

HEALTH INSURANCE ACT 1973

No. 42 of 1974

An Act providing for Payments by way of Medical Benefits and Payments for Hospital Services and for other purposes.

BE IT ENACTED by the Queen, the Senate and the House of Representatives of Australia, as follows:—

PART I—PRELIMINARY

1. This Act may be cited as the *Health Insurance Act 1973*.¹ Short title.
2. This Act shall come into operation on the day on which it receives the Royal Assent.¹ Commence-
ment.
3. (1) In this Act, unless the contrary intention appears— Interpret-
ation.
 - “agreement” means an agreement under section 30;
 - “amendment alleviating the operation of the means test”, in relation to a person, means an amendment of the *Social Services Act 1947-1967*, or the *Repatriation Act 1920-1966*, that operates to diminish or eliminate any reduction that would otherwise be made in the rate of pension or allowance payable to or in respect of a person by reason of his means as assessed as defined by—
 - (a) section 18 or 59 of the *Social Services Act 1947-1967* or of that Act as amended at any time; or
 - (b) section 83 of the *Repatriation Act 1920-1966* or of that Act as amended at any time,as the case may be;
 - “approved bed”, in relation to a hospital, means a bed included in the number of beds at the hospital to which the approval under section 24 in relation to the hospital relates;
 - “Australian resident” means a person who is residing in Australia and includes—
 - (a) a person whose domicile is in Australia, other than a person in respect of whom the Commission is satisfied that the person’s permanent place of abode is outside Australia; and
 - (b) a person who has been in Australia, whether continuously or intermittently, during more than one-half of the year ending on the day on which the question whether he

is or is not an Australian resident arises, other than a person in respect of whom the Commission is satisfied that—

- (i) the person's usual place of abode is outside Australia; and
- (ii) the person does not intend to take up residence in Australia,

but does not include—

- (c) the head of a diplomatic mission established in Australia;
- (d) a member of the staff (not being an Australian citizen) of a diplomatic mission established in Australia; or
- (e) a member of the family of a person referred to in paragraph (c) or (d) who forms part of the household of that person and is not an Australian citizen;

“Commission” means the Health Insurance Commission established by the *Health Insurance Commission Act 1973*;

“dental practitioner” means a person registered or licensed as a dental practitioner or dentist under a law of a State or Territory that provides for the registration or licensing of dental practitioners or dentists;

“dependant”, in relation to an eligible pensioner, means—

- (a) the wife of the pensioner;
- (b) a woman who is living with the pensioner as his wife on a permanent and *bona fide* domestic basis, although not legally married to him;
- (c) a child under the age of 16 years in the custody, care and control of the pensioner or of the wife or husband of the pensioner; or
- (d) a person wholly or substantially dependent on the pensioner or on the wife or husband of the pensioner, being a person who—
 - (i) has attained the age of 16 years;
 - (ii) is receiving full-time education at a school, college or university;
 - (iii) is not in receipt of an invalid pension under Part III of the *Social Services Act 1947-1973*; and
 - (iv) except where the pensioner is a person to whom, or in respect of whom, there is being paid a service pension under the *Repatriation Act 1920-1973*—is wholly or substantially dependent on the pensioner;

“diagnostic service” means a professional service covered by—

- (a) unless the regulations otherwise provide, item 631, 632, 641, 651 or 661 or an item in Part VII or Part VIII of the table; or
- (b) any other prescribed item,

and includes any professional service given for health-screening purposes;

“eligible pensioner” means—

- (a) a person to whom or in respect of whom—

- (i) there is being paid an age pension, an invalid pension, a widow’s pension or a sheltered employment allowance under the *Social Services Act* 1947-1973; or
 - (ii) such a pension or allowance would be payable if the person were not receiving vocational training under Part VIII of that Act,

other than such a person to whom or in respect of whom such a pension or allowance would not be payable if any amendment of that Act, being—

- (iii) an amendment alleviating the operation of the means test in relation to that person made after the date on which the *Social Services Act* 1967 received the Royal Assent; or
 - (iv) an amendment of a rate of pension, allowance or benefit made after the date of commencement of the *Social Services Act* (No. 4) 1973,

had not been made;

- (b) a person to whom or in respect of whom there is being paid a service pension under the *Repatriation Act* 1920-1973, other than such a person to whom or in respect of whom such a pension would not be payable if—

- (i) any amendment of that Act, being—

- (A) an amendment alleviating the operation of the means test in relation to that person made after the date of commencement of the *Repatriation Act* 1966; or
 - (B) an amendment of a rate of pension, allowance or benefit under Division 5 of Part III made after the date of commencement of the *Repatriation Act* (No. 3) 1973,

had not been made; or

(ii) any amendment of the *Social Services Act* 1947-1967, being—

(A) an amendment alleviating the operation of the means test in relation to that person made after the date on which the *Social Services Act* 1967 received the Royal Assent; or

(B) an amendment of a rate of pension, allowance or benefit made after the date of commencement of the *Social Services Act* (No. 4) 1973,

had not been made; and

(c) a person to whom or in respect of whom there is being paid an allowance under the *Tuberculosis Act* 1948;

“eligible person” means an Australian resident and, except as otherwise prescribed, includes any other person in Australia;

“friendly society” means a society registered under a State Act or a law of a Territory providing for the registration of friendly or benefit societies;

“hospital” means premises approved as a hospital by the Minister under section 24;

“hospital patient”, in relation to a hospital, means an in-patient in respect of whom the hospital provides comprehensive care, including all necessary medical, nursing and diagnostic services and, if they are available at the hospital, dental and paramedical services, by means of its own staff or by other agreed arrangements;

“hospital treatment” means accommodation and nursing care for the purpose of permitting the provision of professional attention;

“in-patient”, in relation to a hospital, means a person who occupies an approved bed in a hospital for the purpose of hospital treatment but does not include—

(a) a member of the staff of the hospital who is receiving treatment in his or her own quarters; or

(b) except as provided by sub-section (2), a newly-born child whose mother also occupies a bed in the hospital;

“item” means an item in the table;

“medical benefit” means a medical benefit under Part II;

“medical expenses” means an amount payable in respect of a professional service;

“medical practitioner” means a person registered or licensed as a medical practitioner under a law of a State or Territory that provides for the registration or licensing of medical practitioners;

“net operating costs” means—

- (a) in relation to all recognized hospitals in a State—net operating costs as defined by the agreement with that State; or
- (b) in relation to a recognized hospital in an internal Territory—net operating costs as prescribed;

“nursing care” means nursing care given by or under the supervision of a registered nurse;

“organization” means a society, body or group of persons, whether corporate or unincorporate;

“out-patient service”, in relation to a hospital, means a health service or procedure provided by the hospital to an eligible person other than an in-patient of the hospital;

“practitioner” means a medical practitioner or a dental practitioner;

“private hospital” means a hospital that is not a recognized hospital;

“private patient”, in relation to a hospital, means an in-patient of the hospital who is not a hospital patient;

“professional attention” means—

- (a) medical or surgical treatment by or under the supervision of a medical practitioner;
- (b) obstetric treatment by or under the supervision of a medical practitioner or a registered nurse with obstetric qualifications; or
- (c) dental treatment by or under the supervision of a dental practitioner;

“professional service” means—

- (a) a medical service specified in an item that is rendered by or on behalf of a medical practitioner; or
- (b) a prescribed medical service specified in an item that is rendered in an operating theatre of a hospital by a dental practitioner approved by the Minister for the purposes of this definition;

“proprietor”, in relation to premises, includes an authority or body of persons that has lawful control of the premises;

“recognized hospital” means a hospital that is a recognized hospital for the purposes of an agreement or for the purposes of section 32;

“registered nurse” means—

- (a) a person registered under a law of a State or Territory (other than the State of South Australia) as a general nurse; or
- (b) a person registered under a law of the State of South Australia as a nurse;

“table” means the table of medical services set out in Schedule 1.

(2) For the purposes of this Act—

- (a) a newly-born child who occupies an approved bed in an intensive care facility in a hospital, being a facility approved by the Minister for the purposes of this sub-section, for the purpose of the provision of special care shall be deemed to be an in-patient of the hospital; and
- (b) where there are two or more newly-born children of the same mother in a hospital—each such child in excess of one shall be deemed to be an in-patient of the hospital.

(3) Where an anaesthetic is administered to a patient—

- (a) pre-medication of the patient in preparation for the administration of the anaesthetic; and
- (b) pre-operative examination of the patient in preparation for the administration of the anaesthetic, being an examination carried out during the attendance at which the anaesthetic is administered,

shall, for the purposes of this Act, be deemed to form part of the professional service constituted by the administration of the anaesthetic.

(4) A reference in this Act to a professional attendance or to an attendance is a reference to an attendance by a medical practitioner on a patient, including an attendance at the medical practitioner's rooms or surgery.

(5) Unless the Minister otherwise directs, a professional service, not being a service specified in an item in Part I of the table, shall be deemed to include all professional attendances necessary for the purposes of post-operative treatment of the person to whom the professional service is rendered.

(6) Where a professional service rendered to a person includes a medical procedure that would, but for this sub-section, itself be a professional service, that procedure shall, in respect of that person, be deemed not to be a professional service.

Variations
and
alterations of
table of
medical
services.

4. (1) The regulations may provide that this Act shall have effect as if the table were varied—

- (a) by omitting an item or rule of interpretation from the table;
- (b) by inserting an item or rule of interpretation in the table; or
- (c) by substituting another amount for an amount set out in an item in the table.

(2) The regulations may prescribe a table of medical services in accordance with the form of table set out in Schedule 1.

(3) On the commencement of a regulation prescribing a table of medical services—

- (a) the table so prescribed has effect as if it were set out in Schedule 1 in the place of the table (in this sub-section referred to as “the superseded table”) in that Schedule; and
- (b) the superseded table or, if another table has effect, by virtue of this section, in the place of the superseded table, that other table ceases to have effect.

(4) The regulations may amend a table that has effect by virtue of paragraph (3) (a) and, on the commencement of the amendment, the table as so amended has effect in the place of the first-mentioned table.

(5) In this section, a reference to a table of medical services shall be read as including a reference to rules for the interpretation of that table.

(6) Regulations under this section shall, unless sooner repealed, cease to be in force on the day next following the fifteenth sitting day of the House of Representatives after the expiration of a period of 12 months commencing on the day on which the regulations are notified in the *Gazette*, and shall be deemed to have been repealed on that first-mentioned day.

5. (1) The Commission may, for the purpose of facilitating the handling of claims under this Act, issue to an eligible person a health insurance card setting out—

Health insurance cards.

- (a) the name of the eligible person and the number allotted to him by the Commission; and
- (b) if the Commission thinks fit, the name or names of any child or children of whom the eligible person is a parent or guardian and the number allotted to that child or to each of those children.

(2) A health insurance card shall not contain any personal particulars other than those specified in sub-section (1).

6. (1) A person who is in Australia but is not an eligible person may apply to the Commission for the application to him, during his stay in Australia, and to any child or children living with him in Australia, during the stay in Australia of that child or of those children, of this Act as if he or he and that child or each of those children were an eligible person or eligible persons.

Persons in Australia may apply for application of Act to them.

(2) The Commission may approve an application under sub-section (1) subject to such conditions as it determines, including the payment of a premium by the applicant.

(3) An approval under sub-section (2) shall be expressed to relate to a specified period, which may commence on a date earlier than the date of the approval.

(4) Where an application under sub-section (1) has been approved, a person to whom the application relates shall, subject to any condition imposed under sub-section (2) and to sub-section (5), be treated as an

eligible person for the purposes of this Act during the period to which the approval relates.

(5) A person to whom an application referred to in sub-section (4) relates shall not be treated as an eligible person for the purposes of this Act during any period during which he is outside Australia.

Agreement
for
reciprocal
treatment of
visitors to
Australia
and other
countries.

7. (1) The Government of Australia may enter into an agreement with the Government of another country under which each Government agrees to arrange for visitors to the country of that Government from the country of that other Government to be treated, for the purpose of the provision of medical and hospital care, as if they were residents or citizens of the country of that Government.

(2) A visitor to Australia to whom an agreement under sub-section (1) relates shall, subject to the agreement, be treated as an eligible person for the purposes of this Act during his stay in Australia.

PART II—MEDICAL BENEFITS

Interpret-
ation.

8. For the purposes of this Part, an internal Territory shall be deemed to form part of the State of New South Wales.

Medical
benefits
calculated by
reference to
fees.

9. Medical benefits under this Part shall be calculated by reference to the fees for medical services set out in the table.

Entitlement
to medical
benefits.

10. (1) Where, on or after a date to be fixed by Proclamation for the purposes of this section, medical expenses are incurred in respect of a professional service rendered in Australia to an eligible person, a medical benefit calculated in accordance with sub-section (2) is payable, subject to and in accordance with this Act, in respect of that professional service.

(2) A medical benefit under sub-section (1) in respect of a professional service is an amount equal to—

- (a) 85 per centum of the fee specified in respect of that professional service in the table in relation to the State in which the service was rendered; or
- (b) if the amount calculated under paragraph (a) is less by more than \$5 than the fee from which it is calculated—an amount that is less by \$5 than that fee.

(3) Where an amount calculated in accordance with sub-section (2) is not a multiple of 5 cents, the amount of cents shall be increased to the nearest higher amount that is a multiple of 5 cents.

11. (1) Where—

(a) a claim for a medical benefit in respect of a professional service is received by the Commission; and

Increased fee
in complex
cases.

(b) the claimant—

(i) being the practitioner who rendered the service, states in the claim that the service was of unusual length or complexity; or

(ii) not being the practitioner who rendered the service, forwards with the claim a statement by the practitioner who rendered the service that the service was of unusual length or complexity,

the Commission shall deal with the claim in accordance with the succeeding provisions of this section.

(2) Where the Commission considers that the professional service referred to in the claim is of unusual length or complexity, the Commission shall—

(a) if the Commission considers that the service is of a kind in respect of which an increased fee may be fixed in accordance with principles furnished to the Commission under paragraph (b) or sub-section 12 (5)—fix an increased fee for that service, in accordance with those principles, for the purposes of that claim; or

(b) in any other case—refer to the Medical Benefits Advisory Committee for its consideration and recommendation the question whether the fee specified in the item that relates to that service should, for the purpose of calculating the medical benefit under that claim, be increased, having regard to the unusual features of that service, and, if it is to be increased, what principles are to be followed in fixing the amount of the increased fee for that service for the purposes of that claim.

(3) Where the Commission receives a recommendation of the Committee under paragraph (2) (b) in favour of an increased fee in respect of a professional service to which a claim referred to in sub-section (1) relates, the Commission may fix an increased fee for that service, in accordance with the principles set out in that recommendation, for the purposes of that claim.

(4) Where an increased fee is fixed under paragraph (2) (a) or under sub-section (3) in respect of a professional service for the purposes of a claim referred to in sub-section (1), the Commission shall—

(a) inform the claimant, by notice in writing, of the amount of the increased fee so fixed; and

(b) calculate the medical benefit payable in respect of that professional service for the purposes of that claim as if the increased fee so fixed were set out in the item that relates to that professional service.

(5) Where the Commission considers that a professional service referred to in a claim under sub-section (1) is not of unusual length or complexity, the Commission shall inform the claimant, by notice in writing, accordingly.

Appeal from
decision on
increased
fee.

12. (1) Where the Commission notifies a person under sub-section 11 (4) or (5) of a decision of the Commission, the person may, within one month after the receipt of that notification, lodge with the Minister an appeal against that decision.

(2) The Minister shall refer an appeal under sub-section (1) to the Medical Benefits Advisory Committee for its consideration and recommendation whether the appeal should be allowed or dismissed and, if the appeal is to be allowed, what increased fee is to be fixed for the purposes of the claim to which the appeal relates.

(3) Where an appeal under sub-section (1) is against the amount of an increased fee fixed by the Commission and the appeal is to be allowed, the Committee shall not recommend an increased fee that is less than the amount of the increased fee to which the appeal relates.

(4) Where a recommendation of the Committee on an appeal under sub-section (1) specifies the amount of an increased fee to be fixed, the Committee may, in the recommendation, set out the principles followed by the Committee in calculating that amount.

(5) The Minister shall furnish to the Commission a statement of principles received by him in a recommendation referred to in sub-section (4).

(6) When the Minister has received the recommendation of the Medical Benefits Advisory Committee on an appeal under sub-section (1), the Minister shall, in accordance with the recommendation, either allow or dismiss the appeal and, if he allows the appeal, shall give such directions to the Commission as are necessary to give effect to the recommendation of the Committee.

(7) Where the Minister allows or dismisses an appeal under this section he shall notify the appellant, in writing, accordingly.

Spectacle
lenses.

13. The regulations may provide that, where, at an attendance, an examination of the patient's eyes is made in consequence of which spectacle lenses are prescribed, the medical benefit in respect of any professional service or professional services covered by an item in Part I of the table that is, or are, rendered during that attendance is such portion as is prescribed of the medical benefit that would, but for the regulations, be payable in respect of that professional service or those professional services.

14. A medical benefit payable in respect of a professional service shall not exceed the medical expenses incurred in respect of the professional service.

Medical benefit not to exceed medical expenses incurred.

15. (1) Subject to this section, for the purpose of calculating the amount of a medical benefit payable in respect of the medical expenses incurred in respect of two or more operations, each constituting a professional service covered by an item, that are performed on the one occasion on the one person—

Calculation of medical benefit payable where two or more operations are performed.

(a) the amount specified in those items as fees, other than the greater or greatest of those amounts, shall be deemed to be reduced, as follows:—

- (i) the greater or greatest of the amounts to be deemed to be reduced shall be deemed to be reduced by one-half; and
- (ii) the other amount, or each of the other amounts, to be deemed to be reduced shall be deemed to be reduced by three-quarters; and

(b) the operations shall be deemed to constitute one professional service in respect of which the fee specified in the table in relation to the State in which the service was rendered is an amount equal to the aggregate of the amounts specified as fees in the items relating to those operations, being those amounts as reduced in accordance with paragraph (a).

(2) For the purposes of paragraph (1) (a)—

(a) where two or more amounts referred to in that sub-section are equal, one of those amounts shall be treated as being greater than the other or others of those amounts; and

(b) where, by virtue of a reduction in accordance with that sub-section, an amount is not a multiple of 5 cents, the amount of cents shall be increased to the nearest higher amount that is a multiple of 5 cents.

(3) This section does not apply in relation to an operation, being one of two or more operations performed under the one anaesthetic on the one person, if the practitioner who performed the operation—

(a) did not perform, or assist at, the other operation or any of the other operations; and

(b) did not administer the anaesthetic.

(4) In this section, “operation” does not include a medical service specified in Division 2 of Part 10 of the table.

Admin-
istration of
anaesthetic
and
assistance at
operation.

16. (1) A medical benefit is not, except with the approval of the Commission, payable in respect of the administration of an anaesthetic in connexion with a professional service unless the anaesthetic is administered by a practitioner other than the practitioner who renders the professional service in connexion with which the anaesthetic is administered.

(2) A medical benefit in respect of assistance at an operation is not payable if the assistance is rendered by the anaesthetist or a practitioner assisting the anaesthetist.

(3) Where an item relates to a professional service constituted by—

- (a) assistance at an operation;
- (b) the administration of an anaesthetic; or
- (c) assistance in the administration of an anaesthetic,

the amount of medical benefit payable in respect of that professional service is the same whether the assistance is rendered, or the anaesthetic is administered, by one or more than one practitioner.

(4) For the purpose of calculating the amount of medical benefit payable in respect of the medical expenses incurred in respect of the administration of an anaesthetic to a person for the purposes of two or more operations performed on that person while he is under that anaesthetic—

- (a) the amounts specified as fees in the items that relate to the administration of an anaesthetic for the purposes of those operations, other than the greater or greatest of those amounts, shall be deemed to be reduced as prescribed; and
- (b) the administration of the anaesthetic shall be deemed to constitute one professional service in respect of which the fee specified in the table in relation to the State in which the anaesthetic was administered is an amount equal to the aggregate of the amounts specified as fees in the items relating to the administration of an anaesthetic for the purposes of those operations, being those amounts as reduced in accordance with paragraph (a).

(5) For the purposes of paragraph (4) (a)—

- (a) where two or more amounts referred to in that sub-section are equal, one of those amounts shall be treated as being greater than the other or others of those amounts; and
- (b) where, by virtue of a reduction in accordance with that sub-section, an amount is not a multiple of 5 cents, the amount of cents shall be increased to the nearest higher amount that is a multiple of 5 cents.

17. (1) A medical benefit is not payable in respect of a professional service if—

Medical benefit not payable in respect of certain medical expenses.

- (a) the medical expenses in respect of that service have been paid, or are payable, to a recognized hospital;
- (b) the medical practitioner who rendered the service was acting on behalf of an organization that was, when the service was rendered, an organization prescribed for the purposes of this paragraph; or
- (c) any part of the service was rendered on the premises of an organization that was, when the service was rendered, an organization referred to in paragraph (b) or an approved organization for the purposes of Part IV.

(2) Unless the Minister otherwise directs, a medical benefit is not payable in respect of a professional service if the medical expenses in respect of that service have been paid, or are payable, by an organization to which an approval under section 34 relates in respect of a person who was, when the service was rendered, a hospital patient occupying a bed in a hospital controlled by the organization that was an approved bed for the purposes of that section.

18. (1) Subject to this section, a medical benefit is not payable in respect of a diagnostic service if—

Medical benefit not payable in respect of certain diagnostic services.

- (a) the medical expenses in respect of that service have been paid, or are payable, by a recognized hospital in respect of a patient of that hospital; or
- (b) the diagnostic service is rendered by a medical practitioner acting on his own behalf to a private patient of a recognized hospital.

(2) Where the Minister is satisfied that—

- (a) a recognized hospital cannot make satisfactory arrangements for the provision by the hospital of diagnostic services to private patients at the hospital;
- (b) the hospital incurs medical expenses in respect of the provision by a medical practitioner of diagnostic services to private patients at the hospital; and
- (c) the hospital does not charge private patients at the hospital, in whole or in part, for diagnostic services so provided,

the Minister may direct, in writing, that sub-section (1) does not apply, for a period specified in the direction, in relation to that hospital in respect of a diagnostic service referred to in paragraph (1) (a).

Medical benefit not payable in respect of certain professional services.

19. A medical benefit is not payable in respect of a professional service that is a medical examination for the purposes of life insurance or admission to membership of a friendly society.

Persons entitled to medical benefits.

20. (1) Subject to this section, a medical benefit payable in respect of a professional service rendered in Australia is payable to the person who has incurred the medical expenses in respect of that professional service.

(2) Where a person to whom a medical benefit is payable under sub-section (1) in respect of a professional service has not paid the medical expenses that he has incurred in respect of that professional service, he shall not be paid the medical benefit but, if he so requests, there shall be given to him, in lieu of that payment, a cheque for the amount of the medical benefit drawn in favour of the person who rendered the professional service or, if the professional service was rendered by that person on behalf of another person, in favour of that other person.

(3) A person to whom a medical benefit is payable under sub-section (1) (in this sub-section referred to as “the first party”) may enter into an agreement, in accordance with the prescribed form, with the medical practitioner, or other person, by whom, or on whose behalf, the professional service was rendered (in this sub-section referred to as “the second party”) under which—

- (a) the first party assigns his right to the payment of the medical benefit to the second party; and
- (b) the second party accepts the assignment in full payment of the medical expenses incurred by the first party in respect of that professional service.

(4) Where an agreement in respect of a medical benefit is entered into under sub-section (3), the medical benefit is payable in accordance with the agreement.

(5) A reference in sub-section (3) to a medical practitioner by whom a professional service was rendered does not include a reference to a medical practitioner who renders a professional service on behalf of another person or organization.

Medical service outside Australia.

21. (1) Subject to this section, where medical expenses are incurred in respect of a medical service specified in an item rendered outside Australia, on or after the date fixed for the purposes of section 10, to an Australian resident by, or on behalf of, a prescribed person, medical benefit is payable in respect of that medical service as if that medical service had been rendered in Australia by, or on behalf of, a medical practitioner.

(2) A medical benefit under sub-section (1) is payable to the person who has incurred the medical expenses in respect of the medical service and shall be paid to that person in such manner as the Commission determines.

(3) In this section, “prescribed person” means—

- (a) a person authorized to practise as a medical practitioner under the law of the place where the medical service was rendered; or
- (b) any other person approved by the Commission for the purposes of this definition.

(4) This section does not apply in relation to a medical service rendered in a country the Government of which is, when the service is rendered, a party to an agreement with the Government of Australia under section 7.

22. A claim for a medical benefit in respect of a professional service shall be made, in accordance with the prescribed form, to the Commission.

Claims for medical benefits.

23. (1) The Minister shall request every medical practitioner whom he considers is engaged in Australia in rendering professional services to persons to undertake that, where a professional service is rendered in Australia, on or after the date fixed for the purposes of section 10, by the medical practitioner on his own behalf or by a person acting on behalf of the medical practitioner to a person who identifies himself to the person rendering the service as an eligible pensioner or a dependant of an eligible pensioner, the medical practitioner will ensure that—

Undertakings with respect to pensioners.

- (a) the person who has incurred the medical expenses in respect of the professional service is asked whether he wishes to make an assignment under sub-section 20 (3) of his right to the payment of the medical benefit in respect of the professional service; and
- (b) if the person indicates that he so wishes—arrangements are made for the making and acceptance of the assignment under that sub-section.

(2) An undertaking under sub-section (1) shall be in writing and shall be lodged with the Minister.

(3) An undertaking under sub-section (1) does not apply in relation to a professional service rendered by a consultant physician, or a specialist, in the practice of his specialty to a patient who has not been referred to him if the professional service would, if the patient had been referred to him, be covered by an item that specifies a fee for the service that is higher than the fee applicable to the service.

PART III—PAYMENTS FOR HOSPITAL SERVICES

Approval of
premises as
hospital.

24. (1) The proprietor of premises may apply, in accordance with the prescribed form, for the approval of the premises as a hospital.

(2) Where the Minister is satisfied that the premises in respect of which an application under sub-section (1) is made—

(a) are used, or to be used, for the reception and lodging of patients exclusively or principally for the purpose of hospital treatment; and

(b) are properly fitted, furnished and staffed for that purpose,

he shall, subject to sub-section (3), approve the premises as a hospital for the purposes of this Act and determine the number of beds at the hospital to which the approval relates.

(3) The Minister shall not approve premises under sub-section (2) if he is satisfied that—

(a) the premises are used, or are to be used, exclusively or principally for the care or treatment of mentally ill or mentally defective persons and are under the control of, or the subject of a grant for maintenance from, Australia or a State; or

(b) the premises are a nursing home for the purposes of the *National Health Act 1953-1973*.

(4) The approval of premises as a hospital under this section is subject to such conditions as are determined, from time to time, by the Minister for the purpose of ensuring that the needs and welfare of patients at the hospital are satisfactorily provided for.

Issue of
certificate of
approval of
premises as
hospital.

25. (1) Upon approval of premises as a hospital, the Minister shall cause to be issued to the proprietor of the hospital a certificate of approval in accordance with the authorized form.

(2) Where the approval of premises as a hospital has been varied under section 29 and the certificate of approval has been forwarded to the Minister, the Minister shall cause to be issued to the proprietor of the hospital a new certificate of approval, in accordance with the prescribed form, setting out the approval as so varied.

Display of
certificate of
approval.

26. (1) The proprietor of a hospital shall cause the certificate of approval to be displayed in a prominent position in the hospital.

(2) Where the approval of premises as a hospital is revoked or varied the proprietor of the premises shall forthwith forward the certificate of approval to the Minister.

Penalty: \$100.

27. (1) The Minister may, by writing under his hand, authorize an officer or other person to inspect hospitals or any premises in respect of which an application for approval under section 24 has been made.

Inspection of hospitals.

(2) The proprietor of premises referred to in sub-section (1) shall permit the officer or person so authorized to inspect the premises at any reasonable time.

Penalty: \$100.

28. (1) If the proprietor of a hospital ceases to be the proprietor of the hospital, he shall, by notice in writing, notify the Minister forthwith.

Notice of person ceasing to be proprietor of hospital.

(2) If the proprietor of a hospital dies, the legal personal representative of the deceased proprietor shall, by notice in writing, notify the Minister forthwith.

Penalty: \$100.

29. (1) Where the Minister receives an application, in writing, by the proprietor of a hospital for a variation of the approval of the premises constituting the hospital, the Minister may vary that approval in accordance with the application.

Revocation or variation of approval of premises as hospital.

(2) Where the Minister—

- (a) considers that the nature of a hospital has changed since the approval of the hospital was given;
- (b) receives a notice in writing under section 28 in respect of a hospital; or
- (c) is satisfied that a condition determined by the Minister under sub-section 24 (4) has not been complied with in respect of a hospital,

the Minister may revoke or vary the approval of the premises constituting the hospital.

(3) Where the Minister receives an application, in writing, by the proprietor of a hospital for revocation of the approval of the premises constituting the hospital, he shall revoke the approval accordingly.

30. (1) Australia may enter into an agreement with a State for the provision of hospital services by the State to eligible persons.

Agreements with States for provision of hospital services.

(2) An agreement referred to in sub-section (1) shall be substantially in accordance with the Heads of Agreement specified in Schedule 2 but may include provisions with respect to other matters.

(3) An agreement under this section shall not operate with respect to a period before a date to be fixed by Proclamation for the purposes of this section.

Daily bed payments to recognized hospitals.

31. (1) For the purposes of an agreement with a State or for the purposes of section 32, a daily bed payment, in relation to a recognized hospital, is a payment of \$16 for each approved bed in the hospital for each day on which the bed is occupied by an eligible person who is an in-patient of the hospital.

(2) For the purposes of sub-section (1), a person shall be deemed not to occupy a bed on the day of his discharge from a hospital unless that day is also the day of his admission to the hospital.

Payments to recognized hospitals in internal Territories.

32. (1) The Minister may approve such hospitals in an internal Territory as he thinks fit as recognized hospitals for the purposes of this section.

(2) On and after the date fixed for the purposes of section 30, there is payable by Australia to each recognized hospital in an internal Territory daily bed payments in accordance with section 31.

(3) On and after the date fixed for the purposes of section 30, there is payable by Australia, in respect of each financial year or such other period as the Minister fixes, to each recognized hospital in an internal Territory, in addition to the daily bed payments under sub-section (2) in respect of that financial year or other period, an amount equal to the amount by which the aggregate of those daily bed payments is less than an amount equal to 50 per centum of the net operating costs of that hospital in respect of that financial year or other period.

Daily bed payments to private hospitals.

33. (1) On and after the date fixed for the purposes of section 30, there is payable by Australia to a private hospital in a State that is a party to an agreement or in an internal Territory a daily bed payment of \$16 for each approved bed in the hospital for each day on which the bed is occupied by an eligible person who is an in-patient at the hospital.

(2) Where the charge made by a hospital referred to in sub-section (1) in respect of the occupancy for a day of an approved bed in the hospital (other than a bed that is an approved bed for the purposes of section 34) is less than the amount of the daily bed payment specified in that sub-section, the daily bed payment in respect of that bed for that day shall not exceed the amount of that charge.

(3) Where the average cost to a hospital referred to in sub-section (1) of maintaining an approved bed in the hospital (other than a bed that is an approved bed for the purposes of section 34) for a day is less than the amount of the daily bed payment specified in that sub-section, the daily bed payment in respect of each approved bed in that hospital (other than a bed that is an approved bed for the purposes of section 34) for that day shall not exceed the amount of that average cost.

(4) For the purposes of this section, a person shall be deemed not to occupy a bed on the day of his discharge from a hospital unless that day is also the day of his admission to the hospital.

34. (1) This section applies to an organization that—

- (a) is carried on otherwise than for the purpose of profit or gain to its individual members; and
- (b) is—
 - (i) a religious organization;
 - (ii) an organization the principal objects or purposes of which are charitable or benevolent; or
 - (iii) an organization approved by the Minister for the purposes of this section.

Supplement-
ary daily bed
payments to
private
hospitals.

(2) An organization to which this section applies may make application to the Minister, in accordance with the prescribed form, for approval to provide care and treatment without charge for eligible persons as hospital patients at a hospital (other than a recognized hospital) controlled by the organization, being a hospital in a State that is a party to an agreement or in an internal Territory.

(3) Where the Minister approves an application under sub-section (2), he shall determine the number of beds at the hospital to which the approval relates.

(4) There is payable by Australia to an organization to which this section applies a supplementary daily bed payment, at a rate fixed by the Minister, for each approved bed in a hospital controlled by the organization to which an approval under this section relates for each day on which the bed is occupied without charge by an eligible person who is a hospital patient at the hospital.

(5) A supplementary daily bed payment under sub-section (4) is not payable in respect of any period before the date fixed for the purposes of section 30.

(6) For the purposes of sub-section (4), a person shall be deemed not to occupy a bed on the day of his discharge from a hospital unless that day is also the day of his admission to the hospital.

(7) In fixing a rate for the purposes of sub-section (4), the Minister shall have regard to the loss of revenue of, and any increased cost to, the organization resulting from the provision of care and treatment without charge to eligible persons who are hospital patients occupying approved beds at the hospital.

(8) A supplementary daily bed payment under this section is payable in addition to a daily bed payment under section 33.

(9) Nothing in this section entitles an eligible person to admission as a hospital patient to a hospital controlled by an organization to which an approval under this section relates.

(10) In this section, “approved bed”, in relation to a hospital, means a bed included in the number of beds at the hospital to which the approval under this section relates.

Claims by
proprietors
of private
hospitals.

35. A claim for a payment under this Part in respect of a private hospital—

- (a) shall be made in accordance with the prescribed form to the Commission;
- (b) shall relate to such period, and shall be submitted at such time, as the Commission determines; and
- (c) shall be accompanied by such information relating to the claim as is shown in the prescribed form to be required or as the Minister determines.

Power to call
for returns
from
proprietors
of private
hospitals.

36. The Minister may, by notice in writing, require the proprietor of a private hospital to furnish to him, within the time specified in the notice, such return or information in relation to matters relevant to the occupation of approved beds in the hospital as is specified in the notice, including a return or information verified by statutory declaration.

Access to
premises.

37. (1) An authorized person may, with the consent of the occupier of any premises, enter the premises for the purpose of exercising the functions of an authorized person under this section.

(2) Where—

- (a) an occupier of premises has refused consent to the entry, at a reasonable time, on the premises, of an authorized person; and
- (b) an authorized person has reason to believe that there are on the premises books, documents or papers relating to the occupation of approved beds in a hospital,

the authorized person may, within one month of the refusal, make application to a Magistrate for a warrant authorizing the authorized person who makes the application to enter the premises for the purpose of exercising the functions of an authorized person under this section.

(3) If, on an application under sub-section (2), the Magistrate is satisfied, by information on oath—

- (a) that there is reasonable ground for believing that there are on the premises to which the application relates any books, documents or papers relating to the occupation of approved beds in a hospital; and
- (b) that the issue of a warrant is reasonably required for the purposes of this Act,

the Magistrate may grant a warrant, in accordance with the prescribed form, authorizing the authorized person, with such assistance as he thinks necessary, to enter the premises, during such hours of the day or night as the warrant specifies or, if the warrant so specifies, at any time, if

necessary by force, for the purpose of exercising the functions of an authorized person under this section.

(4) Where an authorized person has entered any premises in pursuance of sub-section (1) or in pursuance of a warrant granted under sub-section (3), he may exercise the functions of an authorized person under this section.

(5) A person shall not, without reasonable excuse, obstruct or hinder an authorized person acting in pursuance of a warrant under sub-section (3) or in pursuance of sub-section (4).

Penalty: \$200.

(6) The functions of an authorized person under this section are to search for, inspect, take extracts from, or make copies of, any books, documents or papers relating to the occupation of approved beds in a hospital.

(7) In this section—

“authorized person” means a person authorized, in writing, by the Minister for the purposes of this section;

“occupier”, in relation to premises, includes the person in charge of the premises.

38. (1) The Minister may direct the Commission to make such advances in respect of amounts that may become payable under this Part as the Minister determines. Advances.

(2) Advances under sub-section (1) may be made subject to such conditions as the Minister determines.

PART IV—HEALTH PROGRAM GRANTS

39. In this Part, unless the contrary intention appears—

Definitions.

“approved health service” means a health service in respect of which an approval is in force under section 41;

“approved organization” means an organization in respect of which an approval is in force under section 40.

40. (1) An organization may apply, in accordance with the prescribed form, to the Minister for approval as an organization under this Part. Approval of
organ-
izations.

(2) The Minister may require an organization that makes an application under sub-section (1) to furnish to him such further information in relation to the organization as the Minister requires.

(3) The Minister may approve an organization to which an application under sub-section (1) relates and, if he does so, he shall, in the

instrument of approval, fix a date (which may be a date earlier than the date of the approval) on and from which the approval has effect.

(4) An organization that was, immediately before this Act receives the Royal Assent, entitled, by virtue of an authorization under section 25 of the *National Health Act* 1953-1973, to payments under that section shall, on the day on which this Act receives the Royal Assent, be deemed to have been approved by the Minister under sub-section (3), but that approval may be revoked by the Minister at any time.

Approval of
health
services.

41. (1) An approved organization may apply, in accordance with the prescribed form, to the Minister for approval of a health service provided, or to be provided, by the organization.

(2) The Minister may require an organization that makes an application under sub-section (1) to furnish to him such further information in relation to the health service to which the application relates as he requires.

(3) The Minister may approve a health service to which an application under sub-section (1) relates and, if he does so, he shall, in the instrument of approval, fix a date (which may be a date earlier than the date of the approval) on and from which the approval has effect.

Entitlement
to health
program
grant.

42. Subject to this Part, an approved organization is entitled to be paid an amount equal to the costs incurred by the organization in providing, on or after a date to be fixed by Proclamation for the purposes of this section, an approved health service (including such part of the management expenses of the organization as the Minister considers to be attributable to the provision of the health service) or such proportion of those costs as the Minister determines from time to time.

Conditions
of payment
of grant.

43. (1) A payment (including an advance) under this Part to an approved organization may be made subject to such conditions as the Minister determines, including conditions relating to the terms and conditions in accordance with which the services of practitioners providing the approved health service to which the payment relates are made available to the organization.

(2) If a condition subject to which a payment (including an advance) under this Part has been made is not complied with by an approved organization, the Minister may direct that the whole or a part of that payment be recovered from the organization and, on the service by post on that organization of a copy of that direction, the amount specified in the direction is recoverable by Australia from that organization as a debt due to Australia.

Minister to
consult with
Commission.

44. Before giving an approval under section 40 or 41 or making a determination under section 42 or 43, the Minister shall consult with the Australian Hospitals and Health Services Commission on the matter and

shall have regard to any recommendation made to him by that Commission.

45. (1) A claim for a payment under this Part shall be submitted to the Commission in accordance with such form, and at such times, as the Minister directs. Claims for health program grants.

(2) Where a claim has been made under sub-section (1), the Minister may require the organization that made the claim to furnish to the Minister such further information in relation to the claim as the Minister requires.

(3) Where the Minister considers that the management expenses of an approved organization that are attributable to the provision of an approved health service are excessive, he may direct that such part only of those expenses as he directs shall be taken into account in ascertaining the amount that the organization is entitled to be paid under this Part in respect of the provision of that health service.

46. (1) The Minister may direct the Commission to make such advances in respect of amounts that may become payable under this Part as the Minister determines. Advances.

(2) Advances under sub-section (1) may be made subject to such conditions as the Minister determines.

PART V—COMMITTEES AND REVIEW TRIBUNALS

Division 1—Specialist Recognition Advisory Committees and the Specialist Recognition Appeal Committee

47. In this Division, unless the contrary intention appears— Definitions.
 “Committee” means a Specialist Recognition Advisory Committee or the Specialist Recognition Appeal Committee;
 “member” means a member of a Committee, and includes a person appointed under section 53 to act in the place of a member.

48. (1) The Minister shall establish for— Establishment of Specialist Recognition Advisory Committees.
 (a) each State;
 (b) the Australian Capital Territory; and
 (c) the Northern Territory,
 a Specialist Recognition Advisory Committee.

(2) Each Specialist Recognition Advisory Committee shall consist of five medical practitioners appointed by the Minister in accordance with section 50.

(3) The exercise or performance of the powers or functions of a Specialist Recognition Advisory Committee is not affected by reason

only of there being a vacancy or vacancies in the membership of the Committee.

(4) A member of a Specialist Recognition Advisory Committee holds office for a period of 3 years.

(5) A member of the Specialist Recognition Appeal Committee is not eligible to be appointed under this section to a Specialist Recognition Advisory Committee.

Establishment of Specialist Recognition Appeal Committee.

49. (1) There shall be a Specialist Recognition Appeal Committee, which shall consist of five medical practitioners appointed by the Minister in accordance with section 50.

(2) The exercise or performance of the powers or functions of the Specialist Recognition Appeal Committee is not affected by reason only of there being a vacancy or vacancies in the membership of the Committee.

(3) A member of the Specialist Recognition Appeal Committee holds office for a period of 3 years.

(4) A member of a Specialist Recognition Advisory Committee is not eligible to be appointed under this section to the Specialist Recognition Appeal Committee.

Panels for appointments to Committees.

50. (1) Before making appointments to a Committee, the Minister shall request each of the following bodies to nominate a panel of not less than three medical practitioners for consideration for appointment to the Committee:—

- (a) the Australian Medical Association;
- (b) the Royal Australasian College of Surgeons;
- (c) the Royal Australasian College of Physicians;
- (d) the Australian Council of the Royal College of Obstetricians and Gynaecologists; and
- (e) the Royal Australian College of General Practitioners.

(2) When, in accordance with a request under sub-section (1), each of the bodies referred to in that sub-section has nominated a panel of medical practitioners for consideration for appointment to a Committee, the Minister shall appoint to the Committee one medical practitioner from each of the panels.

51. (1) The Minister may direct that a person who is a member of a Specialist Recognition Advisory Committee for a State or Territory under the *National Health Act* 1953-1973 shall be deemed to be a member of the Specialist Recognition Advisory Committee for that State or Territory under this Act during such period, not being a period that ends after the expiration of the period for which the person was appointed under that Act as a member of that first-mentioned Committee, as the Minister specifies in the direction.

Members of Committees under the National Health Act may be deemed to be members of Committees under this Division.

(2) The Minister may direct that a person who is a member of the Specialist Recognition Appeal Committee under the *National Health Act* 1953-1973 shall be deemed to be a member of the Specialist Recognition Appeal Committee under this Act during such period, not being a period that ends after the expiration of the period for which the person was appointed under that Act as a member of that first-mentioned Committee, as the Minister specifies in the direction.

(3) Sections 54 and 55 apply in relation to a person referred to in sub-section (1) or (2) as if that person had been appointed a member of the relevant Committee under section 48 or 49.

52. (1) The Minister shall convene a meeting of a Committee for the purpose of electing one of the members to be the Chairman of the Committee.

Election of Chairman of Committee.

(2) Whenever a vacancy occurs in the office of Chairman of a Committee, the Minister shall convene a meeting of the Committee for the purpose of electing one of the members to be the new Chairman.

(3) The Minister shall appoint one of the members of a Committee to preside at a meeting of the Committee under this section.

(4) The quorum for a meeting of a Committee under this section is three members of the Committee.

(5) The election of a Chairman of a Committee at a meeting under this section shall be made by a majority of votes of the members of the Committee present and voting.

(6) In the event of an equality of votes on a question before a meeting of a Committee under this section, the member of the Committee presiding at the meeting shall adjourn the meeting until a time and place to be fixed by the Minister.

(7) A member of a Committee elected as a Chairman of the Committee holds that office until the expiration of the period of his appointment as a member of the Committee or, if he earlier ceases to be such a member, until he so ceases.

Appointment
of persons to
act in place
of member.

53. (1) Subject to sub-section (2), the Minister may, if he becomes aware that a member of a Committee will be unable to attend a meeting or meetings of the Committee, appoint a person to act in the place of that member at the meeting or meetings that the member will be unable to attend.

(2) Before making an appointment under sub-section (1), the Minister shall consult with the body that nominated the panel from which the absent member was appointed.

(3) A person appointed to act in the place of a member of a Committee who is the Chairman of the Committee is not entitled to act as the Chairman of the Committee.

(4) The Minister may, at any time, terminate an appointment made by him under this section.

Termination
of
appointment.

54. The Minister may terminate the appointment of a member for misbehaviour or physical or mental incapacity.

Resignation.

55. A member may resign his office by writing under his hand delivered to the Minister.

Appointment
to vacant
office.

56. Where a vacancy occurs in the office of a member, the Minister shall request the body by whom the member was nominated to nominate a panel of not less than three medical practitioners for consideration for appointment to that office, and the Minister shall appoint one of those medical practitioners to that office.

Irregularities
in
nomination
of members.

57. The validity of the appointment of a member from a panel of persons nominated under section 50 or 56 shall not be called into question by reason only of a defect or irregularity in connexion with the nomination of persons to that panel.

Remunera-
tion and
allowances.

58. (1) A member shall be paid such remuneration as the Parliament fixes but, until 1 January 1975, he shall be paid such remuneration as is prescribed.

(2) A member shall be paid such allowances (not including an annual allowance) as are prescribed.

Meetings of
Committees.

59. (1) The Chairman of a Committee shall convene such meetings of the Committee as are necessary for the efficient conduct of its affairs.

(2) The Chairman of a Committee shall preside at all meetings of the Committee at which he is present.

(3) In the event of the absence of the Chairman of a Committee from a meeting of the Committee, the members present shall elect one of their number to preside at that meeting and the member so elected shall preside accordingly.

(4) The quorum for a meeting of a Committee is three members of the Committee.

(5) A question arising at a meeting of a Committee shall be decided by a majority of the votes of the members of the Committee present and voting and, for that purpose, the member presiding shall have a deliberative vote only.

(6) In the event of an equality of votes on a question before a meeting of a Committee, the question shall be deemed to be unresolved and the member presiding may direct that the question be reconsidered at a time and place fixed by him.

