.60	
49124	Excision of olecranon bursa, including bony prominence, other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of an arthroscopic procedure of the elbow (Anaes.) (Assist.) Fee: \$386.55 Benefit: 75% = \$289.95 85% = \$328.60	
WRIST		
49200	Wrist, arthrodesis of, with synovectomy if performed, with or without bone graft and internal fixation of the radiocarpal joint (H) (Anaes.) (Assist.) (See para TN.8.116 of explanatory notes to this Category)	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	Fee: \$852.15 Benefit: 75% = \$639.15	
49203	<p>Limited fusion of wrist, with or without bone graft, including each of the following:</p> <ul style="list-style-type: none"> (a) ligament or tendon transfers; (b) partial or total excision of one or more carpal bones; (c) rebalancing procedures; (d) synovectomy <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.116 of explanatory notes to this Category)</p> <p>Fee: \$807.20 Benefit: 75% = \$605.40</p>	
49206	<p>Proximal row carpectomy of wrist, including either or both of the following (if performed):</p> <ul style="list-style-type: none"> (a) styloidectomy; (b) synovectomy <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.116 of explanatory notes to this Category)</p> <p>Fee: \$587.75 Benefit: 75% = \$440.85</p>	
49209	<p>Prosthetic replacement of wrist or distal radioulnar joint, including either or both of the following (if performed):</p> <ul style="list-style-type: none"> (a) ligament realignment; (b) tendon realignment <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.116 of explanatory notes to this Category)</p> <p>Fee: \$783.80 Benefit: 75% = \$587.85</p>	
49210	<p>Revision of total replacement arthroplasty of wrist or distal radioulnar joint, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) ligament rebalancing; (b) removal of prosthesis; (c) tendon rebalancing <p>(H) (Anaes.) (Assist.)</p> <p>Fee: \$1,034.60 Benefit: 75% = \$775.95</p>	
49212	<p>Arthrotomy of wrist or distal radioulnar joint, for infection, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) joint debridement; (b) removal of loose bodies; 	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	(c) synovectomy (H) (Anaes.) (Assist.) (See para TN.8.116 of explanatory notes to this Category) Fee: \$245.05 Benefit: 75% = \$183.80	
49213	Sauve-Kapandji procedure of distal radioulnar joint, including any of the following (if performed): a) radioulnar fusion; b) osteotomy; c) soft tissue reconstruction (Anaes.) (Assist.) Fee: \$876.65 Benefit: 75% = \$657.50 85% = \$791.95	
49215	Reconstruction of single or multiple ligaments or capsules of wrist, by open procedure, including any of the following (if performed): (a) arthrotomy; (b) ligament harvesting and grafting; (c) synovectomy; (d) tendon harvesting and grafting; (e) insertion of synthetic ligament substitute (H) (Anaes.) (Assist.) (See para TN.8.116 of explanatory notes to this Category) Fee: \$676.05 Benefit: 75% = \$507.05	
49218	Wrist, diagnostic arthroscopy of, including radiocarpal or midcarpal joints, or both (including biopsy)—other than a service associated with another arthroscopic procedure of the wrist joint (H) (Anaes.) (Assist.) (See para TN.8.116 of explanatory notes to this Category) Fee: \$284.00 Benefit: 75% = \$213.00	
49219	Diagnosis of carpometacarpal of thumb or joint of digit, by arthroscopic means, including biopsy (if performed) (H) (Anaes.) (Assist.) Fee: \$284.00 Benefit: 75% = \$213.00	
49220	Treatment of carpometacarpal of thumb or joint of digit, by arthroscopic means—one joint (H) (Anaes.) (Assist.) Fee: \$636.75 Benefit: 75% = \$477.60	
49221	Treatment of wrist, by arthroscopic means, including any of the following (if performed): (a) drilling of defect; (b) removal of loose bodies;	

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15. ORTHOPAEDIC

	<p>(c) release of adhesions;</p> <p>(d) synovectomy;</p> <p>(e) debridement;</p> <p>(f) resection of dorsal or volar ganglia;</p> <p>other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing an arthroscopic procedure of the wrist joint (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.116 of explanatory notes to this Category) Fee: \$636.75 Benefit: 75% = \$477.60</p>
49224	<p>Osteoplasty of wrist, by arthroscopic means, including either or both of the following (if performed):</p> <p>(a) excision of the distal ulna;</p> <p>(b) total synovectomy;</p> <p>other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing an arthroscopic procedure of the wrist joint—2 or more distinct areas (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.116 of explanatory notes to this Category) Fee: \$734.65 Benefit: 75% = \$551.00</p>
49227	<p>Treatment of wrist by one of the following:</p> <p>(a) pinning of osteochondral fragment, by arthroscopic means;</p> <p>(b) stabilisation procedure for ligamentous disruption;</p> <p>(c) partial wrist fusion or carpectomy, by arthroscopic means;</p> <p>(d) fracture management;</p> <p>other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing an arthroscopic procedure of the wrist joint (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.116 of explanatory notes to this Category) Fee: \$734.65 Benefit: 75% = \$551.00</p>
49230	<p>Total, hemi or interpositional prosthetic replacement of carpal bone of wrist, for trauma or emergency, including all of the following:</p> <p>(a) ligament and tendon rebalancing procedures;</p> <p>(b) limited wrist fusions;</p> <p>(c) limited bone grafting</p> <p>(H) (Anaes.) (Assist.)</p> <p>Fee: \$958.55 Benefit: 75% = \$718.95</p>

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	<p>Excisional arthroplasty of single (or part of) carpal bone of wrist, when transfers of ligaments or tendons, or rebalancing procedures, are not required, including all of the following:</p> <p>(a) radial styloidectomy;</p> <p>(b) ulnar styloidectomy;</p> <p>(c) proximal hamate;</p> <p>(d) partial scaphoid;</p> <p>other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a distal radial ulnar joint reconstruction, a proximal row carpectomy or another wrist procedure—applicable once for a single operation (H) (Anaes.) (Assist.)</p>
49233	<p>Fee: \$403.60 Benefit: 75% = \$302.70</p>
	<p>Stabilisation of soft tissue of distal radioulnar joint, by open procedure, with or without ligament or tendon grafting, including either or both of the following (if performed):</p> <p>(a) graft harvest;</p> <p>(b) triangular fibrocartilage complex repair or reconstruction</p> <p>(H) (Anaes.) (Assist.)</p>
49236	<p>Fee: \$608.45 Benefit: 75% = \$456.35</p>
	<p>Excision of pisiform or hook of hamate, including release of ulnar nerve (if performed) (H) (Anaes.) (Assist.)</p>
49239	<p>Fee: \$302.70 Benefit: 75% = \$227.05</p>
<p>HIP</p>	
	<p>Combined anterior and posterior pelvic ring disruption, including sacroiliac joint disruption, treatment of fracture by open reduction and internal fixation of both anterior and posterior ring segments</p> <p>(H) (Anaes.) (Assist.)</p>
47491 S	<p>Fee: \$1,616.30 Benefit: 75% = \$1212.25</p>
	<p>Sacro-iliac joint—arthrodesis of (H) (Anaes.) (Assist.)</p>
49300	<p>Fee: \$542.40 Benefit: 75% = \$406.80</p>
	<p>Arthrotomy of hip, by open procedure, including any of the following (if performed):</p> <p>(a) lavage;</p> <p>(b) drainage;</p> <p>(c) biopsy</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.127 of explanatory notes to this Category)</p>
49303	<p>Fee: \$568.10 Benefit: 75% = \$426.10</p>

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
49306	<p>Hip, arthrodesis of, with synovectomy if performed (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,126.55 Benefit: 75% = \$844.95</p>	
49309	<p>Arthrectomy or excision arthroplasty (Girdlestone) of hip, other than a service performed:</p> <p>(a) for the purpose of implant removal; or</p> <p>(b) as stage 1 of a 2-stage procedure</p> <p>(H) (Anaes.) (Assist.)</p> <p>Fee: \$783.80 Benefit: 75% = \$587.85</p>	
49315	<p>Hip, arthroplasty of, unipolar or bipolar (H) (Anaes.) (Assist.)</p> <p>Fee: \$881.65 Benefit: 75% = \$661.25</p>	
49318	<p>Total arthroplasty of hip, including minor bone grafting (if performed), other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,371.25 Benefit: 75% = \$1028.45</p>	
49319	<p>Bilateral total arthroplasty of hip, including minor bone grafting (if performed), other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$2,409.15 Benefit: 75% = \$1806.90</p>	
49321	<p>Total arthroplasty of hip, with internal fixation, including either or both of the following (if performed):</p> <p>(a) structural bone graft;</p> <p>(b) insertion of synthetic substitutes or metal augments;</p> <p>other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,665.50 Benefit: 75% = \$1249.15</p>	
49360	<p>Diagnostic arthroscopy of hip, other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a procedure of the hip joint by arthroscopic means (H) (Anaes.) (Assist.)</p> <p>Fee: \$357.90 Benefit: 75% = \$268.45</p>	
49363	<p>Treatment of hip, by arthroscopic means, with synovial biopsy, including any procedures to treat bone or soft tissue in the same area (if performed), other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing:</p> <p>(a) a procedure of the hip joint by arthroscopic means; or</p> <p>(b) surgery for femoroacetabular impingement</p> <p>(H) (Anaes.) (Assist.)</p> <p>Fee: \$431.00 Benefit: 75% = \$323.25</p>	

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49366	<p>Treatment of hip, by arthroscopic means, including any procedures to treat bone or soft tissue in the same area (if performed), other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing:</p> <p>(a) a procedure of the hip joint by arthroscopic means; or</p> <p>(b) surgery for femoroacetabular impingement</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.127 of explanatory notes to this Category)</p> <p>Fee: \$636.75 Benefit: 75% = \$477.60</p>	
49372	<p>Revision arthroplasty of hip, with exchange of head or liner (or both) (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.191 of explanatory notes to this Category)</p> <p>Fee: \$959.80 Benefit: 75% = \$719.85</p>	
49374	<p>Revision arthroplasty of hip, with exchange of head and acetabular shell or cup, including minor bone grafting (if performed) (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.191 of explanatory notes to this Category)</p> <p>Fee: \$1,782.55 Benefit: 75% = \$1336.95</p>	
49376	<p>Revision arthroplasty of hip, with exchange of head and acetabular shell or cup, including major bone grafting (if performed) (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.191 of explanatory notes to this Category)</p> <p>Fee: \$2,193.95 Benefit: 75% = \$1645.50</p>	
49378	<p>Revision arthroplasty of hip, with revision of femoral component (if there is no requirement for femoral osteotomy), including minor bone grafting (if performed) (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.191 of explanatory notes to this Category)</p> <p>Fee: \$1,919.60 Benefit: 75% = \$1439.70</p>	
49380	<p>Revision arthroplasty of hip, with revision of femoral and acetabular components (if femoral osteotomy is not required), including minor bone grafting (if performed) (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.191 of explanatory notes to this Category)</p> <p>Fee: \$2,331.05 Benefit: 75% = \$1748.30</p>	
49382	<p>Revision arthroplasty of hip, with revision of femoral and acetabular components (if femoral osteotomy is not required), including major bone grafting (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.191 of explanatory notes to this Category)</p> <p>Fee: \$3,016.65 Benefit: 75% = \$2262.50</p>	
49384	<p>Revision arthroplasty of hip, for pelvic discontinuity, with revision of acetabular component (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.191 of explanatory notes to this Category)</p> <p>Fee: \$3,565.10 Benefit: 75% = \$2673.85</p>	
49386	<p>Revision arthroplasty of hip, with revision of femoral component with femoral osteotomy, including minor bone grafting (if performed) (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.191 of explanatory notes to this Category)</p> <p>Fee: \$2,468.15 Benefit: 75% = \$1851.15</p>	
49388	<p>Revision arthroplasty of hip, including:</p>	

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15. ORTHOPAEDIC

	<p>(a) revision of both of the following:</p> <ul style="list-style-type: none"> (i) femoral component with femoral osteotomy; (ii) acetabular component; and <p>(b) minor bone grafting (if performed)</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.191 of explanatory notes to this Category) Fee: \$2,879.60 Benefit: 75% = \$2159.70</p>
49390	<p>Revision arthroplasty of hip, including:</p> <p>(a) revision of both of the following:</p> <ul style="list-style-type: none"> (i) femoral component with femoral osteotomy; (ii) acetabular component; and <p>(b) major bone grafting</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.191 of explanatory notes to this Category) Fee: \$3,428.00 Benefit: 75% = \$2571.00</p>
49392	<p>Revision arthroplasty of hip, including:</p> <p>(a) either:</p> <ul style="list-style-type: none"> (i) revision of femoral component with femoral osteotomy; or (ii) proximal femoral replacement; and <p>(b) revision of acetabular component for pelvic discontinuity</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.191 of explanatory notes to this Category) Fee: \$4,799.20 Benefit: 75% = \$3599.40</p>
49394	<p>Revision arthroplasty of hip, including:</p> <ul style="list-style-type: none"> (a) replacement of proximal femur; and (b) revision of the acetabular component; and (c) bone grafting (if performed) <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.191 of explanatory notes to this Category) Fee: \$4,113.60 Benefit: 75% = \$3085.20</p>
49396	<p>Revision arthroplasty of hip, including:</p>

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	<p>(a) removal of prosthesis as stage 1 of a 2-stage revision arthroplasty or as a definitive stage procedure; and</p> <p>(b) insertion of temporary prosthesis (if performed)</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.191 of explanatory notes to this Category) Fee: \$2,742.35 Benefit: 75% = \$2056.80</p>	
49398	<p>Revision arthroplasty of hip, including:</p> <p>(a) revision of femoral component for periprosthetic fracture; and</p> <p>(b) internal fixation; and</p> <p>(c) bone grafting (if performed)</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.191 of explanatory notes to this Category) Fee: \$2,056.85 Benefit: 75% = \$1542.65</p>	
50107	<p>Stabilisation of joint of hip, by open means, including any of the following (if performed):</p> <p>(a) repair of capsule;</p> <p>(b) labrum;</p> <p>(c) capsulorrhaphy;</p> <p>(d) repair of ligament;</p> <p>(e) internal fixation;</p> <p>other than a service associated with a service to which another item in this Group applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$489.75 Benefit: 75% = \$367.35</p>	
KNEE		
47592	<p>Repair or reconstruction (or both) of acute traumatic chondral injury to the distal femoral or proximal tibial articular surfaces of the knee, when chondral or osteochondral implants or transfers are utilised (H) (Anaes.) (Assist.)</p> <p>Fee: \$339.20 Benefit: 75% = \$254.40</p>	
49500	<p>Knee, arthrotomy of, involving one or more of capsular release, biopsy or lavage, or removal of loose body or foreign body (H) (Anaes.) (Assist.)</p> <p>Fee: \$391.80 Benefit: 75% = \$293.85</p>	
49503	<p>Arthrotomy of knee, including one of the following:</p> <p>(a) meniscal surgery;</p> <p>(b) repair of collateral or cruciate ligament;</p>	

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	<p>(c) patellectomy;</p> <p>(d) single transfer of ligament or tendon;</p> <p>(e) repair or replacement of chondral or osteochondral surface (excluding prosthetic replacement); other than a service associated with a service to which another item in this Group applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$509.40 Benefit: 75% = \$382.05</p>	
49506	<p>Arthrotomy of knee, including 2 or more of the following:</p> <p>(a) meniscal surgery;</p> <p>(b) repair of collateral or cruciate ligament;</p> <p>(c) patellectomy;</p> <p>(d) single transfer of ligament or tendon;</p> <p>(e) repair or replacement of chondral or osteochondral surface (excluding prosthetic replacement); other than a service associated with a service to which another item in this Group applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$764.15 Benefit: 75% = \$573.15</p>	
49509	<p>Total synovectomy of knee, by open procedure, other than a service performed in association with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing an arthroplasty (H) (Anaes.) (Assist.)</p> <p>Fee: \$783.80 Benefit: 75% = \$587.85</p>	
49512	<p>Primary or revision arthrodesis of knee, including arthrodesis (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,371.25 Benefit: 75% = \$1028.45</p>	
49515	<p>Removal of cemented or uncemented knee prosthesis, performed as the first stage of a 2-stage procedure; including:</p> <p>(a) removal of associated cement; and</p> <p>(b) insertion of spacer (if required)</p> <p>(H) (Anaes.) (Assist.)</p> <p>Fee: \$881.65 Benefit: 75% = \$661.25</p>	
49516	<p>Bilateral unicompartmental arthroplasty of femur and proximal tibia of knee (H) (Anaes.) (Assist.)</p> <p>Fee: \$2,196.65 Benefit: 75% = \$1647.50</p>	
49517	<p>Unicompartmental arthroplasty of femur and proximal tibia of knee (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,255.25 Benefit: 75% = \$941.45</p>	
49518	<p>Total replacement arthroplasty of knee, including either or both of the following (if performed):</p> <p>(a) revision of patello-femoral joint replacement to total knee replacement;</p>	

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	<p>(b) patellar resurfacing;</p> <p>other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,371.25 Benefit: 75% = \$1028.45</p>	
49519	<p>Bilateral total replacement arthroplasty of knee, including patellar resurfacing, other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$2,409.15 Benefit: 75% = \$1806.90</p>	
49521	<p>Complex primary arthroplasty of knee, with revision of components to femur or tibia, including either or both of the following (if performed):</p> <p>(a) ligament reconstruction;</p> <p>(b) patellar resurfacing;</p> <p>other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,665.50 Benefit: 75% = \$1249.15</p>	
49524	<p>Complex primary arthroplasty of knee, with revision of components to femur and tibia, including either or both of the following (if performed):</p> <p>(a) ligament reconstruction;</p> <p>(b) patellar resurfacing;</p> <p>other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,959.30 Benefit: 75% = \$1469.50</p>	
49525	<p>Revision of uni-compartmental arthroplasty of the knee, with femoral or tibial components (or both) with uni-compartmental implants, other than a service associated with a service to which:</p> <p>(a) item 48245, 48248, 48251, 48254 or 48257 applies; or</p> <p>(b) another item in this Group applies if the service described in the other item is for the purpose of performing surgery on a knee (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,665.50 Benefit: 75% = \$1249.15</p>	
49527	<p>Minor revision of total or partial replacement of knee, including either or both of the following:</p> <p>(a) exchange of polyethylene component (including uni);</p> <p>(b) insertion of patellar component;</p> <p>other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,371.25 Benefit: 75% = \$1028.45</p>	
49530	<p>Revision of total or partial replacement of knee, with exchange of femoral or tibial component:</p>	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	<p>(a) excluding revision of unicompartamental with unicompartamental implants; and</p> <p>(b) including patellar resurfacing (if performed);</p> <p>other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$2,057.35 Benefit: 75% = \$1543.05</p>	
49533	<p>Revision of total or partial replacement of knee, with exchange of femoral and tibial components, excluding revision of unicompartamental with unicompartamental implants, including patellar resurfacing (if performed), other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$2,645.55 Benefit: 75% = \$1984.20</p>	
49534	<p>Replacement of patella and trochlea of patello-femoral joint of knee, performed as a primary procedure (H) (Anaes.) (Assist.)</p> <p>Fee: \$756.75 Benefit: 75% = \$567.60</p>	
49536	<p>Either:</p> <p>(a) repair of cruciate ligaments of knee; or</p> <p>(b) repair or reconstruction of collateral ligaments of knee;</p> <p>by open or arthroscopic means, including either or both of the following (if performed):</p> <p>(c) graft harvest;</p> <p>(d) intraarticular knee surgery;</p> <p>other than a service associated with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the knee by arthroscopic means (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.182 of explanatory notes to this Category)</p> <p>Fee: \$979.60 Benefit: 75% = \$734.70</p>	
49542	<p>Reconstruction of anterior or posterior cruciate ligament of knee, by open or arthroscopic means, including any of the following (if performed):</p> <p>(a) graft harvest;</p> <p>(b) donor site repair;</p> <p>(c) meniscal repair;</p> <p>(d) collateral ligament repair;</p> <p>(e) extra-articular tenodesis;</p> <p>(f) any other associated intra-articular surgery;</p> <p>other than a service associated with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the knee by arthroscopic means (H) (Anaes.) (Assist.)</p>	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	(See para TN.8.182 of explanatory notes to this Category) Fee: \$1,371.25 Benefit: 75% = \$1028.45	
49544	Reconstruction of 2 or more cruciate or collateral ligaments of knee, by open or arthroscopic means, including any of the following (if performed): (a) ligament repair; (b) graft harvest donor site repair; (c) meniscal repair; (d) any other associated intra-articular surgery; other than a service associated with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the knee by arthroscopic means (H) (Anaes.) (Assist.) Fee: \$1,596.45 Benefit: 75% = \$1197.35	
49548	Knee, revision of patello-femoral stabilisation (H) (Anaes.) (Assist.) Fee: \$979.60 Benefit: 75% = \$734.70	
49551	Knee, revision of procedures to which item 49536 or 49542 applies (H) (Anaes.) (Assist.) Fee: \$1,371.25 Benefit: 75% = \$1028.45	
49554	Revision of total replacement of knee, by anatomic specific allograft of tibia or femur, other than a service to which item 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.) Fee: \$1,959.30 Benefit: 75% = \$1469.50	
49564	Stabilisation of patellofemoral joint of knee, by combined open and arthroscopic means, including either or both of the following (if performed): (a) medial soft tissue reconstruction and tendon transfer; (b) tibial tuberosity transfer with bone graft and internal fixation; other than a service associated a service to which another item of this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the knee by arthroscopic means (H) (Anaes.) (Assist.) Fee: \$956.30 Benefit: 75% = \$717.25	
49565	Reconstruction of patellofemoral joint of knee, by combined open and arthroscopic means, including: (a) both of the following: (i) medial soft tissue reconstruction; (ii) tibial tuberosity transfer; and (b) any of the following (if performed): (i) bone graft; (ii) internal fixation;	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	<p>(iii) trochleoplasty;</p> <p>other than a service associated a service to which another item of this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the knee by arthroscopic means (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,372.60 Benefit: 75% = \$1029.45</p>	
49569	<p>Knee, mobilisation for post-traumatic stiffness, by multiple muscle or tendon release (quadricepsplasty) (H) (Anaes.) (Assist.)</p> <p>Fee: \$783.80 Benefit: 75% = \$587.85</p>	
49570	<p>Diagnosis of knee, by arthroscopic means, when the pre-procedure diagnosis is undetermined, including either or both of the following (if performed):</p> <p>(a) biopsy;</p> <p>(b) lavage</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.183 of explanatory notes to this Category)</p> <p>Fee: \$284.00 Benefit: 75% = \$213.00</p>	
49572	<p>Partial meniscectomy of knee, by arthroscopic means, for atraumatic meniscus tear, other than a service to which another item of this Schedule applies if the service described in the other item is for the purpose of treating osteoarthritis (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.183 of explanatory notes to this Category)</p> <p>Fee: \$691.15 Benefit: 75% = \$518.40</p>	
49574	<p>Removal of loose bodies of knee, by arthroscopic means—one or more bodies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.183 of explanatory notes to this Category)</p> <p>Fee: \$691.15 Benefit: 75% = \$518.40</p>	
49576	<p>Repair of chondral lesion of knee, by arthroscopic means, including either or both of the following (if performed):</p> <p>(a) microfracture;</p> <p>(b) microdrilling;</p> <p>other than a service performed in combination with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of performing chondral or osteochondral grafts (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.183 of explanatory notes to this Category)</p> <p>Fee: \$691.15 Benefit: 75% = \$518.40</p>	
49578	<p>Release of soft tissue, lateral release or osteoplasty of knee, by arthroscopic means, other than a service performed in combination with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of stabilising the patellofemoral joint of the knee (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.183 of explanatory notes to this Category)</p> <p>Fee: \$691.15 Benefit: 75% = \$518.40</p>	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
49580	<p>Partial meniscectomy of knee, by arthroscopic means, for traumatic meniscus tear (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.183 of explanatory notes to this Category)</p> <p>Fee: \$691.15 Benefit: 75% = \$518.40</p>	
49582	<p>Meniscal repair of knee, by arthroscopic means (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.183 of explanatory notes to this Category)</p> <p>Fee: \$807.05 Benefit: 75% = \$605.30</p>	
49584	<p>Chondral, osteochondral or meniscal graft of knee, by arthroscopic means (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.183 of explanatory notes to this Category)</p> <p>Fee: \$807.05 Benefit: 75% = \$605.30</p>	
49586	<p>Synovectomy of knee, by arthroscopic means, for neoplasia or inflammatory arthropathy, other than a service to which another item of this Schedule applies if the service described in the other item is for the purpose of treating uncomplicated osteoarthritis (Anaes.) (Assist.)</p> <p>(See para TN.8.183 of explanatory notes to this Category)</p> <p>Fee: \$807.05 Benefit: 75% = \$605.30 85% = \$722.35</p>	
49590	<p>Excision of ganglion, cyst or bursa of knee, by open or arthroscopic means, performed as an independent procedure, other than a service associated with a service to which another item in this Group applies (Anaes.) (Assist.)</p> <p>(See para TN.8.183 of explanatory notes to this Category)</p> <p>Fee: \$386.55 Benefit: 75% = \$289.95 85% = \$328.60</p>	
ANKLE		
49703	<p>Surgery of ankle joint, by arthroscopic means, including any of the following (if performed):</p> <p>(a) cartilage treatment;</p> <p>(b) removal of loose bodies;</p> <p>(c) synovectomy;</p> <p>(d) excision of joint osteophytes;</p> <p>other than a service associated with a service to which another item in this Group applies if the service described in the other item is for the purpose of performing a procedure on the ankle by arthroscopic means (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.202, TN.8.196 of explanatory notes to this Category)</p> <p>Fee: \$636.75 Benefit: 75% = \$477.60</p>	
49706	<p>Arthrotomy of joint of ankle, for infection, including removal of loose bodies and joint debridement, including release of joint contracture (if performed) (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.223 of explanatory notes to this Category)</p> <p>Fee: \$342.90 Benefit: 75% = \$257.20</p>	
49709	<p>Stabilisation of ligament of ankle or subtalar joint (or both), including any of the following (if performed):</p> <p>(a) capsulotomy;</p>	

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	<p>(b) joint release;</p> <p>(c) synovectomy;</p> <p>(d) joint debridement;</p> <p>—one ligament complex, each incision (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.223, TN.8.195 of explanatory notes to this Category)</p> <p>Fee: \$734.65 Benefit: 75% = \$551.00</p>
49712	<p>Arthrodesis of ankle, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):</p> <p>(a) capsulotomy;</p> <p>(b) joint release;</p> <p>(c) synovectomy;</p> <p>(d) removal of osteophytes at joint</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200 of explanatory notes to this Category)</p> <p>Fee: \$979.60 Benefit: 75% = \$734.70</p>
49715	<p>Total replacement of ankle, with prosthetic replacement of ankle joint, including any of the following (if performed):</p> <p>(a) capsulotomy;</p> <p>(b) joint release;</p> <p>(c) synovectomy;</p> <p>(d) removal of osteophytes at joint</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.201 of explanatory notes to this Category)</p> <p>Fee: \$1,175.40 Benefit: 75% = \$881.55</p>
49716	<p>Revision of total ankle replacement:</p> <p>(a) including either:</p> <p style="padding-left: 40px;">(i) exchange of tibial or talar components (or both) and plastic inserts; or</p> <p style="padding-left: 40px;">(ii) removal of tibial or talar components (or both) and plastic inserts; and</p> <p>(b) including any of the following (if performed):</p> <p style="padding-left: 40px;">(i) insertion of cement spacer for infection;</p> <p style="padding-left: 40px;">(ii) capsulotomy;</p> <p style="padding-left: 40px;">(iii) joint release;</p>