(7) In this section, “meeting” does not include a meeting under section 52.

60. (1) Subject to this Act and the regulations, a Committee may regulate and conduct proceedings at its meetings as it thinks fit. Proceedings at meetings.

(2) The meetings of a Committee shall be held in private.

61. (1) The Minister may refer to a Specialist Recognition Advisory Committee the question whether a particular medical practitioner who is resident, or practises medicine, in the State or Territory for which the Committee is established should, having regard to his qualifications, experience and standing in the medical profession and the nature of his practice, be recognized for the purposes of this Act as a consultant physician, or as a specialist, in a particular specialty in respect of that State or Territory. Recognition of consultant physician, &c.

(2) A Committee shall consider a question referred to it under sub-section (1) and may submit to the Minister—

- (a) a recommendation that the medical practitioner to whom the question relates is to be recognized as a consultant physician, or as a specialist, in the specialty concerned; or
- (b) a recommendation that the medical practitioner to whom the question relates is not to be recognized as a consultant physician, or as a specialist, in the specialty concerned.

(3) Subject to sub-section (4), on the receipt of a recommendation under sub-section (2), the Minister shall make a determination, for the purposes of this Act, giving effect to the recommendation.

(4) Where—

- (a) a recommendation under sub-section (2) is that a medical practitioner is not to be recognized as a consultant physician, or as a specialist, in a specialty; and
- (b) the specialty is one in respect of which he is registered as a consultant physician or as a specialist, as the case may be, under the law of the State or Territory for which the Committee is established,

the Minister shall not make a determination giving effect to that recommendation.

(5) Where the Minister makes a determination under sub-section (3), he shall—

- (a) notify the Commission, in writing, accordingly; and
- (b) where the determination is that the medical practitioner is not to be recognized—notify the medical practitioner, in writing, accordingly.

(6) A determination under sub-section (3) ceases to have effect when the medical practitioner to whom the determination relates ceases to be resident or to practise medicine, as the case may be, in the State or Territory for which the Committee is established.

(7) Nothing in this section prevents the recognition, for the purposes of this Act, as a consultant physician, or as a specialist, in a specialty, of a medical practitioner in relation to whom no determination under this section is in force.

(8) A determination of the Minister that a medical practitioner is not to be recognized as a consultant physician, or as a specialist, in a specialty does not affect entitlement to medical benefit in respect of a professional service rendered before the date of the determination.

Appeal
against
refusal of
recognition
as consultant
physician,
&c.

62. (1) Where the Minister notifies a medical practitioner that the Minister has determined that the medical practitioner is not to be recognized, for the purposes of this Act, as a consultant physician, or as a specialist, in a specialty, the medical practitioner may, within 1 month after the receipt of that notification, lodge notice of appeal with the Specialist Recognition Appeal Committee and may accompany the notice with a statement of the case in support of the appeal.

(2) The Committee shall consider an appeal so lodged and, if the Committee is of the opinion that the appeal should be allowed, the Committee shall allow the appeal, but otherwise shall dismiss the appeal.

(3) Where the Committee allows or dismisses an appeal, it shall notify the appellant and the Minister, in writing, accordingly.

(4) Where the Committee allows an appeal, the Minister shall make the appropriate determination in relation to the appellant.

Committee
may inform
itself in any
manner.

63. For the purposes of the consideration of any matter the subject of a reference or an appeal, a Committee may inform itself in such manner as it thinks fit.

Chairman
may engage
consultants.

64. With the approval of the Minister, the Chairman of a Committee may, on behalf of Australia, engage as consultants to the Committee persons having suitable qualifications and experience.

Division 2—Medical Benefits Advisory Committee

65. In this Division, unless the contrary intention appears—

Definitions.

“Chairman” means the Chairman of the Committee;

“Committee” means the Medical Benefits Advisory Committee;

“Deputy Chairman” means the Deputy Chairman of the Committee;

“member” means a member of the Committee, and includes a person appointed under section 70 to act in the place of a member;

“reference” means a reference to the Committee under section 67.

66. (1) The Minister may establish a Medical Benefits Advisory Committee consisting of eight members, including at least five medical practitioners.

Establishment of Medical Benefits Advisory Committee.

(2) The members of the Committee shall be appointed by the Minister and four of the members who are required to be medical practitioners shall be so appointed after consultation by the Minister with the Australian Medical Association or such other associations or colleges of medical practitioners as the Minister considers appropriate.

(3) Subject to this Act, each member holds office for such period as is specified by the Minister in the instrument of his appointment and is eligible for re-appointment.

(4) An act or decision of the Committee is not affected by reason only of there being a vacancy or vacancies in the membership of the Committee.

67. (1) The functions of the Committee are—

Functions of Committee.

(a) in pursuance of a reference to it by the Minister, to consider—

(i) in what manner, and to what extent, a particular treatment or combination of treatments should be specified in an item or items and the appropriate fee or fees that should be specified in that item or those items; or

(ii) whether the scope of, or the amount of the fee set out in, an item is anomalous, having regard to the other items,

and to make recommendations, in writing, to the Minister arising out of that consideration; and

(b) in pursuance of a reference to it by the Commission under section 11, to determine whether a fee with respect to a professional service should be increased for the purposes of a particular claim and, if it is to be so increased, to formulate the principles to be followed in fixing the increased fee, and to make recommendations, in writing, to the Commission accordingly; and

(c) in pursuance of a reference to it by the Minister under section 12, to determine whether an appeal under that section should be allowed or dismissed and, if the appeal is to be allowed, to

determine the amount of the increased fee to be fixed with respect to the professional service concerned and, if the Committee thinks fit, to formulate the principles followed by the Committee in fixing that increased fee.

(2) In this section, “treatment” means a medical, surgical, obstetric or dental treatment.

Election of
Chairman
and Deputy
Chairman.

68. (1) The Minister shall convene a meeting of the Committee for the purpose of electing one of the members to be the Chairman and another of the members to be the Deputy Chairman.

(2) Whenever a vacancy occurs in the office of Chairman or Deputy Chairman, the Minister shall convene a meeting of the Committee for the purpose of electing one of the members to be the new Chairman or Deputy Chairman.

(3) The Minister shall appoint one of the members to preside at a meeting convened under this section.

(4) The quorum for a meeting under this section is five members, including three medical practitioners.

(5) The election of a Chairman or Deputy Chairman at a meeting convened under this section shall be made by a majority of votes of the members present and voting.

(6) In the event of an equality of votes on a question before a meeting convened under this section, the member presiding at the meeting shall adjourn the meeting until a time and place to be fixed by the Minister.

(7) The member elected as the Chairman or the Deputy Chairman holds that office until the expiration of the period of his appointment as a member or, if he earlier ceases to be a member, until he so ceases.

Exercise of
powers and
functions of
Chairman by
Deputy
Chairman.

69. The Deputy Chairman may, during any period when the Chairman is absent from duty or absent from Australia or, for any other reason, is unable to perform the duties of his office, exercise the powers of the Chairman.

Appointment
of person to
act in place
of member.

70. (1) Subject to sub-section (2), the Minister may, if he becomes aware that a member will be unable to attend a meeting or meetings of the Committee, appoint a person to act in the place of that member at the meeting or meetings that the member will be unable to attend.

(2) A person appointed to act in the place of a member who is a medical practitioner shall himself be a medical practitioner.

(3) A person appointed to act in the place of a member who is the Chairman or the Deputy Chairman is not entitled to act as the Chairman or the Deputy Chairman, as the case may be.

(4) The Minister may, at any time, terminate an appointment made by him under this section.

71. The Minister may terminate the appointment of a member for misbehaviour or physical or mental incapacity. Termination of appointment.

72. A member may resign his office by writing under his hand delivered to the Minister. Resignation of members.

73. (1) Subject to sub-section (2), where a vacancy occurs in the office of a member, the Minister may appoint a person to that office. Appointment to vacant office.

(2) Where an office referred to in sub-section (1) was occupied by a medical practitioner who had been appointed after a consultation referred to in sub-section 66 (2), the Minister shall appoint a medical practitioner to that office and, before making that appointment, shall consult the Australian Medical Association or such other associations or colleges of medical practitioners as he considers appropriate.

(3) Subject to this Act, a member appointed under this section holds office for such period as is specified by the Minister in the instrument of his appointment and is eligible for re-appointment.

74. (1) A member shall be paid such remuneration as the Parliament fixes but, until 1 January 1975, shall be paid such remuneration as is prescribed. Remuneration and allowances.

(2) A member shall be paid such allowances (not including an annual allowance) as are prescribed.

75. (1) The Chairman shall convene such meetings of the Committee as are necessary for the efficient conduct of its affairs. Meetings of Committee.

(2) The Chairman shall preside at all meetings of the Committee at which he is present.

(3) In the event of the absence of the Chairman from a meeting the Deputy Chairman shall preside at that meeting.

(4) In the event of the absence of the Chairman and of the Deputy Chairman from a meeting, the members present shall elect one of their number to preside at that meeting.

(5) The quorum for a meeting shall be five members including three medical practitioners.

(6) A question arising at a meeting of the Committee shall be decided by a majority of the votes of the members present and voting and, for that purpose, the member presiding shall have a deliberative vote only.

(7) In the event of an equality of votes on a question before a meeting of the Committee, the question shall be deemed to be unresolved and

the member presiding may direct that the question be reconsidered at a time and place fixed by him.

(8) In this section, “meeting” does not include a meeting under section 68.

Proceedings
at meetings.

76. (1) Subject to this Act and the regulations, the Committee may regulate the proceedings at its meetings as it thinks fit.

(2) The meetings of the Committee shall be held in private.

Committee
may inform
itself in any
manner.

77. For the purposes of the consideration of any matter the subject of a reference, the Committee may inform itself in such manner as it thinks fit.

Chairman
may engage
consultants.

78. With the approval of the Minister, the Chairman may, on behalf of Australia, engage as consultants to the Committee persons having suitable qualifications and experience.

Division 3—Medical Services Committees of Inquiry

Interpret-
ation.

79. (1) In this Division, unless the contrary intention appears—

“Chairman” means the Chairman of a Committee;

“Committee” means a Medical Services Committee of Inquiry;

“Deputy Chairman” means the Deputy Chairman of a Committee;

“excessive services” means professional services, being services in respect of which medical benefit has become or may become payable, that are not reasonably necessary for the adequate medical care of the patient;

“hearing” means a hearing conducted under section 94;

“member” means a member of a Committee, and includes a person appointed under section 85 to act in the place of a member;

“reference” means a reference by the Minister to a Committee under section 82.

(2) For the purposes of this Division—

(a) the Australian Capital Territory shall be deemed to be part of the State of New South Wales; and

(b) the Northern Territory shall be deemed to be part of the State of South Australia.

Establish-
ment of
Medical
Services
Committees
of Inquiry.

80. (1) The Minister shall establish for each State a Committee to be called a Medical Services Committee of Inquiry for that State and may establish two or more such Committees for a State.

(2) Each Committee shall consist of five medical practitioners.

(3) The members of each Committee shall be appointed by the Minister and four of them shall be so appointed after consultation by the

Minister with the Australian Medical Association or such other associations or colleges of medical practitioners as the Minister considers appropriate.

(4) Subject to this Act, each member holds office for such period as is specified by the Minister in the instrument of his appointment and is eligible for re-appointment.

(5) An act or decision of a Committee is not affected by reason only of there being a vacancy or vacancies in the membership of the Committee.

81. (1) The Minister may direct that a person who is a member of a Medical Services Committee of Inquiry for a State under the *National Health Act* 1953-1973 shall be deemed to be a member of the Medical Services Committee of Inquiry for that State under this Act during such period, not being a period that ends after the expiration of the period for which the person was appointed under that Act as a member of that first-mentioned Committee, as the Minister specifies in the direction.

Members of Committees under the National Health Act may be deemed to be members of Committees under this Division.

(2) Sections 86 and 87 apply in relation to a person referred to in sub-section (1) as if that person had been appointed a member of the relevant Committee under section 80.

82. (1) A Committee shall inquire into, and report to the Minister on, any matter referred to the Committee by the Minister, being a matter that is relevant to the operation or administration of this Act and arises out of or relates to—

Function of Committees.

(a) the rendering, on or after the date fixed for the purposes of section 10, in the State for which the Committee is established, of professional services to eligible pensioners or dependants of eligible pensioners; or

(b) the rendering, on or after that date, in the State for which the Committee is established, of such other professional services as are prescribed.

(2) Before making any regulations for the purposes of paragraph (1) (b), the Governor-General shall take into consideration any recommendation with respect to the matters to be prescribed made to the Minister by the Australian Medical Association.

83. (1) The Minister shall convene a meeting of each Committee for the purpose of electing one of the members of the Committee to be the Chairman of the Committee and another of the members to be the Deputy Chairman of the Committee.

Election of Chairman and Deputy Chairman.

(2) Whenever a vacancy occurs in the office of Chairman of a Committee or Deputy Chairman of a Committee, the Minister shall convene

a meeting of the Committee for the purpose of electing one of the members to be the new Chairman or Deputy Chairman.

(3) The Minister shall appoint one of the members of a Committee to preside at a meeting of the Committee convened under this section.

(4) The quorum for a meeting of a Committee under this section is three members of the Committee.

(5) The election of a Chairman of a Committee or Deputy Chairman of a Committee at a meeting convened under this section shall be made by a majority of votes of the members of the Committee present and voting.

(6) In the event of an equality of votes on a question before a meeting of a Committee convened under this section, the member of the Committee presiding at the meeting shall adjourn the meeting until a time and place to be fixed by the Minister.

(7) A member of a Committee elected as the Chairman of the Committee or the Deputy Chairman of the Committee holds that office until the expiration of the period of his appointment as a member of the Committee or, if he earlier ceases to be such a member, until he so ceases.

Exercise of powers and functions of Chairman by Deputy Chairman.

84. The Deputy Chairman of a Committee may, during any period when the Chairman of the Committee is absent from duty or absent from Australia or, for any other reason, is unable to perform the duties of his office, exercise the powers of the Chairman of the Committee.

Appointment of person to act in place of member.

85. (1) Subject to sub-section (2), the Minister may, if he becomes aware that a member of a Committee will be unable to attend a meeting or meetings of the Committee, appoint a medical practitioner to act in the place of that member at the meeting or meetings that the member will be unable to attend.

(2) A person appointed to act in the place of a member who is the Chairman or the Deputy Chairman is not entitled to act as the Chairman or the Deputy Chairman, as the case may be.

(3) The Minister may, at any time, terminate an appointment made by him under this section.

Termination of appointment.

86. The Minister may terminate the appointment of a member for misbehaviour or physical or mental incapacity.

Resignation.

87. A member may resign his office by writing under his hand delivered to the Minister.

Appointment to vacant office.

88. (1) Subject to sub-section (2), where a vacancy occurs in the office of a member, the Minister may appoint a person to that office.

(2) Where an office referred to in sub-section (1) was occupied by a medical practitioner who had been appointed after a consultation referred to in sub-section 80 (3), the Minister shall appoint a medical practitioner to that office and, before making that appointment, shall consult the Australian Medical Association or such other associations or colleges of medical practitioners as he considers appropriate.

(3) Subject to this Act, a member appointed under this section holds office for such period as is specified by the Minister in the instrument of his appointment and is eligible for re-appointment.

89. (1) A member shall be paid such remuneration as the Parliament fixes but, until 1 January 1975, shall be paid such remuneration as is prescribed. Remuneration and allowances.

(2) A member shall be paid such allowances (not including an annual allowance) as are prescribed.

90. (1) The Chairman of a Committee shall convene such meetings of the Committee as are necessary for the efficient conduct of its affairs. Meetings of Committee.

(2) The Chairman of a Committee shall preside at all meetings of the Committee at which he is present.

(3) In the event of the absence of the Chairman from a meeting of a Committee the Deputy Chairman of that Committee shall preside at that meeting.

(4) In the event of the absence of the Chairman and of the Deputy Chairman from a meeting of a Committee, the members present shall elect one of their number to preside at that meeting.

(5) The quorum for a meeting of a Committee is three members.

(6) A question arising at a meeting of a Committee shall be decided by a majority of the votes of the members present and voting and, for that purpose, the member presiding shall have a deliberative vote only.

(7) In the event of an equality of votes on a question before a meeting of a Committee, the question shall be deemed to be unresolved and the member presiding may direct that the question be reconsidered at a time and place fixed by him.

(8) In this section, "meeting" does not include a meeting under section 83.

91. (1) Subject to this Act and the regulations, a Committee may regulate the proceedings at its meetings as it thinks fit. Proceedings at meetings.

(2) The meetings of a Committee shall be held in private.

Committee may inform itself in any manner.

92. Subject to section 94, the Committee may, for the purpose of its inquiry into a matter the subject of a reference, inform itself in such manner as it thinks fit.

Chairman may engage consultants.

93. With the approval of the Minister, the Chairman of a Committee may, on behalf of Australia, engage as consultants to the Committee persons having suitable qualifications and experience.

Hearing by Committee.

94. Where, after consideration of a matter referred to a Committee by the Minister and of any documents that accompany the reference supplied by the Minister, it appears to the Committee that a practitioner may have rendered excessive services, the Committee shall conduct a hearing into the question whether the practitioner has rendered excessive services.

Notice to practitioner of hearing.

95. (1) A Committee shall cause a notice in writing of the time and place of a proposed hearing to be given to the practitioner, or to each of the practitioners, concerned at least 10 days before the date of the proposed hearing.

(2) A notice under sub-section (1) shall give particulars of the alleged conduct to which the hearing relates.

(3) A notice under sub-section (1) may be served on a person either personally or by post.

Rights of practitioner at hearing.

96. Where a notice has been served on a practitioner under section 95—

- (a) the practitioner may appear in person, or may be represented by another person, at the hearing to which the notice relates; and
- (b) if the practitioner appears, or is represented, at the hearing, he or his representative shall be given the opportunity to give evidence, or to call witnesses, on behalf of the practitioner, to examine other witnesses appearing at the hearing and to address the Committee.

Conduct of hearing.

97. (1) A hearing shall be held in private.

(2) At a hearing, the Chairman or, in the absence of the Chairman, the Deputy Chairman or, in the absence of the Chairman and the Deputy Chairman, the member appointed for the purpose by the Committee shall preside.

(3) The rules of evidence do not apply in relation to a hearing and the procedure for conducting the hearing is, subject to this Act and the regulations, within the discretion of the member presiding.

(4) Where a document, book or writing is produced at a hearing—

- (a) a member may inspect the document, book or writing;

- (b) the member presiding at the hearing may retain the document, book or writing in his possession for such reasonable period as he thinks fit; and
- (c) where the document, book or writing is so retained, a member may make copies of, or take extracts from, that document, book or writing.

(5) The member presiding at a hearing may adjourn the hearing from time to time as he thinks fit.

98. Evidence at a hearing shall be taken on oath or affirmation and, for the purposes of this Act, any member may administer an oath or affirmation. Evidence at hearing.

99. (1) For the purposes of this Act, a member may, by writing under his hand, summon a person to appear at a hearing to give evidence and to produce such document, book or writing as is referred to in the summons. Summons to give evidence, &c.

(2) A summons under sub-section (1) may be served on the person concerned personally or by post.

100. A person appearing as a witness at a hearing, whether summoned under section 99 or not, shall be paid by Australia such allowances for expenses in respect of his attendance before the Committee as are prescribed. Allowances for witnesses at hearing.

101. A person served with a summons to appear at a hearing shall not fail, without reasonable excuse, so to appear. Failure to attend.

Penalty: \$200.

102. (1) A person appearing as a witness at a hearing (whether summoned to appear or not) shall not, without reasonable excuse— Refusal to be sworn or give evidence.

- (a) refuse or fail to be sworn or to make an affirmation;
- (b) refuse or fail to answer a question that he is required by a member to answer; or
- (c) refuse or fail to produce a document, book or writing that he is required under this Act to produce.

Penalty: \$200.

(2) A statement or disclosure made by a witness at a hearing is not admissible in evidence against him in civil or criminal proceedings in a court except in a prosecution for giving false testimony at the hearing.

(3) It is a defence in proceedings for an offence of refusing or failing, without reasonable excuse, to produce a document, book or writing at a hearing if it is proved that the document, book or writing was not relevant to the subject matter of the hearing.

Protection of
members'
represent-
atives and
witnesses at
hearing.

103. (1) A member has, in the performance of his duties, the same protection and immunity as a Justice of the High Court.

(2) A person appearing at a hearing on behalf of another person has the same protection and immunity as a barrister has in appearing for a party in proceedings in the High Court.

(3) A person appearing at a hearing as a witness has the same protection, and is, in addition to the penalties provided by this Act, subject to the same liabilities, as a witness in proceedings in the High Court.

Report by
Committee.

104. (1) After completion by a committee of a hearing under section 94 in relation to a practitioner, the Committee shall report to the Minister its opinion on the question whether the practitioner has rendered excessive services and, if the Committee is of opinion that the practitioner has rendered excessive services, the report shall identify the excessive services.

(2) Where, under sub-section (1), the Committee reports that it is of opinion that a practitioner has rendered excessive services, the Committee shall send to the Minister with the report a transcript of the proceedings at the hearing, and shall return any documents that accompanied the reference.

Recommen-
dation by
Committee.

105. Where—

- (a) a Committee has, in a report under section 104, expressed the opinion that a practitioner has rendered excessive services, and has identified those services; and
- (b) medical benefit is payable, or has been paid, whether to the practitioner or to another person in respect of any of those services,

the Committee may recommend in that report that—

- (c) where the medical benefit is payable, but has not been paid, to the practitioner—the medical benefit or a specified part of the medical benefit cease to be payable; or
- (d) where the medical benefit has been paid to the practitioner, or has been paid or is payable to another person—the amount of the medical benefit be payable to Australia by the practitioner.

Determin-
ation by
Minister.

106. (1) Where a Committee makes a recommendation in accordance with section 105, the Minister may make a determination, in writing, in accordance with that recommendation.

(2) Where the Minister makes a determination under sub-section (1), he shall serve on the practitioner, either personally or by post, a notification in writing setting out the determination.

(3) Where the Minister makes a determination under sub-section (1), then—

- (a) if no request for review of the determination under Division 4 is lodged within the period allowed for such a request—the determination takes effect at the expiration of that period;
- (b) if a request for review of the determination under Division 4 is lodged within the period allowed for such a request—then—
 - (i) if the determination is disallowed on the review—the determination does not take effect; or
 - (ii) if the determination is upheld or varied on the review and no appeal against the decision on the review is made under section 122 within the period allowed for such an appeal—the determination takes effect, or takes effect as so varied, at the expiration of that period; or
- (c) if an appeal against the decision on the review is made under section 122 within the period allowed for such an appeal, the determination does not have effect until the appeal, and any further appeal to the High Court, are determined and, upon the determination of the appeal and any such further appeal, the determination takes effect as varied or does not take effect, in accordance with the judgment or order on the appeal or further appeal.

(4) Where a determination under sub-section (1) that gives effect to a recommendation that an amount of medical benefit be payable to Australia by a practitioner takes effect, that amount is recoverable by Australia from the practitioner as a debt due to Australia.

Division 4—Medical Services Review Tribunals

107. In this Division, unless the contrary intention appears—

Definitions.

“determination” means a determination under section 106;

“judicial office” means an office of judge of a Federal Court or of the Supreme Court of a State or Territory;

“member” means a member of a Tribunal, and includes the President of a Tribunal;

“Tribunal” means a Medical Services Review Tribunal.

108. (1) The Governor-General may establish one or more Medical Services Review Tribunals for the purposes of this Act.

Establishment
of Medical
Services
Review
Tribunals.

(2) A Tribunal shall consist of a President and two other members, who shall be appointed in accordance with this section.

(3) The President of a Tribunal shall be a person who—

- (a) is or has been the holder of a judicial office; or
- (b) is a legal practitioner of the High Court or of a Supreme Court of a State or Territory of not less than 5 years’ standing.

(4) Of the members of a Tribunal other than the President—

- (a) one shall be a medical practitioner nominated by the Minister after consultation with the Australian Medical Association or such other associations or colleges of medical practitioners as the Minister considers appropriate; and
- (b) one shall be a medical practitioner employed in a Department of State.

(5) The members of a Tribunal shall be appointed by the Governor-General and, subject to this Act, each member holds office for such period, not exceeding 5 years, as is specified by the Governor-General in the instrument of his appointment and is eligible for re-appointment.

(6) A member of a Medical Services Committee of Inquiry shall not be eligible for appointment as a member of a Tribunal.

Termination
of
appointment.

109. The Governor-General may terminate the appointment of a member (other than the holder of a judicial office) for misbehaviour or physical or mental incapacity.

Resignation
of members.

110. A member may resign his office by writing under his hand delivered to the Governor-General.

Appointment
to vacant
office.

111. Where a vacancy occurs in the office of a member, the Governor-General may appoint a person to that office in accordance with section 108.

Irregularities
in
nomination
of members.

112. The validity of the appointment of a member other than the President of a Tribunal shall not be called into question by reason only of a defect or irregularity in connexion with the nomination of that member.

Remuner-
ation and
allowances.

113. (1) A member, not being the holder of a judicial office, shall be paid such remuneration and such annual allowances (if any) as the Parliament fixes, but, until 1 January 1975, shall be paid such remuneration and annual allowance (if any) as are prescribed.

(2) A member, not being the holder of a judicial office, shall be paid such allowances (not including an annual allowance) as are prescribed.

Request for
review of
determination.

114. (1) A practitioner to whom a determination relates may, by notice in writing given to the Minister within a period of 30 days after the date upon which the notification of the determination is served on him, request the Minister to refer the determination to a Medical Services Review Tribunal for review.

(2) There shall be set out in the request the grounds on which the request is made.

115. Upon receipt by the Minister of a request under section 114 for the review of a determination, the Minister shall forward the request to the President of a Tribunal together with—

Request for review to be forwarded to Tribunal.

- (a) a copy of the reference that gave rise to the determination;
- (b) a transcript of the proceedings at the hearing conducted for the purposes of that reference;
- (c) the report on that reference and any documents sent to the Minister with that report; and
- (d) the determination.

116. Where the President of a Tribunal receives from the Minister under section 115 a request for the review of a determination, the President shall—

Review to be arranged.

- (a) arrange for the determination to be reviewed in proceedings before the Tribunal; and
- (b) serve, either personally or by post, on the Minister and on the practitioner to whom the determination relates a notification, in writing, setting out the time and place so arranged.

117. (1) Where a practitioner makes a request for the review of a determination—

Rights of parties at proceedings on review.

- (a) the practitioner may appear in person, or may be represented by another person, at the proceedings on the review arranged under section 116; and
- (b) if he appears, or is represented, at those proceedings—he or his representative shall be given the opportunity to address the Tribunal.

(2) The Minister may be represented at proceedings referred to in sub-section (1) and, if he is so represented, his representative shall be given the opportunity to address the Tribunal.

118. (1) Proceedings before a Tribunal—

Procedure of Tribunals.

- (a) shall be in private; and
- (b) shall be conducted with as little formality and technicality as a proper consideration of the matter before the Tribunal permits.

(2) The procedure of a Tribunal is, subject to this Act and the regulations, within the discretion of the President.

(3) The parties to the proceedings are the Minister and the practitioner who requested the review.

119. (1) A tribunal that reviews a determination in accordance with a request—

Proceedings on review.

- (a) shall consider the matter to which the determination relates having regard to the grounds set out in the request, the documents forwarded by the Minister with the request and any

addresses made to the Tribunal during the proceedings on the review; and

- (b) shall, subject to sub-section (2)—
 - (i) uphold the determination;
 - (ii) vary the determination in such manner as it thinks fit but so that the determination, as so varied, is one that the Minister could have made in giving effect to a recommendation of a Committee; or
 - (iii) disallow the determination.

(2) A Tribunal shall not uphold or vary a determination unless it is satisfied that the practitioner concerned has rendered the excessive services to which the determination relates.

(3) Subject to the Constitution, the decision of a Tribunal on a review is final except in so far as an appeal may be brought to the Australian Industrial Court in accordance with section 122 or an appeal may be brought to the High Court from a judgment or order of the Australian Industrial Court given or made under that section.

Costs of
proceedings
before
Tribunal.

120. The costs incurred by a practitioner in relation to proceedings before a Tribunal shall be borne by Australia, unless the Tribunal is of opinion that the costs, or part of the costs, were unnecessarily incurred and directs that the costs, or that part of the costs, be borne by the practitioner.

Protection of
members of
Tribunal, &c.

121. (1) A member of a Tribunal has, in the performance of the duties of his office, the same protection and immunities as a Justice of the High Court.

(2) A person representing another person before a Tribunal has the same protection and immunities as a barrister has in appearing for a party in proceedings in the High Court.

Appeals.

122. (1) A party in proceedings before a Tribunal may, in such manner and within such time as is prescribed, appeal, on a question of law only, to the Australian Industrial Court from a decision of the Tribunal.

(2) The Australian Industrial Court has jurisdiction to hear and determine an appeal instituted in that Court in accordance with sub-section (1).

(3) The Australian Industrial Court shall hear and determine the appeal and give such judgment, or make such order, as, in all the circumstances, it thinks fit, and, in particular—

- (a) may uphold, vary or disallow the decision of the Tribunal; or
- (b) may remit the matter the subject of the decision of the Tribunal to the Tribunal for further review in accordance with the directions of the Court.

123. (1) Subject to sub-section (2), the jurisdiction of the Australian Industrial Court with respect to appeals under section 122 shall be exercised by a single judge.

Exercise of jurisdiction of Australian Industrial Court.

(2) The Chief Judge of the Australian Industrial Court may, if in his opinion an appeal under section 122 involves the determination of a question of law of sufficient importance, direct that, for the purpose of that appeal, the Court shall be constituted by three judges.

Division 5—Other Committees

124. In addition to the Committees for the establishment of which express provision is made in the preceding Divisions of this Part, the regulations may provide for the establishment of other Committees and may make provision for and in relation to the constitution, powers, functions, duties and procedure of, and the filling of vacancies on, those Committees.

Other Committees.

PART VI—FINANCE

125. All amounts (including advances) payable by Australia under Part II, Part III (including an agreement under that Part) or Part IV and amounts of hospital benefits payable under the regulations shall be paid, on behalf of Australia, by the Commission.

Payments to be made by Commission.

126. (1) There shall be a Health Insurance Fund.

Health Insurance Fund.

(2) The Health Insurance Fund is a Trust Account for the purposes of section 62A of the *Audit Act* 1901-1969.

(3) There shall be paid into the Health Insurance Fund—

- (a) such amounts as are appropriated by the Parliament from time to time for the purpose;
- (b) amounts recovered by Australia under sub-section 43 (2) or 106 (4); and
- (c) premiums referred to in sub-section 6 (2).

(4) The time and manner of payment of the moneys referred to in paragraph (3) (a) shall be as determined by the Treasurer.

(5) There shall be paid to the Commission from time to time, out of the Health Insurance Fund, such amounts as the Treasurer thinks necessary for the purpose of enabling the Commission to make payments referred to in section 125.

(6) Interest from the investment of any moneys standing to the credit of the Health Insurance Fund shall be credited to the Fund.

PART VII—MISCELLANEOUS

Use of health insurance cards.

127. A person shall not use a health insurance card for the purpose of obtaining payment of a medical benefit payable in respect of a professional service rendered to a person other than a person whose name is on the card.

Penalty: \$500.

Offences in relation to returns.

128. A person shall not fail or neglect duly to furnish a return or information that he is required under this Act or the regulations to furnish.

Penalty: \$500.

False statements, &c.

129. (1) A person shall not make a statement, either orally or in writing, or issue or present a document, that is false or misleading in a material particular and is capable of being used in, in connexion with or in support of, an application for approval for the purposes of this Act or for payment of an amount under this Act.

Penalty: \$500 or imprisonment for 6 months.

(2) A person shall not furnish, in pursuance of this Act or of the regulations, a return or information that is false or misleading in a material particular.

Penalty: \$500 or imprisonment for 6 months.

(3) In a prosecution of a person for an offence against this section, it is a defence if the person shows that he did not know, and had no reason to suspect, that the statement, document, return or information to which the prosecution relates was false or misleading, as the case may be.

Officers to observe secrecy.

130. (1) A person shall not, directly or indirectly, except in the performance of his duties, or in the exercise of his powers or functions, under this Act, and while he is, or after he ceases to be, an officer, make a record of, or divulge or communicate to any person, any information with respect to the affairs of another person acquired by him in the performance of his duties, or in the exercise of his powers or functions, under this Act.

Penalty: \$500.

(2) A person who is, or has been, an officer shall not, except for the purposes of this Act, be required—

- (a) to produce in court any document that has come into his possession or under his control in the performance of his duties or functions under this Act; or
- (b) to divulge or communicate to a court any matter or thing that has come under his notice in the performance of any such duties or functions.

(3) Notwithstanding anything contained in the preceding provisions of this section, an officer may—

- (a) if the Minister certifies that it is necessary in the public interest that any information acquired by the officer in the performance of his duties, or in the exercise of his powers or functions, under this Act, should be divulged, divulge that information to such person as the Minister directs;
- (b) divulge any such information to any prescribed authority or person; or
- (c) divulge any such information to a person who, in the opinion of the Minister, is expressly or impliedly authorized by the person to whom the information relates to obtain it.

(4) An authority or person to whom information is divulged under sub-section (3), and any person or employee under the control of that authority or person, shall, in respect of that information, be subject to the same rights, privileges, obligations and liabilities under sub-sections (1) and (2) as if he were a person performing duties under this Act and had acquired the information in the performance of those duties.

(5) Nothing in this section prohibits the publication of statistics by the Commission or by the Commonwealth Statistician but such statistics shall not be published in a manner that enables the identification of an individual patient or an individual practitioner.

(6) In this section, “officer” means a person performing duties, or exercising powers or functions, under, or in relation to, this Act.

131. (1) Subject to this section, the Minister may, by writing under his hand, delegate all or any of his powers and functions under this Act (except this power of delegation) to any officer of the Department of Social Security. Delegation.

(2) A power or function so delegated may be exercised or performed by the delegate in accordance with the instrument of delegation.

(3) A delegation under this section is revocable at will and does not prevent the exercise of a power or the performance of a function by the Minister.

132. (1) The Minister may, by writing under his hand, certify that, during a period or on a date specified in the certificate— Evidence.

- (a) any premises were, or were not, a hospital; or
- (b) a document annexed to the certificate is a true copy of a determination or direction by the Minister under this Act or of any other document made or issued under this Act.

(2) In proceedings under this Act or another Act or under regulations under this Act or another Act, a certificate purporting to have been given under this section—

- (a) is evidence of the facts stated in the certificate; and
- (b) shall, unless the contrary is proved, be deemed to have been given by the person purporting to give the certificate.

Regulations. **133.** (1) The Governor-General may make regulations, not inconsistent with this Act, prescribing all matters required or permitted by this Act to be prescribed, or necessary or convenient to be prescribed for carrying out or giving effect to this Act and, in particular—

- (a) requiring the proprietor of a private hospital to keep records relating to, and to furnish, to such persons as are prescribed, returns or information relating to, the occupation of approved beds in the hospital; and
- (b) prescribing penalties, not exceeding a fine of \$200, for offences against the regulations.

(2) Where an item specifies a medical service that is to be rendered by a consultant physician, or a specialist, in the practice of his specialty to a patient who has been referred to him, the regulations may require that, for the purposes of the item, the patient be referred in a manner prescribed by the regulations.

(3) The regulations may provide for the payment by Australia of hospital benefits, at such rates and subject to such conditions as are prescribed by or under the regulations, to persons who have incurred expense in respect of the care and treatment outside Australia in hospitals, as defined by or under the regulations, of persons who are Australian residents temporarily absent from Australia.

SCHEDULE 1

Sections 9 and 10

RULES FOR THE INTERPRETATION OF THE TABLE OF MEDICAL SERVICES

1. Where an item in Part 1, 3 or 4 of the table includes the symbol “(S)” the item shall be taken to relate to the service specified in the item when rendered by a specialist in the practice of his specialty.
2. Where an item in Part 1, 3 or 4 of the table includes the symbol “(G)”, the item shall be taken to relate to the service specified in the item when rendered otherwise than by a specialist in the practice of his specialty.
3. Where an item, other than an item in Part 1, 3 or 4 of the table, includes the symbol “(S)”, the item shall be taken to relate to the service specified in the item when rendered by a specialist in the practice of his specialty to a patient who has been referred to him.
4. Where an item, other than an item in Part 1, 3, or 4 of the table, includes the symbol “(G)”, the item shall be taken to relate to the service specified in the item when rendered otherwise than by a specialist in the practice of his specialty to a patient who has been referred to him.
5. A reference in rule 3 or 4 or in Part 1 of the table to the referring of a patient to a specialist shall be read as a reference to a referring by a medical practitioner and—
 - (a) where the specialist concerned is an ophthalmologist—shall be read as including a reference to a referring by a registered optometrist or by a registered optician; and

SCHEDULE 1—continued

- (b) where a referring arises out of a dental service rendered to the person who has been referred—shall be read as including a reference to a referring by a dental practitioner.

6. Where an item includes the symbol “(D)”, the item shall be taken to relate to the service specified in the item when rendered in an operating theatre of a hospital in the course of dental practice by a dental practitioner approved by the Minister for the purposes of the definition of ‘professional service’ in sub-section 3 (1).

7. A reference in a column in an item referred to in a paragraph of this rule to an amount under this rule shall be read as a reference to an amount equal to the aggregate of the fee set out in that column in the item that relates to a radiographic examination of the kind referred to in the first-mentioned item and—

- (a) in the case of item 2254—\$5;
- (b) in the case of item 2362 or 2367—\$5.50; or
- (c) in the case of item 2420—\$3,

and an amount equal to that aggregate shall be deemed to be set out in that column in the place of that reference.

8. A reference in a column in an item referred to in a paragraph of this rule to an amount under this rule shall be read as a reference to an amount equal to the aggregate of the fee set out in that column in the item that relates to a dislocation or fracture of the kind treated and—

- (a) in the case of item 6414, 6416, 6651 or 6652—one-half of that fee;
- (b) in the case of item 6647 or 6648—one-third of that fee; or
- (c) in the case of item 6655 or 6656—three-quarters of that fee,

and an amount equal to that aggregate shall be deemed to be set out in that column in the place of that reference.

9. A reference in a column in an item referred to in a paragraph of this rule to an amount under this rule shall be read as a reference to an amount equal to—

- (a) in the case of item 6659, 6660, 6663 or 6664—one-half of the fee set out in that column in the item that would, but for that first-mentioned item, relate to the reduction effected;
- (b) in the case of item 6667 or 6668—the fee set out in that column in the item that would but for that first-mentioned item, relate to the reduction effected; or
- (c) in the case of item 6671—the fee set out in that column in the item that relates to a simple and uncomplicated fracture of the part treated,

and an amount equal to the amount so referred to shall be deemed to be set out in that column in the place of that reference.

TABLE OF MEDICAL SERVICES

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
PART I—PROFESSIONAL ATTENDANCES NOT COVERED BY AN ITEM IN ANY OTHER PART OF THIS SCHEDULE							
70	Professional attendance at consulting rooms of not more than 5 minutes duration (not being an attendance covered by any other item in this Part) at a time other than a time covered by item 72—each attendance	3.50	3.20	3.15	3.15	3.15	3.20

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
72	Professional attendance at consulting rooms of not more than 5 minutes duration (not being an attendance covered by any other item in this Part)—each attendance on a public holiday, on a Sunday, before 8 a.m. or after 1 p.m. on a Saturday or at any time other than between 8 a.m. and 8 p.m. on a day not being a Saturday, Sunday or public holiday	6.00	5.70	5.65	5.65	5.65	5.70
75	Professional attendance at consulting rooms of more than 5 minutes duration but not more than 25 minutes duration (not being an attendance covered by any other item in this Part) at a time other than a time covered by item 78—each attendance	4.70	4.30	4.20	4.20	4.20	4.30
78	Professional attendance at consulting rooms of more than 5 minutes duration but not more than 25 minutes duration (not being an attendance covered by any other item in this Part)—each attendance on a public holiday, on a Sunday, before 8 a.m. or after 1 p.m. on a Saturday or at any time other than between 8 a.m. and 8 p.m. on a day not being a Saturday, Sunday or public holiday	7.20	6.80	6.70	6.70	6.70	6.80
81	Professional attendance at consulting rooms of more than 25 minutes duration but not more than 45 minutes duration (not being an attendance covered by any other item in this Part) at a time other than a time covered by item 84—each attendance	9.00	8.30	8.10	8.10	8.10	8.30
84	Professional attendance at consulting rooms of more than 25 minutes duration but not more than 45 minutes duration (not being an attendance covered by any other item in this Part)—each attendance on a public holiday, on a Sunday, before 8 a.m. or after 1 p.m. on a Saturday or at any time other than between 8 a.m. and 8 p.m. on a day not being a Saturday, Sunday or public holiday	11.50	10.80	10.60	10.60	10.60	10.80
87	Professional attendance at consulting rooms of more than 45 minutes duration (not being an attendance covered by any other item in this Part) at a time other than a time covered by item 90—each attendance	13.50	12.50	12.20	12.20	12.20	12.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
90	Professional attendance at consulting rooms of more than 45 minutes duration (not being an attendance covered by any other item in this Part)—each attendance on a public holiday, on a Sunday, before 8 a.m. or after 1 p.m. on a Saturday or at any time other than between 8 a.m. and 8 p.m. on a day not being a Saturday, Sunday or public holiday	16.00	15.00	14.70	14.70	14.70	15.00
93	Professional attendance at a place other than consulting rooms, hospital or nursing home of not more than 5 minutes duration (not being an attendance covered by any other item in this Part) at a time other than a time covered by item 96—each attendance	5.25	4.80	4.75	4.75	4.75	4.80
96	Professional attendance at a place other than consulting rooms, hospital or nursing home of not more than 5 minutes duration (not being an attendance covered by any other item in this Part)—each attendance on a public holiday, on a Sunday, before 8 a.m. or after 1 p.m. on a Saturday or at any time other than between 8 a.m. and 8 p.m. on a day not being a Saturday, Sunday or public holiday	7.75	7.30	7.25	7.25	7.25	7.30
99	Professional attendance at a place other than consulting rooms, hospital or nursing home of more than 5 minutes duration but not more than 25 minutes duration (not being an attendance covered by any other item in this Part) at a time other than a time covered by item 102—each attendance	7.00	6.45	6.30	6.30	6.30	6.45
102	Professional attendance at a place other than consulting rooms, hospital or nursing home of more than 5 minutes duration but not more than 25 minutes duration (not being an attendance covered by any other item in this Part)—each attendance on a public holiday, on a Sunday, before 8 a.m. or after 1 p.m. on a Saturday or at any time other than between 8 a.m. and 8 p.m. on a day not being a Saturday, Sunday or public holiday	9.50	9.00	8.80	8.80	8.80	9.00
105	Professional attendance at a place other than consulting rooms, hospital or nursing home of more than 25 minutes duration but not more than 45 minutes duration (not being an attendance covered by any other item in this Part) at a time other than a time covered by item 108—each attendance	11.35	11.00	10.75	10.75	10.75	11.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
108	Professional attendance at a place other than consulting rooms, hospital or nursing home of more than 25 minutes duration but not more than 45 minutes duration (not being an attendance covered by any other item in this Part)—each attendance on a public holiday, on a Sunday, before 8 a.m. or after 1 p.m. on a Saturday or at any time other than between 8 a.m. and 8 p.m. on a day not being a Saturday, Sunday or public holiday	13.85	13.50	13.25	13.25	13.25	13.50
111	Professional attendance at a place other than consulting rooms, hospital or nursing home of more than 45 minutes duration (not being an attendance covered by any other item in this Part) at a time other than a time covered by item 114—each attendance	15.85	15.25	15.00	15.00	15.00	15.25
114	Professional attendance at a place other than consulting rooms, hospital or nursing home of more than 45 minutes duration (not being an attendance covered by any other item in this Part)—each attendance on a public holiday, on a Sunday, before 8 a.m. or after 1 p.m. on a Saturday or at any time other than between 8 a.m. and 8 p.m. on a day not being a Saturday, Sunday or public holiday	18.35	17.75	17.50	17.50	17.50	17.75
117	Professional attendance at a hospital or nursing home (not being an attendance covered by any other item in this Part) at a time other than a time covered by item 120—each attendance when only one patient is seen	7.00	6.45	6.30	6.30	6.30	6.45
120	Professional attendance at a hospital or nursing home (not being an attendance covered by any other item in this Part)—each attendance on a public holiday, on a Sunday, before 8 a.m. or after 1 p.m. on a Saturday or at any time other than between 8 a.m. and 8 p.m. on a day not being a Saturday, Sunday or public holiday, when only one patient is seen	9.50	9.00	8.80	8.80	8.80	9.00
123	Professional attendance at a hospital (not being an attendance covered by any other item in this Part) at a time other than a time covered by item 126—each attendance on two or more patients in the one hospital on the one occasion—each patient	4.70	4.30	4.20	4.20	4.20	4.30