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15. ORTHOPAEDIC

	<p>(iv) neurolysis;</p> <p>(v) debridement of cysts;</p> <p>(vi) synovectomy;</p> <p>(vii) joint debridement</p> <p>other than a service associated with a service to which 30023 applies.</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.201 of explanatory notes to this Category) Fee: \$1,551.55 Benefit: 75% = \$1163.70</p>
49717	<p>Revision of total ankle replacement:</p> <p>(a) including either:</p> <p> (i) exchange of tibial and talar components; or</p> <p> (ii) removal of tibial and talar components and conversion to ankle arthrodesis; and</p> <p>(b) including both of the following</p> <p> (iii) internal or external fixation, by any means;</p> <p> (iv) major bone grafting; and</p> <p>(c) including any of the following (if performed):</p> <p> (i) capsulotomy;</p> <p> (ii) joint release;</p> <p> (iii) neurolysis;</p> <p> (iv) debridement and extensive grafting of cysts;</p> <p> (v) synovectomy;</p> <p> (vi) joint debridement;</p> <p>other than a service associated with a service to which item 30023, 48245, 48248, 48251, 48254 or 48257 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.201 of explanatory notes to this Category) Fee: \$1,861.85 Benefit: 75% = \$1396.40</p>
49718	<p>Primary repair of major tendon of ankle, by any method, including either or both of the following (if performed):</p> <p>(a) synovial biopsy;</p> <p>(b) synovectomy</p> <p>—one tendon (H) (Anaes.) (Assist.)</p>

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	Fee: \$391.80 Benefit: 75% = \$293.85	
49724	<p>Reconstruction of major tendon of ankle, by any method, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) synovial biopsy; (b) synovectomy; (c) adjacent tendon transfer; (d) turn down flaps; <p>other than a service associated with a service to which item 49718 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.204 of explanatory notes to this Category)</p> <p>Fee: \$685.85 Benefit: 75% = \$514.40</p>	
49727	<p>Lengthening of major tendon of ankle, including either or both of the following (if performed):</p> <ul style="list-style-type: none"> (a) synovial biopsy; (b) synovectomy <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.204 of explanatory notes to this Category)</p> <p>Fee: \$293.75 Benefit: 75% = \$220.35</p>	
49728	<p>Lengthening of Achilles' tendon, by any method, with gastro-soleus lengthening for the correction of equinus deformity, including either or both of the following (if performed):</p> <ul style="list-style-type: none"> (a) synovial biopsy; (b) synovectomy; <p>other than a service associated with a service to which item 49727 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.204 of explanatory notes to this Category)</p> <p>Fee: \$587.60 Benefit: 75% = \$440.70</p>	
49740	<p>Revision of arthrodesis of ankle, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint; (e) removal of hardware; (f) neurolysis; (g) osteotomy of non-union or malunion; <p>other than a service associated with a service to which 30023 applies</p>	

T8. SURGICAL OPERATIONS	15. ORTHOPAEDIC
	<p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200 of explanatory notes to this Category)</p> <p>Fee: \$1,469.50 Benefit: 75% = \$1102.15</p>
49742	<p>Arthrodesis of extended ankle and hindfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200 of explanatory notes to this Category)</p> <p>Fee: \$1,387.20 Benefit: 75% = \$1040.40</p>
49744	<p>Revision of arthrodesis of extended ankle and hindfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint; (e) removal of hardware; (f) neurolysis; (g) osteotomy of non-union or malunion; <p>other than a service associated with a service to which 30023 applies</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200 of explanatory notes to this Category)</p> <p>Fee: \$2,080.85 Benefit: 75% = \$1560.65</p>
49771	<p>Synovectomy of major tendon of ankle, for extensive synovitis by any method, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) tenolysis; (b) debridement of ligament or tendon (or both); (c) release of ligament or tendon (or both); (d) excision of tubercle or osteophyte; (e) reconstruction of tendon retinaculum;

T8. SURGICAL OPERATIONS	15. ORTHOPAEDIC
	<p>(f) neurolysis;</p> <p>other than a service associated with a service to which item 30023 applies—each incision (H) (Anaes.) (Assist.)</p> <p>Fee: \$386.55 Benefit: 75% = \$289.95</p>
49782	<p>Revision of total ankle replacement, including:</p> <p>(a) bone grafting of perioperative cysts to the tibia or talus (or both); and</p> <p>(b) retention of implants; and</p> <p>(c) any of the following (if performed):</p> <p>(i) capsulotomy;</p> <p>(ii) joint release;</p> <p>(iii) neurolysis;</p> <p>(iv) debridement and grafting of cysts;</p> <p>(v) synovectomy;</p> <p>(vi) joint debridement;</p> <p>other than a service associated with a service to which item 30023 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$588.35 Benefit: 75% = \$441.30</p>
49814	<p>Reconstruction of major tendon of ankle, by any method, including:</p> <p>(a) osteotomy of hindfoot, with internal fixation; and</p> <p>(b) lengthening of major tendon of ankle; and</p> <p>(c) any of the following (if performed):</p> <p>(i) synovial biopsy;</p> <p>(ii) synovectomy;</p> <p>(iii) adjacent tendon transfer;</p> <p>(iv) turn down flaps;</p> <p>other than a service associated with a service to which item 49718 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200, TN.8.204 of explanatory notes to this Category)</p> <p>Fee: \$1,028.70 Benefit: 75% = \$771.55</p>
49884	<p>Complete excision of one or more ganglia or bursae:</p> <p>(a) including excision of bony prominence or mucinous cyst of ankle, hindfoot or midfoot joint and surrounding tissues; and</p> <p>(b) including any of the following (if performed):</p>

T8. SURGICAL OPERATIONS

15. ORTHOPAEDIC

	<p>(i) arthrotomy;</p> <p>(ii) synovectomy;</p> <p>(iii) osteophyte resections;</p> <p>(iv) neurolysis;</p> <p>(v) capsular or ligament repair;</p> <p>(vi) skin closure, by any method;</p> <p>other than a service associated with a service to which item 30023 applies—each incision (H) (Anaes.) (Assist.)</p> <p>Fee: \$386.55 Benefit: 75% = \$289.95</p>
49890	<p>Revision of complete excision of one or more ganglia or bursae:</p> <p>(a) including excision of bony prominence or mucinous cyst of ankle, hindfoot or midfoot joint and surrounding tissues; and</p> <p>(b) including any of the following (if performed):</p> <p>(i) arthrotomy;</p> <p>(ii) synovectomy;</p> <p>(iii) osteophyte resections;</p> <p>(iv) neurolysis;</p> <p>(v) capsular or ligament repair;</p> <p>(vi) skin closure, by any method;</p> <p>other than a service associated with a service to which item 30023 or 49884 applies—each incision (H) (Anaes.) (Assist.)</p> <p>Fee: \$521.80 Benefit: 75% = \$391.35</p>
	<p>FOOT</p>
Amend 49730	<p>Surgery of joint of hindfoot (other than ankle) or first metatarsophalangeal joint, by arthroscopic means, including any of the following (if performed):</p> <p>(a) cartilage treatment;</p> <p>(b) removal of loose bodies;</p> <p>(c) synovectomy;</p> <p>(d) excision of joint osteophytes;</p> <p>other than a service associated with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of performing a procedure on the ankle by arthroscopic means—one joint (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.201, TN.8.202 of explanatory notes to this Category)</p>

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	Fee: \$636.75 Benefit: 75% = \$477.60	
49732	<p>Endoscopy of large tendons of foot, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) debridement of tendon and sheath; (b) removal of loose bodies; (c) synovectomy; (d) excision of tendon impingement; <p>other than a service associated with a service to which item 49718 or 49724 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.201, TN.8.202 of explanatory notes to this Category)</p> <p>Fee: \$636.75 Benefit: 75% = \$477.60</p>	
49734	<p>Arthrotomy of hindfoot, midfoot or metatarsophalangeal joint, for infection, including:</p> <ul style="list-style-type: none"> (a) removal of loose bodies; and (b) either or both of the following: <ul style="list-style-type: none"> (i) joint debridement; (ii) release of joint contracture; <p>—each incision (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.201, TN.8.223 of explanatory notes to this Category)</p> <p>Fee: \$342.90 Benefit: 75% = \$257.20</p>	
49736	<p>Transfer of major tendon of foot and ankle, including:</p> <ul style="list-style-type: none"> (a) split or whole transfer to contralateral side of foot; and (b) passage of posterior or anterior tendon to, or through, interosseous membrane; and (c) any of the following (if performed): <ul style="list-style-type: none"> (i) synovial biopsy; (ii) synovectomy; (iii) tendon lengthening; (iv) inseting of tendon <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.204 of explanatory notes to this Category)</p> <p>Fee: \$685.85 Benefit: 75% = \$514.40</p>	
49738	<p>Stabilisation of ligament of talonavicular or metatarsophalangeal joint, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) capsulotomy; 	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	(b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement (H) (Anaes.) (Assist.) Fee: \$489.75 Benefit: 75% = \$367.35	
49760	Arthroereisis of subtalar joint, including any of the following (if performed): (a) capsulotomy; (b) synovectomy; (c) joint debridement (H) (Anaes.) (Assist.) (See para TN.8.200 of explanatory notes to this Category) Fee: \$367.35 Benefit: 75% = \$275.55	
49761	Stabilisation of metatarsophalangeal joint at metatarsal, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) osteotomy, with or without fixation; (e) local tendon transfer; (f) local tendon lengthening or release; (g) ligament repair; (h) joint debridement; —one metatarsal (H) (Anaes.) (Assist.) Fee: \$538.80 Benefit: 75% = \$404.10	
49762	Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) osteotomy, with or without fixation; (e) local tendon transfer;	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	(f) local tendon lengthening or release; (g) ligament repair; (h) joint debridement; —2 metatarsals (H) (Anaes.) (Assist.) Fee: \$597.90 Benefit: 75% = \$448.45	
49763	Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) osteotomy, with or without fixation; (e) local tendon transfer; (f) local tendon lengthening or release; (g) ligament repair; (h) joint debridement; —3 metatarsals (H) (Anaes.) (Assist.) Fee: \$657.00 Benefit: 75% = \$492.75	
49764	Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) osteotomy, with or without fixation; (e) local tendon transfer; (f) local tendon lengthening or release; (g) ligament repair; (h) joint debridement; —4 metatarsals (H) (Anaes.) (Assist.) Fee: \$716.15 Benefit: 75% = \$537.15	
49765	Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed): (a) capsulotomy;	

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15. ORTHOPAEDIC

	<p>(b) joint release;</p> <p>(c) synovectomy;</p> <p>(d) osteotomy, with or without fixation;</p> <p>(e) local tendon transfer;</p> <p>(f) local tendon lengthening or release;</p> <p>(g) ligament repair;</p> <p>(h) joint debridement;</p> <p>—5 metatarsals (H) (Anaes.) (Assist.)</p> <p>Fee: \$775.20 Benefit: 75% = \$581.40</p>
49766	<p>Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed):</p> <p>(a) capsulotomy;</p> <p>(b) joint release;</p> <p>(c) synovectomy;</p> <p>(d) osteotomy, with or without fixation;</p> <p>(e) local tendon transfer;</p> <p>(f) local tendon lengthening or release;</p> <p>(g) ligament repair;</p> <p>(h) joint debridement;</p> <p>—6 metatarsals (H) (Anaes.) (Assist.)</p> <p>Fee: \$834.40 Benefit: 75% = \$625.80</p>
49767	<p>Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed):</p> <p>(a) capsulotomy;</p> <p>(b) joint release;</p> <p>(c) synovectomy;</p> <p>(d) osteotomy, with or without fixation;</p> <p>(e) local tendon transfer;</p> <p>(f) local tendon lengthening or release;</p> <p>(g) ligament repair;</p> <p>(h) joint debridement;</p>

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	<p>—7 metatarsals (H) (Anaes.) (Assist.)</p> <p>Fee: \$893.50 Benefit: 75% = \$670.15</p>	
49768	<p>Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed):</p> <p>(a) capsulotomy;</p> <p>(b) joint release;</p> <p>(c) synovectomy;</p> <p>(d) osteotomy, with or without fixation;</p> <p>(e) local tendon transfer;</p> <p>(f) local tendon lengthening or release;</p> <p>(g) ligament repair;</p> <p>(h) joint debridement;</p> <p>—8 metatarsals (H) (Anaes.) (Assist.)</p> <p>Fee: \$952.60 Benefit: 75% = \$714.45</p>	
49769	<p>Unilateral correction of hallux valgus or varus deformity, by osteotomy of first metatarsal and proximal phalanx of first toe, with internal fixation of both bones, including any of the following (if performed):</p> <p>(a) exostectomy;</p> <p>(b) removal of bursae;</p> <p>(c) synovectomy;</p> <p>(d) capsule repair;</p> <p>(e) capsule or tendon release or transfer</p> <p>(H) (Anaes.) (Assist.)</p> <p>Fee: \$942.85 Benefit: 75% = \$707.15</p>	
49770	<p>Bilateral correction of hallux valgus or varus deformity, by osteotomy of first metatarsal and proximal phalanx of first toe, with internal fixation of both bones, including any of the following (if performed):</p> <p>(a) exostectomy;</p> <p>(b) removal of bursae;</p> <p>(c) synovectomy;</p> <p>(d) capsule repair;</p> <p>(e) capsule or tendon release or transfer</p> <p>(H) (Anaes.) (Assist.)</p> <p>Fee: \$1,567.20 Benefit: 75% = \$1175.40</p>	