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
126	Professional attendance at a nursing home (not being an attendance covered by any other item in this Part)—each attendance on two or more patients in the one nursing home on the one occasion—each patient	3.50	3.20	3.15	3.15	3.15	3.20
188	Professional attendance by a specialist in the practice of his specialty where the patient is referred to him—an attendance (other than a second or subsequent attendance in a single course of treatment) where that attendance is at consulting rooms, hospital or nursing home	12.10	11.00	11.00	11.00	9.40	8.80
189	Professional attendance by a specialist in the practice of his specialty where the patient is referred to him—an attendance (other than a second or subsequent attendance in a single course of treatment) where that attendance is at a place other than consulting rooms, hospital or nursing home	17.60	16.50	16.50	16.50	14.90	14.30
190	Professional attendance by a specialist in the practice of his specialty where the patient is referred to him—each attendance that is a second or subsequent attendance in a single course of treatment	6.10	6.10	5.50	5.50	5.50	5.50
191	Professional attendance by a consultant physician in the practice of his specialty where the patient is referred to him by a medical practitioner—an attendance (other than a second or subsequent attendance in a single course of treatment) where that attendance is at consulting rooms, hospital or nursing home	22.00	19.80	19.80	19.80	19.80	16.50
192	Professional attendance by a consultant physician in the practice of his specialty where the patient is referred to him by a medical practitioner—an attendance (other than a second or subsequent attendance in a single course of treatment) where that attendance is at a place other than consulting rooms, hospital or nursing home	27.50	25.30	25.30	25.30	25.30	22.00
193	Professional attendance by a consultant physician in the practice of his specialty where the patient is referred to him by a medical practitioner—each attendance that is a second or subsequent attendance in a single course of treatment	9.40	8.30	8.30	8.30	8.30	7.20

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
194	Prolonged professional attendance, for not less than 2 hours but less than 3 hours, on a patient in a critical condition arising from electric shock, drowning, caisson disease, tetanus, respiratory or circulatory failure or involving resuscitation of the new born, that requires constant attention to the exclusion of all other patients	22.00	22.00	22.00	22.00	22.00	22.00
195	Prolonged professional attendance, for a period of not less than 3 hours but less than 4 hours, in the circumstances referred to in item 194	33.00	33.00	33.00	33.00	33.00	33.00
196	Prolonged professional attendance, for a period of not less than 4 hours but less than 5 hours, in the circumstances referred to in item 194	43.50	43.50	43.50	43.50	43.50	43.50
197	Prolonged professional attendance, for a period of 5 hours or more, in the circumstances referred to in item 194	55.00	55.00	55.00	55.00	55.00	55.00
198	Pre-operative examination of a patient in preparation for the administration of an anaesthetic, being an examination carried out at an attendance other than that at which the anaesthetic is administered (G)	4.40	4.00	3.90	3.80	3.90	4.00
199	Pre-operative examination of a patient in preparation for the administration of an anaesthetic, being an examination carried out at an attendance other than that at which the anaesthetic is administered (S)	5.50	5.00	5.50	5.00	5.50	4.40

PART 2—OBSTETRICS

Division 1—General

202	Antenatal care where attendances do not exceed ten—each attendance	4.00	3.60	3.50	3.40	3.50	3.60
205	Antenatal care where attendances exceed ten	40.00	36.00	35.00	34.00	35.00	36.00
209	Confinement and postnatal care for 9 days where the medical practitioner has not given the antenatal care (G)	33.00	30.00	30.00	25.00	25.00	25.00
210	Confinement and postnatal care for 9 days where the medical practitioner has not given the antenatal care (S)	65.00	45.00	45.00	40.00	40.00	35.00
220	Confinement, including a professional attendance that would, but for this item, be covered by item 188 (S)	30.00	25.00	25.00	25.00	25.00	20.00
221	Antenatal care, confinement and postnatal care for 9 days (G)	50.00	50.00	45.00	40.00	40.00	40.00
222	Antenatal care, confinement and postnatal care for 9 days (S)	100.00	80.00	70.00	80.00	70.00	60.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
<i>Division 2—Special Services</i>							
225	Antenatal care, confinement and post-natal care for 9 days with surgical induction of labour (G)	61.00	60.00	55.50	50.00	50.00	50.00
228	Antenatal care, confinement and post-natal care for 9 days with surgical induction of labour (S)	111.00	90.00	80.50	90.00	80.00	70.00
232	Antenatal care, confinement and post-natal care for 9 days with surgical induction of labour; requiring major regional or field block (including abdominal; brachial plexus; caudal; cervical plexus; epidural (peridural); paravertebral (thoracic or lumbar); pudendal; sacral; spinal) (G)	77.50	75.00	71.50	65.00	65.00	64.00
233	Antenatal care, confinement and post-natal care for 9 days with surgical induction of labour; requiring major regional or field block (including abdominal; brachial plexus; caudal; cervical plexus; epidural (peridural); paravertebral (thoracic or lumbar); pudendal; sacral; spinal) (S)	127.50	105.00	96.50	105.00	95.00	84.00
235	Caesarean section and postnatal care for 9 days (G)	80.00	80.00	70.00	70.00	70.00	60.00
236	Caesarean section and postnatal care for 9 days (S)	120.00	100.00	100.00	90.00	100.00	70.00
243	Treatment of habitual miscarriage by injection of hormones—each injection up to a maximum of 12 injections	2.80	2.00	2.10	2.35	2.40	2.10
247	Threatened abortion, threatened miscarriage or hyperemesis gravidarum, requiring admission to hospital, treatment of—each attendance	2.80	2.00	2.50	2.35	2.40	2.10
251	Cervix, purse string ligation of, for threatened miscarriage (G)	22.50	22.50	22.50	22.50	22.50	22.50
252	Cervix, purse string ligation of, for threatened miscarriage (S)	30.00	30.00	30.00	30.00	30.00	30.00
255	Cervix, removal of purse string ligature of, under general anaesthesia (G)	8.00	8.00	8.00	8.00	8.00	8.00
256	Cervix, removal of purse string ligature of, under general anaesthesia (S)	11.00	11.00	11.00	11.00	11.00	11.00
259	Pre-eclampsia, eclampsia or antepartum haemorrhage, treatment of—each attendance	2.80	2.00	2.50	2.35	2.40	2.10
260	Amnioscopy	10.00	10.00	10.00	10.00	10.00	10.00
261	Amnioscopy with surgical induction of labour	15.00	15.00	15.00	15.00	15.00	15.00
263	Amniocentesis	11.00	11.00	11.00	11.00	11.00	11.00
265	Version, external or internal, under anaesthesia (G)	10.00	10.00	10.00	10.00	10.00	10.00
268	Version, external or internal, under anaesthesia (S)	11.00	11.00	11.00	11.00	11.00	11.00
271	Surgical induction of labour	11.00	10.00	10.50	10.00	10.00	10.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
275	Decapitation, craniotomy, cleidotomy or evisceration of foetus or any two or more of those services	44.00	44.00	44.00	44.00	44.00	44.00
279	Evacuation by intrauterine manual removal of the products of conception such as retained foetus, placenta, membranes or mole	16.50	12.00	12.50	12.50	12.50	12.00
283	Manipulative correction of acute inversion of uterus, with or without incision of cervix	48.00	48.00	48.00	48.00	48.00	48.00
287	Postpartum haemorrhage requiring special procedures such as packing, treatment of (G)	8.00	8.00	8.00	8.00	8.00	8.00
288	Postpartum haemorrhage requiring special procedures such as packing, treatment of (S)	11.00	11.00	11.00	11.00	11.00	11.00
291	Third degree tear, repair of, involving anal sphincter muscles	22.00	20.00	22.00	20.00	20.00	20.00

PART 3—ANAESTHETICS

Division 1—Anaesthetics other than Gaseous Anaesthetics not Covered by an Item in any other Part of this Schedule

301	Administration of an anaesthetic (not including an anaesthetic referred to in Division 2 of this Part) in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees specified in this table, does not exceed \$25 (G)	6.50	8.00	7.50	6.50	7.50	7.00
302	Administration of an anaesthetic (not including an anaesthetic referred to in Division 2 of this Part) in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees specified in this table, does not exceed \$25 (S)	8.50	9.50	9.00	8.00	9.00	8.50
305	Administration of an anaesthetic (not including an anaesthetic referred to in Division 2 of this Part) in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees specified in this table, exceeds \$25, but does not exceed \$45 where the anaesthetic is administered in New South Wales or Victoria or \$44 where the anaesthetic is administered in Queensland, South Australia, Western Australia or Tasmania (G)	9.00	10.00	10.50	10.00	12.00	12.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
306	Administration of an anaesthetic (not including an anaesthetic referred to in Division 2 of this Part) in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$25, but does not exceed \$45 where the anaesthetic is administered in New South Wales or Victoria or \$44 where the anaesthetic is administered in Queensland, South Australia, Western Australia or Tasmania (S)	11.00	12.00	12.50	12.00	14.00	14.00
309	Administration of an anaesthetic (not including an anaesthetic referred to in Division 2 of this Part) in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$45 where the anaesthetic is administered in New South Wales or Victoria or \$44 where the anaesthetic is administered in Queensland, South Australia, Western Australia or Tasmania, but does not exceed \$90 (G)	16.50	16.00	16.00	15.00	16.00	15.00
310	Administration of an anaesthetic (not including an anaesthetic referred to in Division 2 of this Part) in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$45 where the anaesthetic is administered in New South Wales or Victoria or \$44 where the anaesthetic is administered in Queensland, South Australia, Western Australia or Tasmania, but does not exceed \$90 (S)	20.00	19.00	19.00	18.00	19.00	18.00
313	Administration of an anaesthetic (not including an anaesthetic referred to in Division 2 of this Part) in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$90 but does not exceed \$140	22.00	22.00	22.00	22.00	22.00	22.00
317	Administration of an anaesthetic (not including an anaesthetic referred to in Division 2 of this Part) in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$140	33.00	33.00	33.00	33.00	33.00	33.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
321	Administration of an anaesthetic other than gaseous, in addition to a gaseous anaesthetic referred to in Division 2 of this part	3.50	3.00	3.00	2.50	2.50	3.00
323	Administration of neurolept analgesia	12.00	12.00	12.00	12.00	12.00	12.00
<i>Division 2—Gaseous Anaesthetics</i>							
341	Administration of an anaesthetic in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table, does not exceed \$25 (G)	10.00	10.00	10.50	9.00	10.00	10.00
342	Administration of an anaesthetic in connexion with a professional service, or a series or combination of professional services for which the fee, or the aggregate of the fees specified in this table, does not exceed \$25 (S)	12.00	12.00	12.50	11.00	12.50	12.00
344	Administration of an anaesthetic in connexion with a professional service, or a series or combination of professional services for which the fee, or the aggregate of the fees specified in this table, exceeds \$25, but does not exceed \$45 where the anaesthetic is administered in New South Wales or Victoria or \$44 where the anaesthetic is administered in Queensland, South Australia, Western Australia or Tasmania (G)	13.00	12.50	12.50	12.00	12.00	12.50
345	Administration of an anaesthetic in connexion with a professional service, or a series or combination of professional services for which the fee, or the aggregate of the fees specified in this table, exceeds \$25, but does not exceed \$45 where the anaesthetic is administered in New South Wales or Victoria or \$44 where the anaesthetic is administered in Queensland, South Australia, Western Australia or Tasmania (S)	16.00	15.00	15.00	15.00	15.00	15.00
347	Administration of an anaesthetic in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$45 where the anaesthetic is administered in New South Wales or Victoria or \$44 where the anaesthetic is administered in Queensland, South Australia, Western Australia or Tasmania, but does not exceed \$90 (G)	19.00	20.00	19.00	18.00	18.00	18.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
348	Administration of an anaesthetic in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$45 where the anaesthetic is administered in New South Wales or Victoria or \$44 where the anaesthetic is administered in Queensland, South Australia, Western Australia or Tasmania, but does not exceed \$90 (S)	23.00	24.00	23.00	22.00	22.00	22.00
351	Administration of an anaesthetic in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$90 but does not exceed \$140 (G)	20.00	22.00	22.00	20.00	22.00	22.00
352	Administration of an anaesthetic in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$90 but does not exceed \$140 (S)	24.00	26.00	26.00	24.00	26.00	26.00
355	Administration of an anaesthetic in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$140 but does not exceed \$200	33.00	35.00	33.00	33.00	33.00	33.00
357	Administration of an anaesthetic in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$200	45.00	45.00	45.00	45.00	45.00	45.00
<i>Division 3—Groupings of Anaesthetics and Related Procedures</i>							
370	Administration of an anaesthetic other than gaseous, in addition to the administration of a gaseous anaesthetic, in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table does not exceed \$25 (G)	13.50	13.00	13.50	11.50	12.50	13.00
371	Administration of an anaesthetic other than gaseous, in addition to the administration of a gaseous anaesthetic, in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table does not exceed \$25 (S)	15.50	15.00	15.50	13.50	15.00	15.00

SCHEDULE I—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
375	Administration of an anaesthetic other than gaseous, in addition to the administration of a gaseous anaesthetic, in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$25, but does not exceed \$45 where the anaesthetic is administered in New South Wales or Victoria or \$44.00 where the anaesthetic is administered in Queensland, South Australia, Western Australia or Tasmania (G)	16.50	15.50	15.50	14.50	14.50	15.50
376	Administration of an anaesthetic other than gaseous, in addition to the administration of a gaseous anaesthetic, in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$25, but does not exceed \$45 where the anaesthetic is administered in New South Wales or Victoria or \$44 where the anaesthetic is administered in Queensland, South Australia, Western Australia or Tasmania (S)	19.50	18.00	18.00	17.50	17.50	18.00
378	Administration of an anaesthetic other than gaseous, in addition to the administration of a gaseous anaesthetic, in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$45 where the anaesthetic is administered in New South Wales or Victoria or \$44 where the anaesthetic is administered in Queensland, South Australia, Western Australia or Tasmania, but does not exceed \$90 (G)	22.50	23.00	22.00	20.50	20.50	21.00
379	Administration of an anaesthetic other than gaseous, in addition to the administration of a gaseous anaesthetic, in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$45 where the anaesthetic is administered in New South Wales or Victoria or \$44 where the anaesthetic is administered in Queensland, South Australia, Western Australia or Tasmania, but does not exceed \$90 (S)	26.50	27.00	26.00	24.50	24.50	25.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
381	Administration of an anaesthetic other than gaseous, in addition to the administration of a gaseous anaesthetic, in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$90 but does not exceed \$140 (G)	23.50	25.00	25.00	22.50	24.50	25.00
382	Administration of an anaesthetic other than gaseous, in addition to the administration of a gaseous anaesthetic, in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$90 but does not exceed \$140 (S)	27.50	29.00	29.00	26.50	28.50	29.00
384	Administration of an anaesthetic other than gaseous, in addition to the administration of a gaseous anaesthetic, in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$140 but does not exceed \$200	36.50	38.00	36.00	35.50	35.50	36.00
386	Administration of an anaesthetic other than gaseous, in addition to the administration of a gaseous anaesthetic, in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$200	48.50	48.00	48.00	47.50	47.50	48.00
388	Administration of an anaesthetic other than gaseous, in addition to the administration of a gaseous anaesthetic, in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$45 where the anaesthetic is administered in New South Wales or Victoria or \$44 where the anaesthetic is administered in Queensland, South Australia, Western Australia or Tasmania, but does not exceed \$90; and intravenous or subcutaneous infusion or injection of fluids—percutaneous (G)	28.00	28.00	27.00	25.50	25.50	26.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
389	Administration of an anaesthetic other than gaseous, in addition to the administration of a gaseous anaesthetic, in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$45 where the anaesthetic is administered in New South Wales or Victoria or \$44 where the anaesthetic is administered in Queensland, South Australia, Western Australia or Tasmania, but does not exceed \$90; and intravenous or subcutaneous infusion or injection of fluids—percutaneous (S)	32.00	32.00	31.00	29.50	29.50	30.00
391	Administration of an anaesthetic other than gaseous, in addition to the administration of a gaseous anaesthetic, in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$90 but does not exceed \$140; and intravenous or subcutaneous infusion or injection of fluids—percutaneous (G)	29.00	30.00	30.00	27.50	29.50	30.00
392	Administration of an anaesthetic other than gaseous, in addition to the administration of a gaseous anaesthetic, in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$90 but does not exceed \$140; and intravenous or subcutaneous infusion or injection of fluids—percutaneous (S)	33.00	34.00	34.00	31.50	33.50	34.00
394	Administration of an anaesthetic other than gaseous, in addition to the administration of a gaseous anaesthetic, in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$140 but does not exceed \$200; and intravenous or subcutaneous infusion or injection of fluids—percutaneous	42.00	43.00	41.00	40.50	40.50	41.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
396	Administration of an anaesthetic other than gaseous, in addition to the administration of a gaseous anaesthetic, in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$45 where the anaesthetic is administered in New South Wales or Victoria or \$44 where the anaesthetic is administered in Queensland, South Australia, Western Australia or Tasmania, but does not exceed \$90; and blood transfusion, using blood already collected (G)	33.50	35.00	32.50	31.50	31.50	31.00
397	Administration of an anaesthetic other than gaseous, in addition to the administration of a gaseous anaesthetic, in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$45 where the anaesthetic is administered in New South Wales or Victoria or \$44 where the anaesthetic is administered in Queensland, South Australia, Western Australia or Tasmania, but does not exceed \$90; and blood transfusion, using blood already collected (S)	37.50	39.00	36.50	35.50	35.50	35.00
399	Administration of an anaesthetic other than gaseous, in addition to the administration of a gaseous anaesthetic, in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table, exceeds \$90 but does not exceed \$140; and blood transfusion using blood already collected (G)	34.50	37.00	35.50	33.50	35.50	35.00
400	Administration of an anaesthetic other than gaseous, in addition to the administration of a gaseous anaesthetic, in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table exceeds \$90 but does not exceed \$140; and blood transfusion, using blood already collected (S)	38.50	41.00	39.50	37.50	39.50	39.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
402	Administration of an anaesthetic other than gaseous, in addition to the administration of a gaseous anaesthetic, in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees, specified in this table, exceeds \$140 but does not exceed \$200; and blood transfusion, using blood already collected	47.50	50.00	46.50	46.50	46.50	46.00
<i>Division 4—Dental Anaesthetics</i>							
430	Administration by a medical practitioner of an anaesthetic, other than an endotracheal anaesthetic, in connection with a dental operation . .	8.00	8.00	8.00	8.00	8.00	8.00
435	Administration by a medical practitioner of an endotracheal anaesthetic in connection with a dental operation (G)	13.00	15.00	15.00	12.00	12.00	12.00
436	Administration by a medical practitioner of an endotracheal anaesthetic in connection with a dental operation (S)	15.50	18.00	18.00	14.50	14.50	14.50
PART 4—REGIONAL NERVE OR FIELD BLOCK							
451	Initial major regional or field block, including abdominal; brachial plexus; caudal; cervical plexus; epidural (peridural); paravertebral (thoracic or lumbar); pudendal; sacral; spinal	16.50	15.00	16.00	15.00	15.00	14.00
452	Subsequent major regional or field block, including abdominal; brachial plexus; caudal; cervical plexus; epidural (peridural); paravertebral (thoracic or lumbar); pudendal; sacral; spinal	11.50	10.00	11.00	10.00	10.00	9.00
455	Intravenous regional anaesthesia of limb by retrograde perfusion (G) . .	11.50	11.50	11.50	11.50	11.50	11.50
456	Intravenous regional anaesthesia of limb by retrograde perfusion (S) . .	15.00	15.00	15.00	15.00	15.00	15.00
PART 5—ASSISTANCE IN ADMINISTRATION OF AN ANAESTHETIC							
501	Assistance in the administration of an anaesthetic in connexion with a professional service, or a series or combination of professional services, for which the fee, or the aggregate of the fees specified in this table exceeds \$165	12.00	12.00	12.00	12.00	12.00	12.00
PART 6—MISCELLANEOUS PROCEDURES							
601	Electrocardiography, phonocardiography, stethography or ballistocardiography	7.00	8.00	7.80	6.00	6.00	6.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
611	Continuous electrocardiographic monitoring during anaesthesia	8.80	8.50	7.80	7.50	7.50	7.50
616	Restoration of cardiac rhythm by electrical stimulation, other than in the course of cardiac surgery	14.00	14.00	14.00	14.00	14.00	14.00
621	Intracardiac pressure recording at operation	33.00	33.00	33.00	33.00	33.00	33.00
625	Blood pressure recording by intravenous cannula	30.00	30.00	30.00	30.00	30.00	30.00
631	Ultrasonic echography, unidimensional (including echoencephalography)	11.00	11.00	11.00	11.00	11.00	11.00
632	Ultrasonic cross-sectional echography bidimensional	30.00	30.00	30.00	30.00	30.00	30.00
641	Electroencephalography, not covered by item 631, 632, 651 or 661	16.50	16.00	17.00	17.00	14.00	13.00
651	Electroencephalography, temporosphenoidal	24.00	24.00	24.00	24.00	24.00	24.00
661	Electrocorticography	33.00	33.00	33.00	33.00	33.00	33.00
681	Electromyography—involving estimation of nerve conduction times or stimulating response recording	8.20	8.20	8.20	8.20	8.20	8.20
691	Electromyography—involving sampling of muscle activity—each attendance at which procedure is performed	6.60	6.60	6.60	6.60	6.60	6.60
698	Retinal angiography—one eye	15.00	15.00	15.00	15.00	15.00	15.00
699	Retinal angiography—both eyes	20.00	20.00	20.00	20.00	20.00	20.00
701	Tonography, in the management of glaucoma	10.00	7.00	10.50	10.00	8.00	8.00
703	Provocative test or tests for glaucoma, including water drinking	6.00	6.00	6.00	6.00	6.00	6.00
705	Electroretinography	18.00	18.00	18.00	18.00	18.00	18.00
711	Audiogram, air conduction	4.50	4.50	4.50	4.50	4.50	4.50
712	Audiogram, air conduction and bone conduction	6.50	6.50	6.50	6.50	6.50	6.50
713	Audiogram, air conduction, bone conduction and speech	8.50	8.50	8.50	8.50	8.50	8.50
714	Audiogram, air conduction, bone conduction and speech, with other cochlear tests	10.50	10.50	10.50	10.50	10.50	10.50
723	Caloric tests of labyrinth or labyrinths	7.50	7.50	7.50	7.50	7.50	7.50
725	Electronystagmography	7.50	7.50	7.50	7.50	7.50	7.50
731	Bronchspirometry, including gas analysis	27.50	27.50	27.50	27.50	27.50	27.50
741	Estimation of respiratory function by spirometer or other simple techniques—each attendance at which one or more tests are performed	11.00	10.00	10.50	9.00	9.00	8.50
751	Estimation of respiratory function requiring complicated techniques—each attendance at which one or more tests are performed	15.50	15.50	15.50	15.50	15.50	15.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
753	Hyperbaric oxygen therapy where the medical practitioner is not in the chamber	25.00	25.00	25.00	25.00	25.00	25.00
755	Hyperbaric oxygen therapy where the medical practitioner is in the chamber	40.00	40.00	40.00	40.00	40.00	40.00
756	Topical application of oxygen in hyperbaric chamber—as an independent procedure	15.00	15.00	15.00	15.00	15.00	15.00
757	Administration of general anaesthesia (including oxygen administration) during hyperbaric therapy where the medical practitioner is in the chamber	50.00	50.00	50.00	50.00	50.00	50.00
761	Perfusion of limb or organ using heart-lung machine or equivalent	75.00	75.00	75.00	75.00	75.00	75.00
771	Whole body perfusion, cardiac by-pass, using heart-lung machine or equivalent	110.00	110.00	110.00	110.00	110.00	110.00
782	Haemodialysis in hospital (where prolonged and constant medical supervision of the dialysis is required for the duration of the dialysis)	60.00	60.00	60.00	60.00	60.00	60.00
784	Haemodialysis in hospital (where intermittent medical supervision of the dialysis is required)	30.00	30.00	30.00	30.00	30.00	30.00
786	Haemodialysis in hospital (stabilised maintenance dialysis for chronic renal failure where a separate account for an attendance is not rendered under Part 1 of this Schedule)	10.00	10.00	10.00	10.00	10.00	10.00
791	Dialysis, peritoneal	22.00	22.00	22.00	22.00	22.00	22.00
801	Induced controlled hypothermia—total body	18.50	18.50	18.50	18.50	18.50	18.50
831	Fluids, intravenous infusion of—Percutaneous	5.50	5.00	5.00	5.00	5.00	5.00
841	Fluids, intravenous infusion of—by open exposure	9.00	8.00	8.50	8.00	8.00	8.00
843	Umbilical vein catheterisation with or without infusion	7.50	7.50	7.50	7.50	7.50	7.50
845	Umbilical artery catheterisation with or without infusion	12.00	12.00	12.00	12.00	12.00	12.00
847	Scalp vein catheterisation with or without infusion	7.50	7.50	7.50	7.50	7.50	7.50
851	Intravenous infusion or injection of a substance incorporating a cytotoxic agent	8.50	8.50	8.50	8.50	8.50	8.50
861	Intra-arterial infusion or injection of a substance incorporating a cytotoxic agent, preparation for	14.00	14.00	14.00	14.00	14.00	14.00
866	Intralymphatic infusion or injection of a fluid containing a cytotoxic agent, with or without the incorporation of an opaque medium	22.00	22.00	22.00	22.00	22.00	22.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
868	Intralymphatic insertion of needle or cannula for the purpose of introduction of radio-active material	22.00	22.00	22.00	22.00	22.00	22.00
871	Blood transfusion, including collection from donor	16.50	16.50	16.50	16.50	16.50	16.50
881	Blood transfusion, using blood already collected	11.00	12.00	10.50	11.00	11.00	10.00
891	Blood transfusion with venesection and complete replacement of blood, including collection from donor . . .	39.00	39.00	39.00	39.00	39.00	39.00
901	Blood transfusion with venesection and complete replacement of blood, using blood already collected . . .	33.00	33.00	33.00	33.00	33.00	33.00
906	Intrauterine foetal blood transfusion using blood already collected, including necessary amniocentesis	39.00	39.00	39.00	39.00	39.00	39.00
911	Blood for purposes of transfusion, collection of, not covered by item 871 or 891	8.20	8.20	8.20	8.20	8.20	8.20
915	Blood dye—dilution indicator test . . .	20.00	20.00	20.00	20.00	20.00	20.00
921	Venesection, not covered by item 891 or 901—each attendance at which venesection is performed	3.10	3.10	3.10	3.10	3.10	3.10
931	Blood specimen for pathology test, intravenous collection of, for forwarding to another medical practitioner	2.20	2.50	2.10	2.00	2.00	2.00
941	Blood for pathology test, collection of, by arterial puncture	3.30	3.30	3.30	3.30	3.30	3.30
943	Blood for pathology test, collection of, by femoral or external jugular vein puncture in infants	4.00	4.00	4.00	4.00	4.00	4.00
945	Collection of specimen of sweat by iontophoresis	6.00	6.00	6.00	6.00	6.00	6.00
951	Hormone or living tissue implantation—by incision	8.80	8.80	8.80	8.80	8.80	8.80
961	Hormone or living tissue implantation—by cannula	5.60	5.60	5.60	5.60	5.60	5.60
965	Oesophageal motility test, manometric	15.00	15.00	15.00	15.00	15.00	15.00
972	Gastric hypothermia by closed circuit circulation of refrigerant in the absence of gastrointestinal haemorrhage	30.00	30.00	30.00	30.00	30.00	30.00
975	Gastric hypothermia by closed circuit circulation of refrigerant for upper gastrointestinal haemorrhage	60.00	60.00	60.00	60.00	60.00	60.00
977	Gastric lavage in the treatment of ingested poison	7.50	7.50	7.50	7.50	7.50	7.50
981	Electroconvulsive therapy—each attendance at which treatment is given	10.00	10.00	8.00	9.00	9.00	9.00
985	Narcotherapy or similar psychiatric procedure involving intravenous injection—each attendance at which treatment is given	12.00	12.00	12.00	12.00	12.00	12.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
988	Psychotherapy (including associated consultation) by a consultant physician in the practice of his recognised specialty of psychiatry where the patient is referred to him by a medical practitioner, any session of not less than 45 minutes duration subsequent to the first attendance in a single course of treatment	13.50	13.50	13.50	13.50	13.50	13.50
990	Group psychotherapy (including associated consultation) of not less than one hour's duration given under the continuous direct supervision of a consultant physician in the practice of his recognised specialty of psychiatry, on a group of not more than four patients where each patient is referred to him by a medical practitioner—each patient	5.00	5.00	5.00	5.00	5.00	5.00
992	Group psychotherapy (including associated consultation) of not less than one hour's duration given under the continuous direct supervision of a consultant physician in the practice of his recognised specialty of psychiatry, on a group of not less than five patients but less than ten patients where each patient is referred to him by a medical practitioner—each patient	3.50	3.50	3.50	3.50	3.50	3.50
994	Group psychotherapy (including associated consultation) of not less than one hour's duration given under the continuous direct supervision of a consultant physician in the practice of his recognised specialty of psychiatry, on a group of not less than ten patients where each patient is referred to him by a medical practitioner—each patient	2.00	2.00	2.00	2.00	2.00	2.00