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49772	<p>Excision of rheumatoid nodules or gouty tophi, excluding aftercare, including any of the following (if performed):</p> <p>(a) capsulotomy;</p> <p>(b) debridement of ligament or tendon (or both);</p> <p>(c) release of ligament or tendon (or both);</p> <p>(d) excision of tubercle or osteophyte;</p> <p>—each incision (H) (Anaes.) (Assist.)</p> <p>Fee: \$341.15 Benefit: 75% = \$255.90</p>
49773	<p>Revision of excision of intermetatarsal or digital neuroma, including any of the following (if performed):</p> <p>(a) release of tissues;</p> <p>(b) excision of bursae;</p> <p>(c) neurolysis;</p> <p>other than a service associated with a service to which item 30023 applies—one web space (H) (Anaes.) (Assist.)</p> <p>Fee: \$422.85 Benefit: 75% = \$317.15</p>
49774	<p>Release of tarsal tunnel, including any of the following (if performed):</p> <p>(a) release of ligaments;</p> <p>(b) synovectomy;</p> <p>(c) neurolysis;</p> <p>other than a service associated with a service to which item 30023 applies—one foot (H) (Anaes.) (Assist.)</p> <p>Fee: \$288.00 Benefit: 75% = \$216.00</p>
49775	<p>Revision of release of tarsal tunnel, including any of the following (if performed):</p> <p>(a) release of ligaments;</p> <p>(b) synovectomy;</p> <p>(c) neurolysis;</p> <p>other than a service associated with a service to which item 30023 applies—one foot (H) (Anaes.) (Assist.)</p> <p>Fee: \$388.85 Benefit: 75% = \$291.65</p>
49776	<p>Revision of arthrodesis of joint of hindfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):</p>

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	<p>(a) capsulotomy;</p> <p>(b) joint release;</p> <p>(c) synovectomy;</p> <p>(d) removal of osteophytes at joint;</p> <p>(e) removal of hardware;</p> <p>(f) neurolysis;</p> <p>(g) osteotomy of non-union or malunion;</p> <p>other than a service associated with a service to which item 30023 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200, TN.8.224 of explanatory notes to this Category)</p> <p>Fee: \$1,223.00 Benefit: 75% = \$917.25</p>
49777	<p>Arthrodesis of joint of midfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):</p> <p>(a) capsulotomy;</p> <p>(b) joint release;</p> <p>(c) synovectomy;</p> <p>(d) removal of osteophytes at joint;</p> <p>—one joint (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200 of explanatory notes to this Category)</p> <p>Fee: \$724.15 Benefit: 75% = \$543.15</p>
49778	<p>Arthrodesis of joints of midfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):</p> <p>(a) capsulotomy;</p> <p>(b) joint release;</p> <p>(c) synovectomy;</p> <p>(d) removal of osteophytes at joints;</p> <p>—2 joints (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200 of explanatory notes to this Category)</p> <p>Fee: \$1,086.25 Benefit: 75% = \$814.70</p>
49779	<p>Arthrodesis of joints of midfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):</p> <p>(a) capsulotomy;</p> <p>(b) joint release;</p>

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	<p>(c) synovectomy;</p> <p>(d) removal of osteophytes at joints; —3 joints (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200 of explanatory notes to this Category) Fee: \$1,267.25 Benefit: 75% = \$950.45</p>
49780	<p>Arthrodesis of joints of midfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):</p> <p>(a) capsulotomy;</p> <p>(b) joint release;</p> <p>(c) synovectomy;</p> <p>(d) removal of osteophytes at joints; —4 joints (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200 of explanatory notes to this Category) Fee: \$1,448.30 Benefit: 75% = \$1086.25</p>
49781	<p>Revision of arthrodesis of joint of midfoot, with internal or external fixation by any method, including any of the following (if performed):</p> <p>(a) capsulotomy;</p> <p>(b) joint release;</p> <p>(c) synovectomy;</p> <p>(d) removal of osteophytes at joint;</p> <p>(e) removal of hardware;</p> <p>(f) osteotomy of non-union or malunion; —one joint (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200 of explanatory notes to this Category) Fee: \$1,086.25 Benefit: 75% = \$814.70</p>
49784	<p>Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed):</p> <p>(a) capsulotomy;</p> <p>(b) joint release;</p> <p>(c) synovectomy;</p> <p>(d) local tendon transfer;</p> <p>(e) joint debridement;</p>

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	—4 joints (H) (Anaes.) (Assist.) Fee: \$901.60 Benefit: 75% = \$676.20	
49785	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement; —5 joints (H) (Anaes.) (Assist.) Fee: \$1,014.25 Benefit: 75% = \$760.70	
49786	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement; —6 joints (H) (Anaes.) (Assist.) Fee: \$1,126.90 Benefit: 75% = \$845.20	
49787	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement; —7 joints (H) (Anaes.) (Assist.) Fee: \$1,239.50 Benefit: 75% = \$929.65	
49788	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joints, including any of the following (if performed):	

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	<p>(a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement; —8 joints (H) (Anaes.) (Assist.) Fee: \$1,352.15 Benefit: 75% = \$1014.15</p>
<p>49789</p>	<p>Bilateral arthrodesis of first metatarsophalangeal joint, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joint (H) (Anaes.) (Assist.) (See para TN.8.200 of explanatory notes to this Category) Fee: \$1,163.05 Benefit: 75% = \$872.30</p>
<p>49790</p>	<p>Revision of arthrodesis of first metatarsophalangeal joint, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of exostosis at joint; (e) removal of hardware; (f) osteotomy of non-union or malunion (H) (Anaes.) (Assist.) (See para TN.8.200 of explanatory notes to this Category) Fee: \$1,010.20 Benefit: 75% = \$757.65</p>
<p>49791</p>	<p>Arthrodesis of hallux interphalangeal or lesser metatarsophalangeal joint, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy;</p>

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	<p>(d) removal of osteophytes at joint</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200 of explanatory notes to this Category) Fee: \$458.00 Benefit: 75% = \$343.50</p>
49792	<p>Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed):</p> <p>(a) internal fixation, by any method;</p> <p>(b) capsulotomy;</p> <p>(c) joint release;</p> <p>(d) synovectomy;</p> <p>(e) removal of osteophytes at joints;</p> <p>—one or 2 toes (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200 of explanatory notes to this Category) Fee: \$514.45 Benefit: 75% = \$385.85</p>
49793	<p>Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed):</p> <p>(a) internal fixation, by any method;</p> <p>(b) capsulotomy;</p> <p>(c) joint release;</p> <p>(d) synovectomy;</p> <p>(e) removal of osteophytes at joints;</p> <p>—3 toes (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200 of explanatory notes to this Category) Fee: \$600.20 Benefit: 75% = \$450.15</p>
49794	<p>Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed):</p> <p>(a) internal fixation, by any method;</p> <p>(b) capsulotomy;</p> <p>(c) joint release;</p> <p>(d) synovectomy;</p> <p>(e) removal of osteophytes at joints;</p> <p>—4 toes (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200 of explanatory notes to this Category)</p>

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	Fee: \$685.90 Benefit: 75% = \$514.45	
49795	<p>Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed):</p> <p>(a) internal fixation, by any method;</p> <p>(b) capsulotomy;</p> <p>(c) joint release;</p> <p>(d) synovectomy;</p> <p>(e) removal of osteophytes at joints;</p> <p>—5 toes (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200 of explanatory notes to this Category)</p> <p>Fee: \$771.65 Benefit: 75% = \$578.75</p>	
49796	<p>Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed):</p> <p>(a) internal fixation, by any method;</p> <p>(b) capsulotomy;</p> <p>(c) joint release;</p> <p>(d) synovectomy;</p> <p>(e) removal of osteophytes at joints;</p> <p>—6 toes (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200 of explanatory notes to this Category)</p> <p>Fee: \$857.40 Benefit: 75% = \$643.05</p>	
49797	<p>Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed):</p> <p>(a) internal fixation, by any method;</p> <p>(b) capsulotomy;</p> <p>(c) joint release;</p> <p>(d) synovectomy;</p> <p>(e) removal of osteophytes at joints;</p> <p>—7 toes (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200 of explanatory notes to this Category)</p> <p>Fee: \$943.10 Benefit: 75% = \$707.35</p>	
49798	<p>Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal joint (or both) of lesser toe, including any of the following (if performed):</p>	

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	(a) internal fixation, by any method; (b) capsulotomy; (c) joint release; (d) synovectomy; (e) removal of osteophytes at joints; —8 toes (H) (Anaes.) (Assist.) (See para TN.8.200 of explanatory notes to this Category) Fee: \$1,028.85 Benefit: 75% = \$771.65	
49800	Primary repair of flexor or extensor tendon of foot, including either or both of the following (if performed): (a) synovial biopsy; (b) synovectomy; —one toe (Anaes.) (Assist.) Fee: \$137.15 Benefit: 75% = \$102.90 85% = \$116.60	
49803	Secondary repair of flexor or extensor tendon of foot, including either or both of the following (if performed): (a) synovial biopsy; (b) synovectomy; —one toe (Anaes.) (Assist.) (See para TN.8.204 of explanatory notes to this Category) Fee: \$176.35 Benefit: 75% = \$132.30 85% = \$149.90	
49806	Subcutaneous tenotomy of foot, by small percutaneous incisions—one or more tendons (Anaes.) (See para TN.8.204 of explanatory notes to this Category) Fee: \$137.15 Benefit: 75% = \$102.90 85% = \$116.60	
49809	Open tenotomy or lengthening of foot, by open incision, with or without tenoplasty, including either or both of the following (if performed): (a) synovial biopsy; (b) synovectomy; —one toe (Anaes.) (Assist.) (See para TN.8.223, TN.8.204 of explanatory notes to this Category) Fee: \$225.25 Benefit: 75% = \$168.95 85% = \$191.50	
49812	Advancement of tendon or ligament transfer of foot, including: (a) side to side transfer, harvesting and transfer for ligament or minor foot tendon reconstruction; and	

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	<p>(b) either or both of the following (if performed):</p> <ul style="list-style-type: none"> (i) synovial biopsy; (ii) synovectomy; <p>—one major tendon or toe (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.201, TN.8.223, TN.8.204 of explanatory notes to this Category) Fee: \$450.50 Benefit: 75% = \$337.90</p>
49815	<p>Triple arthrodesis of hindfoot joints, with internal or external fixation by any method, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joints <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200 of explanatory notes to this Category) Fee: \$1,426.85 Benefit: 75% = \$1070.15</p>
49818	<p>Release of plantar fascia, including excision of calcaneal spur (if performed) (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.223, TN.8.197 of explanatory notes to this Category) Fee: \$284.00 Benefit: 75% = \$213.00</p>
49821	<p>Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joint, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) capsulotomy; (b) joint release; (c) synovectomy; (d) local tendon transfer; (e) joint debridement <p>—one joint (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.201, TN.8.194 of explanatory notes to this Category) Fee: \$450.50 Benefit: 75% = \$337.90</p>
49824	<p>Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joint, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) capsulotomy; (b) joint release; (c) synovectomy;

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	<p>(d) local tendon transfer;</p> <p>(e) joint debridement;</p> <p>—2 joints (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.194 of explanatory notes to this Category)</p> <p>Fee: \$788.70 Benefit: 75% = \$591.55</p>	
49827	<p>Unilateral correction of hallux valgus or varus deformity of the foot, by local tendon transfer, including any of the following (if performed):</p> <p>(a) exostectomy;</p> <p>(b) removal of bursae;</p> <p>(c) synovectomy;</p> <p>(d) capsule repair;</p> <p>(e) capsule or tendon release or transfer</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.201, TN.8.223, TN.8.194, TN.8.196 of explanatory notes to this Category)</p> <p>Fee: \$489.75 Benefit: 75% = \$367.35</p>	
49830	<p>Bilateral correction of hallux valgus or varus deformity of the foot, by local tendon transfer, including any of the following (if performed):</p> <p>(a) exostectomy;</p> <p>(b) removal of bursae;</p> <p>(c) synovectomy;</p> <p>(d) capsule repair;</p> <p>(e) capsule or tendon release or transfer</p> <p>(H) (Anaes.) (Assist.)</p>	<p>Unilateral correction of hallux valgus or varus deformity of the foot, by osteotomy of first metatarsal, without internal fixation, including any of the following (if performed):</p> <p>(a) exostectomy;</p> <p>(b) removal of bursae;</p> <p>(c) synovectomy;</p> <p>(d) capsule repair;</p> <p>(e) capsule or tendon release or transfer</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.201, TN.8.223, TN.8.194, TN.8.196 of explanatory notes to this Category)</p> <p>Fee: \$538.80 Benefit: 75% = \$404.10</p>
49836	<p>Bilateral correction of hallux valgus or varus deformity of the foot by osteotomy of first metatarsal, without internal fixation, including any of the following (if performed):</p> <p>(a) exostectomy;</p> <p>(b) removal of bursae;</p> <p>(c) synovectomy;</p> <p>(d) capsule repair;</p>	

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	<p>(e) capsule or tendon release or transfer</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.201, TN.8.223, TN.8.194, TN.8.196 of explanatory notes to this Category)</p> <p>Fee: \$930.65 Benefit: 75% = \$698.00</p>
49837	<p>Unilateral correction of hallus valgus or varus deformity of the foot, by osteotomy of first metatarsal, with internal fixation, including any of the following (if performed):</p> <p>(a) exostectomy;</p> <p>(b) removal of bursae;</p> <p>(c) synovectomy;</p> <p>(d) capsule repair;</p> <p>(e) capsule or tendon release or transfer</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.201, TN.8.223, TN.8.194, TN.8.196 of explanatory notes to this Category)</p> <p>Fee: \$673.45 Benefit: 75% = \$505.10</p>
49838	<p>Bilateral correction of hallus valgus or varus deformity of the foot by osteotomy of first metatarsal, with internal fixation or arthrodesis of first metatarsophalangeal joint, including any of the following (if performed):</p> <p>(a) exostectomy;</p> <p>(b) removal of bursae;</p> <p>(c) synovectomy;</p> <p>(d) capsule repair;</p> <p>(e) capsule or tendon release or transfer</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.201, TN.8.223, TN.8.194, TN.8.196 of explanatory notes to this Category)</p> <p>Fee: \$1,163.05 Benefit: 75% = \$872.30</p>
49839	<p>Total replacement of first metatarsophalangeal joint, with replacement of both joint surfaces, including any of the following (if performed):</p> <p>(a) capsulotomy;</p> <p>(b) synovectomy;</p> <p>(c) joint debridement</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.201 of explanatory notes to this Category)</p> <p>Fee: \$538.80 Benefit: 75% = \$404.10</p>

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49845	<p>Unilateral arthrodesis of first metatarsophalangeal joint, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):</p> <p>(a) capsulotomy;</p> <p>(b) joint release;</p> <p>(c) synovectomy;</p> <p>(d) removal of osteophytes at joints</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.200, TN.8.223 of explanatory notes to this Category)</p> <p>Fee: \$673.45 Benefit: 75% = \$505.10</p>
49851	<p>Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal (or both) joints of lesser toe, including any of the following (if performed):</p> <p>(a) internal fixation, by any method;</p> <p>(b) capsulotomy;</p> <p>(c) tendon lengthening;</p> <p>(d) joint release;</p> <p>(e) synovectomy;</p> <p>(f) removal of osteophytes at joints;</p> <p>—one toe (H) (Anaes.)</p> <p>(See para TN.8.200 of explanatory notes to this Category)</p> <p>Fee: \$450.50 Benefit: 75% = \$337.90</p>
49854	<p>Radical plantar fasciotomy or fasciectomy, with extensive incision into foot and excision of fascia, including excision of calcaneal spur (if performed), other than a service associated with a service to which 49818 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.223, TN.8.197 of explanatory notes to this Category)</p> <p>Fee: \$391.80 Benefit: 75% = \$293.85</p>
49857	<p>Hemi joint replacement of first or lesser metatarsophalangeal joint, including any of the following (if performed):</p> <p>(a) capsulotomy;</p> <p>(b) synovectomy;</p> <p>(c) joint debridement</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.201 of explanatory notes to this Category)</p> <p>Fee: \$362.45 Benefit: 75% = \$271.85</p>
49860	<p>Synovectomy of metatarsophalangeal joints, including any of the following (if performed):</p>

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	<p>(a) capsulotomy;</p> <p>(b) debridement;</p> <p>(c) release of ligament or tendon (or both);</p> <p>—one or more joints on one foot (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.201 of explanatory notes to this Category)</p> <p>Fee: \$338.45 Benefit: 75% = \$253.85</p>	
49866	<p>Excision of intermetatarsal or digital neuroma, including any of the following (if performed):</p> <p>(a) release of metatarsal or digital ligament;</p> <p>(b) excision of bursae;</p> <p>(c) neurolysis;</p> <p>other than a service associated with a service to which item 30023 applies—one web space (H) (Anaes.) (Assist.)</p> <p>Fee: \$313.25 Benefit: 75% = \$234.95</p>	
49878	<p>Talipes equinovarus, calcaneo valgus or metatarsus varus, treatment by cast, splint or manipulation—each attendance (Anaes.)</p> <p>Fee: \$58.75 Benefit: 75% = \$44.10 85% = \$49.95</p>	
49881	<p>Complete excision of one or more ganglia or bursae:</p> <p>(a) including excision of bony prominence or mucinous cyst of interphalangeal or metatarsophalangeal joint and surrounding tissues; and</p> <p>(b) including any of the following (if performed):</p> <p>(i) arthrotomy;</p> <p>(ii) synovectomy;</p> <p>(iii) osteophyte resections;</p> <p>(iv) neurolysis;</p> <p>(v) skin closure, by any local method;</p> <p>other than a service associated with a service to which item 30023 applies—each incision (H) (Anaes.) (Assist.)</p> <p>Fee: \$228.85 Benefit: 75% = \$171.65</p>	
49887	<p>Revision of complete excision of one or more ganglia or bursae:</p> <p>(a) including excision of bony prominence or mucinous cyst of interphalangeal or metatarsophalangeal joint and surrounding tissues; and</p> <p>(b) including any of the following (if performed):</p>	

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	(i) arthrotomy; (ii) synovectomy; (iii) osteophyte resections; (iv) neurolysis; (v) skin closure, by any method; other than a service associated with a service to which item 30023 or 49881 applies—each incision (H) (Anaes.) (Assist.) Fee: \$309.00 Benefit: 75% = \$231.75	
OTHER JOINTS		
50112	Cicatricial flexion or extension contraction of joint, correction of, involving tissues deeper than skin and subcutaneous tissue, other than a service to which another item in this Group applies (H) (Anaes.) (Assist.) Fee: \$375.70 Benefit: 75% = \$281.80	
50115	Manipulation of one or more joints, excluding spine, other than a service associated with a service to which another item in this Group applies (H) (Anaes.) Fee: \$148.80 Benefit: 75% = \$111.60	
50118	Arthrodesis of joint of hindfoot, by any method, with internal or external fixation by any method, including any of the following (if performed): (a) capsulotomy; (b) joint release; (c) synovectomy; (d) removal of osteophytes at joints; —one joint (H) (Anaes.) (Assist.) (See para TN.8.200 of explanatory notes to this Category) Fee: \$815.30 Benefit: 75% = \$611.50	
50130	Joint or joints, application of external fixator to, other than for treatment of fractures (H) (Anaes.) (Assist.) Fee: \$324.95 Benefit: 75% = \$243.75	
MALIGNANT DISEASE		
50200	Core needle biopsy of aggressive or potentially malignant bone or soft tissue tumour, excluding aftercare (Anaes.) (See para TN.8.209 of explanatory notes to this Category) Fee: \$195.80 Benefit: 75% = \$146.85 85% = \$166.45	
50201	Incisional biopsy of aggressive or potentially malignant bone or soft tissue tumour, excluding aftercare (Anaes.) (Assist.) (See para TN.8.209 of explanatory notes to this Category)	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	Fee: \$342.80 Benefit: 75% = \$257.10 85% = \$291.40	
50203	Intralesional or marginal excision of bone or soft tissue tumour (Anaes.) (Assist.) (See para TN.8.209, TN.8.171 of explanatory notes to this Category) Fee: \$431.05 Benefit: 75% = \$323.30 85% = \$366.40	
50206	Intralesional or marginal excision of bone tumour, with at least one of the following: (a) autograft; (b) allograft; (c) cementation (H) (Anaes.) (Assist.) (See para TN.8.209, TN.8.171 of explanatory notes to this Category) Fee: \$636.75 Benefit: 75% = \$477.60	
50209	Intralesional or marginal excision of bone tumour, with at least 2 of the following: (a) autograft; (b) allograft; (c) cementation (H) (Anaes.) (Assist.) (See para TN.8.209, TN.8.171 of explanatory notes to this Category) Fee: \$783.80 Benefit: 75% = \$587.85	
50212	Wide excision of malignant or aggressive bone or soft tissue tumour (or both), affecting a limb, trunk or scapula (H) (Anaes.) (Assist.) (See para TN.8.173, TN.8.174 of explanatory notes to this Category) Fee: \$1,714.30 Benefit: 75% = \$1285.75	
50215	Wide excision of malignant or aggressive bone or soft tissue tumour (or both), with intercalary reconstruction of bone by prosthesis, allograft or autograft (H) (Anaes.) (Assist.) (See para TN.8.173, TN.8.175 of explanatory notes to this Category) Fee: \$2,155.10 Benefit: 75% = \$1616.35	
50218	Wide excision of malignant or aggressive bone or soft tissue tumour (or both), with reconstruction, replacement or arthrodesis of adjacent joint, by prosthesis, allograft or autograft (H) (Anaes.) (Assist.) (See para TN.8.173, TN.8.175 of explanatory notes to this Category) Fee: \$2,840.95 Benefit: 75% = \$2130.75	
50221	Wide excision of malignant or aggressive bone or soft tissue tumour (or both) of pelvis, sacrum or spine, without reconstruction (H) (Anaes.) (Assist.) (See para TN.8.173, TN.8.175 of explanatory notes to this Category) Fee: \$2,644.85 Benefit: 75% = \$1983.65	
50224	Wide excision of malignant or bone or soft tissue tumour (or both) of pelvis, sacrum or spine, with reconstruction of bone defect, or one or more joints, by any technique (Anaes.) (Assist.) (See para TN.8.173, TN.8.175 of explanatory notes to this Category) Fee: \$2,938.80 Benefit: 75% = \$2204.10 85% = \$2854.10	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
50233	<p>Treatment of malignant or aggressive bone or soft tissue tumour (or both) by hindquarter or forequarter amputation (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.176 of explanatory notes to this Category)</p> <p>Fee: \$2,253.10 Benefit: 75% = \$1689.85</p>	
50236	<p>Treatment of malignant or aggressive bone or soft tissue tumour (or both), by hip disarticulation, shoulder disarticulation or amputation through the proximal one third of the femur (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.176 of explanatory notes to this Category)</p> <p>Fee: \$1,763.30 Benefit: 75% = \$1322.50</p>	
50239	<p>Treatment of malignant or aggressive bone or soft tissue tumour (or both), by amputation, other than a service associated with a service to which item 50233 or 50236 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.176 of explanatory notes to this Category)</p> <p>Fee: \$1,175.40 Benefit: 75% = \$881.55</p>	
50242	<p>Revision of endoprosthesis replacement, if item 50218 or 50224, or an item that describes a service substantially similar to either of those items, applied to the initial procedure:</p> <p>(a) including any of the following:</p> <ul style="list-style-type: none"> (i) rebushing; (ii) patella resurfacing; (iii) polyethylene exchange or similar; and <p>(b) excluding removal of prosthetic from bone</p> <p>(H) (Anaes.) (Assist.)</p> <p>Fee: \$881.65 Benefit: 75% = \$661.25</p>	
LIMB LENGTHENING AND DEFORMITY CORRECTION		
50245	<p>Revision of reconstructive procedure, if item 50215, 50218 or 50224, or an item that describes a service substantially similar to any of those items, applied to the initial procedure, by any technique or combination of techniques (H) (Anaes.) (Assist.)</p> <p>Fee: \$2,645.05 Benefit: 75% = \$1983.80</p>	
50300	<p>Gradual correction of joint deformity, with application of external fixator (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.193 of explanatory notes to this Category)</p> <p>Fee: \$1,204.60 Benefit: 75% = \$903.45</p>	
50303	<p>Limb lengthening, by gradual distraction, with application of external fixator or intra-medullary device (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.193 of explanatory notes to this Category)</p> <p>Fee: \$1,644.65 Benefit: 75% = \$1233.50</p>	
50306	<p>Bipolar limb lengthening:</p> <p>(a) with application of external fixator or intra-medullary device; and</p> <p>(b) by any of the following:</p>	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	<p>(i) gradual distraction;</p> <p>(ii) bone transport;</p> <p>(iii) fixator extension, to correct for an adjacent joint deformity</p> <p>(H) (Anaes.) (Assist.)</p> <p>(See para TN.8.193 of explanatory notes to this Category) Fee: \$2,567.90 Benefit: 75% = \$1925.95</p>	
50309	<p>Ring fixator or similar device, adjustment of, with or without insertion or removal of fixation pins, performed under general anaesthesia, other than a service to which item 50303 or 50306 applies (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.193 of explanatory notes to this Category) Fee: \$317.45 Benefit: 75% = \$238.10</p>	
50310	<p>Major adjustment of ring fixator or similar device, other than a service associated with a service to which item 50303, 50306, or 50309 applies</p> <p>(See para TN.8.192 of explanatory notes to this Category) Fee: \$45.40 Benefit: 75% = \$34.05 85% = \$38.60</p>	
50312	<p>Synovectomy or debridement, and microfracture, of ankle joint for osteochondral large defect greater than 1.5cm², by arthroscopic or open means, including any of the following (if performed):</p> <p>(a) capsulotomy;</p> <p>(b) debridement or release of ligament;</p> <p>(c) debridement or release of tendon;</p> <p>other than a service associated with a service to which any of the following apply:</p> <p>(d) item 49703;</p> <p>(e) another item in this Schedule if the service described in the other item is for the purpose of performing an arthroscopic procedure of the ankle</p> <p>(H) (Anaes.) (Assist.)</p> <p>Fee: \$782.70 Benefit: 75% = \$587.05</p>	
50321	<p>Release of soft tissue of talipes equinovarus, by open means (H) (Anaes.) (Assist.)</p> <p>Fee: \$966.45 Benefit: 75% = \$724.85</p>	
50324	<p>Revision of release of soft tissue of talipes equinovarus, by open means (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,377.85 Benefit: 75% = \$1033.40</p>	
50330	<p>Post-operative manipulation, and change of plaster, of vertical, congenital talipes equinovarus or talus, other than a service to which item 50321 or 50324 applies (H) (Anaes.)</p> <p>Fee: \$237.95 Benefit: 75% = \$178.50</p>	
50333	<p>Excision of tarsal coalition, with interposition of muscle, fat graft or similar graft, including any of the following (if performed):</p>	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	(a) capsulotomy; (b) synovectomy; (c) excision of osteophytes; —one coalition (H) (Anaes.) (Assist.) Fee: \$641.80 Benefit: 75% = \$481.35	
50335	Treatment of vertical, congenital talus, by percutaneous or open stabilisation of talonavicular joint and Achilles' tenotomy (H) (Anaes.) (Assist.) Fee: \$641.80 Benefit: 75% = \$481.35	
50336	Talus, vertical, congenital, combined anterior and posterior reconstruction (H) (Anaes.) (Assist.) Fee: \$959.40 Benefit: 75% = \$719.55	
50339	Tibialis anterior or tibialis posterior tendon transfer (split or whole) (H) (Anaes.) (Assist.) Fee: \$614.40 Benefit: 75% = \$460.80	
50345	Hyperextension deformity of toe, release incorporating V-Y plasty of skin, lengthening of extensor tendons and release of capsule contracture (H) (Anaes.) (Assist.) Fee: \$360.70 Benefit: 75% = \$270.55	
50348	Knee, deformity of, post-operative manipulation and change of plaster, performed under general anaesthesia (H) (Anaes.) Fee: \$237.95 Benefit: 75% = \$178.50	
50351	Treatment of developmental dislocation of hip, by open reduction, including application of hip spica (H) (Anaes.) (Assist.) Fee: \$1,661.95 Benefit: 75% = \$1246.50	
50352	Treatment of developmental dysplasia of hip, including supervision of initial application of splint, harness or cast, other than a service to which another item in this Group applies (Anaes.) Fee: \$58.75 Benefit: 75% = \$44.10 85% = \$49.95	
50354	Resection and fixation of congenital pseudarthrosis of tibia (Anaes.) (Assist.) Fee: \$1,363.20 Benefit: 75% = \$1022.40 85% = \$1278.50	
50357	Transfer of tendon of rectus femoris or medial or lateral hamstring (H) (Anaes.) (Assist.) Fee: \$584.30 Benefit: 75% = \$438.25	
50360	Combined medial and lateral hamstring tendon transfer (H) (Anaes.) (Assist.) Fee: \$678.05 Benefit: 75% = \$508.55	
50369	Unilateral posterior release of knee contracture, with multiple tendon lengthening or tenotomies, including release of joint capsule (if performed), other than a service associated with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of knee replacement (H) (Anaes.) (Assist.) Fee: \$678.05 Benefit: 75% = \$508.55	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
50372	Bilateral posterior release of knee contracture, with multiple tendon lengthening or tenotomies, including release of joint capsule (if performed), other than a service associated with a service to which another item of this Schedule applies if the service described in the other item is for the purpose of knee replacement (H) (Anaes.) (Assist.) Fee: \$1,190.15 Benefit: 75% = \$892.65	
50375	Unilateral medial release of hip contracture, with lengthening or division of the adductors and psoas, including division of obturator nerve (if performed) (H) (Anaes.) (Assist.) Fee: \$519.30 Benefit: 75% = \$389.50	
50378	Bilateral medial release of hip contracture, with lengthening or division of adductors and psoas, including division of obturator nerve (if performed) (H) (Anaes.) (Assist.) Fee: \$908.85 Benefit: 75% = \$681.65	
50381	Unilateral anterior release of hip contracture, with lengthening or division of hip flexors and psoas, including division of joint capsule (if performed) (H) (Anaes.) (Assist.) Fee: \$678.05 Benefit: 75% = \$508.55	
50384	Bilateral anterior release of hip contracture, with lengthening or division of hip flexors and psoas, including division of joint capsule (if performed) (H) (Anaes.) (Assist.) Fee: \$1,190.15 Benefit: 75% = \$892.65	
50390	Application of cast under general anaesthesia, for patient with perthes, cerebral palsy, or other neuromuscular conditions, affecting hips or knees (H) (Anaes.) Fee: \$237.95 Benefit: 75% = \$178.50	
50393	Acetabular shelf procedure, other than a service associated with a service to which another item of this Schedule applies if the service in the other item is for the purpose of performing arthroplasty on the hip (H) (Anaes.) (Assist.) Fee: \$879.90 Benefit: 75% = \$659.95	
50394	Multiple peri-acetabular osteotomy, including internal fixation (if performed) (H) (Anaes.) (Assist.) Fee: \$2,889.90 Benefit: 75% = \$2167.45	
50396	Amputation of congenital abnormalities or duplication of digits of the hand or foot, including any of the following (if performed): (a) splitting of phalanx or phalanges; (b) ligament reconstruction; (c) joint reconstruction (H) (Anaes.) (Assist.) Fee: \$483.40 Benefit: 75% = \$362.55	
50399	Forearm, radial aplasia or dysplasia (radial club hand), centralisation or radialisation of (H) (Anaes.) (Assist.) Fee: \$959.40 Benefit: 75% = \$719.55	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
50411	Lower limb deficiency, treatment of congenital deficiency of the femur by resection of the distal femur and proximal tibia followed by knee fusion (Anaes.) (Assist.) Fee: \$1,363.20 Benefit: 75% = \$1022.40 85% = \$1278.50	
50414	Lower limb deficiency, treatment of congenital deficiency of the femur by resection of the distal femur and proximal tibia followed by knee fusion and rotationplasty (Anaes.) (Assist.) Fee: \$1,839.25 Benefit: 75% = \$1379.45 85% = \$1754.55	
50417	Lower limb deficiency, treatment of congenital deficiency of the tibia by reconstruction of the knee, involving transfer of fibula or tibia, and repair of quadriceps mechanism (Anaes.) (Assist.) Fee: \$1,363.20 Benefit: 75% = \$1022.40 85% = \$1278.50	
50420	Patella, congenital dislocation of, reconstruction of the quadriceps (H) (Anaes.) (Assist.) Fee: \$1,125.20 Benefit: 75% = \$843.90	
50423	Tibia, fibula or both, congenital deficiency of, transfer of the fibula to tibia, with internal fixation (Anaes.) (Assist.) Fee: \$1,038.65 Benefit: 75% = \$779.00 85% = \$953.95	
50426	Removal of one or more lesions from bone, for osteochondroma occurring solitary or in association with hereditary multiple exostoses, with histological examination—one approach (H) (Anaes.) (Assist.) Fee: \$483.40 Benefit: 75% = \$362.55	
50428	Percutaneous drilling of osteochondritis dessicans or other osteochondral lesion, for a patient: (a) with open growth plates; or (b) less than 18 years of age (H) (Anaes.) (Assist.) Fee: \$807.05 Benefit: 75% = \$605.30	
SINGLE EVEN MULTILEVEL SURGERY FOR CHILDREN WITH CEREBRAL PALSY		
50450	Unilateral single event multilevel surgery, for a patient less than 18 years of age with hemiplegic cerebral palsy, comprising 3 or more of the following: (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; (b) correction of muscle imbalance by transfer of a tendon or tendons; (c) correction of femoral torsion by rotational osteotomy of the femur; (d) correction of tibial torsion by rotational osteotomy of the tibia; (e) correction of joint instability by varus derotation osteotomy of the femur, subtalar arthrodesis with synovectomy if performed, or os calcis lengthening; conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.) (See para TN.8.118 of explanatory notes to this Category) Fee: \$1,276.65 Benefit: 75% = \$957.50	