PART 7—PATHOLOGY SERVICES

Division 1—Blood

Haematology—Erythrocytes

1000	Blood film, examination of	2.50	3.00	2.00	2.00	2.00	2.00
1002	Blood film, examination by special stains to demonstrate: basophilic stippling, foetal haemoglobin, haemoglobin H, Heinz bodies, reticulocytes, siderocytes or similar	3.00	3.00	3.00	2.00	2.50	2.50
1004	Malarial or other parasites, examination of blood for	4.00	4.00	3.00	2.50	2.50	2.50
1006	Sickling, examination of blood for	3.00	3.00	3.00	3.00	3.00	3.00
1008	Haemoglobin estimation (where patient is referred by another medical practitioner for this service)	2.50	2.50	2.00	2.00	2.00	2.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
1010	Haemoglobin estimation and examination of blood film	4.50	5.00	3.50	3.50	3.50	3.50
1012	Haemoglobin estimation and examination of blood film and blood grouping A, B, O and Rh	10.00	11.00	9.00	8.50	8.50	8.50
1014	Haemoglobin estimation, leucocyte count, and differential leucocyte count	7.50	7.00	5.50	5.00	6.00	5.50
1016	Haemoglobin estimation, haematocrit (packed cell volume) estimation, leucocyte count and differential leucocyte count	8.00	8.50	7.50	7.00	8.50	8.00
1018	Haemoglobin estimation, haematocrit (packed cell volume) estimation, leucocyte count and differential leucocyte count, and erythrocyte sedimentation rate	12.00	13.00	10.50	9.00	11.00	11.00
1019	Haemoglobin estimation, erythrocyte count, haematocrit (packed cell volume) estimation, leucocyte count; one or more of these estimations or counts, when performed on a single specimen of blood simultaneously or consecutively on an automated haematology system	2.50	2.50	2.50	2.50	2.50	2.50
1020	Haemoglobin estimation, blood grouping, A, B, O and Rh, indirect Coombs' test, total bilirubin and compatibility testing	23.50	20.00	20.50	19.00	21.00	21.00
1022	Erythrocyte count	2.50	2.50	2.00	2.00	2.00	2.00
1024	Erythrocyte sedimentation rate (where patient is referred by another medical practitioner for this service)	4.00	4.00	3.00	2.00	2.50	2.50
1026	Haematocrit (packed cell volume) estimation	3.00	2.50	3.00	2.00	2.50	2.50
1028	Erythrocyte fragility test, to hypotonic saline	8.00	8.00	7.50	5.00	6.50	6.00
1030	Erythrocyte fragility test, mechanical fragility	8.00	8.00	7.50	5.00	6.50	6.00
1032	Erythrocyte, autohaemolysis test	8.00	8.00	7.50	5.00	6.50	6.00
1034	Erythrocytes, estimation of mean cell diameter	5.00	5.00	5.00	5.00	5.00	5.00
1036	Erythrocytes, tests for enzymes, acid phosphatase or similar, each enzyme	7.00	7.00	7.00	7.00	7.00	7.00
1038	Erythrocytes, estimation of glutathione	8.00	8.00	8.00	8.00	8.00	8.00
1040	Erythrocytes, glutathione stability test	8.00	8.00	8.00	8.00	8.00	8.00
1042	Erythrocytes, glucose-6-phosphate dehydrogenase, pyruvate kinase deficiency, or similar, screening test	7.00	7.50	5.00	5.00	4.50	4.50
1044	Erythrocytes, glucose-6-phosphate dehydrogenase, pyruvate kinase deficiency, or similar, quantitative estimation	10.00	10.00	10.00	10.00	10.00	10.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
1046	Erythrocytes, test for paroxysmal nocturnal haemoglobinuria—screening test (sucrose water test)	4.00	4.00	4.00	4.00	4.00	4.00
1048	Erythrocytes, test for paroxysmal nocturnal haemoglobinuria-acid haemolysin test	14.00	14.00	14.00	14.00	14.00	14.00
1050	Erythrocytes, folate estimation of	10.00	10.00	10.00	7.50	6.50	7.00
1054	Erythrocytes, direct Coombs' test	4.00	3.00	3.00	2.50	2.50	2.50
<i>Haematology—Leucocytes</i>							
1060	Leucocyte count	2.50	3.00	2.00	2.00	2.00	2.00
1062	Leucocyte count and differential count	4.50	4.50	3.50	3.00	4.00	3.50
1063	Differential leucocyte count	2.00	2.00	2.00	2.00	2.00	2.00
1064	Eosinophil count, wet	2.50	3.00	2.50	2.50	2.50	2.50
1066	Leucocyte agglutinins, detection of	6.00	6.00	6.00	6.00	6.00	6.00
1068	Lupus erythematosus cells, examination of blood film for	6.50	6.50	6.00	5.00	5.00	5.00
1070	Cytological sex determination from blood film	6.00	6.00	5.00	5.00	5.00	5.00
1072	Leucocyte (neutrophil) alkaline phosphatase determination	7.00	7.00	7.00	7.00	7.00	7.00
1074	Leucocyte tests for phagocytic activity	22.00	22.00	22.00	22.00	22.00	22.00
1076	Blood film examination using special stains (P.A.S., Sudan black or similar) for leucocytes	3.00	3.00	3.00	3.00	3.00	3.00
<i>Haematology—Platelets</i>							
1080	Platelet count	3.00	3.00	3.00	2.00	2.50	2.50
1082	Platelet agglutinin test	6.00	6.00	6.00	6.00	6.00	6.00
1084	Platelet survival or life—radio-active technique	25.00	25.00	25.00	25.00	20.00	20.00
<i>Haematology—Blood Transfusion Procedures</i>							
1090	Blood grouping, A, B, O and Rh (D antigen)	5.00	5.00	5.00	4.50	4.50	4.50
1091	Blood grouping, Rh phenotyping, examination for C, D, E, c, e and other Rh antigens (five or more antigens)	7.00	7.00	7.00	7.00	7.00	7.00
1092	Blood grouping, MN or other, each system, not covered by item 1090 or 1091	5.00	5.00	5.00	5.00	5.00	5.00
1094	Compatibility testing—for each bottle tested up to five bottles	5.00	4.50	5.00	4.50	5.00	5.00
1096	Compatibility testing—for each subsequent bottle tested in excess of five	4.00	3.50	3.50	3.50	3.50	3.50
1098	Examination of serum for Rh or other blood group antibodies—screening test	5.50	4.50	4.50	4.50	4.50	4.50
1100	Examination of serum for Rh or other blood group antibodies—quantitative estimation	6.50	5.50	5.50	5.50	5.50	5.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
1102	Examination of serum for Rh or other blood group antibodies—screening and quantitative estimation	10.00	9.00	9.00	9.00	9.00	9.00
1104	Coombs' test—direct	4.00	3.00	3.00	2.50	2.50	2.50
1106	Coombs' test—indirect (if not part of Items 1094, 1096, 1098, 1100 or 1102)	5.00	3.50	3.50	3.50	4.50	4.00
1108	Examination of serum for blood group haemolysins	6.50	5.50	5.50	5.50	5.50	5.50
<i>Haematology—Haemostasis</i>							
1110	Antihæmophilic globulin, assay of, or other blood coagulation factor—quantitative	15.00	15.00	15.00	12.00	12.00	12.00
1112	Bleeding time	2.50	2.50	2.50	2.00	2.00	2.00
1114	Coagulation time (including qualitative clot retraction)	3.00	3.00	2.50	2.00	2.00	2.00
1116	Bleeding time, coagulation time (including qualitative clot retraction), prothrombin estimation and platelet count	14.00	13.00	12.50	10.00	11.00	11.00
1118	Clot retraction, quantitative	5.00	5.00	5.00	3.50	4.00	4.00
1120	Euglobulin lysis time, or similar	12.00	12.00	12.00	12.00	12.00	12.00
1122	Fibrinogen estimation	7.00	7.00	5.50	5.00	4.50	5.00
1124	Fibrinogen titre, determination of . .	5.00	5.00	5.00	5.00	5.00	5.00
1126	Kaolin clotting time	6.00	6.00	6.00	6.00	6.00	6.00
1128	Platelet count	3.00	3.20	3.00	2.00	2.50	2.50
1130	Platelet adhesion test	8.00	8.00	8.00	8.00	8.00	8.00
1132	Platelet aggregation test, qualitative .	5.00	5.00	5.00	5.00	5.00	5.00
1134	Platelet aggregation test, quantitative	8.00	8.00	8.00	8.00	8.00	8.00
1136	Platelet factor III availability	12.00	12.00	12.00	12.00	12.00	12.00
1138	Prothrombin estimation	5.00	4.50	5.00	4.00	4.50	4.50
1140	Prothrombin estimation—two stage . .	7.00	7.50	6.60	6.00	6.00	6.00
1142	Prothrombin consumption test	7.50	6.00	6.00	6.00	6.00	6.00
1144	Recalcified plasma clotting time . . .	5.00	5.00	5.00	5.00	4.00	4.50
1146	Thrombin clotting time	5.00	5.00	5.00	5.00	4.00	4.50
1148	Thromboplastin generation screening test	7.00	7.00	7.00	6.00	6.00	6.00
1150	Thromboplastin generation test (full)	12.00	12.00	12.00	10.00	10.00	10.00
1152	Thrombin time; determination of (including test for presence of an inhibitor)	7.00	7.00	7.00	7.00	7.00	7.00
1154	Thrombin time serial test for fibrinogenolysis	6.00	6.00	6.00	6.00	6.00	6.00
1156	Thromboplastin time (partial) with or without kaolin	6.00	6.00	6.00	6.00	6.00	6.00
<i>Haematology—Miscellaneous Procedures</i>							
1160	Blood culture	7.00	8.00	5.00	5.00	5.00	5.00
1162	Blood volume (dye method)	8.00	8.00	7.50	6.00	5.50	6.00
1164	Folic acid, estimation of, in serum or plasma	9.00	10.00	8.50	8.50	7.50	8.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
1166	Vitamin B12, estimation of, in serum or plasma	9.00	10.00	8.50	8.50	7.50	8.00
1168	Marrow, examination of films made from aspirate	10.00	11.00	7.00	9.00	6.00	8.00
1170	Marrow examination—histopathological examination of aspirate or trephine	11.00	11.00	9.50	10.00	10.00	9.00
1172	Marrow, examination of films of by special staining, e.g. iron, P.A.S., peroxidase, Sudan black or similar	3.00	3.00	3.00	3.00	3.00	3.00
1174	Spectroscopic examination of blood	5.00	5.50	5.00	5.00	4.50	4.50
1178	Assay of concentration of antibiotic or chemotherapeutic agents in serum or plasma	6.00	6.00	5.50	5.00	4.50	4.50
<i>Haematology—Serology</i>							
1180	Agglutination tests, including agglutination tests for enteric fever, Brucella infection, one antigen	5.00	5.00	3.50	3.00	3.00	3.00
1182	Agglutination tests, including agglutination tests for enteric fever, Brucella infection, more than one antigen, each additional antigen	4.00	4.00	2.50	2.00	2.00	2.00
1184	Antistreptolysin titre, determination of	7.00	8.00	6.00	6.00	6.00	6.00
1186	Cold agglutinins, qualitative test	2.50	2.50	2.50	2.50	2.50	2.50
1188	Cold agglutinins, quantitative test	5.00	5.00	5.00	5.00	5.00	5.00
1190	Complement, estimation of, in serum	7.00	7.00	7.00	7.00	7.00	7.00
1192	Complement fixation tests for the diagnosis of gonorrhoea, hydatid infestation, or similar, each antigen	7.00	7.00	5.00	5.00	5.00	5.00
1194	Complement fixation tests for the diagnosis of toxoplasmosis	7.00	7.50	5.50	5.00	5.00	5.00
1196	Complement fixation tests to detect antibodies to other bacterial, viral, fungal or parasitic infection not covered by any other item in this Part	7.00	7.00	7.00	7.00	7.00	7.00
1198	Haemagglutination or haemagglutination-inhibition test for the diagnosis of a virus infection	7.00	6.00	5.50	5.00	5.00	5.00
1200	Latex flocculation test, or similar test, for rheumatoid arthritis or other conditions—each test	4.50	3.50	3.00	2.50	2.50	2.50
1202	Methylene blue dye test for toxoplasmosis	7.50	7.50	5.50	5.00	5.00	5.00
1204	Paul Bunnell test—screening	4.50	3.50	3.00	3.50	3.50	3.50
1206	Paul Bunnell test—titre with absorptions	8.00	8.00	6.00	7.00	7.00	7.00
1208	Rose Waaler test	7.00	8.00	6.00	6.00	6.00	6.00
1210	Syphilis, complement fixation tests for the diagnosis of, one antigen	7.00	7.00	5.50	5.00	5.00	5.00
1212	Syphilis, complement fixation tests for the diagnosis of, two antigens	9.00	9.00	7.50	7.00	7.00	7.00
1214	Syphilis, flocculation test for, Kahn, Kline, VDRL or similar, one antigen	4.00	4.00	3.00	2.50	2.00	2.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
1216	Syphilis, flocculation test for, Kahn, Kline, VDRL or similar, two antigens	5.50	5.50	4.50	4.00	3.50	4.00
1218	Syphilis, fluorescent antibody test for	9.00	9.00	9.00	9.00	9.00	9.00
<i>Haematology—Chemistry</i>							
1220	Alcohol, estimation of	12.50	12.50	12.50	12.50	12.50	12.50
1222	Amino acids, total estimation of	12.50	12.50	12.50	12.50	12.50	12.50
1224	Amino acid pattern, qualitative (chromatography or high voltage electrophoresis), estimation of	20.00	20.00	20.00	20.00	20.00	20.00
1226	Amino acid pattern, quantitative (ion exchange, gas liquid chromatography), estimation of	25.00	25.00	25.00	25.00	25.00	25.00
1228	Ammonia, estimation of	9.00	9.00	9.00	9.00	9.00	9.00
1230	Barbiturates, quantitative estimation of	12.50	12.50	12.50	12.50	12.50	12.50
1232	Bicarbonate (CO ₂ combining power, alkali-reserve), estimation of	7.00	7.00	7.00	5.00	4.50	4.50
1234	Carbohydrate tolerance test (fructose, galactose, glucose, lactose, sucrose) not exceeding 2 hours, each	12.00	12.00	11.00	10.00	10.00	10.00
1236	Carbohydrate tolerance test (fructose, galactose, glucose, lactose, sucrose) exceeding 2 hours but not exceeding 3 hours, each	15.00	15.00	14.00	13.00	13.00	13.00
1238	Carbohydrate tolerance test (fructose, galactose, glucose, lactose, sucrose) exceeding 3 hours, each	18.00	18.00	17.00	16.00	16.00	16.00
1240	Carboxyhaemoglobin (carbon monoxide), qualitative estimation of	5.00	5.00	5.00	5.00	5.00	5.00
1242	Carboxyhaemoglobin (carbon monoxide), quantitative estimation of	8.00	8.00	8.00	8.00	8.00	8.00
1244	Congo red test	13.00	13.00	12.00	11.00	10.00	10.50
1246	Cortisol, corticosteroids or similar, estimation of	12.50	12.50	12.50	12.50	12.50	12.50
1248	Cryoglobulins—qualitative estimation of	3.50	2.50	3.00	2.50	2.50	2.50
1250	Electrolytes, estimation of sodium, potassium, calcium, magnesium, chloride or other electrolyte—estimation of one substance	7.00	7.00	5.50	5.00	5.00	5.00
1252	Estimation of two substances referred to in the last preceding item	12.00	12.00	10.50	10.00	10.00	10.00
1254	Estimation of three substances referred to in Item 1250	16.00	16.00	14.50	14.00	14.00	14.00
1256	Estimation of four substances referred to in Item 1250	20.00	20.00	18.50	18.00	18.00	18.00
1258	Estimation of five substances referred to in Item 1250	24.00	24.00	22.50	22.00	22.00	22.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
1260	Electrophoretic determination of serum or plasma for lipoprotein, protein, abnormal haemoglobin, haptoglobin, or other unspecified fractions, qualitative, each determination	7.00	7.00	7.00	7.00	7.00	7.00
1262	Electrophoretic determination of serum or plasma for lipoprotein, protein, abnormal haemoglobin, haptoglobin, or other unspecified fractions, quantitative, each determination	11.00	11.00	11.00	11.00	11.00	11.00
1264	Enzymes (whole blood, serum or plasma), one estimation	7.00	7.00	5.50	5.00	5.00	5.00
1266	Enzymes (whole blood, serum or plasma), two estimations	12.00	12.00	10.50	10.00	10.00	10.00
1268	Enzymes (whole blood, serum or plasma), three estimations	16.00	16.00	14.50	14.00	14.00	14.00
1270	Enzymes (whole blood, serum or plasma), four or more estimations	20.00	20.00	18.50	18.00	18.00	18.00
1272	Folic acid, estimation of	9.00	10.00	8.50	8.50	7.50	8.00
1274	Gas analysis including oxygen capacity, oxygen saturation and partial carbon dioxide (PCO ₂)	25.00	25.00	25.00	25.00	25.00	25.00
1277	Chemical analysis of blood or serum, one or more tests performed simultaneously or consecutively on a single specimen on one or more multi-channel analyser systems	5.00	5.00	5.00	5.00	5.00	5.00
1278	Chemical tests, quantitative, of albumin, bromide, cholesterol, creatinine, globulin, glucose, phosphorus, salicylates, sulphonamides, total protein, urea, urea nitrogen, uric acid or similar substance, not covered by any other item, estimation of one substance, other than by reagent stick, strip, tablet or similar	7.00	7.00	5.50	5.00	5.00	5.00
1280	Two estimations of any substance or substances referred to in the last preceding item	12.00	12.00	10.50	10.00	10.00	10.00
1282	Three estimations of any substance or substances referred to in Item 1278	16.00	16.00	14.50	14.00	14.00	14.00
1284	Four estimations of any substance or substances referred to in Item 1278	20.00	20.00	18.50	18.00	18.00	18.00
1286	Five or more estimations of any substance or substances referred to in Item 1278	24.00	24.00	22.50	22.00	22.00	22.00
1288	Hydrogen ion concentration (pH), estimation of	10.00	10.00	10.00	10.00	10.00	10.00
1290	Insulin tolerance test	14.00	14.00	12.50	11.50	11.50	11.50
1292	Intravenous tolbutamide test	14.00	14.00	12.50	11.50	11.50	11.50
1294	Iron, estimation of	7.00	7.00	5.50	5.00	5.00	5.00
1296	Iron-binding capacity, estimation of	5.00	5.00	5.00	5.00	4.50	4.50
1298	Iron and iron-binding capacity, estimation of	12.00	12.00	10.50	10.00	9.50	9.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
1301	Liver function test (bilirubin, total; bilirubin, direct and indirect; enzymes; alkaline phosphatase, transaminase or similar; turbidity; or other liver function test not covered by any other item), any one test . . .	7.00	7.00	5.50	5.00	5.00	5.00
1302	Two of any test or tests referred to in the last preceding item	12.00	12.00	10.50	10.00	10.00	10.00
1304	Three of any test or tests referred to in Item 1301	16.00	16.00	14.50	14.00	14.00	14.00
1305	Four of any test or tests referred to in Item 1301	20.00	20.00	18.50	18.00	18.00	18.00
1307	Five or more of any test or tests referred to in Item 1301	24.00	24.00	22.50	22.00	22.00	22.00
1310	Other unspecified liver function test not covered by any other item	7.00	7.00	5.50	5.00	5.00	5.00
1313	Methaemalbumin, qualitative test for	5.00	5.00	5.00	5.00	5.00	5.00
1314	Phenylketonuria, bacterial inhibition assay for (Guthrie test), when performed as an isolated procedure on specimens from one patient only	2.00	2.00	2.00	2.00	2.00	2.00
1317	Phenylketonuria, bacterial inhibition assay for (Guthrie test), when performed simultaneously on specimens from more than one patient—test for each patient	1.00	1.00	1.00	1.00	1.00	1.00
1319	Protein bound iodine, estimation of	11.50	12.00	10.50	10.00	10.00	10.00
1322	Proteins, chemical estimation of, total (copper sulphate method)	4.00	4.00	3.00	2.50	2.50	2.50
1325	Protamine sulphate titration	3.00	3.00	2.80	2.50	2.50	2.50
1328	Spectroscopic examination for pigments	5.00	5.50	5.50	5.00	4.50	5.00
1331	Thyroxine, estimation of	12.50	12.50	10.50	10.00	9.50	10.50
1334	Triglycerides, phospholipids, total lipids, estimation of each substance	8.00	8.00	6.50	6.00	6.00	6.00
1337	Estimation of any two substances referred to in the last preceding item	13.00	13.00	11.50	11.00	11.00	11.00
1340	Estimation of any three or more substances referred to in Item 1334	18.00	18.00	16.50	16.00	16.00	16.00
1343	Triglycerides, phospholipids, total lipids, estimation of one substance and estimation of cholesterol	13.00	13.00	10.00	9.00	9.00	9.00
1346	Thyroxine, tri-iodothyronine or digoxin, free plasma estimation of	20.00	20.00	20.00	20.00	20.00	20.00
1349	Trace elements (copper, lead, mercury, zinc or other unspecified trace elements), estimation of	8.50	8.50	8.50	8.50	8.50	8.50
1352	Vitamin A or carotenoids, estimation of	9.00	9.00	9.00	9.00	9.00	9.00
1355	Vitamin B12, estimation of	9.00	10.00	8.50	8.50	7.50	3.00
1358	Assay of concentration of antibiotic or chemotherapeutic agent	6.00	6.00	5.50	5.00	4.50	4.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
<i>Division 2—Urine</i>							
<i>Urine—Bacteriology</i>							
1380	Microscopical examination of urine concentrate (where patient is referred by another medical practitioner for this service)	3.50	3.50	2.50	2.00	2.00	2.50
1382	Microscopical examination of urine concentrate and general examination for three or more of: reaction, specific gravity, blood, albumin, urobilinogen, sugar, acetone, bile pigments (where patient is referred by another medical practitioner for this service)	4.00	4.00	3.00	2.50	2.50	3.00
1385	Microscopical examination of urine concentrate and general examination for three or more of: reaction, specific gravity, blood, albumin, urobilinogen, sugar, acetone, bile pigments and cultural examination of urine specimen for isolation and identification of organisms	7.00	7.00	5.50	5.00	5.00	5.00
1388	Microscopical examination of urine concentrate and general examination for three or more of: reaction, specific gravity, blood, albumin, urobilinogen, sugar, acetone, bile pigments, cultural examination of urine specimen and antibiotic sensitivity testing, of urine organisms, up to eight antibiotics	12.00	12.00	10.50	10.00	10.00	10.00
1389	Microscopical examination of urine concentrate and general examination for three or more of: reaction, specific gravity, blood, albumin, urobilinogen, sugar, acetone, bile pigments, cultural examination of urine specimen and antibiotic sensitivity test of urine organism (each organism), for nine or more antibiotics	15.00	15.00	13.50	13.00	13.00	13.00
1391	Microscopical examination of urine concentrate and general examination for three or more of: reaction, specific gravity, blood, albumin, urobilinogen, sugar, acetone, bile pigments, bacterial count for organisms in urine (colony count), simplified technique, and cultural examination of urine specimen for isolation and identification of organisms	10.00	10.00	8.00	7.50	7.50	7.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
1392	Microscopical examination of urine concentrate and general examination for three or more of: reaction, specific gravity, blood, albumin, urobilinogen, sugar, acetone, bile pigments, bacterial count for organisms in urine (colony count), simplified technique, cultural examination of urine specimen and antibiotic sensitivity of urine organisms, up to eight antibiotics	15.00	15.50	13.00	12.00	12.00	12.00
1394	Microscopical examination of urine concentrate and general examination for three or more of: reaction, specific gravity, blood, albumin, urobilinogen, sugar, acetone, bile pigments, bacterial count for organisms in urine (colony count), simplified technique, cultural examination of urine specimen and antibiotics sensitivity of urine organisms, for nine or more antibiotics	18.00	18.50	16.00	15.00	15.00	15.00
1395	Microscopical examination of urine concentrate by special stain—Ziehl Neelsen or similar	3.00	3.00	2.50	2.50	2.50	2.50
1397	Microscopical examination of urine concentrate by special stain—Ziehl Neelsen or similar, and cultural examination of urine specimen for special pathogens, such as <i>M. tuberculosis</i>	7.50	7.50	7.50	6.50	6.50	6.50
1399	Bacterial count for organisms in urine (colony count), simplified technique	2.50	2.50	2.50	2.50	2.50	2.50
1401	Bacterial count for organisms in urine (colony count), poured plate technique	5.00	5.00	5.00	5.00	5.00	5.00
1404	Cultural examination of urine specimen, for isolation and identification of organisms	3.50	3.50	2.80	2.50	2.50	2.50
1407	Microscopical examination of urine concentrate and cultural examination of urine specimen, for isolation and identification of organisms	7.00	7.00	5.00	4.50	4.50	5.00
1410	Cultural examination of urine specimen for special pathogens, such as <i>M. tuberculosis</i>	5.00	5.00	5.00	4.50	4.50	4.50
1413	Antibiotic sensitivity of urine organism (each organism) up to eight antibiotics	5.00	5.50	5.00	4.50	4.50	4.50
1416	Antibiotic sensitivity of urine organism (each organism) nine or more antibiotics	8.00	8.50	8.00	7.50	7.50	7.50
1419	Sensitivity testing of mycobacteria, each antibiotic	5.00	5.00	5.00	5.00	5.00	5.00
1421	Sensitivity testing—tube dilution, each antibiotic	6.00	6.00	6.00	6.00	6.00	6.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
1423	Assay of concentration of antibiotic or chemotherapeutic agents in urine	6.00	6.00	5.50	5.00	4.50	4.50
1425	Examination by animal inoculation	10.00	10.00	10.00	10.00	10.00	10.00
1428	Addis count or quantitative estimation of sediments	6.00	6.00	5.50	5.00	5.00	5.00
<i>Urine—Chemistry</i>							
1430	Alcohol, quantitative estimation of	12.50	12.50	12.50	12.50	12.50	12.50
1432	Aldosterone, estimation of	25.00	25.00	25.00	25.00	25.00	25.00
1434	Amino acid, total estimation of	7.00	7.00	7.00	7.00	7.00	7.00
1436	Amino acids, identification of, screening tests, by chromatography	8.00	8.00	8.00	8.00	8.00	8.00
1438	Amino acids, identification of, qualitative pattern (high voltage electrophoresis or chromatography)	25.00	25.00	25.00	25.00	25.00	25.00
1441	Amino-levulinic acid, estimation of	8.50	8.50	8.50	8.50	8.50	8.50
1444	Ascorbic acid, estimation of	7.00	7.00	6.50	5.00	4.50	4.50
1447	Barbiturates, estimation of, quantitative	12.50	12.50	12.50	12.50	12.50	12.50
1450	Catecholamines or similar, estimation of	11.00	11.00	10.50	10.00	10.00	10.00
1453	Chromatography of urine for separation and identification of sugars and other substances of diagnostic significance other than amino acids	7.00	7.00	6.50	5.50	4.50	5.50
1456	Electrophoresis of urinary protein, qualitative	9.00	9.00	8.00	8.00	8.00	8.00
1459	Chemical tests, quantitative, not covered by any other item (calcium, phosphorus, protein, sugar, urea, enzymes, uric acid or similar substance), one estimation, other than by reagent stick, strip, tablet or similar	7.00	7.00	6.00	5.00	5.00	5.00
1461	Two estimations of any substance or substances referred to in the last preceding item	12.00	12.00	11.00	10.00	10.00	10.00
1463	Three estimations of any substance or substances referred to in Item 1459	16.00	16.00	15.00	14.00	14.00	14.00
1466	Four or more estimations of any substance or substances referred to in Item 1459	20.00	20.00	19.00	18.00	18.00	18.00
1468	Chorionic gonadotrophins (for diagnosis of pregnancy) using immunochemical methods	5.00	5.00	3.50	2.50	2.50	2.50
1470	Chorionic gonadotrophins (for diagnosis of pregnancy) using animals	7.00	6.50	6.00	6.00	6.00	6.00
1472	Chorionic gonadotrophins, quantitative estimation of	10.00	10.00	10.00	10.00	10.00	10.00
1474	Pituitary gonadotrophins, quantitative estimation of	25.00	25.00	25.00	25.00	25.00	25.00
1475	Quantitative estimation of Luteinizing hormone using immunochemical methods	20.00	20.00	20.00	20.00	20.00	20.00
1476	Hydroxycorticosteroids, estimation of	10.50	10.50	10.00	7.50	7.50	7.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
1478	Hydroxyindole-acetic acid, quantitative estimation of	8.50	8.50	8.50	7.50	7.50	7.50
1481	Lead, thallium, mercury or arsenic, estimation of	8.50	8.50	8.50	8.50	8.50	8.50
1484	Oestrogens, total, estimation of	20.00	20.00	20.00	20.00	20.00	20.00
1487	Oxosteroids, estimation of	10.50	10.50	10.00	7.50	7.50	7.50
1490	Oxogenic steroids, estimation of	10.50	10.50	10.00	7.50	7.50	7.50
1491	Porphyrins, qualitative examination, other than by reagent stick, strip, tablet or similar	5.00	5.00	2.50	2.50	2.50	2.50
1493	Porphyrins, quantitative examination, each substance	20.00	20.00	20.00	20.00	20.00	20.00
1494	Quantitative estimation of pregnanediol, pregnanetriol or similar substances	25.00	25.00	25.00	25.00	25.00	25.00
1495	Qualitative estimation of substances in urine (Bence-Jones protein, hydroxyindole-acetic acid, indican, melanogen, porphobilinogen or other similar substances not covered by any other item), each substance, other than by reagent stick, strip, tablet or similar (where patient is referred by another medical practitioner for this service)	3.00	3.00	3.00	3.00	3.00	3.00
1496	Spectroscopic examination for pigments	5.00	5.50	5.00	5.00	4.50	4.50
1497	Vanilmandelic acid, estimation of	11.00	11.00	10.50	10.00	10.00	10.00
<i>Urine—Cytology</i>							
1499	Cytological examination for malignancy	10.00	10.00	9.00	9.00	9.00	9.00
<i>Division 3—Body Fluids</i>							
<i>Exudates including Pus, Sputum, Sweat and Amniotic, Ascitic, Cerebrospinal, Pleural, Prostatic, Seminal, Synovial and Vaginal Fluids</i>							
<i>Body Fluids—Bacteriology and Parasitology</i>							
1500	Microscopical examination—wet film	2.50	2.50	2.50	2.00	2.00	2.00
1502	Microscopical examination—gram stain or similar	3.00	3.00	2.50	2.00	2.00	2.00
1504	Microscopical examination, by special stains, e.g. Ziehl Neelsen or similar	3.00	3.00	2.50	2.00	2.00	2.00
1506	Microscopical examination by dark ground illumination or phase contrast	6.00	6.00	6.00	5.00	5.00	5.00
1508	Cultural examination for, and identification of aerobic micro-organisms	4.50	4.50	4.50	3.00	3.00	3.00
1511	Cultural examination for, and identification of anaerobic micro-organisms	5.00	5.00	5.00	5.00	5.00	5.00
1513	Cultural examination for special pathogens, such as M. tuberculosis, fungi, etc.	4.50	4.50	4.50	4.50	4.50	4.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
1515	Microscopical examination, gram stain or similar and cultural examination for and identification of aerobic micro-organisms	7.50	7.50	7.00	5.00	5.00	5.00
1517	Microscopical examination, gram stain or similar and cultural examination for and identification of aerobic micro-organisms and microscopical examination, by special stains, e.g. Ziehl Neelsen or similar	10.50	10.50	9.50	7.00	7.00	7.00
1519	Microscopical examination, gram stain or similar; cultural examination for and identification of aerobic micro-organisms and sensitivity testing of up to eight antibiotics	12.50	12.50	12.00	9.50	9.50	9.50
1521	Microscopical examination, gram stain or similar; cultural examination for and identification of aerobic micro-organisms and sensitivity testing of up to eight antibiotics and microscopical examination, by special stains, e.g. Ziehl Neelsen or similar	15.50	15.50	14.50	11.50	11.50	11.50
1523	Microscopical examination, gram stain or similar; cultural examination for and identification of aerobic micro-organisms and sensitivity testing of nine or more antibiotics	15.50	15.50	15.00	12.50	12.50	12.50
1525	Microscopical examination by special stains, e.g. Ziehl Neelsen or similar; and cultural examination for special pathogens, such as M. tuberculosis, fungi, etc.	7.50	7.50	7.00	6.50	6.50	6.50
1527	Examination by animal inoculation	10.00	10.00	10.00	10.00	10.00	10.00
1529	Autogenous vaccines, preparation of, for a single organism	6.00	6.00	6.00	6.00	6.00	6.00
1531	Autogenous vaccines, preparation of, for multiple organisms	11.00	11.00	11.00	11.00	11.00	11.00
1534	Sensitivity testing—up to eight antibiotics	5.00	5.00	5.00	4.50	4.50	4.50
1537	Sensitivity testing—nine or more antibiotics	8.00	8.00	8.00	7.50	7.50	7.50
1539	Sensitivity testing—tube dilution, each antibiotic	6.00	6.00	6.00	6.00	6.00	6.00
1541	Sensitivity testing of mycobacteria, each antibiotic	5.00	5.00	5.00	5.00	5.00	5.00
1543	Assay of concentration of antibiotic or chemotherapeutic agents in body fluids	6.00	6.00	5.50	5.00	4.50	4.50
<i>Body Fluids—Vaginal and Prostatic Fluids</i>							
1545	Microscopical examination—wet film	2.50	2.50	2.50	2.00	2.00	2.00
1546	Microscopical examination, wet film; microscopical examination gram stain or similar; cultural examination for and identification of aerobic micro-organisms	10.00	10.00	9.50	7.00	7.00	7.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
1548	Microscopical examination, wet film; microscopical examination gram stain or similar; cultural examination for and identification of aerobic micro-organisms and sensitivity testing of up to eight antibiotics	15.00	15.00	14.50	11.50	11.50	11.50
<i>Body Fluids—Cerebrospinal Fluid</i>							
1551	Cell count and differential; and quantitative chemical estimation of one substance	10.00	10.00	8.00	7.50	7.50	7.50
1554	Cell count and differential; quantitative chemical estimation of one substance; and Lange colloidal gold reaction	16.50	16.50	13.50	12.50	12.50	12.50
1557	Cell count and differential; quantitative chemical estimation of one substance; Lange colloidal gold reaction; and complement fixation test for syphilis	23.00	23.00	18.50	17.50	17.50	17.50
1560	Cell count and differential; quantitative chemical estimation of one substance; and complement fixation test for syphilis	16.50	16.50	13.00	12.50	12.50	12.50
1562	Cell count and differential; and quantitative chemical estimation of two substances	15.00	15.00	13.00	12.50	12.50	12.50
1564	Cell count and differential; quantitative chemical estimation of two substances; and Lange colloidal gold reaction	21.50	21.50	18.50	17.50	17.50	17.50
1566	Cell count and differential; and quantitative chemical estimation of three substances	19.00	19.00	17.00	16.50	16.50	16.50
1568	Cell count and differential; quantitative chemical estimation of three substances; and Lange colloidal gold reaction	25.50	25.50	22.50	21.50	21.50	21.50
<i>Body Fluids—Seminal Fluid</i>							
1571	Cell count; microscopical examination, wet film; and microscopical examination, gram stain or similar	8.50	8.50	7.50	6.50	6.50	6.50
<i>Body Fluids—Serological Examination</i>							
1580	Serological procedures, not covered by any other item, to identify organisms	5.00	5.00	5.00	5.00	5.00	5.00
1582	Rh or similar blood group antibodies, qualitative examination for	5.50	5.00	5.00	4.50	4.50	4.50
1584	Rh or similar blood group antibodies, screening and quantitative examination for	10.00	9.00	9.00	9.00	9.00	9.00
1586	Flocculation tests for syphilis, rheumatoid factor or similar	4.50	4.00	3.00	2.50	2.50	2.50
1588	Syphilis, complement fixation tests for	7.00	7.00	5.50	5.00	5.00	5.00
1590	Complement, estimation of	7.00	7.00	7.00	7.00	7.00	7.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
<i>Body Fluids—Chemistry</i>							
1601	Quantitative chemical estimation of one substance	7.00	7.00	5.50	5.00	5.00	5.00
1604	Quantitative chemical estimation of two substances	12.00	12.00	10.50	10.00	10.00	10.00
1607	Quantitative chemical estimation of three substances	16.00	16.00	14.50	14.00	14.00	14.00
1609	Quantitative chemical estimation of four or more substances	20.00	20.00	18.50	18.00	18.00	18.00
1611	Lange colloidal gold reaction	6.50	6.50	5.50	5.00	5.00	5.00
1613	Amniotic fluid, spectroscopic examination of	8.50	8.50	8.50	8.50	8.50	8.50
1615	Electrophoresis of protein or enzyme, qualitative	9.00	9.00	8.00	8.00	8.00	8.00
<i>Body Fluids—Cytology</i>							
1616	Cytological examination for malignancy	10.00	10.00	9.00	9.00	9.00	9.00
<i>Body Fluids—Miscellaneous</i>							
1621	Cell count and differential	3.00	3.00	2.50	2.50	2.50	2.50
1622	Microscopical examination of wet film	2.50	2.50	2.50	2.00	2.00	2.00
1623	Assay of concentration of antibiotic or chemotherapeutic agent	6.00	6.00	5.50	5.00	4.50	4.50
1625	Sweat plate test	3.50	3.50	3.50	3.50	3.50	3.50
1627	Huhner's test	7.00	7.00	7.00	7.00	7.00	7.00
1629	Milk, human, chemical analysis of	6.00	6.00	6.00	6.00	6.00	6.00
1631	Calculi (gall stones, urinary calculi and other body concretions), chemical examination of	5.00	5.00	4.50	4.50	4.50	4.50
<i>Division 4—Immunology</i>							
1640	Immunoelectrophoresis of serum, cerebrospinal fluid, urine or other body fluids—qualitative	14.00	14.00	14.00	14.00	14.00	14.00
1643	Immunodiffusion for the detection of proteins in serum, cerebrospinal fluid, urine or other body fluids—quantitative—each protein	7.50	7.50	7.50	7.50	7.50	7.50
1645	Radio-immunodiffusion determination of protein in serum, cerebrospinal fluid, urine or other body fluids—quantitative—each protein	7.50	7.50	7.50	7.50	7.50	7.50
1647	Radio immune precipitation of globulins	25.00	25.00	25.00	25.00	25.00	25.00
1649	Lymphocyte (function studies) response to phytohaemagglutinin or antigen, visual transformation	18.00	18.00	18.00	18.00	18.00	18.00
1651	Lymphocyte (function studies) response to phytohaemagglutinin or antigen—using radio-active techniques, estimation of	25.00	25.00	25.00	25.00	25.00	25.00
1653	Skin sensitivity—induction and detection of sensitivity to chemical antigens	10.00	10.00	10.00	10.00	10.00	10.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
<i>Immunology—Tissue Antibody Detection</i>							
1661	Flocculation tests, e.g. latex—each antibody	4.50	3.50	3.00	2.50	2.50	2.50
1664	Agglutination immobilisation test . .	15.00	15.00	15.00	15.00	15.00	15.00
1667	Tanned erythrocyte haemagglutination technique—each antibody	7.00	7.00	5.00	5.00	5.00	5.00
1670	Complement fixation tests involving human tissue antibody—each antibody	7.00	7.00	7.00	7.00	7.00	7.00
1673	Immunofluorescent detection of tissue antibody—each antibody	9.00	9.00	9.00	9.00	9.00	9.00
<i>Division 5—Faeces</i>							
<i>Faeces—Bacteriology and Parasitology</i>							
1680	Microscopical examination of wet preparation	2.50	3.50	2.50	2.00	2.00	2.00
1682	Microscopical examination with simple staining	3.00	3.00	2.50	2.00	2.00	2.00
1684	Microscopical examination with special staining (iron haematoxylin, trichrome or similar)	3.00	3.00	2.50	2.50	2.50	2.50
1686	Microscopical examination for parasites or ova after concentration techniques	3.50	3.50	3.50	3.50	3.50	3.50
1688	Identification of helminths	5.00	5.00	5.00	5.00	5.00	5.00
1691	Cultural examination for parasites .	5.00	5.00	5.00	5.00	5.00	5.00
1694	Cultural examination for isolation of micro-organisms, using selective media	6.00	5.00	4.50	4.50	5.00	5.00
1697	Microscopical examination of wet preparation; and cultural examination for isolation of micro-organisms, using selective media	8.50	8.50	7.00	6.50	7.00	7.00
1698	Microscopical examination of wet preparation; microscopical examination for parasites or ova after concentration techniques; and cultural examination for isolation of micro-organisms, using selective media .	12.00	12.00	10.50	10.00	10.50	10.50
1700	Special cultural examination for identification of intestinal pathogenic micro-organisms, using biochemical reactions	5.00	5.00	5.00	5.00	5.00	5.00
1701	Microscopical examination of wet preparation; microscopical examination for parasites or ova after concentration techniques; and cultural examination for isolation of micro-organisms; using selective media, and special cultural examination for identification of intestinal pathogenic micro-organisms using biochemical reactions	17.00	17.00	15.50	15.00	15.50	15.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
1703	Identification of intestinal pathogenic micro-organisms by specific serological techniques	5.00	5.00	5.00	5.00	5.00	5.00
1706	Sensitivity testing (each organism) using up to eight antibiotics	5.00	5.00	5.00	4.50	4.50	4.50
1707	Sensitivity testing (each organism) using nine or more antibiotics . . .	8.00	8.00	8.00	7.50	7.50	7.50
<i>Faeces—Chemistry</i>							
1710	Bilirubin, qualitative test, other than by reagent stick, strip, tablet or similar	2.50	2.50	2.50	2.50	2.50	2.50
1712	Chloride, estimation of	7.00	7.00	6.00	5.00	4.50	5.00
1714	Calcium, estimation of	7.00	7.00	6.00	5.00	4.50	5.00
1716	Enzyme assay for amylase, trypsin, mucinase or similar enzyme, qualitative, each substance	3.00	3.00	3.00	3.00	3.00	3.00
1718	Fat, total, quantitative estimation of, one estimation	9.00	9.00	7.50	7.50	7.50	7.50
1720	Fat, total, quantitative estimation of, two estimations	18.00	18.00	15.00	15.00	15.00	15.00
1722	Fat, total, quantitative estimation of, three or more estimations	27.00	27.00	22.50	22.50	22.50	22.50
1724	Fat, differential, quantitative estimation of, one estimation	5.00	5.00	5.00	5.00	5.00	5.00
1726	Fat, differential, quantitative estimation of, two estimations	10.00	10.00	10.00	10.00	10.00	10.00
1728	Fat, differential, quantitative estimation of, three or more estimations	15.00	15.00	15.00	15.00	15.00	15.00
1730	Nitrogen, total, estimation of	10.00	10.00	10.00	10.00	10.00	10.00
1732	Occult blood, chemical tests for, other than by reagent stick, strip, tablet or similar	3.00	2.50	2.00	2.00	2.00	2.00
1734	Porphyrins, qualitative estimation of, other than by reagent stick, strip, tablet or similar	5.00	5.00	2.50	2.50	2.50	2.50
1736	Porphyrins, quantitative estimation of (each substance)	20.00	20.00	20.00	20.00	20.00	20.00
1738	Reducing substances, qualitative test other than by reagent stick, strip, tablet or similar	3.00	3.00	3.00	3.00	3.00	3.00
1741	Phosphorus, estimation of	7.00	7.00	5.50	5.00	5.00	5.00
1744	Urobilin, urobilinogen, qualitative estimation of, other than by reagent stick, strip, tablet or similar	3.00	3.00	3.00	3.00	3.00	3.00
1746	Urobilinogen, quantitative estimation of, other than by reagent stick, strip, tablet or similar	7.00	7.00	5.50	5.00	5.00	5.00
1748	Chemical estimation, quantitative, of any one substance not specified elsewhere, other than by reagent stick, strip, tablet or similar	7.00	7.00	5.50	5.00	5.00	5.00
<i>Division 6—Skin, Hair, Nails</i>							
1761	Microscopical examination for fungi	4.00	4.00	4.00	3.50	3.50	3.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
1764	Microscopical and cultural examination for fungi	7.00	7.00	7.00	6.00	6.00	6.00
1767	Chemical examination (qualitative)—each substance	3.00	3.00	3.00	3.00	3.00	3.00
1770	Chemical examination (quantitative)—each substance	7.00	7.00	6.00	5.00	5.00	5.00
1773	Skin sensitivity testing for allergens, using one to twenty allergens . .	8.00	8.00	8.00	8.00	8.00	8.00
1776	Skin sensitivity testing for allergens, using more than twenty allergens .	12.00	12.00	12.00	12.00	12.00	12.00
1779	Skin sensitivity testing for hydatid disease (Casoni test)	4.50	4.00	2.50	2.50	2.50	2.50
1782	Skin sensitivity testing for mycobacterial infection (Mantoux, Von Pirquet, Vollmer or similar test) .	4.50	4.00	2.50	2.50	2.50	2.50
1785	Skin sensitivity testing for diagnosis of disease not otherwise listed (Schick test, Frei test, Schultz-Charlton test, etc.)	4.50	4.00	2.50	2.50	2.50	2.50
<i>Division 7—Gastric and Duodenal Contents</i>							
<i>Gastric and Duodenal Contents—Bacteriology</i>							
1790	Microscopical examination for mycobacteria including collection of gastric contents	5.00	5.00	5.00	5.00	5.00	5.00
1792	Cultural examination for mycobacteria	5.00	5.00	5.00	4.50	4.50	4.50
1794	Microscopical examination for mycobacteria including collection of gastric contents and cultural examination for mycobacteria	10.00	10.00	10.00	9.50	9.50	9.50
1796	Animal inoculation	10.00	10.00	10.00	10.00	10.00	10.00
1798	Sensitivity testing for mycobacteria—each antibiotic	5.00	5.00	5.00	5.00	5.00	5.00
<i>Gastric and Duodenal Contents—Chemistry</i>							
1800	Qualitative tests for barbiturate, blood, alcohol, metallic poison or similar substances—each substance . . .	3.50	3.50	3.50	3.50	3.50	3.50
1802	Quantitative determination of acidity, single or multiple specimens, including collection (fractional test meal) .	10.50	10.50	10.00	8.00	9.00	8.00
1804	Collection of gastric juice specimens after stimulation by histamine, synthetic gastrin, alcohol or similar substance and quantitative determination of acidity	15.00	15.00	14.50	12.50	13.50	12.50
1806	Quantitative determination of bicarbonate—single determination . .	7.00	7.00	7.00	5.00	4.50	4.50
1808	Quantitative determinations of bicarbonate—more than one determination	15.00	15.00	15.00	11.00	10.00	10.00
1810	Quantitative determination of other substances—each substance . . .	7.00	7.00	7.00	5.00	4.50	4.50
1812	Stomach acid secretion test by ingestion of dye	7.00	7.00	5.00	4.50	4.50	4.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
<i>Division 8—Morbidity Anatomy</i>							
1820	Histopathological examination of biopsy material when one or two pieces of tissue are separately identified, processed and examined	12.00	12.00	10.00	10.00	10.00	10.00
1822	Histopathological examination of biopsy material when three or four pieces of tissue are separately identified, processed and examined	18.00	18.00	16.00	16.00	16.00	16.00
1824	Histopathological examination of biopsy material when five or more pieces of tissue are separately identified, processed and examined	24.00	24.00	22.00	22.00	22.00	22.00
1826	Immediate frozen section diagnosis and histopathological examination of biopsy material when one or two pieces of tissue are separately identified, processed and examined	24.00	24.00	20.00	20.00	20.00	20.00
1828	Immediate frozen section diagnosis and histopathological examination of biopsy material when three or more pieces of tissue are separately identified, processed and examined	30.00	30.00	26.00	26.00	26.00	26.00
<i>Division 9—Special Investigations (includes Collection of Specimens, Administration of Drugs and All Relevant Chemical Determinations)</i>							
1840	Acth stimulation procedure (including synacthen) using multiple plasma steroid estimation	35.00	35.00	35.00	35.00	35.00	35.00
1841	Acth stimulation procedure (including synacthen) using multiple urine steroid estimation	45.00	45.00	45.00	45.00	45.00	45.00
1843	Adrenaline tolerance test	14.00	14.00	12.50	11.50	11.50	11.50
1846	Arginine infusion test	10.00	10.00	10.00	10.00	10.00	10.00
1849	Basal metabolic rate estimation	10.00	10.00	8.00	8.00	8.00	8.00
1850	Bromsulphthalein retention test	12.00	12.00	11.00	10.00	10.00	10.00
1852	Carbohydrate tolerance test (e.g. glucose, fructose, galactose, lactose, sucrose, or similar) not exceeding 2 hours	12.00	12.00	11.00	10.00	10.00	10.00
1853	Bromsulphthalein infusion test of liver function	20.00	20.00	20.00	20.00	20.00	20.00
1855	Carbohydrate tolerance test (e.g. glucose, fructose, galactose, lactose, sucrose, or similar) exceeding 2 hours but not exceeding 3 hours	15.00	15.00	14.00	13.00	13.00	13.00
1858	Carbohydrate tolerance test (e.g. glucose, fructose, galactose, lactose, sucrose, or similar) exceeding 3 hours	18.00	18.00	17.00	16.00	16.00	16.00
1861	Congo red test	13.00	13.00	12.00	11.00	10.00	10.50
1863	Creatinine clearance test	15.00	15.00	15.00	15.00	15.00	15.00
1865	Dexamethazone suppression test	40.00	40.00	40.00	40.00	40.00	40.00
1867	Glucagon tolerance test	14.00	14.00	12.50	11.50	11.50	11.50
1869	Histidine loaded figlu test	12.00	12.00	12.00	12.00	12.00	12.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
1871	Inulin clearance test	20.00	20.00	20.00	20.00	20.00	20.00
1873	Metyropone suppression test	40.00	40.00	40.00	40.00	40.00	40.00
1875	Para amino hippuric clearance test .	15.00	15.00	15.00	15.00	15.00	15.00
1877	Phenolsulphonphthalein excretion test	15.00	15.00	15.00	15.00	15.00	15.00
1879	Tolbutamide tolerance test	14.00	14.00	12.50	11.50	11.50	11.50
1881	Urea clearance test	11.50	11.50	9.50	8.50	8.50	8.50
1884	Urea concentration test	10.00	10.00	8.00	7.00	7.00	7.00
1887	Urine acidification test (ammonium chloride or similar)	10.00	10.00	10.00	10.00	10.00	10.00
1889	Vasopressin stimulation test	35.00	35.00	35.00	35.00	35.00	35.00
1891	Water elimination or mosenthal kidney function test	5.00	5.00	5.00	4.50	4.50	4.50
1893	Xylose absorption test	11.00	11.00	10.50	10.00	10.00	10.00
<i>Division 10—Cytology</i>							
1901	Cytological examination of smears from cervix and vagina, skin or mucous membrane for pathological change	7.00	7.00	6.00	6.00	6.00	6.00
1903	Examination of sputum, urine or body fluids including bronchial, cerebrospinal, pericardial, peritoneal, or similar for malignant cells	10.00	10.00	9.00	9.00	9.00	9.00
1905	Examination of colonic or duodenal washings for malignant cells	10.00	10.00	9.00	9.00	9.00	9.00
1907	Examination of blood for circulating malignant cells	15.00	15.00	14.00	14.00	14.00	14.00
1909	Oesophageal cytology including collection of specimen	12.50	12.50	11.50	11.50	11.50	11.50
1911	Gastric cytology including collection of specimen	18.00	18.00	17.00	17.00	17.00	17.00
1913	Hormonal assessment by cytological examination of vaginal epithelium . .	6.00	6.00	5.00	5.00	5.00	5.00
1915	Cytological sex chromatin studies other than from blood film	6.50	6.50	5.50	5.50	5.50	5.50
<i>Division 11—Chromosome Studies</i>							
1921	Chromosome studies—including preparation, count and karyotyping of blood	18.00	18.00	18.00	18.00	18.00	18.00
1923	Chromosome studies—including preparation, count and karyotyping of marrow or other tissue	21.00	21.00	21.00	21.00	21.00	21.00
1925	Chromosome studies—including preparation, count and karyotyping of skin	24.00	24.00	24.00	24.00	24.00	24.00
<i>Division 12—Radioisotope Studies</i>							
1941	Erythrocyte radioactive uptake survival time	25.00	25.00	25.00	25.00	25.00	25.00
1943	Blood volume Cr51	10.00	10.00	10.00	10.00	9.00	10.00
1945	Radioiodine thyroid uptake	10.00	10.00	10.00	10.00	9.00	9.00
1947	Radioactive T3 test	11.00	10.00	10.00	10.00	10.00	10.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
1948	Gastrointestinal blood loss estimation with radioactive chromium involving serial examinations of stool specimens	20.00	20.00	20.00	20.00	20.00	20.00
1949	Radioiodine, urinary estimation	7.00	7.00	7.00	7.00	7.00	7.00
1951	Protein bound radioactive iodine test	10.00	10.00	10.00	10.00	10.00	10.00
1953	Hormonal immunoassay by radioactive techniques, each estimation	10.00	10.00	10.00	10.00	10.00	10.00
1955	Radioactive B12 absorption test (Schilling test)	11.00	11.00	11.00	11.00	11.00	11.00
1956	Brain scan	27.00	27.00	27.00	27.00	27.00	27.00
1958	Cisternal scan	42.00	42.00	42.00	42.00	42.00	42.00
1959	Spinal cord scan	18.00	18.00	18.00	18.00	18.00	18.00
1961	Parathyroid scan	15.00	15.00	15.00	15.00	15.00	15.00
1963	Thyroid scan	11.00	11.00	11.00	11.00	11.00	11.00
1965	Mediastinal scan	14.00	14.00	14.00	14.00	14.00	14.00
1966	Scan of lung or lungs	28.00	28.00	28.00	28.00	28.00	28.00
1968	Scan of heart and liver	27.00	27.00	27.00	27.00	27.00	27.00
1969	Heart scan	14.00	14.00	14.00	14.00	14.00	14.00
1970	Scan of liver and lungs	48.00	48.00	48.00	48.00	48.00	48.00
1971	Liver scan	22.00	22.00	22.00	22.00	22.00	22.00
1972	Pancreas scan	27.00	27.00	27.00	27.00	27.00	27.00
1974	Spleen scan	15.00	15.00	15.00	15.00	15.00	15.00
1977	Renal scan	18.00	18.00	18.00	18.00	18.00	18.00
1978	Scan of liver and spleen	28.00	28.00	28.00	28.00	28.00	28.00
1979	Differential renal scan	10.00	10.00	10.00	10.00	10.00	10.00
1980	Renal scan and differential renal scan	28.00	28.00	28.00	28.00	28.00	28.00
1985	Placental scan	27.00	27.00	27.00	27.00	27.00	27.00
1988	Scan of skull	18.00	18.00	18.00	18.00	18.00	18.00
1990	Scan of vertebral column and sacrum	27.00	27.00	27.00	27.00	27.00	27.00
1992	Scan of pelvis	27.00	27.00	27.00	27.00	27.00	27.00
1994	Scan of joint or long bone	18.00	18.00	18.00	18.00	18.00	18.00
1996	Scan of bone or bones not covered by any other item in this Division	18.00	18.00	18.00	18.00	18.00	18.00
1999	Scan of region or organ not covered by any other item in this Division	15.00	15.00	15.00	15.00	15.00	15.00

PART 8—RADIOLOGICAL SERVICES

Division 1—Radiographic Examination of Extremities and Report (with or without Fluoroscopy)

2011	Digits or phalanges—all or any of either hand or either foot (when the service is rendered otherwise than by a specialist in the practice of his specialty)	8.00	8.00	6.00	6.00	6.00	6.00
2013	Digits or phalanges—all or any of either hand or either foot (when the service is rendered by a specialist in the practice of his specialty)	10.00	10.00	8.00	8.00	8.00	8.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
2015	Hand, wrist, forearm, elbow or arm (elbow to shoulder) (when the service is rendered otherwise than by a specialist in the practice of his specialty)	8.00	8.00	6.00	6.00	6.00	6.00
2016	Hand, wrist, forearm, elbow or arm (elbow to shoulder) (when the service is rendered by a specialist in the practice of his specialty)	10.00	10.00	8.00	8.00	8.00	8.00
2019	Hand, wrist and lower forearm; upper forearm and elbow; or elbow and arm (elbow to shoulder) (when the service is rendered otherwise than by a specialist in the practice of his specialty)	9.00	9.00	7.00	7.00	7.00	7.00
2020	Hand, wrist and lower forearm; upper forearm and elbow; or elbow and arm (elbow to shoulder) (when the service is rendered by a specialist in the practice of his specialty)	11.00	11.00	9.00	9.00	9.00	9.00
2023	Foot, ankle, lower leg, upper leg, knee or thigh (femur) (when the service is rendered otherwise than by a specialist in the practice of his specialty)	8.00	8.00	7.00	7.00	7.00	7.00
2024	Foot, ankle, lower leg, upper leg, knee or thigh (femur) (when the service is rendered by a specialist in the practice of his specialty)	11.00	11.00	9.00	9.00	9.00	9.00
2027	Foot, ankle and lower leg; or upper leg and knee (when the service is rendered otherwise than by a specialist in the practice of his specialty)	10.00	10.00	8.00	8.00	8.00	8.00
2028	Foot, ankle and lower leg; or upper leg and knee (when the service is rendered by a specialist in the practice of his specialty)	14.00	14.00	10.00	10.00	10.00	10.00
<i>Division 2—Radiographic Examination of Shoulder or Hip Joint and Report</i>							
2041	Shoulder region, including clavicle and scapula (when the service is rendered otherwise than by a specialist in the practice of his specialty)	9.00	9.00	8.00	8.00	8.00	8.00
2042	Shoulder region, including clavicle and scapula (when the service is rendered by a specialist in the practice of his specialty)	11.00	12.50	10.00	10.00	10.00	10.00
2045	Hip joint	12.00	12.00	10.00	10.00	10.00	10.00
2049	Pelvic girdle	15.00	15.00	10.00	10.00	10.00	10.00
2054	Smith-Petersen nail—insertion or similar procedure	25.00	25.00	25.00	25.00	25.00	25.00
<i>Division 3—Radiographic Examination of Head and Report</i>							
2061	Skull or mastoids	15.00	16.00	12.50	12.50	12.50	12.50
2063	Sinuses	12.00	12.00	10.50	10.50	10.50	10.50
2066	Maxilla, or orbit, or both	12.00	12.00	10.50	10.50	10.50	10.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
2069	Mandible, malar bones or salivary calculus	12.00	12.00	10.50	12.00	10.50	10.50
2073	Nose or eye	10.00	12.00	9.00	9.00	9.00	9.00
2076	Palate or pharynx, or palate and pharynx, by direct radiography with fluoroscopic screening	15.00	15.00	13.50	13.50	13.50	13.50
2081	Larynx	11.00	11.00	9.00	9.00	9.50	8.50
<i>Division 4—Radiographic Examination of Spine and Report</i>							
2090	Spine—any one region (when the service is rendered otherwise than by a specialist in the practice of his specialty)	12.00	12.00	10.00	10.00	10.00	10.00
2092	Spine—any one region (when the service is rendered by a specialist in the practice of his specialty)	16.00	16.00	13.00	13.00	13.00	13.00
2095	Spine—two regions	22.00	22.00	18.00	18.00	18.00	18.00
2099	Spine—three or more regions	30.00	30.00	24.00	24.00	24.00	24.00
<i>Division 4A—Bone Age Study and Skeletal Surveys</i>							
2101	Bone age study, wrist and knee	12.00	12.00	12.00	12.00	12.00	12.00
2104	Skeletal survey involving four or more regions	22.00	22.00	22.00	22.00	22.00	22.00
<i>Division 5—Radiographic Examination of Thoracic Region and Report</i>							
2111	Chest (lung fields) by direct radiography (when the service is rendered otherwise than by a specialist in the practice of his specialty)	9.00	10.00	8.00	8.00	8.00	8.00
2113	Chest (lung fields) by direct radiography (when the service is rendered by a specialist in the practice of his specialty)	11.00	12.00	10.00	10.00	10.00	10.00
2116	Chest (lung fields) by direct radiography with fluoroscopic screening	15.00	15.00	12.00	12.00	12.00	12.00
2119	Thoracic inlet	10.00	10.00	9.00	10.00	10.00	9.50
2123	Chest, by miniature radiography	5.50	5.50	5.00	5.00	5.00	5.00
2128	Orthodiagraphy	12.00	12.00	12.00	12.00	12.00	12.00
2132	Teleoroentgenography with cardiac measurements	12.00	12.00	12.00	12.00	12.00	12.00
2137	Cardiac examination (including barium swallow) (when the service is rendered otherwise than by a specialist in the practice of his specialty)	12.00	12.00	10.00	10.00	10.00	10.00
2138	Cardiac examination (including barium swallow) (when the service is rendered by a specialist in the practice of his specialty)	15.00	15.00	13.00	13.00	13.00	13.00
2141	Sternum or one or more ribs of any one side (when the service is rendered otherwise than by a specialist in the practice of his specialty)	9.00	10.00	8.00	8.00	8.00	8.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
2142	Sternum or one or more ribs of any one side (when the service is rendered by a specialist in the practice of his specialty)	11.00	12.00	10.00	10.00	10.00	10.00
2145	One or more ribs of both sides (when the service is rendered otherwise than by a specialist in the practice of his specialty)	11.00	12.00	10.00	10.00	10.00	10.00
2146	One or more ribs of both sides (when the service is rendered by a specialist in the practice of his specialty)	14.00	15.00	13.00	13.00	13.00	13.00
<i>Division 6—Radiographic Examination of Urinary Tract and Report</i>							
2161	Plain renal only	11.00	12.00	10.00	10.00	10.00	10.00
2164	Drip-infusion pyelography	33.00	33.00	33.00	33.00	33.00	33.00
2170	Intravenous pyelography, including preliminary plain film	30.00	30.00	28.00	28.00	28.00	28.00
2174	Retrograde pyelography	16.00	17.00	15.00	15.00	15.00	15.00
2177	Cystography, urethrography or vesiculography, as an independent procedure	16.50	16.50	16.00	16.00	16.00	16.00
2181	Micturating cysto-urethrography, as an independent procedure	20.00	20.00	20.00	20.00	20.00	20.00
2185	Perirenal insufflation	12.00	13.00	11.00	11.00	11.00	10.50
<i>Division 7—Radiographic Examination of Alimentary Tract and Biliary System (with or without Fluoroscopy) and Report</i>							
2202	Plain abdominal only (when the service is rendered otherwise than by a specialist in the practice of his specialty)	9.00	10.00	8.00	8.00	8.00	8.00
2203	Plain abdominal only (when the service is rendered by a specialist in the practice of his specialty)	11.00	12.00	10.00	10.00	10.00	10.00
2205	Pneumoperitoneum	11.00	11.00	10.00	10.00	10.00	9.00
2211	Oesophagus, with or without examination for foreign body or barium swallow	17.00	17.00	15.00	15.00	15.00	15.00
2215	Barium or other opaque meal of oesophagus, stomach and duodenum, with or without screening of chest	22.00	23.00	20.00	20.00	20.00	20.00
2219	Barium or other opaque meal of oesophagus, stomach, duodenum and follow through to colon, with or without screening of chest	26.00	27.00	23.00	23.00	23.00	23.00
2222	Barium or other opaque meal, small bowel series only	20.00	20.00	20.00	20.00	20.00	20.00
2227	Opaque enema	22.00	23.00	20.00	20.00	20.00	20.00
2231	Opaque enema, including air contrast study (two stages)	26.00	27.00	24.00	24.00	24.00	24.00
2235	Graham's test (cholecystography)	17.00	20.00	16.00	16.00	16.00	16.00
2238	Cholangiography direct, operative or post-operative	18.00	19.50	17.00	17.00	16.00	16.00
2248	Cholangiography—intravenous	26.00	27.00	24.00	24.00	24.00	24.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
<i>Division 8—Radiographic Examination for Localisation of Foreign Bodies and Report</i>							
2250	Foreign body in eye (special method, Sweet's or other)	16.50	16.50	16.50	16.50	16.50	16.50
2254	Foreign body, localisation of and report, including a radiographic examination of the area concerned and report (not being a service covered by any other item in this Part)	Amount under rule 7	Amount under rule 7	Amount under rule 7	Amount under rule 7	Amount under rule 7	Amount under rule 7
<i>Division 9—Radiographic Examination of Breasts and Report</i>							
2270	Radiographic examination of both breasts and report	20.00	20.00	20.00	20.00	20.00	20.00
2274	Radiographic examination of one breast and report	12.00	12.00	12.00	12.00	12.00	12.00
<i>Division 10—Radiographic Examination in Connection with Pregnancy and Report</i>							
2291	Pregnant uterus	11.00	12.50	10.00	10.00	10.00	10.00
2295	Pelvimetry or placentography	22.00	22.00	16.00	16.00	16.00	16.00
2298	Control x-rays associated with intra-uterine foetal blood transfusion	16.50	16.50	16.50	16.50	16.50	16.50
<i>Division 11—Radiographic Examination with Opaque or Contrast Media, and Report (not including any service covered by Division 16 of this Part)</i>							
2310	Serial angiocardiology (rapid cassette changing)	20.00	20.00	20.00	20.00	20.00	20.00
2314	Serial angiocardiology (single plane—direct roll-film method)	27.50	27.50	27.50	27.50	27.50	27.50
2318	Serial angiocardiology (bi-plane—direct roll-film method)	27.50	27.50	27.50	27.50	27.50	27.50
2322	Serial angiocardiology (indirect roll-film method)	27.50	27.50	27.50	27.50	27.50	27.50
2326	Discography	16.50	18.00	15.00	15.00	18.00	16.50
2330	Dacryocystography	12.00	12.00	12.00	12.00	12.00	12.00
2334	Encephalography	26.00	26.00	26.00	26.00	26.00	26.00
2338	Intracranial angiography, one side	20.00	20.00	20.00	20.00	20.00	20.00
2342	Cerebral ventriculography	22.00	22.00	22.00	22.00	22.00	22.00
2347	Hysterosalpingography	17.00	17.00	13.00	15.00	13.00	13.00
2350	Bronchography, arteriography, phlebography, aortography or splenography	25.00	25.00	20.00	20.00	20.00	20.00
2354	Myelography	30.00	30.00	30.00	30.00	30.00	30.00
2359	Sialography or vasoepididymography	17.00	17.00	17.00	17.00	17.00	17.00
2362	Sinuses and fistulae, including a radiographic examination of the area concerned and report	Amount under rule 7	Amount under rule 7	Amount under rule 7	Amount under rule 7	Amount under rule 7	Amount under rule 7

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
2367	Pneumarthrography, including a radiographic examination of the area concerned and report	Amount under rule 7	Amount under rule 7	Amount under rule 7	Amount under rule 7	Amount under rule 7	Amount under rule 7
2371	Lymphangiography, including follow up radiography	16.50	16.50	16.50	16.50	16.50	16.50
<i>Division 12—Tomography and Report</i>							
2410	Tomography, any part and report	15.00	15.00	15.00	15.00	15.00	15.00
<i>Division 13—Stereoscopic Examination and Report</i>							
2420	Stereoscopic examination and report, including a radiographic examination of the area concerned and report	Amount under rule 7	Amount under rule 7	Amount under rule 7	Amount under rule 7	Amount under rule 7	Amount under rule 7
<i>Division 14—Fluoroscopic Examination and Report</i>							
<i>(Fluoroscopic examination and report not covered by any other item in this Part—where radiograph is not taken)</i>							
2440	Examination with general anaesthesia	11.00	11.00	11.00	11.00	11.00	11.00
2444	Examination without general anaesthesia	7.00	7.00	7.00	7.00	7.00	7.00
<i>Division 15—Radiotherapy</i>							
2458	Radiotherapy, superficial (including treatment by means of x-rays, or rays emitted by radium or other radioactive substances) not covered by any other item in this Part—each attendance at which one or two fields are irradiated	7.50	7.00	7.00	6.50	6.50	6.50
2459	Radiotherapy, superficial (including treatment by means of x-rays, or rays emitted by radium or other radioactive substances) not covered by any other item in this Part—each attendance at which more than two fields are irradiated	9.00	8.50	8.50	8.00	8.00	8.00
2463	Radiotherapy (other than superficial) or orthovoltage therapy (including treatment by means of X-rays, or rays emitted by radium or other radioactive substances) not covered by any other item in this Part—each attendance at which therapy is given	8.00	8.00	8.00	8.00	8.00	8.00
2465	Radiotherapy (other than superficial), megavoltage therapy or telecobalt therapy not covered by any other item in this Part—each attendance at which treatment is given	10.00	10.00	10.00	10.00	10.00	10.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
2468	Radiotherapy, orthovoltage therapy or megavoltage therapy under hyperbaric conditions (including treatment by means of X-rays, radium rays or other radio-active substances) not covered by any other item in this Part—each attendance at which treatment is given	14.00	14.00	14.00	14.00	14.00	14.00
<i>Implantation of Radio-active Substances for Tumour</i>							
2510	Globe of eye	65.00	65.00	65.00	65.00	65.00	65.00
2514	Retina	65.00	65.00	65.00	65.00	65.00	65.00
2518	Lip	23.00	23.00	23.00	23.00	23.00	23.00
2522	Mount or tongue or both	39.00	39.00	39.00	39.00	39.00	39.00
2526	Bladder	85.00	85.00	85.00	85.00	85.00	85.00
2530	Prostate	65.00	65.00	65.00	65.00	65.00	65.00
2535	Cervix or corpus uteri	40.00	40.00	40.00	40.00	40.00	40.00
2538	Any region or organ not referred to in a preceding item under this heading, the implantation of which requires a major anaesthetic	44.00	44.00	44.00	44.00	44.00	44.00
2542	Any region or organ referred to in the last preceding item, the implantation of which does not require a major anaesthetic	16.50	16.50	16.50	16.50	16.50	16.50
<i>Application of Moulds of Radio-active Substances</i>							
2570	Alveolus, palate or antrum, each attendance at which a mould is applied	33.00	33.00	33.00	33.00	33.00	33.00
2574	Scar following radical mastectomy, each attendance at which a mould is applied	16.50	16.50	16.50	16.50	16.50	16.50
2578	Hand or other skin area or mucous membrane, each attendance at which a mould is applied	16.50	16.50	16.50	16.50	16.50	16.50
<i>Division 16—Preparation for Radiological Procedure, Being the Injection of Opaque or Contrast Media or the Removal of Fluid and its Replacement by Air, Oxygen or Other Contrast Media or Other Similar Preparation, including the Administration of an Anaesthetic for Radiotherapy</i>							
2620	Encephalography	35.00	45.00	35.00	35.00	35.00	35.00
2624	Intracranial angiography—percutaneous	30.00	30.00	30.00	30.00	30.00	30.00
2628	Intracranial angiography—open exposure	30.00	30.00	30.00	30.00	30.00	30.00
2632	Cerebral ventriculography	45.00	30.00	30.00	30.00	30.00	30.00
2636	Dacryocystography	10.00	10.00	10.00	10.00	10.00	10.00
2640	Bronchography	15.00	15.00	15.00	15.00	15.00	15.00
2644	Aortography	15.00	15.00	15.00	15.00	15.00	15.00
2648	Arteriography—peripheral, phlebography or splenography	12.00	12.00	12.00	12.00	12.00	12.00
2652	Perirenal insufflation	12.00	12.00	12.00	12.00	12.00	12.00
2657	Renal cyst or cysts, aspiration with injection of radio-opaque material	15.00	15.00	15.00	15.00	15.00	15.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
2661	Pneumarthrography or radiography of pneumoperitoneum	12.50	12.50	12.50	12.50	12.50	12.50
2666	Drip-infusion pyelography	7.50	7.50	7.50	7.50	7.50	7.50
2671	Hysterosalpingography	15.00	15.00	15.00	15.00	15.00	15.00
2674	Discography	10.00	10.00	10.00	10.00	10.00	10.00
2678	Intraosseous venography	10.00	10.00	10.00	10.00	10.00	10.00
2683	Myelography	30.00	30.00	30.00	30.00	30.00	30.00
2686	Sinus or fistula, injection into	5.00	5.00	5.00	5.00	5.00	5.00
2691	Lymphangiography	30.00	30.00	30.00	30.00	30.00	30.00
2696	Administration of an anaesthetic for radiotherapy under hyperbaric conditions	16.50	16.50	16.50	16.50	16.50	16.50
2700	Intracavitary administration of radioactive substances	14.00	14.00	14.00	14.00	14.00	14.00

PART 9—ASSISTANCE AT OPERATIONS

2901	Assistance at any operation, or series or combination of operations, for which the fee, or the aggregate of the fees, specified in this table does not exceed \$45 where the anaesthetic is administered in New South Wales or Victoria or \$44 where the anaesthetic is administered in Queensland, South Australia, Western Australia or Tasmania	12.00	12.00	12.00	12.00	12.00	12.00
2904	Assistance at any operation, or series or combination of operations, for which the fee, or the aggregate of the fees, specified in this table exceeds \$45 where the anaesthetic is administered in New South Wales or Victoria or \$44 where the anaesthetic is administered in Queensland, South Australia, Western Australia or Tasmania, but does not exceed \$90	16.00	16.00	16.00	16.00	16.00	16.00
2907	Assistance at any operation, or series or combination of operations, for which the fee, or the aggregate of the fees, specified in this table exceeds \$90 but does not exceed \$140	20.00	20.00	20.00	20.00	20.00	20.00
2910	Assistance at any operation, or series or combination of operations, for which the fee, or the aggregate of the fees, specified in this table exceeds \$140 but does not exceed \$200	25.00	25.00	25.00	25.00	25.00	25.00
2913	Assistance at any operation, or series or combination of operations, for which the fee, or the aggregate of the fees, specified in this table exceeds \$200 but does not exceed \$250	35.00	35.00	35.00	35.00	35.00	35.00
2915	Assistance at any operation, or series or combination of operations, for which the fee, or the aggregate of the fees, specified in this table exceeds \$250	50.00	50.00	50.00	50.00	50.00	50.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
PART 10—OPERATIONS							
<i>Division 1—General Surgical</i>							
3001	Dressing of localised burns (not involving grafting)—each attendance at which the procedure is performed	4.00	3.60	3.50	3.40	3.50	3.60
3004	Dressing of burns, extensive, without anaesthesia (not involving grafting)—each attendance at which the procedure is performed (G)	5.00	5.00	5.00	5.00	5.00	5.00
3005	Dressing of burns, extensive, without anaesthesia (not involving grafting) each attendance at which the procedure is performed (S)	6.60	6.60	6.60	6.60	6.60	6.60
3009	Dressing of localised burns under general anaesthesia (not involving grafting)—each attendance at which the procedure is performed (G)	8.25	8.25	8.25	8.25	8.25	8.25
3011	Dressing of localised burns under general anaesthesia (not involving grafting)—each attendance at which the procedure is performed (S)	11.00	11.00	11.00	11.00	11.00	11.00
3015	Dressing of burns, extensive, under general anaesthesia (not involving grafting)—each attendance at which the procedure is performed (G)	17.50	17.50	17.50	17.50	17.50	17.50
3017	Dressing of burns, extensive, under general anaesthesia (not involving grafting)—each attendance at which the procedure is performed (S)	23.00	23.00	23.00	23.00	23.00	23.00
3021	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, other than on face or neck, small (not more than 7 centimetres long), superficial, not covered by any item in Part 2 of this Schedule	8.80	8.00	8.00	7.50	8.50	8.00
3025	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, other than on face or neck, small (not more than 7 centimetres long), involving deeper tissue, not covered by any item in Part 2 of this Schedule	16.50	14.00	14.50	14.00	14.00	12.50
3030	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, small (not more than 7 centimetres long), superficial	15.00	12.00	12.00	12.00	12.00	12.00
3031	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, small (not more than 7 centimetres long), superficial (D)	15.00	12.00	12.00	12.00	12.00	12.00
3034	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, small (not more than 7 centimetres long), involving deeper tissue	22.00	22.00	22.00	22.00	22.00	22.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
3036	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, small (not more than 7 centimetres long), involving deeper tissue (D)	22.00	22.00	22.00	22.00	22.00	22.00
3037	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, other than on face or neck, large (more than 7 centimetres long), superficial, not covered by any item in Part 2 of this Schedule	16.50	15.00	12.50	12.50	14.00	12.00
3043	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, other than on face or neck, large (more than 7 centimetres long), involving deeper tissue, not covered by any item in Part 2 of this Schedule (G)	20.00	20.00	20.00	20.00	20.00	20.00
3045	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, other than on face or neck, large (more than 7 centimetres long), involving deeper tissue, not covered by any item in Part 2 of this Schedule (S)	26.50	26.50	26.50	26.50	26.50	26.50
3049	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more than 7 centimetres long), superficial (G)	16.50	16.50	16.50	16.50	16.50	16.50
3051	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more than 7 centimetres long), superficial (S)	22.00	22.00	22.00	22.00	22.00	22.00
3052	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more than 7 centimetres long), superficial (D)	22.00	22.00	22.00	22.00	22.00	22.00
3055	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more than 7 centimetres long), involving deeper tissue (G)	24.00	24.00	24.00	24.00	24.00	24.00
3056	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more than 7 centimetres long), involving deeper tissue (S)	27.50	27.50	27.50	27.50	27.50	27.50
3057	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more than 7 centimetres long), involving deeper tissue (D)	27.50	27.50	27.50	27.50	27.50	27.50
3061	Superficial foreign body, removal of, not covered by any other item in this Part	4.40	4.00	3.50	3.00	3.00	3.00
3062	Superficial foreign body, removal of, not covered by any other item in this Part (D)	4.40	4.00	3.50	3.00	3.00	3.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
3064	Subcutaneous foreign body, removal of, not covered by any other item in this Part (G)	8.80	8.00	8.00	7.50	8.00	7.50
3065	Subcutaneous foreign body, removal of, not covered by any other item in this Part (S)	20.00	20.00	20.00	20.00	20.00	20.00
3067	Subcutaneous foreign body, removal of, not covered by any other item in this Part (D)	20.00	20.00	20.00	20.00	20.00	20.00
3069	Foreign body in muscle, tendon or other deep tissue, removal of, not covered by any other item in this Part (G)	27.50	27.50	26.50	25.00	25.00	25.00
3070	Foreign body in muscle, tendon or other deep tissue, removal of, not covered by any other item in this Part (S)	40.00	40.00	40.00	35.00	35.00	35.00
3071	Foreign body in muscle, tendon or other deep tissue, removal of, not covered by any other item in this Part (D)	40.00	40.00	40.00	35.00	35.00	35.00
3074	Biopsy of skin or mucous membrane, as an independent procedure	10.00	9.00	10.00	9.00	7.00	8.00
3075	Biopsy of skin or mucous membrane, as an independent procedure (D)	10.00	9.00	10.00	9.00	7.00	8.00
3078	Biopsy of lymph gland, muscle or other deep tissue or organ, as an independent procedure (G)	16.50	15.00	15.00	15.00	15.00	15.00
3080	Biopsy of lymph gland, muscle or other deep tissue or organ, as an independent procedure (S)	22.00	20.00	20.00	20.00	20.00	20.00
3081	Biopsy of lymph gland, muscle or other deep tissue or organ, as an independent procedure (D)	22.00	20.00	20.00	20.00	20.00	20.00
3084	Aspiration biopsy of lymph gland, deep tissue or organ, as an independent procedure	9.00	9.00	9.00	9.00	9.00	9.00
3089	Biopsy of bone marrow by trephine or burr-hole	20.00	20.00	20.00	20.00	20.00	20.00
3093	Biopsy of bone marrow by aspiration	5.50	5.50	5.50	5.50	5.50	5.50
3094	Punch biopsy of synovial membrane or pleura	5.50	5.50	5.50	5.50	5.50	5.50
3097	Scalene node biopsy (G)	20.50	20.50	20.50	20.50	20.50	20.50
3099	Scalene node biopsy (S)	27.50	27.50	27.50	27.50	27.50	27.50
3103	Sinus, excision of, involving superficial tissues only (G)	12.50	12.50	12.50	12.50	12.50	12.50
3104	Sinus, excision of, involving superficial tissues only (S)	16.50	16.50	16.50	16.50	16.50	16.50
3105	Sinus, excision of, involving superficial tissues only (D)	16.50	16.50	16.50	16.50	16.50	16.50
3108	Sinus, excision of, involving muscle and deep tissue (G)	20.50	20.50	20.50	20.50	20.50	20.50
3110	Sinus, excision of, involving muscle and deep tissue (S)	27.50	27.50	27.50	27.50	27.50	27.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
3112	Sinus, excision of, involving muscle and deep tissue (D)	27.50	27.50	27.50	27.50	27.50	27.50
3115	Bursa, incision of	6.60	6.60	6.60	6.60	6.60	6.60
3119	Ganglion or small bursa, excision of (G)	22.00	20.00	21.00	20.00	15.00	15.00
3121	Ganglion or small bursa, excision of (S)	40.00	40.00	30.00	30.00	30.00	25.00
3125	Bursa (large), including olecranon, calcaneum or patella, excision of (G)	52.50	37.50	37.50	37.50	37.50	37.50
3126	Bursa (large), including olecranon, calcaneum or patella, excision of (S)	70.00	50.00	50.00	50.00	50.00	50.00
3131	Bursa, semimembranosus (or Baker's cyst), excision of (G)	45.00	45.00	45.00	45.00	45.00	45.00
3132	Bursa, semimembranosus (or Baker's cyst), excision of (S)	60.00	60.00	60.00	60.00	60.00	60.00
3137	Tumour, cyst or scar, removal of cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter (G)	10.00	9.00	9.00	9.00	9.00	8.00
3138	Tumour, cyst or scar, removal of cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter (S)	25.00	25.00	20.00	20.00	20.00	16.00
3140	Tumour, cyst or scar, removal of cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter (D)	25.00	25.00	20.00	20.00	20.00	16.00
3143	Tumour, cyst or scar, removal of cutaneous, subcutaneous or in mucous membrane, more than 3 centimetres in diameter (G)	16.50	15.00	16.00	15.00	14.00	15.00
3144	Tumour, cyst or scar, removal of cutaneous, subcutaneous or in mucous membrane, more than 3 centimetres in diameter (S)	25.00	25.00	20.00	20.00	20.00	20.00
3146	Tumour, cyst or scar removal of cutaneous, subcutaneous or in mucous membrane, more than 3 centimetres in diameter (D)	25.00	25.00	20.00	20.00	20.00	20.00
3149	Tumour, cyst or scar, removal of, not covered by any other item in this Part, involving muscle, bone or other deep tissue (G)	33.00	35.00	30.00	30.00	30.00	30.00
3150	Tumour, cyst or scar, removal of, not covered by any other item in this Part, involving muscle, bone or other deep tissue (S)	45.00	45.00	40.00	35.00	35.00	35.00
3152	Tumour, cyst or scar, removal of, not covered by any other item in this Part, involving muscle, bone or other deep tissue (D)	45.00	45.00	40.00	35.00	35.00	35.00
3155	Tumour or deep cyst, removal of, not covered by any other item in this Part, requiring wide excision (G)	50.00	60.00	50.00	50.00	50.00	40.00
3156	Tumour or deep cyst, removal of, not covered by any other item in this Part, requiring wide excision (S)	60.00	70.00	60.00	60.00	60.00	50.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
3161	Tumours, malignant, operation for, not covered by any other item in this Part, requiring wide excision and dissection of glands or involving muscle, bone or viscera (G)	90.00	90.00	90.00	90.00	90.00	90.00
3162	Tumours, malignant, operation for, not covered by any other item in this Part, requiring wide excision and dissection of glands or involving muscle, bone or viscera (S)	135.00	120.00	120.00	120.00	120.00	120.00
3166	Lipectomy for abdominal apron or similar condition	125.00	125.00	125.00	125.00	125.00	125.00
3170	Axillary hyperidrosis, wedge excision for	25.00	25.00	25.00	25.00	25.00	25.00
3174	Plantar wart, simple removal of	8.80	8.00	8.00	8.00	8.00	8.00
3177	Keratosis, warts or similar lesions, electrosurgical destruction or chemotherapy of—each attendance at which the procedure is performed on not more than five lesions (G)	6.50	5.00	5.00	5.00	6.00	5.00
3180	Keratosis, warts or similar lesions, electrosurgical destruction or chemotherapy of—each attendance at which the procedure is performed on not more than five lesions (S)	10.00	12.00	9.00	9.00	9.00	9.00
3181	Keratosis, warts or similar lesions, electrosurgical destruction or chemotherapy of—each attendance at which the procedure is performed on not more than five lesions (D)	10.00	12.00	9.00	9.00	9.00	9.00
3184	Keratosis, warts or similar lesions, electrosurgical destruction or chemotherapy of—each attendance at which the procedure is performed on more than five but not more than ten lesions (G)	8.80	8.00	7.50	7.50	8.00	8.00
3185	Keratosis, warts or similar lesions, electrosurgical destruction or chemotherapy of—each attendance at which the procedure is performed on more than five but not more than ten lesions (S)	13.00	13.00	10.00	10.00	10.00	10.00
3190	Keratosis, warts or similar lesions, electrosurgical destruction or chemotherapy of—each attendance at which the procedure is performed on more than ten but not more than fifteen lesions (G)	11.00	10.00	9.00	10.50	10.50	10.00
3191	Keratosis, warts or similar lesions, electrosurgical destruction or chemotherapy of—each attendance at which the procedure is performed on more than ten but not more than fifteen lesions (S)	16.00	15.00	15.00	15.00	15.00	15.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
3196	Keratosis, warts or similar lesions, electro-surgical destruction or chemotherapy of—each attendance at which the procedure is performed on more than fifteen but not more than twenty lesions (G)	14.00	12.00	11.00	12.00	12.00	12.00
3197	Keratosis, warts or similar lesions, electro-surgical destruction or chemotherapy of—each attendance at which the procedure is performed on more than fifteen but not more than twenty lesions (S)	17.50	16.00	16.00	16.00	16.00	16.00
3201	Keratosis, warts or similar lesions, electro-surgical destruction or chemotherapy of—each attendance at which the procedure is performed on more than twenty lesions (G)	16.50	15.00	14.00	15.00	15.00	15.00
3202	Keratosis, warts or similar lesions, electro-surgical destruction or chemotherapy of—each attendance at which the procedure is performed on more than twenty lesions (S)	20.00	18.00	18.00	18.00	18.00	18.00
3204	Skin lesions, multiple injections with hydrocortisone or similar preparation	8.00	8.00	8.00	8.00	8.00	8.00
3206	Keloid, extensive, multiple injections of hydrocortisone or similar preparation under general anaesthesia (G)	22.50	22.50	22.50	22.50	22.50	22.50
3207	Keloid, extensive, multiple injections of hydrocortisone or similar preparation under general anaesthesia (S)	30.00	30.00	30.00	30.00	30.00	30.00
3211	Haematoma, aspiration of	4.40	5.00	3.50	3.50	3.00	3.50
3216	Haematoma, furuncle, small abscess or similar lesion not requiring a general anaesthetic, incision with drainage of	4.40	5.00	3.50	3.50	3.00	3.50
3220	Large haematoma, abscess, carbuncle, cellulitis or similar lesion requiring a general anaesthetic, incision with drainage of (G)	16.50	15.00	16.00	15.00	14.00	12.50
3221	Large haematoma, abscess, carbuncle, cellulitis or similar lesion requiring a general anaesthetic, incision with drainage of (S)	30.00	30.00	25.00	20.00	20.00	20.00
3222	Large haematoma, abscess, carbuncle, cellulitis or similar lesion requiring a general anaesthetic, incision with drainage of (D)	30.00	30.00	25.00	20.00	20.00	20.00
3225	Muscle, excision of (limited) (G)	16.50	16.50	16.50	16.50	16.50	16.50
3226	Muscle, excision of (limited) (S)	22.00	22.00	22.00	22.00	22.00	22.00
3230	Muscle, excision of (extensive) (G)	29.50	29.50	29.50	29.50	29.50	29.50
3232	Muscle, excision of (extensive) (S)	39.00	39.00	39.00	39.00	39.00	39.00
3236	Muscle, ruptured, repair of, not associated with external wound (G)	29.50	29.50	29.50	29.50	29.50	29.50
3238	Muscle, ruptured, repair of, not associated with external wound (S)	39.00	39.00	39.00	39.00	39.00	39.00
3242	Fascia, deep, repair of, for herniated muscle (G)	16.50	16.50	16.50	16.50	16.50	16.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
3244	Fascia, deep, repair of, for herniated muscle (S)	22.00	22.00	22.00	22.00	22.00	22.00
3248	Anatomical compartment of extremity, extensive exploration of, not involving any other procedure (G)	17.50	17.50	17.50	17.50	17.50	17.50
3250	Anatomical compartment of extremity, extensive exploration of, not involving any other procedure (S)	23.00	23.00	23.00	23.00	23.00	23.00
3254	Bone tumour, innocent, excision of, not covered by any other item in this Part (G)	49.00	49.00	49.00	49.00	49.00	49.00
3255	Bone tumour, innocent, excision of, not covered by any other item in this Part (S)	65.00	65.00	65.00	65.00	65.00	65.00
3256	Bone tumour, innocent, excision of, not covered by any other item in this Part (D)	65.00	65.00	65.00	65.00	65.00	65.00
3259	Styloid process of temporal bone, removal of	65.00	65.00	65.00	65.00	65.00	65.00
3263	Parotid gland, total extirpation of . . .	130.00	130.00	130.00	130.00	130.00	130.00
3267	Parotid gland, removal of tumour from (G)	37.50	37.50	37.50	37.50	37.50	37.50
3269	Parotid gland, removal of tumour from (S)	50.00	50.00	50.00	50.00	50.00	50.00
3273	Parotid gland, superficial lobectomy or removal of tumour from, with exposure of facial nerve (G)	90.00	90.00	90.00	90.00	90.00	90.00
3274	Parotid gland, superficial lobectomy or removal of tumour from, with exposure of facial nerve (S)	120.00	120.00	120.00	120.00	120.00	120.00
3279	Sublingual or submandibular gland, extirpation of (G)	45.00	60.00	45.00	45.00	45.00	45.00
3280	Sublingual or submandibular gland, extirpation of (S)	60.00	80.00	60.00	60.00	60.00	60.00
3282	Sublingual or submandibular gland, extirpation of (D)	60.00	80.00	60.00	60.00	60.00	60.00
3285	Salivary gland, incision of, or transoral ligation of salivary duct (G)	8.25	8.25	8.25	8.25	8.25	8.25
3286	Salivary gland, incision of, or transoral ligation of salivary duct (S)	11.00	11.00	11.00	11.00	11.00	11.00
3288	Salivary gland, incision of, or transoral ligation of salivary duct (D)	11.00	11.00	11.00	11.00	11.00	11.00
3291	Salivary gland, removal of calculus from (G)	20.50	20.50	20.50	20.50	20.50	20.50
3292	Salivary gland, removal of calculus from (S)	27.50	27.50	27.50	27.50	27.50	27.50
3294	Salivary gland, removal of calculus from (D)	27.50	27.50	27.50	27.50	27.50	27.50
3297	Salivary gland, dilation or diathermy of duct (G)	6.60	6.60	6.60	6.60	6.60	6.60
3298	Salivary gland, dilation or diathermy of duct (S)	8.80	8.80	8.80	8.80	8.80	8.80
3300	Salivary gland, dilation or diathermy of duct (D)	8.80	8.80	8.80	8.80	8.80	8.80