T8. SURGICAL OPERATIONS	15. ORTHOPAEDIC
50451	<p>Unilateral single event multilevel surgery, for a patient less than 18 years of age with hemiplegic cerebral palsy, comprising 3 or more of the following:</p> <ul style="list-style-type: none"> (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; (b) correction of muscle imbalance by transfer of a tendon or tendons; (c) correction of femoral torsion by rotational osteotomy of the femur; (d) correction of tibial torsion by rotational osteotomy of the tibia; (e) correction of joint instability by varus derotation osteotomy of the femur, subtalar arthrodesis with synovectomy if performed, or os calcis lengthening; <p>conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.118 of explanatory notes to this Category) Fee: \$1,276.65 Benefit: 75% = \$957.50</p>
50455	<p>Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises:</p> <ul style="list-style-type: none"> (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; <p>conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.118 of explanatory notes to this Category) Fee: \$1,445.70 Benefit: 75% = \$1084.30</p>
50456	<p>Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises:</p> <ul style="list-style-type: none"> (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; <p>conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.118 of explanatory notes to this Category) Fee: \$1,445.70 Benefit: 75% = \$1084.30</p>
50460	<p>Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises bilateral soft tissue surgery and bilateral femoral osteotomies, with:</p> <ul style="list-style-type: none"> (a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and (b) correction of muscle imbalance by transfer of a tendon or tendons; and (c) correction of torsional abnormality of the femur by rotational osteotomy and internal fixation;

T8. SURGICAL OPERATIONS	15. ORTHOPAEDIC
	<p>conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$2,158.50 Benefit: 75% = \$1618.90</p>
50461	<p>Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises bilateral soft tissue surgery and bilateral femoral osteotomies, with:</p> <p>(a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and</p> <p>(b) correction of muscle imbalance by transfer of a tendon or tendons; and</p> <p>(c) correction of torsional abnormality of the femur by rotational osteotomy and internal fixation;</p> <p>conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$2,158.50 Benefit: 75% = \$1618.90</p>
50465	<p>Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises bilateral soft tissue surgery, bilateral femoral osteotomies and bilateral tibial osteotomies, with:</p> <p>(a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and</p> <p>(b) correction of muscle imbalance by transfer of a tendon or tendons; and</p> <p>(c) correction of abnormal torsion of the femur by rotational osteotomy with internal fixation; and</p> <p>(d) correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation;</p> <p>conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$3,040.20 Benefit: 75% = \$2280.15</p>
50466	<p>Bilateral single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, that comprises bilateral soft tissue surgery, bilateral femoral osteotomies and bilateral tibial osteotomies, with:</p> <p>(a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and</p> <p>(b) correction of muscle imbalance by transfer of a tendon or tendons; and</p> <p>(c) correction of abnormal torsion of the femur by rotational osteotomy with internal fixation; and</p> <p>(d) correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation;</p> <p>conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$3,040.20 Benefit: 75% = \$2280.15</p>

T8. SURGICAL OPERATIONS

15. ORTHOPAEDIC

50470	<p>Bilateral single event multilevel surgery, for a patient less than 18 years of age with cerebral palsy, that comprises bilateral soft tissue surgery, bilateral femoral osteotomies, bilateral tibial osteotomies and bilateral foot stabilisation, with:</p> <p>(a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and</p> <p>(b) correction of muscle imbalance by transfer of a tendon or tendons; and</p> <p>(c) correction of abnormal torsion of the femur by rotational osteotomy with internal fixation; and</p> <p>(d) correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation; and</p> <p>(e) correction of bilateral pes valgus by os calcis lengthening or subtalar fusion;</p> <p>conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.118 of explanatory notes to this Category) Fee: \$3,855.70 Benefit: 75% = \$2891.80</p>
50471	<p>Bilateral single event multilevel surgery, for a patient less than 18 years of age with cerebral palsy, that comprises bilateral soft tissue surgery, bilateral femoral osteotomies, bilateral tibial osteotomies and bilateral foot stabilisation, with:</p> <p>(a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and</p> <p>(b) correction of muscle imbalance by transfer of a tendon or tendons; and</p> <p>(c) correction of abnormal torsion of the femur by rotational osteotomy with internal fixation; and</p> <p>(d) correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation; and</p> <p>(e) correction of bilateral pes valgus by os calcis lengthening or subtalar fusion;</p> <p>conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.118 of explanatory notes to this Category) Fee: \$3,855.70 Benefit: 75% = \$2891.80</p>
50475	<p>Single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, for the correction of crouch gait, including:</p> <p>(a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and</p> <p>(b) correction of muscle imbalance by transfer of a tendon or tendons; and</p> <p>(c) correction of flexion deformity at the knee by extension osteotomy of the distal femur including internal fixation; and</p> <p>(d) correction of patella alta and quadriceps insufficiency by patella tendon shortening or reconstruction; and</p> <p>(e) correction of tibial torsion by rotational osteotomy of the tibia with internal fixation; and</p>

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
	<p>(f) correction of foot instability by os calcis lengthening or subtalar fusion;</p> <p>conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.118 of explanatory notes to this Category) Fee: \$4,449.10 Benefit: 75% = \$3336.85</p>	
50476	<p>Single event multilevel surgery, for a patient less than 18 years of age with diplegic cerebral palsy, for the correction of crouch gait including:</p> <p>(a) lengthening of a contracted muscle tendon unit or units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening; and</p> <p>(b) correction of muscle imbalance by transfer of a tendon or tendons; and</p> <p>(c) correction of flexion deformity at the knee by extension osteotomy of the distal femur including internal fixation; and</p> <p>(d) correction of patella alta and quadriceps insufficiency by patella tendon shortening or reconstruction; and</p> <p>(e) correction of tibial torsion by rotational osteotomy of the tibia with internal fixation; and</p> <p>(f) correction of foot instability by os calcis lengthening or subtalar fusion;</p> <p>conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.118 of explanatory notes to this Category) Fee: \$4,449.10 Benefit: 75% = \$3336.85</p>	
TREATMENT OF FRACTURES IN PAEDIATRIC PATIENTS		
50508	<p>Treatment of fracture of distal end of radius or ulna (or both), by closed reduction, for a patient with open growth plates (Anaes.)</p> <p>(See para TN.8.119, TN.8.118 of explanatory notes to this Category) Fee: \$411.20 Benefit: 75% = \$308.40 85% = \$349.55</p>	
50512	<p>Treatment of fracture of distal end of radius or ulna (or both), by open or closed reduction, with internal fixation, for a patient with open growth plates (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.119, TN.8.118 of explanatory notes to this Category) Fee: \$548.70 Benefit: 75% = \$411.55</p>	
50524	<p>Radius or ulna, shaft of, with open growth plate, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by closed reduction (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.119, TN.8.118 of explanatory notes to this Category) Fee: \$425.10 Benefit: 75% = \$318.85</p>	
50528	<p>Radius or ulna, shaft of, with open growth plate, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by reduction with or without internal fixation by open or percutaneous means (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.119, TN.8.118 of explanatory notes to this Category) Fee: \$685.70 Benefit: 75% = \$514.30</p>	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
50532	<p>Treatment of fracture of shafts of radius or ulna (or both), by closed reduction, for a patient with open growth plate (H) (Anaes.)</p> <p>(See para TN.8.119, TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$596.60 Benefit: 75% = \$447.45</p>	
50536	<p>Treatment of fracture of shafts of radius or ulna (or both), by open or closed reduction, with internal fixation, for a patient with open growth plate (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.119, TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$795.40 Benefit: 75% = \$596.55</p>	
50540	<p>Olecranon, with open growth plate, treatment of fracture of, by open reduction (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.119, TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$548.70 Benefit: 75% = \$411.55</p>	
50544	<p>Radius, with open growth plate, treatment of fracture of head or neck of, by closed reduction of (Anaes.)</p> <p>(See para TN.8.119, TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$274.25 Benefit: 75% = \$205.70 85% = \$233.15</p>	
50548	<p>Radius, with open growth plate, treatment of fracture of head or neck of, by reduction with or without internal fixation by open or percutaneous means (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.119, TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$548.70 Benefit: 75% = \$411.55</p>	
50552	<p>Humerus, proximal, with open growth plate, treatment of fracture of, by closed reduction (H) (Anaes.)</p> <p>(See para TN.8.119, TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$473.20 Benefit: 75% = \$354.90</p>	
50556	<p>Treatment of fracture of proximal humerus, by open or closed reduction, with internal fixation, for a patient with open growth plate (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.119, TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$630.80 Benefit: 75% = \$473.10</p>	
50560	<p>Humerus, shaft of, with open growth plate, treatment of fracture of, by closed reduction (H) (Anaes.)</p> <p>(See para TN.8.119, TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$493.65 Benefit: 75% = \$370.25</p>	
50564	<p>Treatment of fracture of shaft of humerus, by open or closed reduction, with internal or external fixation, for a patient with open growth plate (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.119, TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$658.25 Benefit: 75% = \$493.70</p>	
50568	<p>Humerus, with open growth plate, supracondylar or condylar, treatment of fracture of, by closed reduction (H) (Anaes.)</p> <p>(See para TN.8.119, TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$576.05 Benefit: 75% = \$432.05</p>	
50572	<p>Humerus, with open growth plate, supracondylar or condylar, treatment of fracture of, by reduction with or without internal fixation by open or percutaneous means (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.119, TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$768.00 Benefit: 75% = \$576.00</p>	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
50576	Treatment of fracture of femur, by closed reduction or traction, including application of hip spica (if performed), for a patient with open growth plate (Anaes.) (Assist.) (See para TN.8.119, TN.8.118 of explanatory notes to this Category) Fee: \$630.80 Benefit: 75% = \$473.10 85% = \$546.10	
50580	Tibia, with open growth plate, plateau or condyles, medial or lateral, treatment of fracture of, by reduction with or without internal fixation by open or percutaneous means (H) (Anaes.) (Assist.) (See para TN.8.119, TN.8.118 of explanatory notes to this Category) Fee: \$658.25 Benefit: 75% = \$493.70	
50584	Tibia, distal, with open growth plate, treatment of fracture of, by reduction with or without internal fixation by open or percutaneous means (H) (Anaes.) (Assist.) (See para TN.8.119, TN.8.118 of explanatory notes to this Category) Fee: \$630.80 Benefit: 75% = \$473.10	
50588	Tibia and fibula, with open growth plates, treatment of fracture of, by internal fixation (H) (Anaes.) (Assist.) (See para TN.8.119, TN.8.118 of explanatory notes to this Category) Fee: \$822.75 Benefit: 75% = \$617.10	
50592	Treatment of fracture of shaft of femur, by open or closed reduction, with internal or external fixation, for a patient with open growth plate (H) (Anaes.) (Assist.) Fee: \$999.15 Benefit: 75% = \$749.40	
50596	Treatment of fracture of shaft of tibia, by open or closed reduction, including casting, for a patient with open growth plate (H) (Anaes.) (Assist.) Fee: \$312.35 Benefit: 75% = \$234.30	
SPINE SURGERY FOR SCOLIOSIS AND KYPHOSIS IN PAEDIATRIC PATIENTS		
50600	Scoliosis or kyphosis, in a child, manipulation of deformity and application of a localiser cast, under general anaesthesia, in a hospital (H) (Anaes.) (Assist.) (See para TN.8.118 of explanatory notes to this Category) Fee: \$452.30 Benefit: 75% = \$339.25	
50604	Scoliosis or kyphosis, in a child or adolescent, spinal fusion for (without instrumentation) (H) (Anaes.) (Assist.) (See para TN.8.118 of explanatory notes to this Category) Fee: \$1,919.75 Benefit: 75% = \$1439.85	
50608	Scoliosis or kyphosis, in a child or adolescent, treatment by segmental instrumentation and fusion of the spine, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.) (See para TN.8.118 of explanatory notes to this Category) Fee: \$3,565.85 Benefit: 75% = \$2674.40	
50612	Scoliosis or kyphosis, in a child or adolescent, with spinal deformity, treatment by segmental instrumentation, utilising separate anterior and posterior approaches, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.) (See para TN.8.118 of explanatory notes to this Category) Fee: \$5,072.05 Benefit: 75% = \$3804.05	

T8. SURGICAL OPERATIONS		15. ORTHOPAEDIC
50616	<p>Scoliosis, in a child or adolescent, re-exploration for adjustment or removal of segmental instrumentation used for correction of spine deformity (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$644.45 Benefit: 75% = \$483.35</p>	
50620	<p>Scoliosis, in a child or adolescent, revision of failed scoliosis surgery, involving more than one of osteotomy, fusion, removal of instrumentation or instrumentation, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$3,565.85 Benefit: 75% = \$2674.40</p>	
50624	<p>Scoliosis, in a child or adolescent, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke or similar) - not more than 4 levels (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$3,565.85 Benefit: 75% = \$2674.40</p>	
50628	<p>Scoliosis, in a child or adolescent, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke or similar)—more than 4 levels (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$4,404.75 Benefit: 75% = \$3303.60</p>	
50632	<p>Scoliosis or kyphosis, in a child or adolescent, requiring segmental instrumentation and fusion of the spine down to and including the pelvis or sacrum, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$3,702.90 Benefit: 75% = \$2777.20</p>	
50636	<p>Scoliosis, in a child or adolescent, requiring anterior decompression of the spinal cord with vertebral resection and instrumentation in the presence of spinal cord involvement, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$4,114.30 Benefit: 75% = \$3085.75</p>	
50640	<p>Scoliosis, in a child or adolescent, congenital, resection and fusion of abnormal vertebra via an anterior or posterior approach, other than a service to which any of items 51011 to 51171 apply (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$2,274.35 Benefit: 75% = \$1705.80</p>	
50644	<p>Spine, bone graft to, for a child or adolescent, associated with surgery for correction of scoliosis or kyphosis or both (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$2,194.40 Benefit: 75% = \$1645.80</p>	
TREATMENT OF HIP DYSPLASIA OR DISLOCATION IN PAEDIATRIC PATIENTS		
50654	<p>Treatment of hip dysplasia or dislocation, for a patient under the age of 18 years, by examination or closed reduction (or both), with or without arthrography of the hip under anaesthesia, and with application or reapplication of a hip spica (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.118 of explanatory notes to this Category)</p> <p>Fee: \$516.75 Benefit: 75% = \$387.60</p>	

T8. SURGICAL OPERATIONS		16. RADIOFREQUENCY AND MICROWAVE TISSUE ABLATION
Group T8. Surgical Operations		
Subgroup 16. Radiofrequency And Microwave Tissue Ablation		
	Unresectable primary malignant tumour of the liver, destruction of, by percutaneous ablation (including any associated imaging services), other than a service associated with a service to which item 30419 or 50952 applies	
	(Anaes.)	
50950	Fee: \$850.20	Benefit: 75% = \$637.65 85% = \$765.50
	Unresectable primary malignant tumour of the liver, destruction of, by open or laparoscopic ablation (including any associated imaging services), if a multi-disciplinary team has assessed that percutaneous ablation cannot be performed or is not practical because of one or more of the following clinical circumstances: (a) percutaneous access cannot be achieved; (b) vital organs or tissues are at risk of damage from the percutaneous ablation procedure; (c) resection of one part of the liver is possible, however there is at least one primary liver tumour in an unresectable portion of the liver that is suitable for ablation; other than a service associated with a service to which item 30419 or 50950 applies	
	(Anaes.)	
	(See para TN.8.120 of explanatory notes to this Category)	
50952	Fee: \$850.20	Benefit: 75% = \$637.65 85% = \$765.50

T8. SURGICAL OPERATIONS		17. SPINAL SURGERY
Group T8. Surgical Operations		
Subgroup 17. Spinal Surgery		
	Spinal decompression or exposure via partial or total laminectomy, partial vertebrectomy or posterior spinal release, one motion segment, not being a service associated with a service to which item 51012, 51013, 51014 or 51015 applies (Anaes.) (Assist.)	
	(See para TN.8.141, TN.8.142 of explanatory notes to this Category)	
51011	Fee: \$1,493.65	Benefit: 75% = \$1120.25
	Spinal decompression or exposure via partial or total laminectomy, partial vertebrectomy or posterior spinal release, 2 motion segments, not being a service associated with a service to which item 51011, 51013, 51014 or 51015 applies (Anaes.) (Assist.)	
	(See para TN.8.141, TN.8.142 of explanatory notes to this Category)	
51012	Fee: \$1,991.30	Benefit: 75% = \$1493.50
	Spinal decompression or exposure via partial or total laminectomy, partial vertebrectomy or posterior spinal release, 3 motion segments, not being a service associated with a service to which item 51011, 51012, 51014 or 51015 applies (Anaes.) (Assist.)	
	(See para TN.8.141, TN.8.142 of explanatory notes to this Category)	
51013	Fee: \$2,489.20	Benefit: 75% = \$1866.90

T8. SURGICAL OPERATIONS		17. SPINAL SURGERY
51014	<p>Spinal decompression or exposure via partial or total laminectomy, partial vertebrectomy or posterior spinal release, 4 motion segments, not being a service associated with a service to which item 51011, 51012, 51013 or 51015 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.142 of explanatory notes to this Category) Fee: \$2,987.05 Benefit: 75% = \$2240.30</p>	
51015	<p>Spinal decompression or exposure via partial or total laminectomy, partial vertebrectomy or posterior spinal release, more than 4 motion segments, not being a service associated with a service to which item 51011, 51012, 51013 or 51014 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.142 of explanatory notes to this Category) Fee: \$3,484.90 Benefit: 75% = \$2613.70</p>	
51020	<p>Simple fixation of part of one vertebra (not motion segment) including pars interarticularis, spinous process or pedicle, or simple interspinous wiring between 2 adjacent vertebral levels, not being a service associated with:</p> <p>(a) interspinous dynamic stabilisation devices; or</p> <p>(b) a service to which item 51021, 51022, 51023, 51024, 51025 or 51026 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.143 of explanatory notes to this Category) Fee: \$796.45 Benefit: 75% = \$597.35</p>	
51021	<p>Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, one motion segment, not being a service associated with a service to which item 51020, 51022, 51023, 51024, 51025 or 51026 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.143 of explanatory notes to this Category) Fee: \$1,333.15 Benefit: 75% = \$999.90</p>	
51022	<p>Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 2 motion segments, not being a service associated with a service to which item 51020, 51021, 51023, 51024, 51025 or 51026 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.143 of explanatory notes to this Category) Fee: \$1,658.30 Benefit: 75% = \$1243.75</p>	
51023	<p>Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 3 or 4 motion segments, not being a service associated with a service to which item 51020, 51021, 51022, 51024, 51025 or 51026 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.143 of explanatory notes to this Category) Fee: \$1,973.45 Benefit: 75% = \$1480.10</p>	
51024	<p>Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 5 or 6 motion segments, not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51025 or 51026 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.143 of explanatory notes to this Category) Fee: \$2,278.30 Benefit: 75% = \$1708.75</p>	
51025	<p>Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 7 to 12 motion segments, not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51024 or 51026 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.143 of explanatory notes to this Category) Fee: \$2,662.90 Benefit: 75% = \$1997.20</p>	

T8. SURGICAL OPERATIONS		17. SPINAL SURGERY
51026	<p>Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, more than 12 motion segments, not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51024 or 51025 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.143 of explanatory notes to this Category)</p> <p>Fee: \$2,915.45 Benefit: 75% = \$2186.60</p>	
51031	<p>Spine, posterior and/or posterolateral bone graft to, one motion segment, not being a service associated with a service to which item 51032, 51033, 51034, 51035 or 51036 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.144 of explanatory notes to this Category)</p> <p>Fee: \$979.60 Benefit: 75% = \$734.70</p>	
51032	<p>Spine, posterior and/or posterolateral bone graft to, 2 motion segments, not being a service associated with a service to which item 51031, 51033, 51034, 51035 or 51036 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.144 of explanatory notes to this Category)</p> <p>Fee: \$1,175.55 Benefit: 75% = \$881.70</p>	
51033	<p>Spine, posterior and/or posterolateral bone graft to, 3 motion segments, not being a service associated with a service to which item 51031, 51032, 51034, 51035 or 51036 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.144 of explanatory notes to this Category)</p> <p>Fee: \$1,371.50 Benefit: 75% = \$1028.65</p>	
51034	<p>Spine, posterior and/or posterolateral bone graft to, 4 to 7 motion segments, not being a service associated with a service to which item 51031, 51032, 51033, 51035 or 51036 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.144 of explanatory notes to this Category)</p> <p>Fee: \$1,469.40 Benefit: 75% = \$1102.05</p>	
51035	<p>Spine, posterior and/or posterolateral bone graft to, 8 to 11 motion segments, not being a service associated with a service to which item 51031, 51032, 51033, 51034 or 51036 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.144 of explanatory notes to this Category)</p> <p>Fee: \$1,567.35 Benefit: 75% = \$1175.55</p>	
51036	<p>Spine, posterior and/or posterolateral bone graft to, 12 or more motion segments, not being a service associated with a service to which item 51031, 51032, 51033, 51034 or 51035 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.144 of explanatory notes to this Category)</p> <p>Fee: \$1,665.35 Benefit: 75% = \$1249.05</p>	
51041	<p>Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), one motion segment, not being a service associated with a service to which item 51042, 51043, 51044 or 51045 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.145 of explanatory notes to this Category)</p> <p>Fee: \$1,126.55 Benefit: 75% = \$844.95</p>	
51042	<p>Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), 2 motion segments, not being a service associated with a service to which item 51041, 51043, 51044 or 51045 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.145 of explanatory notes to this Category)</p> <p>Fee: \$1,577.20 Benefit: 75% = \$1182.90</p>	
51043	<p>Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), 3 motion segments, not being a service associated with a service to which item 51041, 51042, 51044 or 51045 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.145 of explanatory notes to this Category)</p>	