SCHEDULE I—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
3303	Salivary gland, removal of calculus from duct (G)	16.50	16.50	16.50	16.50	16.50	16.50
3304	Salivary gland, removal of calculus from duct (S)	22.00	22.00	22.00	22.00	22.00	22.00
3306	Salivary gland, removal of calculus from duct (D)	22.00	22.00	22.00	22.00	22.00	22.00
3309	Salivary gland, repair of cutaneous fistula of	22.00	22.00	22.00	22.00	22.00	22.00
3313	Tongue, partial or complete excision of (G)	97.50	97.50	97.50	97.50	97.50	97.50
3315	Tongue, partial or complete excision of (S)	130.00	130.00	130.00	130.00	130.00	130.00
3316	Tongue, partial or complete excision of (D)	130.00	130.00	130.00	130.00	130.00	130.00
3319	Tongue tie, repair of	6.60	6.60	6.60	6.60	6.60	6.60
3321	Tongue tie, repair of (D)	6.60	6.60	6.60	6.60	6.60	6.60
3323	Ranula, removal of (G)	29.50	29.50	29.50	29.50	29.50	29.50
3324	Ranula, removal of (S)	39.00	39.00	39.00	39.00	39.00	39.00
3325	Ranula, removal of (D)	39.00	39.00	39.00	39.00	39.00	39.00
3328	Cut throat, repair of, involving vessels or nerves, or both (G)	37.50	37.50	37.50	37.50	37.50	37.50
3329	Cut throat, repair of, involving vessels or nerves, or both (S)	50.00	50.00	50.00	50.00	50.00	50.00
3334	Cut throat, repair of, involving vessels and nerves and oesophagus or trachea (G)	71.50	71.50	71.50	71.50	71.50	71.50
3335	Cut throat, repair of, involving vessels and nerves and oesophagus or trachea (S)	95.00	95.00	95.00	95.00	95.00	95.00
3340	Neck, malignant tumour of, removal of	130.00	130.00	130.00	130.00	130.00	130.00
3344	Thymectomy	220.00	220.00	220.00	220.00	220.00	220.00
3350	Branchial cyst or branchial fistula, removal of (G)	60.00	60.00	60.00	60.00	60.00	60.00
3351	Branchial cyst or branchial fistula, removal of (S)	80.00	80.00	80.00	80.00	80.00	80.00
3353	Cystic hygroma, removal of	110.00	110.00	110.00	110.00	110.00	110.00
3357	Thyroidectomy, total, or removal of parathyroid tumour	160.00	160.00	160.00	160.00	160.00	160.00
3361	Thyroidectomy, sub-total (G)	100.00	100.00	100.00	100.00	100.00	100.00
3362	Thyroidectomy, sub-total (S)	120.00	140.00	120.00	120.00	120.00	120.00
3367	Thyroid, excision of localised tumour of (G)	64.00	75.00	64.00	64.00	64.00	64.00
3368	Thyroid, excision of localised tumour of (S)	85.00	100.00	85.00	85.00	85.00	85.00
3372	Diverticulum of pharynx or larynx, excision of (G)	71.50	71.50	71.50	71.50	71.50	71.50
3373	Diverticulum of pharynx or larynx, excision of (S)	95.00	95.00	95.00	95.00	95.00	95.00
3377	Thyroglossal cyst or fistula, removal of (G)	90.00	67.50	67.50	67.50	67.50	67.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
3378	Thyroglossal cyst or fistula, removal of (S)	120.00	90.00	90.00	90.00	90.00	90.00
3383	Cervical oesophagostomy	65.00	65.00	65.00	65.00	65.00	65.00
3387	Cervical oesophagostomy, closure or plastic repair of	50.00	50.00	50.00	50.00	50.00	50.00
3392	Tuberculous or neoplastic glands of neck, groin or axilla, limited excision of (G)	56.50	56.50	56.50	56.50	56.50	56.50
3393	Tuberculous or neoplastic glands of neck, groin, or axilla, limited excision of (S)	75.00	75.00	75.00	75.00	75.00	75.00
3396	Tuberculous or neoplastic glands of neck, groin or axilla, radical excision of	150.00	150.00	150.00	150.00	150.00	150.00
3402	Operation for lymphoedema by extended indwelling subcutaneous tube or tubes	30.00	30.00	30.00	30.00	30.00	30.00
3406	Simple mastectomy with or without biopsy and frozen section (G)	60.00	60.00	60.00	60.00	60.00	60.00
3408	Simple mastectomy with or without biopsy and frozen section (S)	80.00	80.00	80.00	80.00	80.00	80.00
3412	Breast, excision of cyst, fibro adenoma or other local lesion or segmental resection for any other reason (G) . .	33.00	40.00	32.00	30.00	30.00	25.00
3414	Breast, excision of cyst, fibro adenoma or other local lesion or segmental resection for any other reason (S) . .	50.00	50.00	45.00	35.00	35.00	30.00
3418	Breast, excision of cyst, fibro adenoma or other local lesion or segmental resection for any other reason, where frozen section is performed (G) . . .	48.00	48.00	48.00	48.00	48.00	48.00
3419	Breast, excision of cyst, fibro adenoma or other local lesion or segmental resection for any other reason, where frozen section is performed (S) . . .	60.00	60.00	60.00	60.00	60.00	60.00
3423	Partial mastectomy involving more than one quarter of the breast tissue with or without biopsy and frozen section (G)	48.00	48.00	48.00	48.00	48.00	48.00
3424	Partial mastectomy involving more than one quarter of the breast tissue with or without biopsy and frozen section (S)	60.00	60.00	60.00	60.00	60.00	60.00
3428	Breast, radical amputation of, with or without biopsy and frozen section (G)	120.00	120.00	120.00	120.00	120.00	120.00
3430	Breast, radical amputation of, with or without biopsy and frozen section (S)	160.00	160.00	160.00	160.00	160.00	160.00
3434	Nipple, inverted, surgical eversion of (G)	16.50	16.50	16.50	16.50	16.50	16.50
3436	Nipple, inverted, surgical eversion of (S)	22.00	22.00	22.00	22.00	22.00	22.00
3443	Laparotomy (exploratory) where no other procedure is performed (G) . .	65.00	65.00	60.00	65.00	60.00	60.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
3445	Laparotomy (exploratory) where no other procedure is performed (S)	80.00	90.00	80.00	80.00	80.00	80.00
3446	Laparotomy involving operation on abdominal viscera, not covered by any other item in this Part (G)	80.00	75.00	75.00	75.00	75.00	65.00
3448	Laparotomy involving operation on abdominal viscera, not covered by any other item in this Part (S)	100.00	100.00	100.00	90.00	100.00	80.00
3452	Laparotomy, exploratory, followed by enterostomy or colostomy (G)	82.50	82.50	82.50	82.50	82.50	82.50
3454	Laparotomy, exploratory, followed by enterostomy or colostomy (S)	110.00	110.00	110.00	110.00	110.00	110.00
3458	Subphrenic abscess, drainage or (G)	64.00	64.00	64.00	64.00	64.00	64.00
3460	Subphrenic abscess, drainage of (S)	85.00	85.00	85.00	85.00	85.00	85.00
3464	Liver tumour, removal of, other than by biopsy	110.00	110.00	110.00	110.00	110.00	110.00
3469	Liver, massive resection of, or lobectomy	220.00	220.00	220.00	220.00	220.00	220.00
3473	Liver abscess, abdominal drainage of	85.00	85.00	85.00	85.00	85.00	85.00
3478	Liver abscess, transpleural drainage of	110.00	110.00	110.00	110.00	110.00	110.00
3482	Hydatid of liver, peritoneum or viscus, operation for	110.00	110.00	110.00	110.00	110.00	110.00
3484	Operative cholangiography	20.00	20.00	20.00	20.00	20.00	20.00
3486	Cholecystectomy (G)	110.00	100.00	100.00	100.00	85.00	80.00
3488	Cholecystectomy (S)	140.00	140.00	140.00	120.00	125.00	100.00
3491	Cholecystostomy (G)	64.00	64.00	64.00	64.00	64.00	64.00
3492	Cholecystostomy (S)	85.00	85.00	85.00	85.00	85.00	85.00
3497	Choledochotomy (with or without cholecystectomy) (G)	130.00	130.00	110.00	110.00	100.00	100.00
3498	Choledochotomy (with or without cholecystectomy) (S)	160.00	160.00	160.00	140.00	130.00	120.00
3501	Reconstruction of bile duct including choledochoduodenostomy, cholecystoduodenostomy, choledochointerostomy, choledochogastrostomy, cholecystogastrostomy or cholecystoenterostomy	180.00	180.00	180.00	180.00	180.00	180.00
3503	Trans-duodenal sphincterotomy with or without removal of calculus from common bile duct or pancreatic duct	140.00	140.00	140.00	120.00	110.00	110.00
3506	Reconstruction of hepatic duct including anastomosis with gall-bladder or intestine	220.00	220.00	220.00	220.00	220.00	220.00
3508	Gastrosocopy	35.00	35.00	35.00	35.00	35.00	35.00
3511	Gastrosocopy with biopsy	40.00	40.00	40.00	40.00	40.00	40.00
3513	Gastrostomy	90.00	90.00	90.00	90.00	90.00	90.00
3517	Gastrostomy for fixation of indwelling oesophageal tube	105.00	105.00	105.00	105.00	105.00	105.00
3523	Vagotomy, including pyloroplasty or gastro-enterostomy	120.00	135.00	120.00	120.00	120.00	110.00
3528	Gastro-enterostomy or enterocolostomy (G)	75.00	90.00	75.00	75.00	75.00	75.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
3529	Gastro-enterostomy or enterocolostomy (S)	100.00	120.00	100.00	100.00	100.00	100.00
3536	Perforated peptic ulcer, suture of (G)	65.00	65.00	65.00	65.00	65.00	65.00
3537	Perforated peptic ulcer, suture of (S)	90.00	90.00	90.00	90.00	90.00	90.00
3539	Partial gastrectomy, with or without gastro-jejunostomy (G)	112.50	135.00	112.50	112.50	112.50	112.50
3541	Partial gastrectomy, with or without gastro-jejunostomy (S)	150.00	180.00	150.00	150.00	150.00	150.00
3545	Gastrectomy, complete	200.00	200.00	200.00	200.00	200.00	200.00
3553	Pyloroplasty (G)	75.00	75.00	75.00	75.00	75.00	75.00
3554	Pyloroplasty (S)	100.00	100.00	100.00	100.00	100.00	100.00
3556	Stomach, reconstruction of, by bowel transplant	220.00	220.00	220.00	220.00	220.00	220.00
3560	Laparotomy and division of peritoneal adhesions where no other listed intra-abdominal procedure is performed (G)	75.00	75.00	75.00	75.00	75.00	75.00
3561	Laparotomy and division of peritoneal adhesions where no other listed intra-abdominal procedure is performed (S)	100.00	100.00	100.00	100.00	100.00	100.00
3566	Enterostomy or colostomy, as an independent procedure (G)	75.00	75.00	75.00	75.00	75.00	75.00
3567	Enterostomy or colostomy, as an independent procedure (S)	100.00	100.00	100.00	100.00	100.00	100.00
3572	Enterostomy or colostomy, extra-peritoneal closure of (G)	41.50	41.50	41.50	41.50	41.50	41.50
3573	Enterostomy or colostomy, extra-peritoneal closure of (S)	55.00	55.00	55.00	55.00	55.00	55.00
3575	Colostomy, intra-peritoneal closure not involving resection	100.00	100.00	100.00	100.00	100.00	100.00
3577	Caecostomy (G)	49.00	49.00	49.00	49.00	49.00	49.00
3578	Caecostomy (S)	65.00	65.00	65.00	65.00	65.00	65.00
3582	Bowel, anastomosis of (G)	120.00	135.00	120.00	120.00	120.00	120.00
3583	Bowel, anastomosis of (S)	160.00	180.00	160.00	160.00	160.00	160.00
3588	Intussusception, reduction of, by fluid (G)	33.00	33.00	33.00	33.00	33.00	33.00
3589	Intussusception, reduction of, by fluid (S)	44.00	44.00	44.00	44.00	44.00	44.00
3593	Intussusception, laparotomy and reduction of (G)	56.50	56.50	56.50	56.50	56.50	56.50
3594	Intussusception, laparotomy and reduction of (S)	75.00	75.00	75.00	75.00	75.00	75.00
3598	Intussusception, laparotomy and resection of (G)	120.00	135.00	120.00	120.00	120.00	120.00
3599	Intussusception, laparotomy and resection of (S)	160.00	180.00	160.00	160.00	160.00	160.00
3607	Laparotomy with reduction of volvulus (G)	75.00	75.00	75.00	75.00	75.00	75.00
3608	Laparotomy with reduction of volvulus (S)	100.00	100.00	100.00	100.00	100.00	100.00
3609	Meckel's diverticulum, removal of (G)	71.50	71.50	71.50	71.50	71.50	71.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
3610	Meckel's diverticulum, removal of (S)	95.00	95.00	95.00	95.00	95.00	95.00
3614	Bowel or viscera, resection of, with or without anastomosis, not covered by any other item in this Part (G)	120.00	135.00	120.00	120.00	120.00	120.00
3615	Bowel or viscera, resection of, with or without anastomosis, not covered by any other item in this Part (S)	160.00	180.00	160.00	160.00	160.00	160.00
3620	Enterolysis with intestinal plication, Noble type	120.00	120.00	120.00	120.00	120.00	120.00
3623	Appendectomy, not covered by Item 3629 (G)	65.00	60.00	60.00	60.00	60.00	55.00
3627	Appendectomy, not covered by Item 3629 (S)	75.00	80.00	80.00	70.00	75.00	65.00
3629	Appendectomy, when performed in conjunction with any other intra-abdominal procedure (other than that covered by Items 3577 or 3578) through the same incision	20.00	20.00	20.00	20.00	20.00	20.00
3630	Drainage of appendiceal abscess, or for ruptured appendix or for peritonitis with or without appendectomy (G)	67.50	67.50	67.50	67.50	67.50	67.50
3632	Drainage of appendiceal abscess, or for ruptured appendix or for peritonitis with or without appendectomy (S)	90.00	90.00	90.00	90.00	90.00	90.00
3636	Small bowel intubation with biopsy	33.00	33.00	33.00	33.00	33.00	33.00
3640	Small bowel intubation—as an independent procedure	16.50	16.50	16.50	16.50	16.50	16.50
3645	Pancreas, partial excision of	220.00	220.00	220.00	220.00	220.00	220.00
3649	Pancreas, drainage of (G)	56.50	56.50	56.50	56.50	56.50	56.50
3651	Pancreas, drainage of (S)	75.00	75.00	75.00	75.00	75.00	75.00
3657	Splenectomy (G)	90.00	101.50	90.00	90.00	90.00	90.00
3658	Splenectomy (S)	120.00	135.00	120.00	120.00	120.00	120.00
3661	Ruptured viscus (including liver, spleen or kidney), repair of (G)	82.50	82.50	82.50	82.50	82.50	82.50
3662	Ruptured viscus (including liver, spleen or kidney), repair of (S)	110.00	110.00	110.00	110.00	110.00	110.00
3667	Retroperitoneal tumour, removal of	130.00	130.00	130.00	130.00	130.00	130.00
3671	Retroperitoneal abscess, drainage of, not involving laparotomy	85.00	85.00	85.00	85.00	85.00	85.00
3675	Peritoneoscopy	22.00	22.00	22.00	22.00	22.00	22.00
3680	Paracentesis abdominis (G)	6.00	6.00	6.00	6.00	6.00	6.00
3681	Paracentesis abdominis (S)	8.00	8.00	8.00	8.00	8.00	8.00
3684	Total colectomy with ileo-rectal anastomosis	200.00	200.00	200.00	200.00	200.00	200.00
3686	Abdomino-perineal resection (Miles' technique)	220.00	220.00	220.00	220.00	220.00	220.00
3687	Abdomino-perineal resection, combined synchronous operation—abdominal resection	180.00	180.00	180.00	180.00	180.00	180.00
3688	Abdomino-perineal resection combined synchronous operation—perineal resection	80.00	80.00	80.00	80.00	80.00	80.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
3689	Proctocolectomy complete, with ileostomy	275.00	275.00	275.00	275.00	275.00	275.00
3692	Femoral or inguinal hernia (other than recurrent), repair of (G)	65.00	65.00	60.00	60.00	60.00	50.00
3693	Femoral or inguinal hernia (other than recurrent), repair of (S)	80.00	80.00	80.00	70.00	85.00	60.00
3696	Diaphragmatic hernia, traumatic, repair of	130.00	130.00	130.00	130.00	130.00	130.00
3700	Diaphragmatic hernia, other than traumatic, repair of	180.00	165.00	165.00	165.00	165.00	165.00
3704	Umbilical hernia, repair of, in person under 10 years of age (G)	49.00	49.00	49.00	49.00	49.00	49.00
3705	Umbilical hernia, repair of, in person under 10 years of age (S)	65.00	65.00	65.00	65.00	65.00	65.00
3709	Umbilical hernia, repair of, in person 10 years of age or over (G)	56.50	56.50	56.50	56.50	56.50	56.50
3710	Umbilical hernia, repair of, in person 10 years of age or over (S)	75.00	75.00	75.00	75.00	75.00	75.00
3714	Ventral, incisional, lumbar or recurrent hernia, repair of (G)	75.00	75.00	75.00	70.00	65.00	65.00
3716	Ventral, incisional, lumbar or recurrent hernia, repair of (S)	90.00	90.00	90.00	80.00	90.00	75.00
3720	Hydrocele, tapping of (G)	5.00	5.00	5.00	5.00	5.00	5.00
3721	Hydrocele, tapping of (S)	6.60	6.60	6.60	6.60	6.60	6.60
3726	Hydrocele, removal of (G)	40.00	50.00	45.00	40.00	40.00	40.00
3727	Hydrocele, removal of (S)	50.00	60.00	60.00	50.00	50.00	50.00
3728	Hydrocele, operation for, by inguinal approach with removal of patent processus vaginalis (G)	65.00	65.00	65.00	65.00	65.00	65.00
3729	Hydrocele, operation for, by inguinal approach with removal of patent processus vaginalis (S)	75.00	75.00	75.00	75.00	75.00	75.00
3731	Varicocele, removal of (G)	41.50	41.50	41.50	41.50	41.50	41.50
3732	Varicocele, removal of (S)	55.00	55.00	55.00	55.00	55.00	55.00
3736	Orchidectomy (simple) (G)	56.50	56.50	56.50	56.50	56.50	56.50
3737	Orchidectomy (simple) (S)	75.00	75.00	75.00	75.00	75.00	75.00
3741	Undescended testis, transplantation of, with or without associated hernial repair (G)	65.00	65.00	60.00	60.00	60.00	60.00
3742	Undescended testis, transplantation of, with or without associated hernial repair (S)	85.00	85.00	75.00	70.00	75.00	70.00
3746	Secondary detachment of testis from thigh (G)	12.50	12.50	12.50	12.50	12.50	12.50
3747	Secondary detachment of testis from thigh (S)	16.50	16.50	16.50	16.50	16.50	16.50
3751	Circumcision of person under 4 weeks of age	7.00	6.00	6.00	6.00	6.00	6.00
3755	Circumcision of person under 10 years of age but not less than 4 weeks of age (G)	11.00	10.00	10.00	10.00	10.00	10.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
3756	Circumcision of person under 10 years of age but not less than 4 weeks of age (S)	20.00	20.00	16.00	15.00	15.00	15.00
3760	Circumcision of person 10 years of age or over (G)	20.50	20.50	20.50	20.50	20.50	20.50
3761	Circumcision of person 10 years of age or over (S)	27.50	27.50	27.50	27.50	27.50	27.50
3765	Paraphimosis, reduction of, under anaesthesia, with or without dorsal incision	8.80	8.80	8.80	8.80	8.80	8.80
3767	Sigmoidoscopic examination (G)	8.00	8.00	8.00	8.00	8.00	8.00
3768	Sigmoidoscopic examination (S)	10.00	10.00	10.00	10.00	10.00	10.00
3771	Sigmoidoscopy with diathermy or resection of rectal tumour or tumours (G)	27.00	27.00	27.00	27.00	27.00	27.00
3772	Sigmoidoscopy with diathermy or resection of rectal tumour or tumours (S)	36.00	36.00	36.00	36.00	36.00	36.00
3773	Sigmoidoscopic examination followed by removal, ligation or cauterisation of haemorrhoids (G)	59.00	64.00	53.25	43.25	38.25	38.25
3774	Sigmoidoscopic examination followed by removal, ligation or cauterisation of haemorrhoids (S)	75.00	90.00	64.00	54.00	54.00	44.00
3776	Full thickness rectal biopsy	22.00	22.00	22.00	22.00	22.00	22.00
3778	Colonic fibroscopy	35.00	35.00	35.00	35.00	35.00	35.00
3779	Colonic fibroscopy with biopsy	40.00	40.00	40.00	40.00	40.00	40.00
3780	Rectum, radical operation for prolapse of, perineal approach	85.00	85.00	85.00	85.00	85.00	85.00
3784	Rectum, radical operation for prolapse of, involving laparotomy	175.00	175.00	175.00	175.00	175.00	175.00
3788	Rectum, anterior resection of, involving rectosigmoidectomy, not covered by Item 3686 or 7594	200.00	200.00	200.00	200.00	200.00	200.00
3792	Rectum, prolapse of, injection into	6.60	6.60	6.60	6.60	6.60	6.60
3796	Rectal polyp, removal of (G)	26.50	26.50	26.50	26.50	26.50	26.50
3797	Rectal polyp, removal of (S)	35.00	35.00	35.00	35.00	35.00	35.00
3801	Anus, dilatation of, as an independent procedure	7.00	7.00	7.00	7.00	7.00	7.00
3803	Anus, massive dilatation of, under anaesthesia (Lord's procedure) with or without modified haemorrhoidectomy	25.00	25.00	25.00	25.00	25.00	25.00
3805	Anal prolapse—circum-anal suture (G)	16.50	16.50	16.50	16.50	16.50	16.50
3806	Anal prolapse—circum-anal suture (S)	22.00	22.00	22.00	22.00	22.00	22.00
3808	Anal prolapse, submucosal injection for, under general anaesthesia	15.00	15.00	15.00	15.00	15.00	15.00
3811	Anal stricture, repair of (G)	41.50	41.50	41.50	41.50	41.50	41.50
3812	Anal stricture, repair of (S)	55.00	55.00	55.00	55.00	55.00	55.00
3814	Anal sphincterotomy as an independent procedure	25.00	25.00	25.00	25.00	25.00	25.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
3817	Haemorrhoids, injection into—each attendance at which an injection is given	5.00	5.00	4.00	4.00	3.50	4.00
3821	Haemorrhoids, incision of	11.00	10.00	10.50	10.00	10.00	10.00
3823	Haemorrhoids, rubber band ligation of	10.00	10.00	10.00	10.00	10.00	10.00
3826	Haemorrhoidectomy, radical (G)	55.00	60.00	50.00	40.00	35.00	35.00
3827	Haemorrhoidectomy, radical (S)	70.00	85.00	60.00	50.00	50.00	40.00
3832	Haemorrhoids, external, or anal tags, one or more, removal of	15.00	14.00	14.00	14.00	14.00	14.00
3836	Fissure in ano, excision of (G)	22.00	25.00	20.00	20.00	20.00	15.00
3838	Fissure in ano, excision of (S)	45.00	60.00	45.00	35.00	30.00	30.00
3842	Fistula in ano, subcutaneous, excision of (G)	41.50	41.50	41.50	41.50	41.50	41.50
3844	Fistula in ano, subcutaneous, excision of (S)	55.00	55.00	55.00	55.00	55.00	55.00
3848	Fistula in ano, excision of (involving incision of external sphincter) (G)	49.00	49.00	49.00	49.00	49.00	49.00
3850	Fistula in ano, excision of (involving incision of external sphincter) (S)	65.00	65.00	65.00	65.00	65.00	65.00
3853	Ischio-rectal abscess, incision of (G)	15.00	15.00	15.00	15.00	15.00	15.00
3857	Ischio-rectal abscess, incision of (S)	25.00	25.00	25.00	25.00	25.00	25.00
3859	Faecal fistula, repair of	100.00	100.00	100.00	100.00	100.00	100.00
3865	Recto-vesical fistula, repair of	110.00	110.00	110.00	110.00	110.00	110.00
3869	Pubo-rectalis muscle, division of	60.00	60.00	60.00	60.00	60.00	60.00
3874	Disimpaction of faeces under anaesthesia	13.00	13.00	13.00	13.00	13.00	13.00
3878	Coccyx, excision of (G)	49.00	60.00	49.00	49.00	49.00	49.00
3880	Coccyx, excision of (S)	65.00	80.00	65.00	65.00	65.00	65.00
3883	Pilonidal cyst or sinus, excision of (G)	55.00	50.00	45.00	45.00	45.00	40.00
3884	Pilonidal cyst or sinus, excision of (S)	65.00	70.00	60.00	60.00	60.00	45.00
3888	Pilonidal sinus, injection of sclerosant fluid under anaesthesia	18.00	17.00	17.00	17.00	17.00	17.00
<i>Blood Vessels</i>							
3901	Varicose veins, injection of sclerosing solution—each attendance at which one injection is, or two or more injections, are made	5.00	5.00	5.00	5.00	5.00	5.00
3903	Varicose veins, multiple simultaneous injections by continuous compression techniques (excluding after-care)	15.00	15.00	15.00	15.00	15.00	15.00
3905	Varicose veins, high ligation of long saphenous vein with or without retrograde injection or distal interruptions of the long saphenous vein (G)	41.50	41.50	41.50	41.50	41.50	41.50
3906	Varicose veins, high ligation of long saphenous vein with or without retrograde injection or distal interruptions of the long saphenous vein (S)	55.00	55.00	55.00	55.00	55.00	55.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
3911	Varicose veins, ligation of short saphenous vein at sapheno-popliteal junction with or without retrograde injection or distal interruptions of short saphenous vein (G)	20.00	20.00	20.00	20.00	20.00	20.00
3912	Varicose veins, ligation of short saphenous vein at sapheno-popliteal junction with or without retrograde injection or distal interruptions of the short saphenous vein (S)	28.00	28.00	28.00	28.00	28.00	28.00
3918	Varicose veins, high ligation and complete stripping or excision of long saphenous vein (G)	65.00	65.00	65.00	65.00	65.00	65.00
3924	Varicose veins, high ligation and complete stripping or excision of long saphenous vein (S)	90.00	90.00	90.00	90.00	90.00	90.00
3928	Varicose veins, ligation and complete stripping or excision of short saphenous vein (G)	40.00	40.00	40.00	40.00	40.00	40.00
3929	Varicose veins, ligation and complete stripping or excision of short saphenous vein (S)	55.00	55.00	55.00	55.00	55.00	55.00
3934	Varicose veins, multiple excisions or ligations of subcutaneous veins (G)	20.00	20.00	20.00	20.00	20.00	20.00
3935	Varicose veins, multiple excisions or ligations of subcutaneous veins (S)	25.00	25.00	25.00	25.00	25.00	25.00
3939	Varicose veins, subcutaneous or subfascial ligation of perforating veins (G)	45.00	45.00	45.00	45.00	45.00	45.00
3940	Varicose veins, subcutaneous or subfascial ligation of perforating veins (S)	60.00	60.00	60.00	60.00	60.00	60.00
3941	Saphenous vein, crossed, by-pass	130.00	130.00	130.00	130.00	130.00	130.00
3945	Intra-arterial oxygen injection	9.00	9.00	9.00	9.00	9.00	9.00
3949	Vein or small artery, ligation of (G)	5.85	5.85	5.85	5.85	5.85	5.85
3951	Vein or small artery, ligation of (S)	7.80	7.80	7.80	7.80	7.80	7.80
3955	Medium artery, ligation of (G)	14.00	14.00	14.00	14.00	14.00	14.00
3957	Medium artery, ligation of (S)	18.50	18.50	18.50	18.50	18.50	18.50
3961	Artery or vein, ligation of—involving deep dissection (G)	41.50	41.50	41.50	41.50	41.50	41.50
3963	Artery or vein, ligation of—involving deep dissection (S)	55.00	55.00	55.00	55.00	55.00	55.00
3967	Great vessel (including carotid, jugular, subclavian, axillary, iliac or femoral vessel), ligation of, involving gradual occlusion of vessel by mechanical device	75.00	75.00	75.00	75.00	75.00	75.00
3971	Great vessel (including carotid, jugular, subclavian, axillary, iliac or femoral vessel), ligation of	85.00	85.00	85.00	85.00	85.00	85.00
3975	Major artery of neck or extremity, repair of wound of, with restoration of continuity	120.00	120.00	120.00	120.00	120.00	120.00
3979	Major artery of trunk, repair of wound of, with restoration of continuity	150.00	150.00	150.00	150.00	150.00	150.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
3983	Arteriovenous fistula, dissection and repair of	220.00	220.00	220.00	220.00	220.00	220.00
3987	Artery of neck or extremities, endarterectomy of	200.00	200.00	200.00	200.00	200.00	200.00
3991	Innominate, subclavian, carotid or any intra-thoracic artery, endarterectomy of	220.00	220.00	220.00	220.00	220.00	220.00
3995	Inferior vena cava, plication of	110.00	110.00	110.00	110.00	110.00	110.00
3999	Repositioning of internal carotid artery	110.00	110.00	110.00	110.00	110.00	110.00
4004	Arterial or venous graft or by-pass	250.00	250.00	250.00	250.00	250.00	250.00
4008	Arterial anastomosis	220.00	220.00	220.00	220.00	220.00	220.00
4013	Portal hypertension, lienorenal anastomosis for	220.00	220.00	220.00	220.00	220.00	220.00
4017	Portal vein anastomosis	220.00	220.00	220.00	220.00	220.00	220.00
4022	Embolus, removal of, from artery of neck or extremities	110.00	110.00	110.00	110.00	110.00	110.00
4026	Embolus, removal of, from artery of trunk	130.00	130.00	130.00	130.00	130.00	130.00
4031	Thrombus, removal of, from femoral, iliac or other similar large vein	85.00	85.00	85.00	85.00	85.00	85.00
4034	Transluminal angioplasty including associated radiological services and preparation	80.00	80.00	80.00	80.00	80.00	80.00
4035	Carotid body or carotid body tumour, removal of, without arterial anastomosis	85.00	85.00	85.00	85.00	85.00	85.00
4040	Arteriovenous shunt, external, insertion of	45.00	45.00	45.00	45.00	45.00	45.00
4042	Arteriovenous shunt, external, removal of	35.00	35.00	35.00	35.00	35.00	35.00
4044	Arteriovenous anastomosis, direct, of upper or lower limb	120.00	120.00	120.00	120.00	120.00	120.00
<i>Operations for acute osteomyelitis</i>							
4050	Operation on terminal phalanx of finger or toe (G)	8.00	8.00	8.00	8.00	8.00	8.00
4051	Operation on terminal phalanx of finger or toe (S)	11.00	11.00	11.00	11.00	11.00	11.00
4055	Operation on phalanx other than terminal, metacarpus or metatarsus—one bone (G)	17.50	17.50	17.50	17.50	17.50	17.50
4056	Operation on phalanx other than terminal, metacarpus or metatarsus—one bone (S)	23.00	23.00	23.00	23.00	23.00	23.00
4060	Operation on sternum, clavicle, rib, ulna, radius, carpus, tibia, fibula, tarsus, mandible or maxilla (other than alveolar margins)—one bone (G)	29.50	29.50	29.50	29.50	29.50	29.50
4061	Operation on sternum, clavicle, rib, ulna, radius, carpus, tibia, fibula, tarsus, mandible or maxilla (other than alveolar margins)—one bone (S)	39.00	39.00	39.00	39.00	39.00	39.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
4062	Operation on mandible or maxilla (other than alveolar margins)—one bone (D)	39.00	39.00	39.00	39.00	39.00	39.00
4065	Operation on humerus or femur—one bone (G)	49.00	49.00	49.00	49.00	49.00	49.00
4066	Operation on humerus or femur—one bone (S)	65.00	65.00	65.00	65.00	65.00	65.00
4070	Operation on skull (G)	41.50	41.50	41.50	41.50	41.50	41.50
4071	Operation on skull (S)	55.00	55.00	55.00	55.00	55.00	55.00
4075	Operation on spine or pelvic bones—one bone (G)	49.00	49.00	49.00	49.00	49.00	49.00
4076	Operation on spine or pelvic bones—one bone (S)	65.00	65.00	65.00	65.00	65.00	65.00
<i>Operations for chronic osteomyelitis</i>							
4090	Operation on nasal bones (G)	17.50	17.50	17.50	17.50	17.50	17.50
4091	Operation on nasal bones (S)	23.00	23.00	23.00	23.00	23.00	23.00
4095	Operation on scapula, sternum, clavicle, rib, ulna, radius, metacarpus, carpus, phalanx, tibia, fibula, metatarsus, tarsus, mandible or maxilla (other than alveolar margins)—one bone (G)	49.00	49.00	49.00	49.00	49.00	49.00
4096	Operation on scapula, sternum, clavicle, rib, ulna, radius, metacarpus, carpus, phalanx, tibia, fibula, metatarsus, tarsus, mandible or maxilla (other than alveolar margins)—one bone (S)	65.00	65.00	65.00	65.00	65.00	65.00
4097	Operation on mandible or maxilla, or mandible and maxilla (other than alveolar margins) (D)	65.00	65.00	65.00	65.00	65.00	65.00
4101	Operation on humerus or femur—one bone (G)	49.00	49.00	49.00	49.00	49.00	49.00
4102	Operation of humerus or femur—one bone (S)	65.00	65.00	65.00	65.00	65.00	65.00
4107	Operation on spine or pelvic bones—one bone (G)	82.50	82.50	82.50	82.50	82.50	82.50
4108	Operation on spine or pelvic bones—one bone (S)	110.00	110.00	110.00	110.00	110.00	110.00
4113	Operation on skull (G)	64.00	64.00	64.00	64.00	64.00	64.00
4114	Operation on skull (S)	85.00	85.00	85.00	85.00	85.00	85.00
4119	Operation on any combination of bones referred to in Item 4095 (G)	49.00	49.00	49.00	49.00	49.00	49.00
4120	Operation on any combination of bones referred to in Item 4096 (S)	65.00	65.00	65.00	65.00	65.00	65.00
4125	Operation on any combination of bones not covered by Item 4119 (G)	82.50	82.50	82.50	82.50	82.50	82.50
4126	Operation on any combination of bones not covered by Item 4120 (S)	110.00	110.00	110.00	110.00	110.00	110.00
4148	One finger or thumb (G)	25.00	25.00	25.00	25.00	25.00	25.00
4153	One finger or thumb (S)	35.00	35.00	35.00	35.00	35.00	35.00
4156	Additional finger or thumb—each (G)	4.50	4.50	4.50	4.50	4.50	4.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
4157	Additional finger or thumb—each (S)	6.00	6.00	6.00	6.00	6.00	6.00
4161	Finger or thumb, including metacarpal or part of metacarpal—each digit (G)	25.00	25.00	25.00	25.00	25.00	25.00
4162	Finger or thumb, including metacarpal or part of metacarpal—each digit (S)	33.00	33.00	33.00	33.00	33.00	33.00
4166	Hand, midcarpal or transmetacarpal (G)	41.50	41.50	41.50	41.50	41.50	41.50
4167	Hand, midcarpal or transmetacarpal (S)	55.00	55.00	55.00	55.00	55.00	55.00
4171	Hand, forearm or through arm (G)	49.00	49.00	49.00	49.00	49.00	49.00
4172	Hand, forearm or through arm (S)	65.00	65.00	65.00	65.00	65.00	65.00
4176	At shoulder (G)	82.50	82.50	82.50	82.50	82.50	82.50
4177	At shoulder (S)	110.00	110.00	110.00	110.00	110.00	110.00
4182	Interscapulothoracic (G)	165.00	165.00	165.00	165.00	165.00	165.00
4183	Interscapulothoracic (S)	220.00	220.00	220.00	220.00	220.00	220.00
4188	One toe or great toe (G)	15.00	15.00	15.00	15.00	15.00	15.00
4189	One toe or great toe (S)	20.00	20.00	20.00	20.00	20.00	20.00
4194	Additional toe or great toe—each (G)	5.00	5.00	5.00	5.00	5.00	5.00
4195	Additional toe or great toe—each (S)	6.50	6.50	6.50	6.50	6.50	6.50
4200	Toe, including metatarsal or part of metatarsal—each toe (G)	20.50	20.50	20.50	20.50	20.50	20.50
4201	Toe, including metatarsal or part of metatarsal—each toe (S)	27.50	27.50	27.50	27.50	27.50	27.50
4206	Foot at ankle (Syme, Pirogoff types) (G)	49.00	49.00	49.00	49.00	49.00	49.00
4207	Foot at ankle (Syme, Pirogoff types) (S)	65.00	65.00	65.00	65.00	65.00	65.00
4212	Foot, midtarsal or transmetatarsal (G)	41.50	41.50	41.50	41.50	41.50	41.50
4213	Foot, midtarsal or transmetatarsal (S)	55.00	55.00	55.00	55.00	55.00	55.00
4218	Through leg or at knee (G)	64.00	64.00	64.00	64.00	64.00	64.00
4219	Through leg or at knee (S)	85.00	85.00	85.00	85.00	85.00	85.00
4224	Through thigh (G)	90.00	90.00	90.00	90.00	90.00	90.00
4225	Through thigh (S)	120.00	120.00	120.00	120.00	120.00	120.00
4230	At hip (G)	101.50	101.50	101.50	101.50	101.50	101.50
4231	At hip (S)	135.00	135.00	135.00	135.00	135.00	135.00
4236	Hindquarter	275.00	275.00	275.00	275.00	275.00	275.00
<i>Division 3—Ear, Nose and Throat</i>							
4300	Ear, removal of foreign body in, otherwise than by simple syringing	15.00	15.00	15.00	15.00	15.00	15.00
4302	Ear, removal of foreign body in, involving incision of external auditory canal	45.00	45.00	45.00	45.00	45.00	45.00
4304	Aural polyp, removal of (G)	19.00	19.00	19.00	19.00	19.00	19.00
4305	Aural polyp, removal of (S)	25.00	25.00	25.00	25.00	25.00	25.00
4309	External auditory meatus, surgical removal of keratosis obturans from, not covered by any other item (G)	22.50	22.50	22.50	22.50	22.50	22.50
4311	External auditory meatus, surgical removal of keratosis obturans from, not covered by any other item (S)	30.00	30.00	30.00	30.00	30.00	30.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
4315	External auditory meatus, removal of exostoses in	175.00	175.00	175.00	175.00	175.00	175.00
4317	Myringoplasty, trans-canal approach (Rosen incision)	110.00	110.00	110.00	110.00	110.00	110.00
4318	Myringoplasty, post-aural or endaural approach involving enlargement of bony external canal, with or without exploration of mastoid	180.00	180.00	180.00	180.00	180.00	180.00
4321	Ossicular chain reconstruction	200.00	200.00	200.00	200.00	200.00	200.00
4322	Ossicular chain reconstruction and myringoplasty	220.00	220.00	220.00	220.00	220.00	220.00
4324	Mastoidectomy (cortical)	100.00	100.00	100.00	100.00	100.00	100.00
4325	Obliteration of mastoid cavity	125.00	125.00	125.00	125.00	125.00	125.00
4328	Mastoidectomy (radical or modified radical)	200.00	200.00	200.00	200.00	200.00	200.00
4330	Mastoidectomy (radical or modified radical) and myringoplasty	220.00	220.00	220.00	220.00	220.00	220.00
4331	Mastoidectomy (radical or modified radical), myringoplasty and ossicular chain reconstruction	275.00	275.00	275.00	275.00	275.00	275.00
4334	Decompression of facial nerve in its mastoid portion	220.00	220.00	220.00	220.00	220.00	220.00
4336	Decompression of facial nerve in its intracranial portion by intracranial or intrapetrous approach	250.00	250.00	250.00	250.00	250.00	250.00
4337	Labyrinthotomy or destruction of labyrinth	195.00	195.00	195.00	195.00	195.00	195.00
4339	Endolymphatic sac, transmastoid decompression with or without drainage of	220.00	220.00	220.00	220.00	220.00	220.00
4340	Internal auditory meatus, exploration of, by middle cranial fossa approach with or without removal of tumour	275.00	275.00	275.00	275.00	275.00	275.00
4342	Fenestration operation—each ear	220.00	220.00	220.00	220.00	220.00	220.00
4346	Venous graft to fenestration cavity	110.00	110.00	110.00	110.00	110.00	110.00
4350	Stapedectomy	200.00	200.00	200.00	200.00	200.00	200.00
4355	Stapes mobilisation	130.00	130.00	130.00	130.00	130.00	130.00
4356	Glomus tumour, transtympanic removal of	150.00	150.00	150.00	150.00	150.00	150.00
4358	Glomus tumour, transmastoid removal of, including mastoidectomy	220.00	220.00	220.00	220.00	220.00	220.00
4359	Abscess or inflammation of middle ear, operation for (G)	9.00	9.00	9.00	8.00	8.00	8.00
4360	Abscess or inflammation of middle ear, operation for (S)	15.00	25.00	16.50	15.00	15.00	10.00
4364	Middle ear, exploration of	80.00	100.00	80.00	80.00	80.00	80.00
4368	Middle ear, insertion of tube for drainage of	45.00	40.00	30.00	30.00	30.00	30.00
4372	Perforation of tympanum, cauterisation or diathermy of	8.80	8.80	8.80	8.80	8.80	8.80
4376	Cholesteatoma, removal of, by suction ear toilet	20.00	20.00	20.00	20.00	20.00	20.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
4378	Tympanic membrane, micro-inspection of, with or without suction removal of cholesteatoma	20.00	20.00	20.00	20.00	20.00	20.00
4381	Examination of nasal cavity or post-nasal space, or nasal cavity and post-nasal space, under general anaesthesia, as an independent procedure	10.00	10.00	10.00	10.00	10.00	10.00
4384	Nasal haemorrhage, posterior, arrest of, with posterior nasal packing with or without cauterisation and with or without anterior pack	20.00	20.00	20.00	20.00	20.00	20.00
4385	Nose, removal of foreign body in, other than by simple probing	14.50	14.50	14.50	14.50	14.50	14.50
4389	Nasal polyp or polypi (simple), removal of (G)	11.50	11.50	11.50	11.50	11.50	11.50
4390	Nasal polyp or polypi (simple), removal of (S)	15.00	15.00	15.00	15.00	15.00	15.00
4394	Nasal polyp or polypi (requiring admission to hospital), removal of (G)	30.00	30.00	22.50	22.50	30.00	22.50
4395	Nasal polyp or polypi (requiring admission to hospital), removal of (S)	40.00	40.00	30.00	30.00	40.00	30.00
4399	Nasal septum, septoplasty or sub-mucous resection of	80.00	90.00	60.00	60.00	80.00	60.00
4400	Nasal septum, septoplasty or sub-mucous resection of, with cauterisation or diathermy of any one or more of septum or turbinates or pharynx (G)	82.75	92.50	63.25	63.25	82.50	62.50
4401	Nasal septum, septoplasty or sub-mucous resection of, with cauterisation or diathermy of any one or more of septum or turbinates or pharynx (S)	87.50	100.00	70.00	67.50	85.00	65.00
4402	Nasal septum, septoplasty or sub-mucous resection of, with turbinectomy or dislocation of turbinate	92.50	102.50	72.50	72.50	92.50	72.50
4403	Cauterisation or diathermy of septum or turbinates or pharynx—any one or more—each attendance at which the procedure is performed (G)	5.50	5.00	6.50	6.50	5.00	5.00
4404	Cauterisation or diathermy of septum or turbinates or pharynx—any one or more—each attendance at which the procedure is performed (S)	15.00	20.00	20.00	15.00	10.00	10.00
4408	Cryotherapy to nose in the treatment of nasal haemorrhage	30.00	30.00	30.00	30.00	30.00	30.00
4412	Turbinectomy or dislocation of turbinate	25.00	25.00	25.00	25.00	25.00	25.00
4416	Turbinates, submucous resection of	33.00	33.00	33.00	33.00	33.00	33.00
4418	Maxillary antrum, proof puncture and lavage of	6.00	6.00	6.00	6.00	6.00	6.00
4419	Maxillary antrum, proof puncture and lavage of (D)	6.00	6.00	6.00	6.00	6.00	6.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
4422	Maxillary antrum, lavage of—each attendance	5.00	5.00	5.00	5.00	5.00	5.00
4426	Maxillary artery, transantral ligation of	80.00	80.00	80.00	80.00	80.00	80.00
4428	Antrostomy (radical)	80.00	100.00	80.00	80.00	80.00	80.00
4429	Antrostomy (radical) (D)	80.00	100.00	80.00	80.00	80.00	80.00
4432	Antrostomy (radical) with transantral ethmoidectomy	120.00	120.00	120.00	120.00	120.00	120.00
4436	Antrum, intranasal operation on, or removal of foreign body from	50.00	50.00	55.00	40.00	40.00	40.00
4437	Antrum, intranasal operation on, or removal of foreign body from (D)	50.00	50.00	55.00	40.00	40.00	40.00
4440	Antrum, drainage of, through tooth socket	22.00	22.00	22.00	22.00	22.00	22.00
4441	Antrum, drainage of, through tooth socket (D)	22.00	22.00	22.00	22.00	22.00	22.00
4444	Oro-antral fistula, plastic closure of	110.00	110.00	110.00	110.00	110.00	110.00
4445	Oro-antral fistula, plastic closure of (D)	110.00	110.00	110.00	110.00	110.00	110.00
4447	Fronto-nasal ethmoidectomy with or without sphenoidectomy	140.00	140.00	140.00	140.00	140.00	140.00
4449	Radical fronto-ethmoidectomy with osteoplastic flap	180.00	180.00	180.00	180.00	180.00	180.00
4450	Frontal sinus or ethmoidal sinuses, intranasal operation on	70.00	90.00	70.00	70.00	70.00	70.00
4452	Frontal sinus, catheterisation of	11.00	11.00	11.00	11.00	11.00	11.00
4453	Frontal sinus, trephine of	55.00	55.00	55.00	55.00	55.00	55.00
4454	Frontal sinus, radical obliteration of	140.00	140.00	140.00	140.00	140.00	140.00
4456	Ethmoidal sinuses, external operation on	115.00	115.00	115.00	115.00	115.00	115.00
4460	Sphenoidal sinus, proof puncture of	11.00	11.00	11.00	11.00	11.00	11.00
4464	Sphenoidal sinus, intranasal operation on	55.00	55.00	55.00	55.00	55.00	55.00
4468	Transantral vidian neurectomy	110.00	110.00	110.00	110.00	110.00	110.00
4474	Trans-sphenoidal hypophysectomy including submucous resection of nasal septum and grafting to obliterate the pituitary fossa (including obtaining of graft)	200.00	200.00	200.00	200.00	200.00	200.00
4476	Eustachian tube, catheterisation of	7.50	8.50	7.00	6.50	6.50	6.50
4480	Division of pharyngeal adhesions	22.00	22.00	22.00	22.00	22.00	22.00
4485	Post-nasal space, direct examination of, with biopsy	20.00	20.00	20.00	20.00	20.00	20.00
4489	Nasopharyngeal tumour, operation for removal of, involving hard palate	160.00	160.00	160.00	160.00	160.00	160.00
4492	Pharyngeal pouch, removal of	130.00	130.00	130.00	130.00	130.00	130.00
4494	Pharyngeal pouch, endoscopic resection of (Dohleman's operation)	110.00	110.00	110.00	110.00	110.00	110.00
4496	Pharyngotomy (lateral)	130.00	130.00	130.00	130.00	130.00	130.00
4498	Tonsils or tonsils and adenoids, removal of, in a person aged less than 12 years (G)	23.00	25.00	23.00	23.00	20.00	23.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
4499	Tonsils or tonsils and adenoids, removal of, in a person aged less than 12 years (S)	55.00	50.00	35.00	40.00	35.00	31.50
4501	Tonsils or tonsils and adenoids in a person aged less than 12 years, removal of, with operation for abscess or inflammation of middle ear (G)	27.50	29.50	27.50	27.00	24.00	27.00
4502	Tonsils or tonsils and adenoids in a person aged less than 12 years, removal of, with operation for abscess or inflammation of middle ear (S)	62.50	62.50	43.25	47.50	42.50	36.50
4504	Tonsils or tonsils and adenoids in a person aged less than 12 years, removal of, with cauterisation and diathermy of any one or more of septum or turbinates or pharynx (G)	25.75	27.50	26.25	26.25	22.50	25.50
4505	Tonsils or tonsils and adenoids in a person aged less than 12 years, removal of, with cauterisation and diathermy of any one or more of septum or turbinates or pharynx (S)	62.50	60.00	45.00	47.50	40.00	36.50
4507	Tonsils or tonsils and adenoids, removal of, in a person 12 years of age or over (G)	33.00	40.00	30.00	30.00	30.00	30.00
4508	Tonsils or tonsils and adenoids, removal of, in a person 12 years of age or over (S)	70.00	70.00	50.00	50.00	50.00	45.00
4516	Tonsils or tonsils and adenoids, arrest of haemorrhage requiring general anaesthesia, following removal of (G)	15.00	15.00	15.00	15.00	15.00	15.00
4517	Tonsils or tonsils and adenoids, arrest of haemorrhage requiring general anaesthesia, following removal of (S)	20.00	20.00	20.00	20.00	20.00	20.00
4519	Adenoids, removal of (G)	16.50	15.00	15.00	12.00	12.00	12.00
4520	Adenoids, removal of (S)	30.00	25.00	25.00	25.00	25.00	20.00
4525	Adenoids, removal of, with operation for abscess or inflammation of middle ear (G)	21.00	19.50	19.50	16.00	16.00	16.00
4526	Adenoids, removal of, with operation for abscess or inflammation of middle ear (S)	37.50	37.50	33.25	32.50	32.50	25.00
4528	Lingual tonsil or lateral pharyngeal bands, removal of	16.50	16.50	16.50	16.50	16.50	16.50
4529	Peritonsillar abscess (quinsy), incision of	13.00	13.00	13.00	13.00	13.00	13.00
4533	Uvulotomy	6.60	6.60	6.60	6.60	6.60	6.60
4538	Vallecular or pharyngeal cysts, removal of	65.00	65.00	65.00	65.00	65.00	65.00
4541	Oesophagoscopy	35.00	35.00	35.00	35.00	35.00	35.00
4545	Oesophagoscopy, initial, with dilatation or insertion of prosthesis	67.00	67.00	67.00	67.00	67.00	67.00
4548	Oesophagoscopy with biopsy	40.00	40.00	40.00	40.00	40.00	40.00
4551	Oesophagus, removal of foreign body in	65.00	65.00	65.00	65.00	65.00	65.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
4559	Oesophagoscopy with dilatation or insertion of prosthesis—subsequent procedures in a single course of treatment	33.00	33.00	33.00	33.00	33.00	33.00
4560	Oesophageal stricture, dilatation of, without oesophagoscopy	10.00	10.00	10.00	10.00	10.00	10.00
4562	Laryngectomy (total)	200.00	200.00	200.00	200.00	200.00	200.00
4564	Laryngopharyngectomy	250.00	250.00	250.00	250.00	250.00	250.00
4565	Primary restoration of alimentary continuity after laryngopharyngectomy using stomach or bowel	250.00	250.00	250.00	250.00	250.00	250.00
4567	Larynx, direct examination of, as an independent procedure	35.00	35.00	35.00	35.00	35.00	35.00
4571	Larynx, direct examination of, with biopsy	40.00	50.00	40.00	40.00	40.00	40.00
4575	Larynx, direct examination of, with removal of tumour	44.00	55.00	44.00	44.00	44.00	44.00
4580	Microlaryngoscopy	45.00	45.00	45.00	45.00	45.00	45.00
4583	Microlaryngoscopy with removal of tumour	75.00	75.00	75.00	75.00	75.00	75.00
4587	Larynx, fractured, operation for	110.00	110.00	110.00	110.00	110.00	110.00
4591	Larynx, external operation on, or laryngofissure	110.00	110.00	110.00	110.00	110.00	110.00
4596	Arytenoid cartilage, fixation of	160.00	160.00	160.00	160.00	160.00	160.00
4598	Arytenoid cartilage, removal of	135.00	135.00	135.00	135.00	135.00	135.00
4604	Tracheostomy (G)	34.00	34.00	34.00	34.00	34.00	34.00
4605	Tracheostomy (S)	45.00	45.00	45.00	45.00	45.00	45.00
4610	Trachea, removal of foreign body in	33.00	33.00	33.00	33.00	33.00	33.00
4614	Bronchoscopy, as an independent procedure (G)	25.00	25.00	25.00	25.00	25.00	25.00
4616	Bronchoscopy, as an independent procedure (S)	33.00	33.00	33.00	33.00	33.00	33.00
4620	Bronchoscopy with biopsy or other diagnostic or therapeutic procedure	44.00	44.00	44.00	44.00	44.00	44.00
4625	Bronchus, removal of foreign body in (G)	49.00	49.00	49.00	49.00	49.00	49.00
4626	Bronchus, removal of foreign body in (S)	65.00	65.00	65.00	65.00	65.00	65.00
4628	Bronchoscopy with dilatation of tracheal stricture—initial	44.00	44.00	44.00	44.00	44.00	44.00
4631	Bronchoscopy with dilatation of tracheal stricture—subsequent dilatation in a single course of treatment	22.00	22.00	22.00	22.00	22.00	22.00
<i>Division 4—Urological</i>							
4710	Adrenal gland, biopsy of	110.00	110.00	110.00	110.00	110.00	110.00
4713	Adrenal gland, removal of	160.00	160.00	160.00	160.00	160.00	160.00
4719	Renal transplant	275.00	275.00	275.00	275.00	275.00	275.00
4723	Nephrectomy for malignant disease, complete or partial	200.00	200.00	200.00	200.00	200.00	200.00
4725	Nephrectomy, complete, other than for malignant disease (G)	120.00	120.00	120.00	120.00	120.00	120.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
4726	Nephrectomy, complete, other than for malignant disease (S)	160.00	160.00	160.00	160.00	160.00	160.00
4729	Nephrectomy, partial, other than for malignant disease (G)	135.00	135.00	135.00	135.00	135.00	135.00
4730	Nephrectomy, partial, other than for malignant disease (S)	180.00	180.00	180.00	180.00	180.00	180.00
4732	Nephro-ureterectomy, complete, with bladder repair	200.00	200.00	200.00	200.00	200.00	200.00
4735	Kidney, fused, symphysiotomy for	130.00	130.00	130.00	130.00	130.00	130.00
4740	Kidney, exploration of, together with any procedure, not covered by any other item	140.00	140.00	140.00	140.00	140.00	140.00
4743	Nephrolithotomy, pyelolithotomy or ureterolithotomy	175.00	175.00	150.00	150.00	120.00	100.00
4747	Nephrostomy	110.00	110.00	110.00	110.00	110.00	110.00
4751	Nephropexy, as an independent procedure	110.00	110.00	110.00	110.00	110.00	110.00
4755	Pyonephrosis, drainage of	65.00	65.00	65.00	65.00	65.00	65.00
4759	Perinephric abscess, drainage of	65.00	65.00	65.00	65.00	65.00	65.00
4765	Pelvi-ureteric junction, plastic procedures to	160.00	160.00	160.00	160.00	160.00	160.00
4768	Divided ureter, repair of	160.00	160.00	160.00	160.00	160.00	160.00
4771	Ureterectomy, complete, with bladder repair, as an independent procedure	105.00	105.00	105.00	105.00	105.00	105.00
4775	Ureter, transplantation of, into skin	85.00	85.00	85.00	85.00	85.00	85.00
4779	Ureter, transplantation of, into bladder	125.00	125.00	125.00	125.00	125.00	125.00
4783	Ureter, transplantation of, into intestine	165.00	165.00	165.00	165.00	165.00	165.00
4787	Ureter, transplantation of, into isolated intestinal loop	195.00	195.00	195.00	195.00	195.00	195.00
<i>Operations on the bladder (closed)</i>							
4810	Bladder, catheterisation of—where no other surgical procedure is performed	5.50	6.00	5.50	5.50	6.00	5.00
4814	Cystoscopy, with or without urethral dilatation	27.50	25.00	22.00	25.00	21.00	21.00
4819	Cystoscopy, with ureteric catheterisation, with or without introduction of opaque medium	33.00	40.00	26.50	35.00	30.00	30.00
4820	Cystoscopy with controlled hydro-dilatation of the bladder	35.00	32.50	29.50	32.50	28.50	28.50
4823	Cystometrography	11.00	11.00	11.00	11.00	11.00	11.00
4827	Cystoscopic removal of foreign body	44.00	44.00	44.00	44.00	44.00	44.00
4831	Cystoscopy, with biopsy of bladder tumours	40.00	40.00	40.00	40.00	40.00	40.00
4836	Cystoscopy, with diathermy or resection of superficial bladder tumours	55.00	55.00	55.00	55.00	55.00	55.00
4837	Cystoscopy, with diathermy or resection of invasive bladder tumours	100.00	100.00	100.00	100.00	100.00	100.00
4839	Cystoscopy, with ureteric meatotomy	50.00	50.00	50.00	50.00	50.00	50.00
4843	Cystoscopy, with diathermy of ureteric orifices	40.00	40.00	40.00	40.00	40.00	40.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
4847	Cystoscopy, with endoscopic bladder neck resection	65.00	65.00	65.00	65.00	65.00	65.00
4851	Cystoscopy, with endoscopic removal or manipulation of ureteric calculus	65.00	80.00	65.00	65.00	65.00	65.00
4855	Litholapaxy, with or without cystoscopy	60.00	60.00	60.00	60.00	60.00	60.00
<i>Operations on the bladder (open)</i>							
4901	Bladder, repair of rupture or partial excision other than for invasive tumour (G)	75.00	75.00	75.00	75.00	75.00	75.00
4902	Bladder, repair of rupture or partial excision other than for invasive tumour (S)	100.00	100.00	100.00	100.00	100.00	100.00
4916	Cystostomy or cystotomy, suprapubic (G)	37.50	37.50	37.50	37.50	37.50	37.50
4917	Cystostomy or cystotomy, suprapubic (S)	50.00	50.00	50.00	50.00	50.00	50.00
4919	Bladder, partial excision of, for invasive tumour	140.00	140.00	140.00	140.00	140.00	140.00
4925	Bladder, total excision of	180.00	180.00	180.00	180.00	180.00	180.00
4931	Bladder neck contracture, operation for	110.00	110.00	110.00	110.00	110.00	110.00
4935	Bladder tumours, suprapubic diathermy of	110.00	110.00	110.00	110.00	110.00	110.00
4939	Diverticulum of bladder, excision or obliteration of	145.00	145.00	145.00	145.00	145.00	145.00
4944	Vesical fistula, cutaneous, operation for	65.00	65.00	65.00	65.00	65.00	65.00
<i>Operations on the prostate</i>							
5010	Prostatectomy (suprapubic, perineal or retropubic)	200.00	200.00	190.00	160.00	150.00	150.00
5014	Prostatectomy (endoscopic), with or without cystoscopy	180.00	210.00	140.00	140.00	140.00	100.00
5019	Median bar, endoscopic resection of, with or without cystoscopy	90.00	90.00	90.00	90.00	90.00	90.00
5023	Prostate, total excision of	220.00	220.00	220.00	220.00	220.00	220.00
5028	Prostate, open perineal biopsy of	55.00	55.00	55.00	55.00	55.00	55.00
5032	Prostate, biopsy of, endoscopic, with or without cystoscopy	80.00	80.00	80.00	80.00	80.00	80.00
5037	Prostate, needle biopsy of, or injection into	10.00	10.00	10.00	10.00	10.00	10.00
5041	Prostatic abscess, open drainage of	55.00	55.00	55.00	55.00	55.00	55.00
<i>Operations on urethra, penis or scrotum</i>							
5110	Urethral sounds, passage of, as an independent procedure	8.00	8.00	7.50	8.00	9.00	8.00
5114	Urethral stricture, dilatation of	15.00	14.00	15.00	15.00	15.00	15.00
5118	Urethra, repair of rupture of (G)	82.50	82.50	82.50	82.50	82.50	82.50
5120	Urethra, repair of rupture of (S)	110.00	110.00	110.00	110.00	110.00	110.00
5124	Urethral fistula, closure of	27.50	27.50	27.50	27.50	27.50	27.50
5128	Urethroscopy, as an independent procedure	27.50	27.50	27.50	27.50	27.50	27.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
5132	Urethroscopy with removal of stone or foreign body	33.00	33.00	33.00	33.00	33.00	33.00
5133	Urethra, examination of, involving the use of an urethroscope, with cystoscopy	33.00	33.00	33.00	33.00	33.00	33.00
5136	Urethral meatotomy, external	15.00	15.00	15.00	15.00	15.00	15.00
5140	Urethrotomy (external), with excision of stricture	110.00	110.00	110.00	110.00	110.00	110.00
5145	Urethrotomy, perineal (external) as an independent procedure	55.00	55.00	55.00	55.00	55.00	55.00
5149	Urethrotomy (internal)	50.00	50.00	50.00	50.00	50.00	50.00
5153	Urethroplasty, not covered by any other item in this Part—each stage	110.00	110.00	110.00	110.00	110.00	110.00
5157	Urethrectomy, partial or complete, for removal of tumour	90.00	90.00	90.00	90.00	90.00	90.00
5161	Urethral stricture, plastic repair of—each stage	130.00	130.00	130.00	130.00	130.00	130.00
5165	Hypospadias, correction of chordee	65.00	65.00	65.00	65.00	65.00	65.00
5167	Hypospadias, correction of chordee with transplantation of prepuce	90.00	90.00	90.00	90.00	90.00	90.00
5170	Hypospadias, urethral reconstruction for	100.00	100.00	100.00	100.00	100.00	100.00
5171	Hypospadias, urethral reconstruction with perineal urethrostomy	115.00	115.00	115.00	115.00	115.00	115.00
5173	Hypospadias, urethral reconstruction and correction of chordee, complete, one stage including urinary diversion	160.00	160.00	160.00	160.00	160.00	160.00
5174	Hypospadias, secondary correction of	44.00	44.00	44.00	44.00	44.00	44.00
5178	Epispadias, repair of, not involving sphincter	110.00	110.00	110.00	110.00	110.00	110.00
5182	Epispadias, repair of, including bladder neck closure	135.00	135.00	135.00	135.00	135.00	135.00
5186	Urethra, diathermy of	30.00	30.00	30.00	30.00	30.00	30.00
5190	Priapism, decompression operation for, under general anaesthesia	15.00	15.00	15.00	15.00	15.00	15.00
5191	Priapism, vein graft for	100.00	100.00	100.00	100.00	100.00	100.00
5194	Penis, partial amputation of	65.00	65.00	65.00	65.00	65.00	65.00
5198	Penis, complete or radical amputation of	130.00	130.00	130.00	130.00	130.00	130.00
5202	Penis, amputation of, with excision of glands	165.00	165.00	165.00	165.00	165.00	165.00
5206	Scrotum, partial excision of	55.00	55.00	55.00	55.00	55.00	55.00
<i>Operations on Testes, Vasa or Seminal Vesicles</i>							
5220	Testicular biopsy	27.50	27.50	27.50	27.50	27.50	27.50
5223	Spermatocele, excision of (G)	37.50	37.50	37.50	37.50	37.50	37.50
5224	Spermatocele, excision of (S)	50.00	50.00	50.00	50.00	50.00	50.00
5227	Exploration of the testis, with or without fixation for torsion	50.00	50.00	50.00	50.00	50.00	50.00
5232	Orchidectomy, with excision of retroperitoneal glands or seminal vesicles	165.00	165.00	165.00	165.00	165.00	165.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
5236	Orchidoplasty	65.00	65.00	65.00	65.00	65.00	65.00
5240	Epididymectomy	60.00	60.00	60.00	60.00	60.00	60.00
5244	Vasoe epididymostomy	110.00	110.00	110.00	110.00	110.00	110.00
5248	Vasoe epididymyography and vasovesiculography as an independent operative procedure, preparation for, by open operation	30.00	30.00	30.00	30.00	30.00	30.00
5256	Vasectomy (radical) including seminal vesicles	130.00	130.00	130.00	130.00	130.00	130.00
5260	Vasotomy or vasectomy (unilateral or bilateral) (G)	34.00	34.00	34.00	34.00	34.00	34.00
5261	Vasotomy or vasectomy (unilateral or bilateral) (S)	45.00	45.00	45.00	45.00	45.00	45.00
<i>Division 5—Gynaecological</i>							
5310	Gynaecological examination under anaesthesia not performed in association with any service covered by any other item in this Part (G)	8.50	10.00	8.50	8.00	6.50	6.50
5311	Gynaecological examination under anaesthesia not performed in association with any service covered by any other item in this Part (S)	15.00	15.00	15.00	15.00	15.00	15.00
5313	Intra-uterine contraceptive device, introduction or removal of, as an independent procedure (G)	8.00	8.00	8.00	8.00	8.00	8.00
5314	Intra-uterine contraceptive device, introduction or removal of, as an independent procedure (S)	10.00	10.00	10.00	10.00	10.00	10.00
5316	Simple tumour of vagina or vulva, removal of (G)	12.50	12.50	12.50	12.50	12.50	12.50
5317	Simple tumour of vagina or vulva, removal of (S)	16.50	16.50	16.50	16.50	16.50	16.50
5322	Hymenectomy (G)	12.50	12.50	12.50	12.50	12.50	12.50
5323	Hymenectomy (S)	16.50	16.50	16.50	16.50	16.50	16.50
5328	Bartholin's cyst, excision of (G)	26.50	26.50	26.50	26.50	26.50	26.50
5329	Bartholin's cyst, excision of (S)	35.00	35.00	35.00	35.00	35.00	35.00
5334	Bartholin's cyst or gland, marsupialisation or cautery destruction of (G)	20.50	20.50	20.50	20.50	20.50	20.50
5335	Bartholin's cyst or gland, marsupialisation or cautery destruction of (S)	27.50	27.50	27.50	27.50	27.50	27.50
5340	Bartholin's abscess, incision of (G)	8.25	8.25	8.25	8.25	8.25	8.25
5341	Bartholin's abscess, incision of (S)	11.00	11.00	11.00	11.00	11.00	11.00
5346	Skene's duct, incision of, or removal of calculus from	16.50	16.50	16.50	16.50	16.50	16.50
5350	Urethra or urethral caruncle, cauterisation of (G)	8.25	8.25	8.25	8.25	8.25	8.25
5352	Urethra or urethral caruncle, cauterisation of (S)	11.00	11.00	11.00	11.00	11.00	11.00
5356	Urethral caruncle, excision of (G)	20.50	20.50	20.50	20.50	20.50	20.50
5358	Urethral caruncle, excision of (S)	27.50	27.50	27.50	27.50	27.50	27.50
5362	Clitoris, amputation of	50.00	50.00	50.00	50.00	50.00	50.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
5367	Vulvectomy (simple)	65.00	65.00	65.00	65.00	65.00	65.00
5371	Vulvectomy (radical)	165.00	165.00	165.00	165.00	165.00	165.00
5376	Pelvic lymph glands, excision of (radical)	130.00	130.00	130.00	130.00	130.00	130.00
5380	Vagina, dilatation of, as an independent procedure—each attendance at which dilatation is performed	8.20	8.20	8.20	8.20	8.20	8.20
5385	Vagina, complete removal of	130.00	130.00	130.00	130.00	130.00	130.00
5387	Vaginal reconstruction in congenital absence of gynatresia	130.00	130.00	130.00	130.00	130.00	130.00
5394	Vaginal septum, excision of, for correction of double vagina	75.00	75.00	75.00	75.00	75.00	75.00
5398	Plastic repair to enlarge vaginal orifice (G)	22.50	22.50	22.50	22.50	22.50	22.50
5399	Plastic repair to enlarge vaginal orifice (S)	30.00	30.00	30.00	30.00	30.00	30.00
5403	Colpotomy or colporrhaphy, not covered by any other item in this Part (G)	17.50	17.50	17.50	17.50	17.50	17.50
5404	Colpotomy or colporrhaphy, not covered by any other item in this Part (S)	23.00	23.00	23.00	23.00	23.00	23.00
5408	Cystocele or rectocele, repair of, not covered by Item 5414 or 5419 (G)	60.00	49.00	49.00	49.00	49.00	49.00
5410	Cystocele or rectocele, repair of, not covered by Item 5416 or 5420 (S)	80.00	65.00	65.00	65.00	65.00	65.00
5414	Cystocele and rectocele, repair of, not covered by Item 5419 (G)	75.00	75.00	75.00	75.00	75.00	75.00
5416	Cystocele and rectocele, repair of, not covered by Item 5420 (S)	100.00	100.00	100.00	100.00	100.00	100.00
5419	Colpoplasty, Donald-Fothergill or Manchester operation (operation for genital prolapse) (G)	90.00	85.00	85.00	90.00	90.00	85.00
5420	Colpoplasty, Donald-Fothergill or Manchester operation (operation for genital prolapse) (S)	110.00	110.00	110.00	120.00	125.00	100.00
5422	Colpoplasty, Donald-Fothergill or Manchester operation (operation for genital prolapse) and curettage of uterus, with or without dilatation (G)	101.50	97.50	95.00	100.00	100.00	95.00
5423	Colpoplasty, Donald-Fothergill or Manchester operation (operation for genital prolapse) and curettage of uterus, with or without dilatation (S)	125.00	117.50	112.50	135.00	140.00	112.50
5425	Urethrocele, operation for	33.00	33.00	33.00	33.00	33.00	33.00
5426	Abdominal approach for repair of enterocele or suspension of vaginal vault or both (G)	80.00	80.00	80.00	80.00	80.00	80.00
5428	Abdominal approach for repair of enterocele or suspension of vaginal vault or both (S)	100.00	100.00	100.00	100.00	100.00	100.00
5429	Fistula between genital and urinary or alimentary tracts, repair of	130.00	130.00	130.00	130.00	130.00	130.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
5434	Stress incontinence, sling operation for, as an independent procedure . . .	125.00	125.00	125.00	125.00	125.00	125.00
5436	Cervix, cauterisation, ionisation or diathermy of (G)	10.00	10.00	10.00	10.00	10.00	10.00
5437	Cervix, cauterisation, ionisation or diathermy of (S)	12.00	12.00	12.00	12.00	12.00	12.00
5441	Cervix, removal of polyp from (G) . . .	10.00	10.00	10.00	10.00	10.00	10.00
5442	Cervix, removal of polyp from (S) . . .	12.00	12.00	12.00	12.00	12.00	12.00
5448	Examination of the uterine cervix by a magnifying colposcope of the Hinselmann type or similar instrument . .	13.00	12.00	13.00	10.00	10.00	10.00
5451	Cervix, cone biopsy of (G)	30.00	30.00	30.00	30.00	30.00	30.00
5452	Cervix, cone biopsy of (S)	40.00	40.00	40.00	40.00	40.00	40.00
5453	Cone biopsy of cervix, and curettage of uterus with or without dilatation (G)	41.50	42.50	40.00	40.00	40.00	40.00
5454	Cone biopsy of cervix, and curettage of uterus with or without dilatation (S)	55.00	57.50	52.50	55.00	55.00	52.50
5457	Cervix, amputation or repair of, not covered by Item 5419 (G)	25.00	25.00	25.00	25.00	25.00	25.00
5458	Cervix, amputation or repair of, not covered by Item 5420 (S)	33.00	33.00	33.00	33.00	33.00	33.00
5460	Cervix, dilatation of, not covered by Item 5471 (G)	12.00	12.00	12.00	12.00	12.00	12.00
5461	Cervix, dilatation of, not covered by Item 5472 (S)	15.00	15.00	15.00	15.00	15.00	15.00
5467	Culdoscopy	20.00	20.00	20.00	20.00	20.00	20.00
5471	Uterus, curettage of, with or without dilatation (G)	23.00	25.00	20.00	20.00	20.00	20.00
5472	Uterus, curettage of, with or without dilatation (S)	30.00	35.00	25.00	30.00	30.00	25.00
5475	Uterus, curettage of, with or without dilatation; and cauterisation, ionisation or diathermy of cervix (G)	27.00	29.00	24.00	24.00	24.00	24.00
5477	Uterus, curettage of, with or without dilatation; and cauterisation, ionisation or diathermy of cervix (S)	35.00	40.00	30.00	35.00	35.00	30.00
5481	Uterus, curettage of, with or without dilatation and removal of polyp from cervix (G)	27.50	29.50	24.50	24.50	24.50	24.50
5483	Uterus, curettage of, with or without dilatation and removal of polyp from cervix (S)	35.50	40.50	30.50	35.50	35.50	30.50
5487	Uterus, curettage of, with or without dilatation, with removal of polyp from cervix and cauterisation, ionisation or diathermy of cervix (G)	29.50	31.50	26.50	26.50	26.50	26.50
5489	Uterus, curettage of, with or without dilatation, with removal of polyp from cervix and cauterisation, ionisation or diathermy of cervix (S)	38.00	43.00	33.00	38.00	38.00	33.00
5492	Hysterotomy (G)	75.00	75.00	75.00	75.00	75.00	75.00
5494	Hysterotomy (S)	100.00	100.00	100.00	100.00	100.00	100.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
5499	Hysterectomy (other than vaginal)— subtotal (G)	90.00	90.00	90.00	90.00	90.00	90.00
5501	Hysterectomy (other than vaginal)— subtotal (S)	120.00	120.00	120.00	120.00	120.00	120.00
5505	Hysterectomy (other than vaginal)— total (G)	90.00	90.00	90.00	100.00	100.00	90.00
5507	Hysterectomy (other than vaginal)— total (S)	120.00	120.00	120.00	130.00	125.00	120.00
5509	Hysterectomy (other than vaginal)— total, with curettage of uterus, with or without dilatation (G)	101.50	102.50	100.00	110.00	110.00	100.00
5510	Hysterectomy (other than vaginal)— total, with curettage of uterus, with or without dilatation (S)	135.00	137.50	132.50	145.00	140.00	132.50
5513	Hysterectomy (total) with abdominal urethroplexy	140.00	140.00	140.00	140.00	140.00	140.00
5515	Hysterectomy and dissection of pelvic glands	200.00	200.00	200.00	200.00	200.00	200.00
5516	Radical hysterectomy without gland dissection	150.00	150.00	150.00	150.00	150.00	150.00
5523	Colpoplasty with vaginal hysterectomy (G)	120.00	100.00	110.00	110.00	110.00	100.00
5525	Colpoplasty with vaginal hysterectomy (S)	150.00	130.00	130.00	150.00	140.00	130.00
5529	Ectopic gestation, removal of (G) . . .	75.00	75.00	75.00	75.00	75.00	75.00
5531	Ectopic gestation, removal of (S) . . .	100.00	100.00	100.00	100.00	100.00	100.00
5535	Myomectomy (G)	75.00	75.00	75.00	75.00	75.00	75.00
5537	Myomectomy (S)	100.00	100.00	100.00	100.00	100.00	100.00
5541	Round ligaments, shortening of (G) . .	65.00	70.00	65.00	50.00	60.00	60.00
5543	Round ligaments, shortening of (S) . .	75.00	80.00	75.00	60.00	70.00	70.00
5547	Bicornuate uterus, plastic reconstruc- tion for	65.00	65.00	65.00	65.00	65.00	65.00
5552	Uterus, suspension or fixation of—as an independent procedure (G)	65.00	65.00	60.00	65.00	60.00	60.00
5554	Uterus, suspension or fixation of—as an independent procedure (S)	80.00	90.00	80.00	80.00	80.00	80.00
5557	Rubin test for patency	12.00	10.50	12.50	10.00	10.00	10.00
5559	Laparoscopy and diathermy of the Fallopian tubes	30.00	30.00	30.00	30.00	30.00	30.00
5560	Fallopian tube or tubes, implantation of, into uterus	120.00	120.00	120.00	120.00	120.00	120.00
5565	Fallopian tubes, hydrotubation of, as an isolated procedure	12.00	12.00	12.00	12.00	12.00	12.00
5569	Fallopian tubes, hydrotubation of, as a repetitive post-operative procedure . .	8.00	8.00	8.00	8.00	8.00	8.00
5575	Oophorectomy, salpingectomy, salpingo-oophorectomy or ligation of Fallopian tubes, not associated with hysterectomy (G)	65.00	65.00	60.00	65.00	60.00	60.00
5576	Oophorectomy, salpingectomy, salpin- go-oophorectomy or ligation of Fallopian tubes, not associated with hysterectomy (S)	80.00	90.00	80.00	80.00	80.00	80.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
5578	Oophorectomy, salpingectomy, salpingo-oophorectomy or ligation of Fallopian tubes, not associated with hysterectomy in addition to curettage of uterus, with or without dilatation (G)	76.50	77.50	70.00	75.00	70.00	70.00
5580	Oophorectomy, salpingectomy, salpingo-oophorectomy or ligation of Fallopian tubes, not associated with hysterectomy in addition to curettage of uterus, with or without dilatation (S)	95.00	107.50	92.50	95.00	95.00	92.50
5588	Salpingostomy or salpingolysis, or both	120.00	120.00	120.00	120.00	120.00	120.00
5593	Ovarian, parovarian, fimbrial or broad ligament cyst, excision of, not covered by any other item in this Part (G)	70.00	70.00	65.00	60.00	55.00	55.00
5594	Ovarian, parovarian, fimbrial or broad ligament cyst, excision of, not covered by any other item in this Part (S)	100.00	90.00	80.00	70.00	70.00	70.00
5596	Pelvic abscess, suprapubic drainage of (G)	64.00	64.00	64.00	64.00	64.00	64.00
5597	Pelvic abscess, suprapubic drainage of (S)	85.00	85.00	85.00	85.00	85.00	85.00
<i>Division 6—Ophthalmological</i>							
5610	Ophthalmological examination under general anaesthesia as an independent procedure	10.00	10.00	10.00	10.00	10.00	10.00
5614	Eye, enucleation of (G)	49.00	49.00	49.00	49.00	49.00	49.00
5616	Eye, enucleation of (S)	65.00	65.00	65.00	65.00	65.00	65.00
5620	Eye, enucleation of, and insertion of ball	115.00	115.00	115.00	115.00	115.00	115.00
5625	Globe, evisceration of	65.00	65.00	65.00	65.00	65.00	65.00
5626	Globe, evisceration of, and insertion of intrascleral ball	115.00	115.00	115.00	115.00	115.00	115.00
5628	Anophthalmic orbit, insertion of cartilage or artificial implant as a delayed procedure	65.00	65.00	65.00	65.00	65.00	65.00
5631	Orbitotomy, lateral wall, medial wall or inferior wall	120.00	120.00	120.00	120.00	120.00	120.00
5632	Orbitotomy, anterior	75.00	75.00	75.00	75.00	75.00	75.00
5635	Orbit, exenteration of, including skin grafting	110.00	110.00	110.00	110.00	110.00	110.00
5637	Orbit, exenteration of, including skin grafting, with temporalis muscle transplant	135.00	135.00	135.00	135.00	135.00	135.00
5640	Orbital cyst or tumour, excision of, requiring preparation of bone flap	120.00	120.00	120.00	120.00	120.00	120.00
5644	Orbital cyst or tumour, excision of, not requiring preparation of bone flap	75.00	75.00	75.00	75.00	75.00	75.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
5649	Perforating wound of globe, repair of, including procedures involving iris, lens, iris and lens or other intraocular structures	150.00	180.00	150.00	150.00	150.00	150.00
5655	Intraocular foreign body, removal from anterior segment	90.00	90.00	90.00	90.00	90.00	90.00
5656	Intraocular foreign body, magnetic, removal from posterior segment	130.00	130.00	130.00	130.00	130.00	130.00
5659	Intraocular foreign body, non-magnetic, removal from posterior segment	180.00	180.00	180.00	180.00	180.00	180.00
5662	Abscess (intraorbital), drainage of	22.00	22.00	22.00	22.00	22.00	22.00
5667	Tarsal cyst, extirpation of (G)	9.00	9.00	9.00	9.00	8.00	8.00
5668	Tarsal cyst, extirpation of (S)	11.00	12.00	12.00	12.00	10.00	10.00
5673	Tarsal cartilage, excision of	39.00	39.00	39.00	39.00	39.00	39.00
5674	Ectropion, tarsal cauterisation for	22.00	22.00	22.00	22.00	22.00	22.00
5677	Canthoplasty or tarsorrhaphy	50.00	50.00	50.00	50.00	50.00	50.00
5681	Lacrimal sac, excision of or operation on	55.00	55.00	55.00	55.00	55.00	55.00
5685	Dacryocystorhinostomy	110.00	110.00	110.00	110.00	110.00	110.00
5687	Conjunctivorhinostomy	110.00	110.00	110.00	110.00	110.00	110.00
5689	Parotid duct, transplantation of, into conjunctival sac	120.00	120.00	120.00	120.00	120.00	120.00
5693	Lacrimal canaliculus, reconstruction of	110.00	110.00	110.00	110.00	110.00	110.00
5697	Lacrimal canaliculus, immediate repair of	75.00	75.00	75.00	75.00	75.00	75.00
5701	Lacrimal passages, probing or dilatation of, for obstruction (G)	12.50	10.00	10.50	12.00	12.00	12.00
5702	Lacrimal passages, probing or dilatation of, for obstruction (S)	25.00	21.00	15.00	15.00	15.00	15.00
5704	Punctum snip with dilatation of punctum	25.00	21.00	15.00	15.00	15.00	15.00
5706	Conjunctival peritomy	22.00	22.00	22.00	22.00	22.00	22.00
5708	Conjunctival graft over cornea	65.00	65.00	65.00	65.00	65.00	65.00
5710	Trachoma, crushing operation for	23.00	23.00	23.00	23.00	23.00	23.00
5712	Cornea or sclera, removal of superficial foreign body from	4.00	3.60	3.50	3.40	3.50	3.60
5718	Cornea or sclera, removal of foreign body, involving deeper layers (G)	8.25	8.25	8.25	8.25	8.25	8.25
5719	Cornea or sclera, removal of foreign body, involving deeper layers (S)	11.00	11.00	11.00	11.00	11.00	11.00
5723	Corneal scars, excision of, or partial keratectomy	36.00	36.00	36.00	36.00	36.00	36.00
5727	Cornea, tattooing of	44.00	44.00	44.00	44.00	44.00	44.00
5731	Cornea, epithelial debridement for dendritic ulcer	11.00	11.00	11.00	11.00	11.00	11.00
5735	Cornea, transplantation of, including collection of implant	250.00	250.00	250.00	250.00	250.00	250.00
5739	Keratoplasty—partial thickness	165.00	165.00	165.00	165.00	165.00	165.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
5746	Conjunctiva, cautery of, including treatment of pannus—each attendance at which treatment is given	11.50	11.50	11.50	11.50	11.50	11.50
5748	Pterygium, removal of	45.00	50.00	40.00	35.00	40.00	35.00
5751	Pinguecula, removal of	22.00	22.00	22.00	22.00	22.00	22.00
5754	Limbic tumour, removal of	50.00	50.00	50.00	50.00	50.00	50.00
5758	Lens extraction, including initial and subsequent needlings	220.00	200.00	185.00	175.00	175.00	150.00
5762	Insertion of artificial lens	110.00	110.00	110.00	110.00	110.00	110.00
5764	Artificial lens, removal of	85.00	85.00	85.00	85.00	85.00	85.00
5766	Cataract, juvenile, removal of, including subsequent needlings	220.00	220.00	220.00	220.00	220.00	220.00
5770	Capsulectomy	90.00	90.00	90.00	90.00	90.00	90.00
5774	Secondary cataract, needling of—each stage	50.00	50.00	50.00	50.00	50.00	50.00
5778	Paracentesis in relation to eye	55.00	55.00	55.00	55.00	55.00	55.00
5782	Glaucoma, filtering and allied operations for	180.00	165.00	165.00	165.00	165.00	165.00
5786	Goniotomy	90.00	90.00	90.00	90.00	90.00	90.00
5790	Iridectomy or iridotomy	100.00	100.00	100.00	100.00	100.00	100.00
5791	Iris, light coagulation of	65.00	65.00	65.00	65.00	65.00	65.00
5793	Tumour of iris, excision of	100.00	100.00	100.00	100.00	100.00	100.00
5796	Tumour, involving ciliary body or ciliary body and iris, excision of	200.00	200.00	200.00	200.00	200.00	200.00
5798	Cyclodiathermy	55.00	55.00	55.00	55.00	55.00	55.00
5800	Cyclocryotherapy	45.00	45.00	45.00	45.00	45.00	45.00
5802	Detached retina, diathermy operation for	165.00	165.00	165.00	165.00	165.00	165.00
5806	Detached retina, resection or buckling operation for	220.00	250.00	220.00	220.00	220.00	220.00
5810	Re-attachment of retina, revision operation for	90.00	90.00	90.00	90.00	90.00	90.00
5814	Detached retina, light coagulation for	65.00	65.00	65.00	65.00	65.00	65.00
5818	Detached retina, removal of encircling silicone band from	30.00	30.00	30.00	30.00	30.00	30.00
5822	Detached retina, removal of encircling silicone band from, with excision of sclera	45.00	45.00	45.00	45.00	45.00	45.00
5826	Cryopexy, without scleral resection or scleral infolding, for treatment of detached retina or pre-detachment disease of retina	110.00	110.00	110.00	110.00	110.00	110.00
5830	Cryopexy, with scleral resection or scleral infolding, for treatment of detached retina or pre-detachment disease of retina	165.00	165.00	165.00	165.00	165.00	165.00
5834	Retrolbulbar transillumination	16.50	16.50	16.50	16.50	16.50	16.50
5838	Retrolbulbar injection of alcohol or other drug as an independent procedure	13.00	13.00	13.00	13.00	13.00	13.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
5842	Squint, operation for correction of, involving any number of muscles of one or both eyes, not covered by Item 5846	100.00	100.00	85.00	70.00	85.00	70.00
5846	Muscle transplant (Hummelsheim type, etc.) for squint	120.00	120.00	105.00	90.00	105.00	90.00
5850	Re-attachment of ruptured medial palpebral ligament	75.00	75.00	75.00	75.00	75.00	75.00
5854	Torn ocular muscle, repair of	70.00	70.00	70.00	70.00	70.00	70.00
5856	Resuturing of wound following intraocular procedures with or without excision of prolapsed iris	75.00	75.00	75.00	75.00	75.00	75.00
<i>Division 7—Thoracic</i>							
5908	Thoracic cavity, aspiration or paracentesis of, or both (G)	8.00	8.00	8.00	8.00	8.00	8.00
5909	Thoracic cavity, aspiration or paracentesis of, or both (S)	12.00	12.00	12.00	12.00	12.00	12.00
5912	Pericardium, paracentesis of	20.00	20.00	20.00	20.00	20.00	20.00
5915	Artificial pneumothorax—induction . .	16.00	16.00	16.00	16.00	16.00	16.00
5920	Artificial pneumothorax—each filling subsequent to induction	8.20	8.20	8.20	8.20	8.20	8.20
5927	Intercostal drain, insertion of, not involving resection of rib (G)	15.00	15.00	15.00	15.00	15.00	15.00
5928	Intercostal drain, insertion of, not involving resection of rib (S)	20.00	20.00	20.00	20.00	20.00	20.00
5930	Empyema, radical operation for, involving resection of rib (G)	64.00	64.00	64.00	64.00	64.00	64.00
5931	Empyema, radical operation of, involving resection of rib (S)	85.00	85.00	85.00	85.00	85.00	85.00
5937	Thoracotomy, exploratory, with or without biopsy	165.00	165.00	165.00	165.00	165.00	165.00
5946	Thoracotomy with pulmonary decortication	250.00	250.00	250.00	250.00	250.00	250.00
5948	Thoracotomy with pleurectomy or pleurodesis	180.00	180.00	180.00	180.00	180.00	180.00
5951	Thoracoplasty (complete)	250.00	250.00	250.00	250.00	250.00	250.00
5954	Thoracoplasty (in stages)—each stage .	130.00	130.00	130.00	130.00	130.00	130.00
5959	Pectus excavatum or pectus carinatum, limited correction of	75.00	75.00	75.00	75.00	75.00	75.00
5960	Pectus excavatum or pectus carinatum, radical correction of	220.00	220.00	220.00	220.00	220.00	220.00
5969	Thoracoscopy, with or without division of pleural adhesions	50.00	50.00	50.00	50.00	50.00	50.00
5976	Thoracic duct cannulisation	16.50	16.50	16.50	16.50	16.50	16.50
5980	Phrenic avulsion or crush	33.00	33.00	33.00	33.00	33.00	33.00
5986	Pneumonectomy or lobectomy	250.00	250.00	250.00	250.00	250.00	250.00
5988	Hydatid cysts of lungs, enucleation of .	180.00	180.00	180.00	180.00	180.00	180.00
5992	Correction of atresia of oesophagus . .	250.00	250.00	250.00	250.00	250.00	250.00
5997	Oesophagectomy with direct anastomosis or with stomach transposition .	250.00	250.00	250.00	250.00	250.00	250.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
6000	Oesophagectomy with interposition of small or large bowel	300.00	300.00	300.00	300.00	300.00	300.00
6003	Mediastinal abscess, drainage of . . .	110.00	110.00	110.00	110.00	110.00	110.00
6007	Mediastinum, cervical exploration of, with or without biopsy	75.00	75.00	75.00	75.00	75.00	75.00
6012	Left ventricular puncture	55.00	55.00	55.00	55.00	55.00	55.00
6015	Pericardium, transthoracic drainage of (other than for treatment of constrictive pericarditis)	180.00	180.00	180.00	180.00	180.00	180.00
6021	Bronchoscopy with left atrial puncture	85.00	85.00	85.00	85.00	85.00	85.00
6024	Hernia, hiatus or other diaphragmatic, transthoracic repair of	180.00	180.00	180.00	180.00	180.00	180.00
6025	Intrathoracic operation on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than one of those organs, not covered by any other item in this Part	250.00	250.00	250.00	250.00	250.00	250.00
6029	Cardiac catheterisation with or without fluoroscopy	33.00	33.00	33.00	33.00	33.00	33.00
6034	Cardiac catheterisation with oximetry	47.00	47.00	47.00	47.00	47.00	47.00
6038	Atrial balloon septostomy including preliminary cardiac catheterisation with oximetry	105.00	105.00	105.00	105.00	105.00	105.00
6045	Insertion or replacement of permanent internal pacemaker and myocardial electrodes by thoracotomy	220.00	220.00	220.00	220.00	220.00	220.00
6048	Insertion or replacement of permanent transvenous electrode and pacemaker	180.00	180.00	180.00	180.00	180.00	180.00
6050	Insertion or replacement of permanent transvenous electrode	110.00	110.00	110.00	110.00	110.00	110.00
6052	Insertion or replacement of permanent pacemaker	70.00	70.00	70.00	70.00	70.00	70.00
6058	Open heart surgery, single valve replacement	350.00	350.00	350.00	350.00	350.00	350.00
6060	Open heart surgery for congenital heart disease	350.00	350.00	350.00	350.00	350.00	350.00
6062	Open heart surgery on more than one valve or involving more than one chamber	500.00	500.00	500.00	500.00	500.00	500.00
6065	Open heart surgery not covered by any other item in this Part	350.00	350.00	350.00	350.00	350.00	350.00
6070	Coronary artery or arteries, direct surgery to, employing cardiopulmonary by-pass	400.00	400.00	400.00	400.00	400.00	400.00
<i>Division 8—Neuro-Surgical</i>							
6102	Local infiltration around nerve or in muscle with alcohol, novocaine or similar preparation—each attendance at which an injection is given	4.00	3.60	3.50	3.40	3.50	3.60
6104	Nerve blocking with alcohol or other agent following localisation by electrical stimulator	10.00	10.00	10.00	10.00	10.00	10.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
6108	Sympathetic trunk, injection into . . .	11.00	11.00	11.00	11.00	11.00	11.00
6112	Injection of intracranial ganglion, or primary branch of trigeminal nerve, with alcohol or similar substance . .	23.00	23.00	23.00	23.00	23.00	23.00
6116	Lumbar puncture	8.50	8.00	8.50	9.00	10.00	9.00
6120	Cisternal puncture	11.00	11.00	11.00	11.00	11.00	11.00
6124	Spinal or epidural injection for neurological diagnosis or for therapeutic reasons	13.00	13.00	13.00	13.00	13.00	13.00
6128	Ventricular puncture	33.00	33.00	33.00	33.00	33.00	33.00
6132	Cutaneous or digital nerve, primary suture of (G)	20.50	20.50	20.50	20.50	20.50	20.50
6133	Cutaneous or digital nerve, primary suture of (S)	27.50	27.50	27.50	27.50	27.50	27.50
6137	Repair of divided digital nerve to thumb or finger (G)	34.00	34.00	34.00	34.00	34.00	34.00
6138	Repair of divided digital nerve to thumb or finger (S)	45.00	45.00	45.00	45.00	45.00	45.00
6142	Nerve trunk, primary suture of (G) . .	56.00	56.00	56.00	56.00	56.00	56.00
6143	Nerve trunk, primary suture of (S) . .	75.00	75.00	75.00	75.00	75.00	75.00
6144	Nerve trunk, primary suture of (D) . .	75.00	75.00	75.00	75.00	75.00	75.00
6147	Nerve trunk, secondary suture of . . .	85.00	85.00	85.00	85.00	85.00	85.00
6148	Nerve trunk, secondary suture of (D) .	85.00	85.00	85.00	85.00	85.00	85.00
6151	Nerve, graft or anastomosis of	130.00	130.00	130.00	130.00	130.00	130.00
6155	Neuro-anastomosis, involving cranial nerves	150.00	150.00	150.00	150.00	150.00	150.00
6159	Nerve, transposition of (G)	45.00	45.00	45.00	45.00	45.00	45.00
6160	Nerve, transposition of (S)	60.00	60.00	60.00	60.00	60.00	60.00
6164	Neurectomy, neurotomy, or removal of tumour from peripheral nerve (G) . .	30.00	30.00	30.00	30.00	30.00	30.00
6165	Neurectomy, neurotomy, or removal of tumour from peripheral nerve (S) . .	40.00	40.00	40.00	40.00	40.00	40.00
6169	Neurectomy, periarterial	130.00	130.00	130.00	130.00	130.00	130.00
6173	Neurectomy, intracranial or radical as in tic douloureux	165.00	165.00	165.00	165.00	165.00	165.00
6177	Exploration of brachial plexus not covered by any other item in this Part	65.00	65.00	65.00	65.00	65.00	65.00
6181	Neurolysis by open operation, with or without transposition (G)	40.00	45.00	35.00	30.00	35.00	30.00
6182	Neurolysis by open operation, with or without transposition (S)	60.00	60.00	45.00	40.00	45.00	40.00
6186	Craniotomy, burr-hole (G)	30.00	30.00	30.00	30.00	30.00	30.00
6187	Craniotomy, burr-hole (S)	40.00	40.00	40.00	40.00	40.00	40.00
6191	Intracranial haemorrhage, burr-hole craniotomy for (G)	49.00	49.00	49.00	49.00	49.00	49.00
6192	Intracranial haemorrhage, burr-hole craniotomy for (S)	65.00	65.00	65.00	65.00	65.00	65.00
6196	Intracranial cyst, needling and drainage of	44.00	44.00	44.00	44.00	44.00	44.00
6197	Fracture of skull, depressed or comminuted, operation for (G)	82.50	82.50	82.50	82.50	82.50	82.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
6198	Fracture of skull, depressed or comminuted, operation for (S)	110.0	110.00	110.00	110.00	110.00	110.00
6202	Compound or complicated fracture or fractures of skull, operation for (G)	112.50	112.50	112.50	112.50	112.50	112.50
6203	Compound or complicated fracture or fractures of skull, operation for (S)	150.00	150.00	150.00	150.00	150.00	150.00
6207	Reconstructive cranioplasty	165.00	165.00	165.00	165.00	165.00	165.00
6211	Chronic subdural haematoma, operation for	150.00	150.00	150.00	150.00	150.00	150.00
6215	Craniotomy involving osteoplastic flap	140.00	140.00	140.00	140.00	140.00	140.00
6219	Aneurysm, intracranial, operation for	275.00	275.00	275.00	275.00	275.00	275.00
6223	Craniotomy and tumour removal	250.00	230.00	230.00	230.00	230.00	230.00
6225	Cerebello-pontine angle tumour, trans-mastoid, trans-labyrinthine removal of	275.00	275.00	275.00	275.00	275.00	275.00
6227	Transfrontal orbitotomy, for tumours or other lesions	220.00	220.00	220.00	220.00	220.00	220.00
6231	Intracranial abscess, excision of	220.00	220.00	220.00	220.00	220.00	220.00
6235	Intracranial infection, drainage of	130.00	130.00	130.00	130.00	130.00	130.00
6239	Leucotomy or lobotomy for psychiatric causes	165.00	165.00	165.00	165.00	165.00	165.00
6243	Hemispherectomy	275.00	275.00	275.00	275.00	275.00	275.00
6247	Temporal lobectomy	220.00	220.00	220.00	220.00	220.00	220.00
6251	Chemopallidectomy, or other stereotactic procedure	165.00	165.00	165.00	165.00	165.00	165.00
6255	Laminectomy for cordotomy, removal of tumour or for treatment or removal of intervertebral disc lesion	180.00	180.00	180.00	180.00	180.00	180.00
6259	Spinal rhizolysis involving exposure of spinal nerve roots, with or without laminectomy	165.00	165.00	165.00	165.00	165.00	165.00
6263	Sympathectomy (cervical, lumbar, thoracic, sacral or presacral)	110.00	110.00	110.00	110.00	110.00	110.00
<i>Division 9—Treatment of Dislocations</i>							
<i>Dislocations Not Requiring Open Operation</i>							
6310	Mandible—first or second dislocation	8.80	8.80	8.80	8.80	8.80	8.80
6311	Mandible—first or second dislocation (D)	8.80	8.80	8.80	8.80	8.80	8.80
6314	Mandible—third or subsequent dislocation	5.60	5.60	5.60	5.60	5.60	5.60
6315	Mandible—third or subsequent dislocation (D)	5.60	5.60	5.60	5.60	5.60	5.60
6318	Clavicle (G)	10.50	10.50	10.50	10.50	10.50	10.50
6320	Clavicle (S)	14.00	14.00	14.00	14.00	14.00	14.00
6324	Shoulder—first or second dislocation	16.50	16.50	16.50	16.50	16.50	16.50
6328	Shoulder—third or subsequent dislocation—requiring anaesthesia	14.00	14.00	14.00	14.00	14.00	14.00
6333	Shoulder—third or subsequent dislocation—not requiring anaesthesia	11.00	11.00	11.00	11.00	11.00	11.00
6337	Elbow (G)	15.00	15.00	15.00	15.00	15.00	15.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
6338	Elbow (S)	20.00	20.00	20.00	20.00	20.00	20.00
6343	Carpus (G)	10.00	10.00	10.00	10.00	10.00	10.00
6344	Carpus (S)	13.00	13.00	13.00	13.00	13.00	13.00
6349	Carpus on radius and ulna (G)	25.00	25.00	25.00	25.00	25.00	25.00
6350	Carpus on radius and ulna (S)	33.00	33.00	33.00	33.00	33.00	33.00
6354	Finger (G)	4.20	4.20	4.20	4.20	4.20	4.20
6355	Finger (S)	5.60	5.60	5.60	5.60	5.60	5.60
6359	Metacarpo-phalangeal joint of thumb (G)	12.50	12.50	12.50	12.50	12.50	12.50
6360	Metacarpo-phalangeal joint of thumb (S)	16.50	16.50	16.50	16.50	16.50	16.50
6365	Hip (G)	41.50	41.50	41.50	41.50	41.50	41.50
6366	Hip (S)	55.00	55.00	55.00	55.00	55.00	55.00
6371	Knee (G)	29.50	29.50	29.50	29.50	29.50	29.50
6372	Knee (S)	39.00	39.00	39.00	39.00	39.00	39.00
6377	Patella (G)	10.00	10.00	10.00	10.00	10.00	10.00
6378	Patella (S)	13.00	13.00	13.00	13.00	13.00	13.00
6382	Ankle (G)	16.50	16.50	16.50	16.50	16.50	16.50
6383	Ankle (S)	22.00	22.00	22.00	22.00	22.00	22.00
6387	Toe (G)	5.00	5.00	5.00	5.00	5.00	5.00
6388	Toe (S)	6.60	6.60	6.60	6.60	6.60	6.60
6392	Tarsus (G)	12.50	12.50	12.50	12.50	12.50	12.50
6393	Tarsus (S)	16.50	16.50	16.50	16.50	16.50	16.50
6397	Spine (cervical), without fracture (G)	37.50	37.50	37.50	37.50	37.50	37.50
6398	Spine (cervical), without fracture (S)	50.00	50.00	50.00	50.00	50.00	50.00
6402	Spine (lumbar), without fracture (G)	37.50	37.50	37.50	37.50	37.50	37.50
6404	Spine (lumbar), without fracture (S)	50.00	50.00	50.00	50.00	50.00	50.00
<i>Dislocations Requiring Open Operation</i>							
6414	Treatment of a dislocation requiring open operation, being a dislocation referred to in an item (other than an item that includes the symbol "(D)") under the last preceding heading	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8
6416	Treatment of a dislocation requiring open operation, being a dislocation referred to in Item 6311 or Item 6315 (D)	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8
<i>Division 10—Treatment of Fractures</i>							
<i>Simple and Uncomplicated Fractures Not Requiring Open Operation</i>							
6422	Terminal phalanx of finger or thumb	8.00	8.00	8.00	8.00	8.00	8.00
6423	Proximal phalanx of finger or thumb (G)	15.00	15.00	15.00	15.00	15.00	15.00
6426	Proximal phalanx of finger or thumb (S)	25.00	25.00	25.00	25.00	25.00	25.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
6431	Middle phalanx of finger (G)	8.80	8.80	8.80	8.80	8.80	8.80
6432	Middle phalanx of finger (S)	11.50	11.50	11.50	11.50	11.50	11.50
6437	One or more metacarpals, not involving base of first carpometacarpal joint (G)	16.50	15.00	17.00	15.00	15.00	15.00
6438	One or more metacarpals, not involving base of first carpometacarpal joint (S)	35.00	35.00	35.00	35.00	35.00	30.00
6442	First metacarpal involving carpo-metacarpal joint (Bennett's fracture)(G)	20.00	20.00	20.00	20.00	20.00	20.00
6443	First metacarpal involving carpo-metacarpal joint (Bennett's fracture)(S)	40.00	40.00	40.00	40.00	40.00	40.00
6447	Carpus (excluding navicular)(G) . . .	9.90	9.90	9.90	9.90	9.90	9.90
6448	Carpus (excluding navicular)(S) . . .	13.00	13.00	13.00	13.00	13.00	13.00
6455	Navicular or carpal scaphoid (G) . . .	25.00	25.00	25.00	25.00	25.00	25.00
6456	Navicular or carpal scaphoid (S) . . .	30.00	30.00	30.00	30.00	30.00	30.00
6458	Colles' fracture of wrist (G)	22.00	25.00	28.00	21.00	21.00	21.00
6459	Colles' fracture of wrist (S)	45.00	40.00	50.00	45.00	45.00	40.00
6463	Distal end of radius or ulna, involving wrist	22.00	22.00	22.00	22.00	22.00	22.00
6467	Radius (G)	22.00	20.00	21.00	22.50	22.50	20.00
6468	Radius (S)	35.00	40.00	30.00	30.00	40.00	30.00
6470	Ulna (G)	20.00	20.00	20.00	20.00	20.00	20.00
6471	Ulna (S)	25.00	25.00	25.00	25.00	25.00	25.00
6477	Both shafts of forearm (G)	33.00	30.00	32.00	30.00	34.00	30.00
6478	Both shafts of forearm (S)	60.00	50.00	50.00	50.00	45.00	45.00
6482	Humerus (G)	30.00	30.00	32.00	30.00	34.00	30.00
6483	Humerus (S)	60.00	50.00	50.00	50.00	45.00	45.00
6487	Clavicle or sternum (G)	16.50	16.00	15.00	12.50	14.00	12.50
6489	Clavicle or sternum (S)	25.00	24.00	25.00	20.00	20.00	20.00
6493	Scapula (G)	16.50	16.50	16.50	16.50	16.50	16.50
6494	Scapula (S)	22.00	22.00	22.00	22.00	22.00	22.00
6496	One or more ribs—each attendance (G)	4.00	3.60	3.50	3.40	3.50	3.60
6499	One or more ribs—each attendance (S)	5.50	5.50	5.00	5.00	5.00	5.00
6503	Pelvis (excluding symphysis pubis) or sacrum (G)	33.00	33.00	33.00	33.00	33.00	33.00
6505	Pelvis (excluding symphysis pubis) or sacrum (S)	44.00	44.00	44.00	44.00	44.00	44.00
6509	Symphysis pubis (G)	25.00	25.00	25.00	25.00	25.00	25.00
6510	Symphysis pubis (S)	33.00	33.00	33.00	33.00	33.00	33.00
6515	Femur (G)	75.00	75.00	75.00	75.00	75.00	75.00
6516	Femur (S)	100.00	100.00	100.00	100.00	100.00	100.00
6521	Fibula or tarsus (excepting os calcis or os talus) (G)	16.50	17.50	16.00	15.00	15.00	15.00
6522	Fibula or tarsus (excepting os calcis or os talus) (S)	26.50	27.50	24.00	25.00	25.00	25.00
6524	Tibia or patella (G)	27.50	30.00	26.50	25.00	28.00	25.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
6527	Tibia or patella (S)	40.00	40.00	35.00	35.00	35.00	35.00
6531	Both shafts of leg (G)	49.00	49.00	49.00	49.00	49.00	49.00
6532	Both shafts of leg (S)	65.00	65.00	65.00	65.00	65.00	65.00
6537	Ankle (Pott's fracture), with or without dislocation of ankle (G)	49.00	49.00	49.00	49.00	49.00	49.00
6538	Ankle (Pott's fracture), with or without dislocation of ankle (S)	65.00	65.00	65.00	65.00	65.00	65.00
6543	Os calcis (calcaneus) or os talus (G)	49.00	49.00	49.00	49.00	49.00	49.00
6544	Os calcis (calcaneus) or os talus (S)	65.00	65.00	65.00	65.00	65.00	65.00
6549	Metatarsals—one or more (G)	16.50	15.00	16.00	15.00	15.00	15.00
6550	Metatarsals—one or more (S)	25.00	25.00	25.00	25.00	25.00	25.00
6552	Phalanx of toe (other than great toe)	7.00	7.00	7.00	7.00	7.00	7.00
6559	More than one phalanx of toe (other than great toe)	11.00	11.00	11.00	11.00	11.00	11.00
6564	Distal phalanx of great toe	9.40	9.40	9.40	9.40	9.40	9.40
6566	Proximal phalanx of great toe (G)	10.00	10.00	10.00	10.00	10.00	10.00
6569	Proximal phalanx of great toe (S)	12.00	12.00	12.00	12.00	12.00	12.00
6573	Skull, not requiring operation—each attendance (G)	4.00	3.60	3.50	3.40	3.50	3.60
6575	Skull, not requiring operation—each attendance (S)	5.50	5.50	5.00	5.00	5.00	5.00
6576	Nasal bones, not requiring reduction—each attendance (G)	4.00	3.60	3.50	3.40	3.50	3.60
6580	Nasal bones, not requiring reduction—each attendance (S)	5.50	5.50	5.00	5.00	5.00	5.00
6584	Nasal bones, requiring reduction (G)	22.50	20.00	23.50	22.50	20.00	15.00
6586	Nasal bones, requiring reduction (S)	45.00	45.00	40.00	30.00	32.00	25.00
6587	Nasal bones, requiring reduction and involving osteotomies	90.00	90.00	90.00	90.00	90.00	90.00
6590	Maxilla—not requiring splinting (G)	20.50	20.50	20.50	20.50	20.50	20.50
6592	Maxilla—not requiring splinting (S)	27.50	27.50	27.50	27.50	27.50	27.50
6593	Maxilla—not requiring splinting (D)	27.50	27.50	27.50	27.50	27.50	27.50
6596	Maxilla—with wiring of teeth or internal fixation	60.00	60.00	60.00	60.00	60.00	60.00
6598	Maxilla—with wiring of teeth or internal fixation (D)	60.00	60.00	60.00	60.00	60.00	60.00
6601	Maxilla—with external fixation	65.00	65.00	65.00	65.00	65.00	65.00
6602	Maxilla—with external fixation (D)	65.00	65.00	65.00	65.00	65.00	65.00
6605	Mandible—not requiring splinting (G)	25.00	25.00	25.00	25.00	25.00	25.00
6606	Mandible—not requiring splinting (S)	33.00	33.00	33.00	33.00	33.00	33.00
6607	Mandible—not requiring splinting (D)	33.00	33.00	33.00	33.00	33.00	33.00
6610	Mandible—with wiring of teeth or internal fixation	80.00	80.00	80.00	80.00	80.00	80.00
6611	Mandible—with wiring of teeth or internal fixation (D)	80.00	80.00	80.00	80.00	80.00	80.00
6614	Mandible—skeletal pinning with external fixation	85.00	85.00	85.00	85.00	85.00	85.00
6615	Mandible—skeletal pinning with external fixation (D)	85.00	85.00	85.00	85.00	85.00	85.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
6618	Zygoma (G)	22.50	22.50	22.50	22.50	22.50	22.50
6619	Zygoma (S)	30.00	30.00	30.00	30.00	30.00	30.00
6620	Zygoma (D)	30.00	30.00	30.00	30.00	30.00	30.00
6621	Spine (excluding sacrum), transverse process or bone other than vertebral body, not requiring immobilization in plaster—each attendance (G)	4.00	3.60	3.50	3.40	3.50	3.60
6624	Spine (excluding sacrum), transverse process or bone other than vertebral body, not requiring immobilization in plaster—each attendance (S)	5.50	5.50	5.00	5.00	5.00	5.00
6626	Spine (excluding sacrum), vertebral body, without involvement of cord, not requiring immobilization in plaster—each attendance (G)	4.00	3.60	3.50	3.40	3.50	3.60
6629	Spine (excluding sacrum), vertebral body, without involvement of cord, not requiring immobilization in plaster—each attendance (S)	5.50	5.50	5.00	5.00	5.00	5.00
6633	Spine (excluding sacrum), transverse process or bone other than vertebral body, requiring immobilization in plaster or traction by skull calipers (G)	29.50	29.50	29.50	29.50	29.50	29.50
6634	Spine (excluding sacrum), transverse process or bone other than vertebral body, requiring immobilization in plaster or traction by skull calipers (S)	39.00	39.00	39.00	39.00	39.00	39.00
6638	Spine (excluding sacrum), vertebral body, without involvement of cord, requiring immobilization in plaster or traction by skull calipers (G)	49.00	49.00	49.00	49.00	49.00	49.00
6639	Spine (excluding sacrum), vertebral body, without involvement of cord, requiring immobilization in plaster or traction by skull calipers (S)	65.00	65.00	65.00	65.00	65.00	65.00
6643	Spine (excluding sacrum), vertebral body, with involvement of cord	165.00	165.00	165.00	165.00	165.00	165.00
<i>Simple and Uncomplicated Fractures Requiring Open Operation</i>							
6647	Treatment of a simple and uncomplicated fracture requiring open operation, being a fracture referred to in an item (other than an item that includes the symbol “(D)”) under the last preceding heading	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8
6648	Treatment of a simple and uncomplicated fracture requiring open operation, being a fracture referred to in item 6593, 6598, 6602, 6607, 6611, 6615 or 6620 (D)	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
<i>Compound Fractures Requiring Open Operation</i>							
6651	Treatment of a compound fracture requiring open operation, being a fracture referred to in an item (other than an item that includes the symbol "(D)") under the first heading in this Division	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8
6652	Treatment of a compound fracture requiring open operation, being a fracture referred to in item 6593, 6598, 6602, 6607, 6611, 6615 or 6620 (D)	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8
<i>Complicated Fractures Requiring Open Operation</i>							
6655	Treatment of a complicated fracture involving viscera, blood vessels or nerves and requiring open operation being a fracture referred to in an item (other than an item that includes the symbol "(D)") under the first heading in this Division	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8
6656	Treatment of a complicated fracture involving viscera, blood vessels or nerves and requiring open operation being a fracture referred to in item 6593, 6598, 6602, 6607, 6611, 6615 or 6620 (D)	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8	Amount under rule 8
<i>General</i>							
6659	Initial reduction (without full post-operative treatment) in a series of two or more reductions of a fracture, being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9
6660	Initial reduction (without full post-operative treatment) in a series of two or more reductions of a fracture, being a reduction that would, but for this item, be covered by item 6593, 6598, 6602, 6607, 6611, 6615 or 6620 (D)	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
6663	Each subsequent reduction (without full post-operative treatment) in the series (other than the final reduction), being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9
6664	Each subsequent reduction (without full post-operative treatment) in the series (other than the final reduction), being a reduction that would, but for this item, be covered by item 6593, 6598, 6602, 6607, 6611, 6615 or 6620 (D)	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9
6667	Final reduction (including full post-operative treatment) in the series being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9
6668	Final reduction (including full post-operative treatment) in the series, being a reduction that would, but for this item, be covered by item 6593, 6598, 6602, 6607, 6611, 6615 or 6620 (D)	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9
6671	Treatment of avulsion of epiphysis of any part	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9	Amount under rule 9
<i>Division 11—Orthopaedic</i>							
7010	Accessory or sesamoid bone, removal of	50.00	50.00	50.00	50.00	50.00	50.00
7014	Epicondylitis, open operation for (G)	26.50	26.50	26.50	26.50	26.50	26.50
7016	Epicondylitis, open operation for (S)	35.00	35.00	35.00	35.00	35.00	35.00
7020	Digital nail, removal of	6.50	6.50	5.00	5.00	5.00	5.00
7025	Incision of pulp space, paronychia or other acute infection of hands or feet, not covered by any other item in this Part	5.60	5.60	5.60	5.60	5.60	5.60
7029	Middle palmar, thenar or hypothenar spaces, drainage of (G)	9.90	9.90	9.90	9.90	9.90	9.90
7031	Middle palmar, thenar or hypothenar spaces, drainage of (S)	13.00	13.00	13.00	13.00	13.00	13.00
7035	Ingrowing toenail, excision of nail bed (G)	16.50	18.00	15.00	15.00	15.00	15.00
7037	Ingrowing toenail, excision of nail bed (S)	40.00	30.00	30.00	25.00	30.00	20.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
7041	Insertion of orthopaedic pin or wire where no other surgical procedure is performed (G)	16.50	16.50	16.50	16.50	16.50	16.50
7043	Insertion of orthopaedic pin or wire where no other surgical procedure is performed (S)	22.00	22.00	22.00	22.00	22.00	22.00
7044	Insertion of orthopaedic pin or wire where no other surgical procedure is performed (D)	22.00	22.00	22.00	22.00	22.00	22.00
7047	Osteosynthesis by Smith-Petersen nail	180.00	180.00	180.00	180.00	180.00	180.00
7051	Temporo-mandibular meniscectomy	65.00	65.00	65.00	65.00	65.00	65.00
7052	Temporo-mandibular meniscectomy (D)	65.00	65.00	65.00	65.00	65.00	65.00
7055	Joint (other than spine), manipulation of, under general anaesthesia (G)	19.00	19.00	19.00	19.00	19.00	19.00
7056	Joint (other than spine), manipulation of, under general anaesthesia (S)	25.00	25.00	25.00	25.00	25.00	25.00
7060	Spine, manipulation of, under general anaesthesia (G)	25.00	20.00	20.00	20.00	20.00	20.00
7061	Spine, manipulation of, under general anaesthesia (S)	35.00	25.00	25.00	25.00	25.00	25.00
7065	Spine, application of plaster jacket	33.00	33.00	33.00	33.00	33.00	33.00
7069	Risser jacket, localiser or turn-buckle jacket, application of, body only	30.00	30.00	30.00	30.00	30.00	30.00
7074	Risser jacket, localiser or turn-buckle jacket, application of, body and head	36.00	36.00	36.00	36.00	36.00	36.00
7078	Scoliosis, spinal fusion for	275.00	275.00	275.00	275.00	275.00	275.00
7082	Scoliosis, re-exploration for adjustment or removal of Harrington rods or similar devices	90.00	90.00	90.00	90.00	90.00	90.00
7087	Application of halo for spinal fusion in the treatment of scoliosis, as an independent procedure	60.00	60.00	60.00	60.00	60.00	60.00
7091	Bone graft to spine, posterior, not covered by Item 7095 or 7104	130.00	130.00	130.00	130.00	130.00	130.00
7095	Bone graft to spine, postero-lateral for spondylolisthesis	230.00	230.00	230.00	230.00	230.00	230.00
7097	Anterior interbody spinal fusion to cervical spine—one level	200.00	200.00	200.00	200.00	200.00	200.00
7098	Anterior interbody spinal fusion to cervical spine—more than one level	250.00	250.00	250.00	250.00	250.00	250.00
7101	Anterior interbody spinal fusion to lumbar or thoracic spine—one level	230.00	230.00	230.00	230.00	230.00	230.00
7103	Anterior interbody spinal fusion to lumbar or thoracic spine—more than one level	300.00	300.00	300.00	300.00	300.00	300.00
7104	Bone graft to spine with laminectomy and posterior interbody fusion	200.00	225.00	200.00	200.00	200.00	200.00
7108	Bone graft not covered by any other item in this Part	100.00	100.00	100.00	100.00	100.00	100.00
7109	Bone graft not covered by any other item in this Part (D)	100.00	100.00	100.00	100.00	100.00	100.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
7113	Shoulder—removal of calcium deposit from cuff (G)	37.50	37.50	37.50	37.50	37.50	37.50
7114	Shoulder—removal of calcium deposit from cuff (S)	50.00	50.00	50.00	50.00	50.00	50.00
7118	Shoulder—arthrotomy	55.00	55.00	55.00	55.00	55.00	55.00
7122	Shoulder—arthroplasty or plastic reconstruction	140.00	140.00	140.00	140.00	140.00	140.00
7126	Shoulder—arthrodesis or arthrectomy	165.00	165.00	165.00	165.00	165.00	165.00
7130	Finger or other small joint—arthrodesis, arthrectomy or arthroplasty	60.00	60.00	50.00	45.00	45.00	45.00
7135	Small joint—arthrotomy (G)	12.50	12.50	12.50	12.50	12.50	12.50
7136	Small joint—arthrotomy (S)	16.50	16.50	16.50	16.50	16.50	16.50
7141	Zygapophyseal joints, arthrectomy of	85.00	85.00	85.00	85.00	85.00	85.00
7145	Sacro-iliac joint—arthrodesis	95.00	95.00	95.00	95.00	95.00	95.00
7149	Other large joint—arthrodesis, arthrectomy, arthroplasty or total synovectomy of	85.00	85.00	85.00	85.00	85.00	85.00
7154	Other large joint—arthrotomy (G)	45.00	45.00	45.00	45.00	45.00	45.00
7155	Other large joint—arthrotomy (S)	60.00	60.00	60.00	60.00	60.00	60.00
7157	Hip—arthrodesis	220.00	220.00	220.00	220.00	220.00	220.00
7158	Hip—arthrectomy	150.00	150.00	150.00	150.00	150.00	150.00
7160	Hip—arthroplasty (Austin Moore, Girdlestone or similar procedure)	150.00	150.00	150.00	150.00	150.00	150.00
7161	Hip—arthroplasty, cup or mould (Smith-Petersen or similar procedure)	190.00	190.00	190.00	190.00	190.00	190.00
7162	Hip—arthroplasty, total replacement (McKee-Farrer, Charnley or similar procedure)	275.00	275.00	275.00	275.00	275.00	275.00
7163	Hip—arthrotomy	110.00	110.00	110.00	110.00	110.00	110.00
7167	Knee—arthrodesis, arthrectomy, arthroplasty or total synovectomy of	150.00	150.00	150.00	150.00	150.00	150.00
7171	Knee—arthrotomy	75.00	75.00	75.00	75.00	75.00	75.00
7173	Knee—arthroscopy of, not associated with any other operative procedure on that knee	40.00	40.00	40.00	40.00	40.00	40.00
7176	Knee—operation for internal derangement	85.00	90.00	85.00	100.00	85.00	65.00
7180	Knee—reconstruction of cruciate ligaments	110.00	110.00	110.00	110.00	110.00	110.00
7184	Knee—reconstruction of capsular ligaments	85.00	85.00	85.00	85.00	85.00	85.00
7189	Knee—excision of patella (G)	75.00	75.00	75.00	75.00	75.00	75.00
7190	Knee—excision of patella (S)	100.00	100.00	100.00	100.00	100.00	100.00
7195	Knee—operation for recurrent dislocation of patella	85.00	85.00	85.00	85.00	85.00	85.00
7199	Joint, aspiration of, or intra-articular injection into, or both of those services (G)	5.00	5.00	5.00	5.00	5.00	5.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
7200	Joint, aspiration of, or intra-articular injection into, or both of those services (S)	6.00	6.00	6.00	6.00	6.00	6.00
7205	Synovial cavity, aspiration of, or intra-synovial injection of, or both of those services (G)	4.50	4.50	4.50	4.50	4.50	4.50
7206	Synovial cavity, aspiration of, or intra-synovial injection of, or both of those services (S)	6.00	6.00	6.00	6.00	6.00	6.00
7210	Joint, repair of capsule or ligament of	33.00	33.00	33.00	33.00	33.00	33.00
7214	Foot or ankle region—triple arthrodesis	110.00	125.00	110.00	110.00	110.00	110.00
7218	Calcaneal spur, removal of	65.00	65.00	65.00	65.00	65.00	65.00
7221	Hallux valgus, correction of (G)	55.00	50.00	45.00	45.00	45.00	35.00
7222	Hallux valgus, correction of (S)	70.00	70.00	60.00	60.00	60.00	50.00
7224	Hallux valgus, correction of, with osteotomy or osteectomy of phalanx or metatarsal (G)	72.50	67.50	62.50	60.00	62.50	50.00
7225	Hallux valgus, correction of, with osteotomy or osteectomy of phalanx or metatarsal (S)	105.00	95.00	82.50	80.00	85.00	70.00
7226	Hallux valgus, correction of, with osteotomy or osteectomy of phalanx or metatarsal and transplantation of adductor hallucis tendon	125.00	115.00	102.50	100.00	105.00	90.00
7227	Hallux valgus and hammer toe, correction of, with subcutaneous tenotomy, one or more tendons (G)	78.75	73.75	68.75	68.75	68.75	60.00
7228	Hallux valgus and hammer toe, correction of, with subcutaneous tenotomy, one or more tendons (S)	100.00	100.00	90.00	90.00	90.00	80.00
7230	Hallux rigidus, correction of	55.00	55.00	55.00	55.00	55.00	55.00
7233	Hammer toe, correction of (G)	37.50	37.50	37.50	37.50	37.50	37.50
7234	Hammer toe, correction of (S)	50.00	50.00	50.00	50.00	50.00	50.00
7238	Cervical rib, removal of	110.00	110.00	110.00	110.00	110.00	110.00
7242	Scalenotomy	39.00	39.00	39.00	39.00	39.00	39.00
7246	Acromion or coraco-acromion ligament, removal of	65.00	65.00	65.00	65.00	65.00	65.00
7250	Excision of exostosis of small bone (G)	37.50	37.50	37.50	37.50	37.50	37.50
7252	Excision of exostosis of small bone (S)	50.00	50.00	50.00	50.00	50.00	50.00
7253	Excision of exostosis of small bone (D)	50.00	50.00	50.00	50.00	50.00	50.00
7256	Excision of exostosis of large bone (G)	45.00	45.00	45.00	45.00	45.00	45.00
7257	Excision of exostosis of large bone (S)	60.00	60.00	60.00	60.00	60.00	60.00
7261	Osteotomy or osteectomy of phalanx, metacarpal or metatarsal (G)	35.00	35.00	35.00	30.00	35.00	30.00
7263	Osteotomy or osteectomy of phalanx, metacarpal or metatarsal (S)	50.00	50.00	45.00	40.00	50.00	40.00
7266	Osteotomy of phalanx, metacarpal or metatarsal, with internal fixation	55.00	55.00	55.00	55.00	55.00	55.00
7271	Osteotomy or osteectomy of fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus	55.00	55.00	55.00	55.00	55.00	55.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
7275	Osteotomy of fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, with internal fixation	65.00	65.00	65.00	65.00	65.00	65.00
7280	Osteotomy or osteectomy of tibia or humerus	75.00	75.00	75.00	75.00	75.00	75.00
7284	Osteotomy or osteectomy of femur or pelvic bone	120.00	120.00	120.00	120.00	120.00	120.00
7289	Osteotomy of tibia, humerus, femur or pelvic bone, with internal fixation	180.00	180.00	180.00	180.00	180.00	180.00
7292	Osteotomy, bilateral iliac, preliminary to repair of ectopic bladder	100.00	100.00	100.00	100.00	100.00	100.00
7293	Osteotomy of femur—sub-trochanteric	120.00	120.00	120.00	120.00	120.00	120.00
7297	Osteectomy of vertebral bodies	115.00	115.00	115.00	115.00	115.00	115.00
7301	Osteotomy and distraction for lengthening of limb	120.00	120.00	120.00	120.00	120.00	120.00
7305	Removal of distracting apparatus from limb, without internal fixation	30.00	30.00	30.00	30.00	30.00	30.00
7309	Removal of distracting apparatus from limb, with internal fixation	60.00	60.00	60.00	60.00	60.00	60.00
7315	Flexor tendon of hand, primary suture of (G)	31.00	31.00	31.00	31.00	31.00	31.00
7316	Flexor tendon of hand, primary suture of (S)	41.00	41.00	41.00	41.00	41.00	41.00
7318	Flexor tendon of hand, secondary suture of (G)	56.50	56.50	56.50	56.50	56.50	56.50
7319	Flexor tendon of hand, secondary suture of (S)	75.00	75.00	75.00	75.00	75.00	75.00
7325	Extensor tendon of hand, primary suture of (G)	25.00	25.00	25.00	25.00	25.00	25.00
7326	Extensor tendon of hand, primary suture of (S)	33.00	33.00	33.00	33.00	33.00	33.00
7328	Extensor tendon of hand, secondary suture of (G)	37.50	37.50	37.50	37.50	37.50	37.50
7329	Extensor tendon of hand, secondary suture of (S)	50.00	50.00	50.00	50.00	50.00	50.00
7333	Achilles tendon or other large tendon, suture of (G)	60.00	60.00	60.00	60.00	60.00	60.00
7334	Achilles tendon or other large tendon, suture of (S)	80.00	80.00	80.00	80.00	80.00	80.00
7338	Tendon of foot, primary suture of (G)	16.50	16.50	16.50	16.50	16.50	16.50
7339	Tendon of foot, primary suture of (S)	22.00	22.00	22.00	22.00	22.00	22.00
7343	Tendon of foot, secondary suture of (G)	25.00	25.00	25.00	25.00	25.00	25.00
7344	Tendon of foot, secondary suture of (S)	33.00	33.00	33.00	33.00	33.00	33.00
7348	Tenotomy, subcutaneous, one or more tendons	20.00	20.00	20.00	20.00	20.00	20.00
7352	Tenotomy, open, with or without tenoplasty	50.00	50.00	50.00	50.00	50.00	50.00
7356	Tendon or ligament transplantation not covered by any other item	90.00	90.00	90.00	90.00	90.00	90.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
7360	Iliopsoas tendon, transplantation of, to greater trochanter	150.00	150.00	150.00	150.00	150.00	150.00
7364	Tendon graft	75.00	75.00	75.00	75.00	75.00	75.00
7368	Achilles tendon or other large tendon—operation for lengthening	55.00	55.00	55.00	55.00	55.00	55.00
7372	Tendon sheath, incision of (G)	16.50	16.50	16.50	16.50	16.50	16.50
7373	Tendon sheath, incision of (S)	22.00	22.00	22.00	22.00	22.00	22.00
7377	Stenosing tendovaginitis, open operation for (G)	30.00	30.00	30.00	30.00	30.00	30.00
7378	Stenosing tendovaginitis, open operation for (S)	40.00	40.00	40.00	40.00	40.00	40.00
7382	Tendon sheath of finger or thumb, synovectomy of	44.00	44.00	44.00	44.00	44.00	44.00
7386	Cicatricial flexion contracture of joint, correction of, involving tissues deeper than skin and subcutaneous tissue	65.00	65.00	65.00	65.00	65.00	65.00
7390	Dupuytren's contracture, subcutaneous fasciotomy (G)	25.00	25.00	25.00	25.00	25.00	25.00
7391	Dupuytren's contracture, subcutaneous fasciotomy (S)	33.00	33.00	33.00	33.00	33.00	33.00
7395	Dupuytren's contracture, radical operation for (G)	60.00	60.00	60.00	60.00	60.00	60.00
7396	Dupuytren's contracture, radical operation for (S)	80.00	80.00	80.00	80.00	80.00	80.00
7400	Volkmann's contracture, operation for	75.00	75.00	75.00	75.00	75.00	75.00
<i>Division 12—Paediatric</i>							
<i>Manipulations and Plaster Work for Correction of Congenital Abnormalities</i>							
7450	Congenital dislocation of hip—manipulation and plaster (one hip)	35.00	25.00	25.00	25.00	25.00	25.00
7454	Talipes equinovarus—manipulation under general anaesthesia	8.80	8.80	8.80	8.80	8.80	8.80
7458	Talipes equinovarus—manipulation and plaster under general anaesthesia	10.00	10.00	10.00	10.00	10.00	10.00
7462	Calcaneus valgus—manipulation under general anaesthesia	8.80	8.80	8.80	8.80	8.80	8.80
7466	Calcaneus valgus—manipulation and plaster under general anaesthesia	11.00	11.00	11.00	11.00	11.00	11.00
7470	Pes planus—manipulation under general anaesthesia	8.80	8.80	8.80	8.80	8.80	8.80
7474	Pes planus—manipulation and plaster under general anaesthesia	13.00	13.00	13.00	13.00	13.00	13.00
7478	Genu varum or genu valgum—manipulation under general anaesthesia	8.80	8.80	8.80	8.80	8.80	8.80
7482	Genu varum or genu valgum—manipulation and plaster under general anaesthesia	16.50	16.50	16.50	16.50	16.50	16.50
7486	Genu varum or genu valgum—manipulation and plaster with osteoclasis	44.00	44.00	44.00	44.00	44.00	44.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
7490	Contractures, manipulation under general anaesthesia, not covered by any other item in this Part	8.80	8.80	8.80	8.80	8.80	8.80
7494	Contractures, manipulation and plaster under general anaesthesia, not covered by any other item in this Part	13.00	13.00	13.00	13.00	13.00	13.00
7498	Spastic paralysis—manipulation and plaster (one limb)	13.00	13.00	13.00	13.00	13.00	13.00
<i>Operations for Correction of Congenital Abnormalities</i>							
7510	Subdural haemorrhage, tap for, each tap	8.80	8.80	8.80	8.80	8.80	8.80
7514	Subdural haemorrhage, osteoplastic flap and excision of	130.00	130.00	130.00	130.00	130.00	130.00
7519	Hydrocephalus—suboccipital decompression, third ventriculostomy or Torkildsen's operation	165.00	165.00	165.00	165.00	165.00	165.00
7523	Ventriculo-jugular shunt	165.00	165.00	165.00	165.00	165.00	165.00
7528	Ventriculo-atrial shunt for hydrocephalus	165.00	165.00	165.00	165.00	165.00	165.00
7532	Ventriculo-atrial shunt for hydrocephalus, revision or removal of	85.00	85.00	85.00	85.00	85.00	85.00
7537	Hydrocephalus, spino-ureteral, spino-peritoneal or spino-pleural anastomosis of, or ventricular cable shunt for	130.00	130.00	130.00	130.00	130.00	130.00
7541	Craniostenosis, operation for—single suture	130.00	130.00	130.00	130.00	130.00	130.00
7543	Craniostenosis, operation for—more than one suture	180.00	180.00	180.00	180.00	180.00	180.00
7545	Arachnoidal cyst, operation for	165.00	165.00	165.00	165.00	165.00	165.00
7549	Hypertelorism, correction of	165.00	165.00	165.00	165.00	165.00	165.00
7554	Choanal atresia, plastic repair of	150.00	150.00	150.00	150.00	150.00	150.00
7557	Choanal atresia, repair of by puncture and dilatation	39.00	39.00	39.00	39.00	39.00	39.00
7561	Macrocheilia, macroglossia or macrostomia, operation for	85.00	85.00	85.00	85.00	85.00	85.00
7565	Torticollis, operation for	65.00	65.00	65.00	65.00	65.00	65.00
7569	Oesophagus, radical correction of congenital stenosis of	195.00	195.00	195.00	195.00	195.00	195.00
7573	Tracheo-oesophageal fistula, correction of	195.00	195.00	195.00	195.00	195.00	195.00
7577	Duodenal obstruction (congenital)—anastomosis or resection of	130.00	130.00	130.00	130.00	130.00	130.00
7581	Hypertrophic pyloric stenosis, operation for (G)	67.50	67.50	67.50	67.50	67.50	67.50
7582	Hypertrophic pyloric stenosis, operation for (S)	90.00	90.00	90.00	90.00	90.00	90.00
7586	Congenital volvulus of the small intestine, correction of	110.00	110.00	110.00	110.00	110.00	110.00
7590	Intestinal atresia or stenosis—excision or anastomosis (or both)	130.00	130.00	130.00	130.00	130.00	130.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
7594	Hirschsprung's disease, rectosigmoidectomy for	165.00	165.00	165.00	165.00	165.00	165.00
7598	Exomphalos, operation for	85.00	85.00	85.00	85.00	85.00	85.00
7602	Exomphalos, operation for, by plastic flap	110.00	110.00	110.00	110.00	110.00	110.00
7607	Imperforate anus, abdomino-perineal correction of	165.00	165.00	165.00	165.00	165.00	165.00
7611	Imperforate anus, correction of (other than abdomino-perineal)	65.00	65.00	65.00	65.00	65.00	65.00
7616	Contracted bladder neck (congenital), wedge excision or perurethral resection of	110.00	110.00	110.00	110.00	110.00	110.00
7620	Urachal fistula, operation for	65.00	65.00	65.00	65.00	65.00	65.00
7625	Ectopic bladder—'turning-in' operation	165.00	165.00	165.00	165.00	165.00	165.00
7629	Pinhole urinary meatus—meatotomy (G)	16.50	16.50	16.50	16.50	16.50	16.50
7631	Pinhole urinary meatus—meatotomy (S)	22.00	22.00	22.00	22.00	22.00	22.00
7635	Urethral valves, open removal of	130.00	130.00	130.00	130.00	130.00	130.00
7640	Incontinence of urine (congenital)—plastic operation to sphincter	95.00	95.00	95.00	95.00	95.00	95.00
7644	Lymphangiectasis of limb (Milroy's disease)—excision of	85.00	85.00	85.00	85.00	85.00	85.00
<i>Operations for Excision of Congenital Abnormalities</i>							
7649	Abnormal limb, amputation of	50.00	50.00	50.00	50.00	50.00	50.00
7653	Extra digit, amputation of (G)	16.50	16.50	16.50	16.50	16.50	16.50
7655	Extra digit, amputation of (S)	22.00	22.00	22.00	22.00	22.00	22.00
7659	Dermoid, periorbital, excision of (G)	19.00	19.00	19.00	19.00	19.00	19.00
7661	Dermoid, periorbital, excision of (S)	25.00	25.00	25.00	25.00	25.00	25.00
7665	Dermoid, orbital, excision of	85.00	85.00	85.00	85.00	85.00	85.00
7670	Dermoid of nose, superficial, excision of (G)	16.50	16.50	16.50	16.50	16.50	16.50
7671	Dermoid of nose, superficial, excision of (S)	22.00	22.00	22.00	22.00	22.00	22.00
7676	Dermoid of nose, excision of, with intranasal extension	55.00	55.00	55.00	55.00	55.00	55.00
7680	Sacrococcygeal dermoid or teratoma other than pilonidal sinus, excision of	95.00	95.00	95.00	95.00	95.00	95.00
7685	Myelomeningocele—excision of sac	85.00	85.00	85.00	85.00	85.00	85.00
7688	Myelomeningocele, extensive, requiring formal repair with skin flaps or Z plasty	150.00	150.00	150.00	150.00	150.00	150.00
<i>Operations for Acquired Conditions</i>							
7700	Megacolon, colectomy	130.00	130.00	130.00	130.00	130.00	130.00
7704	Epiphysitis (Perthes', Calve's or Scheuermann's) plaster for	16.50	16.50	16.50	16.50	16.50	16.50
7708	Epiphysitis (Sever's, Kohler's, Kienboch's or Schlatter's), plaster for	10.00	10.00	10.00	10.00	10.00	10.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
<i>Division 13—Plastic and Reconstructive</i>							
<i>Meticulous Plastic Repair Designed to Obtain Maximal Functional or Cosmetic Results including the Preparation of the Defect Requiring Repair</i>							
7750	Derma-fat fascia graft (including transplant or muscle flap)	65.00	65.00	65.00	65.00	65.00	65.00
7754	Abrasive therapy, limited area	33.00	33.00	33.00	33.00	33.00	33.00
7758	Abrasive therapy, extensive area	55.00	55.00	55.00	55.00	55.00	55.00
7762	Electrolysis epilation, each treatment	10.00	8.00	7.50	7.50	8.00	7.50
7767	Angioma, cauterisation of or injection into, under general anaesthesia	8.80	8.80	8.80	8.80	8.80	8.80
7768	Angioma, cauterisation of or injection into, under general anaesthesia (D)	8.80	8.80	8.80	8.80	8.80	8.80
7771	Angioma of skin and subcutaneous tissue or mucous surface, small, excision and repair of	25.00	25.00	20.00	20.00	20.00	16.00
7772	Angioma of skin and subcutaneous tissue or mucous surface, small, excision and repair of (D)	25.00	25.00	20.00	20.00	20.00	16.00
7775	Angioma of skin and subcutaneous tissue or mucous surface, large, excision and repair of	30.00	30.00	30.00	30.00	30.00	30.00
7776	Angioma of skin and subcutaneous tissue or mucous surface, large, excision and repair of (D)	30.00	30.00	30.00	30.00	30.00	30.00
7779	Angioma involving deeper tissue, small, excision and repair of	40.00	40.00	40.00	40.00	40.00	40.00
7783	Angioma involving deeper tissue, large, excision and repair of	60.00	60.00	60.00	60.00	60.00	60.00
7787	Haemangioma of neck, deep-seated, excision of	105.00	105.00	105.00	105.00	105.00	105.00
7791	Major excision and grafting for lymphoedema	110.00	110.00	110.00	110.00	110.00	110.00
7795	Foreign implants for contour reconstruction	55.00	55.00	55.00	55.00	55.00	55.00
<i>Meticulous Plastic Repair of Limb (above hand or foot) or of Trunk Designed to Obtain Maximal Functional or Cosmetic Results including the Preparation of the Defect Requiring Repair</i>							
7850	Single stage local flap repair, simple, small	40.00	40.00	40.00	40.00	40.00	40.00
7854	Single stage local flap repair, complicated or large	50.00	50.00	50.00	50.00	50.00	50.00
7858	Direct flap repair (cross leg or similar), first stage	39.00	39.00	39.00	39.00	39.00	39.00
7862	Direct flap repair (cross leg or similar), second stage	22.00	22.00	22.00	22.00	22.00	22.00
7866	Direct flap repair, small, first stage	27.50	27.50	27.50	27.50	27.50	27.50
7870	Direct flap repair, small, second stage	13.00	13.00	13.00	13.00	13.00	13.00
7874	Indirect flap or tubed pedicle, formation of	44.00	44.00	44.00	44.00	44.00	44.00
7877	Indirect flap or tubed pedicle, delay, intermediate transfer or detachment of	27.50	27.50	27.50	27.50	27.50	27.50