T8. SURGICAL OPERATIONS		17. SPINAL SURGERY
	Fee: \$1,971.55 Benefit: 75% = \$1478.70	
51044	<p>Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), 4 motion segments, not being a service associated with a service to which item 51041, 51042, 51043 or 51045 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.145 of explanatory notes to this Category)</p> <p>Fee: \$2,140.50 Benefit: 75% = \$1605.40</p>	
51045	<p>Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), 5 or more motion segments, not being a service associated with a service to which item 51041, 51042, 51043 or 51044 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.145 of explanatory notes to this Category)</p> <p>Fee: \$2,253.15 Benefit: 75% = \$1689.90</p>	
51051	<p>Pedicle subtraction osteotomy, one vertebra, not being a service associated with a service to which item 51052, 51053, 51054, 51055, 51056, 51057, 51058 or 51059 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.146 of explanatory notes to this Category)</p> <p>Fee: \$1,924.95 Benefit: 75% = \$1443.75</p>	
51052	<p>Pedicle subtraction osteotomy, 2 vertebrae, not being a service associated with a service to which item 51051, 51053, 51054, 51055, 51056, 51057, 51058 or 51059 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.146 of explanatory notes to this Category)</p> <p>Fee: \$2,341.20 Benefit: 75% = \$1755.90</p>	
51053	<p>Vertebral column resection osteotomy performed through single posterior approach, one vertebra, not being a service associated with a service to which item 51051, 51052, 51054, 51055, 51056, 51057, 51058 or 51059 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.146 of explanatory notes to this Category)</p> <p>Fee: \$2,663.70 Benefit: 75% = \$1997.80</p>	
51054	<p>Vertebral body, piecemeal or subtotal excision of (where piecemeal or subtotal excision is defined as removal of more than 50% of the vertebral body), one vertebra, not being a service associated with:</p> <p>(a) anterior column fusion when at the same motion segment; or</p> <p>(b) a service to which item 51051, 51052, 51053, 51055, 51056, 51057, 51058 or 51059 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.146 of explanatory notes to this Category)</p> <p>Fee: \$1,420.30 Benefit: 75% = \$1065.25</p>	
51055	<p>Vertebral body, piecemeal or subtotal excision of (where piecemeal or subtotal excision is defined as removal of more than 50% of the vertebral body), 2 vertebrae, not being a service associated with:</p> <p>(a) anterior column fusion when at the same motion segment; or</p> <p>(b) a service to which item 51051, 51052, 51053, 51054, 51056, 51057, 51058 or 51059 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.146 of explanatory notes to this Category)</p> <p>Fee: \$2,130.45 Benefit: 75% = \$1597.85</p>	
51056	<p>Vertebral body, piecemeal or subtotal excision of (where piecemeal or subtotal excision is defined as removal of more than 50% of the vertebral body), 3 or more vertebrae, not being a service associated with:</p>	

T8. SURGICAL OPERATIONS		17. SPINAL SURGERY
	<p>(a) anterior column fusion when at the same motion segment; or</p> <p>(b) a service to which item 51051, 51052, 51053, 51054, 51055, 51057, 51058 or 51059 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.146 of explanatory notes to this Category) Fee: \$2,485.50 Benefit: 75% = \$1864.15</p>	
51057	<p>Vertebral body, en bloc excision of (complete spondylectomy), one vertebra, not being a service associated with:</p> <p>(a) anterior column fusion when at the same motion segment; or</p> <p>(b) a service to which item 51051, 51052, 51053, 51054, 51055, 51056, 51058 or 51059 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.146 of explanatory notes to this Category) Fee: \$2,497.25 Benefit: 75% = \$1872.95</p>	
51058	<p>Vertebral body, en bloc excision of (complete spondylectomy), 2 vertebrae, not being a service associated with:</p> <p>(a) anterior column fusion when at the same motion segment; or</p> <p>(b) a service to which item 51051, 51052, 51053, 51054, 51055, 51056, 51057 or 51059 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.146 of explanatory notes to this Category) Fee: \$2,809.90 Benefit: 75% = \$2107.45</p>	
51059	<p>Vertebral body, en bloc excision of (complete spondylectomy), 3 or more vertebrae, not being a service associated with:</p> <p>(a) anterior column fusion when at the same motion segment; or</p> <p>(b) a service to which item 51051, 51052, 51053, 51054, 51055, 51056, 51057 or 51058 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.146 of explanatory notes to this Category) Fee: \$3,433.75 Benefit: 75% = \$2575.35</p>	
51061	<p>Spinal fusion, anterior and posterior, including spinal instrumentation at one motion segment, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51062, 51063, 51064, 51065 or 51066 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.147 of explanatory notes to this Category) Fee: \$2,949.50 Benefit: 75% = \$2212.15</p>	
51062	<p>Spinal fusion, anterior and posterior, including spinal instrumentation at 2 motion segments, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51061, 51063, 51064, 51065 or 51066 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.147 of explanatory notes to this Category) Fee: \$3,823.25 Benefit: 75% = \$2867.45</p>	
51063	<p>Spinal fusion, anterior and posterior, including spinal instrumentation at 3 motion segments, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51061, 51062, 51064, 51065 or 51066 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.147 of explanatory notes to this Category)</p>	

T8. SURGICAL OPERATIONS		17. SPINAL SURGERY
	Fee: \$4,630.65 Benefit: 75% = \$3473.00	
51064	Spinal fusion, anterior and posterior, including spinal instrumentation at 4 to 7 motion segments, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51061, 51062, 51063, 51065 or 51066 applies (Anaes.) (Assist.) (See para TN.8.141, TN.8.147 of explanatory notes to this Category) Fee: \$5,153.55 Benefit: 75% = \$3865.20	
51065	Spinal fusion, anterior and posterior, including spinal instrumentation at 8 to 11 motion segments, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51061, 51062, 51063, 51064 or 51066 applies (Anaes.) (Assist.) (See para TN.8.141, TN.8.147 of explanatory notes to this Category) Fee: \$5,699.80 Benefit: 75% = \$4274.85	
51066	Spinal fusion, anterior and posterior, including spinal instrumentation at 12 or more motion segments, posterior and/or posterolateral bone graft, and anterior column fusion not being a service associated with a service to which item 51061, 51062, 51063, 51064 or 51065 applies (Anaes.) (Assist.) (See para TN.8.141, TN.8.147 of explanatory notes to this Category) Fee: \$6,001.25 Benefit: 75% = \$4500.95	
51071	Removal of intradural lesion, not being a service associated with a service to which item 51072 or 51073 applies (Anaes.) (Assist.) (See para TN.8.141 of explanatory notes to this Category) Fee: \$2,601.30 Benefit: 75% = \$1951.00	
51072	Craniocervical junction lesion, transoral approach for, not being a service associated with a service to which item 51071 or 51073 applies (Anaes.) (Assist.) (See para TN.8.141 of explanatory notes to this Category) Fee: \$2,705.35 Benefit: 75% = \$2029.05	
51073	Removal of intramedullary tumour or arteriovenous malformation, not being a service associated with a service to which item 51071 or 51072 applies (Anaes.) (Assist.) (See para TN.8.141 of explanatory notes to this Category) Fee: \$3,433.75 Benefit: 75% = \$2575.35	
51102	Thoracoplasty in combination with thoracic scoliosis correction—3 or more ribs (Anaes.) (Assist.) (See para TN.8.141 of explanatory notes to this Category) Fee: \$1,231.40 Benefit: 75% = \$923.55	
51103	Odontoid screw fixation (Anaes.) (Assist.) (See para TN.8.141, TN.8.148 of explanatory notes to this Category) Fee: \$2,164.05 Benefit: 75% = \$1623.05	
51110	Spine, treatment of fracture, dislocation or fracture dislocation, with immobilisation by calipers or halo, not including application of skull tongs or calipers as part of operative positioning (Anaes.) (See para TN.8.141 of explanatory notes to this Category) Fee: \$783.80 Benefit: 75% = \$587.85 85% = \$699.10	
51111	Skull calipers or halo, insertion of, as an independent procedure (Anaes.) (See para TN.8.141 of explanatory notes to this Category) Fee: \$333.10 Benefit: 75% = \$249.85	

T8. SURGICAL OPERATIONS		17. SPINAL SURGERY
51112	<p>Plaster jacket, application of, as an independent procedure (Anaes.)</p> <p>(See para TN.8.141 of explanatory notes to this Category)</p> <p>Fee: \$225.25 Benefit: 75% = \$168.95 85% = \$191.50</p>	
51113	<p>Halo, application of, in addition to spinal fusion for scoliosis, or other conditions (Anaes.)</p> <p>(See para TN.8.141 of explanatory notes to this Category)</p> <p>Fee: \$249.80 Benefit: 75% = \$187.35</p>	
51114	<p>Halo thoracic orthosis—application of both halo and thoracic jacket (Anaes.)</p> <p>(See para TN.8.141 of explanatory notes to this Category)</p> <p>Fee: \$440.95 Benefit: 75% = \$330.75</p>	
51115	<p>Halo femoral traction, as an independent procedure (Anaes.)</p> <p>(See para TN.8.141 of explanatory notes to this Category)</p> <p>Fee: \$440.95 Benefit: 75% = \$330.75 85% = \$374.85</p>	
51120	<p>Bone graft, harvesting of autogenous graft, via separate incision or via subcutaneous approach, in conjunction with spinal fusion, other than for the purposes of bone graft obtained from the cervical, thoracic, lumbar or sacral spine (Anaes.)</p> <p>(See para TN.8.141 of explanatory notes to this Category)</p> <p>Fee: \$245.05 Benefit: 75% = \$183.80</p>	
51130	<p>Lumbar artificial intervertebral total disc replacement, at one motion segment only, including removal of disc and marginal osteophytes:</p> <p>(a) for a patient who:</p> <p>(i) has not had prior spinal fusion surgery at the same lumbar level; and</p> <p>(ii) does not have vertebral osteoporosis; and</p> <p>(iii) has failed conservative therapy; and</p> <p>(b) not being a service associated with a service to which item 51011, 51012, 51013, 51014 or 51015 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141 of explanatory notes to this Category)</p> <p>Fee: \$1,866.35 Benefit: 75% = \$1399.80</p>	
51131	<p>Cervical artificial intervertebral total disc replacement, at one motion segment only, including removal of disc and marginal osteophytes, for a patient who:</p> <p>(a) has not had prior spinal surgery at the same cervical level; and</p> <p>(b) is skeletally mature; and</p> <p>(c) has symptomatic degenerative disc disease with radiculopathy; and</p> <p>(d) does not have vertebral osteoporosis; and</p> <p>(e) has failed conservative therapy (Anaes.) (Assist.)</p> <p>(See para TN.8.141 of explanatory notes to this Category)</p> <p>Fee: \$1,126.55 Benefit: 75% = \$844.95</p>	

T8. SURGICAL OPERATIONS		17. SPINAL SURGERY
51140	<p>Previous spinal fusion, re-exploration for, involving adjustment or removal of instrumentation up to 3 motion segments, not being a service associated with a service to which item 51141 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141 of explanatory notes to this Category) Fee: \$460.40 Benefit: 75% = \$345.30</p>	
51141	<p>Previous spinal fusion, re-exploration for, involving adjustment or removal of instrumentation more than 3 motion segments, not being a service associated with a service to which item 51140 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141 of explanatory notes to this Category) Fee: \$851.70 Benefit: 75% = \$638.80</p>	
51145	<p>Wound debridement or excision for post operative infection or haematoma following spinal surgery (Anaes.) (Assist.)</p> <p>(See para TN.8.141 of explanatory notes to this Category) Fee: \$460.40 Benefit: 75% = \$345.30</p>	
51150	<p>Coccyx, excision of (Anaes.) (Assist.)</p> <p>(See para TN.8.141 of explanatory notes to this Category) Fee: \$463.50 Benefit: 75% = \$347.65</p>	
51160	<p>Anterior exposure of thoracic or lumbar spine, one motion segment, not being a service to which item 51165 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.149 of explanatory notes to this Category) Fee: \$1,196.60 Benefit: 75% = \$897.45</p>	
51165	<p>Anterior exposure of thoracic or lumbar spine, more than one motion segment, not being a service to which item 51160 applies (Anaes.) (Assist.)</p> <p>(See para TN.8.141, TN.8.149 of explanatory notes to this Category) Fee: \$1,508.75 Benefit: 75% = \$1131.60</p>	
51170	<p>Syringomyelia or hydromyelia, craniotomy for, with or without duraplasty, intradural dissection, plugging of obex or local cerebrospinal fluid shunt (Anaes.) (Assist.)</p> <p>(See para TN.8.141 of explanatory notes to this Category) Fee: \$2,273.15 Benefit: 75% = \$1704.90</p>	
51171	<p>Syringomyelia or hydromyelia, treatment by direct cerebrospinal fluid shunt (for example, syringosubarachnoid shunt, syringopleural shunt or syringoperitoneal shunt) (Anaes.) (Assist.)</p> <p>(See para TN.8.141 of explanatory notes to this Category) Fee: \$954.60 Benefit: 75% = \$715.95</p>	