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
7881	Indirect flap or tubed pedicle, preparation of site and attachment to site	65.00	65.00	65.00	65.00	65.00	65.00
7885	Indirect flap or tubed pedicle, spreading of pedicle, as a separate procedure	39.00	39.00	39.00	39.00	39.00	39.00
7889	Direct, indirect or local flap repair, revision of graft	27.50	27.50	27.50	27.50	27.50	27.50
7893	Free grafts (split skin or pinch grafts) on granulating areas, small	16.50	16.50	16.50	16.50	16.50	16.50
7897	Free grafts (split skin) on granulating areas, extensive	45.00	45.00	45.00	45.00	45.00	45.00
7901	Free grafts (split skin) to extensive burns	65.00	65.00	65.00	65.00	65.00	65.00
7905	Free grafts (split skin) including elective dissection, small	31.00	31.00	31.00	31.00	31.00	31.00
7909	Free grafts (split skin) including elective dissection, extensive	65.00	75.00	65.00	65.00	65.00	65.00
7913	Free full thickness grafts	55.00	55.00	55.00	55.00	55.00	55.00
7917	Cineplasty for amputation stump . .	85.00	85.00	85.00	85.00	85.00	85.00
7921	Mammaplasty, reduction or repositioning (unilateral)	165.00	165.00	165.00	165.00	165.00	165.00
7925	Mammaplasty, augmentation, prosthetic (unilateral)	140.00	140.00	140.00	140.00	140.00	140.00
7929	Mammaplasty, derma-fat fascia (unilateral)	165.00	165.00	165.00	165.00	165.00	165.00
<i>Meticulous Plastic Repair of Hands, Feet, Scalp, Face or Neck Designed to Obtain Maximal Functional or Cosmetic Results including the Preparation of the Defect Requiring Repair</i>							
7950	Single stage local flap repair, simple, small	40.00	40.00	40.00	40.00	40.00	40.00
7952	Single stage local flap repair following removal of tumour, cyst or scar, cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter (G)	45.00	44.50	44.50	44.50	44.50	44.00
7953	Single stage local flap repair following removal of tumour, cyst or scar, cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter (S)	52.50	52.50	50.00	50.00	50.00	48.00
7954	Single stage local flap repair, complicated or large	65.00	65.00	65.00	65.00	65.00	65.00
7958	Direct flap repair, small (cross finger or similar), first stage	40.00	40.00	40.00	40.00	40.00	40.00
7962	Direct flap repair, small (cross finger or similar), second stage	22.00	22.00	22.00	22.00	22.00	22.00
7966	Indirect flap or tubed pedicle, formation of	55.00	55.00	55.00	55.00	55.00	55.00
7970	Indirect flap or tubed pedicle, delay, intermediate transfer or detachment of	39.00	39.00	39.00	39.00	39.00	39.00
7974	Indirect flap or tubed pedicle, preparation of site and attachment to site	85.00	85.00	85.00	85.00	85.00	85.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
7978	Indirect flap or tubed pedicle, spreading of pedicle, as a separate procedure	55.00	55.00	55.00	55.00	55.00	55.00
7982	Direct, indirect or local flap repair, revision of graft	39.00	39.00	39.00	39.00	39.00	39.00
7987	Hair transplants, multiple punch or similar technique, involving not more than 40 punch grafts	20.00	20.00	20.00	20.00	20.00	20.00
7988	Hair transplants, multiple punch or similar technique, involving more than 40 but not more than 100 punch grafts	40.00	40.00	40.00	40.00	40.00	40.00
7989	Hair transplants, multiple punch or similar technique, involving more than 100 punch grafts	90.00	90.00	90.00	90.00	90.00	90.00
7994	Free grafts (split skin or pinch grafts) on granulating areas, small	22.00	22.00	22.00	22.00	22.00	22.00
7998	Free grafts (split skin) on granulating areas, extensive	60.00	60.00	60.00	60.00	60.00	60.00
8002	Free grafts (split skin) to extensive burns	95.00	95.00	95.00	95.00	95.00	95.00
8007	Free grafts (split skin) including elective dissection, small	50.00	50.00	50.00	50.00	50.00	50.00
8011	Free grafts (split skin) including elective dissection, extensive	75.00	75.00	75.00	75.00	75.00	75.00
8015	Free full thickness grafts	75.00	75.00	75.00	75.00	75.00	75.00
8020	Digit, transplantation of—complete procedure	130.00	130.00	130.00	130.00	130.00	130.00
8024	Macroductyly, plastic reduction of, each finger	45.00	45.00	45.00	45.00	45.00	45.00
8029	Face, operations involving supportive grafts	130.00	130.00	130.00	130.00	130.00	130.00
8033	Suspension operation for facial paralysis	95.00	95.00	95.00	95.00	95.00	95.00
8037	Melonomplasty	250.00	250.00	250.00	250.00	250.00	250.00
8042	Orbital cavity, reconstruction of floor or roof of	90.00	90.00	90.00	90.00	90.00	90.00
8046	Maxilla, resection of	165.00	165.00	165.00	165.00	165.00	165.00
8050	Mandible, resection of	130.00	130.00	130.00	130.00	130.00	130.00
8051	Mandible, resection of (D)	130.00	130.00	130.00	130.00	130.00	130.00
8054	Mandible, segmental resection of, for tumours	110.00	110.00	110.00	110.00	110.00	110.00
8055	Mandible, segmental resection of, for tumours (D)	110.00	110.00	110.00	110.00	110.00	110.00
8058	Mandible, section-fixation for prognathism or retrognathism	110.00	110.00	110.00	110.00	110.00	110.00
8059	Mandible, section-fixation for prognathism or retrognathism (D)	110.00	110.00	110.00	110.00	110.00	110.00
8060	Mandible, hemi-mandibular reconstruction with bone graft, not associated with Item 8050	150.00	150.00	150.00	150.00	150.00	150.00
8062	Mandible, condylectomy	65.00	65.00	65.00	65.00	65.00	65.00
8063	Mandible, condylectomy (D)	65.00	65.00	65.00	65.00	65.00	65.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
8066	Osteotomy or osteectomy of mandible (other than alveolar margins) for congenital malformation not covered by any other item in this Part	55.00	55.00	55.00	55.00	55.00	55.00
8067	Osteotomy or osteectomy of mandible (other than alveolar margins) for congenital malformation not covered by any other item in this Part (D) . .	55.00	55.00	55.00	55.00	55.00	55.00
8070	Osteotomy or Osteectomy of Maxilla (other than alveolar margins) for congenital malformation not covered by any other item in this Part	65.00	65.00	65.00	65.00	65.00	65.00
8071	Osteotomy or Osteectomy of Maxilla (other than alveolar margins) for congenital malformation not covered by any other item in this Part (D) . .	65.00	65.00	65.00	65.00	65.00	65.00
<i>Meticulous Plastic repair of Eyelids, Nose, Ears, Lips, Palate or Pharynx designed to obtain maximal functional or cosmetic results including the preparation of the defect requiring repair</i>							
8110	Single stage local flap repair, simple, small	50.00	50.00	50.00	50.00	50.00	50.00
8111	Single stage local flap repair, simple, small (D)	50.00	50.00	50.00	50.00	50.00	50.00
8114	Single stage local flap repair, complicated or large	75.00	75.00	75.00	75.00	75.00	75.00
8119	Direct flap repair, first stage	85.00	85.00	85.00	85.00	85.00	85.00
8123	Direct flap repair, second stage	50.00	50.00	50.00	50.00	50.00	50.00
8128	Indirect flap or tubed pedicle, formation of	85.00	85.00	85.00	85.00	85.00	85.00
8132	Indirect flap or tubed pedicle, delay, intermediate transfer or detachment of	50.00	50.00	50.00	50.00	50.00	50.00
8136	Indirect flap or tubed pedicle, preparation of site and attachment to site . .	110.00	110.00	110.00	110.00	110.00	110.00
8141	Indirect flap or tubed pedicle, spreading of pedicle, as a separate procedure	85.00	85.00	85.00	85.00	85.00	85.00
8145	Direct, indirect or local flap repair, revision of graft	55.00	55.00	55.00	55.00	55.00	55.00
8150	Free grafts (split skin or pinch grafts) on granulating areas, small	33.00	33.00	33.00	33.00	33.00	33.00
8154	Free grafts (split skin) on granulating areas, extensive	65.00	65.00	65.00	65.00	65.00	65.00
8159	Free grafts (split skin) to extensive burns	130.00	130.00	130.00	130.00	130.00	130.00
8163	Free grafts (split skin) including elective dissection, small	65.00	65.00	65.00	65.00	65.00	65.00
8167	Free grafts (split skin) including elective dissection, extensive	130.00	130.00	130.00	130.00	130.00	130.00
8172	Free full thickness grafts	75.00	75.00	75.00	75.00	75.00	75.00
8176	Whole thickness repair of eyelid . . .	110.00	110.00	110.00	110.00	110.00	110.00
8180	Partial reconstruction of eyelid or socket	27.50	27.50	27.50	27.50	27.50	27.50
8184	Correction of ptosis (unilateral) . . .	120.00	100.00	100.00	100.00	100.00	100.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
8188	Ectropion or entropion, correction of (unilateral)	60.00	60.00	60.00	60.00	60.00	60.00
8192	Reduction of eyelid or eyelids of one eye	60.00	60.00	60.00	60.00	60.00	60.00
8196	Symblepharon, grafting for	65.00	65.00	65.00	65.00	65.00	65.00
8200	Rhinoplasty involving correction of bony or cartilaginous vault of the nose	110.00	100.00	100.00	100.00	100.00	100.00
8204	Rhinoseptoplasty	130.00	130.00	130.00	130.00	130.00	130.00
8208	Rhinoplasty, cosmetic, not covered by Item 6584 or 6586	180.00	200.00	180.00	180.00	180.00	180.00
8212	Rhinoplasty, secondary revision of . .	27.50	27.50	27.50	27.50	27.50	27.50
8216	Rhinophyma, correction of	65.00	65.00	65.00	65.00	65.00	65.00
8220	Composite graft to nose or ear . . .	50.00	50.00	50.00	50.00	50.00	50.00
8224	Lop ear, bat ear or similar deformity, correction of	100.00	100.00	100.00	100.00	100.00	100.00
8228	Pinna, amputation of, complete . .	36.00	36.00	36.00	36.00	36.00	36.00
8232	Congenital atresia, reconstruction of external auditory canal	110.00	110.00	110.00	110.00	110.00	110.00
8236	Full thickness lip reconstruction, other than than simple suture—complete procedure	75.00	75.00	75.00	75.00	75.00	75.00
8240	Cleft lip, complete primary repair, unilateral	120.00	120.00	120.00	120.00	120.00	120.00
8244	Cleft lip, complete primary repair, one stage, bilateral	160.00	160.00	160.00	160.00	160.00	160.00
8248	Cleft lip, incomplete primary repair, unilateral	65.00	65.00	65.00	65.00	65.00	65.00
8252	Cleft lip, secondary correction, partial or incomplete	50.00	50.00	50.00	50.00	50.00	50.00
8256	Cleft lip, secondary correction, complete revision	95.00	95.00	95.00	95.00	95.00	95.00
8260	Cleft lip, secondary correction, Abbe flap	220.00	220.00	220.00	220.00	220.00	220.00
8264	Cleft lip, secondary correction of nostril or nasal tip	41.00	41.00	41.00	41.00	41.00	41.00
8268	Cleft palate, primary repair, partial cleft	120.00	120.00	120.00	120.00	120.00	120.00
8269	Cleft palate, primary repair, partial cleft (D)	120.00	120.00	120.00	120.00	120.00	120.00
8272	Cleft palate, primary repair, complete cleft	150.00	150.00	150.00	150.00	150.00	150.00

SCHEDULE 1—continued

Item No.	Medical service	Fees					
		N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.
		\$	\$	\$	\$	\$	\$
8273	Cleft palate, primary repair, complete cleft (D)	150.00	150.00	150.00	150.00	150.00	150.00
8276	Cleft palate, secondary repair, incomplete	65.00	65.00	65.00	65.00	65.00	65.00
8277	Cleft palate, secondary repair, incomplete (D)	65.00	65.00	65.00	65.00	65.00	65.00
8280	Cleft palate, secondary repair, lengthening procedure	110.00	110.00	110.00	110.00	110.00	110.00
8281	Cleft palate, secondary repair, lengthening procedure (D)	110.00	110.00	110.00	110.00	110.00	110.00
8284	Cleft palate, partial repair, complex cleft	110.00	110.00	110.00	110.00	110.00	110.00
8285	Cleft palate, partial repair, complex cleft (D)	110.00	110.00	110.00	110.00	110.00	110.00
8288	Pharyngeal flap or pharyngoplasty	130.00	130.00	130.00	130.00	130.00	130.00

SCHEDULE 2

Section 30

HEADS OF AGREEMENT

1. The agreement is to be in force for a specified period.
2. The agreement is to specify the hospitals in the State that are to be recognized hospitals for the purposes of the agreement.
3. Australia is to meet, in accordance with Heads 4 and 5, an amount equal to 50 per centum of the net operating costs of all the recognized hospitals in the State in respect of the period during which the agreement is in force or 50 per centum of the aggregate of the amounts paid by the State to all the recognized hospitals in the State towards meeting the costs of operating those hospitals during that period, whichever is the less.
4. Australia is to make daily bed payments, in accordance with section 31, to each recognized hospital in the State in respect of the period during which the agreement is in force.
5. Australia is to pay to the State an amount equal to the amount by which the aggregate of the daily bed payments under Head 4 is less than the amount that Australia is to meet under Head 3.
6. The State is to endeavour to ensure that care and treatment provided by recognized hospitals in the State, in accordance with Heads 7 to 10 (inclusive), are, or will be, available to all eligible persons in the State who wish to receive them.
7. An eligible person is to be entitled to receive care and treatment as a hospital patient in a recognized hospital free of charge.
8. An eligible person is to be entitled to receive free of charge out-patient services provided by a recognized hospital, but specified out-patient services may be restricted to persons who are able to satisfy a means test.
9. An eligible person who—
 - (a) is a private patient in a recognized hospital; or
 - (b) being a hospital patient in a recognized hospital, elects to pay hospital charges in respect of accommodation in a single room or small ward in the hospital,
 is to be charged only in accordance with the scale of hospital charges set out in the agreement.
10. Unless the agreement otherwise provides, Heads 7 and 9 do not apply in relation to the care and treatment of an eligible person in a recognized hospital in respect of an injury or

SCHEDULE 2—continued

disease if the eligible person is entitled to the payment of, or has been paid, compensation or damages in respect of that injury or disease.

11. The agreement may be varied from time to time by agreement between Australia and the State.

NOTE

1. Act No. 42, 1974; assented to 8 August 1974.